PUBLIC HEALTH
SYMPOSIUM 2ND EDITION

THEME : "RE-IMAGINING OUR PUBLIC HEALTH"

17th - 19th October 2024
Crowne Plaza, Monomotapa Hotel
Harare, Zimbabwe

SYMPOSIUM REPORT
OCTOBER 2024

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 & CHILD CARE
ZIMBABWE

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

WOMEN'S COALITION
OF ZIMBABWE

pamumvuri
ENVIRON-MENTAL HEALTH

P.H.P.A.Z

About HIPH

Harare Institute of Public Health (HIPH) is registered with the Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development. The institute thrives to develop a 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:

Report Prepared by:	Retlaw Matorwa
Edited by:	Retlaw Matorwa Brighton Muresherwa Elizabeth Dumbreni Prof Tinyiko Halimani
Graphics:	Ossanena Digital Advertising Ubuntu Gray
Photography:	Volgaris & Development Initiatives. Gary Magunda of Ubuntu Gray. Hilary Maradzika.

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: 263242255336/242254679/0719 266993
Email: phs@hiph.ac.zw
Web: www.hiph.ac.zw

Contents

Acronyms and Abbreviations

AI	Artificial Intelligence
ALHIV	Adolescents Living with HIV
AMR	Antimicrobial Resistance
APIs	Active Pharmaceutical Ingredients
ART	Antiretroviral Therapy
AU	African Union
AYP	Adolescents and Young People
BOT	Build, Operate, Transfer
CATS	Community Adolescent Treatment Supporters
COMESA	Common Market for Eastern and Southern Africa
Covid-19	Coronavirus Disease 2019
CPR	Contraceptive Prevalence Rate
CSOs	Civil Society Organisations
CSR	Corporate Social Responsibility
DBFOM	Design, Buil, Financ, Operate and Maintain
DFI	Development Finance Institution
E. Coli	Escherichia coli
ECG	Electrocardiogram (used metaphorically to describe the dietary diagnostic test)
El Niño	A climate pattern that describes the unusual warming of surface waters in the Eastern Tropical Pacific Ocean, which can lead to significant weather changes.
ESA	East and Southern Africa
FAO	Food and Agriculture Organization of the United Nations
FP	Family Planning
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GI	Glycemic Index
GMP	Good Manufacturing Practices
HER	Electronic Health Records
HiAP	Health in All Policies
HIPH	Harare Institute of Public Health
HIV	Human Immunodeficiency Virus
HR	Human Rights
HRF	Health Resilience Fund
IC50	Half Maximal Inhibitory Concentration
ICT	Information and Communications Technology
IDBZ	Infrastructure and Development Bank of Zimbabwe
IHR	International Health Regulations
IWSW	Institute of Women Social Workers
LTD	Limited (also used in the context of a private limited company)
MHIC	Mental Health Investment Case
MHGAP	Mental Health Gap Action Programme (mhGAP)
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Survey
ML	Machine Learning
Mpro	Main Protease
MSG	Monosodium Glutamate
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NLP	Natural Language Processing
PDE5	Phosphodiesterase Type 5
PPPs	Public-Private Partnerships
PTSD	Post-Traumatic Stress Disorder
PVT	Private (used in the context of a private limited company)
R&D	Research and Development
REATMN	Regional East African Traditional Medicine Network
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SAT	SRHR Africa Trust
SDG	Sustainable Development Goal
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
T&CM	Traditional and Complementary Medicine
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNEP	United Nations Environment Programme
UNFCCC	UN Climate Change Conference
UNICEF	United Nations International Children's Emergency Fund
UNODC	United Nations Office on Drugs and Crime
US$	United States Dollar (currency)
USAID	United States Agency for International Development
USD	United States Dollar (currency)
UZ	University of Zimbabwe
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
Wits University	University of the Witwatersrand (often referred to as Wits)
YMMs	Young Mentor Mothers
ZDHS	Zimbabwe Demographic and Health Survey
ZNA	Zimbabwe National Army
ZNFPC	Zimbabwe National Family Planning Council
ZWACT	Zimbabwe Women Against Corruption

Foreword.

Dr Amos Marume

As we come together for the Public Health Symposium 2024, we find ourselves at a critical juncture in the evolution of public health systems. The theme of this year's symposium, "Re-Imagining our Public Health," encourages us to rethink our health systems and strategies, not only to address current challenges but to also build a resilient foundation for the future. Public health challenges in sub-Saharan Africa, such as the rise of chronic diseases, infectious outbreaks, and the need for greater health equity, are not just local issues but global concerns. What we do here has the potential to reverberate globally, influencing the trajectory of public health worldwide.

In re-imagining public health systems, we must recognise that Africa has the opportunity to lead in a way that is context-specific, efficient, and self-reliant. The region has vast potential to transform its pharmaceutical landscape by leveraging its own research and embracing innovative technologies like Ai, machine learning, and ICT-based solutions for drug discovery and development. Participation in the production of active pharmaceutical ingredients (APIs) and medicines for export is becoming increasingly feasible. Africa should embrace its rich heritage of herbal, traditional, and/or complementary medicine. This shift would position Africa as a leader in the global health market, turning local solutions into globally recognised innovations.

The transformative potential of ICT and data science is another key factor in re-imagining Africa's public health systems. With the cost of solar energy dropping and data technologies becoming more accessible, Africa is now in a prime position to develop robust, context-specific solutions for disease surveillance, decision-making, and policy development. As observed, the shortcomings of the COVID-19 pandemics global modelling, which was largely based on data from the global north, revealed the urgent need for Africa to strengthen its own capacity for data-driven decision-making. By harnessing these technologies, Africa can create systems that are more responsive to its unique health needs and more capable of predicting and mitigating public health threats.

Notably, Africa's reliance on donors and/or developmental partners to fund our health has proven to be unsustainable to meet our growing needs.

The 15% funding target set by the Abuja Declaration is a commendable starting point, but it is clear that Africa must do more. This is achievable if the region re-engineers its health financing strategy, fosters greater public-private partnerships, and opens new sectors, such as health workforce development and disease surveillance, to private investment.

Moreso, Africa's public health approaches must consider the interconnectedness of human, animal, and environmental health. Over 60% of important infectious diseases are considered zoonotic, making veterinary medicine indispensable to public health. Africa must invest in training veterinary professionals and integrating them into public health systems, ensuring that the health of animals, humans, and the environment is addressed holistically. Similarly, public health interventions must place nutrition at the centre, recognising that healthy populations come more from proper nutrition and health environments than medical care.

Above all, public health is a dynamic and multidisciplinary field, and its solutions must embrace this complexity. Addressing the broad spectrum of public health challenges requires collaboration across various sectors, underpinned by relevant data and diverse expertise. I am genuinely excited to see such a diverse, multi-disciplinary delegation at this year's symposium.

The Harare Institute of Public Health views this platform not just as an event but as an essential space for exchange of ideas, information, and best practices. Our goal is to spark conversations that inspire meaningful change, driving forward innovations in public health that benefit Zimbabwe and the broader global community. Through this dialogue, we aim to encourage the adoption of best practices, advancing the quality and effectiveness of public health systems and ensuring more inclusivity, equitable, and resilience.

Finally, let me acknowledge our distinguished Guest of Honour, Hon. Dr. Douglas Mombeshora, the Minister of Health and Child Care in Zimbabwe. We are grateful for his leadership and unwavering dedication to improving healthcare across Zimbabwe and beyond. Our heartfelt gratitude to the Ministry of Health and Child Care, the Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development, and all our government partners, Women's Coalition of Zimbabwe, National Foods, Vitality Wellness, Robworth Construction, Populations Solution for Health, ZIMSMART, Kunashe Foundation, SRHR Trust Africa, Zimbabwe Family Planning Council, Glytime Foods Private Limited, Fresh Kumbucha Private (LTD), Zvandiri, Charis Nutrition, our media partners Daily news and many more for their invaluable support in making this symposium a reality. Additionally, we are immensely grateful to project secretariat for such a wonderful job, well done.

In closing, let us embrace this opportunity to re-imagine a public health future that is not only more responsive to our local needs but also interconnected with global progress. The work we do today can shape the future of public health for generations to come.

Dr Amos Marume
Principal & Founder- Harare Institute of Public Health (HIPH)

"Re-imagining Africa's Public Health"

Towards AU 2063 Vision For Africa!

Background

The 1st edition of the Public Health Symposium, held from December 8th to 9th, 2022, centred around the theme: "All Stakeholders Engagement: Key to Health Systems Strengthening - 'Taking Stock'." The symposium aimed to foster collaboration across public health value chains and reflect on the lessons learned during the COVID-19 pandemic in Zimbabwe and beyond. This theme encouraged the sharing and reflection of Zimbabwe's experiences during the peak of the pandemic, as well as an assessment of the lessons learned. Additionally, the symposium sought to identify gaps within Zimbabwe's public health value chain and recommend strategies for strengthening health systems.

The Public Health Symposium provided a platform for stakeholders—including policymakers, healthcare providers, researchers, and community members—to engage, exchange information, and share best practices. Approximately 105 participants attended the 2022 edition of the symposium. It created a collaborative environment that facilitated the development of evidence-based interventions, where data-driven approaches took centre stage in crafting public health strategies. By fostering collaborative thinking and promoting a shared understanding of the complexities within public health systems in Zimbabwe, the symposium encouraged participants to move beyond siloed efforts and work together toward integrated approaches to public health.

Discussions focused on the need for integrated strategies that draw on diverse perspectives, leveraging both local knowledge and global expertise to strengthen health systems. The emphasis on evidence-based practices ensured that interventions were not only scientifically grounded but also adaptable and context-specific. The symposium also addressed contemporary and emerging public health challenges, such as sustainable health financing models, drug and substance abuse, rapid urbanisation, waste management, sexual and reproductive rights, gender-based violence, climate change, malaria, measles, antimicrobial resistance, and regional health intelligence.

2022 Public Health Symposium Outcomes:

1. The Monomotapa Communiqué
The Monomotapa Communiqué was a significant outcome of the Public Health Symposium. This document highlighted shared observations and recommendations, offering a comprehensive summary of the key discussions and insights gathered from stakeholders. It emphasised the need for strengthened collaboration across sectors, the importance of evidence-based interventions, and the critical role of community engagement in building resilient health systems. The communiqué also outlined actionable strategies for addressing gaps in Zimbabwe's public health infrastructure, including enhancing preparedness for future pandemics, improving healthcare access, and investing in the training and retention of health workers. Ultimately, the Monomotapa Communiqué served as a guiding framework for advancing public health in Zimbabwe, fostering collective responsibility and commitment to long-term health systems strengthening.

2. Annual Public Health Symposium
Participants suggested that the Public Health Symposium should be held annually, with stakeholders such as the Ministry of Health and Child Care, the Ministry of Finance and Economic Development, development partners, and other strategic players invited. This annual event must continue to provide these key stakeholders with a platform to come together, share insights, and collaborate on public health issues in Zimbabwe. It would also serve as an opportunity to align priorities and resources, ultimately contributing to more effective and coordinated efforts in addressing public health challenges.

3. Public Health Journal
Delegates proposed the establishment of a Public Health Journal to provide a platform for local researchers, healthcare professionals, and policymakers to share their findings, experiences, and perspectives on public health issues in Zimbabwe and beyond. The journal will facilitate the dissemination of evidence-based knowledge, informing decision-making and policy development. It would also serve as a repository for Zimbabwe's public health history, tracking progress, challenges, and lessons learned. Delegates strongly believed that by showcasing local research and success stories, the journal would promote Zimbabwe's contributions to global public health discourse, enhancing the country's visibility and credibility.

4. Public Health Practitioners Association of Zimbabwe
Delegates proposed and endorsed the formation of the Public Health Practitioners Association of Zimbabwe. This Association aims to recognise the diverse stakeholders and professionals in the public health value chain in Zimbabwe and beyond, creating a unified platform for collaboration, knowledge sharing, and advocacy. By establishing this professional body, delegates emphasised the importance of strengthening the capacity of public health practitioners, promoting continuous professional development, and enhancing the visibility of public health issues within national and international policy agendas. The Association is envisioned as a key player in driving evidence-based practices, fostering innovation, and advocating for policies that address both existing and emerging health challenges in Zimbabwe and beyond.

2nd Edition Public Health Symposium - "Reimagining Our Public Health"
Building on the momentum and insights from the first edition, the 2nd Edition of the Public Health Symposium, themed "Reimagining Our Public Health," continues the vital work initiated in 2022, focusing on rethinking and innovating public health approaches. This year's theme encourages a forward-looking perspective on public health, calling for the transformation of systems, policies and strategies in line with emerging global and local health trends. By reflecting on lessons learned, strengthening stakeholder engagement, and emphasising the importance of evidence-based solutions, the symposium aims to shape a resilient, adaptive, and context-specific public health framework for Zimbabwe and beyond. The 2nd edition builds on the foundations laid by the 2022 symposium and takes stock of progress made while catalysing further collaboration and innovation to reimagine Zimbabwe's public health landscape.

Aims and Objectives:

The aims and objectives of the 2nd Edition Public Health Symposium were to:

Bring together experts and stakeholders in the Public Health value chain to deliberate, share best practice and generate evidence-based solutions to advance public health in Zimbabwe and beyond.

Identify contemporary and emerging public health challenges and engineering evidence-based and sustainable intervention strategies.

Network and connect with Public Health professionals, stakeholders and policy makers among other

Connect stakeholders with policy makers, development partners, private sector and Government ministries and departments.

Healthy Options, Healthy Lives
October 17-19, 2024
The Great Indaba, Crowne Plaza Monomotapa Hotel, Harare, Zimbabwe

Join the Movement to Transform Water, Sanitation, and Hygiene in Africa!
"Access to Clean Water: A Public Health Good"
October 17-19, 2024
Sango Conference Center, Harare, Zimbabwe

Powering the Pulse of Healthcare
#JOIN THE CONVO
17th-19th October 2024
Sango Conference Center, Cresta Lodge Msasa, Harare, Zimbabwe

Menstruation a basic right.
#JOIN THE CONVERSATION!
October 17-19, 2024
Sango Conference Center, Cresta Lodge Msasa Harare, Zimbabwe

"Together we can collectively address SRHR & WASH challenges women & children go through"
October 17-19, 2024
The Great Indaba, Crowne Plaza Monomotapa Hotel, Harare, Zimbabwe

2024 PSH Thematic Areas

Theme 1
Unpacking and Understanding
National Health Policy Frameworks

Theme 2
Infrastructure Development and Capacity Building For
Public Health

Theme 3
Climate Change, Waste Management and Wash

Theme 4
Access, Affordability & Localisation (Production) of
Pharmaceuticals in Zimbabwe

Theme 5
Nutrition, Traditional & Complimentary Products in
Public Health

Theme 6
Health Financing, Accountability, Consumer Protection
and Competitions Regulation

Theme 7
Ai, Media and Innovative Technologies

Theme 8
Inclusive Public Health Approaches

Theme 9
Sexual Reproductive Rights & Maternal Health

Theme 10
Mental Health, Drug and Substance Abuse

Overview & Future Outlook

Retlaw Matorwa
Director - Public Health Symposium 2024

It is with great pleasure that I welcome you to the 2024 Public Health Symposium. This year's gathering is particularly significant as we embark on a journey to re-imagine our public health systems and strategies. The theme, "Re-imagining Our Public Health," calls for the need for a fresh perspective on addressing health challenges, both in the present and with a view to the future. While we aim to explore context-specific solutions for our region, we envision these proposed solutions to be evidence-based, with a global impact on public health.

Our region's ongoing struggles with recurring 'medieval' ailments like cholera, typhoid, malaria, and other preventable diseases highlight the urgent need to reassess our public health systems. The COVID-19 pandemic further emphasised this necessity, revealing the critical importance of collaboration and re-imagining public health within our unique context. The pandemic challenged long-held assumptions and exposed significant inequalities in global health systems, particularly in vaccine access, where developing nations were sidelined. In response, the Public Health Symposium aims to bring together stakeholders to think creatively, share knowledge, and adopt context-specific, evidence-based solutions that can transform health outcomes in our region and beyond.

The Public Health Symposium serves as an important platform for knowledge sharing, collaboration and innovation. This platform brings together policymakers, healthcare professionals, and stakeholders to explore innovative and evidence-based approaches to public health in Zimbabwe and beyond. This year, we are particularly focused on re-envisioning how we can create more robust, inclusive and locally driven public health solutions that are relevant to our settings. These solutions include, but are not limited to, exploring the power of technology, including Ai and machine learning, as well as leverage indigenous knowledge and resources, providing us with new avenues for addressing the health challenges we face.

At this year's symposium, we recognise the value of partnerships. Collaborations between the public and private sectors, as well as across various disciplines, are essential to achieving sustainable and impactful health outcomes. We seek to ensure that every intervention is evidence-based and grounded in the diverse realities of the communities we serve.

Looking ahead, the future of the Public Health Symposium holds great promise.

" In 2025, the Harare Institute of Public Health (HIPH) will take the conversation to the broader Southern African region, beginning with Botswana. This regional expansion will provide a platform for neighbouring countries to come together, share insights, and build collective solutions. In July 2025, Zimbabwe will host its own country-specific Symposium, reinforcing the momentum and deepening our commitment to improving public health across the region."

As we look to the future, we envision the Symposium becoming a recurring beacon for public health dialogue, a space where local innovations meet global insights, ensuring that Africa and other regions are not only reacting to global health crises but proactively shaping the future of public health.

The ongoing evolution of global health challenges demands that we remain flexible and innovative. As new public health threats emerge, the role of technology, community-driven solutions, and multi-sectoral collaboration will become even more crucial. It is through platforms like the Public Health Symposium that we can cultivate the ideas and collaborations necessary to create resilient, adaptive, and equitable health systems for the future.

The conversations and solutions that emerge from this symposium will serve as a foundation for improving health systems not only in Zimbabwe but across the globe. We are here not only to discuss public health but to forge lasting change—transforming the way we approach, deliver and envision healthcare.

On behalf of the Harare Institute of Public Health, I express my gratitude to all our partners, sponsors, and attendees for your continued support and participation. Your presence is a testament to the commitment we all share in working together. I would also like to thank our staff members for a splendid team work, Mr. Brighton Muresherwa and your team.
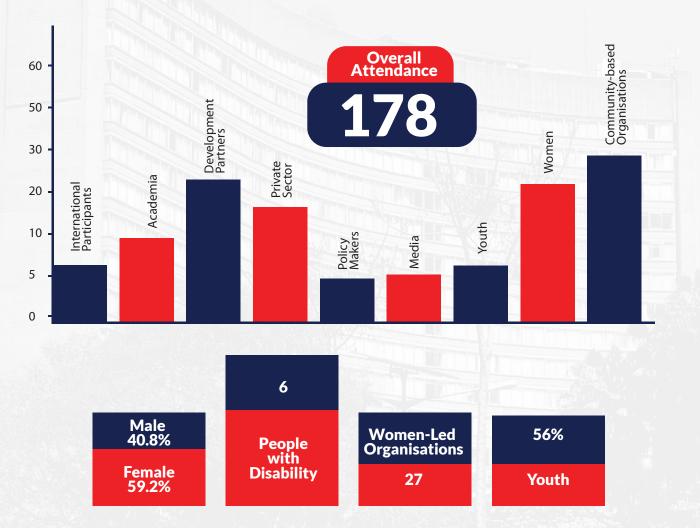
I look forward to the meaningful discussions that will take place here and to the collective steps we will take towards a more sustainable and resilient future in public health.

Welcome to the 2024 Public Health Symposium!

Conference Highlights

Overall Attendance

Overall Attendance
178

Bar chart categories: International Participants, Academia, Development Partners, Private Sector, Policy Makers, Media, Youth, Women, Community-based Organisations

| Male 40.8% | 6 | Women-Led Organisations | 56% |
| Female 59.2% | People with Disability | 27 | Youth |

Projected Targets For 2025 Public Health Symposium

300 Delegates

Increase Participation of Traditional Leadership

Increase Participation of People With Disability

50/50 Gender Representation

30% International & Regional Participants

300
Targeted Overall Attendance

20%
Disability Inclusion Target

50/50
Gender Representation Target

2022 - 2024 Comparison

Overall Participation

Gender Disaggregation

	WOMEN	MEN
2022	23%	77%
2024	59.2%	40.8%

Overall Participation

% Increase in Women Participation

Gender Disaggregation

	International & Regional Participants	Indigenous Groups	Government Ministries & Departments	People with Disability
2022	0	0	2	2
2024	9	4	5	6

PUBLIC HEALTH
SYMPOSIUM 2ND EDITION

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Welcome Remarks

Ms. Tafadzwa Zhawari

Ladies and gentlemen, distinguished guests, esteemed colleagues, and valued delegates.

It is with great pride and excitement that I welcome you to the 2nd edition of the Public Health Symposium, hosted by the Harare Institute of Public Health and the Public Health Practitioners Association of Zimbabwe in collaboration with our partners Ministry of Health and Child Care, the Ministry of Higher Education, Innovation, Science and Technology Development, Pamumvuri PVO, the Women's Coalition amongst others. Today, we come together to tackle the urgent challenges, explore transformative innovations, and seize the opportunities that will shape the future of Public Health in Zimbabwe and beyond.

First and foremost, I would like to extend a special and heartfelt welcome to our Guest of Honour, Dr. Douglas Mombeshora, the Minister of Health and Child Care, and his delegation. We are deeply honoured by your presence, Dr. Mombeshora, and the support from your office. We are looking forward to having more engagements with your Ministry.

We are also privileged to have with us representatives from the Ministry of Higher Education, Innovation, Science and Technology Development, along with other distinguished government dignitaries. Your involvement today reinforces the importance of a coordinated effort across sectors, and we are grateful for your continued support in advancing public health initiatives throughout Zimbabwe.

A special thank you to the event organisers, the Director, and the dedicated team, as well as our partners and sponsors. Their tireless efforts have made this event possible. A heartfelt thanks to our sponsors: Fresh Kambucha, Trade King, National Foods, the Women's Coalition of Zimbabwe, SRHR Trust, Crowe Chartered Accountants, ZimSmart Villages, Glytime Foods Pvt (Ltd) and all others who have supported us along the way.

This symposium serves as a vital platform for collaboration, knowledge exchange, and networking among public health professionals, researchers, policymakers, and stakeholders. The theme of this year's event, "Re-imagining our Public Health," reflects our collective determination to transform the way we address public health challenges. It is a call for bold ideas, innovative solutions and sustained commitment to creating healthier communities.

Over the next three days, we will engage with thought leaders, explore best practices and examine cutting-edge research. Our discussions will be guided by four key objectives that will serve as the foundation for our collective efforts.

Public health is a shared responsibility, and addressing its complex challenges requires the active participation of a wide range of stakeholders. This symposium offers a unique opportunity to foster open, dynamic dialogue among professionals from all sectors — health practitioners, policymakers, researchers, community leaders, and the private sector. By bringing these diverse voices together, we aim to create an inclusive environment where we can identify common ground, address gaps, and align our efforts toward tangible solutions. The power of this dialogue lies in the exchange of ideas that will ensure the solutions we generate are relevant, practical, and tailored to the needs of our communities.

Our world is faced with ever-evolving public health challenges — from emerging diseases and environmental threats to health disparities and the impact of social determinants. Over the next few days, we will focus on translating our discussions into actionable, evidence-based solutions. We will examine successful interventions, explore innovative approaches, and analyse cutting-edge research to identify strategies that can be applied to improve health outcomes. This objective is about moving beyond theory and focusing on real-world applications that can make a difference today and in the future.

The journey toward better public health systems is not one we can travel alone. It requires collaboration across boundaries — between government bodies, non-governmental organisations, academic institutions, and the private sector. This symposium emphasises the importance of partnerships that will drive sustainable change. By working together, we can create synergies that address both immediate and long-term public health challenges. The relationships we build here will strengthen our health systems, promote resilience, and ensure that our communities are better equipped to handle emerging health threats. This objective is about creating lasting partnerships that will stand the test of time and deliver meaningful results

.
The effectiveness of any public health system depends on the expertise and dedication of its workforce. One of the core objectives of this symposium is to invest in the professional growth of public health practitioners. Through expert-led sessions, workshops, and training, we aim to enhance the knowledge, skills, and leadership capabilities of our participants. We will focus not only on technical skills but also on critical thinking, innovation, and leadership development. By strengthening our capacity, we are ensuring that the next generation of public health professionals is equipped to tackle the

challenges of tomorrow with confidence and creativity. This objective is about preparing ourselves for the future, empowering individuals, and fostering a public health workforce that can drive success on all fronts.

As we engage in these discussions, I encourage you all to actively participate, share your insights, and contribute your experiences. Your input will not only enrich our conversations but will also help shape the strategies and solutions that will guide our collective efforts moving forward.

Before we begin, let us take a moment to acknowledge the dedication, resilience, and tireless work of all public health practitioners present here today. Your unwavering commitment has saved lives, empowered communities, and transformed health systems across Zimbabwe and beyond. This symposium is a celebration of your achievements.

Finally, I would like to take this opportunity to invite all stakeholders, professionals, and organisations present here today to join us for the 3rd edition of the Public Health Symposium, which will be held in June 2025. Together, we will continue to build on the momentum of this gathering and deepen our collective efforts to reshape the future of public health in Zimbabwe and beyond

Thank you, and let us embark on this exciting journey of transformation.

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Keynote Address

Hon. Dr. Douglas Mombeshora
Minister of Health and Child Care

Ladies and gentlemen, distinguished guests, fellow Zimbabweans, and honoured delegates,

I am honoured to officiate at the 2nd Edition of the Public Health Symposium. First, and foremost, I would like to acknowledge the Ministry of Higher and Tertiary Education, Science, Innovations and Technology Development, World Health Organisation, Pamumvuri PVO, and the Public Health Practitioners association of Zimbabwe for partnering with the Harare Institute of Public Health to host this year's Public Health Symposium. This symposium is a shining example of collaboration and dedication to improving public health in Zimbabwe and beyond. My appreciation goes to the Harare Institute of Public Health for providing a platform for such an important discourse.

Looking around this room, I am intrigued by the diversity of stakeholders here present. This rich tapestry of perspectives is a powerful testament to your collective commitment to Re-imagining Zimbabwe's Public Health Landscape. We are not just gathering to share knowledge; you are uniting to drive meaningful change and improve the lives of Zimbabweans. Let us harness the power of our collective expertise to re-imagine our public health as a collective.

The diversity is not just a numbers game; it's a powerful catalyst for innovative solutions. Research has shown that diverse teams are smarter, more creative, and better equipped to tackle complex challenges. By bringing together individuals from different backgrounds, a culture of knowledge sharing, cross-pollination of ideas, and collaborative problem-solving is fostered.

The Ministry of Health and Child Care is intently focused on this symposium, recognising the potential for game-changing solutions. As a Ministry we are eager to tap into the collective expertise shared over the next three days, leveraging innovative ideas and strategic recommendations to bolster our public health ecosystem.

The Ministry of Health and Child Care envisions a future where every citizen has access to quality and affordable healthcare, regardless of geographical location or socio-economic background. The Ministry sees a future where our health systems are robust, adaptable, and equipped to address emerging challenges. Your contributions will be instrumental in shaping this vision into a reality.

As you collaborate and share insights, you are building on existing initiatives, such as the National Health Strategy (2021-2025), National Development Strategy 1 (NDS1) and Vision 2030 to turn Zimbabwe into an upper-middle economy by 2030. These policy initiatives are also speaking to improving public health outcomes and strengthen our health sector in general. Your expertise will help us navigate complex challenges, optimise resource allocation, and prioritise evidence-based decision-making. It is my hope that my Ministry will have this process recognised as contributing towards the broader decision and policy making of national health policies in Zimbabwe.

> *"This is a platform befitting a national consultative forum for public health in Zimbabwe."*

As we re-imagine our public health, let us pause to reflect on the mission of the Ministry of Health and Child Care, which is to provide equitable, accessible, affordable, and quality health services to all Zimbabweans. Our vision is to achieve the highest possible level of health and quality of life for our population. Notably, Zimbabwe has made significant strides in improving health outcomes for our people.

Our national response to the cholera outbreak has been robust, with enhanced surveillance and response activities. We have strengthened partnerships with development partners to shape a shared vision for our health sector. We have scaled up HIV/AIDS treatment and prevention programmes and improved maternal and child health services. However, challenges still persist, such as shortage of health professionals due to brain drain, health infrastructure gaps and inadequate funding for our health programmes among others.

> *"To overcome these challenges, the Ministry of Health and Child Care is working on further strengthening health systems through various investments in health infrastructure, technology, and workforce development, as well as scaling up community health programmes, focusing on maternal and child health, and non-communicable diseases. We are also collaborating with local and international stakeholders to leverage resources, expertise, and innovation."*

As we look into the future, we are committed to ensuring all Zimbabweans have equitable access to quality health services. As a country we are enhancing health equity, addressing disparities in health outcomes and access to care, as well as embracing technology, research, and innovation to drive health improvements.

"I am also informed by the organisers of this conference of the National Public Health Merit Awards set to be launched this year, and it's about time! This initiative will shine a spotlight on exceptional individuals, organisations, and stakeholders who have made significant contributions to public health in Zimbabwe and beyond. The Ministry of Health and Child Care is fully on board, recognising the value of acknowledging and rewarding outstanding work in this field.

These awards will not only encourage excellence but also foster a culture of innovation and collaboration. By celebrating successes, we can inspire others to strive for similar impact. This is a fantastic opportunity to bring together diverse stakeholders, including healthcare professionals, researchers, policymakers, and community leaders, to share insights, knowledge and best practices. The Ministry of Health and Child Care's support is a testament to the government's commitment to prioritising public health. This initiative aligns with Zimbabwe's National Health Strategy (2021-2025) and the health resilience fund, which aims to improve healthcare outcomes and strengthen the health system. Let's celebrate the unsung heroes and trailblazers in public health! The National Public Health Merit Awards will be a milestone event, and I'm excited to see the positive impact it will have on Zimbabwe's public health landscape.

I would like to commend each and every one of you present here today. I urge you to engage in constructive deliberations, critically evaluating our objectives and challenging each other's ideas. Let us foster a spirit of collaboration, openness, and innovation, focusing on tangible solutions that address Zimbabwe's pressing and emerging public health challenges. Let us leave this symposium with renewed energy, clear directions and a shared commitment to improving the health and well-being of our population.

In conclusion, re-imagining Zimbabwe's public health landscape requires vision, commitment and collective effort. Let us harness the power of diversity and multi-sectoral approach to drive transformative change and build a healthier, more resilient Zimbabwe for all.

With these words, may I take this privilege to declare the 2nd edition of the public health symposium open.

Thank you.

Plenary Session

AH! H! ! ! ! A! ! ! ! ! ! ! ! ! ! !

A Review of Universal Health Coverage Challenges and Sustainable Humanitarian Solutions in the Climate Change-Impacted and Resource-Limited Settings of East and Southern Africa

Dr. B T Chizhande

Aim of the Study

The primary aim of the research was to explore the challenges associated with achieving Universal Health Coverage (UHC) within the context of East and Southern Africa, which is impacted by climate change and constrained by limited resources, and to identify possible sustainable solutions.

Methodology

An exploratory research design was employed. The methodology involved an extensive literature review and interviews. Online interviews were conducted with 30 participants from ten countries in East and Southern Africa, using the Zoom platform. Participants were selected through a non-probability purposive sampling method. All participants were over the age of 18, working within Civil Society Organisations (CSOs), or in the private or public health sectors, or had participated in regional public health evaluations. The gender distribution consisted of 16 males and 14 females.

Results

The extensive literature review and health systems analysis revealed that significant barriers to achieving UHC included socioeconomic inequalities, weak infrastructure, and the shifting of donor funding from health priorities to climate-related initiatives. This study also highlighted how climate change exacerbates health system challenges by increasing the burden of climate-sensitive diseases and disrupting essential health services, particularly for the most vulnerable populations.

Conclusion

The study emphasised the primary health inequalities and resource gaps that hinder the achievement of UHC in East and Southern Africa. The Covid-19 pandemic exposed the region's vulnerability and lack of preparedness to deal with ongoing climate change challenges. These factors have added to the strain on an already stressed health financing system, widening the gaps in access to essential health services.

Key recommendations

These included the development of health infrastructure, improved strategies for workforce training and retention, addressing the vulnerabilities in health due to climate change, innovating financing mechanisms, and engaging communities in the planning and implementation of health systems. The study also called for a more integrated approach, with greater government collaboration with non-governmental organisations and international agencies focused on health and development.

Excerpts from the Study

East and Southern Africa is characterised by immense health disparities and resource scarcity, making it difficult to achieve UHC as outlined by international frameworks. The lessons learned from the Covid-19 pandemic demonstrated the region's vulnerability and low levels of pandemic preparedness. The existing resource shortages and the climate crisis, which also leads to population displacement, have worsened the challenges facing UHC. Additionally, the region's strained health financing system competes with the rising costs of climate adaptation and disaster response, further limiting investments in primary care, essential medicines, and social protection. Moreover, donor funding has increasingly been redirected from health priorities to climate-related initiatives.

Understanding the current status of UHC in the East and Southern Africa (ESA) region is critical. The World Health Organisation (2023) defines UHC as ensuring "all people and communities have access to a full range of quality health services they need, when and where they need them, without financial hardship." Various developmental mega-trends such as climate change, migration, and the digital divide (Trask, 2020) are impacting UHC in the region.

The proliferation of climate-sensitive diseases, including vector and water-borne diseases like malaria, dengue fever, cholera and typhoid, is a growing concern. These diseases are overwhelming already strained health systems and diverting resources away from other essential services. Climate-related disasters often damage health facilities, transport systems, and medical supply chains, further disrupting access to care, particularly in remote and resource-limited areas.

For example, in March 2019, Cyclone Idai hit Mozambique, and also affected Zimbabwe's Chimanimani, Chipinge, and Masvingo Provinces, causing physical injuries, mental health trauma, and limited access to medications for those with chronic illnesses (Chanza et al., 2020). People suffering from communicable and non-communicable diseases faced difficulties in accessing their medication and routine health tests.

Furthermore, climate change is exacerbating health workforce shortages, with population displacement,

food/water insecurity, and economic shocks contributing to health worker migration and absenteeism (Mohiuddin, 2023). Recruitment and retention of health staff in remote areas have become even more challenging. The health impacts of climate change disproportionately affect marginalised groups, particularly women, farmers and youth. Climate-induced migration has also introduced complex health challenges, especially concerning access to sexual and reproductive health services for migrants.

In such circumstances, migrants in the East and Southern African region face multiple humanitarian challenges that require a holistic approach involving governments, international organisations, and civil society. Key challenges include unsafe migration routes, exploitation risks, limited legal protections, poor health outcomes, socioeconomic difficulties, discrimination, and gaps in humanitarian responses.

The region's health infrastructure is largely based on facilities established during the colonial era, and many of these facilities remain underdeveloped or neglected. The situation has been exacerbated by the Covid-19 pandemic and a resurgence of vaccine-preventable diseases.

Main Findings

- Poor Health Financing Systems: Health financing in the region is constrained by limited domestic budgets that do not sufficiently support primary care and essential health services.

- Shift of Donor Funding: There is a growing trend of donor funding being redirected from health priorities to climate-related initiatives, further stretching limited health resources.
- Barriers to UHC: The main barriers to UHC include inadequate health infrastructure, limited financial risk protection, and socioeconomic inequalities.
- Need for Integrated Approaches: Addressing the challenges related to UHC requires integrated approaches that strengthen health systems, promote community engagement, and provide sustainable financing.
- Data Gaps: There is insufficient comprehensive data on UHC challenges and outcomes, which calls for further research to inform policy and practice.
- Potential for Improvement: Despite these challenges, there are opportunities to improve UHC through evidence-based policies, community involvement, and innovative financing strategies with a focus on health equity.

In conclusion, the study underscores the urgent need for targeted interventions to close the gaps in UHC in East and Southern Africa, particularly in the face of ongoing climate change impacts.

Dr. Chizhande is a seasoned public health practitioner and humanitarian expert, specializing in healthprogrammedesign, data management, and health equity. With extensive experience inprogrammemanagement, evaluation, and capacity building.

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Robworth

WE OFFER THE BEST

ROAD CONSTRUCTION

**FABRICATION &
STEEL STRUCTURES**

BUILDING RENOVATIONS

PLUMBING

SHOPFITTING

ELECTRICAL & REPAIRS

SOLAR INSTALLATIONS

GET IN TOUCH WITH US

**5 Dombo close, Avondlae Harare
Cell +263 774160 355
        +263 719 527 427
robworthlimit@gmail.com**

Infrastructure Development in Zimbabwe's Healthcare Sector

Mr. Innocent Maphosa

Mr. Innocent Maphosa, the general manager of Robworth Construction began by providing background information on his company. He explained that Robworth Private Limited was founded in 2018 with the goal of contributing to infrastructure development in Zimbabwe and beyond. Over the years, Robworth Construction has partnered with notable infrastructure companies such as Exodus and Company, West Properties and Fossil. Maphosa highlighted that the company's commitment to the 2nd Republic's mantra, *"nyika inovakwa nevene vayo"* (the country is built by its people), earned its recognition when Robworth was named "Construction Company of The Year" by the CEO Network in Zimbabwe in 2022.

He expressed Robworth's pride in being a partner and sponsor of the symposium, emphasising that the company's vast experience in infrastructure development positioned it to make a significant contribution to the rehabilitation, construction and development of healthcare facilities across Zimbabwe, particularly those that are dilapidated or under-resourced.

Maphosa went on to discuss the challenges facing Zimbabwe's healthcare sector such as inadequate infrastructure, outdated equipment and limited capacity, all of which hinder effective healthcare delivery. He also noted that financial constraints, with the sector relying heavily on donor support, exacerbated these issues, compromising the quality of care, accessibility, and health outcomes.

Maphosa noted the potential of Public-Private Partnerships (PPPs) as a solution to these challenges. He explained that through collaboration between the public and private sectors, sustainable healthcare solutions could be unlocked for the benefit of the nation. PPPs, he stated, offer several advantages, including improved infrastructure with modern facilities and enhanced patient care, increased access to healthcare services that reduce disparities, and financial sustainability, where risks are shared, the government's burden is reduced, and efficiency is increased.

His presentation outlined the opportunities PPPs present for contractors and investors, including hospital upgrades, renovations, and new constructions; specialised facilities such as diagnostic centres, rehabilitation units, and specialised clinics; community-based primary healthcare infrastructure; and the integration of technology, such as digital health solutions, telemedicine and health information systems.

He explained various PPP models that could facilitate collaboration. These include the build-operate-transfer (bot) model, where contractors design, build and operate healthcare facilities. The traditional PPPs, which involves joint ownership, risk-sharing, and collaborative management; and the Design-Build-Finance-Operate-Maintain (DBFOM) model, which involves comprehensive contractor participation throughout the process. Zimbabwe's PPP framework supports such collaborative investments, with key legislation such as the PPP Act (2011), amended in 2020, providing the necessary legal structure. Regulatory bodies including the Zimbabwe Investment Authority and the Ministry Of Finance and Investment Promotion, oversee these projects, and standardised procurement procedures help ensure smooth collaboration.

Maphosa cited successful case studies as evidence of the potential of PPPs, including the rehabilitation of Harare Hospital and private sector investments in the Bulawayo medical complex. He acknowledged, however, that challenges remain and highlighted strategies to mitigate these issues, including risk management through contractual agreements, insurance, and contingency planning; financial sustainability through revenue streams, tariff adjustments, and cost-sharing; and regulatory compliance through ongoing engagement, monitoring and evaluation.

Maphosa urged for capacity building to train contractors, healthcare professionals, and policymakers, as well as the enhancement of policies through streamlined regulations, incentives, and tax breaks. He also called for continuous stakeholder engagement through dialogue, collaboration, and feedback. Maphosa reiterating that, public-private partnerships offer transformative solutions for Zimbabwe's healthcare infrastructure. He emphasised that through collaborative investment, sustainable results could be achieved, leading to improved healthcare outcomes, economic growth, and enhanced national competitiveness.

Mr. Innocent Maphosa is the General Manager of Robworth Construction PVT(Ltd).

PUBLIC HEALTH SYMPOSIUM 3RD EDITION

24th - 26th July 2025
Sango Conference Center,
Cresta Lodge Hotel Msasa,
Harare Zimbabwe

"Heritage And Evidence-Based: A New Frontier in Africa's Public Health"

Contact PHS Secretariat
Harare Institute of Public Health
70 Parklane / Julius Nyerere, Harare, Zimbabwe
rmatorwa@hiph.ac.zw / bmuresherwa@hiph.ac.zw
0719 266 993 / 0719093044
www.hiph.ac.zw

Lighter Moment: HIPH Teaching & Learning Coordinator Patronela Murwira (left) with Ms. Sithembile Msindazi Student Affairs (right)

PPP's and Health Financing - A Feminist Perspective

Mrs. Rotina Mafume-Musara

In her presentation at the Public Health Symposium, Rotina Mafume-Musara emphasised the urgent need to address the inequities in health financing for women's health in Zimbabwe from a feminist perspective. She noted that women in many societies, including Zimbabwe, face systemic barriers to accessing healthcare, which are often rooted in economic disparities, lack of education, and gender discrimination. These factors create significant challenges in women's access to essential healthcare services, especially regarding reproductive health, maternal care, family planning, and other gender-specific health needs.

Mafume-Musara highlighted the importance of advocating for policies that prioritise gender equality in health financing, ensuring that resources are allocated to programmes that address women's healthcare needs. She added that feminists argue that a gender-responsive approach to health financing is crucial, focusing on reproductive health, maternal care, and services related to gender-specific health challenges. She further pointed out that the root causes of gender disparities in healthcare access, such as unequal access to economic opportunities, limited decision-making power, and financial constraints, must be addressed.

In Zimbabwe, Mafume-Musara noted, many women face barriers to healthcare due to financial constraints, insufficient insurance coverage, and high out-of-pocket costs. These barriers are even more pronounced in rural areas, where access to healthcare is limited, and transportation challenges, as well as cultural norms, often restricted women's autonomy over their health. To overcome these obstacles, she advocated for increased investment in primary healthcare services that are accessible, affordable, and culturally sensitive, particularly in rural and marginalised communities.

Moreover, Mafume-Musara underscored the need to tackle the structural barriers that prevent women from accessing healthcare. She pointed out that social protection programmes could play a critical role by providing financial support for women's healthcare expenses, including maternity care and chronic conditions. Additionally, she emphasised the importance of engaging women in the decision-making processes surrounding health financing. This would ensure that policies and programmes are designed to reflect the specific needs and aspirations of women, guaranteeing that their voices are heard in policy development and implementation.

Mafume-Musara also discussed the role of Public-Private Partnerships (PPPs) in health financing, noting that while PPPs can offer innovative solutions, they also present risks that could hinder women's access to essential healthcare services. She highlighted concerns such as increased privatisation, which could prioritise profit over public welfare, and the potential exclusion of marginalised populations, including low-income women. She also pointed out that private healthcare providers in PPPs may focus on profitable services, neglecting the specific healthcare needs of women, particularly in rural or undeserved areas.

The lack of accountability within PPPs is another concern raised by Mafume-Musara. She argued that private entities involved in such partnerships may operate with less transparency than public institutions, making it difficult to monitor the quality of services and address grievances from women who experience sub-standard care. Additionally, there is a risk that private providers may not prioritise gender-sensitive care or respect women's rights to bodily autonomy, leading to discriminatory practices and neglect of reproductive health services.

To address these challenges, Mafume-Musara proposed several recommendations from a feminist perspective. She advocated for the empowerment of women in public-private partnerships by ensuring their active involvement at all levels of decision-making. This would ensure that women's needs are adequately represented in the design, planning, and implementation of health financing programmes. She also stressed the importance of incorporating gender-responsive budgeting into health financing frameworks, ensuring that sufficient resources are allocated to close gender gaps in healthcare access and quality.

Furthermore, Mafume-Musara recommended integrating gender-sensitive approaches into the services provided through PPPs. This includes promoting women's rights to comprehensive healthcare, such as sexual and reproductive health services, maternal care, mental health support, and the prevention and treatment of gender-based violence. She also called for greater investment in capacity-building for women within the healthcare sector, ensuring they have the training, mentorship, and leadership opportunities necessary to influence health policies and programmes.

In terms of monitoring and evaluation, Mafume-Musara emphasised the need to establish robust mechanisms that capture gender-disaggregated data to assess women's access, utilisation, and satisfaction with healthcare services. Such data would inform evidence-based decision-making and ensure that health financing policies align with women's needs. She also advocated for adopting an intersectional approach, recognising the diverse identities and vulnerabilities of women, such as those based on race, ethnicity, class, age, disability, and sexual orientation, in the design of inclusive health financing strategies.

Mafume-Musara argued that a feminist perspective on health financing for women's health in Zimbabwe is crucial for achieving gender equity in healthcare. By addressing structural barriers, empowering women in decision-making, and adopting gender-sensitive approaches in public-private partnerships, Zimbabwe can create a more inclusive and equitable healthcare system that meets the unique needs of women.

Mrs. Rotina Mafume-Musara is the Programmes Coordinator at Women's Coalition of Zimbabwe.

From Left Ms. Kimberly Ncube & Ms. Rutendo Chomurema
Public Health Symposium Communication & Liasons

Mr. Brighton Muresherwa PSH Strategy & Planning shares a
lighter moment with Tendai Mureriwa TRADEKINGS marketing

Universal Health Coverage and the Promise of Telemedicine: Where Are We as Zimbabwe?

Dr. Admore Jokwiro

Dr. Admore Jokwiro's presentation at the Public Health Symposium focused on the crucial intersection of Universal Health Coverage (UHC) and the transformative potential of telemedicine in Zimbabwe. He began by highlighting the concept of telemedicine, which refers to the use of digital communication technologies such as video calls, mobile apps, and remote monitoring tools to deliver healthcare services across distances. Telemedicine has become a cornerstone of modern healthcare, enabling healthcare professionals to evaluate, diagnose, treat, and follow up with patients without the need for in-person visits. This advancement significantly improves accessibility, efficiency, and continuity of care especially for remote and undeserved populations. Dr Jokwiro also pointed out that contemporary telemedicine is enhanced by artificial intelligence (Ai), Electronic Health Records (EHR) and data analytics, which work together to improve decision-making and patient outcomes. The integration of these technologies has paved the way for telemedicine to become an integral part of healthcare delivery systems worldwide, including in Zimbabwe.

Dr. Jokwiro, then shifted the focus to one of the leading initiatives in Zimbabwe aimed at bridging healthcare gaps through telemedicine: ZimSmart Villages. ZimSmart Villages is actively advancing healthcare access through its Vakaafya Batsi Health Initiative which has emerged as a game-changer in the country's healthcare landscape. The mission of the Vakaafya Batsi Health initiative is to bring healthcare closer to undeserved and remote communities by leveraging cutting-edge telemedicine technologies. The initiative's model is based on deploying telehealth kiosks and booths in a hub-and-spoke configuration, where a central telehealth kiosk connects to five telehealth booths in various locations. These units bring healthcare services, including consultations, diagnostics, and medications, directly to the people who need them the most. Recently, the initiative received national recognition, securing second place at the National IDBZ Innovation Expo, a testament to its leadership and innovation in the field.

According to Dr Jokwiro, the ultimate goal of Vakaafya Batsi Health is to transform healthcare access for millions of Zimbabweans, starting with the installation of 178 telehealth units in post office locations across the country.

This ambitious plan is set to unfold over the next two years, aiming to provide consultations, rapid testing, and medical imaging services. Dr. Jokwiro pointed out that these efforts are poised to significantly improve the health and well-being of remote populations by offering them a comprehensive range of healthcare services close to home. Each kiosk is designed to serve as a one-stop healthcare solution, featuring dispensaries stocked with essential medicines and diagnostic tools, and integrating the expertise of healthcare professionals via telemedicine.

A critical aspect of the Vakaafya Batsi Health Initiative is its focus on chronic disease management. Dr. Jokwiro shared that patients enrolled in the chronic disease management programme would benefit from continuous care, with reminders and follow-ups from dedicated nurses to ensure adherence to treatment plans. The hubs are expected to serve up to 10,000 patients with chronic illnesses in their first year alone, with the network set to reach a total of 2 million patients nationwide. This initiative has garnered significant political support, with the First Lady of Zimbabwe, Dr. Auxillia Mnangagwa launching the national rollout on May 11, 2024. Her involvement as the Project Champion reflects the strong political will behind the project, further solidifying its potential for success.

In addition to improving healthcare access, Dr. Jokwiro deliberated on the financial sustainability of Vakaafya Batsi Health. The initiative generates revenue through multiple streams, including consultation fees, medication sales, and diagnostics and imaging services. Telemedicine consultations are priced affordable at USD 5 per session, while diagnostic services such as point-of-care ultrasound, echocardiography, and rapid tests generate additional income. These revenue streams ensure that the initiative remains financially viable, while still providing essential healthcare services to the public at an accessible cost.

Dr. Jokwiro also pointed the broader societal benefits of the Vakaafya Batsi Health model. The initiative aligns with global healthcare goals, particularly in improving access to healthcare and reducing health disparities. By focusing on both urban and rural Zimbabwe, the project provides significant corporate social responsibility (CSR) opportunities for companies looking to contribute to improving healthcare outcomes in Zimbabwe. Furthermore, the exposure that corporates receive from being associated with the project helps increase their visibility and enhances their brand presence in both urban and rural communities.

The Vakaafya Batsi Health initiative exemplifies the promise of telemedicine as a powerful tool for achieving Universal Health Coverage in Zimbabwe. By utilising innovative technology and creating sustainable healthcare solutions, the initiative is not only enhancing healthcare access but also improving the overall health outcomes for undeserved populations. He concluded his presentation by reaffirming that telemedicine, as demonstrated by Vakaafya Batsi Health, holds the potential to revolutionise healthcare delivery in Zimbabwe and pave the way for a healthier, more inclusive future.

Dr Admore Dr Jokwiro, Chief Medical Officer And Co-Founder At Zimsmart Villages

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Population
Solutions
for Health

ABSTRACT

"Bluetoothing": Knowledge, attitudes and behaviour on unsafe drug injection behaviour and its risks to HIV transmission among Adolescents and Young People in Zimbabwe

Authors: H. Choi, M. Munjoma, N. Kunaka, N. Nhando, K. Chatora, J. Mavudze, T. Moga, B. Mutede, N. Taruberekera

Background: Drug and substance abuse (DSA) is one of the most pressing public health issues in young Zimbabwe populations, and 57% of youths were reported to engage in substance use in 2019. Within various DSA patterns, injection accounts for the second riskiest behaviour for HIV acquisition globally. As DSA becomes more prevalent in high HIV-burden communities like Zimbabwe, it is important to understand contexts around injection drug use and HIV transmission among adolescents and young people (AYP).

Methods: We employed a mixed -method study in two metropolitan provinces in Zimbabwe from February to March 2023. We administered a questionnaire to randomly selected AYP and 24 in-depth interviews with purposively selected community - and national-level key stakeholders to assess their knowledge, attitude, and behaviours on adolescent DSA and subsequent HIV risks. We collected quantitative data with KoBo Toolbox and analysed using SPSS Statistics, and we utilised an inductive approach and thematic coding for qualitative analysis.

Results: We recruited 770 AYP (410 male, 358 females, and two transgender) for the survey. 50.5% of males and 36.6% of females responded that they had engaged in DSA within the past three months. 3.8% of them had previously used injection as method, and all of them indicated the experience of sharing unsterilised injection equipment with others. Only 26.2% and 10.1% of AYP who use drugs had knowledge of HIV transmission risk through sharing and using non - sterilised injection equipment, respectively, whereas 97.6% were aware of the risk of unprotected sex. From IDIs, we identified a rise of a new drug injection behaviour called 'bluetoothing' among AYP, a direct person -to-person injection of blood drawn from an individual who is already intoxicated, mainly du e to a lack of financial resources to purchase safe injection supplies and substances.

Conclusions: Findings show an intricate dynamic between DSA and potential HIV transmission through a new unsafe drug injection behaviour in Zimbabwe. Lack of resources and attention towards 'bluetoothing' facilitates AYP's easier access to substance use and increases t heir chances of HIV acquisition. As we move to the status neutral approach, it is necessary to develop targeted solutions for unsafe injection behaviours to prevent transmission among AYP.

Strenghtening Accountability in the Utilisation of Health Sector Resources

Ms. Sandra Matendere

Sandra Matendere delivered an insightful presentation on public health financing and strategies to enhance accountability in the utilisation of health sector resources. Matendere emphasised the critical role of the health sector in the development of any nation, noting that the right to health is guaranteed under Section 76 of Zimbabwe's Constitution. This provision ensures that every citizen and permanent resident in Zimbabwe has access to basic healthcare services, including reproductive care. Matendere also pointed out Zimbabwe's commitment to the 2021 Abuja Declaration, where signatories, including Zimbabwe, pledged to allocate at least 15% of their national budgets to public health spending. According to Matendere, public health is essential for both a country's health status and its economic development, as nations that invest more in healthcare tend to have healthier, more productive populations. However, she pointed out that a lack of transparency and accountability in the health sector has hindered the government's ability to fulfil its mandate and effectively deliver services.

Despite these challenges, Matendere acknowledged that the government remains the primary provider of public health services in Zimbabwe. She noted that the government heavily subsidises healthcare for children and expectant mothers and provides free access to contraceptives at many public health facilities. Matendere explained that these free services are not always accessible due to inadequate monitoring systems. One major issue she identified was the absenteeism of healthcare workers, particularly in instances where women in labour were left without assistance because nurses were not present. This problem was highlighted in ZWACT's 2022 report, which revealed the difficulties women face in accessing sexual and reproductive healthcare services at public health institutions.

Matendere then discussed the primary sources of healthcare financing in Zimbabwe which include government funding, private sector contributions and international aid. Government funding is primarily provided through budget allocations, internal transfers, and grants.

The private sector contributes through corporate donations, health insurance companies, and household payments. Development partners, including international organisations, NGOs, and donors, also provide critical financial support. Matendere emphasised that the national budget should allocate at least 15% of the total budget to healthcare, as agreed upon in the Abuja Declaration. She also pointed out additional funding mechanisms, such as taxes on tobacco, sweetened beverages (sugar tax), and the AIDS levy, which has served as an example of effective financing when used properly. Donations from individuals, churches, and corporations, along with foreign aid from international organisations like the World Health Organization and USAID, were also identified as crucial sources of healthcare funding.

She highlighted several mechanisms to improve healthcare financing and service delivery in Zimbabwe, including public-private partnerships, collaborations between the government and the private sector, and corporate social responsibility initiatives by mining companies such as Mimosa, Zimplats, Unki Mines, and Mbada Diamonds. She also mentioned philanthropic donations, crowd funding, and support from charitable organisations as important avenues for funding. Matendere emphasised that while these sources of funding are important, there is still a significant need for improved transparency and accountability to ensure that resources are used effectively and equitably.

Matendere underscored the importance of transparent and accountable public finance management systems to enable healthcare institutions to deliver services effectively and equitably. She explained that such systems could alleviate inequality and improve access to healthcare, particularly for vulnerable populations. To enhance accountability, she proposed several strategies, including institutionalising transparency by establishing robust monitoring systems within both government and civil society organisations. She also advocated for the use of digital health solutions, which could leverage technology for real-time monitoring and data-driven decision-making.

Additionally, Matendere called for whistleblower protection to ensure that individuals reporting misuse of resources are not retaliated against and suggested community-based monitoring systems to empower local populations to track healthcare service delivery. Other accountability strategies mentioned included online financial reporting, adherence to the Freedom of Information Act, strong parliamentary oversight, and the creation of corruption risk assessment committees at the ward level. Matendere also recommended increasing public participation in budget consultations and developing patient charters in healthcare institutions to improve communication between patients and service providers.

A key point in Matendere's presentation was the challenge faced by the Zimbabwean government in meeting its commitment to the Abuja Declaration, which recommends allocating at least 15% of the national budget to healthcare. Despite ratifying the declaration, the government has faced difficulties in consistently meeting this target in recent years.

Matendere also emphasised the importance of implementing whistleblowing and complaints mechanisms, such as toll-free numbers and anti-corruption desks at healthcare institutions. She highlighted that these mechanisms should be gender-sensitive and provide robust protection for individuals who report misconduct.

Finally, Matendere explored how technology could be used to improve the transparency and efficiency of healthcare financing. She proposed the implementation of digital tracking systems to monitor the distribution of health resources, such as vaccines, and the use of health information systems for real-time monitoring and evaluation. She also highlighted the potential of mobile applications that allow citizens to report concerns or provide feedback on healthcare services. Mobile payment systems, electronic procurement systems for transparent purchasing, and digital attendance tracking were also recommended as essential tools to enhance accountability and ensure that healthcare workers are held responsible for their actions.

Sandra Matendere's presentation provided a detailed analysis of the challenges and opportunities in Zimbabwe's healthcare financing system. Her recommendations emphasised the need for enhanced transparency, accountability, and the use of innovative strategies and technologies to improve the delivery of healthcare services and ensure that resources are used effectively.

Ms. Sandra Matendere is the Director of Zimbabwe Women Against Corruption (ZWACT).

Exploring the Transformative Potential, Limitations and Prejudice of Artificial Intelligence

Mr. Nicodimus Mucherera

Nicodimus Mucherera, a pharmacist with expertise in Ai, addressed the topic of "Navigating the Pharmacy Landscape: Exploring the Potential, Limitations, and Prejudice of artificial Intelligence in Pharmacy." He unpacked the concept of artificial Intelligence (Ai), highlighting that Ai refers to technologies enabling machines to perform tasks that typically require human intelligence, such as decision-making and pattern recognition.

Mucherera discussed the origins of Ai, tracing its roots back to Alan Turing in 1942 when he first associated computers with intelligence by breaking the German Naval Code during World War II. He emphasised that Ai, although a relatively modern field, has existed in various forms for many years and continues to evolve, with ongoing advancements unlocking new potentials.

He acknowledged the major challenge facing many African countries in utilising Ai, which is the lack of adequate data storage and access. Data, according to Mucherera, is the key fuel for Ai systems, and without it, the full potential of Ai cannot be realised. He then highlighted several components of Ai, including Machine Learning (ML) and Natural Language Processing (NLP), which enable machines to learn from experience and understand human language, respectively.

Turning to Ai applications in pharmacy, Mucherera mentioned a range of tools already being used, including Electronic Health Records (EHR) systems that provide decision support, medication management systems that alert pharmacists to potential drug interactions, and predictive analytics tools that forecast patient needs and medication demands. He also cited examples of Ai applications in African countries, such as Morocco's use of Ai for managing health data and South Africa's Ai-driven genome project.

In pharmaceutical manufacturing, he pointed to tools like IBM Watson, Siemens Digital Industries Software, and Biosymetrics that employ Ai to improve drug development, production efficiency, and quality control. Similarly, Ai is also enhancing regulatory compliance with tools such as Veeva Vault and Oracle's Regulatory Compliance Cloud.

However, Mucherera acknowledged several limitations to the uptake of Ai in Africa. These included the inadequacy of policy frameworks to foster innovation, institutional barriers, and challenges with regulatory frameworks due to the rapid pace of Ai development. He also highlighted ethical concerns, such as the delegation of medical decisions to machines, and other challenges like infrastructure issues, financial constraints, and cultural resistance to Ai adoption among healthcare professionals.

He proposed several recommendations for advancing Ai in pharmacy, including the development of new regulatory standards to accommodate the evolving nature of Ai technologies, greater collaboration between experts from various fields, and incorporating Ai courses into pharmacy degree programmes. He also urged pharmacists to engage with Ai technologies and advocate for supportive policies in their respective regions.

Mucherera anchored that Ai holds great potential to transform pharmacy practice in Africa by improving patient outcomes and operational efficiency. He called for continued exploration and integration of Ai in pharmacy, stressing the importance of collaboration and knowledge sharing to ensure its successful implementation.

Mr. Nicodimus Mucherera is a pharmacist with a strong passion for leveraging technology to transform the pharmacology value chain and improve access to pharmaceutical products. He is dedicated to driving innovation that enhances the efficiency and accessibility of healthcare solutions.

Thank You For Being There!!
Your voice was heard !!

Strengthening Traditional Food Systems
Demystifying Traditional Foods for Improved Nutrition

Ms. Sikhangele Marowa

Carbohydrates are an essential component of a balanced diet, but not all carbohydrates provide the same benefits. Understanding the difference between "healthy" carbohydrates and less nutritious options is crucial for making informed dietary choices. Ms. Marowa from National Foods delivered a presentation that focused on the importance of selecting smart carbohydrates, emphasising the benefits of complex carbs and highlighting traditional whole grains native to Zimbabwe. She also addressed common misconceptions surrounding these grains.

Marowa discussed the advantages of complex carbohydrates, often referred to as "healthy carbs." These carbohydrates offer several health benefits over simple carbs, which are typically low in fibre and essential nutrients. Complex carbohydrates provide a rich source of fibre, vital for digestive health, and are packed with essential vitamins and minerals that support overall well-being. Additionally, they contain beneficial compounds such as antioxidants, which help protect the body from oxidative damage and boost immune function.

She explained that complex carbohydrates have the added benefit of being absorbed slowly by the body. This gradual absorption results in a steady increase in blood sugar, characteristic of a low glycemic index (GI). as a result, they help avoid rapid spikes in blood sugar levels, providing a more consistent energy supply. Marowa also highlighted that these carbs promote sustained energy, keeping individuals feeling fuller for longer periods. This slow digestion process fuels the body throughout the day, ensuring stable energy levels. Furthermore, complex carbs are more climate-resilient, requiring low investment to produce and contributing to a reduced carbon footprint compared to many other food sources.

Whole grains were another key focus of Marowa's presentation. She highlighted their importance as a source of healthy carbohydrates; yet many traditional whole grains native to Zimbabwe, such as sorghum, finger millet, and pearl millet, have been neglected despite their numerous health benefits.

She addressed the misconceptions surrounding these traditional grains, which have led to their under utilisation. Many people mistakenly view these grains as "old people's products," believing they are only suitable for the elderly. Some also wrongly associate them with being "only consumed when unwell," which has further hindered their popularity. Ms. Marowa pointed out that people often find these grains difficult to cook, believing they require specialised preparation methods. Additionally, the perception that they "don't taste nice" has led to a preference for other grains. Lastly, there is a misconception that these grains are "expensive and hard to find," further limiting their widespread use.

She urged stakeholders to work towards reviving the consumption of traditional grains, underlining both their health and environmental benefits. She expressed National Foods' commitment to take a proactive role in reintroducing these grains into the market, noting that with the right marketing, the perception of these grains could shift. The slogan "Everything old is new again" was suggested as a way to highlight the timeless value of these grains in modern diets.

National Foods aims to promote the benefits and availability of traditional grains, influencing public attitudes and making these grains a staple food in households in Zimbabwe and the region. She highlighted that complex carbohydrates, such as whole grains, provide a wide range of benefits, including energy, essential nutrients, and environmental sustainability. Additionally, traditional grains like millet, finger millet, and pearl millet contribute to healthy eating habits and a sustainable food system. To achieve this, National Foods has introduced the SmartCarbs brand, a range of milled traditional grains designed to challenge misconceptions and showcase nutritional benefits. This innovation aims to shift consumer perception, offering a healthier alternative to refined carbohydrates

Marowa encouraged academia to engage in further research and consumer engagement to challenge misconceptions and explore how best to integrate traditional grains into daily nutrition.

Ms. Sikhangele Marowa is the Research and Development Manager for maize and cereal division at National Foods Pvt limited.

PUBLIC HEALTH
SYMPOSIUM 2nd Edition
"RE-IMAGINING OUR PUBLIC HEALTH"

Advancing Nutrition for Improved Health Outcomes
Health Lifestyles & Nutritional Choices

Mr. Lesley Marange

Marange delivered a compelling presentation on the vital role of nutrition in health, as well as the mission of Glytime Foods to empower communities through innovative Agro-processing solutions. Founded in February 2018, Glytime Foods is dedicated to adding value to locally produced raw materials across Africa. Marange explained that the company's primary goal is to reduce the continent's food import bill, minimize post-harvest losses, and enhance food security. By implementing innovative solutions, such as blockchain technology to ensure food integrity, Glytime Foods strives to create an environment conducive to innovation, stimulate economic growth, generate employment, and foster strategic partnerships.

Marange emphasised the critical importance of nutrition in maintaining overall health and well-being. He highlighted that making healthy lifestyle choices and consuming proper nutrition could prevent chronic diseases and improve overall health outcomes. He also shared alarming statistics from the World Health Organization (WHO): one in five deaths worldwide is linked to poor diet, 2.2 billion people suffer from micronutrient deficiencies, and obesity-related diseases impose an annual economic burden of $3.5 trillion globally.

Addressing the public health concerns surrounding fast food, Marange pointed out that these foods are typically high in calories, salt, and sugar, all of which contribute to obesity, diabetes, heart disease, and certain cancers. He noted that fast foods often contain unhealthy fats, preservatives, and additives like monosodium glutamate (MSG), which can cause nausea, headaches, and neurological damage. Marange also warned against the use of tartrazine, a food additive linked to hyperactivity, cancer, and allergic reactions.

Turning to the issue of smuggled foods, Marange raised concerns about illegally imported products that bypass safety regulations. These foods often contain harmful contaminants, expired ingredients, or spoiled products, posing significant risks to public health, especially when sold in unregulated street markets. He called for stricter enforcement of food safety regulations and urged the public to report suspicious food products to the authorities.

Marange then outlined the numerous benefits of healthy nutrition, including reduced risk of chronic diseases like heart disease, diabetes, and cancer. He also emphasised that proper nutrition supports mental health, cognitive function, healthy growth, and weight management, while boosting energy levels and productivity.

He provided key nutritional recommendations for improved health, advising individuals to focus on whole, plant-based foods, lean protein sources, and healthy fats while limiting processed and sugary foods. Marange stressed the importance of drinking plenty of water, engaging in regular physical activity (at least 150 minutes per week), managing stress, getting 6-8 hours of sleep per night, and maintaining social connections and community engagement.

Acknowledging barriers to healthy nutrition such as food insecurity, economic constraints, cultural influences, and a lack of nutrition education, Marange outlined innovative solutions to address these challenges. These included personalised nutrition counselling, community-based nutrition programmes, and the use of digital health tools and apps. He also advocated for policy changes like improved food labelling and food taxation to encourage healthier dietary choices.

Marange underscored the need to integrate nutrition into healthcare by providing nutrition education for healthcare professionals, conducting malnutrition screening and treatment, reimbursing nutrition services, and forming interdisciplinary care teams.

He highlighted the importance of empowering communities through nutrition-focused initiatives, such as community gardens, cooking classes, nutrition education programmes, and food assistance efforts. Additionally, he called for partnerships with local organisations to further advance these initiatives. In conclusion, Marange issued a powerful call to action, urging everyone to make informed nutritional choices, support policy changes, engage in community-driven initiatives, and advocate for nutrition education. He emphasised that these collective efforts could drive meaningful change and promote healthier lifestyles for all.

Mr. Lesley Marange is the Founding Director of Glytime foods (PVT) Ltd

A Systems Thinking Approach to Public Health: A Modelling Approach

Prof. Farai Nyabadza

In an increasingly complex global health landscape, addressing public health challenges requires innovative approaches that go beyond traditional problem-solving. The Systems Thinking approach provides a holistic framework for understanding the intricate interdependencies within public health systems. This approach emphasises the dynamics between various components, including social, economic, and environmental determinants of health, allowing for the identification of aspects that lead to sustainable solutions. By integrating mathematical and computational modelling, we can simulate and analyse the interactions within these systems, offering valuable insights into disease dynamics, resource allocation, and the implications of policy changes.

Prof. Nyabadza explores the application of systems thinking in public health, particularly through modelling infectious disease transmission, healthcare delivery, and health interventions. Case studies from public health crises demonstrate how systems models inform decision-making, improve health outcomes, and optimise resource use, paving the way for more resilient and adaptive health systems capable of addressing both current and future public health challenges.

He discusses the role of mathematical models in public health policymaking. He emphasises the increasing complexity faced by policymakers due to the growing volume of data and challenges in decision-making. Mathematical modelling has become an essential tool for evaluating public health interventions and is now standard practice in some regions for decision support.

The presentation focuses on how mathematical models are used to investigate the impact of policies on the spread and control of diseases. Policies such as vaccination, personal hygiene, prevention of contagion, information campaigns, and treatment can be evaluated through these models. The key question posed is how to best incorporate policies into mathematical models and understand their influence on disease progression and control.

A mathematical model represents reality through mathematical expressions and is built on assumptions due to the complexity of real-world scenarios. One example discussed is Botswana's 2020 policy change to provide HIV/AIDS treatment to all citizens and immigrants. Before this change, the immigrant population, which made up 7% of Botswana's population, lacked access to treatment, potentially contributing to stagnating HIV/AIDS rates.

The study models the potential impact of this policy change, using piecewise models to track HIV/AIDS treatment progression before and after the policy was implemented. The analysis shows that introducing policy changes into mathematical models is crucial for understanding epidemic dynamics and generating holistic insights. Further model refinements could consider delays in accessing healthcare services.

The presentation concludes by noting the evolving nature of research and collaborative networks in mathematical modelling, with potential applications in areas such as drug design and computational chemistry. The use of mathematical models in public health continues to grow, offering invaluable insights into the effectiveness of health policies.

Prof. Farai Nyabadza is a Professor and Head of Department, at the University of Johannesburg.

Emerging Public Health Threats: Climate Change, and WASH

Dr. Conillious Gwatirisa

Dr. Gwatirisa's presentation on "Emerging Public Health Threats, Climate Change, and WASH" (Water, Sanitation, and Hygiene) offered a comprehensive analysis of the profound and escalating impacts of climate change on public health, particularly in the context of water resources and sanitation. As climate change continues to exert its influence, its effects on public health and water infrastructure have become increasingly evident. Through this discussion, Dr. Gwatirisa sought to highlight the physical and environmental impacts of climate change interconnectedness with public health and the urgent need for adaptive intervention strategies.
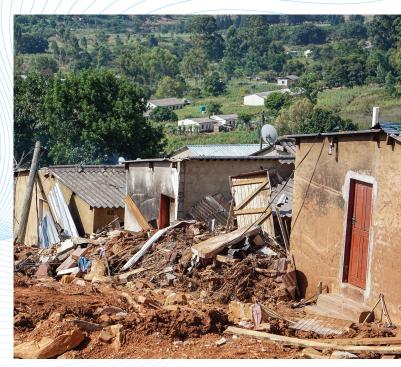
Dr. Gwatirisa defined and described climate change as long-term shifts in temperature and weather patterns, a phenomenon primarily driven by global warming and human activities, particularly the emission of greenhouse gases. In the Zimbabwean context, the adverse effects of climate change have been increasingly evident, with significant shifts in weather patterns contributing to greater variability in rainfall, increased drought frequency, and the depletion of water resources. The consequences of these changes are felt most acutely in rural communities, where agriculture which, relies mostly rainfall, is a major source of livelihood.

Zimbabwe, like many countries in Sub-Saharan Africa, is grappling with water scarcity exacerbated by the effects of climate change. Shifting rainfall patterns have made water availability increasingly unpredictable, disrupting both domestic water supply and agricultural activities. The full brunt of climate change is felt more in the rural communities where access to water and rainfall is key for their livelihood activities such as agriculture. As a result, millions of Zimbabweans are facing water shortages. The situation is further worsened by more frequent droughts, which accelerate the depletion of essential water resources such as reservoirs, dams, and other vital infrastructure. These challenges arguments the urgent need for sustainable water management solutions to ensure the country's resilience to climate variability.

Case Study: Cyclone Idai and its aftermath.

To underline the real-world impacts of climate change, Dr. Gwatirisa shared the case study of Cyclone Idai, one of the most devastating natural disasters to hit Zimbabwe in recent years. The cyclone caused widespread destruction, not only through the loss of lives but also by severely damaging the country's water infrastructure. Key structures like dams, pipelines, and reservoirs were either destroyed or severely compromised, making access to safe drinking water a major challenge for affected communities.

Evidence Chenjerai, Gpj Zimbabwe : Cyclone Idai brought mudslides, boulders and rainfall to the Ngangu area of Chimanimani in March 2019.

The destruction of water infrastructure during Cyclone Idai had immediate and long-term health implications. As a result of the cyclone, water sources were contaminated with sewage, carcasses, and other debris, further complicating efforts to ensure safe drinking water. This contamination led to a rise in waterborne diseases such as cholera and diarrhoea, which spread rapidly in affected areas. The cyclone also displaced thousands of people, many of whom were forced to live in makeshift camps with little access to clean water, sanitation, or hygiene facilities. This exacerbated the spread of diseases and created an environment of heightened public health vulnerability.

Dr. Gwatirisa highlighted several physical and health impacts of climate change on Water, Sanitation, and Hygiene (WASH) systems. The most evident physical impacts include water shortages, pollution, and the destruction of infrastructure due to extreme weather events such as droughts and cyclones. Water infrastructure that is already under strain from increased demand becomes even more vulnerable in the face of extreme weather, further compromising access to clean water.

Health impacts are equally concerning. Dr. Gwatirisa opined, that with climate change contributing to the frequency and intensity of extreme weather events, the

risk of outbreaks of waterborne diseases increases. In addition to cholera and diarrhoea, other diseases like typhoid fever and dysentery also spread more easily in environments where sanitation systems have been damaged. Dehydration is another significant health issue, especially in communities facing water shortages. Beyond these direct health consequences, mental health issues, including trauma, anxiety, and depression, are becoming more common in communities affected by extreme weather events. Survivors of disasters like Cyclone Idai often experience long-term psychological effects that can hinder their ability to recover and rebuild their lives.

Beyond the physical and health impacts, Dr. Gwatirisa, highlighted on the broader social consequences of climate change. One of the most significant social challenges is the increased poverty that often accompanies climate-induced disasters. When communities lose access to water, agriculture, or reliable income sources due to climate shocks, poverty rates rise, and vulnerable populations become more marginalised.

Migration is another major consequence of climate change, with communities often forced to relocate due to droughts, flooding, or the destruction of vital infrastructure. This leads to overcrowding in urban areas or displacement to neighbouring countries, placing further strain on both local and regional resources. Additionally, the breakdown of families due to migration or loss of livelihoods adds to the social burden, contributing to a cycle of poverty and social disintegration.

Dr. Gwatirisa underlined the importance of mitigation and adaptation strategies aimed at reducing the negative impacts of climate change on WASH systems. Key strategies include the establishment of early warning systems to predict extreme weather events, which can help communities prepare and respond in a timely manner. Early warning systems can provide critical information about impending droughts or cyclones, allowing for proactive measures to protect water resources and ensure that communities are prepared for potential impacts.

Investment in resilient water infrastructure is another vital component of climate adaptation. By building infrastructure that can withstand the stresses of extreme weather, Zimbabwe can better protect its water systems from the devastating effects of climate change. Dr. Gwatirisa also emphasised the need for community capacity building, which involves educating communities about the importance of water conservation, hygiene practices, and disaster preparedness. He highlighted that, the involvement of local communities in WASH programmes is critical for effective climate adaptation, as they ensures solutions are both context-specific and sustainable.

Dr. Gwatirisa concluded by mentioning on the importance of community-based WASH committees. These committees play a crucial role in managing local water resources, promoting hygiene practices, and ensuring the maintenance of water and sanitation infrastructure. He highlighted that, the rebuilding process after a disaster can be slow and challenging, but resilient, community-led WASH systems can help communities recover more quickly and reduce vulnerability to future climate shocks.

Dr. Gwatirisa's presentation offered a thorough analysis of the public health risks emerging from climate change, particularly concerning water, sanitation, and hygiene. By addressing the physical, health, and social consequences of climate change, as well as the necessity for both mitigation and adaptation strategies, the presentation emphasised the critical need for robust, community-driven WASH systems. These systems are essential not only to protect vulnerable populations but also to improve overall public health outcomes in the face of a rapidly changing climate. Moving forward, prioritising climate-resilient infrastructure and empowering local communities will be key to safeguarding public health against the increasing threats posed by climate change.

Dr. Conillious Gwatirisa is a Research Fellow with the University of Zimbabwe's Environment Climate and Sustainable Development Institute. He is a holder of a Doctor of Philosophy Degree specialising in Public Health Policies.

Climate Change a Public Health Agenda

Inclusive Public Health Approach: "Not for us Without us"

Mr. Tafadzwa Chadebinga

Tafadzwa Chadebinga, a passionate Disability Champion at the University of Zimbabwe, delivered an inspiring presentation on the "Inclusive Public Health approach: 'Not for us without us,'" advocating for the meaningful integration of marginalised communities into the heart of public health initiatives. This approach, Chadebinga emphasised, goes beyond passive participation; it requires the active involvement of individuals who are most affected by health issues throughout the entire process of healthprogrammedevelopment—from design and implementation to monitoring and evaluation. His central message was clear: health interventions must be contextually relevant and culturally appropriate, carefully tailored to meet the diverse needs of these communities to ensure they are impactful and sustainable

Chadebinga's argument is the recognition of various forms of capital—natural, physical, financial, and social—and their role in addressing health disparities. By incorporating these factors, public health initiatives can more effectively identify and respond to the unique challenges faced by marginalised groups, particularly in low-resource settings. Chadebinga emphasised the importance of embedding local knowledge, lived experiences, and the voices of marginalised communities into health policy andprogrammedesign. This ensures that health interventions are deeply rooted in the lived realities of those they aim to assist, making them more effective and long-lasting.

Chadebinga's rallying cry, "Not for us without us," captured the essence of his message—that people affected by health disparities should not merely be passive recipients of interventions but active participants in shaping the very interventions designed to serve them. He stressed that the lived experiences of marginalised groups provide invaluable expertise that cannot be overlooked. These communities possess intimate knowledge of their own challenges and needs, and when their voices are included in the decision-making process, health programmes are more responsive, relevant, and sustainable.

To demonstrate the power of this participatory approach, Chadebinga shared numerous successful examples.

He pointed out that involving people living with HIV in the design and implementation of HIV-focused health programmes has led to more effective interventions. In maternal health, the inclusion of mothers in developing health programmes has led to services that better meet the needs of women and children, resulting in more effective care and improved outcomes. Chadebinga also highlighted the impact of including individuals with lived mental health experiences in mental health services, which has made these services more accessible and relevant. These examples underscore the transformative potential of community-driven health interventions, illustrating how the inclusion of marginalised communities in the development of health initiatives can produce better, more sustainable outcomes.

According to Chadebinga, the inclusive public health approach must not be seen as an aspirational ideal but a critical strategy for achieving equitable health outcomes. He argued that by fostering collaboration between public health officials, policymakers, and marginalised communities, we can create interventions that address the unique challenges faced by diverse populations. This collaborative process ensures that health interventions are informed by those with the deepest understanding of the issues they are trying to solve. The result is a more inclusive, responsive, and effective public health system—one that serves everyone, regardless of background or circumstance.

Tafadzwa Chadebinga, a passionate Disability Champion at the University of Zimbabwe, delivered an inspiring presentation on the "Inclusive Public Health approach: 'Not for us without us,'" advocating for the meaningful integration of marginalised communities into the heart of public health initiatives. This approach, Chadebinga emphasised, goes beyond passive participation; it requires the active involvement of individuals who are most affected by health issues throughout the entire process of healthprogrammedevelopment—from design and implementation to monitoring and evaluation. His central message was clear: health interventions must be contextually relevant and culturally appropriate, carefully tailored to meet the diverse needs of these communities to ensure they are impactful and sustainable

Chadebinga's argument is the recognition of various forms of capital—natural, physical, financial, and social—and their role in addressing health disparities. By incorporating these factors, public health initiatives can more effectively identify and respond to the unique challenges faced by marginalised groups, particularly in low-resource settings. Chadebinga emphasised the importance of embedding local knowledge, lived experiences, and the voices of marginalised communities into health policy andprogrammedesign. This ensures that health interventions are deeply rooted in the lived realities of those they aim to assist, making them more effective and long-lasting.

Chadebinga's rallying cry, "Not for us without us," captured the essence of his message—that people affected by health disparities should not merely be passive recipients of interventions but active participants in shaping the very interventions designed to serve them. He stressed that the lived experiences of marginalised groups provide invaluable expertise that cannot be overlooked. These communities possess intimate knowledge of their own challenges and needs, and when

their voices are included in the decision-making process, health programmes are more responsive, relevant, and sustainable.

To demonstrate the power of this participatory approach, Chadebinga shared numerous successful examples. He pointed out that involving people living with HIV in the design and implementation of HIV-focused health programmes has led to more effective interventions. In maternal health, the inclusion of mothers in developing health programmes has led to services that better meet the needs of women and children, resulting in more effective care and improved outcomes. Chadebinga also highlighted the impact of including individuals with lived mental health experiences in mental health services, which has made these services more accessible and relevant. These examples underscore the transformative potential of community-driven health interventions, illustrating how the inclusion of marginalised communities in the development of health initiatives can produce better, more sustainable outcomes.

According to Chadebinga, the inclusive public health approach must not be seen as an aspirational ideal but a critical strategy for achieving equitable health outcomes. He argued that by fostering collaboration between public health officials, policymakers, and marginalised communities, we can create interventions that address the unique challenges faced by diverse populations. This collaborative process ensures that health interventions are informed by those with the deepest understanding of the issues they are trying to solve. The result is a more inclusive, responsive, and effective public health system—one that serves everyone, regardless of background or circumstance.

This call for an inclusive approach is not limited to Zimbabwe or developing countries but resonates globally with ongoing public health efforts. In countries like the United States and the UK, there has been increasing recognition of the need to engage marginalised communities in health policymaking and programmedesign. For example, in the United States, initiatives like the National Public Health Week's focus on equity and inclusion have aimed to bridge the gap in healthcare access for historically undeserved

populations. Similarly, in the UK, efforts to address health inequalities have included programmes that actively involve local communities in shaping public health strategies.

Chadebinga's presentation also aligns with global movements toward Health in all Policies (HiaP), a framework that emphasises the importance of integrating health considerations into all policy areas. HiaP encourages collaboration across sectors and ensures that marginalised voices are heard in all aspects of policy development, from urban planning to economic policies. In this context, the inclusive public health approach Chadebinga advocates for fits neatly into the global shift toward more integrated, community-focused, and equity-driven health systems.

Chadebinga's argument also intersects with the Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-Being) and Goal 10 (Reduced Inequality). By ensuring that marginalised communities are actively involved in the design and implementation of health programmes, we can ensure that no one is left behind. His focus on leveraging local knowledge and lived experiences contributes directly to building health systems that are both inclusive and responsive, supporting global commitments to universal health coverage and reducing health inequalities.

Tafadzwa Chadebinga's presentation reinforced the importance of a participatory, inclusive public health approach. By ensuring that marginalised communities are not only represented but actively involved in every phase of healthprogrammedevelopment, we can create more effective, culturally relevant, and sustainable health interventions. This approach, grounded in the principles of equity and collaboration, is essential for achieving global health goals and addressing the health disparities that continue to affect vulnerable populations around the world. By adopting the "Not for us without us" approach, we can build a more inclusive, just, and effective public health system—one that works for everyone, regardless of their background, circumstance, or identity.

Mr. Tafadzwa Chadebinga is a Disability Rights and Inclusion Champion. He is also a Psychology student at the University of Zimbabwe.

Promoting Healthy Eating Habits to Combat Non-Communicable Diseases (NCDs)

Mrs. Talent Marange

The presentation delivered by Mrs. Talent Marange, the founder and CEO of Glytime Foods, was an eye-opening session aimed at promoting healthier eating habits to combat the rise of non-communicable diseases (NCDs). In a world where poor dietary choices, sedentary lifestyles, and other risk factors have contributed to the surge in diseases such as diabetes, hypertension, and cardiovascular diseases, Mrs. Marange's message resonated deeply. She shared her personal journey and expert insights into how small yet significant changes in eating habits can greatly reduce the risk of these chronic conditions.

Mrs. Marange discussed the importance of high-fibre foods, which are central to Glytime Foods' product offerings. Drawing from her own experience, she explained how incorporating high-fibre foods into her diet helped address common issues like constipation. More importantly, she highlighted how these dietary changes positively impacted her overall health, especially during her pregnancies. The high-fibre products from Glytime Foods played a crucial role in promoting a healthy digestive system and supporting the well-being of both her and her babies. She emphasised that nutrient-dense foods have far-reaching benefits beyond just weight management or disease prevention—illustrating this with the smooth delivery of two healthy children.

The focus of Mrs. Marange's presentation soon shifted to the broader issue of preventing NCDs by addressing modifiable risk factors. According to the World Health Organisation (WHO), NCDs are responsible for a significant portion of global mortality, and many of these diseases are linked to factors that can be controlled or prevented, such as poor diets, physical inactivity, and smoking. Mrs. Marange stressed that many risk factors for NCDs are preventable through mindful, informed dietary choices. By prioritising nutrition, individuals can lower their risk of diseases like Type 2 Diabetes, obesity, and certain cancers. She highlighted the importance of educating people on how to make healthier choices by consuming foods rich in vitamins, minerals, and fibre—nutrients that strengthen the body's defence mechanisms against these diseases.

A key aspect of Mrs. Marange's message was the importance of starting the day with a nutritious breakfast. She spoke passionately about how breakfast sets the tone for the day by providing the body with essential nutrients and energy to function effectively. Skipping breakfast or opting for unhealthy, processed options can lead to blood sugar imbalances, slower metabolism, and an increased risk of overeating later in the day. Mrs. Marange encouraged attendees to choose healthier breakfast options, such as whole grains, fruits, vegetables, and protein-rich foods. Glytime Foods' range of high-fibre cereals and breakfast options, she noted, are ideal for kick-starting a healthy day.

A crucial component of her presentation was the importance of avoiding overeating .Mrs. Marange pointed out that overeating is a significant contributor to weight gain and other health problems. She explained how portion control and mindful eating can help manage hunger, prevent excessive calorie intake, and improve overall digestion. Rather than relying on restrictive diets, Mrs. Marange emphasised the importance of balanced meals and eating at regular intervals throughout the day to maintain energy levels and support healthy digestion. Glytime Foods' products, she explained, are designed to help individuals feel full and satisfied, reducing the temptation to overeat while ensuring proper nutrition. One of the highlights of the presentation was the introduction of "Healthy Options," a unique initiative spearheaded by Glytime Foods. More than just a retail outlet, "Healthy Options" is a platform that provides people with access to healthy food choices, as well as personalised dietary advice. Mrs. Marange explained how Glytime Foods goes beyond merely selling products by offering customized meal plans that cater to individual needs. Whether someone is looking to lose weight, manage a health condition, or adopt a healthier lifestyle, "Healthy Options" provide tailored guidance and support.

Mrs. Marange strongly encouraged attendees to take advantage of Glytime Foods' personalised diet plans. These plans are designed by nutritionists and health experts who work closely with clients to create dietary regimens that align with their specific health goals. Whether for weight management, managing chronic conditions, or boosting overall health, Glytime Foods offers expert guidance to help people make sustainable lifestyle changes. She shared inspiring success stories of individuals who transformed their health through personalised diet plans, hammering on the importance of seeking professional advice and making informed decisions.

Mrs. Marange's presentation was both informative and empowering, offering practical advice and actionable solutions to combat NCDs through healthier eating habits. By focusing on high-fibre foods, the importance of a nutritious breakfast, portion control, and personalised dietary guidance, she provided a comprehensive and effective approach to improving overall health. Her message is a timely reminder that small, informed changes in our diets can have a profound impact on our well-being and help us reduce the burden of preventable chronic diseases.

Mrs. Talent Marange is a Public Health Specialist with nutrition background. She works for Glytime Foods Pvt Ltd.

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Strengthening Inter-sectoral Collaboration in SRHR Programming to Improve Learner Health and Wellbeing

Dr. Mildred Mushunje

Dr. Mushunje delivered a compelling presentation on the urgent issues of teenage pregnancy and HIV infections among learners in Zimbabwe. She began by highlighting alarming statistics: 20.5% of girls aged 15-19 were either pregnant or already mothers, while 13.5% of new HIV infections occurred among individuals aged 15-24. Furthermore, Dr. Mushunje emphasised a concerning gap in adolescents' knowledge of HIV prevention and Sexual and Reproductive Health and Rights (SRHR), noting that 50% of young people lacked a comprehensive understanding of these critical issues.

In her presentation, Dr. Mushunje placed emphasis on the necessity of multi-sectoral collaboration to effectively address these challenges. She explained that fragmented responses from key sectors such as health, education, and gender had created inefficiencies, resulting in poor coordination and inadequate resource allocation. Dr. Mushunje argued that tackling the root causes of teenage pregnancy and HIV infections requires a unified, multi-sectoral approach to ensure better coordination, optimise service delivery, and achieve lasting impact.

To address these issues, Dr. Mushunje proposed several key recommendations aimed at improving the health and well-being of learners. She advocated for the establishment of an Inter-Ministerial Committee comprising representatives from vital ministries, including Health, Education, Youth, and Gender. This committee would be responsible for ensuring policy coherence and facilitating coordinated efforts across sectors, thus creating a cohesive strategy for adolescent health initiatives. She stressed that such a committee will be essential in fostering a more integrated and efficient response to adolescent health challenges.

Dr. Mushunje called for the development of clear implementation plans by the relevant ministries, outlining the specific roles and responsibilities of each party involved in adolescent health initiatives. This will ensure that all stakeholders are held accountable for their contributions and that resources—both financial and human—were allocated equitably and efficiently. Aligning budgets and resources across ministries would ensure that adolescent health initiatives were adequately supported.

In addition to these structural recommendations, Dr. Mushunje emphasised the importance of broad stakeholder engagement in addressing adolescent health issues. She argued that civil society organisations, community leaders, learners, and teachers must be actively involved in the development of policies and programmes. By including these groups in decision-making processes, Dr. Mushunje believed the resulting policies would be more inclusive, relevant, and impactful, ultimately driving positive change.

Finally, Dr. Mushunje called for the establishment of a robust monitoring and evaluation framework to track the progress of adolescent health programmes. Such a framework, she explained, will allow for the identification of gaps in service delivery, the assessment of policy effectiveness, and the implementation of necessary adjustments to improve outcomes for learners. This dynamic approach will ensure that health initiatives remain responsive to the evolving needs of adolescents in Zimbabwe.

In conclusion, Dr. Mushunje made a passionate call for collaborative action to address the SRHR needs of learners. She reinforced that only through coordinated efforts among all stakeholders could Zimbabwe improve adolescent health and well-being, reduce teenage pregnancies, and curb the rise in HIV infections, particularly among young people. Such a collective, comprehensive approach is critical for shaping a healthier and more sustainable future for the country's youth.

By Dr. Mildred Mushunje is the Country Director of the SRHR Africa Trust (SAT)

PUBLIC HEALTH SYMPOSIUM 2nd Edition
"RE-IMAGINING OUR PUBLIC HEALTH"

Menstrual & Period Poverty - Kunashe Foundation Interventions

Mrs. Ratidzo Njagu

The founding director of Kunashe Foundation, Mrs. Ratidzo Njagu, presented a compelling and urgent call to action on menstrual health, drawing attention to the widespread issue of period poverty that affects millions globally. With an estimated 500 million individuals impacted worldwide, menstrual health challenges represent a critical yet often overlooked dimension of public health. In Zimbabwe, the situation is particularly dire, with one in three girls missing school due to an inability to manage their menstrual health. This stark statistic underscores not only gender disparities in education but also broader systemic inequalities that undermine the potential of women and girls, not just in Zimbabwe but around the world.

Mrs. Njagu emphasised that addressing period poverty goes beyond merely providing access to sanitary products—it involves a fundamental shift in societal attitudes, promoting gender equity, and fostering a comprehensive approach to sexual and reproductive health. Her presentation illustrated the multifaceted nature of menstrual health challenges, which intersect with education, resource access, and societal norms. The Kunashe Foundation advocates for menstrual health education as the gateway to broader discussions about sexual health. This approach seeks to dismantle the stigma surrounding menstruation and create space for open conversations that empower individuals to take control of their bodies and health.

Central to the foundation's work is education. By providing girls and women with accurate knowledge about menstrual health, the Foundation aims to demystify menstruation, reduce shame, and promote positive attitudes toward this natural biological process. In many communities, menstruation remains a taboo subject, with girls and women often navigating their periods in silence and isolation. This silence fosters an environment where myths and misinformation thrive, and the stigma surrounding menstruation perpetuates cycles of inequality. Through its educational initiatives, the Kunashe Foundation seeks to break these cycles by providing accessible, accurate information that empowers women and girls to manage their menstrual health and hygiene confidently.

The Foundation's Ubuhle Programme exemplifies its commitment to a holistic approach to menstrual health. This initiative integrates menstrual health education with life skills training, providing girls and women the knowledge and tools needed to thrive both personally and professionally. Topics such as financial literacy, self-esteem, leadership, and communication are critical for ensuring that women and girls are equipped not only to manage their menstrual health but also to succeed in other areas of life. By integrating these components, the Foundation aims to create a ripple effect of empowerment, where educated and confident individuals contribute to the transformation of their communities.

A key aspect of the Ubuhle Programme is its focus on community engagement. The Foundation recognises that lasting change requires a shift in collective attitudes and behaviours. It works with schools, local leaders, communities, and stakeholders to challenge cultural taboos around menstruation and build supportive systems for women and girls. Importantly, the Foundation engages men and boys in these discussions, ensuring that menstrual health becomes a shared responsibility, rather than an issue for women to tackle alone. This inclusivity is essential for creating an environment where all individuals, regardless of gender, feel invested in the health and well-being of their peers.

Mrs. Njagu also highlighted the critical need for collaborative efforts to ensure the accessibility of affordable menstrual products. While education and community engagement are pivotal, they cannot reach their full potential without addressing the issue of product accessibility. Period poverty is not merely an issue of awareness but also of affordability. In many regions, particularly in rural and undeserved communities, menstrual products are prohibitively expensive. This forces girls and women to resort to unhygienic alternatives or to forgo menstrual care altogether, exacerbating the stigma surrounding menstruation and exposing individuals to serious health risks.

To address these challenges, Mrs. Njagu emphasised the Foundation's advocacy for sustainable funding for menstrual health initiatives. She argued that governments, non-governmental organisations (NGOs), and the private sector must collaborate to create an ecosystem ensuring that all individuals have access to the products and services they need. Short-term projects may offer temporary solutions, but without consistent investment, the cycle of period poverty will persist. The Foundation advocates for dedicated funding streams that prioritise menstrual health within broader health and development initiatives. This could involve integrating menstrual health into existing programmes on reproductive health, gender equity, and education, thereby recognising it as an essential component of overall well-being. Mrs. Njagu also called for policy changes that would reduce financial barriers to menstrual health, such as reducing taxes on sanitary products, subsidising products for low-income populations, and ensuring that menstrual health is included in national health agendas. Moreover, local production and distribution of affordable menstrual products could

help reduce reliance on expensive imports and create a sustainable supply chain that benefits local communities.

Ratidzo Njagu's presentation further reinforced the importance of leveraging partnerships to amplify the impact of menstrual health initiatives. She highlighted that collaboration with local governments, international organisations, businesses, and community-based groups is vital to strengthening the menstrual hygiene and access agenda in Zimbabwe. She emphasised that collaboration is not merely about pooling resources but about creating a shared vision for a world where menstruation is not a source of shame, stigma, or inequality but a normal part of life, openly acknowledged and supported.

Globally, the issue of menstrual health has gained significant traction as part of broader efforts to advance gender equity and public health. For instance, in India, the "Menstrual Hygiene Management" (MHM) initiative has worked to reduce stigma and provide education on menstrual hygiene. Similarly, in Kenya, the government has made significant strides by providing free sanitary products to schoolgirls to ensure they remain in school

and have the tools to manage their health. These international efforts resonate with the work being done by the Kunashe Foundation, highlighting the global recognition of period poverty as a critical issue that demands urgent attention and coordinated action.

Mrs. Njagu's presentation called for a holistic and collaborative approach to menstrual health that encompasses education, product accessibility, policy reform, and community engagement. The Kunashe Foundation's work is a powerful example of how addressing menstrual health challenges can have far-reaching implications for gender equity, public health, and social transformation. By creating an environment where menstruation is no longer a source of stigma and shame, we can empower individuals, promote gender equity, and build stronger, more resilient communities worldwide.

Mrs. Ratidzo Njagu is the Director of Kunashe Foundation. She is a development specialist with extensive experience in Women's Development, Policy and Capacity Building.

Promoting Positive Mental Health in the Workplace

Mrs. Edith Maziofa-Tapfuma

The presentation, led by Mrs. Edith Maziofa-Tapfuma, emphasised the critical importance of mental health in overall well-being, highlighting its profound influence on how individuals think, feel, and act. Mrs. Maziofa-Tapfuma explained that mental health encompasses emotional, psychological, and social well-being, which impacts how people handle stress, relate to others, and make decisions. She stressed that mental health is essential at every life stage, from childhood to adulthood, and is a key factor in overall wellness.

During the session, Mrs. Maziofa-Tapfuma shared alarming global statistics on mental health, noting that nearly one billion people worldwide suffer from mental health disorders. Depression, she noted, is a leading cAUse of disability globally, with an estimated 5% of adults affected. Importantly, she pointed out that half of these disorders begin before the age of 14, but most remain undetected and untreated.

Focusing on the situation in Zimbabwe, Mrs. Maziofa-Tapfuma highlighted the prevalence of mental health conditions, with 25-30% of adults and 51.7% of

adolescents affected by depression. She further stressed the concerning 90% treatment gap, with many individuals turning to traditional healers (55,000 registered) or faith-based leaders (20,000) due to cultural influences surrounding mental Healthcare. In Zimbabwe, common mental health conditions include stress, psychosis, depression, bipolar disorder, and substance abuse.

Addressing the issue of mental health in the workplace, Maziofa-Tapfuma pointed out that poor communication, limited employee support, and unclear organisational goals are significant contributors to workplace stress and mental health disorders. She highlighted that risk factors such as lack of diversity, management styles, internal competition, and bureaucratic barriers can create a psychologically unsafe environment, exacerbating employee stress, anxiety, and substance abuse.

She highlighted the stigma surrounding mental health, particularly in the workplace, where employees often hesitate to seek help for fear of judgment or jeopardising their job security. This, she noted, leads to mental health concerns going undiagnosed and untreated. To address these challenges, she advocated for the application of the 3 A's approach: ask, assist, and act. She encouraged individuals and organisations to actively inquire about the well-being of others, help when needed, and take proactive steps to create a supportive and understanding environment.

In conclusion, Mrs. Maziofa-Tapfuma called on the need to shift the focus from merely addressing illness to studying wellness and creating positive well-being. She underscored the importance of improving mental health awareness and care, not just globally but also within the local context of Zimbabwe.

Mrs. Edith Maziofa-Tapfuma is the Director for Vitality Wellness

ABSTRACT

Acceptability and feasibility of implementing thermal ablation as a preventive cervical cancer treatment and the comparison of treatment outcome with cryotherapy in Zimbabwe

Authors: *M. Munjoma, S. Gudukeya, J. Mavudze, C. Chipfumbu, H. Choi, T. Moga, B. Mutede, S. Leuschner and N. Taruberekera*

Introduction and background: Thermal ablation, a technique that destroys precan-cerous cervical cells by extreme heat or cold, is predominantly used as a preventive cervical cancer treatment modality in high-income countries. Compared to other treatment methods thermal ablation has numerous advantages in its portability, minimal electricity use and comparable treatment rates, which is convenient for use in low - and middle-income countries (LMICs). Therefore, it is important to understand acceptability among providers and clients and the feasibility of achieving comparable treatment outcomes with other methods in LMICs.

Methodology: We conducted a prospective longitudinal, open -label two-arm study from June 2021 to April 2022 at seven health delivery points. In this study, 182 clients were enrolled to receive preventive cancer treatment at baseline and followed up 6 months later to measure treatment outcomes and experiences on the procedure. Eligible consented clients were elected to a preferred method (either thermal ablation as an intervention or cryotherapy as a control group). We also conducted qualitative interviews with 14 service providers in either static or outreach settings.

Results: At the 6-month follow-up, the efficacy was comparable among the two groups, 96.5% (95% CI 86.7% –99.1%) clients in the intervention group had successful lesion treatment rate compared to 80.8% (95% CI 69.9% –99.1%) of the control group. Furthermore, 99% of clients in the intervention group would recommend thermal ablation to their family members or peers. Service providers preferred thermal ablation due to its ease of use, lower costs, portability and lower likelihood of adverse events compared to cryotherapy.

Conclusion: The study showed the feasibility of implementing thermal ablation as a new preventive cervical cancer treatment modality in Zimbabwe. Furthermore, service providers indicated their preference for thermal ablation due to its ease of use, portability at static settings and lower likelihood of adverse events occurrence. Therefore, we recommend scaling up thermal ablation both at static and outreach sites.

One Health Approach to Public Health

Professor Tinyiko Halimani

Professor Tinyiko Edward Halimani's presentation on the One Health approach compellingly highlights the profound interconnection between human, animal, and environmental health. Drawing on the wisdom of Hippocrates and Voltaire, who famously stated, "the art of medicine is that of healing the body in its entirety," Prof. Halimani argues that this ancient philosophy has never been more relevant, particularly in the context of contemporary global health crises. These crises, such as the COVID-19 pandemic and outbreaks of zoonotic diseases like Ebola, underscore the intricate relationships between these health domains. Prof. Halimani contends that understanding and addressing these interconnected spheres is essential for a sustainable and effective approach to global health.

The One Health framework, which advocates for a unified approach to health, calls for collaboration across a diverse range of scientific disciplines. By recognising the interdependency of human, animal, and environmental health, Prof. Halimani asserts that the strategy is not just innovative, but imperative for combating some of the most pressing health challenges of our time. One such challenge is antimicrobial resistance (AMR), a growing global threat that necessitates coordinated action across healthcare, agriculture, and environmental sectors. Prof. Halimani emphasises the importance of moving beyond isolated health interventions to a broader, systems-based approach that includes careful consideration of the role food systems play in public health.

A central theme in Prof. Halimani's message is the power of systems thinking, an approach that views health as a complex, interconnected system rather than fragmented, siloed issues. Systems thinking involves comprehensive surveillance, strategic communication, data collection, and evidence-based decision-making to inform policies and health practices. This approach demands the use of innovative tools, particularly artificial Intelligence (Ai) and Information and Communication Technologies (ICT), to enhance real-time collaboration, improve health management efficiency, and strengthen infrastructure. Ai, for example, can play a transformative role in predictive modelling, revolutionizing disease forecasting. Meanwhile, ICT platforms can facilitate real-time information sharing across diverse health sectors globally, fostering cross-border collaboration and improving responses to emerging health threats.

Moreover, Prof. Halimani stressed the critical importance of effective communication in shaping public health policies and influencing behaviour. He highlights that clear, accurate, and accessible messaging is pivotal in promoting behavioural changes that can reduce disease spread and improve health outcomes. This is especially crucial in areas like vaccination uptake, hygiene practices, and adherence to antimicrobial stewardship. Public health campaigns that are culturally appropriate and responsive to local contexts are essential for the success of these initiatives.

The call to action is unequivocal: Prof. Halimani urges stakeholders from diverse sectors—agriculture, environmental management, health policy, and beyond—to collaborate and integrate their efforts. He advocates for fostering a multidisciplinary approach, bringing together governmental institutions, international organisations, and local communities to build sustainable health solutions. This includes advocating for systemic changes in food production, waste management, and climate policies, all of which have direct and indirect impacts on the health of both the planet and its inhabitants.

Professor Halimani also emphasises the importance of equity and inclusivity in implementing the One Health approach. He stresses that all communities, particularly marginalised ones, must be involved in decision-making processes that impact their health. Addressing social determinants of health, such as access to healthcare, education, and economic opportunities, is crucial for achieving long-term health improvements. Moreover, efforts should be made to ensure that health interventions are culturally sensitive and locally relevant, acknowledging the diverse needs and values of different populations.

Professor Halimani envisions a world where the One Health approach drives not only scientific innovation but also societal transformation. By embracing the interconnectedness of all life—human, animal, and environmental—we can develop sustainable, comprehensive strategies that enhance the health of people, animals, and ecosystems alike. The time to act is now, as the challenges of tomorrow require the collaborative, integrated efforts of today. This vision calls for a paradigm shift in how we approach health, moving from fragmented, siloed efforts to holistic, systems-oriented solutions that can address the complex and interconnected nature of health challenges on a global scale.

Professor Tinyiko Halimani is a Professor of Animal Science at the University of Zimbabwe

PUBLIC HEALTH
SYMPOSIUM 2nd Edition
"RE-IMAGINING OUR PUBLIC HEALTH"

Mental Health & Art: When the Two Are Married

Ms. Philani Ama Kinyabo

> " I just called to say I love you
> I just called to say how much I care
> I just called to say I love you
> And I mean it from the bottom of my heart."

Ms Kinyabo, shared her transformative journey from the performing arts to mental health research, fuelled by her deep passion for helping others. As a Christian woman who personally faced mental health challenges, Ms. Kinyabo highlited the significant importance of maintaining good mental health as a vital factor in empowering individuals to effectively navigate the stresses of life She spoke openly about her own experiences, advocating for self-care practices such as regular exercise, healthy eating, and seeking professional help when needed. She added that individuals diagnosed with psychosis could still lead fulfilling and meaningful lives, stressing the potential for recovery and well-being.

Throughout her presentation, Ms. Kinyabo explored the therapeutic power of the performing arts, illustrating how they could promote relaxation, emotional well-being, and personal healing. She noted that various forms of art, including poetry, acting, music, and storytelling, provided individuals with valuable outlets to express themselves and temporarily escape from the pressures of everyday life. To emphasise this point, she referenced the poem by William Henry Davies, which reflects on the importance of taking time to appreciate life's simple joys, as well as the uplifting music of Stevie Wonder, whose songs convey messages of love, care, and hope.

In her vision for the future, Ms. Kinyabo proposed the creation of workshops specifically designed to help individuals improve their mental well-being through creative expression. These workshops would incorporate activities such as poetry, acting, music, and storytelling, offering participants opportunities to heal and express their emotions in meaningful ways. Ms. Kinyabo's goal was to develop comprehensive manuals for conducting these workshops and to train others to become facilitators, ultimately fostering a broader movement to improve mental health through the arts.

As part of her ongoing commitment, Ms. Kinyabo invited those interested in learning more to reach out, emphasising her dedication to using the arts as a powerful tool for enhancing mental health and well-being. Through these efforts, she hoped to positively impact the lives of many, empowering individuals to heal and thrive through creative expression.

Ms. Philani Ama Kinyabo is an Advocate for the Arts and Mental Health

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Beyond Surviving to Thriving for Adolescents & Young Adults Living with HIV

Mr. Comfort Shava

The presentation delved into the often-overlooked intersection of HIV and mental health, emphasising the vital need for holistic care beyond focusing only on antiretroviral therapy (ART). Through the story of Takunda, a 14-year-old boy diagnosed with HIV at age 12, the presentation sheds light on the complex realities faced by adolescents living with HIV (ALHIV). Despite adhering to ART and maintaining a low viral load, Takunda struggles with deep-rooted depression, stigma, and grief—issues that are often neglected in traditional HIV care models which focuses more on physical health. According to Shava, mental health disorders are widespread among young people globally, with around one in seven adolescents experiencing mental health challenges. For adolescents living with HIV (ALHIV), research indicates that one in four suffer from depression, along with significantly higher rates of anxiety and post-traumatic stress disorder (PTSD). Shava expressed concern over the negative impact of mental health on viral load suppression and overall health outcomes, emphasising the need for integrated care that addresses both mental and physical health to improve the well-being of ALHIV.

Mental health challenges like depression and anxiety often lead to poor adherence to ART, resulting in higher viral loads and increased risk of HIV-related complications. This highlights the critical need for comprehensive mental health support to address the psychological burdens of living with HIV, as mental well-being is closely linked to viral suppression and overall quality of life.

Shava highlighted the Zvandiri initiative which is focusing on addressing these complex challenges. Zvandiri connects young people living with HIV to trained peer counselors, such as Community Adolescent Treatment Supporters (CATS) and Young Mentor Mothers (YMMs), who provide mental health support alongside HIV care. This peer-driven approach has proven to be highly effective, helping to build trust, reduce stigma, and provide a safe space for open conversations about mental health. By 2023, Zvandiri had supported over 92,000 young people across 13 countries, demonstrating the programme's broad reach and its impact on improving the lives of ALHIV.

The Zvandiri programme takes a comprehensive approach to addressing mental health. In 2023 alone, theprogrammescreened over 30,000 adolescents for mental health issues, identifying 1,710 individuals who were at significant risk. These adolescents received enhanced counselling, ensuring that mental health issues were addressed promptly and effectively. Theprogrammehas proven that integrating mental health services into HIV care is not just beneficial but essential for ensuring better outcomes for young people living with HIV. The mental health services offered through Zvandiri are not limited to crisis intervention; they focus on early identification of mental health problems, ongoing mental health promotion, and referral to specialised care when necessary.

Key lessons learned from the Zvandiri programme include the critical importance of integrating mental Healthcare into HIV treatment. This integration ensures that young people are not only physically healthy but also mentally well, which is essential for them to thrive. Theprogrammealso highlights the effectiveness of peer support, particularly when young people are mentored by others who have lived through similar experiences. The peer-to-peer model fosters trust and reduces stigma, empowering adolescents to seek help without fear of discrimination. Additionally, the training and mentorship of CATS are fundamental to the programme's success. These peer counsellors receive specialised training that equips them with the skills to provide emotional and psychological support, creating safe spaces for young people to share their experiences, and guiding them toward appropriate care.

The presentation emphasised the importance of a participatory approach to public health in this case, youth involvement in shaping services. Adolescents and young adults living with HIV are also key players in designing and implementing programmes that directly affect their lives. Their experiences and insights are invaluable in creating services that are relevant and context specific to their settings. The Government of Zimbabwe's ongoing support for these initiatives has been pivotal in ensuring the programme's sustainability and scalability, reflecting the importance of government involvement in addressing the mental health needs of young people living with HIV.

Shava's presentation highlights the urgent need for comprehensive care that addresses both the physical and mental health needs of adolescents and young adults living with HIV. He concludes by reiterating that mental well-being is an essential component of HIV care, and embracing holistic approaches can ensure better health outcomes leading to improved quality of life for young people living with HIV in Zimbabwe and beyond.

Mr. Comfort Shava is a Registered Clinical Psychologist currently working as a Mental Health Officer for Zvandiri based in Harare, Zimbabwe.

Mental Health Investment Case

Dr. Debra Machando

Dr. Debra Machando, the World Health Organization (WHO) Mental Health Focal Person, provided an insightful overview of the Zimbabwe Mental Health Investment Case (MHIC) and the broader context of national mental health investment across various countries. Dr. Machando's talk emphasised the growing global interest in mental health services, while also pointing out the critical financial gaps that remain in mental health investments. She outlined how assessing the costs and benefits of scaling up mental health services can help guide future investments, making the case for a stronger focus on mental health in national health agendas.

Dr. Machando highlighted the status of national mental health investment case studies across different regions. According to her report, completed and published studies include Jamaica, the Philippines, Kenya, and Uzbekistan. In contrast, studies for Latvia, Bangladesh, Nepal, Uganda and Zimbabwe have been finalised but remain unpublished. Additionally, studies are currently underway or planned for countries such as Jordan, Kyrgyzstan, Lebanon, and Sri Lanka. This indicates a broadening global interest in addressing mental health challenges and exploring the financial implications of scaling up interventions. A cross-country comparative analysis of seven mental health investment case studies (MHICs) has already been prepared and is ready for submission to a journal, further contributing to the growing body of knowledge on this crucial subject.

The core of Dr. Machando's presentation was a discussion of the cross-country analysis of the national mental health investment case studies, which examined both the context and methods used to evaluate the economic and health benefits of mental health interventions. Despite growing political commitment to improving mental health services, Dr. Machando pointed out that the financial commitment remains insufficient in many regions worldwide. This, she argued, poses a significant barrier to advancing mental health services and improving the overall well-being of populations. To address this, the assessment of projected costs and benefits of scaling up effective mental health interventions is vital in encouraging greater investment in public mental health systems.

Dr. Machando explained that the studies followed standardised guidance developed by the WHO and the United Nations Development Programme (UNDP), and were conducted by multidisciplinary teams. These studies include countries across Africa—such as Kenya, Uganda, and Zimbabwe—as well as Asia, with countries like Bangladesh, Nepal, the Philippines, and Uzbekistan. The studies involved the calculation of intervention costs, as well as the monetised value of improved health and productivity. These calculations were done both in local currencies and US Dollars to provide a broader comparison and a clearer picture of the financial implications of mental health investment.

From the cross-country analysis, several key messages emerged that were central to the argument for greater investment in mental health services. One of the most significant points highlighted was that the implementation of these studies itself had proven valuable, not only in advancing knowledge but also in fostering improved dialogue and collaboration across sectors. This multi-sectoral approach is essential for building more robust mental health systems that can adequately respond to the needs of populations. Additionally, the analysis revealed that the economic burden of mental health conditions is substantial, accounting for approximately 0.5% to 1.0% of a country's GDP. In comparison, the investment required to address mental health conditions was found to be relatively modest—ranging from US$0.50 to US$2.50 per capita per year, which equates to about 0.9% to 2.5% of total health expenditure and 0.03% to 0.14% of GDP.

Furthermore, Dr. Machando shared that the monetised benefits of investing in mental health often far exceed the costs, especially for conditions such as anxiety, depression, and epilepsy. In some cases, the returns on investment are notably large, suggesting that investing in mental health not only benefits individuals but also provides significant economic returns. However, she also cautioned that there were exceptions, such as for bipolar disorder and in certain countries, like Uganda, where the benefits did not always outweigh the costs. This variance underscores the complexity of mental health economics and the need for country-specific strategies when considering investment in mental health systems.
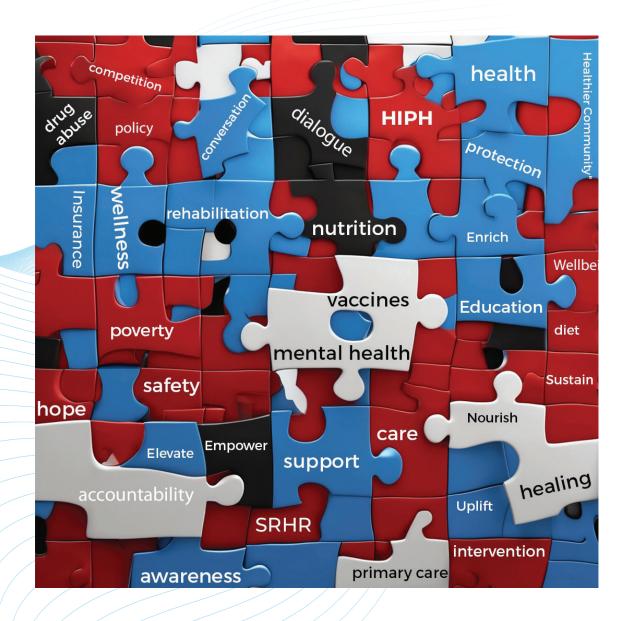
Despite these promising findings, Dr. Machando acknowledged some of the challenges faced in drawing firm conclusions from the MHIC studies. These challenges included the scarcity of local data, assumptions about workforce productivity loss and restoration, and the fact that the interventions considered in the studies were not exhaustive. These limitations indicate the need for further research and data collection to better understand the full economic and health impacts of mental health interventions.

The Zimbabwe Mental Health Investment Case, specifically, was outlined with clear primary goals. Dr. Machando the importance of achieving Universal Health Coverage (UHC) for mental health, advancing policies for mental health advocacy, and protecting human rights. Furthermore, scaling up high-quality interventions and services for individuals with mental health conditions was identified as a crucial priority for Zimbabwe. The financial target for the country from 2023 to 2025 is an ambitious US$20 million, which Dr. Machando noted requires substantial external support. She called for collective action from both national and international stakeholders to raise the necessary funds and implement these critical mental health initiatives.

Dr. Machando also addressed the importance of workplace mental health and its economic impact, urging organisations to take a more active role in addressing mental health issues within their workforces. She suggested several steps that organisations can take internally, including the development of policies and standards, management and worker training, and providing access to mental health screenings and evidence-based treatments. Organisations are also encouraged to foster a supportive and open culture that prioritises mental well-being. She emphasised that organisations should work together with technical experts from the Ministry of Health and WHO to build capacity and support mental health programmes.

On a national level, Dr. Machando urged organisations to lead by example, advocating for mental health system strengthening in collaboration with governments, WHO, and the private sector. She stressed that organisations must allocate resources to support national mental health initiatives, engage in advocacy for mental health system transformation, and practice what they preach in order to create a more comprehensive and sustainable approach to mental healthcare.

In conclusion, Dr. Machando's made a captivating case for the urgent need to invest in mental health services, both globally and within Zimbabwe. While challenges remain, the evidence presented underscored that scaling up mental health interventions is not only a moral imperative but also a sound economic decision. The economic and social benefits of investing in mental health are substantial, and Dr. Machando called on all stakeholders—governments, organisations, and international partners—to come together to support these efforts. The ultimate goal is to ensure that mental health services are universally available, accessible, and effective in improving the lives of individuals and strengthening societies at large.

Dr. Debra Machando is a Clinical Neuropsychologist and World Health Organisation Mental Health Focal Person in Zimbabwe.

Discovery of Lead Compounds Inhibiting Sars-Cov-2 Main Protease

Prof. Yasien Sayed

The presentation by Prof. Yasien Sayed at the Public Health Symposium offers an in-depth exploration of the innovative discovery of lead compounds capable of inhibiting the SaRS-CoV-2 main protease (Mpro), a critical enzyme responsible for viral replication in the body. Since the onset of the COVID-19 pandemic, cAUsed by the SaRS-CoV-2 virus, global health systems have faced an unprecedented challenge. The rapid emergence of new variants, many of which exhibit heightened transmissibility and partial resistance to the protective effects of vaccines, underscores the urgent need for new and effective therapeutic interventions. Prof. Sayed's research is a significant step in this direction, contributing to the ongoing quest for viable treatments.

The main protease (Mpro) of SaRS-CoV-2 plays a vital role in the virus's ability to replicate and propagate within the host. Mpro is responsible for cleaving viral polyproteins into functional proteins, a step essential for the maturation of viral particles. Due to its central role in viral replication, Mpro has become a key target for drug discovery. Prof. Sayed's research delves into the structural and functional characteristics of Mpro, which is composed of three domains that are crucial for its stability and enzymatic activity. The successful targeting of Mpro could potentially block the viral replication cycle and provide a new avenue for COVID-19 treatment.

Prof. Sayed's approach to uncovering inhibitors of Mpro involved a detailed and methodical process that began with the design of a vector for the Mpro gene. This was followed by recombinant protein expression in *Escherichia coli* (E. Coli), a widely used bacterial system for protein production. The expression system successfully yielded substantial quantities of the SaRS-CoV-2 Mpro, which were then purified to isolate functional, soluble enzyme. The purity and activity of the enzyme were rigorously confirmed through a series of biochemical assays, ensuring that the Mpro was both structurally intact and catalytically functional. This step laid the foundation for subsequent screenings aimed at identifying potential inhibitors of Mpro.

To identify lead compounds with inhibitory effects on Mpro, the research team collaborated with mathematical modelers from Wits University and the University of

Johannesburg. Using this model, researchers identified approximately 30 lead compounds with the potential to inhibit the enzyme's function. These compounds were then tested through enzyme assays to determine their inhibitory efficiency. The researchers measured the IC50 values—concentrations at which the compounds inhibit 50% of Mpro activity—for each compound. Five compounds emerged as the most promising, displaying significant inhibitory action against Mpro. Notable among these candidates were Udenafil, Mulberrin, and Luteolin, each of which possesses a range of therapeutic properties.

Udenafil is a phosphodiesterase type 5 (PDE5) inhibitor, commonly used in the treatment of erectile dysfunction, and has shown potential as an antiviral agent, with evidence suggesting it could inhibit the replication of SaRS-CoV-2. Mulberrin, a compound derived from the mulberry plant, is known for its anti-inflammatory and antioxidant properties, which may contribute to its ability to modulate viral activity. Luteolin, a flavonoid found in various fruits and vegetables, has demonstrated promising antioxidant, anti-inflammatory, and antiviral effects in prior research, making it a strong candidate for further investigation as an antiviral agent.

Key achievements of this research include not only the successful isolation and validation of soluble Mpro but also the identification of lead compounds with potent inhibitory effects. These compounds represent exciting starting points for the development of new antiviral therapies that could complement existing COVID-19 treatments, particularly in the face of evolving viral variants.

Looking forward, the next phase of this research will focus on several critical steps aimed at advancing these lead compounds toward potential therapeutic use. One of the primary objectives is to crystallize Mpro, which will allow researchers to determine the enzyme's three-dimensional structure with greater precision. This structural information will be invaluable for performing detailed molecular docking studies, where the identified lead compounds can be modeled to predict their binding affinity and mechanism of action. Such studies will provide insights into how these compounds interact with Mpro at the molecular level, enabling further refinement of the inhibitors to increase their efficacy and selectivity.

Additionally, further work will involve the synthesis of optimised candidate molecules based on the promising compounds identified so far. These candidates will undergo additional in vitro and in vivo testing to confirm their potential as therapeutic agents for COVID-19. Researchers will also explore the possibility of combining these inhibitors with other antiviral therapies, which could lead to synergistic effects that provide more comprehensive treatment options for COVID-19.

The presentation also emphasises the collaborative nature of the research, with Prof. Sayed acknowledging the invaluable support of various institutions and individuals involved in the study. This collaborative effort includes contributions from research teams at multiple universities and institutions, underscoring the importance of partnerships in tackling global public health challenges.

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Prof. Sayed's work is a prime example of how multidisciplinary collaboration—spanning virology, structural biology, pharmacology, and computational modeling—can lead to groundbreaking solutions in the fight against pandemics.

Prof. Yasien Sayed's research presents significant progress in the search for effective treatments for COVID-19, specifically through the identification of lead compounds that target the SaRS-CoV-2 Mpro. As the world continues to grapple with the ongoing pandemic, such innovative approaches offer hope for the development of new antiviral drugs that can help combat COVID-19 and future viral threats. By leveraging cutting-edge science, collaboration, and strategic innovation, Dr. Sayed's work represents a vital step forward in the global effort to address the COVID-19 crisis and enhance public health responses worldwide.

Prof. Yasien Sayed is a Protein Structure-Function Research Unit, School of Molecular and Cell Biology, University of Witwatersrand, Johannesburg.

PUBLIC HEALTH SYMPOSIUM 3RD EDITION

24th - 26th July 2025
Sango Conference Center,
Cresta Lodge Hotel Msasa,
Harare Zimbabwe

"Heritage And Evidence-Based: A New Frontier in Africa's Public Health"

Contact PHS Secretariat
Harare Institute of Public Health
70 Parklane / Julius Nyerere, Harare, Zimbabwe
rmatorwa@hiph.ac.zw / bmuresherwa@hiph.ac.zw
0719 266 993 / 0719093044
www.hiph.ac.zw

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

MINISTRY OF HEALTH and
TERTIARY EDUCATION, INNOVATION,
SCIENCE and TECHNOLOGY
DEVELOPMENT

P.H.P.A.Z

Health Financing - Family Planning (FP) Programming in Zimbabwe

Mr. Alfred Zvoushe

Zvoushe delivered a presentation at the Public Health Symposium, titled "Strengthening Health Financing for the Family Planning (FP) Programme in Zimbabwe: Challenges, Opportunities, and Pathways to Sustainability". Zvoushe, who holds a Master of Science in Population Studies, a BSc Honours in Psychology, and a postgraduate diploma in Monitoring and Evaluation, brought his extensive expertise in public health and research to the discussion, emphasising the importance of sustainable financing for family planning in Zimbabwe.

In his presentation, Zvoushe provided a detailed overview of the role of family planning (FP) in improving maternal and child health outcomes. He highlighted the significant progress Zimbabwe had made in increasing the contraceptive prevalence rate (CPR), which had reached 67% by 2015, as reported in the Zimbabwe Demographic and Health Survey (ZDHS). This progress was largely attributed to support from international donors and government initiatives. However, Zvoushe stressed that the sustainability of the FP programme was now at risk due to financial constraints, particularly the shrinking donor funding and limited domestic resources. He pointed out that Zimbabwe's ability to maintain and expand access to FP services was further complicated by competing priorities within the health sector and broader economic challenges.

Zvoushe detailed how the country's reliance on external funding for FP services had made the programme vulnerable to shifts in global funding patterns. In 2023, the Zimbabwean government took a significant step by signing a Compact of agreement with the United Nations Population Fund (UNFPa), which allowed for increased domestic funding for contraceptive procurement. Between 2023 and 2024, the government allocated US$3 million for the procurement of contraceptives, demonstrating a commitment to addressing the funding gap. However, despite political will, Zvoushe noted that the government's allocation to the national health budget consistently remained below the targeted 15% threshold, and the FP allocation remained insufficient to sustain theprogrammein the long term.

Zvoushe also discussed the creation of the Health Resilience Fund (HRF), designed to improve overall health financing. He observed that there had been a lack of attention to FP funding within this initiative, and no specific targets for FP had been set. Similarly, while a health levy had been introduced, it did not directly contribute to FP financing. Given these challenges, Zvoushe emphasised the need for Zimbabwe to explore new and innovative funding avenues. These could include leveraging private sector investments, expanding insurance coverage for FP services, and exploring novel financing mechanisms such as health bonds or impact investing.

In his conclusion, Zvoushe called on the government to prioritise family planning within its health budget, advocating for more consistent and significant resource allocation. He suggested that the Zimbabwe National Family Planning Council (ZNFPC) should be granted greater authority to coordinate the procurement, storage, and distribution of contraceptives and reproductive health commodities in Zimbabwe. He underscored the importance of securing long-term political commitment to FP funding to ensure the sustainability and effectiveness of the family planning programme . The findings from his presentation highlighted the pressing need for a more robust and sustainable financial framework to support FP services and ultimately improve public health outcomes in Zimbabwe.

Mr. Alfred Zvoushe is a Monitoring and Evaluation Officer at the Zimbabwe National Family Planning Council (ZNFPC)

Facts About Family Planning

- 2,170,000 women are using a modern method of contraception in Zimbabwe (FP Zim Fact Sheet, 2023).
- 780,000 unintended pregnancies prevented through family planning (FP Zim Fact Sheet,2023).
- 195,000 unsafe abortions averted because of family planning (FP Zim Fact Sheet, 2023).
- 2,200 maternal deaths averted because of family planning (FP Zim Fact Sheet, 2023).

Did You Know?

- 44% of women in Africa have an unmet need for family planning (UNFPA, 2020)
- 15% of women in Africa use modern contraceptives (UNFPA, 2020)

Together, let's ensure everyone has access to quality healthcare without financial hardship!

17th-19th October 2024
Sango Conference Center
Cresta Lodge Msasa, Harare, Zimbabwe

Call:
0864457407 | +263 784 995 803
+263 71 926 6993 |+263 777 604 347
Email:
phs@hiph.ac.zw |rmatorwa@hiph.ac.zw

Scan To Register

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Practical Ways of Supporting Local Pharmaceutical Production

Mr. George Nyamayaro

Mr. Nyamayaro explored the current state and growth potential of Zimbabwe's pharmaceutical sector. He pointed out that the country's pharmaceutical market was valued at approximately US$196.46 million. Despite this, only 18% of medicines were produced locally. With this in mind, Mr. Nyamayaro set a goal of increasing local production to 30% within the next year, stressing the need for a strategic approach to boost production capacity. Over the past five years, the number of local pharmaceutical manufacturing companies had grown from eight to 13. While Mr. Nyamayaro viewed this as a positive development, he noted that more efforts were required to meet the growing demand for locally manufactured medicines.

To accelerate growth in the pharmaceutical sector, Mr. Nyamayaro presented several practical strategies. First, he advocated for increased collaboration between the government and private manufacturers. As the government is a major buyer of medicines, Mr. Nyamayaro argued that this partnership could provide a solid foundation for expanding local production. He also suggested adopting import restriction similar to those implemented in countries like Algeria and Nigeria, where such measures had been successfully used to stimulate local production. These import restrictions would not only encourage local manufacturers but also reduce Zimbabwe's dependency on foreign imports.

Moreover, Mr. Nyamayaro stressed the importance of regulatory improvements to ensure that local pharmaceutical companies could meet international standards and compete globally. He recommended the implementation of Good Manufacturing Practices (GMP), which would enhance the quality of products and facilitate increased exports. Streamlining the registration process for pharmaceutical products was also seen as a crucial step in making it easier for manufacturers to bring their products to market.

Mr. Nyamayaro acknowledged the economic challenges hindering the growth of local pharmaceutical production. Difficulties in accessing financing were among the key obstacles identified. He proposed that local banks offer loans with low and concessionary rates to support manufacturers in overcoming these financial hurdles.

Additionally, he pointed out that coherent policies, such as those outlined in the National Development Strategy 1 and the Pharmaceutical Manufacturing Strategy, were essential for creating a supportive environment for local production. These policies needed to be aligned to foster a sustainable pharmaceutical sector.

In addition to these financial and policy considerations, Mr. Nyamayaro underscored the critical role of research and development (R&D) in driving innovation within the pharmaceutical sector. He emphasised the need for an adequately skilled workforce to support R&D activities and the production of high-quality medicines. To this end, he highlighted the importance of training programmes and educational initiatives to ensure that the country had the necessary talent pool to support its pharmaceutical ambitions.

He also touched on the role of digitalisation in enhancing local pharmaceutical production. Mr. Nyamayaro noted that the effective use of data could inform production decisions, helping manufacturers optimise operations and better meet market demands. Furthermore, he pointed out that improving the packaging materials used by local manufacturers could boost the appeal and competitiveness of locally produced medicines.

To further protect local manufacturers and foster a competitive market, Mr. Nyamayaro recommended the introduction of non-tariff barriers, as well as the implementation of a quota system for imports. Such measures would ensure that the market remained favourable for local production and help shield it from the potential destabilising effects of cheaper imported medicines.

He made a strong case for the strategic importance of local manufacturing in the context of global health challenges, particularly in light of the lessons learned from the COVID-19 pandemic. He argued that the pandemic had highlighted the vulnerabilities of relying on global supply chains for essential products like medicines. By increasing local pharmaceutical production, Zimbabwe could enhance its self-sufficiency and reduce its dependency on external sources, ensuring a more resilient healthcare system for the future.

Mr. Nyamayaro outlined a roadmap for strengthening Zimbabwe's pharmaceutical sector. His emphasis on collaboration, regulatory reform, financial support, research and development, and strategic policies painted a clear picture of how Zimbabwe could leverage its local pharmaceutical industry to achieve greater self-sufficiency and resilience in the face of both local and global challenges.

Mr. George Nyamayaro is the Director of Diamond Pharmacies and the chairperson of Community Pharmacist Association of Zimbabwe

A Qualitative Investigation of the Impact of Music-Making Workshops on Self-Stigma Amongst Adults with Mental Health Problems in Urban Zimbabwe

Ms. Tamaryn Palmer

The presentation explored the significant impact that music-making can have on self-stigma among individuals with mental health diagnoses in urban Zimbabwe. Palmer, a mental health nurse with extensive experience in community mental health, highlighted the crucial role of collaborative research in tackling mental health stigma. She noted that in many cases, stigma could be even more detrimental to individuals than the illness itself.

In her presentation, Palmer emphasised the need for a nuanced understanding of stigma, particularly the distinction between public stigma, perceived stigma, and self-stigma. She observed that while existing research has extensively focused on public and perceived stigma—especially within Western contexts—there has been far less exploration into self-stigma, which remains a pervasive and often debilitating experience for individuals with mental health challenges. Palmer pointed out that mental health stigma in Zimbabwe and other parts of sub-Saharan Africa could be further compounded by cultural factors and historical contexts.

Palmer argued that creative practices, particularly music-making, hold the potential to significantly improve emotional well-being and foster community cohesion. Drawing on the region's rich artistic traditions, she proposed that such creative practices could serve as vital tools for self-expression and healing. In sub-Saharan Africa, where music and art are deeply embedded in social and cultural life, these practices may provide an avenue for individuals with mental health diagnoses to challenge and overcome the internalised stigma they face.

The primary focus of Palmer's research is to investigate the benefits and potential drawbacks of self-stigma music-making workshops for adults with mental health conditions in Harare. The study aims to describe the lived experiences of self-stigma, explore the effects of music-making workshops, and examine the impact of performing a collectively produced song in a public

setting. Palmer explained that these objectives are critical in understanding not only the psychological effects of music-making but also its social ramifications for participants.

Using an action research methodology, Palmer's study is designed to encourage collaboration between researchers, musicians, and individuals with lived experiences of mental health challenges. This participatory approach ensures that the voices of those directly affected by mental health stigma are central to the research process. Data for the study is being gathered through qualitative focus groups, with a sample size of 18-24 participants drawn from the Friendship Bench initiative—a community-based mental health programme in Zimbabwe. This initiative, which has been instrumental in providing accessible mental health support, served as an ideal foundation for recruiting participants with diverse experiences of mental health challenges.

The findings from Palmer's study will to be disseminated within local communities and shared with mental health stakeholders in Zimbabwe. By providing valuable insights into the role of music-making in addressing self-stigma, the research aims to contribute to broader anti-stigma strategies and enhance the understanding of how creative practices can be integrated into mental health interventions. Palmer concluded her presentation by emphasising the potential of music-making to not only support individuals in their personal journeys of healing but also to help foster a greater sense of community and collective empowerment in the fight against mental health stigma

Ms. Tamaryn Palmer is a researcher based in the UK, passionate about mental health. She has worked as a Mental Health Nurse, Community Nurse. She has also contributed her expertise to the Friendship Bench programme

Mental Health, Drug & Substance Abuse Cluster Session Lead By Pamumvuri (PVO) at the 2024 Symposium

Evaluation of Public Health Legal Frameworks: Way Forward

Mrs. Bianca Mahere-Masukume

Mrs Bianca Mahere-Masukume, provided a comprehensive analysis of the legal landscape governing public health in Zimbabwe. It highlighted the crucial role of effective legal frameworks in strengthening health service delivery and ensuring equitable access to quality healthcare. The presentation began by outlining the key pieces of legislation that form the foundation of Zimbabwe's public health system.

Central to this framework is the Constitution of Zimbabwe, which mandates the state to provide accessible health services to all citizens and guarantees emergency medical treatment. In addition, key legislative instruments such as the Public Health act (2018), Health Professions act (Chapter 27:19), and the Termination of Pregnancy act (15:10), among others, were discussed. According to Mahere-Masukume, these laws are designed to regulate health services, protect public health, and safeguard citizens' rights to access healthcare. Each law addresses a distinct aspect of the healthcare system, from regulating health professionals to ensuring effective management of public health concerns.

The presentation evaluated the existing legal and policy framework, highlighting both its strengths and weaknesses. Among the strengths, it noted the presence of a comprehensive legal structure that aligns largely with the Constitution of Zimbabwe, reflecting the government's commitment to healthcare as a fundamental human right. However, the evaluation also revealed several challenges undermining the effectiveness of the public health system. These include fragmented legislation, where overlapping or conflicting laws create confusion in their application and enforcement. Furthermore, implementation gaps were identified, such as resource constraints, a shortage of healthcare professionals due to brain drain, and limited access to health facilities and specialised care, all of which continue to hinder effective healthcare delivery.

The presentation also highlighted emerging public health challenges in Zimbabwe, noting the rising burden of infectious diseases alongside the growing prevalence of non-communicable diseases (NCDs) such as diabetes, hypertension, and cancer. These evolving trends she said, are placing significant strain on the already overwhelmed healthcare system, highlighting the urgent need for effective preventive strategies to mitigate this growing burden. She also highlighted the rising incidence of cervical and breast cancer, emphasising the urgent need for targeted policy interventions and a stronger focus on diseases that disproportionately impact women.

Mahere-Masukume highlighted that the COVID-19 pandemic served as a pivotal turning point, revealing significant weaknesses within Zimbabwe's public health systems. The crisis tested the country's emergency preparedness and response capabilities, exposing critical gaps in infrastructure, resources, and coordination. These vulnerabilities highlited the urgent need for comprehensive reforms to strengthen the healthcare system and enhance its resilience against future public health emergencies.

In response to these challenges, Mahere-Masukume put forward a set of thoughtful recommendations to enhance the public health legal and policy framework in Zimbabwe. Central to her suggestions was the strengthening of governance and accountability in the implementation of health programmes, to ensure their effectiveness and transparency. She also advocated for increased funding to address the current underfunding of the health sector, with a particular emphasis on prioritising maternal healthcare and ensuring that health services are accessible to all, especially marginalised communities.

Another important recommendation was to strengthen community engagement in the development and implementation of health policies, ensuring that these policies better address the needs of the communities they aim to serve. Additionally, the presentation reinforced the critical need to improve emergency preparedness, particularly in the aftermath of global health crises such as COVID-19, to ensure Zimbabwe is equipped to effectively manage future public health emergencies. Mahere-Masukume advocated for aligning national laws with constitutional provisions and international best practices, emphasising the need for a more harmonised legal framework that reflects Zimbabwe's international obligations. She also highlighted the importance of involving community health service providers in the policy-making process to ensure policies are inclusive and responsive. Furthermore, she called for the development of social security measures to support post-hospital care, an area often overlooked in the current framework, to ensure comprehensive healthcare for all citizens. This approach would not only strengthen the health system but also promote greater equity and accessibility in healthcare delivery

In conclusion, her presentation advocated for a more effective and equitable public health system in Zimbabwe. By addressing existing gaps, strengthening governance, increasing funding, and promoting community participation, it was argued that Zimbabwe could build a more resilient health system to meet the evolving needs of its population. The recommendations provided a clear and actionable path forward, one that, if implemented, could greatly improve health outcomes and advance the realisation of the right to health for all Zimbabweans.

Mrs. Bianca Mahere-Masukume is a Senior Projects Lawyer at Women in Law in Southern Africa (WILSA)

Breast Feeding: Inclusive Policies for Women in the Workspace

Ms. Tafadzwa Zhawari

In the presentation "Breastfeeding and Beyond: Creating Inclusive Policies for Women in the Workspace," Tafadzwa Zhawari highlighted key issues surrounding breastfeeding rates in Zimbabwe and the critical need for workplace policies to support breastfeeding mothers. The current exclusive breastfeeding rate in Zimbabwe stands at 42%, which is below the regional average of 56% and far from meeting the 2030 Sustainable Development Goal (SDG) target of 50%. Zhawari referenced the 2019 Multiple Indicator Cluster Survey (MICS) report, which found that only 59% of children in Zimbabwe were breastfed within the first hour after birth. Despite the high continuation rate of breastfeeding at one year (over 80%), many children stop breastfeeding before reaching the recommended 24-month duration. Zhawari pointed out that in Zimbabwe, 2,663 deaths annually are linked to the lack of breastfeeding, with returning to work being a major factor in mothers discontinuing breastfeeding.

Zhawari also discussed the increasing presence of women in the formal workforce, particularly in sectors such as domestic work, retail, hospitality, education, and nursing, where many women are of childbearing age. With more women entering the workforce, the need for policies supporting breastfeeding becomes crucial.

The presentation emphasised the importance of workplace breastfeeding support, which includes policies and programmes that enable mothers to breastfeed exclusively for six months and continue for up to two years. These programmes should include policies that provide at least six months of paid maternity leave, as well as designated spaces and time for expressing milk during work hours. Support can also be extended through on-site childcare and flexible work schedules. Zhawari highlighted that workplace breastfeeding support is essential for the health of both mothers and children, as breastfeeding reduces the risk of breast cancer for mothers and provides the best nutrition for children.

Zhawari discussed the importance of developing a breastfeeding policy within workplaces. Such policies should include guidelines for maternity leave, flexible work hours, and dedicated spaces for expressing breast milk. A supportive workplace culture, with clear rules for using lactation rooms, is also necessary to ensure that mothers can continue breastfeeding while balancing work responsibilities.

The speaker stressed the importance of paid maternity leave in promoting breastfeeding. Public policies that provide at least 18 weeks of paid maternity leave,

and ideally six months or more, enable mothers to establish exclusive breastfeeding. Furthermore, Zhawari emphasised that paid parental leave, including at least 15 days for fathers, allows parents to share responsibilities and support each other, creating a more conducive environment for breastfeeding.

Zhawari highlighted that the provision of hygienic lactation rooms, along with storage facilities and breastfeeding breaks, can significantly contribute to the continuation of breastfeeding after returning to work. Lactation rooms allow mothers to express milk regularly, helping maintain a healthy milk supply and reducing the reliance on formula feeding. Such facilities not only support the health of the child but also boost the mother's confidence and reduce stress, enhancing both her work and parenting experience.

She presented evidence showing the benefits of breastfeeding for both mothers and organisations. For example, breastfeeding can reduce medical costs, with fewer doctor visits and hospital stays for children who are breastfed. Companies that support breastfeeding mothers also report higher employee retention rates, with one study showing a 94% retention rate in companies with breastfeeding support programmes. Additionally, staff satisfaction and loyalty increase when employees feel respected and supported in their efforts to balance work and breastfeeding.

Zhawari presented strong evidence of the positive impact of workplace breastfeeding support programmes. A systematic review of 22 programmes across nine countries demonstrated that having a dedicated breastfeeding space at work significantly increased breastfeeding duration and exclusivity. Lactation rooms, in particular, were found to be more impactful than dedicated breaks in prolonging breastfeeding.

A case study from UNICEF Bangladesh was also shared, where support for breastfeeding among mothers in the readymade garment sector led to improved breastfeeding practices, increased workplace productivity, and a better environment for working women.

The presenter concluded by urging the development of policies and programmes that support mothers in the workplace, noting that such actions can significantly increase breastfeeding rates, which are critical for early childhood development. Zhawari called for the creation of inclusive policies that not only support breastfeeding but also address the broader needs of women in the workforce.

Zhawari emphasised that creating inclusive policies for breastfeeding in the workplace is vital for fostering a healthy and productive environment. By implementing flexible work hours, providing lactation rooms, and offering comprehensive parental leave, organisations can empower women to effectively balance their professional and personal lives.

The presentation concluded with a call for further actions to support mothers in the workplace, ensuring the health and well-being of both mothers and children through improved breastfeeding support.

Ms. Tafadzwa Zhawari is the Director of Charis Nutrition and the Secretary General of the Public Health Practitioners Association of Zimbabwe

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Leveraging Youth-Led and Youth-Serving Models for Improved Access to SRHR Services

Mr. Dean Mutata

The presentation highlighted the urgent need to enhance sexual and reproductive health and rights (SRHR) services for adolescents and young people (AYP) in Zimbabwe. With AYP representing 61% of the population, addressing their SRHR needs is essential for the nation's overall development and well-being. Despite their significant numbers, AYP face considerable barriers to accessing these critical services, including widespread unmet needs, stigma from healthcare providers, and limited access to vital information and resources. These obstacles result in severe consequences, such as higher rates of unintended pregnancies, unsafe abortions, and HIV infections among young people.

To address these challenges, the SRHR Africa Trust (SAT) has rolled out the YouthWyze outreach programme in 12 under-served distributors in Harare and Goromonzi. These targeted outreach initiatives are designed not only to provide youth-friendly SRHR services but also to serve as vital data collection points. The data generated helps to improve local health systems by identifying gaps and areas in need of development. The selection of these distributors was based on a rigorous analysis of health mapping and epidemiological data, with special attention to regions facing high rates of unintended pregnancies, unsafe abortions, and new HIV infections.

As Mutata noted, the YouthWyze programme has made significant progress in strengthening Zimbabwe's health systems. Through building partnerships with local health facilities and ensuring the inclusion of AYP representatives in distribution health committees, theprogrammeamplifies the voices of young people in the decision-making processes that shape the healthcare

services they depend on. This inclusive approach has resulted in more responsive and adaptable health systems, where AYP not only gain access to the SRHR services they need but are also actively engaged in shaping services that cater to their specific need.

One of the notable successes of the YouthWyze outreachprogrammehas been its ability to increase the number of AYP seeking and receiving SRHR services. By creating a welcoming, youth-friendly environment, the initiative has overcome some of the barriers young people face in accessing care. Additionally, the programme has provided invaluable insights that inform evidence-based health policies, ensuring that Zimbabwe's health system is better equipped to meet the unique needs of its young population. These insights will be critical in developing a sustainable, youth-centric health system that offers high-quality SRHR services across the country.

Mutata concludes by highlighting that the YouthWyze model represents a crucial step toward a more effective, inclusive, and sustainable approach to SRHR for young people in Zimbabwe. Not only does it provide immediate benefits, such as increased access to services and enhanced youth participation in health governance, but it also offers long-term solutions that will contribute to the overall improvement of the health and well-being of Zimbabwe's young people. The programme's success provides a scalable model that can be replicated in other regions, ensuring that the needs of adolescents and young people across Zimbabwe are met in a manner that is inclusive, respectful, and empowering.
Key takeaways from the presentation:

Inclusion of AYP-Led Data Collection
Highlight the importance of young people themselves in both the design and implementation of the outreach programme. Empowering youth as data collectors and advocates for their peers could not only make theprogrammemore relevant but also ensure sustainability as they become future health leaders.

Capacity-Building for Healthcare Providers
Addressing the attitudes from healthcare providers which acts as a barrier to accessing healthcare is critical. The programme could be strengthened by incorporating training initiatives that aim to transform healthcare providers' attitudes towards AYP, equipping them with the necessary skills to offer youth-friendly services.

Mr. Dean Mutata is the SRHR Officer at SRHR Africa TRUST.

Understanding Suicide through the Lens of Culture in Zimbabwe.

Dr. Samson Mhizha

Dr. Mhizha's presentation highlighted the alarming global rise in suicide rates, now one of the leading causes of death worldwide, accounting for approximately 1 in 100 deaths. This crisis is particularly severe in Africa, where suicide rates surpass the global average. In 2019, the suicide rate in Africa was estimated at 11.2 per 100,000, notably higher than the global average of 9.0 per 100,000. This growing issue is not only a public health crisis but also has profound social and emotional consequences for families and communities. In Zimbabwe, the situation is equally troubling, with rising suicide rates, especially among men. These increasing rates underscore the urgent need for greater attention to mental health and the implementation of supportive systems to address the root causes. To mitigate this crisis, it is essential to improve mental health care, reduce stigma, and foster an environment that encourages open dialogue about mental well-being. Effectively addressing this issue requires collaboration among governments, NGOs, and communities to raise awareness, provide accessible mental health services, and build a more supportive society for those at risk.

Dr. Mhizha explained that the causes of suicide in Africa are multifaceted, shaped by cultural pressures, mental health stigma, and socioeconomic challenges. Tackling these factors requires a comprehensive approach to reduce suicide rates and strengthen the region's mental health infrastructure. The suicide crisis in Africa demands immediate attention, as it affects not only individuals but also entire communities, economies, and healthcare systems.

Dr. Mhizha identified several critical factors contributing to the high suicide rates in Zimbabwe and Africa, including cultural norms, mental health stigma, and socioeconomic pressures. He emphasized that one of the main drivers of high suicide rates in African countries is the cultural stigma surrounding mental health. In many societies, men—particularly older men—face immense pressure to adhere to traditional ideas of masculinity,

such as being stoic, self-reliant, and emotionally resilient. Dr. Mhizha explained that this cultural expectation often prevents men from seeking help for mental health issues, fearing they will be seen as weak or incapable. As a result, many men suffer in silence, which can have tragic consequences.

In many African communities, mental health challenges are frequently misunderstood and seen as a sign of weakness or even spiritual deficiency. This cultural perception discourages individuals from seeking help and contributes to the high suicide rates in the region. Dr. Mhizha stressed that addressing these misconceptions is essential to reducing stigma and encouraging individuals to seek the support they need.

Dr. Mhizha also highlighted the critical role of economic stability in improving mental health and reducing suicide risk. In Zimbabwe, as in many other African nations, creating employment opportunities and alleviating financial stress can help foster a sense of hope and well-being. He noted that for many men, particularly those expected to be primary providers for their families, the pressures of meeting economic demands can be overwhelming. By improving access to mental health resources, it is possible to alleviate some of these pressures and reduce the risk of depression and suicidal thoughts, ultimately promoting better mental wellness. Economic difficulties, especially in rural areas, contribute to a sense of despair, with individuals feeling overwhelmed by both emotional and financial pressures. The ongoing economic challenges in Zimbabwe, including inflation and limited job opportunities, intensify these feelings of hopelessness. Addressing both economic and mental health support systems is therefore crucial in tackling this crisis.

Dr. Mhizha advocated for decriminalizing suicide attempts, noting that, in Zimbabwe and many other African countries, attempting suicide is still a criminal offense. This discourages individuals from seeking help and exacerbates the stigma around mental health. Decriminalizing suicide attempts would allow individuals to access necessary care without fear of legal repercussions, encouraging early intervention and saving lives.

Dr. Mhizha also stressed the urgent need to strengthen mental health services across Africa. Access to care is often limited, particularly in rural areas, where there is a shortage of trained professionals and resources. He called on governments to invest more in developing mental health infrastructure, training additional professionals, and expanding community-based services, ensuring that these services are affordable and accessible. He also recommended integrating mental health care into primary healthcare systems, ensuring individuals can access support at all levels.

To address the suicide crisis, Dr. Mhizha proposed that cultural and community engagement play a central role. Changing attitudes toward mental health requires awareness campaigns that involve community leaders, religious figures, and cultural ceremonies to reduce

stigma. By promoting healthier views of masculinity—where emotional vulnerability is not seen as a weakness—communities can create a more supportive environment for individuals facing mental health challenges.

Dr. Mhizha emphasized the importance of public dialogue and education to help communities understand that mental health struggles are serious conditions that require appropriate treatment, not signs of weakness. These efforts will help alleviate the social isolation that often accompanies mental illness and suicide, fostering a more compassionate and supportive society.

In conclusion, Dr. Mhizha reiterated that suicide is a major public health issue in Africa, particularly in Zimbabwe, where cultural pressures, mental health stigma, and economic challenges contribute to high suicide rates. He emphasized the need to decriminalize suicide attempts, expand mental health services, raise cultural awareness, and address socioeconomic stress in order to reduce the suicide crisis. Dr. Mhizha believes that through a collaborative effort from governments, communities, and individuals, it is possible to create a more supportive and understanding environment that promotes mental well-being and reduces suicide rates across the continent.

Dr. Samson Mhizha is the chairperson of the Department of Applied Psychology at the University of Zimbabwe and the coordinator the newly established Child Development and Psychology program.

VITALITY WELLNESS ZIMBABWE YOUR WORKPLACE WELLNESS PARTNERS

OUR CONSULTANCY SERVICES

CLINICAL PSYCHOLOGY SERVICES

ASSESSMENT & DIAGNOSIS
- Psychological evaluations
- Diagnostic interviews
- Behavioural observations

THERAPY & COUNSELING
- Individual therapy
- Group therapy
- Family and couples therapy

CRISIS INTERVENTION
- Immediate support for mental health emergencies
- Suicide prevention
- Trauma response

CONSULTATION
- Collaboration with healthcare professionals
- School and organizational consultations
- Family support strategies

TREATMENT PLANNING
- Personalized treatment plans
- Goal setting and progress tracking
- Ongoing monitoring and adjustments

PREVENTION PROGRAMS
- Mental health awareness campaigns
- Stress management workshops
- Resilience-building programs

OUR CAPACITY BUILDING AREAS

1. VITALITY & WELLBEING focusing on happiness, wellbeing, unplugging, Mindfulness, Lifestyle coaching & Education.
2. Wellness focusing on awareness and tools for Financial, Mental, and physical wellness.
3. HIV and AIDS development work focusing on HIV prevention & awareness, care and treatment; Workplace Policies & Programmes, Sexual Reproductive Health and Rights; Orphans and Vulnerable Children and Youth; strategic planning and project/programme management. Workplace arena experts.
4. Non Communicable conditions focusing on raising awareness, prevention, care & treatment.
5. Mainstreaming Gender, GBV, Culture, Women's Economic Empowerment; Gender norms transformation for workplaces and communities. Policies and practice.
6. Diversity & Inclusion focus on embracing differences among people to promote positive workplace outcomes.
7. Social Dialogue – Promoting social dialogue concept to promote decent work, dialogue and engagement within workplaces.
8. Corporate CSI initiatives promoting sustainable business practices in line with sector and the Sustainable Development Goals
9. Capacity Development: Trainer of Trainers on HIV, TB, and AIDS treatment literacy and advocacy, stigma and discrimination; documentation and communication skills; and Documentation of Best Practices.
10. Workshops/Conferences Organisation and Facilitation: Skilled in organising and running TOT courses, workshops, conferences, Dialogue facilitation. Reliable and time conscious discussants and chair for symposium.

Contact US: www.vitalitywellness.co.zw | Editht@vitalitywellness.co.zw | nmahachi@ vitalitywellness.co.zw
Address: 06 Swan Drive Alex Park, Harare

Improving Mental Health and Enhancing Emergency Care for Women in Zimbabwe

Ms. Ethel Musara

The Institute of Women Social Workers (IWSW) is a youth-led feminist movement committed to driving social justice and addressing the deep-rooted inequalities faced by women and girls across Africa. With a dedicated network of social workers, development practitioners, and psychologists, IWSW focuses on fostering mental health awareness and providing essential psycho-social support. Through this lens, the organisation works to tackle a range of socio-economic challenges that affect the well-being of women, including gender-based violence (GBV), child marriage, rape, and the far-reaching impacts of climate change
.

The Role of IWSW in Advancing Social Justice and Gender Equality

IWSW recognises that achieving true gender equality in Africa requires a comprehensive, multi-faceted approach. The organisation's work is rooted in the belief that women and girls deserve equal opportunities, access to resources, and the right to live free from violence and discrimination. By championing the importance of mental health alongside social justice, IWSW seeks to ensure that these challenges are addressed holistically. Socio-economic issues such as poverty, lack of education, and limited access to healthcare disproportionately affect women and girls. IWSW works tirelessly to mitigate these disparities by addressing the intersection of these issues and promoting systemic change.

In Africa, gender-based violence remains a significant concern. It is deeply embedded in many cultural and societal structures, where harmful practices like child marriage, sexual violence, and domestic abuse are still prevalent. Mental health plays a crucial role in these issues, as the trauma caused by GBV can have long-lasting effects on the psychological well-being of survivors. IWSW aims to break this cycle by providing a platform for women and girls to discuss their experiences and access mental health services that address both immediate and long-term needs.

Addressing Mental Health in a Challenging Environment

Mental health remains a largely taboo subject in many parts of Africa, often misunderstood, stigmatised, and linked to cultural beliefs such as witchcraft or supernatural forces. This stigma prevents many individuals from seeking help, particularly those experiencing depression, anxiety, or trauma resulting from GBV or socio-economic stress. Despite growing awareness, suicide rates, substance abuse, and violence are on the rise, particularly among women and girls. Alarmingly, Africa has one of the lowest rates of mental health service provision globally. The continent has only 14 mental health visits per 100,000 people, far below the global average of 1,051 visits per 100,000. This stark gap in mental healthcare availability underscores the urgency of IWSW's mission to bridge this divide by providing culturally appropriate mental health services and advocacy.

The Hurukuro Model: An Afrocentric Approach to Mental Health.

At the heart of IWSW's mental health strategy is the "Hurukuro Model," an afrocentric framework designed to address the unique cultural and social challenges faced by African women. The model emphasises dialogue and community-driven support, offering safe spaces where individuals can discuss sensitive issues without fear of judgment. The term "Hurukuro," which means open and respectful conversation in many African languages, embodies the spirit of inclusivity and empowerment. The Hurukuro Model serves as a platform for women to express themselves freely, share their experiences, and collectively explore solutions to problems such as GBV, child marriage, and poverty. By fostering an environment of mutual respect and understanding, the model helps participants develop coping mechanisms, build resilience, and access psycho-social support that enables them to heal and thrive.

This innovative approach has proven effective in creating spaces for healing and dialogue, allowing women and girls to break free from isolation and reclaim their sense of agency. The model is not just about addressing mental health in isolation; it also empowers individuals to become change-makers within their communities, advocate for their rights, and promote social justice.

Expanding the Conversation: Engaging Men in the Movement

One of the key aspects of IWSW's work is recognising the importance of engaging men in the conversation around gender equality. Traditionally, gender-based violence and inequality have been viewed as issues only affecting women. However, IWSW understands that a true social justice movement must involve men as allies. The organisation is expanding its efforts to promote positive masculinity, encouraging men to challenge harmful stereotypes, advocate for the rights of women and girls, and contribute to building more equitable communities. By engaging men in promoting healthy relationships, emotional literacy, and accountability, IWSW aims to reduce the prevalence of GBV and foster more respectful, gender-equitable societies. Positive masculinity is crucial in dismantling patriarchal structures that perpetuate violence, and IWSW works to reshape traditional notions of manhood, encouraging men to become advocates for gender equality.

A Call for Collaborative Action

IWSW believes that addressing mental health and socio-economic inequalities requires a collaborative effort

across all sectors of society. This includes civil society organisations, government ministries, and the private sector. By strengthening partnerships, IWSW aims to create sustainable support systems for women and girls, particularly those affected by GBV, climate change, and poverty.

The organisation advocates for the expansion of mental health services and emergency support, calling for the inclusion of mental Healthcare within primary healthcare systems. This approach will ensure that mental health support is accessible to everyone, particularly the most vulnerable. Furthermore, IWSW emphasises the need for safe shelters for women and girls fleeing violence and stronger legal protections to safeguard their rights.

Advancing the Well-Being and Empowerment of Women and Girls

Ultimately, IWSW's mission is to promote a society where women and girls are not only protected but also empowered to thrive in all aspects of life. By expanding access to mental Healthcare, promoting gender equality, and fostering community dialogue, the organisation envisions a future where social justice and women's empowerment are the norm, not the exception. Through sustained efforts, IWSW seeks to build a better, more inclusive Africa, where all women and girls can live with dignity, security and have access to opportunities.

IWSW's work reflects the intersectionality of social justice, mental health, and gender equality. By providing holistic support to women and girls, addressing mental health issues and promoting community-driven solutions, IWSW is working towards creating lasting change that will positively impact generations to come.

Ms. Ethel Musara is the Programmes Manager at the Institute of Women Social Workers.

Integrating Women's Perspectives into Public Health Programming: Women Living with Disabilities

Ms. Irene Sithole

Sithole delved into issues around inclusivity in public health programming to ensure that health systems effectively fulfil their core responsibilities: preventing illness, safeguarding vulnerable populations, and advancing policies that promote health equity. Focus to this vision is the concept of inclusion and a commitment to ensuring that every individual's rights are respected and that all people have equitable access to resources and opportunities, regardless of their identity or background. This principle is especially crucial for women and girls with disabilities, who are disproportionately marginalised and often excluded from mainstream health initiatives.
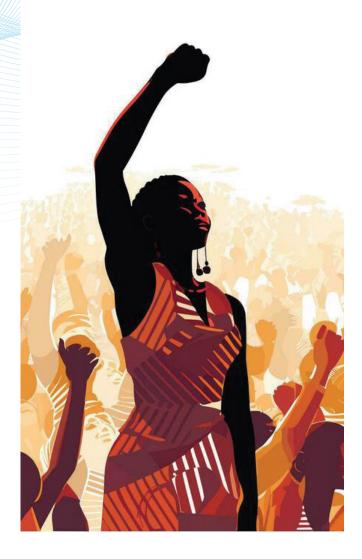
Women with disabilities face the dual burden of gender-based and disability-based discrimination, positioning them as some of the most vulnerable members of society. This compounded disadvantage often exposes them to violence and discrimination, while simultaneously limiting their access to essential healthcare services. Notably, their needs in the realm of sexual and reproductive health are frequently overlooked, despite the fact that these services are critical for their well-being. Societal attitudes all too often paint them as burdens rather than recognising their invaluable potential as active contributors to the public health agenda. Irene Sithole argues that, to dismantle these biases, we must reaffirm that women's rights and disability rights are, unequivocally, human rights, as affirmed by the Universal Declaration of Human Rights.

For public health systems to serve all communities equitably, public health laws and policies must be both gender-sensitive and disability-inclusive. These frameworks must be designed not only to meet the general needs of the population but also to ensure that marginalised groups, including women with disabilities, receive the care and attention they deserve. Without such inclusive policies, gaps emerge that lead to inconsistent services and, at worst, the reliance on the goodwill of healthcare providers, rather than binding standards of care. Accessibility remains a profound challenge, particularly for women with disabilities who often encounter physical and informational barriers in accessing health services. These barriers are not only structural but also social, as the information required to navigate health systems is frequently inaccessible to them in formats they can use.

According to Sithole, the solution to this crisis lies in the meaningful participation of women with disabilities at all levels of public health programming. Rather than being passive recipients of care, women with disabilities must be recognised as active agents in shaping their own health outcomes. This requires the provision of reasonable accommodations to ensure their involvement throughout the design, implementation, and evaluation of health initiatives. Only by making space for their voices and perspectives can we ensure that public health systems are truly inclusive, responsive, and equitable.

She voiced that, integrating the perspectives of women, particularly women with disabilities, is beyond just a moral imperative; it is a necessary step toward creating a public health system that is truly equitable, effective, and just for all.

Ms. Irene Sithole is a Gender and Disability Advocate Specialist. She is also a board member of Zimbabwe Women Lawyers Association

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Intersectional Impacts of Climate Change & SRHR - Public Health Lens

Ms. Maymuna C. Musa

Maymuna Musa's presentation shed light on the critical, yet often overlooked, connection between climate change and sexual and reproductive health and rights (SRHR), especially for vulnerable groups. Her talk highlighted how climate change exacerbates existing inequalities, disproportionately impacting marginalised communities such as women, girls, and youth, while further limiting their access to essential SRHR services.

Climate Change Amplifies Inequalities
Musa said the impacts of climate change is not evenly distributed across populations. Vulnerable groups, including low-income communities, rural populations, and marginalised women, bear the greatest burden of climate-related disruptions. These populations often face significant barriers to accessing healthcare, particularly sexual and reproductive health services.

Key impacts of climate change on SRHR include:
Disruptions to healthcare access: Extreme weather events, such as floods, droughts, and storms, damage vital infrastructure, including healthcare facilities and transportation networks, making it increasingly difficult for people to access reproductive health services. Additionally, climate-related displacement can result in the loss of healthcare workers and interruptions in the supply of essential medications and contraceptives.

Increased Gender-Based Violence (GBV):
Climate change intensifies social tensions, which often leads to higher rates of gender-based violence. Women and girls are particularly vulnerable to sexual exploitation, abuse, and violence, especially in the aftermath of climate disasters that cause displacement and economic hardship.

Higher Risks for Maternal and Child Health:
Extreme weather events further threaten maternal and child health by facilitating the spread of infectious diseases, food insecurity, and malnutrition. These factors significantly increase risks for pregnant women and children, leading to higher mortality rates.

Alarming Statistics and Case Studies
Musa provided concerning statistics and case studies to underline the urgent need to address the links between climate change and SRHR:

Teenage Pregnancies in Zimbabwe:
Over 680 teenage pregnancies were reported in early 2024 in Zimbabwe, with climate change playing a significant role. Factors such as displacement, school closures, and weakened community support systems have contributed to this troubling trend.

Economic Hardship from Climate Events:
The ongoing El Niño-induced drought severely impacted Zimbabwe's agricultural sector, leading to food shortages and income loss. As a result, many families have been pushed into poverty, making young girls more vulnerable to early marriages and sexual exploitation.

The Impact of Cyclone Idai:
The devastating Cyclone Idai of 2019 disrupted SRHR services by destroying infrastructure and displacing thousands of people. This disaster led to a breakdown in essential services and contributed to an increase in new HIV infections among women and girls in the affected regions.

Musa argued that addressing the intersection of climate change and SRHR requires a multifaceted and coordinated approach. This includes strengthening health systems, enhancing protection services, and developing climate adaptation policies that involve young people in SRHR discussions.

Recommendations:

Strengthening Health Systems:
To ensure continued access to SRHR services during climate-related disasters, it is critical to invest in resilient healthcare infrastructure, including mobile health units that can operate in emergency situations. Health systems should also prioritise training healthcare workers in disaster response and provide them with the necessary resources to continue offering SRHR services during crises.

Improved Protection Services:
Climate change increases vulnerabilities to gender-based violence, including sexual exploitation and abuse. It is vital that policies and programmes focus on enhancing protection services for women and girls by providing safe spaces, counselling, and legal support.

Youth Involvement in SRHR Discussions:
Engaging young people in the creation of climate adaptation strategies and SRHR policies is essential. Their perspectives and experiences are crucial in shaping policies that are both relevant and effective. Musa advocates for creating platforms where young people can actively engage in solutions to the challenges at the intersection of climate change and SRHR, particularly concerning human rights and gender equality.

Enhancing Supply Chain Management for Contraceptives:

Ensuring the availability of contraceptives during climate-related disasters is vital for maintaining reproductive health. Improved supply chain management can help ensure that women and girls continue to have access to family planning services during emergencies.

Financial Support for Youth-Led Climate Initiatives:

Investing in youth-led initiatives that focus on climate change, gender equality, and human rights is essential. These initiatives empower young people to take an active role in addressing the intersection of climate change and SRHR, fostering innovative, locally relevant solutions that can have a global impact.

In conclusion, Musa called for governments, international organisations, and communities to recognise and respond to the intersectional impacts of climate change on SRHR. Adopting comprehensive, intersectional strategies aimed at strengthening health systems, protecting vulnerable populations, and prioritising youth involvement can help mitigate the adverse effects of climate change. By doing so, we can safeguard the sexual and reproductive health and rights of all individuals, regardless of their gender, age, or socioeconomic background.

Ms. Maymuna C. Musa is a dedicated youth hubster championing Sexual and Reproductive Health Rights (SRHR) for adolescents and young people. With a strong focus on education and empowerment, she has worked with SAT as a volunteer for over three years to address critical issues including violence against women, climate change, SRHR, and HIV/AIDS

HIPH
HARARE INSTITUTE OF PUBLIC HEALTH
Centre of Excellence in Public Health Informatics Research and Training

Traditional and Complementary Medicine (T&CM) & Public Health in Africa

Professor Mazuru Gundidza

The role of Traditional and Complementary Medicine (T&CM) in Africa is undeniably vital, especially in advancing public health. As Prof. Gundidza highlighted, approximately 80% of the African population depends on T&CM for primary healthcare. This reliance stems from the affordability, accessibility, and cultural relevance of T&CM. While conventional healthcare may be limited in rural or undeserved areas due to financial, infrastructural, and geographic barriers, T&CM provides a readily available and adaptable alternative suited to local contexts. Prof. Gundidza emphasised the importance of leveraging T&CM to bridge gaps in healthcare delivery, particularly in resource-constrained settings.

A promising pathway for advancing T&CM is its integration into national healthcare frameworks. Many African countries are beginning to recognise the value of T&CM within their broader health systems. However, for successful integration, evidence-based practices must be prioritised. Prof. Gundidza reiterated that this requires building a robust body of scientific research to validate the efficacy and safety of T&CM therapies. Studies on the pharmacological properties of traditional herbs, treatment protocols, and clinical outcomes are key to enhancing the credibility of T&CM and ensuring its appropriate use alongside conventional medicine.

Capacity building of T&CM practitioners is another critical aspect of its integration. In many parts of Africa, T&CM practitioners possess deep knowledge of medicinal plants and healing practices, but they may lack formal training in modern healthcare techniques, evidence-based approaches, or standardised practices. Prof. Gundidza concluded that strengthening educational programmes and offering certification for T&CM practitioners could ensure their practices align with national health standards and improve their ability to collaborate effectively with conventional healthcare professionals.

Furthermore, promoting collaboration between conventional and T&CM practitioners is essential for strengthening healthcare delivery. Prof. Gundidza noted that such collaboration can lead to better patient outcomes, as patients often use both forms of medicine concurrently. When conventional healthcare professionals are familiar with and respect T&CM practices, they are better positioned to provide holistic care. Collaborative efforts could also pave the way for joint research ventures, where conventional medical researchers and T&CM practitioners can share insights for mutual benefit.

Beyond primary healthcare, T&CM offers significant opportunities in drug discovery. Many pharmaceutical drugs have been derived from traditional knowledge of plant-based medicines. Prof. Gundidza pointed out that by scientifically validating these treatments, T&CM could contribute to developing novel, locally sourced pharmaceutical products. Numerous African plant species, rich in bioactive compounds, hold potential for treating infectious diseases, cancer, and other chronic conditions. Tapping into this knowledge can lead to the development of new, affordable therapies for both local and global markets.

Prof. Gundidza acknowledged the potential of T&CM in addressing mental health challenges, often underfunded and underrepresented in African health systems. Traditional practices such as herbal therapies, meditation, and cultural rituals have been used for centuries to treat stress, anxiety, depression, and other mental health conditions. Research into the efficacy of these treatments could provide alternative or complementary approaches to conventional psychiatric care, which may not always be accessible or culturally appropriate in certain communities.

T&CM also plays a vital role in maternal and child health. Many African communities use traditional remedies to support women through pregnancy and childbirth, addressing issues like fertility, labor pain, post-partum recovery, and infant care. Prof. Gundidza emphasised that by documenting and researching the safety and efficacy of these practices, it may be possible to integrate some traditional methods into modern maternal health services, ensuring better care for mothers and children. This integration would be especially valuable in remote or resource-poor areas where access to healthcare facilities is limited.

Challenges to Full Integration:
Despite its potential, several challenges hinder the full integration of T&CM into national health systems. One of the most significant challenges is the lack of regulation and standardisation. Without clear guidelines, there is a risk of sub-standard or unsafe treatments being used. Prof. Gundidza stressed that developing regulatory frameworks is crucial to ensure the quality and safety of T&CM. Standardisation would also clarify the scope and limitations of T&CM, facilitating its integration into formal healthcare systems.

Limited research and evidence on T&CM pose another major challenge. Many traditional healing practices have been passed down orally, making it difficult to collect reliable data on their effectiveness. The absence of large-scale clinical trials or scientific studies has contributed to scepticism among conventional healthcare providers about the efficacy of T&CM. Prof. Gundidza observed that efforts are underway to address these gaps, such as the establishment of research networks and funding for T&CM studies.

Quality control remains a persistent issue. Many T&CM products, like herbal medicines, lack proper testing for contamination or adulteration, which can lead to ineffective or harmful products.

.

cardiovascular diseases, and hypertension, which in turn will drive up healthcare costs. These trends highlight the importance of early intervention and prevention to avoid escalating healthcare expenses and improve long-term public health outcomes.

Muguri concluded by emphasising the potential of the ProHealth App to support emerging therapies in addressing adolescent obesity in Zimbabwe. By focusing on improving health outcomes through dietary diagnostic tests, the ProHealth App can be a key tool in managing obesity and preventing its related health issues. The App's ability to cater to a range of chronic conditions, such as obesity, diabetes, and hypertension, underscores its potential to improve the overall health landscape in Zimbabwe and reduce the economic burden associated with these conditions.

The ProHealth App represents a major step forward in healthcare technology, providing a comprehensive solution to improving health outcomes, reducing healthcare costs, and enhancing the experiences of both patients and clinicians. In the context of Zimbabwe, where adolescent obesity is becoming a growing public health concern, the App offers a promising tool to address this issue and reduce the long-term impact on the healthcare system. By focusing on disease prevention and early intervention, the ProHealth App could play a crucial role in reshaping public health strategies in Zimbabwe and beyond.

Mr. Diegoh Muguri is a Nutrition Data Analyst

Breaking the Silence: Bringing Menstrual Health to Light

Mr. Khulumani Tickey Sithole

Menstrual health, a fundamental aspect of human well-being, remains shrouded in stigma and neglect worldwide. The statistics are alarming: over 500 million individuals globally lack access to menstrual health products, services, and education. This crisis disproportionately affects vulnerable populations, including those in low- and middle-income countries, sexual and gender minorities, and individuals experiencing homelessness, poverty, or incarceration.

A closer look at the statistics reveals that a staggering 61% of schools worldwide fail to provide menstrual health education, leaving millions of students without essential knowledge. Furthermore, only 31% of schools globally offer recycling bins for menstrual waste in girls' toilets, perpetuating unsanitary conditions and discomfort. In sub-Saharan Africa, a mere 12% of schools provide menstrual materials for free or for purchase, exacerbating the crisis. Millions of adolescent schoolgirls lack access to clean toilets, private spaces, and soap for menstrual hygiene management, compromising their health and dignity.

The glaring neglect of menstrual health has far-reaching consequences, imperilling not only the well-being and futures of countless individuals but also exacerbating climate change, entrenching gender inequality, and

hindering progress toward achieving the United Nations' Sustainable Development Goals (SDGs). The lack of access to menstrual products, sanitation facilities, and hygiene education contributes to increased greenhouse gas emissions, deforestation, and water pollution, thereby accelerating climate change. The stigma and shame surrounding menstruation perpetuate systemic gender inequality, restricting women's and girls' participation in education, employment, and public life.

This issue undermines progress toward achieving several SDGs, particularly those related to health, education, gender equality, clean water and sanitation, and climate action. Addressing menstrual health is essential to achieving a more equitable, sustainable, and climate-resilient future for all. It is crucial that we prioritise menstrual health, challenge harmful gender stereotypes, and work toward creating a world where every individual can manage their menstrual health with dignity, safety, and confidence.

The conspicuous absence of men in the discourse surrounding menstrual health has been a profound impediment to addressing the pervasive issues of menstrual poverty and misconceptions. For far too long, menstruation has been relegated to the realm of "women's issues," with men often remaining woefully uninformed about the struggles faced by their mothers, sisters, daughters, and partners. However, the imperative of men's involvement in this conversation cannot be overstated. By acknowledging the importance of menstrual health and well-being, men can emerge as powerful allies in advocating for policy changes, supporting education and awareness initiatives, and fostering open and uninhibited conversations about menstruation. Ultimately, the incorporation of men into this dialogue has the potential to precipitate a seismic shift in societal attitudes, culminating in a more inclusive, equitable, and supportive environment wherein everyone can thrive.

Mr. Khulumani Tickey Sithole is a lecturer at the Harare Institute of Public Health and the Director of Addressing Menstrual Poverty Project (AMPP). He is also a social worker and a dedicated humanitarian

Overview: Family Planning & SRHR Interventions in Zimbabwe

Ms. Fadzayi N. Maposah

Family Planning (FP) and Sexual and Reproductive Health and Rights (SRHR) are critical elements of Zimbabwe's public health strategy. Family planning plays a central role within SRHR, which also encompasses Sexual Health Education, Maternal and Child Health, HIV/AIDS prevention, and addressing SRHR in vulnerable populations. The country has made significant strides in incorporating these components into its healthcare system, reflecting its commitment to improving the overall health of its people.

Zimbabwe's commitment to SRHR is guided by a series of key national documents that shape the country's approach to public health. These include the National Health Strategy (2021-2025), the National Development Strategy (NDS1), the National Adolescent Sexual and Reproductive Health (ASRH) Strategy, the Constitution of Zimbabwe, and the Zimbabwe National Family Planning Council (ZNFP) Act. These policies collectively prioritise reproductive health, including family planning, as a cornerstone of maternal and child health, thereby fostering an integrated approach to addressing public health issues.

The implementation of Family Planning and SRHR interventions in Zimbabwe involves a wide range of stakeholders. These include the Ministry of Health and Child Care (MoHCC), various line ministries, UN partners, donor agencies, civil society organisations (CSOs), development partners, as well as communities, including young people, women, men, and persons with disabilities (PWDs). This broad collaboration is essential to ensuring effective delivery of services and achieving positive health outcomes.

The Zimbabwe National Family Planning Council (ZNFPC) was established in 1985 and plays a leading role in coordinating family planning services across the country. ZNFPC's mandate includes taking leadership in the implementation of integrated family planning and related sexual and reproductive health services, as well as building capacity among healthcare providers. Notable achievements of theprogrammeinclude high levels of awareness about family planning, with 99% of the population knowledgeable about contraceptive methods.

The modern contraceptive prevalence rate (mCPR) stands at 67% for married women and 50.2% for all women, although there remains a 10% unmet need for family planning services. The National Family Planning Strategy (2022-2026) is a key document guiding service delivery and aims to address these needs through comprehensive, accessible services.

Family planning services in Zimbabwe are provided through a variety of channels, ensuring broad accessibility. These channels include public and private health facilities, ZNFPC static clinics, outreach programmes, community-based distribution (CBDs), and through implementing partners such as PSZ and PSH. Additionally, natural family planning methods, such as withdrawal, fertility awareness, rhythm, and lactational amenorrhea, are promoted to increase choice and accessibility for users.

To improve access to services, Zimbabwe has worked on integrating family planning and SRHR services into broader healthcare delivery. This includes the ongoing training of service providers, the development of youth-friendly health service guidelines, and the implementation of youth center models to address the specific needs of young people. However, the country faces several challenges that hinder the full realisation of its SRHR goals. These challenges include a low health budget, constricting donor funding, inconsistent legal frameworks surrounding adolescent sexual and reproductive health (ASRH), shortages of essential medical equipment, such as IUCD packs, and high rates of staff attrition.

In response to these challenges, several recommendations have been proposed. These include increasing the national health budget and domestic financing for family planning services, aligning and harmonising legal frameworks to better support adolescents and youth, prioritising the procurement of critical SRH and FP equipment, and strengthening staff retention strategies to ensure consistent service delivery.

Achieving the goal of providing quality, integrated family planning services for all by 2026 requires continued investment, policy alignment, and collaboration among all stakeholders. The Zimbabwe National Family Planning Council remains committed to improving SRHR outcomes across the country, and ongoing support from all sectors will be crucial to achieving these objectives.

Ms. Fadzayi Maposah is the Adolescent Sexual Reproductive Health (ASRH) Programme Officer at the Zimbabwe National family counsel

Breakaway Sessions

INFRASTRUCTURE DEVELOPMENT FOR PUBLIC HEALTH

Cluster Chaired By: Robworth Construction Pvt (Ltd)

The Infrastructure Development for Public Health session at the 2nd Edition Public Health Symposium focused on advancing the goals outlined for strengthening public health systems. First, it facilitated engagement among experts and stakeholders to explore innovative solutions for improving healthcare facilities, transportation networks, and technology integration, all aimed at creating more accessible and efficient health services. The session also sought to generate evidence-based recommendations by highlighting the critical infrastructure gaps and discussing how these can be addressed to enhance community resilience and health outcomes. In line with the objective of proposing policy and regulatory solutions, discussions emphasised the need for sustainable investments and regulatory frameworks to support infrastructure development in public health. The session also aimed towards fostering multi-sector collaboration, encouraging cooperation between government, private sector, and civil society towards the health infrastructure agenda.

Recommendations:

1. Increased Investment in public health physical infrastructure, including the construction and renovation of healthcare facilities.
2. Scale up the implementation of electronic health records and telemedicine services, alongside robust health information systems to enhance data capturing and patient management.
3. Improve supply chain management practices to ensure consistent availability of essential medical supplies and equipment.
4. Prioritise investment in Water, Sanitation, and Hygiene (WASH) initiatives to provide clean sanitary water and adequate sanitation facilities, crucial for disease prevention.
5. Develop reliable energy solutions for health facilities to ensure uninterrupted services, particularly in remote areas.
6. Enhance road networks to improve accessibility to health facilities, particularly in undeserved and rural regions.
7. Formulate and implement policies that support the development and maintenance of sustainable health infrastructure.
8. Foster collaboration between public and private sectors to secure funding and resources, driving forward public health infrastructure development.

NUTRITION, TRADITIONAL AND COMPLEMENTARY PRODUCTS IN PUBLIC HEALTH

Cluster Chaired By: Charis Nutrition

The Nutrition, Traditional, and Complementary Products in Public Health cluster at the 2nd Edition Public Health Symposium aligned with the objectives of strengthening public health systems by addressing the vital intersection of dietary practices, cultural health beliefs, and modern healthcare. The session facilitated engagement among stakeholders, including healthcare providers, nutritionists, policymakers, and community leaders, to explore the integration of traditional and complementary products into public health strategies. This was crucial in enhancing nutritional outcomes and supporting holistic health approaches. The discussion also aimed to generate evidence-based recommendations by highlighting the rising prevalence of non-communicable diseases and malnutrition, and stressing the importance of incorporating culturally relevant dietary practices and traditional healing methods often overlooked in conventional health systems. By identifying and addressing these gaps, the session sought to propose policy and regulatory solutions that recognise the value of traditional remedies and ensure they are effectively incorporated into mainstream health systems. Above all, the session sought to foster multi-sector collaboration by encouraging cross-disciplinary cooperation to develop actionable strategies for integrating traditional and complementary products into public health initiatives.

Recommendations:

1. Develop and implement health policies that recognise and promote traditional and complementary medicine as integral components of public health. This includes creating guidelines for their safe and effective use alongside conventional treatments.
2. Launch community-based nutritional education programmes that highlight the benefits of traditional foods and dietary practices. These programmes should focus on improving awareness of local nutritional resources and promoting healthy eating habits.
3. Invest in research to evaluate the efficacy and safety of traditional and complementary products. This evidence will help validate their use in public health strategies and encourage their integration into mainstream healthcare.
4. Enhance Collaboration with Traditional Healers and healthcare professionals and traditional healers to promote mutual understanding and respect. Training programmes can be established to ensure that both parties collaborate effectively in patient care.

5. Establish regulatory frameworks for the production, marketing, and distribution of traditional and complementary products to ensure safety, quality, and efficacy. This will protect consumers and enhance public trust in these products.
6. Involve communities in the design and implementation of nutrition and health programmes, ensuring that cultural practices and local knowledge are respected and incorporated. This participatory approach will enhance the relevance and effectiveness of public health initiatives.
7. Utilise digital platforms and social media to disseminate information about the benefits of traditional nutrition and complementary health practices, reaching wider audiences and encouraging community engagement.
8. Support the development of local food systems that promote the cultivation and consumption of traditional foods. This can enhance food security, improve nutrition, and boost local economies.

MENTAL HEALTH, DRUG AND SUBSTANCE ABUSE CLUSTER SESSION
Cluster Chaired by: Pamumvuri PVO

The Mental Health, Drug and Substance abuse cluster session at the 2nd Edition Public Health Symposium aimed to enhance awareness and education around mental health and substance abuse issues, share effective prevention and treatment strategies, and advocate for supportive policies. It sought to foster collaboration among stakeholders, highlight innovative research, and creation of supportive environments for individuals affected by mental health, drug and substance abuse challenges. The session aimed to advance understanding and management of mental health and substance abuse as essential components of public health.

Based on the discussions from the Mental Health, Drug and Substance abuse cluster session, the following recommendations are proposed:

Recommendations:
1. Recognise the boy child and men as critical demographics in mental health initiatives, ensuring tailored programmes and support systems address their unique needs.
2. Enhance the budget allocation for mental health services to improve resources, accessibility, and overall care quality.
3. Implement training programmes for religious leaders to equip them with knowledge and skills in managing mental health issues and substance abuse, enabling them to serve as effective community advocates.
4. Develop and promote comprehensive recovery support services that facilitate long-term wellness for individuals recovering from mental health and substance use disorders.
5. Focus on the sustainability of rehabilitation centres through consistent funding, resources, and community partnerships to ensure ongoing support for those in need.
6. Foster community engagement in mental health initiatives, particularly in aftercare programmes, to prioritise local support networks and enhance recovery outcomes.
7. Explore and scale up integration of artificial intelligence in mental healthcare to improve diagnosis, treatment personalisation, and resource management, enhancing overall service delivery.

HEALTH FINANCING, ACCOUNTABILITY, CONSUMER PROTECTION AND COMPETITION REGULATION IN HEALTHCARE
Cluster Chaired by: ZWACT.

The Public Health Financing, accountability, Consumer Protection, and Competition Regulation cluster session highlighted the critical importance of ensuring sustainable funding and effective governance in Zimbabwe's healthcare system. This discussion centred on the need for transparent financial practices and robust accountability mechanisms to enhance the efficiency and effectiveness of health services. By addressing consumer protection and competition regulations, the session aimed to safeguard patient rights and promote equitable access to quality healthcare. The overarching objective was to foster a well-regulated healthcare environment that not only ensures financial resources are allocated wisely but also empowers consumers and encourages competition among providers, ultimately leading to improved health outcomes for all Zimbabweans. This focus on accountability and regulation is essential for building a resilient public health system that can respond effectively to both current and future health challenges.

The session came out with the following actionable strategies:
1. Establish a Public Health Financing Task Force that includes government officials, health experts, and civil society representatives. This task force will develop innovative financing models to enhance resource allocation and mobilize funds from diverse sources, including international partners, ensuring that healthcare financing is both sustainable and effective.
2. Adopt open budgeting initiatives to allow citizens to track public health expenditures. By utilising digital platforms for real-time budget tracking, this strategy aims to promote transparency and build trust in the healthcare system, ensuring that funds are used effectively to improve health services.

3. Enforce consumer protection laws to safeguard patient rights and ensure high standards of care. This involves creating clear avenues for redress in cases of malpractice or negligence, fostering a safer healthcare environment for all patients.
4. Promote fair competition in the healthcare sector through introducing incentives for providers to offer quality services at affordable prices. Public awareness campaigns can highlight patient rights, empowering citizens to choose their healthcare providers based on quality and cost.
5. Utilise digital platforms to collect consumer feedback on service quality and access. Mobile apps or SMS services for anonymous reporting can enhance accountability among healthcare providers, ensuring that patient voices are heard and acted upon.

LEGAL & POLICY FRAMEWORKS

Session Chaired by Women in Law Southern Africa Zimbabwe.

The Legal and Policy Frameworks Cluster Session brought together distinguished delegates, experts, and advocates to explore Zimbabwe's evolving public health landscape. Over the past decades, the country has made significant strides in addressing health challenges such as infectious diseases and the rising burden of non-communicable diseases, while also tackling the socio-economic factors that affect public health. However, Zimbabwe continues to face gaps in healthcare delivery, resource limitations, and the need for stronger enforcement of health laws. This session aimed to critically examine the role of legal and policy frameworks in addressing these challenges, with a focus on improving the efficiency, equity, and sustainability of Zimbabwe's healthcare system. The session's objectives included assessing the effectiveness of current policies in addressing both communicable and non-communicable diseases, exploring innovative legal and policy reforms to tackle emerging health challenges like climate change and chronic diseases, and fostering cross-sector collaboration to ensure that health policies are aligned with the principles of equity, human rights, and social justice. The discussions highlighted the critical importance of integrating legal and policy frameworks to build a more inclusive, responsive, and resilient healthcare system, not only in Zimbabwe but across the African continent.

Constitution of Zimbabwe

- Section 29 states that there should be regulations, codes of conduct and ethics for health professions.
- Section 76 states that everyone has the right to access basic healthcare services.
- Access to emergency medical treatment.
- Public Health Act aims to improve the quality of life.

Health Professions Act Chapter 27 Section 19

- Registration of health professionals, disciplinary procedures, accreditation of training institutions.

Medical Services Act

- Access to hospitals, clinics and fair pricing.
- Registration for medical services.
- New Service Bill.
- Free healthcare services for people with disabilities.
- Better medical services for prisoners, pensioners, children and war vets.

Gaps

- Women are not given a leave during their menstrual periods.
- Issues with clinics and hospitals sending back pregnant women home leading them to deliver with the help of untrained midwives.
- Pregnant teens are not allowed to sit for their exams.
- Lack of important health information.
- Lack of public toilets.
- Legal age of consent children to get access to healthcare.

SEXUAL REPRODUCTIVE HEALTH RIGHTS AND MATERNAL HEALTH

Cluster Chaired by: SRHR Africa Trust

This cluster fostered dialogue, knowledge sharing and collaboration among stakeholders to address the crucial issues surrounding sexual reproductive health rights (SRHR) and maternal health in Zimbabwe. The focus was to highlight the importance of SRHR, current challenges, and recommendations for improving maternal health outcomes in the country and provide a road map for key interventions and strategies to improve the health and well-being of women and girls in Zimbabwe.

Challenges

- No proper legal route of accountability.
- Bad legal procedure for rape victims.
- Courtroom aren't victim friendly.
- Lack of political will for more environmental protection to protect citizens from potential public health hazards and risks

Recommendations on SRHR:

- Develop comprehensive education campaigns focused on SRHR for women and girls, addressing misconceptions and promoting informed decision-making regarding reproductive health. These initiatives should be culturally sensitive and accessible across various communities.
- Strengthen healthcare infrastructure especially in rural areas, to ensure maternal health services are accessible, well equipped, and staffed with trained personnel. This will provide quality care throughout pregnancy, childbirth, and postpartum.
- Integrate SRHR into primary healthcare making it easier for women, youth, vulnerable and undeserved communities to access essential services, including family planning, prenatal care, and maternal health support.
- Expand community health programmes that engage traditional and local leadership and healthcare workers in providing education, resources, and support for SRHR and maternal health. This grassroots approach can help reduce stigma and promote acceptance of these services.
- Implement data-driven policies (collect and analyse data) on maternal health outcomes and SRHR to inform policy decisions. Establishing a robust monitoring and evaluation system will help track progress and identify areas needing improvement.
- Strengthen legal and policy frameworks for the development and enforcement of policies that protect and promote sexual reproductive health rights, including access to safe abortion services where legal and comprehensive post-abortion care.
- Collaborate in increasing the visibility and representation of key populations in public health discussions, decision-making, and resource allocation. The symposium called for public health strategies focusing on eliminating stigma and discrimination, fostering supportive environments, and ensuring equitable access to quality healthcare. Participants proposed engagement with organisations such as CeSHHAR Zimbabwe among others to provide best practice.

From left: Tafadzwa Zhawari from Charis Nutrition (standing), Khulumani Sithole, Blessing Musora, Ropafadzo Madondo, Sthembile Msindazi and finally the symposium Director Ratlaw Matorwa (standing) - during the Nutrition & Tradition Cluster Session
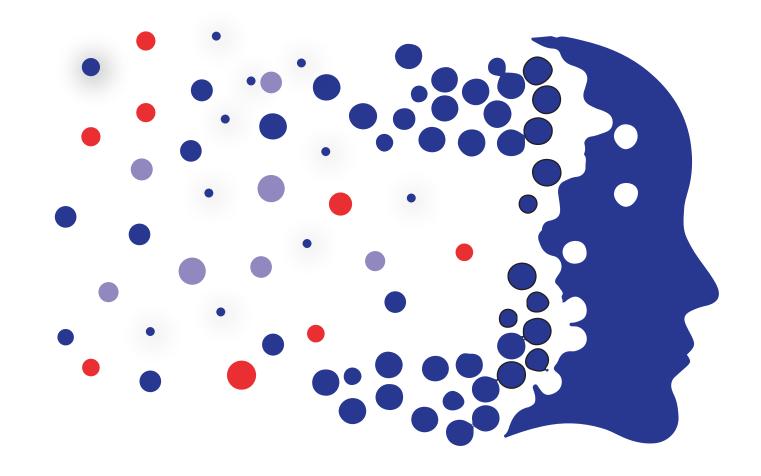
THANK YOU
TO OUR PARTNERS

2nd Edition Public Health Symposium

Outcomes

2nd Edition Outcomes

Outcome1. Waste Management, Climate Change, WASH

- Key outcomes include the adoption of climate-resilient waste management practices, such as zero-waste and circular economy approaches, Aimed at reducing environmental contamination and improving health outcomes.
- Delegates called for the widespread implementation of low-cost, scalable WASH (Water, Sanitation, and Hygiene) solutions, particularly in resource-poor and rural areas, to ensure universal access to clean water, sanitation, and hygiene services.
- A significant resolution was made to integrate climate change adaptation into national health and environmental policies, with a focus on cross-sectoral collaboration between ministries of health, environment, and water.
- The symposium underscored the importance of developing sustainable financing models to support WASH and waste management initiatives and reduce the reliance on external donor funding.
- Delegates highlighted the need for enhanced community engagement, with local communities being empowered to take an active role in waste management, water conservation, and climate adaptation efforts.
- The outcomes also called for the strengthening of monitoring and evaluation systems to track progress and ensure accountability in addressing public health risks arising from climate change, waste, and water-related issues.

Outcome 2: Women and Public Health:

Inculcation of gender considerations into national health policies, with a particular emphasis on maternal health, family planning, and the prevention of gender-based violence.

- Participants highlighted the need for strengthening healthcare infrastructure to support women's health, especially in rural and undeserved areas, and called for enhanced training of healthcare professionals to provide quality, gender-sensitive care.
- Address challenges women face in accessing healthcare services, advocating for the establishment of policies and funding mechanisms that prioritise women's health needs, including mental health and sexual and reproductive health.
- Delegates noted the importance of empowering women through community-based health education, raising awareness about women's health rights, and ensuring their active participation in healthcare decision-making.
- Encourage multi-sector partnerships to promote collaborative efforts between government, civil society, and the private sector to address the barriers women face in accessing comprehensive healthcare.

Outcome 3. SRHR, Family Planning and Public Health

- Integration of SRHR into national health policies, expanding services to undeserved and rural areas, and enhancing the capacity of healthcare professionals through targeted training.
- Strengthening of community-based education to increase awareness and promote access to SRHR rights, with a focus on marginalised populations.
- Finding solutions the growing threat posed by the withdrawal of donor funding for SRHR services in Zimbabwe, calling for the establishment of sustainable, domestic financing mechanisms such as public-private partnerships and the reallocation of national health resources.
- Legal reforms to promote SRHR and gender equality, empowered youth-led advocacy, and strengthening of monitoring and evaluation systems to track progress and ensure accountability.

PUBLIC HEALTH SYMPOSIUM 2nd Edition
"RE-IMAGINING OUR PUBLIC HEALTH"

Outcome 4. Inclusive Approach to Public Health

- Outcomes include the integration of inclusive health policies that prioritise accessibility and non-discrimination in healthcare services, particularly for persons with disabilities, ethnic minorities, and other undeserved groups.
- Delegates called for the development of frameworks that address health disparities by ensuring equitable access to services, including mental health, sexual and reproductive health, and chronic disease management.
- Enhance healthcare providers' capacity to deliver inclusive, patient-centred care, through training programmes that focus on cultural competency and the needs of diverse populations.
- The symposium also emphasised the importance of community engagement, advocating for active participation of marginalised groups in healthcare decision-making processes and policy development.
- Strengthening partnerships and collaborations between healthcare systems, community organisations, advocacy groups, and governments to improve inclusivity in public health.
- Campaigns to reduce stigma and promote the acceptance of diverse health needs and rights.

Outcome 5. Mental Health Drug and Substance Abuse

1. Strengthening Integrated Mental Health and Substance Use Disorder Care

The symposium emphasised the need for a more integrated approach to mental health and substance use disorder treatment. This approach aligns with Zimbabwe's Mental Health Policy (2019) and the National Drug Master Plan (2018-2023), advocating for improved coordination between mental health services, addiction treatment, and primary healthcare.

Delegate opined that, the Multisectoral Drug and Substance Abuse Plan (2024-2030) should guide the integration of mental health and substance use services across healthcare, law enforcement, education, and community sectors. This would ensure a cohesive response to mental health and substance abuse challenges, involving not just health professionals but also educators, social workers, and other stakeholders working together to provide holistic care. Participants recommended the establishment of multi- disciplinary care teams at local health centres to better address the complex interrelation between mental health issues and substance abuse.

2. Enhancing Public Health Financing for Mental Health and addiction Services

Delegates at the symposium underscored the critical need for increased government investment in mental health and substance abuse services. This call was in line with the goals of the National Health Strategy for Zimbabwe (2021-2025) and Multisectoral Drug and Substance Abuse Plan (2024-2030), urging more resources to be allocated for prevention, treatment, and capacity-building, particularly in undeserved and rural areas. The need for sustainable financing to support expanded mental health services was a key part of the discussion.

3. Policy Reform for Decriminalising Substance Use and Promoting Harm Reduction

Delegates at the symposium higlighed the critical need for increased government investment in mental health and substance abuse services. This call was in line with the goals of the National Health Strategy for Zimbabwe (2021-2025) and Multisectoral Drug and Substance abuse Plan (2024-202030), urging more resources to be allocated for prevention, treatment, and capacity-building, particularly in undeserved and rural areas. The need for sustainable financing to support expanded mental health services was a key part of the discussion.

4. Community-Based Prevention and Early Intervention Programmes

Scaling up community-based programmes aimed at the early detection and intervention of mental health and substance use disorders. This is in line with the Mental Health Strategy, which calls for targeted initiatives for vulnerable populations, including youth, women, and marginalised communities. Recommendations included strengthening school-based mental health education and creating youth empowerment programmes to reduce stigma and encourage early help- seeking behaviours.

5. Expanding access to Digital Mental Health and Substance Use Services

The symposium also recognised the potential of digital health solutions to improve access to mental health and substance use treatment, particularly in remote and rural areas. Delegates called for the promotion of mobile health platforms, telemedicine, and digital addiction recovery tools as means to reach undeserved populations and provide remote counselling and support.

6. Reducing Stigma and Promoting Mental Health awareness

Another key outcome from the symposium was the recognition of the need to reduce stigma surrounding mental health and substance abuse. In line with the Mental Health Act (2019), which emphasises the protection of human rights and access to care. Participants called for national awareness campaigns to challenge negative stereotypes and promote positive narratives around mental health and addiction recovery. The symposium stressed the importance of involving the media, community leaders, and influencers to create a more supportive environment that encourages individuals to seek help without fear of discrimination.

7. Promote WHO Quality Rights Training

Delegates recognised the need to address mental health and substance abuse as public health priorities, and affirming the importance of the WHO Quality Rights Initiative in promoting the human rights, dignity, and recovery of individuals with mental health conditions and drug abuse disorders, this resolution calls for the establishment of Quality Rights Champions—individuals and institutions committed to advocating for rights-based, person-centred care.

8. Support Scaling up of the Friendship Bench in Zimbabwe

Participants acknowledged the success of the Friendship Bench model in addressing mental health challenges, its adoption in other parts of the world and called for its expanded implementation in Zimbabwe and particularly in Africa. Integrating this approach into primary healthcare can improve mental health outcomes and strengthen Zimbabwe's public health system.

Outcome 6. Nutrition Traditional and Complementary Products in Public Health

- Delegates emphasised the urgent need to address malnutrition through a holistic approach that incorporates both modern and traditional health practices.
- Participants highlighted the importance of promoting breastfeeding as a critical strategy for preventing malnutrition, particularly in the first 1,000 days of life, and the role of traditional foods in providing culturally appropriate and nutrient-dense alternatives to combat both undernutrition and micronutrient deficiencies.
- Delegates called for the integration of traditional knowledge with modern nutrition science to create evidence-based interventions that support breastfeeding, improve maternal and child nutrition, and enhance food security.
- Delegates proposed the need for policy frameworks that balance the use of traditional and complementary health products with modern nutritional standards, ensuring their safety, efficacy, and accessibility while addressing public health challenges like malnutrition.
- Strengthening collaborations between healthcare providers, traditional healers, and policymakers was seen as crucial for promoting sustainable, community-driven solutions to these pressing health issues. Participants called for an inclusive and supportive environment for breastfeeding employees, female students, and others by ensuring access to clean, private, and comfortable lactation spaces. The resolution reinforced the need to promote awareness of breastfeeding policies, encourage supportive return-to-work programmes for employees transitioning from parental leave, and regularly evaluate these measures through employee feedback to continually improve our workplace culture and make it more inclusive for all caregivers. Participants commended the Women's University in Africa's Gender and Diversity Centre as a best practice in Zimbabwe.
- Delegates called for the promotion of the consumption of traditional foods, such as small grains (millet, sorghum, teff), and high-fibre products as part of a broader strategy to combat non-communicable diseases (NCDs) like diabetes, hypertension, and obesity. Delegates noted best practices demonstrated by National Foods Private Limited, which has successfully enhanced the nutritional content of staple foods through biofortification.

PUBLIC HEALTH SYMPOSIUM 2nd Edition
"RE-IMAGINING OUR PUBLIC HEALTH"

Outcome 7: Access, Affordability & Localisation (Production) Of Pharmaceuticals in Zimbabwe

- Delegates highlighted need for improving access to essential medicines through local production and innovative financing models. Outcomes highlighted the importance of enhancing the affordability of pharmaceuticals by reducing reliance on imports and fostering the growth of local pharmaceutical industries.
- Self-sufficiency in drug production by leveraging local resources, improving infrastructure, and investing in the training of skilled professionals.
- The symposium also noted the barriers to access, including high import costs, supply chain inefficiencies, and regulatory challenges, calling for policy reforms that support local production and distribution.
- Need for more affordable and accessible essential medicines, especially for marginalised communities, to ensure equitable healthcare.
- Collaborative efforts between government, the private sector, and international partners were deemed essential to strengthening the pharmaceutical supply chain and improving local production capacity.

Outcome 8. Health Financing, Accountability, Consumer Protection and Competitions Regulation in Public Health

- On Health Financing, Accountability, Consumer Protection, and Competition Regulation, delegates called for robust financial mechanisms to ensure sustainable funding for public health initiatives, with a focus on transparency and accountability in the allocation of resources.
- Strengthening public health financing through both domestic resource mobilisation and international partnerships, while ensuring that funds are effectively used to improve healthcare access and outcomes.
- Stricter consumer protection laws to safeguard the public from exploitative practices, particularly in healthcare services and the pharmaceutical market.
- Delegates called for strengthened health financing, enhanced accountability, improved consumer protection, and greater competition in healthcare, emphasising the vital role of key institutions such as Transparency International Zimbabwe, the Consumer Protection Commission, the Competition and Tariffs Commission and the Parliamentary Public Accounts Committee, among others. These institutions play a critical role in ensuring transparency, safeguarding consumer rights, and promoting fair competition within the healthcare sector.
- Effective competition regulation was highlighted to prevent monopolistic practices that could drive up costs and limit access to essential health services.
- Integrated regulatory frameworks that address not only financial accountability but also ensure fair competition, consumer rights, and equitable access to quality health services.
- Collaborative efforts among government agencies, regulatory bodies, civil society, and the private sector were identified as essential to creating a more accountable, transparent, and competitive public health environment that protects consumers and promotes long-term health system sustainability.

Outcome 9: National Health Policies

- Align Zimbabwe's national health policies with international frameworks, such as the World Health Organisation's (WHO) Universal Health Coverage (UHC) goals and the Sustainable Development Goals (SDGs).
- Strengthening of health policy frameworks to address both immediate and long-term public health challenges, ensuring equitable access to essential healthcare services, including maternal and child health, infectious disease prevention, and non-communicable diseases. Workplaces and institutions encouraged to implement menstrual leave policies allowing women to take paid or unpaid leave during their menstrual periods without fear of discrimination or job loss.
- Resolved, that all healthcare facilities, including clinics and hospitals, should provide timely and appropriate care to pregnant women, with clear policies against sending expectant mothers home, especially in advanced stages of labor. In addition to, training and resources for qualified midwives should be expanded to ensure safe deliveries for all women, regardless of their location or financial status.
- Pregnant teens should be allowed to sit for their exams and continue their education without discrimination, ensuring that school policies are inclusive and supportive of adolescent mothers. Schools should provide counselling and healthcare services to ensure the well- being of both the teen and her child.
- Stakeholders to take active measures to ensure the widespread dissemination of crucial health information, especially regarding maternal health, sexual and reproductive rights, and disease prevention.
- Local governments and municipalities prioritise the construction and maintenance of clean, accessible public toilets in urban and rural areas to promote hygiene and prevent health issues. Special attention should be given to locations with high foot traffic, such as markets, transport hubs, and schools, to improve overall public health.
- The legal age of consent for Healthcare services should be revisited to ensure that children and adolescents access essential health services, including reproductive Healthcare. Laws should be amended to protect the rights of minors and ensure their access to necessary medical services in a confidential, non-judgemental manner.

Outcome 10. Maternal Health

- Delegates reaffirmed the need to ensure universal access to skilled maternal healthcare, particularly in Zimbabwe's rural and remote areas, where access to quality services remains limited.
- Reduce maternal mortality and morbidity in Zimbabwe by strengthening emergency obstetric care and addressing the leading causes of maternal death, such as haemorrhage, hypertensive disorders, and sepsis.
- Integrate maternal mental health services into Zimbabwe's maternal healthcare system, raising awareness, and reducing stigma around conditions like postpartum depression.
- Provide universal access to contraceptives and expanding sexual education programmes to help reduce unintended pregnancies, particularly among Zimbabwe's adolescent population.
- Delegates recognised the role of social determinants such as poverty, education, and gender inequality—in maternal health outcomes and committed to cross-sectoral approaches that address these factors in Zimbabwe.
- Adopt of digital health solutions and mobile applications to support prenatal and postnatal care in underserved communities.
- Increased financing for maternal health through public-private partnerships, ensuring that Zimbabwe's health system has the necessary resources to implement these changes.
- The symposium concluded with a call for global and local solidarity to achieve safer, more equitable maternal healthcare for women across Zimbabwe.

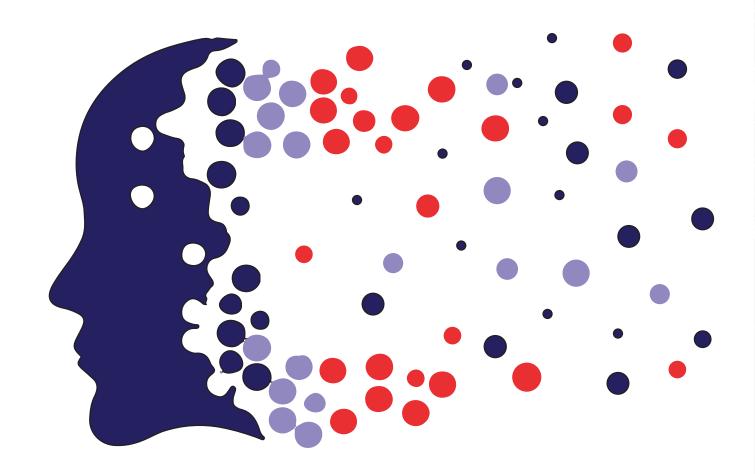## Outcome 11: Ai, Digital Health and Public Health

- Delegates recognised the potential of Ai and digital tools to transform healthcare delivery in
- Zimbabwe, especially in rural and undeserved areas, by improving healthcare access, efficiency, and outcomes.
- Expanding the use of Ai-driven diagnostic tools and telemedicine platforms to support early detection of diseases, improve treatment outcomes, and reduce the burden on overstretched healthcare facilities.
- Call for data-driven decision-making in public health, enabling more effective disease surveillance, resource allocation, and outbreak response.
- Training healthcare workers in Ai and digital health tools, ensuring that Zimbabwe's health workforce is equipped to leverage these technologies effectively.
- Ensure that digital health solutions are accessible and inclusive, particularly for Zimbabwe's marginalised communities, women, and rural populations.
- Addressing challenges such as data privacy, cybersecurity, and the digital divide to ensure that Ai and digital health tools are implemented ethically and securely.
- Call for collaborative partnerships between governments, tech companies, and international organisations to provide the necessary funding and infrastructure for scaling digital health initiatives in Zimbabwe and across Africa.
- The symposium reinforced the transformative potential of Ai and digital health in improving public health outcomes, with a focus on creating innovative, sustainable solutions tailored to meet the unique needs in Zimbabwe

Cross Cutting Outcomes

- The 2nd edition of the Public Health Symposium generated transformative cross-cutting outcomes that reflect the interconnectedness of health systems, technological advancements, and societal well-being.
- Delegates came together to identify shared challenges and innovative solutions to improve health outcomes globally, with a focus on collaboration, equity, sustainability, and the integration of new technologies.
- These outcomes emphasise the need for holistic, multifaceted approaches to public health that bridge gaps in healthcare delivery, promote social justice, and leverage digital innovation.

PUBLIC HEALTH SYMPOSIUM 2nd Edition
"RE-IMAGINING OUR PUBLIC HEALTH"

2nd Edition Public Health Symposium Communiqué (2024)

We, the delegates of the 2nd edition of the Public Health Symposium, held from 17th to 19th October 2024 at the Great Indaba, Crowne Plaza (Monomotapa) Hotel, Harare, Zimbabwe, convening under the theme "Re-imagining Our Public Health," hereby issue this communiqué and adopt the following resolutions. These resolutions reflect the shared commitment of the delegates to advance public health policies and practices that address the challenges and opportunities facing Zimbabwe and the region, with an emphasis on sustainable, inclusive, and resilient health systems. The resolutions reflect national, regional, and international frameworks and legislation aimed at achieving universal health and sustainable development.

Acknowledgment of Zimbabwe's Efforts in Improving Healthcare access

The Conference,
Acknowledging the ongoing efforts of the Government of Zimbabwe in advancing healthcare access and improving health outcomes for its citizens, Commending the commitment of the Government to strengthening the health sector through the implementation of key policies and legislative frameworks, Recognising with appreciation:

- The Zimbabwe National Health Strategy 2021-2025, which prioritises universal health coverage, improved health infrastructure, and the integration of primary Healthcare services at the community level, in line with the Sustainable Development Goal (SDG) 3 on ensuring healthy lives and promoting well-being for all.
- The Health Services Act (Chapter 15:17), which provides the legal foundation for the regulation and delivery of healthcare services in the country, ensuring access to quality health services for all citizens, particularly those in under-served and rural areas, aligning with SDG 3.8 on achieving universal health coverage.
- The National Family Planning Strategy 2020-2025, which focuses on ensuring universal access to sexual and reproductive health services and family planning, especially for women and youth, in line with SDG 5.6 on ensuring universal access to sexual and reproductive health and rights.
- The Government's efforts to decentralize health services through the Distribution Health System to improve accessibility and equity, and the Essential Health Services Package, which guarantees basic healthcare services to all Zimbabweans, supporting SDG 10 on reducing inequalities.
- The COVID-19 National Preparedness and Response Plan, which successfully integrated a comprehensive public health approach to pandemic preparedness and response, ensuring continued access to healthcare during challenging times, in alignment with the World Health Organisation (WHO) International Health Regulations (IHR).
- The Conference further commends the Government's strategic collaborations with international development partners, private sector stakeholders, and local communities, which have been instrumental in improving health outcomes and healthcare accessibility across the country.
- By acknowledging these strides, the Conference encourages continued investment and support for these policies and frameworks, ensuring the sustainable development of the health sector and the realisation of equitable and inclusive health for all Zimbabweans, in line with the African Union (AU) agenda 2063 for sustainable development.

Resolution 1: Climate Change and Public Health

The Conference,
Acknowledging the growing intersection of climate change and public health, recognising the need for urgent action to mitigate the health impacts of climate change,
Resolves to:

- Promote the integration of climate change adaptation strategies within national public health frameworks to reduce climate-related health risks, in line with the Paris Agreement and SDG 13 on climate action.
- Encourage research on the public health implications of climate change, particularly in the areas of vector-borne diseases, food insecurity, and waterborne diseases, in line with the WHO Framework for Climate Change and Health.
- Advocate for climate-resilient infrastructure in the health sector to withstand extreme weather events and environmental stresses, in alignment with the SADC Regional Climate Change Framework and COMESA Regional Climate Policy.

Resolution 2: Water, Sanitation, and Hygiene (WASH)

The Conference,
Recognising the critical importance of safe water, sanitation, and hygiene (WASH) in preventing disease outbreaks,
Resolves to:

- Prioritise investments in clean water, sanitation, and hygiene infrastructure, especially in rural and under-served communities, in line with SDG 6 on ensuring availability and sustainable management of water and sanitation for all.
- Promote public-private partnerships to expand WASH services and improve access to safe water and sanitation, aligning with the African Water Vision 2025 and SADC Regional Water Policy
- Launch awareness campaigns on hygiene practices to reduce the burden of waterborne diseases, in collaboration with local and international partners, including the WHO Global Strategy for Health Promotion.

Resolution 3: Environment and Public Health

The Conference
Acknowledging the vital link between environmental health and the overall well-being of populations,
Resolves to:

- Advocate for the incorporation of environmental health policies into national health agendas to mitigate the negative impact of pollution on public health, in line with the UN Environment Programme (UNEP) and WHO Air Quality Guidelines.
- Support the enforcement of regulations to reduce Air and water pollution and promote sustainable waste management practices, in alignment with SADC Environmental Policy Framework.
- Encourage urban and rural environmental cleanup initiatives to protect communities from health hazards associated with pollution, in collaboration with national and regional environmental bodies.

Resolution 4: Sexual and Reproductive Health and Rights (SRHR) and Family Planning

The Conference,
Affirming the importance of comprehensive sexual and reproductive health and rights (SRHR) for all,
Resolves to:

- Ensure universal access to sexual and reproductive health services, including family planning, maternal health, and safe abortion services, in alignment with SDG 3.7 on sexual and reproductive health and rights.
- Promote youth-focused SRHR programmes to reduce adolescent pregnancies and empower young people to make informed decisions about their sexual health, in line with the SADC Protocol on Gender and Development.
- Strengthen efforts to eliminate cultural and social barriers to accessing SRHR services, particularly in marginalised communities, in collaboration with UNAIDS and WHO's Global Strategy on SRHR.

Resolution 5: Mental Health

The Conference
Recognising the critical need for comprehensive mental Healthcare as an integral part of public health,
Resolves to:

- Prioritise mental health services within national public health frameworks and ensure access to quality care for all individuals, in line with the WHO Mental Health action Plan 2013–2020 and SDG 3.4 on reducing premature mortality from non-communicable diseases, including mental health conditions.
- Support the integration of mental health services into primary healthcare settings and strengthen community-based mental health initiatives, in accordance with the SADC Health Protocol.
- Advocate for the reduction of stigma surrounding mental health and promote public education on mental health issues, in collaboration with WHO's Mental Health Gap action Programme (MHGAP).

Resolution 6: Drug and Substance Abuse

The Conference
Acknowledging the growing challenge posed by drug and substance abuse to public health and safety,
Resolves to:

- Strengthen prevention and intervention programmes to address substance abuse, including rehabilitation services and public awareness campaigns, in alignment with the UNODC International Standards on Drug Use Prevention and the SADC Regional Drug Control Strategy.
- Collaborate with law enforcement agencies to reduce the availability and trafficking of illicit drugs, in line with the UN Convention on Narcotic Drugs (1961) and SADC Regional Drug Control Strategy.
- Provide mental health support for individuals affected by drug and substance abuse, ensuring access to counselling and treatment services, in line with SDG 3.5 on strengthening the prevention and treatment of substance abuse.

Resolution 7: Women, Gender, and Sexual Violence

The Conference
Recognising the disproportionate impact of gender-based violence and discrimination on women and girls' health,
Resolves to:

- Advocate for the adoption and implementation of stronger legal frameworks to combat gender-based violence and provide support to survivors, in alignment with the African Union Protocol on the Rights of Women and SDG 5.2 on eliminating all forms of violence against women.
- Ensure that all public health policies and services are gender-sensitive and accessible to all, including addressing the specific health needs of women and girls, as per the SADC Gender Protocol.
- Promote educational programmes to empower women and girls, ensuring that gender equality is a central focus of public health efforts, in alignment with SDG 5.1 on achieving gender equality and empowering all women and girls.

Resolution 8: Health Policy Frameworks

The Conference,
Recognising the need for strong, inclusive, and evidence-based health policies to achieve sustainable public health outcomes,
Resolves to:

- Advocate for the development and implementation of health policies that promote universal health coverage and address social determinants of health, in line with the WHO Health Systems Framework and SDG 10 on reducing inequalities.
- Strengthen multi-sectoral coordination and collaboration to ensure that health policies are aligned with broader national development goals, as outlined in the SADC Protocol on Health.
- Ensure the active participation of marginalised communities in the policy-making process to ensure that their health needs are adequately addressed, in alignment with the AU Health Strategy for the African Union.

Resolution 9: Drug Development and Local accessibility of Pharmaceuticals

The Conference,
Recognising the importance of local pharmaceutical production and access to essential medicines for improving health outcomes,
Resolves to:

- Promote the local manufacturing of essential drugs to reduce dependency on imported pharmaceuticals and ensure timely access, in alignment with WHO's Essential Medicines List and the African Medicines Regulatory Harmonisation Initiative.
- Encourage investment in research and development of locally relevant drugs and vaccines, particularly for emerging diseases, in line with the AU's Pharmaceutical Manufacturing Plan for Africa.
- Strengthen regulatory frameworks to ensure the safety, efficacy, and quality of pharmaceuticals in the local market, consistent with the WHO Good Manufacturing Practices and SADC Medicines Regulatory Harmonisation.

Resolution 10: Inclusive Public Health Approaches

The Conference
Recognising the need for public health systems that are inclusive of all segments of society,
Resolves to:

- Promote inclusive health strategies that ensure equitable access to healthcare for vulnerable populations, including people with disabilities, the elderly, and those in rural areas, in alignment with SDG 10.2 on promoting social, economic, and political inclusion.
- Develop community-based health interventions that empower local populations to take control of their health and well-being, in accordance with the WHO Community Health Worker Strategy.
- Ensure that all public health policies and services are designed to address the specific needs of marginalised and under-served populations, as recommended by the AU African Disability Protocol.

Resolution 11: Nutrition and Public Health

The Conference
Recognising the essential role of nutrition in preventing chronic diseases and improving overall public health,
Resolves to:

- Prioritise the integration of nutrition programmes into public health strategies to address malnutrition, stunting, and obesity, in line with SDG 2 on ending hunger, achieving food security, and improving nutrition.
- Promote sustainable agricultural practices that improve access to healthy, nutritious foods for all populations, in collaboration with the FAO Regional Nutrition Strategy.
- Support public education campaigns on healthy eating habits to combat the rise of non-communicable diseases, as advocated by the WHO Global Action Plan for the Prevention and Control of NCDs.

Resolution 12: Traditional and Complementary Products in Public Health

The Conference
Acknowledging the significant role of traditional and complementary medicine in public health,
Resolves to:

- Promote the safe and evidence-based use of traditional and complementary medicines in healthcare systems, in alignment with the WHO Traditional Medicine Strategy 2014-2023.
- Support research into the efficacy and safety of traditional medicines to ensure their safe integration into modern healthcare practices, in line with the AU's Framework for Traditional Medicine in Africa.
- Strengthen regulations to ensure the quality, safety, and efficacy of traditional health products, in line with SADC Regional Standards for Traditional Medicine.

Resolution 13: Health Financing

The Conference,
Recognising the need for sustainable health financing to ensure equitable access to quality healthcare,
Resolves to:

- Advocate for increased public and private sector investments in health systems to achieve universal health coverage, in alignment with SDG 3.8 on universal health coverage and the African Union's Health Financing Strategy.
- Support the exploration of innovative financing mechanisms to fund essential health services, including the use of digital health financing tools, as outlined in the WHO Health Financing for Universal Health Coverage.
- Promote transparency and accountability in the allocation and use of health resources to ensure efficient service delivery, in accordance with the AU's Public Health Financing Framework.

Resolution 14: ICT, Media, and Technology in Public Health

The Conference,
Recognising the transformative potential of ICT, media, and technology in improving public health outcomes,
Resolves to:

- Promote the use of digital technologies, including telemedicine and e-health platforms, to improve access to healthcare services, especially in remote areas, in line with SDG 9 on building resilient infrastructure and fostering innovation.
- Strengthen collaboration with the media to raise public awareness of key health issues and promote healthy lifestyles, in partnership with the UNESCO Media and Information Literacy Framework.
- Invest in digital health data systems to improve decision-making, disease surveillance, and health service delivery, aligned with the WHO Global Health Observatory and the SADC ICT Policy Framework.

Resolution 15: Infrastructure Development for Public Health

The Conference,
Recognising the critical role of infrastructure in delivering quality healthcare services,
Resolves to:

- Prioritise investment in healthcare infrastructure, particularly in rural and under-served areas, to ensure equitable access to quality health services, in alignment with SDG 9.1 on building resilient infrastructure.
- Advocate for improvements in transportation and logistics to ensure the efficient distribution of medical supplies and personnel, in line with SADC Regional Transport Infrastructure Policy.
- Support the development of sustainable, resilient health infrastructure capable of withstanding the effects of climate change and other health crises, as outlined in the UNFCCC and WHO Health Systems Strengthening initiatives.

Conclusion

We, the delegates of the 2024 Public Health Symposium, commit to working collaboratively with governments, civil society, international organisations, and the private sector to implement these resolutions. We reaffirm our collective responsibility to re-imagine public health systems that are equitable, sustainable, and resilient, with a focus on achieving better health outcomes for all people in Zimbabwe and beyond.

Signed:
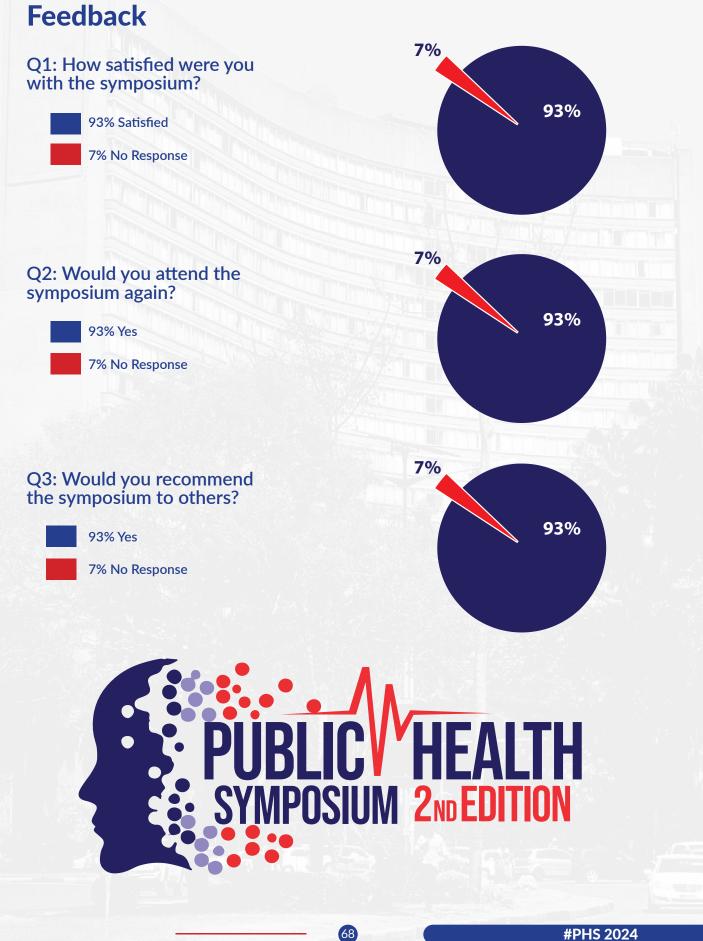
The Delegates of the 2024 Public Health Symposium
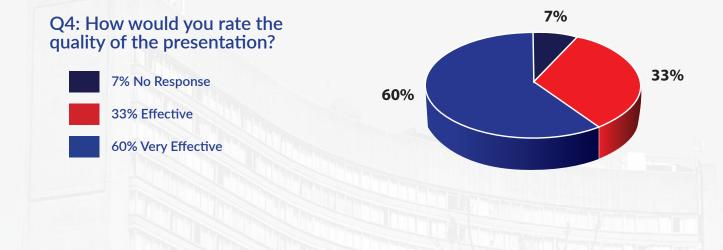
17th–19th October 2024, Harare, Zimbabwe

Participants Feedback

Feedback

Q1: How satisfied were you with the symposium?

■ 93% Satisfied

■ 7% No Response

7%

93%

Q2: Would you attend the symposium again?

■ 93% Yes

■ 7% No Response

7%

93%

Q3: Would you recommend the symposium to others?

■ 93% Yes

■ 7% No Response

7%

93%

PUBLIC HEALTH SYMPOSIUM 2ND EDITION

Q4: How would you rate the quality of the presentation?

- 7% No Response
- 33% Effective
- 60% Very Effective

7%

60%

33%
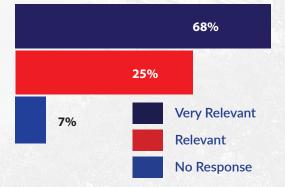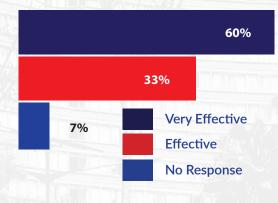
Q5: Were topics covered relevant to your interests?

68%

25%

7%

- Very Relevant
- Relevant
- No Response
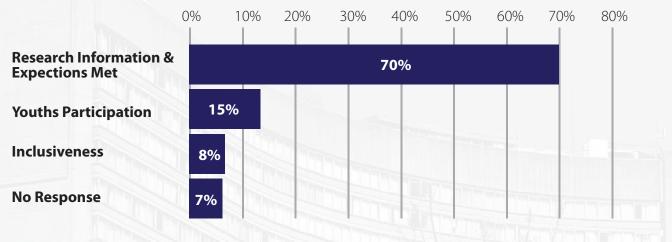
Q6: How effective were the speakers?

60%

33%

7%

- Very Effective
- Effective
- No Response

Excellent   Good   No Response

55	38	7
33	60	7
55	38	7

60
50
10
30
20
10
0

Q7: How would you rate the venue and facilities?

Q8: How would you rate the registration process?

Q9: How would you rate the networking opportunities provided?
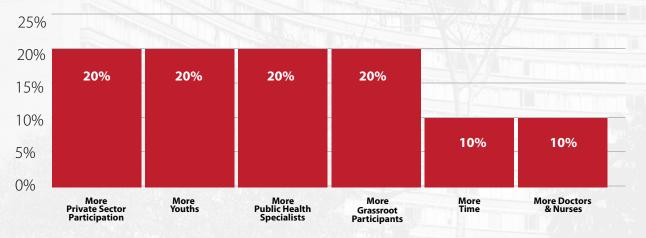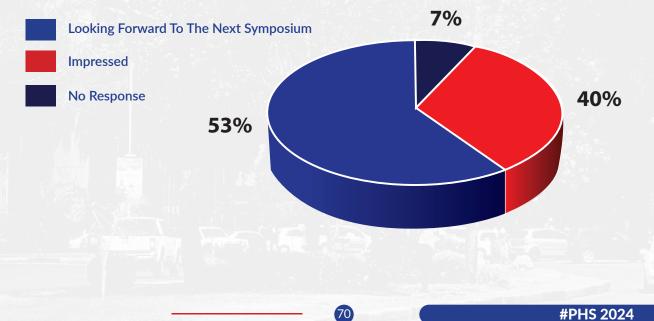
Q10: What did you like most about the symposium?

Category	Percentage
Research Information & Expectations Met	70%
Youths Participation	15%
Inclusiveness	8%
No Response	7%

Q11: Suggestions For PHS Improvement

Category	Percentage
More Private Sector Participation	20%
More Youths	20%
More Public Health Specialists	20%
More Grassroot Participants	20%
More Time	10%
More Doctors & Nurses	10%

Q12: Additional Comments

- Looking Forward To The Next Symposium — 53%
- Impressed — 40%
- No Response — 7%

SMART FOOD IS HERE!

PEARLENTA

Smart Carbs

EAT SMART, LIVE HEALTHY!

SMART EATING HEALTHY LIVING

LOW GI

CONTAINS PHOSPHOROUS, POTASSIUM, CALCIUM, PROTEIN, B VITAMINS AND MAGNESIUM

HIGH IN FIBRE

RICH IN ANTIOXIDANTS

GLUTEN FREE

CHOLESTEROL FREE

The above listed attributes are product specific.

f PearlentaZimbabwe

Another quality guaranteed product from:

NATIONAL FOODS LTD

PUBLIC HEALTH

SYMPOSIUM 2ND EDITION

THEME : "RE-IMAGINING OUR PUBLIC HEALTH"