

Regional Meeting of Parliamentary Committees on Health in Eastern Africa (SEAPACOH)

Speke Resort Munyonyo, Kampala, Uganda
September 21, 2009



Presenter: Dr. David Parirenyatwa, Chairperson, Health and Child Welfare Portfolio Committee

Country Profile

Items

Values

Total Population

11.6 MILLION

under-five mortality currently at 82 per 1000 live births. The neonatal mortality rate is now at

Total fertility rate 3.8%

country profile continued

% of births attended by skilled health personnel-decreased to 80% after having been once at 83% over past 4 years

Contraceptive prevalence-Zimbabwe has a strong family planning programme evidenced by high knowledge levels that are currently above 97%. The contraceptive prevalence rate has increased steadily to 60% with most women using modern methods of contraception (58%). The use of traditional methods is limited to less than 2 percent. The most popular methods are the pill (43%) and injection (10%).

Unmet need for family planning -40%

Enrollment in primary education (boys and girls)-

Budget

- Increased budget shares for primary and preventive care
- Stronger management of hospital expenditures
- Is government spending on Health reaching the Abuja target of 15% of national budget?
- Are we abiding by local and International estimates of funds needed to meet basic health goals or deliver a reasonable minimum of services: Essential package ranges from US\$22 (World Bank) per capita to US\$40 (WHO) per capita, with an estimate of \$169 per capita when including costs of ARVs?
- How far are we addressing the Millennium Development Goals (MDGs)?
- Policy Direction/Thrust

Vote Appropriations

- Percentage share estimates are based on revised vote appropriations and not constitutional and statutory appropriations
- 2009 with supplementary budget (11.7%)
- 2009 with supp but no vote of credit (15.1%)
- 2009 without supplementary budget (17.2%)
- Per capita allocation as a proxy for expenditure (US\$12, assuming a pop of 12 million) vs at least, US\$22 for World Bank and Between US\$34 and US\$60 for WHO.



Country Progress, achievements and challenges



1- Implementation of the September 2008 resolutions

- **Operazationalization of the SRH Policy Framework to adress the 3 delays;**
 - a) **Delay in seeking care**
 - b) **Delay in reaching a treatment facility**
 - c) **Delay in getting adequate treatment at facility**
- **Already implementing phase one of the road map (costed)(2007-2011)**

Activities;

- undertaken by parliament to implement the September 2008 resolutions at national and community levels;
 - Tabled motion on the need to link Sexual and Reproductive health and HIV programmes and policies that address vulnerabilities of women and children
 - Currently participating in the crafting of policy on male circumcision as one of the added strategies to reduce HIV infection
 - Engaged Civic Society(CSOs) in out outreach programmes in constituencies targeting women and young people
 - Strengthened the “Mem AS Partners” Campaign whereby men are encouraged to participate in sexual and reproductive helahat matters

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- Support provision of family planning services and commodities
 - Ensured Provision of quality maternal and child care services
 - Lobbied for the provision of appropriate, affordable, accessible and friendly adolescent and reproductive health services
 - Raised awareness and increase community participation in sexual reproductive health and rights issues
 - lobbied for engendered all reproductive health services.

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- Increased availability of comprehensive RH services
 - Advocated for strengthening capacity to provide RH services
 - Debate on gender and behavior change communication

Achievements(cont)

- Following up on the implementation of the country's road map by the ministry of health and child welfare.
- Participated in 2-day workshop co0hosted by the ministry and one of the stakeholders,SAFAIFDS to review progress
- Constant feedback from the established Maputo Plan of Action Monitoring taskforce for the country.

ICPD PoA

- Institutional changes to strengthen and reorient the policies and programmes in health care and family planning
- Budget allocation to SRHR programmes
- Empowerment of women and gender issues
- Collaboration with NGOs, etc.

Maputo Plan of Action

-Activities undertaken by parliament to implement the Maputo Plan of Action at national and community levels;

- Advocacy on the prevention and management of infertility
- African Development Community (SADC) Declaration on Gender and Development and its addendum on the eradication of violence against women and girls.

Activities undertaken by parliament to implement the Abuja Declaration at national and community levels;

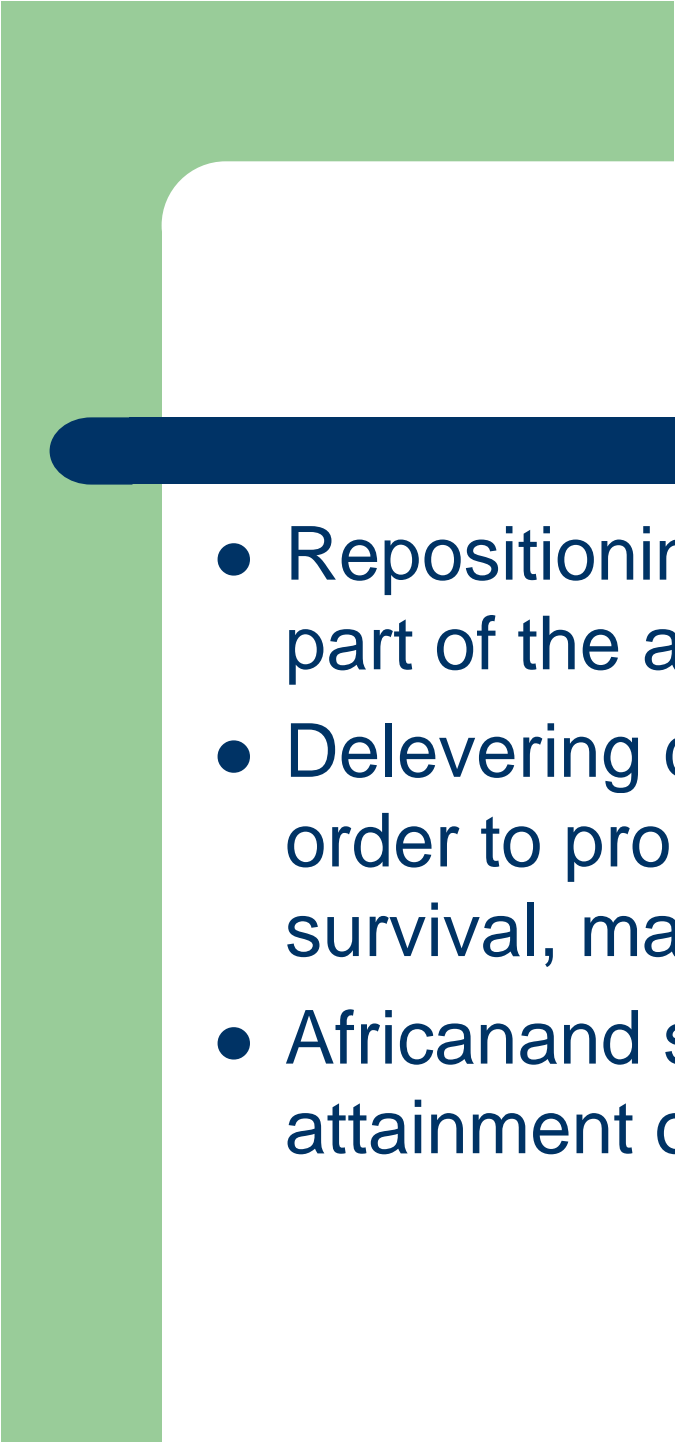

- Scaling up of adolescent and reproductive health, safe motherhood, newborn care, safe abortion and prevention and management of sexually transmitted infections, including STIs/ HIV and AIDS
- The MOHCW estimates that there are 60 000 to 80 000 unsafe abortions annually and maternal morbidity and mortality associated to complications of unsafe abortions have been identified as major public health problems

SRH RELATED RESEARCH CONDUCTED

- 2004 - An Assessment of Maternal and Neonatal Health Care Services in Zimbabwe
- 2005 - A Rapid Assessment of EmONC Equipment, Drugs and Supplies in Zimbabwe
- 2006 - A Rapid Assessment of the Goal Oriented Antenatal Care Protocol in Zimbabwe
- 2008 - A Rapid Assessment of ASRH Services in Zimbabwe
- 2007 - 9 - The Zimbabwe Maternal and Perinatal Mortality Study
- 2009 - An Assessment of Obstetric Fistula in Zimbabwe
- 2009 - An Assessment of Waiting Mothers' Shelters in Zimbabwe.

Challenges and way forward

- Weak Health Systems Performance
- Resource Allocation
- Limited Scaling up of Integrated Interventions
- Poor Intersectoral coordination and collaboration
- Implementation of the continental policy including universal access to sexual and reproductive health by 2015. Integrating STIs/HIV/AIDS and SRHR programmes and services, including reproductive cancers, to maximize the effectiveness of resource utilization.

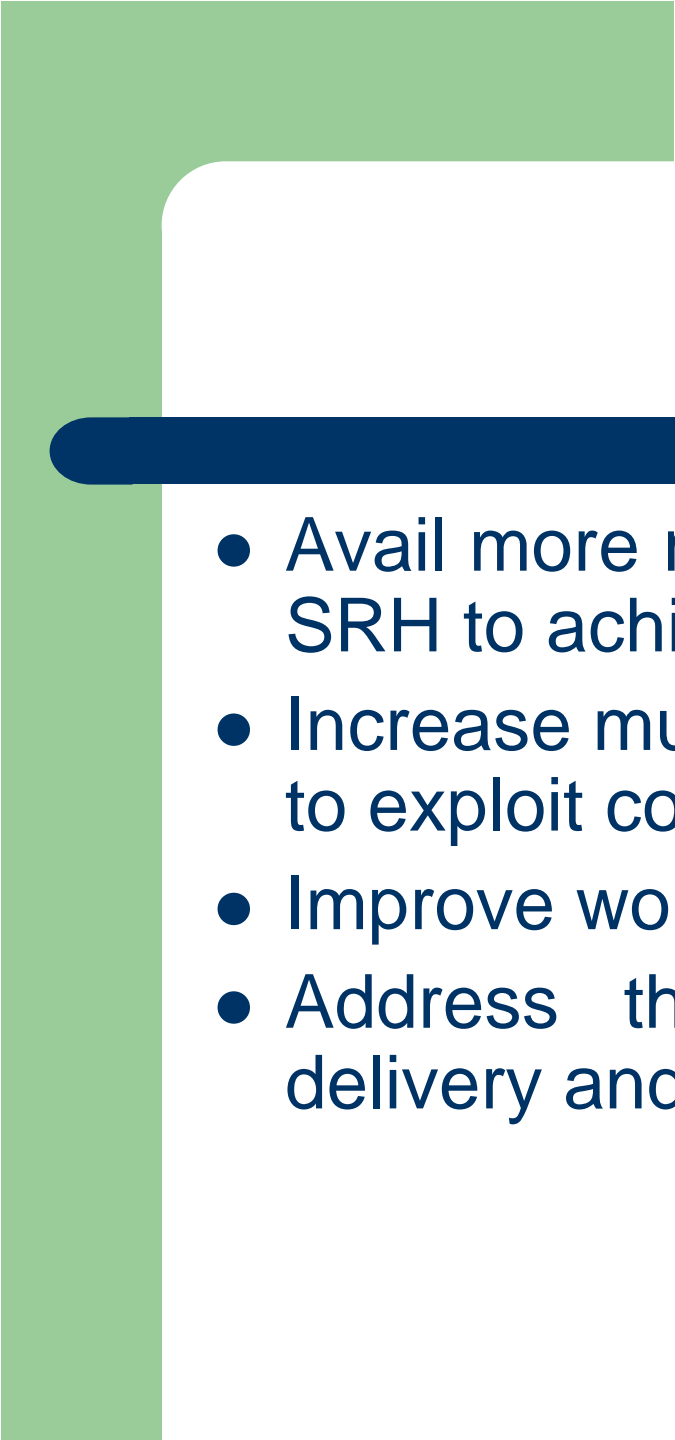

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- Repositioning family planning as an essential part of the attainment of health MDGs.
 - Delevering quality and affordable srervices in order to promote safe motherhood, child survival, maternal, newborn and child health
 - Africanand south-south co-operation for the attainment of ICPD and MDGgoals

Challenges and way forward cont.

- Increase domestic resources for sexual and reproductive health and rights including the addressing of the human resource crisis;
- Include males as an essential partner of SRHR programmes;
- Adopt a multisectoral approach to SRHR;
- Foster community involvement and participation;
- Strengthen SRH commodity security with emphasis on family planning and emergency obstetric care and referral;
 - Put in place operational research for evidence based action and effective monitoring tools to track progress made on the implementation of this Plan of Action;
 - Integrate nutrition in STI/HIV/AIDS, and SRHR especially for pregnant women, and children by incorporating nutrition in the school curriculum. fortification of food institutionalisation.
 - Involve families and communities;
 - Involve of the Ministries of Health in conflict resolution;
 - Improve on rural-urban service delivery equity.

Challenges(cont)

- Limited resources - for equipment and essential drugs
- Hyperinflationary environment (past 3 - 4 years) made it difficult to implement planned activities due to loss of value of funds
- Program monitoring activities hampered by transport shortage.
- Obsolete communication equipment hindered referral services
- Unstable political environment and inconclusive processes, e.g. formation of a national government.
- Shrinking human resources base - low staff morale and motivation coupled with “*skills flight*”.
- Avail more resources (internal and external) for SRH to achieve ICPD and MDG goals
- Increase multi-lateral and bilateral collaboration to exploit comparative advantages
- Improve working conditions for staff

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 - Address the supply-side factors of health delivery and create demand.

M and E

- training in the area of reproductive health
- advocate for increased resources for sexual and reproductive health
- harmonise the implementation of national Action Plans
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- harmonise the implementation of national Action Plans
- monitor progress
- identify and share best practices. Share best practices at regional cross-learning meeting, mobilise, donors CSOs etc and sensitise on scaling up response to MPoA
- Ensure sustainability, ownership, tracking and reporting outcome/impact.