

# Zimbabwe



Table 1: Overview

<p><b>Project description</b></p> <p>Project: Combatting the rising global threat of AMR through a One Health Approach in Zimbabwe (ID: UNJ034)</p> <ul style="list-style-type: none"><li>- Duration: 36 months (21<sup>st</sup> May 2021 to 21<sup>st</sup> May 2024)</li></ul> <p>Activities under the MPTF project focus on strengthening biosecurity and infection prevention and control (IPC), optimizing the use of antimicrobials, and improving capacity to design awareness-raising, behaviour change, and educational activities/materials.</p> <p>Its key activities include:</p> <ol style="list-style-type: none"><li>1. To promote of use of vaccines as an alternative to the irrational use of antibiotics for Theileriosis in cattle and Typhoid in humans.</li><li>2. To upscale the Farmer Field Schools in the broiler value chain to promote the adoption of good husbandry practices.</li><li>3. Revise national IPC Policy, IPC Strategy and M&amp;E Framework, the national IPC Training Modules and Training Guidelines to strengthen evidence-based practices to address AMR transmission</li><li>4. To strengthen the National IPC programme by supporting a setting up of Healthcare Associated Infections (HAI) surveillance pilot project in selected health facilities.</li></ol>
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5. To conduct spot checks on Falsified, Substandard (FS) and illegal medicines at ports of entry especially the Northern Border Posts
6. To develop and pilot behaviour change Community of Practice (COP)

### Highlights of the project so far

The project is progressing well as planned for 2023 and some of the final activities will be carried out in 2024 before the end of the project in May 2024.

The IPC strategy and policy documents are ready for launch in 2024.

- Healthcare-associated infections (HAI) activities -The tools and training materials for the pilot HAI surveillance have been developed. Management of the two Central Hospitals (Sally Mugabe and Parirenyatwa Central Hospitals) where the HAI surveillance project is to be piloted have been sensitized and currently waiting to train data collectors and start the project activities. Files for application for ethics approval have been prepared and are awaiting cover letters for them to be submitted to the hospitals' ethics committees.
- Post-typhoid vaccination surveillance is ongoing, with 1,129 suspected and 50 confirmed cases identified.

Blood culture samples 2023		
Number of samples processed	Month	<i>Salmonella Typhi</i>
30	January	1
113	February	14
242	March	5
127	April	0
129	May	3
66	June	3
32	July	3
16	August	6
30	September	0
26	October	3
171	November	7
147	December	5
<b>1129</b>	<b>Total</b>	<b>50</b>

- Most of the typhoid cases were reported from the Western District.
- Support and supervision conducted in the last Quarter of 2023 and consumables are available for typhoid surveillance.
- In 2023, 89,750 doses of Theileriosis vaccine (BOLVAC) were produced, with about 46,000 doses distributed. Currently, there are approximately 163,791 doses of Bolvac remaining in stock. The vaccine distribution is as follows: Mat North - 11,088 doses, Mat South - 11,088 doses, Midlands - 15,477 doses, Masvingo - 4,158 doses. Of note, the Central Veterinary Laboratory (CVL) Biotech section vaccinated around 5,348 animals for Theileriosis.





<https://www.flickr.com/photos/woah-photos/sets/72177720312961046>

- Expanded Farmer Field Schools to 10 in Murehwa, Zvimba, Bubi, Masvingo, and Chegutu using the MPTF support, increasing from 6 in Mutare, Mutasa, and Marondera to reach a total of 16 FFSS
- The AMR-MPTF project supported a Monitoring and Evaluation (M & E) training course for 25 officials involved in AMR implementation from the different ministries and departments including academia and research. During the same workshop, an M&E Framework was developed for the new AMR-National Action Plan (2024-2028).



- This project supported global AMR-MPTF initiatives that were piloted in Zimbabwe. These include the finalization of the pilot of the Quadripartite One Health Legal Assessment Tool for AMR, which was followed by a stakeholder sensitization workshop for the relevant departments and regulatory authorities. Additionally, Zimbabwe developed environmental capacity and developing guidelines for antimicrobial waste disposal.
- The MPTF project sponsored two officials from Zimbabwe (Animal & Environmental Health) to attend the Africa Regional Lessons Learned Workshop for Implementation of AMR National Action Plans that took place in Senegal. The officials presented the milestone achieved through the MPTF project in the country.
- In Nov 2023, Zimbabwe hosted a highly successful 5<sup>th</sup> World Antimicrobial Resistance Awareness Week (WAAW) for Africa led by the AMR Quadripartite utilizing the AMR MPTF funding in conjunction with the African Union Agency. More details can be accessed in the link <https://rr-africa.woah.org/en/news/zimbabwe-successfully-hosts-continental-waaw-events/>
- The Medicines Control Authority of Zimbabwe (MCAZ) with the technical and financial support of WOAHA through the Multi-Partner Trust Fund (AMR-MPTF) organized a Stakeholder consultative sensitization workshop on illegal importation and sale of unregistered and substandard falsified human and veterinary medicines in September 2022. The general objectives of this national workshop were to i) raise awareness to the pharmaceutical industry, customs, law enforcement agents, and human and animal health experts on the dangers of circulation of illegal and SFs medicines as potential drivers of AMR, ii) update the pharmaceutical industry, customs, law enforcement agents, human and animal health experts on planned activities by the Government of Zimbabwe and AMR-MPTF project to curb circulation of illegal products and SFs and, iii) strengthen national multistakeholder response teams on fighting illegal and SFs medicines. The one-day workshop was attended by 65 participants representing different sectors and ministries involved in AMR management including the Department of Pharmacy Services, Department of Veterinary Services and Environmental Management Agency, Zimbabwe Revenue Authority (ZIMRA), Criminal Investigation Department (CID), Retail Pharmacists Association, Animal Health Industry Committee, Pharmaceutical Wholesalers' Association and Pharmaceutical Manufacture Association. In addition, the workshop was attended by representatives of the World Health Organisation (WHO). This workshop marks the first step in the implementation of the 2nd animal health component of the AMR-MPTF project in Zimbabwe. The topics delivered were very informative and all participants engaged in a thorough discussion and came up with ideas that can be considered for upcoming events. The major recommendations from this workshop include i) strengthening human capacity through training, ii) strengthening medicinal products inspections, iii) addressing the challenges of illegal vendors, iv) implementing a system of traceable identification for legal drugs v) registration of paraprofessionals to control over the counter drugs, vi) revising the legal frameworks (PVS) and viii) organising wider consumer awareness campaigns. \* The training of government regulatory officials on detection of sub-standards and falsified medicines (SFM) and mapping of the SFM at selected border posts, will take



place in April/May 2024, pending the delivery of the hand held infra-red devices ordered by WHO in support of Medicines Control Authority of Zimbabwe (MCAZ). The exercise will be followed by a wide stakeholder sensitization workshop.



### Main challenges

The implementation of MPTF grant supported activities was slowed down in 2023 due to watershed national elections which disrupted planned activities. The national elections then ushered a new political leadership in the three One Health implementing ministries: from the Minister to the Permanent Secretaries and Chief Directors. It meant One Health Secretariat had to dedicate considerable time to orienting the new leadership to be able to provide stewardship. In addition, policy and strategic documents had to be put on hold for signatures before going for printing followed by an official launch to guide program implementation.

### What has been the impact of these challenges on project delivery?

Implementation was delayed by 6 months largely due to the disruptions caused by national elections and subsequent political leadership.

### Did you manage to overcome these challenges? If so, how?

1. One Health Secretariat had to dedicate considerable time to orienting the new leadership to be able to provide stewardship

**Table 2: Review of progress against log frame**

**2. a Log frame outcomes**

Zimbabwe MPTF Outcome	Indicators	Assumptions
Use of antimicrobials optimized in critical sectors	<ul style="list-style-type: none"> <li>• % reduction in Theileriosis in pilot intervention herds as compared to control herd</li> <li>• % reduction in typhoid infection among the vaccinated population</li> <li>• Number of districts covered by FFS</li> <li>• Updated IPC Policy, Strategy and Guidelines</li> <li>• Number of facilities conducting HAI surveillance</li> <li>• Supply chain mapping conducted</li> <li>• Economic data collected (FAO piloting AMU data collection on selected broiler farms)</li> </ul>	
Improved understanding of AMR risks and response options by targeted groups	<ul style="list-style-type: none"> <li>• KAP studies in selected sectors conducted</li> <li>• behaviour change COP integrated into the development of interventions.</li> <li>• NAP for Zimbabwe revised.</li> </ul>	

## 2. b Log frame outputs and associated indicators

<b>% progress against indicator:</b> Based on time, budget and activities underway/completed						
<b>Categories:</b>	0%	1-25%;	25-50%;	50-75%;	75%-99%	100% <b>Choose best option</b>



MPTF Output	Indicators	Progress description (activities started/completed)	Indicator % met	Assumptions – any revisions? Put here
A. Systems for biosecurity and IPC strengthened in targeted areas	A.1 % reduction in Theileriosis in pilot intervention herds as compared to control herd	Finalized and adopted the Theileriosis Vaccine Production implementation plan  Purchased laboratory supplies and testing kits - \$40 000	100%  100%	
	A.2 % reduction in typhoid infection among the vaccinated population	% reduction in new typhoid cases post-vaccination compared to the pre-vaccination period	25-50	
	A.3 Number of districts covered by FFS	Five districts have been identified and facilitators have been trained while the collection of economic data has been initiated.	25-50	
	A.4 Updated IPC Policy, Strategy and Guidelines	Availability of IPC Policy, IPC Strategic Plan and IPC Training Guidelines.	100	
	A.5 Number of facilities conducting HAI surveillance	Reported cases of HAI in two central hospitals of Sally Mugabe and Pari Hosp.	25-50	
Output B "Systems for optimized use strengthened in critical sectors"				
	B.4: Number of spot checks conducted		1-25	

# Zimbabwe MPTF 2023 AMR Report

	B.5: Number of port officials able to systematically conduct spot checks		1-25	
	B.6: Technical and economic impact of tailor-made interventions, aimed at reducing antimicrobial use in broiler production		1-25	
C. Improved capacity to Design Awareness raising, behaviour change and educational activities/materials	C.1 KAP studies in selected sectors conducted	KAP studies were identified and a call for proposals to universities was sent so the project partners with them to generate the KAP data.	1-25	
	C.2 Behaviour change COP integrated into the development of interventions.	Activity is to be initiated once KAP results are in place however behaviour nudges developed by FAO on broiler value chains will be piloted on the onset of FFS	1-25	
	C.3 NAP for Zimbabwe revised.	End-term evaluation coupled by PMP to be conducted in the first quarter of 2022 through the second quarter to pave way for the activity initiation.	100%	



**Risk matrix**

Risk description	Risk Category: Contextual Programmatic Institutional	The worst-case consequence for the project	Risk Score		Mitigating action	Action owner
			Impact	Likelihood		
COVID-19 situation	Contextual	Delay in the start of the project activities on the ground	High	High	Convert some activities to virtual such as launching, national consultations etc.	Tripartite
Inadequate coordination among the key stakeholders	Institutional	Delay in implementation of activities	High	Medium	Early consultation with key focal points and continued engagement	Tripartite
Political instability and changes in focal points	Institutional	Changes in the activities and priorities	Medium	Low	Involve all relevant stakeholders including policy technical and operational staff working on AMR/AMU to maintain continuity	Tripartite
Delay in fund release	Programmatic	Delayed implementation of the project activities	Medium	Low	Continuous follow-up and identification of focal points at HQ/Regional/National Tripartite offices.	Tripartite