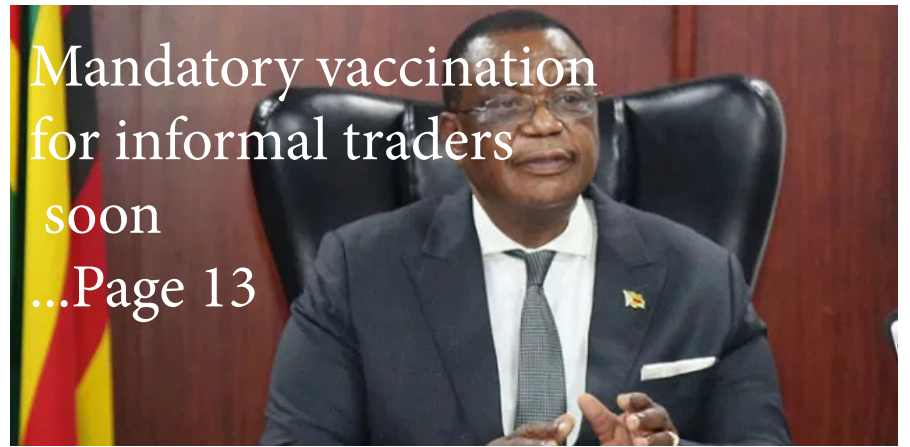


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## Pharmacists Welcome New Health Professions Act Amendment

By Michael Gwarisa  
**Z**IMBABWE'S Pharmaceutical industry says the new amendments to the Health Professions Act will set the tone for both local and foreign direct investment into the local pharmaceutical industry.

ment of 124 of the Health Professions Act [Chapter 27:19], which were presented by the Vice President and Minister of Health and Child Care, Honourable C.G.D.N. Chiwenga. The amendment will repeal the entire section 124 (2) (a) of the Health Professions Act with a view to opening up and encouraging investment in the pharmaceuticals industry. Safeguards against practice

by unregistered pharmacists are adequately provided for by section 124 sub-section 1 of the Act, to which practitioners and ventures in the industry must adhere to. In an interview with HealthTimes, PSZ president, Mr Portifar Mwendera said consultations on amendments to the Health Professions Act have been ongoing as there are a number of areas that needed to

be amended. "The pharmaceutical sector and indeed all the other health professions have been in consultations on the provisions that were felt needed to be amended. The matter of investment in the pharmaceutical sector was topical and submissions were made on this area," said Mr Mwendera. He added however added that they were not privy to

how the final amendment on the area will be though some practitioners did not think that the provision was restrictive though interpretation of the provisions of section 124 (2) differed to the extent of limiting the needed investment in the sector particularly the manufacturing sector. "The fraternity would be grateful if the...[To Page 8](#)

Cabinet recently announced that they had considered and approved the Principles for the Amend-

## Masiyiwa Fumes Over COVAX

...[Read Story on Page 5](#)



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## Zimbabwe Vaccine Uptake Jump Fourfold In 24 Hours

By Staff Reporter

LOCAL vaccination numbers for the first dose quadrupled over the past 24 hours as government scales up vaccination in COVID-19 hot-spots.

According to vaccination data from Ministry of Health and Child Care (MoHCC), the number of people who received the first dose rose from 2 157 on June 22, 2021 to 8 898 on June 23, 2021.

“8 898 received their 1st dose today bringing cumulative for 1st dose to 715 056 while 11 573 received their 2nd dose bringing cumulative for 2nd dose to 451 793.”

The country is also expect-

ing 500 000 doses of the Sinopharm vaccine this weekend on June 26, 2021 and another consignment of 2 million doses in the coming weeks a move that is likely to speed up Zimbabwe's vaccination drive ahead of herd immunity targets of vaccinating at least 60 to 70 percent of the population.

Government has since realigned its vaccination deployment strategy is now prioritizing confirmed COVID-19 hotspots that have been recording high new infections.

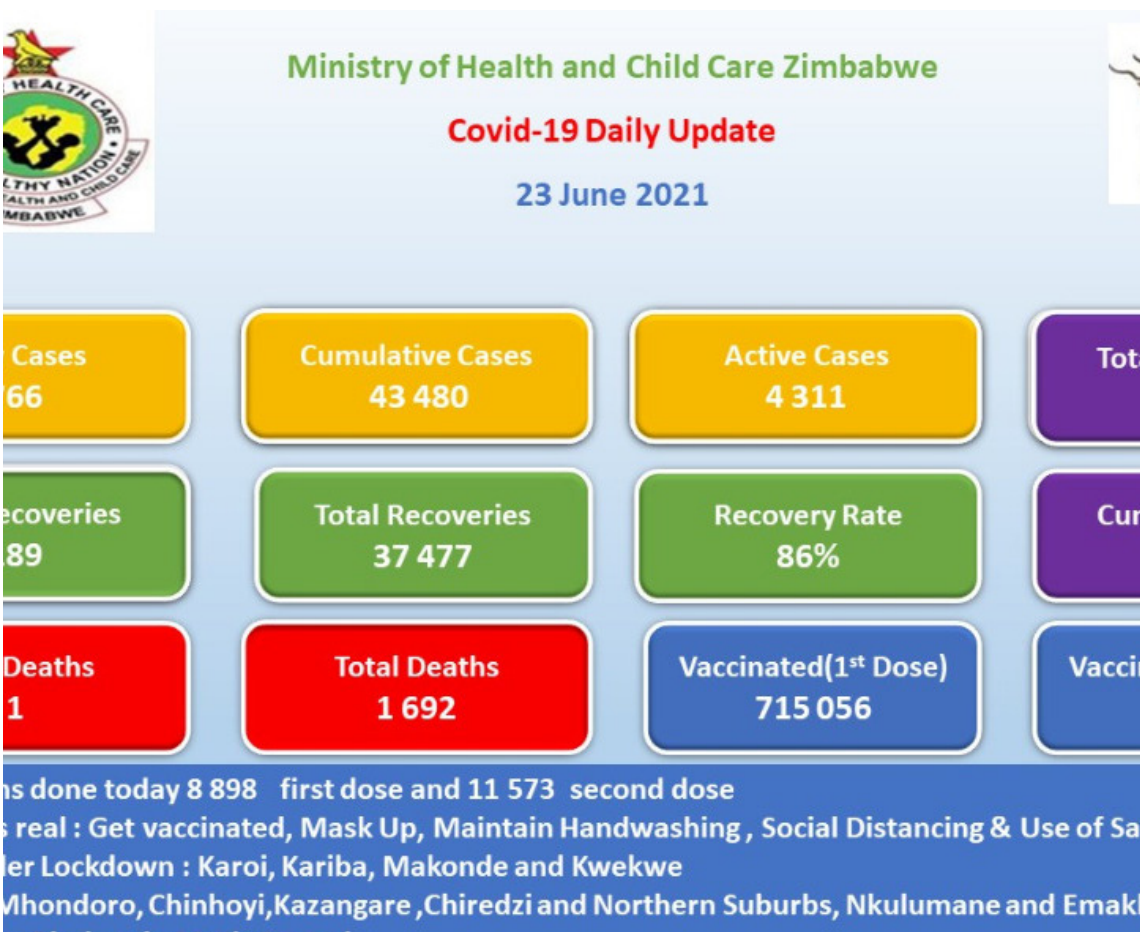
The hotspots include Chibara(18),Doro(18),Nyangoma(20),Chidamoyo(15),Kazangare(16) (Mash west) , Chiredzi(32)Masvingo Province

,Marondera(32)(Mash East),Nkulumane(15),Emakhandeni(29) and Northern Suburbs(31) (Bulawayo).

Meanwhile, 766 new Cases(765 Local& 1 returnee from Tanzania) and one death was reported yesterday from the 5 716 tests that were done. (31 of the 96 cases reported by Mash Central occurred between 17 and 21 June and had not been reported).

Active cases went up to 4 311.. As of 23 June2021, Zimbabwe has recorded 43 480Cases37477 recoveries & 1692 Deaths. 189 new recoveries were recorded and National Recovery rate stands at 86%.

## Government Vaccination Program Targets COVID-19 Hotspots



Staff Reporter INFORMATION, Publicity and Broadcasting Services minister, Senator Monica Mutsvangwa has announced that 500 000 Sinopharm vaccination doses that has been procured from China will be expected in the country by the end of this month end and the next priority of vaccination program will be at the country's hotspots.

Briefing Journalists, minister Mutsvangwa said government was also in the process of procuring two million more doses of vaccines from China.

On procurement of COV-

ID-19 vaccines, Cabinet is pleased to report that arrangements are currently in progress to procure 2 million doses of Sinovac vaccines from China. These are expected in the country by end of month. Furthermore, 500 000 doses of vaccines are expected to be delivered this Saturday 26th June, 2021.

“The nation is advised that the next priority areas of vaccination are the remaining border posts, especially Forbes,Chirundu and Kariba, current hotspots, tobacco auction floors and people's markets such as Renkini in Bulawayo, Mbare Musika in Harare and Sakubva in

Mutare. The Grain Marketing Board staff and COTTCO staff as well as the Hwange population will also be included in the vaccination programme,” she said.

She also announced that Cabinet had agreed to extend localized lockdown in Chiredzi in Masvingo,Nkulumane,Emakhandeni in Bulawayo and Mt Darwin in Mashonaland central. A cumulative number of 706 158 have received their first doses, whilst 440 220 received their second doses as at 22 June 2021.

## Medical Aid Package For PWDs Launched



By Michael Gwarisa

MREF, a new Medical Aid policy for People with Disabilities (PWDs) has been introduced in Zimbabwe in a move that set to bring convenience and increase access to health services for the community.

MREF stands for Muduvuri Rehabilitation and Empowerment Foundation and was founded by disability activist and business person, Jimayi Muduvuri.

“Speaking to HealthTimes on the behalf of MREF spokesperson, Mr Nyasha Nhau, said the medical aid policy had come at the right time as demand for access to health services for PWDs has also increased during the COVID-19 era.

The medical aid policy was motivated by the challenges faced by people with disabilities regarding access to medication and other health needs,” said Mr Nhau.

“We have partnered a group of private medical practitioners under the banner of MDPPAZ and already signed a memorandum of understanding in December at Ranch Hotel in Kadoma in the presence of Deputy minister of health, Dr John Magwiro.”

He added that the Murefu Medical Aid facility already has structures in all the country's 10 provinces with Chitungwiza being

the 11th province.

“We are using the structures to recruit our members. Among other objectives through this medical aid policy is to ensure that all people with disabilities get access to medication in government as well as private medical and health institutions.”

Persons with disabilities in Zimbabwe still face a myriad of challenges in accessing health services which include lack of access to medication, lack of disability friendly health infrastructure, lack of disability focused health literature and Information Education and Communication (IEC) material, amongst a host of other issues.

Meanwhile, the Zimbabwean government recently launched a Disability Policy as part of its efforts to better living standards and dignity of PWDs as well as improve access to basic services such as education, health, water and sanitation among other basic human rights.

According to a recent survey that was conducted by the ZIMSTATS, 9.3% of the population in Zimbabwe are persons with disabilities. Those with hearing impairments constitute 12% (20-300 000 of the population), multiple impairments 13%, intellectual disability 8%, mental illness 6%, visual impairments 26%, epilepsy 2%, speech impairment 1%, nerve injuries 1%, albinism 0.3% and physical impairment 31%.

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## OPINION

# This Too Shall Pass

If you are a believer like me, you probably have come across the story of Moses and how he delivered the children of Israel from Egyptian bondage. Even though it took them 40 years to arrive to the promised land, they eventually got there and conquered some of the most powerful tribes and armies.

Just like the rest of the world, our country Zimbabwe has been in and out of the COVID-19 pandemic for more than a year now and with the coming in of new waves, all hope seems to be lost. The truth is no matter how long it's going to take, one day we shall overcome this disease and be able to look back and say, we have conquered.

However, unlike other problems and challenges we may encounter, COVID-19 is not something we can just wish away. It takes full responsibility of us as the citizenry to agree and say we want to end this bug. We can defeat it through behavior change. As long as we continue living in denial, the pandemic will wipe out our entire civilization.

Zimbabwe has of late been experiencing an upward trend in as far as new COVID-19 infections are concerned. 826 new cases and 17 deaths were recorded yesterday 24/06/2021 at the back of a very high positivity rate of 17%. More people are now hospitalised (257) with 39 with severe disease and 9 in ICU. We risk overwhelming our health facilities soon.

Without behavior change, the numbers will certainly balloon beyond what we are seeing now. As vaccine supplies improve, let's take it upon ourselves to go and get vaccinated, but know the vaccines will not confer immediate protection. Let's continue observing prevention protocols.

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## Letters To The Editor

### Close Face To Face Lectures

Dear Editor

I'm a parent with a child at Great Zimbabwe University in Masvingo. I wanted to know why these kids are still attending face to face lectures. I think government should suspend all face to face lectures and let the kids do online lessons from home because what matters most is the safety of these kids. Most of these universities are in the COVID-19 hotspot areas.

It's not like if they revert to online lectures we will not pay full tuition. We are even ready to purchase data bundles for the kids to do the online lessons from home. I think it's better if they learn from home and only go to school for exams which they must do in batches so that they will be able to follow the World Health Organization guidelines.

My other worry is that the institutions are not equipped with facilities that will help in case the students would need to be quarantined.

Concerned Parent  
Masvingo

### Kwekwe Lockdown Not Effective

Dear Editor

I'm a Kwekwe resident I just wanted to let the government know that the lockdown they impose on the city is not effective. It seems as if the law enforcers are taking bribes. People are loitering in and around the city. The traffic is not being controlled.

My fear is that this increases the spread of COVID-19 as people are defying the lockdown. Most downtown shops are open and people are not observing social distancing and not wearing masks at all. I pray the government will do something about this before it's too late.

Constance Mazambara

Kwekwe



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# Masiyiwa Blows Top Over Vaccine Apartheid

By Michael Gwarisa

ZIMBABWEAN business mogul and African Union special envoy, Dr Strive Masiyiwa has taken a swipe at the COVAX facility's for sidelining Africa and failing to deliver the 700 million vaccine doses to the continent as was initially agreed early this year.

COVID-19 Vaccines Global Access, abbreviated as COVAX, is a worldwide initiative aimed at equitable access to COVID-19 vaccines directed by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations, and the World Health Organization (WHO).

However, according to Dr Masiyiwa, the facility has not been championing equitable distribution of vaccines as rich countries were given preference and hoarded doses in advance. The US has fully vaccinated 45% of its people, the UK 47% and the European Union 29%. Africa has had 61.4 million doses delivered for 1.1 billion people. Just 1.1% of the population has been fully vaccinated.

Speaking during a virtual summit on vaccine equality and equitable distribution, Dr Masiyiwa said the COVAX facility has not worked in favor of the African people.

"They told us that they had created this thing called COVAX. I met with my colleagues in the African Union in January and I asked them what the COVAX facility would do for us and they said we can deliver up to 20% of vaccines and I said 20% cannot deal with our problem. You yourselves and the Europeans have set a target of 70% of the population, why should Africa have to deal with this permanently. They said you have to go to the donors and I told them to meet us halfway and they said okay.

"I said can you give us a schedule of what you can deliver and they said 700 million doses by December and up to 27% of your population by December would have received vaccines but we have only received less than 30 million of those projected targets. How can I say science has been a miracle to us when my people are dying, we are experiencing the third wave now while you can afford to watch the Euros without even a mask on, it's happening now but we can't? I cannot be here and tell you that we are not disappointed," said Dr Masiyiwa.

He added that failure by the COVAX facility in Africa has been more of deliberate than it is a moral failure.



Dr Strive Masiyiwa

"You cannot tell us on one hand that you are going to give us but you haven't lifted the restrictions on exports of raw materials needed to produce vaccines. The United States has export restrictions on over 60 components required in the production of vaccines. We need access to these vaccines and I came here to tell you that if ever there was an inquiry into how this was done, we even find COVAX culpable because we were misled.

"We were led down the garden path, we got to December believing that the whole world was com-

ing together to purchase vaccines not knowing that we have been pushed into a little corner whilst others run off and secure the supplies. That what COVAX was supposed to do for us and COVAX was supposed to go and purchase from one supplier in India then tell us in June that sorry there a problem in India. Who does the risk analysis of this staff. That is COVAX, please fix this."

Dr Masiyiwa added that he warned the Indian pharmaceutical company that it does not have capacity to deliver these vaccines but the COVAX facility with on to sign a contract which further compromised the

health security situation in Africa.

Africa is currently battling a devastating third wave of coronavirus infections which have seen countries such as Namibia, Uganda reeling under the new hybrid strain. Zambia's cases are also on the high while neighboring Zimbabwe has instituted localized in most towns close to the Zimbabwe/Zambian borders to contain the spread of infections. Meanwhile, the Covax, the vaccine-sharing initiative upon which much of Africa is reliant, has only delivered only 5% of its 1.8 billion-dose target for lower-income nations by early next year.

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# PSMAS Rebrands



By Patricia Mashiri

**T**HE Premiere Services Medical Aid Society (PSMAS) has rebranded as a move to to enhance their pro-activeness and responsiveness in an ever-changing environment as well as match emerging global trends.

Giving his key note address during the PSMAS official rebranding launch, Dr Jeremiah Bvirindi, PSMAS Board Chair said the company grew over the years and its inevitable to avoid inefficiencies therefore they have decided to address their mistakes which came with growth.

We have had to reorganise our organisation as pain areas began to emerge. As time went on the operational landscape, member needs and disease patterns all changed and made calls on the organisation to realign. As we transform and look into the future, our focus is on growing our membership through provision of quality and affordable health cover.

"As such, the Society relooked into its product offerings, its channels of service delivery, its relationship with different stakeholders, its systems and processes as well as its image in the public eye to set its tone for the future. PSMAS membership is now open to all sectors of the economy and the latest transformation exercise

seeks to speak to this new thrust," said Bvirindi.

He added that the transformation is meant to eliminate the challenges and address issues which have been brought to the fore through independent run customer satisfaction surveys, in which members and stakeholders also contributed to the rebranding process.

Dr Farai Muchena, the Executive Officer for PSMAS said the medical aid society's rebranding is worth it as it now covers all economic sectors.

"We believe in our hearts, that when we see the Society's continued ability to help members to meet their healthcare expenses, when we continue to create direct and indirect employment for our employees and suppliers, enabling them to send their children to school, put food on the table and launch exceptional and fulfilling careers, when we create sustainable value for our shareholders and our communities," said Dr Muchena.

"When we support the businesses of our service providers enabling them to contribute to the fiscus through payment of taxes and more importantly, when we facilitate access to quality and affordable healthcare services for the population of Zimbabwe as well as the diaspora

from all economic sectors public, private and informal, the pain of this transformation will be all worth it."

Dr Nixjoen Mapesa, Acting Managing Director, PSMAS said their motivation to change was influenced by wanting to change growing member pain points.

"Internally we wanted to enhance card acceptance, which has been a major issue for our members as the environment changed around us, Enhance Access to Healthcare and medication, to ensure that membership meant value and was relevant and minimize out of pocket expenditure, particularly in a time of depressed incomes and high costs.

"All in all we wanted to create value for its stakeholders, rectify system efficiencies affecting turn-around time enhance card acceptance and access to health care and medication, enable real time payments and processing through automation so as to keep abreast of the technological environment," Dr Mapesa said.

PSMAS brought change to its logo, symbol and pay off line in trying to restore confidence and redefining possibilities.

## New HIV Prevention Breakthrough



By Patricia Mashiri

**Z**IMBABWE is among the first countries set to introduce a new HIV preventative drug that will be taken once a month in a move that is likely to expand HIV prevention options for citizens.

The new drug, Islatravir (MK-8591) belongs to a class of drugs called First-in-Class Nucleoside Reverse Transcriptase Translocation Inhibitor (NRTTI) With Multiple Mechanisms of Action. These multiple mechanisms of action contribute to its high potency against HIV-1 and drug-resistant variants, and its high barrier to resistance.

Dr Nyaradzo Mgodzi, Principal Investigator, University of Zimbabwe's Clinical Trials Research Centre told this publication that the new drug would be a game changer and will go a long way in reducing the fatigue associated with taking drugs on a daily basis.

"PrEP is a way for people who do not have HIV, who are considered high-risk for acquiring HIV, to prevent the infection. Currently, the only available/approved biomedical dosing option is to take a pill every day. PrEP has been shown to effectively reduce the risk of HIV infection from sex when taken daily, but is less effective if it is not taken consistently.

"Available methods have not done enough to slow the epidemic, particularly among young women. There is need for discreet products that users can control and use on their own terms. No one product will solve the HIV epidemic or be right for all users; more options increase overall uptake. Women particularly need multiple prevention options that make sense for their lives throughout the reproductive lifespan," Dr Mgodzi said.

Islatravir is currently being evaluated in clinical trials for the treatment of HIV-1 infection in combination with other antiretrovirals, as well as for pre-exposure prophylaxis (PrEP) of HIV-1 infection as a single investigational agent, across a variety of formulations. It has extraordinary persistence in the body. This means that it may only need to be given once a week as an oral tablet for HIV treatment, may only need to be given once a month as an oral tablet for HIV prevention or may only need to be replace once a year as a subcutaneous implant that releases the drug slowly for HIV treatment.

The new drug also comes hot on heels of a research which is also near completion of the Dapivirine ring which is another HIV prevention ring inserted in the vagina over a period of 28-35 days, diffusing Anti-retroviral drug in the body. This will give people a wide range of choice on which ART to use.

"For us to protect women from the scourge of HIV/AIDS have to give each other and every woman a choice she can use to protect herself. We have the Dapivirine which can be inserted into the reproductive organ of the woman. There is also an injectable dolutegravir, another HIV prevention drug and the Truvada drug which is PrEP taken daily which aids in protecting one from HIV infection," Dr Mgodzi said.

# HEALTH CHAMPIONS



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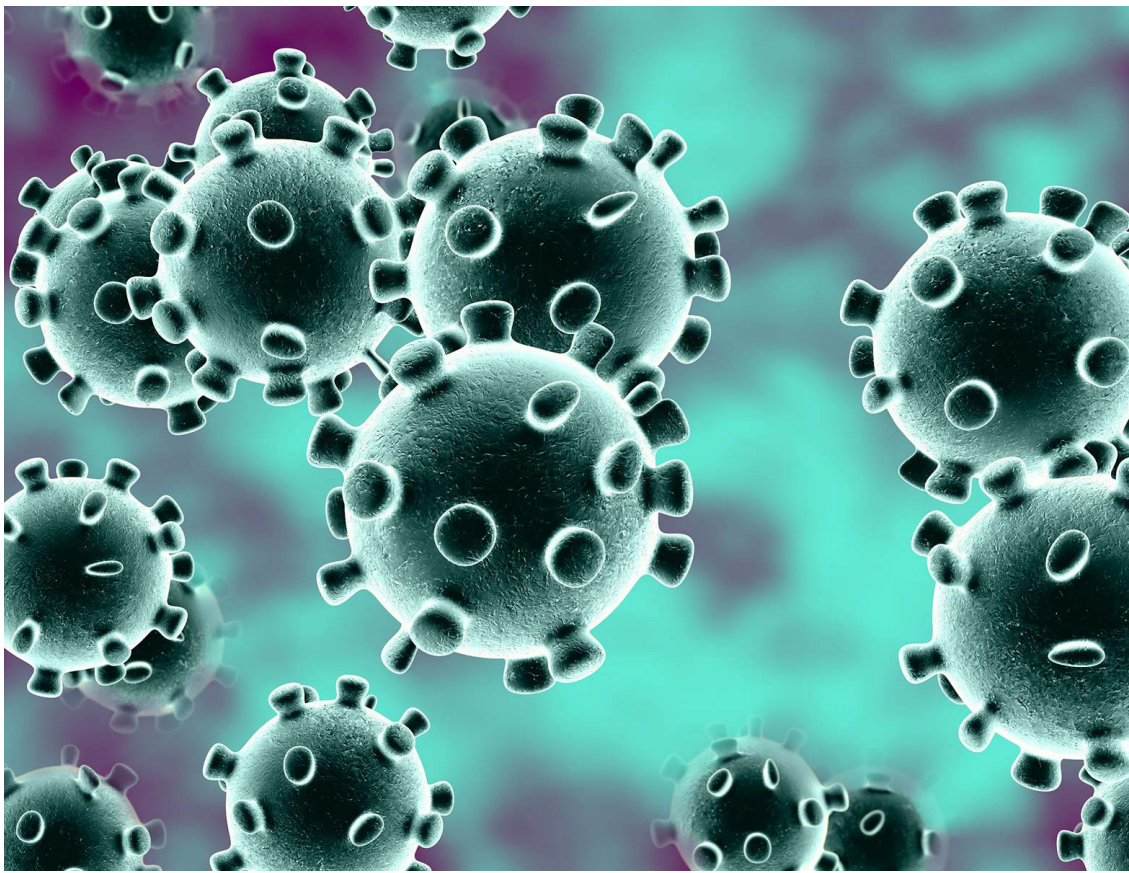
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Dr Nyaradzo Mgodzi is leading numerous scientific researches such including studies around the Dapivirine Vaginal Ring, a gamechanger towards HIV prevention soon.

## Zimbabwe COVID-19 Situation To Get Out Of Hand



### Staff Reporter

LOCAL epidemiologist and public health expert, Dr Grant Murewanhema has warned that Zimbabwe's COVID-19 situation could blow out of proportion in the coming days and urged citizens to religiously adhere to World Health Organization (WHO) set COVID-19 prevention measures.

His warning comes at the back of an increasing daily infection rate as well as fatality rate which has tripled over the past few days.

"We are going to a place where we don't want to be but where I have been warning that we might end up going. Remember last week I said the next 10-21 days are crucial for the di-

rection of the current wave.

"Higher incident cases, higher case fatalities, very high positivity rates and increased numbers of hospitalized symptomatic people all point towards a full blown third wave as all the 10 provinces continue to report cases, widespread community transmission," said Dr Grant.

He also implored the country's leadership to take stern measures to contain the spread of the coronavirus before the situation gets out hand.

"We are at a point where others are prioritizing economic issues, leaving individuals to make important decisions. May God guide us in making wise choices as the numbers go up across Africa."

Zimbabwe recorded a total 416 new cases of COVID-19 and 13 deaths over the past 24 hours. To date, the country has recorded a cumulative 42 195 cases since the virus was first reported on Zimbabwean soil. The country also has a total 3 310 active cases, 37 200 recoveries and a cumulative 1 685 deaths.

Meanwhile, government has imposed localized lockdowns in areas where there is high incidence of COVID-19 infections. These include Karoi, Chinhoyi and Kwekwe. Masvingo, Mhondoro, Chiredzi, Nkulumane, Emakhandeni, Bindura have been since been branded as COVID-19 hotspots.

## Pharmacists Welcome New Health Professions Act Amendment

...From Page 1

"The fraternity would be grateful if the provisions of the Act as amended will address the hesitancy that investors had around investing in the pharmaceutical sector and is waiting to also get acquainted with the proposed amendments plus to also see the rest of the Act's other provisions being addressed too."

Menahwile, Mr Luckmore Bunu, the Retails Pharmacists Association of Zimbabwe Secretary General said the proposed amendments were a welcome development to the pharmaceutical sector.

"As highlighted in the Pharmaceutical Manufacturing

Strategy 2021-2025 that was launched by the Honourable Retired General Constantino Dominic Guvheya Nyikadzino Chiwenga who is the Vice President of the Republic and the Minister of Health, the pharmaceutical sector in Zimbabwe is in dire need of capitalization. "By opening up the sector to more capital including listing on the capital markets like the Victoria Falls Stock Exchange, there is potential for remarkable improvement in quality of service in the sector as well as the manufacturing capacity of pharmaceuticals as more capital will start flowing into the sector," said Mr Bunu.

He however said there was need for the pharmaceutical regulators to be given legislative powers to regulate the non-pharmacist directors so that they remain professional and ethical.

"Thus, as a professional association we are calling on the Minister to consider incorporating principles in the amendments that will allow for the Pharmacists Council of Zimbabwe (PCZ) and the Medicines Control Authority of Zimbabwe (MCAZ) to have legislative powers to regulate anyone who will be owning a pharmacy business include the non-pharmacist owners.

"Further, we call upon

## Rethink Vaccine Deployment Strategy-Expert

By Michael Gwarisa

ZIMBABWE has been urged to re-look its national vaccination distribution strategy in order to increase uptake and move close towards vaccinating at least 60 percent of the population.

The country commenced vaccinating its citizens in March 2021 following a delivery of the Sinopharm doses from the Republic of China. Even though at first, there was vaccine hesitancy more people are now coming forward willingly to get vaccinated. However, there been reports of shortages of vaccines doses across the country of late.

Immunologist and Medical Expert, Dr Tinashe Gede said in as much as Zimbabwe's vaccination is being hailed across the region, locally the numbers have not moved in a manner that would guarantee the nation herd immunity in the shortest period of time.

There is no doubt that our vaccine deployment mechanism has to be accelerated and rethought and made to work a lot better," said Dr Gede.

"As we speak in Zimbabwe, I think the net number of vaccines that have been administered is about a million vaccines and the people who are

fully immunized is probably around 350,000. The number of people who are partially immunized or those who received one dose and haven't received the second dose is around 600,000."

He added that compared to the initial days of the vaccination, the number of those receiving vaccines have depleted heavily and reports that some people were missing their second doses was not good for the national vaccination drive. He also said on a scale, 350,000 if compared to other African countries was a lot but when compared with the national goal of targeting to vaccinate between 60% and 70%, the numbers were still very low.

"Our population coverage rate is still less than 2% when you look at full immunization. If you said your goal was to vaccinate 70%, then it means we still have a long way to go and if are were going to follow the pace at which we have been going with regards to the national vaccination continuously, it will probably take us possibly another 20 years or so to get vaccinating 70% of the population."

Zimbabwe is expecting at least half a million more doses of vaccines this week and the country also received 25,000 vaccine doses from Russia a week ago.

It Pays To Advertise with The HealthTimes

# Rural Women And Girls Urged To Occupy Space In CSW's Processes

By Patricia Pashiri

CIVIL Society Organizations (CSOs) championing rights of women and girls have urged rural women and girls to claim their spaces in the Commission on the Status of Women (CSW) despite challenges they face to be on these platforms.

SRHR Africa Trust (SAT) with support of United Nations (UN WOMEN) have been conducting community sessions working with young girls and women so that their voices are also heard on CSW platform.

The Commission on the Status of Women (CSW) is a principal global intergovernmental body exclusively dedicated in promoting gender equality in all aspects of life.

Speaking during a virtual meeting hosted by SAT on Young People and Rights Holders on CSW, Vimbai Nyika SAT Youth Officer, said they were conducting CSW sessions with young girls and women and they have identified some youths who are in different communities who will help raise awareness about CSW.

“With the help of UN

Women we have managed to reach out to many rural communities and raise awareness on what CSW is and we have identified some youths in these communities whom we are working with in spreading information,” Nyika said

Ruwadzano Muzvondiwa, Rozaria Memorial Trust, Gender Justice Advocate said there should be improvement in how the CSW processes works since most young people were still excluded due to numerous factors.

We want to improve women and youth participation in the rural areas but there is participation digital divide. Most women and youths in the rural areas do not own smart phones and other electronic gadgets which can allow them to be on these other platforms. Also, some of the rural women and youths can not afford data to be on the virtual platforms as this year's CSW was hosted online because of the COVID-19 pandemic.

“We managed to raise awareness in rural Mrewa about what are the CSW process is however, this is an only advantage to rural Shamva and Mreha be-

**FARIRAI GUMBONZVANDA**  
Social Justice Advocate

**RUWADZANO MUZVONDIWA**  
Research & Learning Officer - Rozaria Memorial Trust.

**MODERATOR**

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cause we have managed to be part of the communities and telling them what CSW is. Other women and youth in some rural parts of the country do not know what CSW process is. Most organizations unlike Rozaria Memorial Trust work in urban communities making it difficult for some information to reach the rural folks,” Muzvondiwa said.

Muzvondiwa added that there is lack of dissemination of information in rural communities. Also, most rural communities do not have media outreach which

then makes it difficult for them to receive more information about programs around them. Meanwhile, Farirai Gumbonzvanda, a Social Justice Advocate said more needs to be done so that these CSW processes will be inclusive.

“It is true that digitalization has made more youths participate online because of the COVID-19 pandemic but attending these meetings in person increases more chances of networking and sharing of more ideas of what they doing in

their communities regarding empowering women. “We need to start working today on the CSW66 because it's not a day's event rather it is a process. Although it's not an easy task we need to work to ensure that the rural – urban divide gap has been bridged,” Gumbonzvanda said. This year's CSW65 theme was ‘Women's full and effective participation and decision-making in public life, as well as the elimination of violence, for achieving gender equality and the empowerment of all women and girls’.

**CORPORATE COVID-19 RESPONSE EQUIPMENT SPECIAL OFFER**

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**COVID-19 RESPONSE EQUIPMENT OFFER**

As a steadily growing player in the hospital equipment space, ProChoice is extending support to the Corporate Sector companies that are setting up COVID-19 support structures for their staff members or are donating to assist communities in view of the acute need that has arisen. The offer has also been designed to directly support Government Departments and Local Authorities in their response effort through developing and locally producing relevant medical equipment and offering these at a discounted rate.

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**New Covid-19 Compliant Specifications**  
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**Clinic Unit**  
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**Admission Unit**  
Modern pop-up tents are used to build an admission unit to support the clinic unit functions.

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Sex Workers in Zimbabwe

## Sexual Exploitation Exposes Young Sex Workers With HIV To Reinfection

By Patricia Mashiri

**S**EX work has been on the increase in Zimbabwe, and for close to two decades due to a myriad of factors, chief among them being economic induced hardships, lack of employment opportunities and growing poverty levels, sex work has becoming the low hanging option for women and girls. Unlike in the old days when sex work used to be a preserve for adult women of consenting age, a growing number of adolescent girls in Peri-urban and farming communities in Zimbabwe are taking up sex work to survive.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the increase in intergenerational sex and transactional sex will likely push the HIV and AIDS burden higher in girls and young women and there is need to come up with lasting solutions to avoid the crises. According to 2019 UNAIDS statics, Zimbabwe was ranked third highest in the SADC region in terms of the number of women and girls living with HIV. For young sex workers living with HIV from Peri-urban and other marginalized communities in Zimbabwe, the risk of HIV reinfection is very high since most of them cannot negotiate for safe and protected sex with their clients. HIV reinfection or SuperAIDS is a condition in which a person with an established human immunodeficiency virus infection acquires a second strain of HIV, often of a different subtype. Jane (19) (not real name)

a young sex worker from Hopely said the risk for young sex workers is high as they experience violence and exploitation at the hands of male clients and older sex workers.

I'm an orphan and i was born HIV positive. When my both parents died, I started living with my grandmother who was also sick, none my relatives wanted to stay with me because I was sick. My grandmother also passed away when I was 14 and I was left with no one to take care of me. My friends took me in and it was now the four of us living in one room. The person who took me in was a sex worker that's how she survived," said Jane.

However, as is the norm, as older sex workers who would have been in the game for while near retirement, they usually act as Pimps where they recruit younger sex workers whom they can rent out or pimp to clients, taking a percentage of their earnings in return. "She introduced me to sex work but didn't tell me that we need to protect ourselves and negotiate for safe sex with the clients. Few days later I got sexual transmitted infection and my friend took me to Centre for Sexual Health and HIV AIDS Research (CESHAR) where I was treated. I later discovered that I was pregnant because I was not protecting myself." Betty, (not real name) said she started living on the streets after her grandmother passed away and there was no one to take care of her hence she entered into sex work.

"I met some girls from Hopely when I was living in the streets, they told me and my friend that there was cheaper accommodation in Hopely and they were ready to take us in. We moved to Hopely and we started living with the girls. It was the seven of us living under one roof. These girls introduced us to sex work as it was their only source of income. It was hard for us to adjust to that situation but because of poverty we had to comply.

"The only problem was that these girls didn't tell us to protect ourselves. When you are a sex worker, it's hard to negotiate for safe sex with the clients especially when you are young. I discovered that I was pregnant and at the same time HIV positive when I had an sexually transmitted infection and went to the clinic for treatment. I don't know who was responsible but I think it was one of my clients who offered me a lot money for my services," said Betty.

Meanwhile, the Zimbabwe Young Positives (ZY+) a youth led network that advocates for the needs of Adolescents and Young People Living with HIV (A& YPLHIV) with support from Aids and Rights Alliance for Southern Africa (ARASA) bemoaned how sexual exploitation in communities is affecting the young people especially those who sell sex for a living. Speaking at the Day of the African Media Engagement, Chido Katsiga, the ZY+ Communications and Advocacy Assistant said engaging into transactional sex with minor should be treated as sexual ex-

ploitation and abuse.

"Although we might not have statistics of children who are sexually exploited in Zimbabwe, the reality is that it is happening, and we have heard of children indulging into sex work at the age of 12. Most of these children are not voluntarily getting into these sexual violations but rather are pushed by circumstances which include economic factors like poverty, and harmful religious practices such as prophetic dreams (kurotswa) and cultural and chiramu. "ZY+ calls to action line ministries and relevant stakeholders to protect children from violence, exploitation, neglect and abuse and to provide social protection initiatives to ensure that children enjoy their childhood and are protected from the latter. Acceleration of agenda 2040 for an African fit for children demands solidarity and unit of purpose in shaping a society that respects the rights of children," said Katsiga. She added that the ZY+ has been actively involved in ensuring that children enjoy their rights to bodily autonomy through assertiveness training, mentorship sessions, awareness campaigns to educate them about their Sexual Reproductive Health Rights (SRHR). Bodily autonomy gives women and girls the right access reproductive health services like PrEP, PEP and counselling may help in reducing the risk of being HIV infected and ,mental challenges.

The ZY+ has been holding a series of commemoration to mark the Day of the African Child with the aim of teaching young people on issues to do the with

their Sexual Reproductive Health, Bodily autonomy amongst a hots of other issues affecting young people living with HIV.

[have media outreach which then makes it difficult for them to receive more information about programs around them. Meanwhile, Farirai Gumbonzvanda, a Social Justice Advocate said more needs to be done so that these CSW processes will be inclusive.

"It is true that digitalization has made more youths participate online because of the COVID-19 pandemic but attending these meetings in person increases more chances of networking and sharing of more ideas of what they doing in their communities regarding empowering women.

"We need to start working today on the CSW66 because it's not a day's event rather it is a process. Although it's not an easy task we need to work to ensure that the rural – urban divide gap has been bridged," Gumbonzvanda said. This year's CSW65 theme was 'Women's full and effective participation and decision-making in public life, as well as the elimination of violence, for achieving gender equality and the empowerment of all women and girls'.

# Open Up Space For Adolescents To Access SRHR Services

By Edinah Masiyiwa

Recently, I was saddened to read that a dead infant was found during a burst sewer pipe at a primary school in Bulawayo. I imagined the state of hopelessness the parent must have felt to resort to infanticide. And I felt angry about the lack of prioritization of women's and girls' sexual and reproductive health and rights (SRHR), especially during this time of COVID-19 lockdowns, that may have contributed to this horrific outcome.

The insufficient attention to women's and girls' needs and disruptions in health systems during COVID-19 has resulted in an increase in unwanted pregnancies. In January and February 2021, for instance, more than 5,000 teenage pregnancies were reported. The United Nations Population Fund and partners estimated in 2020 that six months of significant health service disruptions could result in 47 million women in low- and middle-income countries going without contraceptives, leading to an additional 7 million unintended pregnancies.

Rape and incest have greatly contributed to the increase in adolescent pregnancies in Zimbabwe. According to Nyaradzayi Gumbonzvanda, the Executive Director for Rozaria Memorial Trust, most of the child pregnancies were a result of rape and incest. Justice for such cases has not been easy to obtain and some people have withdrawn or have just not followed up on their cases because of the challenges brought about by COVID-19. This means there are some unwanted pregnancies which could have been terminated under the law, but this has not been possible. Further, the laws on SRHR are so punitive



on women particularly adolescents who in most cases find themselves in very difficult circumstances and end up having unsafe abortions or throwing infants in drains. Overall, adolescent girls are facing the most challenges in Zimbabwe right now. The legal framework has made it more difficult for them to access SRHR services as the Public Health Act (2018) restricts adolescents below the age of 16 years from accessing contraceptives. Despite having the highest rates of contraceptive use in Southern Africa, sexually active adolescents who wish to protect themselves from sexually transmitted infections and unwanted pregnancies thus are not accessing the services because of inconsistencies with the current laws and other economic barriers. The adolescents are therefore accessing contraceptives through other means such as pharmacies. This form of access is greatly affected when there are

lockdowns because the girls cannot justify why they are getting into town. A report by the International Federation of Gynecology and Obstetrics highlighted that COVID-19 is being used as an excuse to ignore SRHR service provision. This has also been the case as clinics in Harare where the City Health department closed some clinics whilst arguing that health workers were focusing on COVID-19 patients. Combined, the situation has been very challenging for adolescents and young women in Zimbabwe, leading to the rise in unintended pregnancies. On the flip side, the COVID-19 pandemic has also presented an opportunity for governments to assess their health delivery systems and address the gaps. Indeed, this is the time where lawmakers and all Zimbabweans should critically look at this problem that the country is facing: access to SRHR services, including contraceptives

for adolescents. It is encouraging that debate has started in Parliament in a view to review the age restriction on access to reproductive health services including access to contraceptives by persons 12 years and above. Parliamentarians should note that sexuality education according to World Health Organisation does not lead to early or increased sexual activity among adolescents. WHO further states that evidence has shown that promotion of contraceptive use to address early pregnancies among adolescents has shown to be effective. Parliament must therefore use evidence as they deliberate on this issue. Further, I would encourage all Zimbabweans to remove personal biases as we follow discussions on access to contraceptives for adolescents that are happening in Parliament. We made our contributions during the consultative meetings. Moreover, research shows that poverty,

exposure to technology, alcohol and drug abuse and poor communication between parents and their children being some of the drivers of early sexual debut among adolescents. Let us remember that young people have dreams for their lives which are shattered when they have unplanned pregnancies. We should also understand that allowing adolescents to access SRHR services will save on costs to the health system as complications related to post abortion care services and complicated deliveries will be reduced. This will put the country at a better position to respond to COVID-19. And most of all, it can create options for those who need them so that no one feels they need to resort to flushing a baby down a toilet again. [Edinah Masiyiwa is the Executive Director for Women's Action Group and an Aspen New Voices Senior Fellow](#)



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# New Study Finds Too Much Sodium Is A Global Killer

By Alison Aubrey

Americans are accustomed to being nagged about salt. We're told we consume too much — particularly from processed foods. And that all this salt can increase the risk of high blood pressure, heart attacks and strokes. U.S. Kids Eat Nearly As Much Salt As Adults, Putting Health At Risk The Salt U.S. Kids Eat Nearly As Much Salt As Adults, Putting Health At Risk

Turns out it's the same story most places around the globe. Worldwide, people consume an average of 3,950 milligrams of sodium a day, according to a new study published in the New England Journal of Medicine. And though there are regional daily differences, ranging from about 2,000 milligrams to 5,500 milligrams, the global average is nearly double what the World Health Organization recommends.

This salt overload is taking its toll. The study concludes that about 1.65 million deaths from cardiovascular disease each year can be attributed to sodium consumption.

"That's remarkably high, that's almost 1 in 10 of all cardiovascular deaths around the world," Dariush Mozaffarian, a study author

and dean of the Friedman School of Nutrition Science and Policy at Tufts University told us by phone. "This suggests that a single factor in the diet [salt] could be contributing to almost 10 percent of the cardiovascular burden."

To get a picture of global salt consumption, Mozaffarian and his colleagues collected survey data on sodium intake from 66 countries. And they analyzed more than 100 prior studies to assess the effects of sodium on blood pressure and cardiovascular disease. Cardiovascular Mortality The New England Journal of Medicine

So, where are the global hot spots, when it comes to death by salt? This study finds that (see figure 2 and figure 4) the proportion of deaths from heart attacks and strokes attributable to sodium ranges quite a bit. In Canada, the United States, Australia and New Zealand, about 10 percent of cardiovascular deaths (among people 70 and younger) are linked to high salt intake.

But there's a wide band in the study map, stretching from Eastern Europe all the way across into Central Asia and East Asia. There, the percentage of cardiovascular deaths attributed



to sodium consumption jumps up to 20 to 25 percent.

"What seems to be linking those countries [in this band] ... is that this is the Old Silk Road [trade] route, where people traveled many distances and needed salt to preserve their food," says Mozaffarian. Centuries later, this tradition of eating salt-preserved foods remains strong. Proportions of Deaths from Cardiovascular Disease Attributed to Sodium Consumption of More than 2.0 g per Day in 2010 According to Nation. The New England Journal of Medicine

Not all researchers are

convinced that consuming high levels of sodium is harmful. In fact, the same issue of the New England Journal of Medicine published another study that questions whether recommendations for low sodium consumption are valid for everyone.

Why Health Officials Want You To Eat More Potassium The Salt Why Health Officials Want You To Eat More Potassium

The study found the link between sodium and cardiovascular disease is strongest when blood pressure is elevated — and that potassium, a nutrient found in fruits, vegetables and beans, can help lower blood pressure. The study

suggests that if you don't have high blood pressure, it might be okay to consumer 3,500 milligrams of sodium a day, as is typical among Americans.

The author of this study, Dr. Salim Yusuf of McMaster University in Canada, told the AP, that it's better to focus on healthy patterns of eating instead of a single element. "That is something everyone can rally around," Yusuf told the AP.

The new studies may add to the debate among scientists, policymakers and public health experts who have been putting pressure on the restaurant and food industries to incrementally reduce sodium levels.



**Ministry of Health and Child Care Zimbabwe**

**Covid-19 Daily Update**

**24 June 2021**



<b>New Cases</b> 826	<b>Cumulative Cases</b> 44 306	<b>Active Cases</b> 5 073	<b>Total Tests Today</b> 4 888
<b>New Recoveries</b> 47	<b>Total Recoveries</b> 37 524	<b>Recovery Rate</b> 85%	<b>Cumulative Tests</b> 746 416
<b>New Deaths</b> 17	<b>Total Deaths</b> 1 709	<b>Vaccinated(1<sup>st</sup> Dose)</b> 725 582	<b>Vaccinated(2<sup>nd</sup> Dose)</b> 467 733

- Vaccinations done today 10 526 first dose and 15 940 second dose
- Covid- 19 is real : Get vaccinated, Mask Up, Maintain Handwashing , Social Distancing & Use of Sanitisers!!
- Placed Under Lockdown : Karoi, Kariba, Chinhoyi and Kwekwe
- Hotspots : Chirundu,Doro, Nyangoma, Chidamoyo ,Chiredzi and Northern Suburbs, Nkulumane and Emakhandeni District in Bulawayo, Bindura in Mash Central

# Mandatory Vaccinations For Market Traders Says VP

By Patricia Mashiri  
**V**ICE President Constantino Chiwenga and Health Minister of Health and Child Care has called for full cooperation from all members of the public to get vaccinated for COVID-19 in light of the continued rise in new cases across the country.

Speaking during a hand-over ceremony of Lab Equipment by Satewave Technology, Vice President hinted that the vaccination programme will now target hotspots and border towns.

With the continued rise in COVID-19 cases, we want full cooperation from everyone. Now that the government has procured more vaccines, we want everyone to be vaccinated starting with those in border towns and hotspot areas," Chiwenga said.

He added that vaccination will soon become mandatory in busy places such as market places and borders

"No vaccination, no table. Protect your customers by getting vaccinated," Chiwenga said.

Zimbabwe has seen a renewed surge in COVID-19 infections over the last few weeks, with 2,924 cases reported for the seven days up to Wednesday this week - prompting the government to defer the re-opening of schools by two weeks while it assesses the situation.

On Wednesday, Zimbabwe recorded 766 new COVID-19 cases, its highest daily count since February, bringing the cumulative total to 43,480 since the onset of the pandemic last year.



VP Chiwenga

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# Zim Men Experiencing Emotional Abuse At The Hands Of Their Wives

By Michael Gwarisa

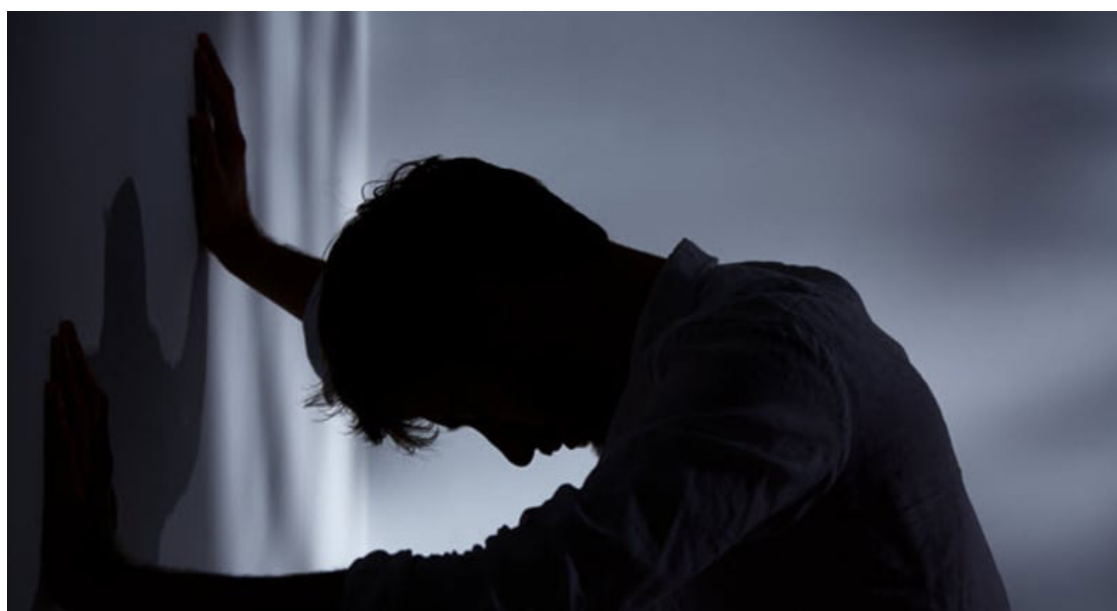
THERE has been an increase in the number of men coming forward to report Gender Based Violence (GBV) in particular emotional abuse at the hands of women.

Recent data from the 2021 Zimbabwe Vulnerability Assessment Committee (ZimVac) Rural Livelihoods Report show the national incidence for spousal emotional abuse was 6.01% in males and 5.76% in females. Speaking to HealthTimes, Ministry of Women Affairs, Community, Small and Medium Enterprise Development Makonde Development District Development Officer, Mrs Fungai Sadzi said they receive reports from men being abused every month.

“Men come to the Ministry of Women affairs as well to report that they are being abused especially those

aged 55 and above, we get at least one report every month. Most of these men have younger wives.

“Because the younger wives are still active and they are still moving with trending fashion and new developments, they feel that at times the elderly husbands are not providing enough, they abuse them or at times evict them from their homes. The problem is some of these men would have deserted their homes a long time ago and its now difficult for them to return home so end they up being subjected to a slavery kind of set up,” said Mrs Sadzi. She added that generational gap was the biggest contributor to spousal emotional abuse as cases were also being reported in young men married to older women. The Family AIDS Caring Trust (FACT) is implementing the Safe Shelters initiative



that is being funded by the United Nations Population Fund (UNFPA) in Mashonaland West province and districts across the country to accommodate survivors of abuse.

Tapiwa Magwere, the District Programme Officer for the Family AIDS Caring Trust (FACT) said even though the Shelters are only meant to house female survivors of abuse, they also attend to men who come seeking services.

“We do attend to men who come seeking services. Its just that for the men, we don’t admit so they just walk in and at times end up at the police base and the Matron goes to provide counseling to them. At times they phone in and indicate their challenges. “For men, its mainly emotional abuse even though last year we had one case where a men reported sexual abuse. Abuse against men is there, its just that we just need to do

more awareness raising to ensure they open up with regards issues of abuse,” said Magwere.

According to recent data from the ZimVac report, Manicaland Province recorded the highest cases of male emotional abuse with 8.76% in males and 9.35% in females followed by Mashonaland Central which had 8.44% in males and 6.64% females. Mashonaland West 6.37% in men and 9.32% in females.



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