THE Health Times

www.healthtimes.co.zw

19 to 25 November 2021

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SOS For Pre-mature Babies At Harare Hospital

By Michael Gwarisa

THE country's largest central hospital, Sally Mugabe Hospital's neonatal division is currently in need of more nurses and healthcare personal to take care of the huge numbers of preterm or premature babies the hospital delivers every year.

According to data from the hospital, they deliver not less than 500 very low weight babies every year and several preterm babies. However, the prevailing human resources crises has seen the neonatal division being strained with a few nurses now forced to attend numerous preterm babies at any given time.

In an interview on the side-lines of the World Prematurity Day commemorations at Sally Mugabe Hospital, Dr Marcia Mangizha a paediatrician and neonatologist at Sally Mugabe said preterm and low weight babies are born with numerous health challenges hence they need undivided attention.

"Because this is a central hospital, the biggest central hospital in the country, we have a high burden of prematurity. We take care of about 500 very low birth weight babies per year. So very low birth weight means you are born with a weight which is less than 1 500grams. That's less than a 2 KG bag of sugar. So we have 500 of those babies who weigh less than a 2KG bag of sugar.it is quite a huge burden of prematurity in our unit. Today we are commemorating world prematurity day. We are remembering our preterm babies. We call them our tiny tots. The ones who come a little bit too early. We are remembering the challenges they go through. These are the challenges for the baby, the challenges for the mother and the health care workers.

"Like everywhere else, there are always challenges. When these babies come, they have challenges breathing because their lungs are premature. So fortunately, we have acquired some CPAP machines through government and through various donors which help these babies with breathing when they are born. But we need more of these machines to help these babies to breathe. And we also need more healthcare workers in order to take care of these babies because when they are born...*To Page 8*

Zimbabwe On The Verge Of Decriminalizing HIV Transmission

By Michael Gwarisa

FOLLOWING massive lobbying and advocacy from Civil Society Organizations (CSOs), parliament, the media and some quasi government institutions, Zimbabwe is at the cusp of decriminalizing wilful or deliberate transmission of HIV.

This was revealed during the launch of a Media Tool Kit on HIV criminalization by the Health Law & Policy Consortium in Harare. The decriminalization of HIV in Zimbabwe is tied to the Marriages Bill, Section 53 (2) which if enacted, will result in the repeal of Section 79 of the Criminal Law Code which criminalizes wilful transmission of HIV.
Mr Tinashe Mundawarara, the Health Law & Policy Consortium (HPLC) Board Chairperson at the launch of the Media Took Kit On HIV Decriminalization

Speaking at the launch, Mr Tinashe Mundawarara, the Health Law & Policy Consortium (HPLC) Board Chairperson, said there has been progress with regards to decriminalizing HIV transmission and the media has been a key player and advocate around the subject.

"We have come a long way in terms of this advocacy journey on decriminalization of HIV. As a country, we did have our first case in 2004 in Mutare and from there, we did have a number of people who were charged under the now repealed Sexual Offenses Act and the whole section from the repealed Sexual offenses Act was put into the criminal code and still lives with us to this day," said Mr Mundawarara.

According to Section 79 of the Criminal Law (Codification and Reform) Act-Chapter 9:23, any person who knowing that he or she is infected with HIV or realizing that there is a real risk or possibility that he or she is infected with HIV, intentionally does anything or permits the doing of anything which he or she knows will infect, or anything which he or she realizes involves a real risk or possibility of infecting another person with HIV, shall be guilty of deliberate transmission of HIV, whether or not he or she is married to that other person, and shall be liable to imprisonment for a period not exceeding 20 years.
Dr Ruth Labode Parliamentary Portfolio Committee on Health Chairperson at the launch of the Media Took Kit On HIV Decriminalization

Parliamentary Portfolio Committee on Health Chairperson, Dr Ruth Labode said the process of repealing Section 79 was as good as done and the document was now in the office of the head of state and government, President Emerson Mnangagwa.

"The process of repealing has taken place, we have deliberated in parliament and the parliamentarians passed it. It is now at the President's office but it is being held by the issues of Lobola which the chiefs have challenges so it's a done deal.
As we stand, we have moved on to access other legal issues. There is no need to
criminalize transmission of HIV. We are saying if everybody is on treatment and has been tested, the virus and its ability to spread goes down to zero so there surely is no reason to criminalize each other" said Dr Lobode.

Meanwhile, HLPC Projects Coordinator, Dorcas Chitiyo said Zimbabwe has a legislation that has two sections that criminalize HIV transmission and what is about to become law is the decriminalization of one aspect that is Section 79.

"We are focusing on decriminalizing an aspect that is contrary to our health law and public health policies. What we have termed deliberate transmission is quite unfortunate in the sense that when we criminalize this, we do it without the support of scientific evidence and proof that supports that allegation when we rely on criminal law.
The law has two criminal elements, it has the aspect of knowing that the person knew or that they realized that there was a real risk or possibility.

Dorcas Chitiyo HLPC Projects Coordinator

"It is not easy to establish that the person realized that there was a real risk or a possibility that they were HIV positive without having gone for testing. What we then realized is that the manner in which this law was being applied resulted from people who were seeking to abuse this law because they were targeting people who were aware of their status, people who actually had shared their status and in some instances because the courts were not using scientific proof to back these allegations, in some instances it would be a false allegations and these were some of instances in which we realized that this law was being counter-productive," said Chitiyo.
She added that Zimbabwe has Section 79 which criminalizes deliberate transmission of HIV and Section 80 which focuses on aggravation of penalty upon conviction of a person where an individual is convicted of a sexual voice act and in the event that it is later discovered that the person was HIV positive, those medical records will be used to aggravate for a steeper fine.

CoronaVirus Has Potential To Cause Infertility: Dr Mangwiro

By Patricia Mashiri

THE Deputy Minister of Health and Child Care, Dr John Mangwiro has warned that the Coronavirus has potential to cause infertility in both men and women.

Speaking during a National Aids Council (NAC) HIV/AIDS workshop, the Deputy Minister said people will always say bad things about the vaccines when it's the virus itself which causes infertility, low sex drive, heart and kidney failure among other things.

"There are always prophets of doom who talk of COVID-19 vaccines as the ones that causes infertility and loss of libido. Vaccine is a dead virus and does not cause these problems.

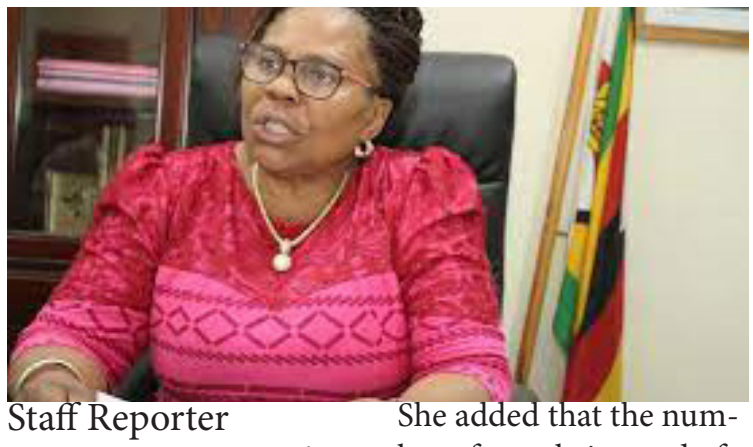
"Vaccination prevents all those side effects. About lactating mothers I'm sure we went in public to say lactating and pregnant mothers if they want to be vaccinated there is no problem. It was said in public and right now you know very well as a nation we go by science we have our own local scientist who look at thing we are now vaccinating the 16-17-year-old. Those must be in high school. The vaccine is the silver bullet to treatment or prevention of bad effects of COVID-19 virus," Dr Mangwiro said.

He highlighted that there was need for government and media to work together so that the general population gets the correct information about the vaccines and achieve heard immunity.

"I plead with you journalists to play your part in disseminating correct information about vaccines. Its your duty as well to make sure that herd immunity is achieved before the year end not government's alone," he said.

The World Health Organization notes that there was no evidence that COVID-19 vaccines cause fertility problems in either men or women. Nothing shows that the vaccines interfere with the reproductive organs.
According to the Ministry of Health and Child Care (MoHCC) daily situational report 3 371 867 received their first doses of the vaccine and 2 648 740 has received their second doses of the vaccine.

Gvt Extends Level 2 Lockdown



Staff Reporter

INFORMATION, publicity and broadcasting services Minister, Senator Monica Mutsvangwa has announced that the prevailing Level Tow COVID-19 prevention measures remain in place.

Briefing Journalists during a post cabinet media briefing, Minister Mutsvangwa said, "Cabinet would also like to announce the extension of the Level 2 Lockdown by an additional 2 weeks to enable all to heighten vaccination uptake in order to protect the nation against a possible 4th wave of the pandemic."

She added that the number of people in need of hospitalization for COVID-19 also decreased, with no patients under intensive care.

"In general, therefore, this indicates that the national response measures instituted by Government continue to pay off and that the pandemic is being brought under control. Government, nonetheless, continues to call upon citizens to strictly observe the national and World Health Organisation (WHO) COVID-19 protocols as well as to get vaccinated to prevent a 4th wave of the COVID-19 outbreak."

Shamwari yeMwanasikana Welcomes High Court Ruling

Shamwari yeMwanasikana a Non- Governmental Organization that supports the empowerment and emancipation of the girl child in Zimbabwe has welcomed the decision by the High Court to allow fathers to access and obtain birth certificates of children who would have been abandoned by their mothers.

Over the years obtaining a birth certificate in the absence of the mother has been a challenge. In a press statement Shamwari yeMwanasikana highlighted that they have been running a campaign in the importance of acquiring national identity documents.

"As Shamwari yemwanasikana, we are currently running the #IDoMatter campaign as a way of raising awareness on the importance of birth registration and obtaining national identity document. We have had people coming forward asking for assistance, presenting cases whereby their mothers have abandoned them and they had no relationship or contact with their maternal relatives.

"This hindered them from birth registration and obtaining national identity documents. With this judgement that limits the discretion of the Registrar General we are hoping for the implementation to be flawless and an increase in children who have birth certificates," Reads the statement.

Usually maternal relatives of the children have been manipulating children using them as a bait in fighting disagreements that would have happened between the mother and father of the child and as the end result the child will be the one who suffers the most.
Therefore the high court ruling gives fathers power to obtain birth certificates without having to deal with maternal relatives.

OPINION

GBV Survivors Should Seek Professional Counseling

Cases of Gender Based Violence have been increasing on a daily basis with most of them going unreported, leaving deep unnoticed marks and sores which mostly transforms into mental health cases.

It is a norm that women are taken through bridal showers given lessons of how to cook, wash and treat their husbands but nothing is being done to the Male counterparts. This leaves a gap in terms of addressing GBV issues. No one wants to address them and if one ends up being a victim they are usually stuck with no one to tell because they believe household issues should not be discussed with the next person.

As a result, domestic abuse happens in the home settings mostly the victims are not ready to report because they want to protect their spouses and keep up with the societal expectations that prayer and perseverance keeps a household.

Research shows that GBV victims are more likely to suffer from post-traumatic stress disorder, anxiety, self-harm or substance abuse among others. According to Aitken and Munro (2018)Women who experience mental health challenges as a result of GBV are three times more likely to have suicidal thoughts or completed suicide.

Letters To The Editor

A Fourth Wave without Health-care Workers Will Be Disastrous

Dear Editor

The prevailing human resources crises now needs all hands on deck. We are very much exposed and if we don't address this problem now, we might pay the price in the not so distant future. A COVID-19 fourth wave is looming and with the skeletal healthcare staff we have, this might spell doom and disaster of apocalyptic proportions.

Government and development partners must sit down and come up with solutions to this mess. We need to retain the skilled healthcare personal we have right now. Day in day out, more nurses, doctors, pharmacists and other specialists are leaving Zimbabwe for greener pastures. This is no time for politicking, lives are at stake. If the fourth wave comes now we doomed.

Shadreck Mukoyi

Kuwadzana Extension

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HEALTHTIMES
Health News For A Healthy Nation

Established 2017
Published by Mitap Media Pvt Ltd

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Positive Response To PSMAS Chronic Medicines Program

Own Correspondent

PSMAS members with chronic conditions are positively responding to the call to register following the successful launch of the Chronic Medicines Programme on 1 September 2021.

The programme is an initiative aimed at improving access to medications and health outcomes for PSMAS members with chronic medical conditions

PSMAS is dedicated to managing chronic medicine use in a manner that is beneficial to the health of members, and to ensuring quality care through holistic member care. The program is designed to benefit both members and beneficiaries alike.

PSMAS members are being encouraged to register on the chronic medicine facility, once registered, they are assured of regular monthly supply of registered medication and these will be ordered and reserved for each eligible member. The medicines will be available from the nearest registered PSMI pharmacy or registered collection point.

This initiative also comes with extra convenience as members have an option of getting medicines delivered at their door-step at no cost, provided it is within a 20km radius. Home deliveries are scheduled to start as soon as possible.

Members with chronic conditions have expressed great enthusiasm towards the programme with members calling in and coming in person for registrations while the online registration process is still being configured. PSMAS has put in place a dedicated team to assist with the registrations and the expectation is to register over 25,000 members in the initial phase.

Members simply confirm their current treatment regimen/ prescription during the registration to ease the process.

The following documents are required on registration: - PSMAS membership card, National ID, and current prescription from a doctor. Chronic conditions covered include, but are not limited to, the following: Asthma, Heart Disease, Chronic Renal, Diabetes Mellitus, Epilepsy, Hypertension, Parkinson's disease, Rheumatoid Arthritis, Schizophrenia, and HIV & AIDs.

With a membership of over 950,000 The Society feels obligated to contribute to the national cause through availing of access to affordable chronic medicines to its members, thereby reducing

Human Wildlife Interaction Could Trigger Rise In Zoonotic Diseases

By Michael Gwarisa

THE African Wildlife Foundation (AWF) Vice President, Species Conservation and Science, Dr Philip Muruthi says the increase in human and wildlife interaction across Africa could increase the prevalence of Zoonotic diseases and probably lead to another devastating pandemic of the same magnitude as COVID-19.

A zoonotic disease or zoonosis is any disease or infection that is naturally transmissible from vertebrate animals to humans and there are over 200 known types of zoonosis in the world.

The coronavirus belongs to the zoonosis family as its origins have been tracked back to bats. Other Zoonotic infections that have been recorded to date include the Ebola, Zoonotic influenza, Salmonellosis, West Nile virus, Plague, Rabies among others.

Speaking at the ongoing AWF Advanced Training on Environmental Journalism in the Modern Age in Harare, Zimbabwe, Dr Muruthi said in order to address the growing threat of zoonosis, there was need to adopt an integrated approach towards human, animal and environmental health.

"The current COVID-19 pandemic we are experiencing is a Zoonosis disease. I also hear that there might be another pandemic in the world soon and some of these pandemics will become more frequent if we do not treat nature with respect.

"The more we can limit interactions between people and wildlife, including eating wildlife, the more we limit the trafficking of wildlife or using wildlife for food, the more we are likely going to be limiting the spill over or witness the diseases jumping from species of origin in (animals) to humans. Some of these issues exists because our system has not evolved with that pathogen so when COVID-19 attacks your system, the immune system doesn't even know what's hitting it," said Dr Muruthi.

He added that Zooonsis was a huge global health threat. He however said the World Health Organisation (WHO) and partners have adopted a One Health Approach in a bid to find means of comprehensively dealing with human health, animal health and environmental health under one roof with the aim of reducing the impending Zoonotic hazard.

"The One Health approach stipulates why we should look at zoonosis as a wholesome problem. It's not a wildlife disease issue nor a human disease and environmental issue alone but it must be looked at comprehensibly."

Dr Muruthi also raised alarm over the unprecedented depletion of wildlife species due poaching and illegal wildlife trade which he also said was the major driver of zoonotic diseases spread. He added that human wildlife conflict can however be managed effectively.

In Zimbabwe, there have been increased incidences of human/wildlife conflict with a couple of human lives having been lost since beginning of the year from wildlife attacks. Since January, 2021 to date, 60 people have died from elephant and crocodile attacks while 40 others have suffered serious injuries that have left them with permanent disabilities.

Meanwhile, Zimbabwe, Parks and Wildlife (ZIMPARKS) Spokesperson,

Dr Philip Muruthi

Mr Tinashe Farawo said they have intensified joint patrols with neighboring and regional countries in a bid to reduce as well as curb poaching and illegal wildlife trade.

"You would appreciate that most of the boarders were man made. As national parks, we do a lot of joint patrols not only with our neighbors. Within the SADC region, we have about 16 trans-frontier conservation areas where we jointly patrol our boarders and of the 16, six are functional. We have the Kavango Zambezi which covers five countries namely Zimbabwe, Botswana, Namibia, Angola and Zambia.

"On the southern part of the country, we have the greater Limpopo which is made up of South Africa, Zimbabwe and Mozambique. We have the greater Mapungubwe, we have ZiMoza and MiMoza. We do a lot of joint patrols within the region to deal with illegal wildlife trade and as I would say as SADC, we are one of the most united regional blocks in terms wildlife conservation," said Mr Farawo.

Red Cross Offers First Aid Training To Zim Parliamentarians

By Michael Gwarisa

THE Zimbabwe Red Cross Society (ZRCR), has just completed a week long basic first aid training for legislators in a bid to equip them with first aid skills requisite in resuscitating accident survivors in the event of an emergency.

According to the Red Cross, they kicked off the training with Parliamentary Portfolio Committee on Transport who will then cascade the skills to the general public in their respective constituencies.

Speaking during a basic first aid training for the motoring public for the Parliamentary Portfolio Committee on Transport and Infrastructural Development that was held from 11 to 14 November in Kariba, Red Cross Society Secretary General Mr Elias Hwenga the move would enhance legislators capacity to disseminate first aid knowledge to their constituencies.

"I have the honour of speaking today on this important occasion as we pioneer a milestone in reducing loss of lives due to carnages on our roads in Zimbabwe through Basic First Aid training for the Motoring Public. And aptly, the Parliamentary Portfolio Committee on Transport and Infrastructural Development have made history, being the firs...To Page 12

Ecobank Donates To Parirenyatwa Psychiatric Hospital

By Patricia Mashiri

IN a move that is meant to raise awareness and help prevent non-communicable diseases including mental health challenges, Ecobank, one of the leading financial institutions in Zimbabwe has donated various items to help at Parirenyatwa Psychiatric Hospital.

The donated goods include assorted medicines to last for a year, 40 medical beds, assorted medical equipment, disinfectants, plates, spoons, cups, water.

In his acceptance speech, Dr John Mangwiro, the Deputy Minister, Health and Child Care commended Ecobank for the gesture saying it will go a long way in addressing mental health challenges being faced by the country.

"I want to thank Ecobank for the kind gesture. If one has a problem and you get someone assisting you in whatever way be it material, financial or words of wisdom we really appreciate. This donation goes a long way in alleviating drug presents here at Parirenyatwa.

"Any donation is acceptable and we are very grateful. It is also important as government that we working towards to make sure that all medicines are locally manufactured and locally available as a policy because once they get manufactured here, they become cheaper and readily available to our people," Dr Mangwiro said.

The country's mental health facilities have been overwhelmed because mental health have not been getting attention.

Mr Emmanuel Gwatidzo, the Ecobank Board Chairman challenged everyone to burst myths around mental health illness.

"Research has shown that everyone has a chance of having mental health illness in their lives. Now, the big question is why is it that we don't talk much about mental health illness in our everyday life. Why is there so much stigma and shame attached to mental health illness? When people think about a person which a physical injury, we show empathy and support towards them.

"Mental health is a mental injury and because we can't see the wounds the pain doesn't make it less of a struggle and less debilitating from the person. I challenge each one of you to join in raising awareness on busting the myths surrounding mental illness and tackling stigma and discrimination in your communities," Mr Gwatidzo said.

He added that Ecobank was proud to be able to raise awareness on the importance of mental health and help reduce stigma and discrimination in Zimbabwe, as well as preventing NCDs in the communities.

Meanwhile, Mrs Angelica Mkorongo, the Founder of Obsessive Compulsive Disorder (OCD) Trust said there was need for concerted efforts in the fight against mental health illness.

"Community based rehabilitation is very important. Its out there in the communities that things happen. It's not about just should we get medication. Let's go back to our communities and see why is that people are doing what they are doing for example those taking drugs.

"Let's look at the problem and from there we can help them. It's a job for everyone because this is affecting everyone. Let's also not forget the rural communities because they are also suffering. Everyone can help in every little way," Mrs Mkorongo said.

Statistics shows that 30% of people using primary health care facilities in Zimbabwe suffer from common mental disorders such as depression and anxiety.

UNICEF Zim Donates DNA Analysis Equipment To ZRP To Assist Rape Victims

HealthTimes Reporter

IN a bid to enhance the delivery of justice to survivors of sexual and gender-based violence through DNA evidence, the United Nations International Children's Emergency Fund (UNICEF) has handed over DNA analysis/forensic equipment to boosts capacity for credible evidence when handling Sexual Gender Based Violence (SGBV) cases.

The equipment was handed over under the Spotlight Initiative after noting that lack of evidence has been hampering justice and a barrier for survivors to report cases of sexual violence. According to UNICEF, Sexual and gender-based violence offenses are often committed in private and without any witnesses and the lack of evidence hampers the functionality of the justice system, hence the need for advanced forensic and DNA analysis.

In a statement, UNICEF said, "Building on the launch of the High-Level Political Compact (HLPC) on Ending Gender-based Violence and Harmful Practices by the Government of Zimbabwe, we can now mark a key milestone in the criminal justice system in Zimbabwe, with the launching of a new state-of-the-art forensics laboratory at Zimbabwe Republic Police.

"The HLPC is a commitment by the Government of Zimbabwe to leverage the efforts made under the Spotlight Initiative and ensure access to timely and quality services, including forensics, for all survivors of sexual and gender-based violence. The new laboratory, made possible through UNICEF under the Spotlight Initiative, will enable the use of forensic evidence in the trial of sexual and gender-based violence cases. The Spotlight Initiative supported by the European Union and implemented by several UN agencies, including UNICEF is dedicated to eliminating all forms of violence against women and girls while ensuring justice to survivors."

The facility will operationalize the national protocols on sexual offences in Zimbabwe that require survivors to immediately undergo a medical examination where a health professional collects relevant samples/evidence associated with the rape or sexual violation incidence.

"With this new state-of-the-art capacity, the Zimbabwe Republic Police forensic laboratory can now swiftly inspect these...*To Page 15*

SOS For Premature Babies At Harare Hospital

...From Page 1

they are so premature and they need a lot of care. So sometimes we actually need one nurse to take care of one baby. So, we need more nurses in our unit to be able to take care of these preterm babies," said Dr Mangizha.

She added that the hospital also needs more monitors to manage the premature babies.
"Because they are very immature and they have a lot of complications, we need to be monitoring their oxygen levels at any time. We need to be monitoring their heart rate. We need more of these monitors in our units to be able to monitor these babies for them to survive. Those are some of the things we require.

"And we are saying as Zimbabwe, we want to reduce the deaths in preterm babies. We want to do everything we can in order to reduce the deaths. As you saw, mothers we doing skin to skin care. That is one of the ways. As we were going through this event we spoke about our slogan. We spoke about breast feeding. We encourage that these babies get breast milk because it helps prevent deaths in our preterm babies. So, we are fighting deaths in preterm babies and we are celebrating with those who have made it and we want more and more of our preterm babies to survive in our nation."

The 2021 World Prematurity Day ran under the theme, "Act now! Keep parents and babies born too soon together." Meanwhile, Dr Gwendoline Chimhini, Head of Paediatric Department at Sally Mugabe Central Hospital urged health facilities and healthcare workers not separate preterm babies from their parents after birth as it causes health complications or may lead to death of the newborns.

"Therefore, we raise our voices on this year's World Prematurity Day, uniting under the global call to "Act now! Keep parents and babies born too soon together". Also, as we "Countdown to 2030", all countries must accelerate their collective efforts to reduce/end preventable newborn deaths. This is especially important in sub-Saharan Africa (SSA), Central and Southern Asia where about 80% of the global neonatal deaths occur.
"Sub-Saharan Africa carries the highest of this burden, accounting for 42% of deaths, the highest premature birth rate of 12% and the highest deaths due to complications of prematurity. In Africa, the situation is compounded by a high birth rate and a slower annual rate of reduction in neonatal mortality rates. This would mean that without concerted efforts, almost 90% of countries in SSA will not meet the SDG target of reducing neonatal mortality to at least as low as 12 per 1000 live births by 2030," said Dr Chimhini. She added that Prematurity was the leading cause of death for children under 5years old in Zimbabwe.

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Race affecting HIV service provision in the United States of America

HIV service disparities by race have been documented in several parts of the developed world.

In the United States of America, black people account for a disproportionately large percentage of new HIV infections in the country: 41% in 2019, although they represent only about 13% of the national population. This is in part due to lower coverage of HIV prevention services. Just 8% of black Americans and 14% of Hispanics/Latinos who were eligible for pre-exposure prophylaxis were prescribed it, compared to 63% of whites.

Studies also report significant racial disparities in HIV treatment outcomes, with delayed initiation of treatment and care, lower adherence to antiretroviral therapy, increased stigma and discrimination, mistrust of or lack of access to health-care providers and inadequate access to health insurance among the contributing factors. Many of these gaps are among black and Latino gay men and other men who have sex with men, who must contend with both racial inequalities and homophobia.

Deaf Community Needs Career Guidance

By Patricia Mashiri

INDIVIDUALS with speech and hearing impairment require also require assistance in choosing career paths so as to widen their choices of employment.

In most instances in Zimbabwe, Deaf people end up eking a living from vending or some informal trade, in the process, increasing their vulnerability to economic shocks in the event of an emergency such as the COVID-19 pandemic or political instability occuring.

In an interview with HealthTimes, Ms Tinotenda Chikunya, the Deaf Zimbabwe Trust (DZT) Communications said it has always been difficult for Deaf people to choose career paths largely due to communication and language barriers.

For learners and deaf students, it is difficult for them to choose career paths because...To Page 13

Centers Offering COVID-19 Vaccines In Zim

GO GET YOUR JAB!!!

Chegutu: Chegutu District Hospital, Chegutu Welfare Centre, Knight Avenue Medical Centre

Chitungwiza:Zengeza Poly Clinic, St Mary's Poly Clinic, Seke North Poly Clinic, Seke South Poly Clinic, Chitungwiza Central Hospital, Citimed Privates Hospital, ZZRP Camp Clinic, Manyame 24 Hour Medical Centre.

Bindura: Bindura District Health Offices Opposite Chipadze stadium: Chiwaridzo Clinic, Chipadze Clinic and all Council Clinics

Bulawayo: All municipal Clinics in Bulawayo are offering vaccines: Northern Suburbs, Entumbane, E.F Watson, Mzilikazi, Princess Margaret Rose, Emakhandeni, Cowdry Park, Luveve, Njube, Nketa, Pumula, Magwegwe, Dr Shennan, Pelandaba, Khmi Road Clinic, Mzilikazi, Nkulumane, Nketa, Tsabalala, Pumula South, Maqhawe
Central Hospitals:1. United Bulawayo Hospital, (Sinopharm dose 1 and dose 2 Sinovac), Mpilo Central Hospital (Both doses),Ingutsheni (both doses)

Private Centres Offering Vaccines in Bulaway: CIMAS, MASCA, Large City Hall, Ekusileni Hospital, Vivat

Gweru: Gweru Provincial Hospital, Gweru General Hospital, Mkoba Clinic, Ivene Clinic, Birchnough Clinic, TelOne Clinic

Harare: Braeside FHS Clinic, Hatfield Satellite Clinic, Mbare Poly Clinic, Sunningdale Satellite Clinic, Waterfalls Satellite Clinic, Tariro Satellite Clinic, Rutsanana Polyclinic, Western Triangle Satellite Clinic, Highfields Polyclinic, Glen Norah Satellite Clinic, Geln View Polyclinic, Glenview Satellite Clinic, Budiriro Satellite Satellite Clinic, Budiriro Polyclinic, Mufakose FHS Clinic, Kambuzuma Poly Clinic, Kuwadzana Poly Clinic, Kuwadzana Satellite Clinic, Warren Park Polyclinic, Rujeko Polyclinic, Belvedere Satellite Clinic, Malbereign Satellite Clinic, Marlbrough Satellite Clinic, Avondale Satellite Clinic, Mt Pleasant Satellite Clinic, Hatcliff Polyclinic, Borrowdale Satellite Clinic, Highlands FHS Clinic, Eastlea FHS Clinic Greendale FHS Clinic, Mabvuku Satellite Clinic.

Central Hospitals: Parirenyatwa Central Hospital,, Sally Mugabe (Harare Hospital)
Private Hospitals: Avenues Clinic, CIMAS Borrowdale Clinic,, Health Point, Belevedere Medical Centre, Avenues Clinic, PSMAS, Surbaban Medical Centre Warren Park
Masvingo: Runyararo Clinic, Masvingo Teachers Clinic, Masvingo Tech Clinic: Chishave Clinic (Chivi), Ngomahuru Hospital, Mapanzure Clinic, Muchibwa Clinic. Morganster Hospital, Masvingo General Hospital*. Zimbabwe National Family PLanning Council (ZNFPC) Clinic

Karoi: Hurungwe District Hospital and all clinics

Kariba: Kariba District Hospital and all clinics
Kwekwe: Civic Center, Works Yard, Amaveni Housing, Amaveni Shopping Centre, Famers Market, Kombi Rank, Messina Complex, Roasting Plant Complex, Msasa Shopping Centre, Mupostori, Ivine Hoe Mine, Alarm Mine, B.D Mine, Globe and Phoenix Clinic, Dread Compound, Plot 21, Plot 19. Water Works, Mbizo Housing, ME Market, Mbizo 4 Shopping Center, Black Tuck-shop (For more verify with the Kwekwe City vaccination schedule)
Mutare: All City Clinics offering vaccines: Chikanga, Dangamvura Town, Florida, Queens Hall, Sakubva Hospital. Mutare Provincial Hospital,

Kadoma: Rimuka Adult, Rimuka High School, Ngezi, Chemukute, Waverly Clinic. Note that Chemukute has some challenges a few days ago rafter vaccines had run out but the situation is being resolved.
Central Hospitals
Kadoma General Hospital: Please note that Kadoma General has moved nurses from FCH to beef up staff and support Covid vaccination.

Norton: Knowe Primary School, Katanga Clinic and Norton Hospital

Plumtree: Plumtree Hospital. and clinics both rural and urban

Ruwa: Ruwa Poly Clinic is offering vaccines. Ruwa Poly Clinic, Craneborn, Clinic, Melfort, Bromely, Xanadu

Zvishavane: Zvishavane District Hospital more details to follow

Zvishavane Rural: Mapanzure Rural Health Clinic

#GetVaccinated #EndThePandemic #ProtetctOthers

The message is proudly sponsored by the Community Working Group on Health (CWGH):

Boost For Zim COVID-19 Fight

...As Zim Red Cross Receives 35 Oxygen Concentrators That Use Atmospheric Oxygen. No Need for Refills

By Michael Gwarisa

THE Zimbabwe Red Cross Society (ZRCS), has received 35 Oxygen Concentrators from the Singapore Red Cross through the International Federation of Red Cross (IFRC) and the Red Crescent Societies that will enhance the country's capacity to handle oxygen demanding emergencies including COVID-19.

The donation comes ahead of an envisaged 4th Wave of the COVID-19 that many fear could have devastating effects compared to the previous three waves. The 35 Oxygen Concentrators will be installed at the Red Cross Clinic in Harare and will be used in the event of hospitalizations. The Oxygen concentrators convert atmospheric oxygen that can be used directly by the patient without any need of refilling the tanks.

In his acceptance speech, ZRCS Secretary General, Mr Elias Hwenga said the donation by the IFRC signals how dedicated and coordinated the Red Cross body is towards providing quality healthcare services globally.

"This donation we are receiving today is in sync with the fundamental principle of universality where all components of the Red Cross movement have equal status and share equal responsibilities and duties. The principle of universality indicates that each of the movement's components, is responsible for the others.

"To the universality of suffering, the response is the universality of humanitarian action which we are witnessing today. Sharing a responsibility of saving humanity as it knows no frontiers. As the Red Cross Movement, we have a shared responsibility. The movement whose vocation is to relieve human suffering cannot be indifferent to the difficulties experienced by one of its components. The principle of universality therefore calls for collective responsibility within the international movement, "said Mr Hwenga.

He added that at the peak of COVID-19 3rd wave Around July, the IFRC requested for the Zimbabwe Red Cross's needs to see how best they could help mobilise resources.

"We want to acknowledge the tremendous support which we received from the IFRC which engaged to get 35 Oxygen concentrators from Singapore Red Cross. We want to acknowledge this support from IFRC including meeting the shipping costs.

"The National Society intends to use the Oxygen concentrators and Oxygen tanks at the Red Cross clinic which is already functioning at the highest level by providing critical care to parties as we play our key auxiliary role to ensuring quality but affordable medical and pharmaceutical services to the general public. We want to assure that this donation will be fully utilised to the benefit of the Zimbabwean populace."

Meanwhile, IFRC Head of Country Cluster Delegation for Zimbabwe, Zambia and Malawi,
John Roche said the donation would significantly reduce the impact the envisaged
COVID-19 4th wave.

"The Zimbabwean Red Cross was on the frontline and continued to volunteer and we as an international federation, the way we worked changed a little bit because obviously we couldn't move freely around the world. Many things changed even though we continued to directly work with the real people and volunteers on the ground in the fight against COVID-19 mainly with the activities around the messaging, that is a vital part of the COVUD-19 management process.

"On the medical side of things, you may say now we are two years in, are we late with this piece of equipment? I doubt it. If you look at the world today, COVID-19 has not gone away, it sits silently and then it recurs. If you go to Europe, they are now getting into their fourth and fifth waves. The numbers have spiked in many parts of Europe in what looks like a difficult winter again," said Roche.

The IFRC has been supporting the Zimbabwean Red cross's COVID-19 management efforts through availing more than US$1 Million worth of equipment ranging from Personal Protective Equipment (PPE), provision of cash grants, supporting the vaccination program among other interventions.

According to Dr Joel Tapi, the Red Cross Society Clinic General Practitioner in Charge of the Red Cross Clinic, the Oxygen concentrators are used both in hospitals and home settings during home based care and the major advantage of the donated Oxygen concentrators from Singapore is that they utilizes atmospheric oxygen.

"For these Oxygen concentrators, all one needs is electricity availability so that the concentrator can absorb the oxygen. It absorbs atmospheric oxygen, converts it to oxygen and delivers it to the patient. There are different concentrators depending on their capacity and these concentrators have capacity of 10 litres meaning they deliver 10 litters of oxygen per minute depending with the condition of the patient. "If one needs anything above 10 litters, then there will be need to utilise Oxygen tanks. Right now in Zimbabwe, we have a challenge in terms of supply of Oxygen. We only have one company, that is the Boc Gasses and sometimes there are shortages there. So for people to access Oxygen, it's very difficult, that's when now an Oxygen concentrator comes in handy because you don't need to go and fill it up since it uses atmospheric oxygen," said Dr Tapi.

ZNFPC, Partners Launches HIV Prevention Program For Young Girls and Women

By Patricia Mashiri

IN a move that is meant to reduce new HIV infections in young people in Southern Africa, the Zimbabwe National Family Planning Council (ZNFPC) and its partners Botswana Family Welfare Association (BOFWA) and Namibia Planned Parenthood Association (NAPPA) have introduced a project that will integrate HIV prevention methods with Sexual Reproductive Health and Rights (SRHR) for Adolescent Girls and Young Women (AGYW) and their partners.

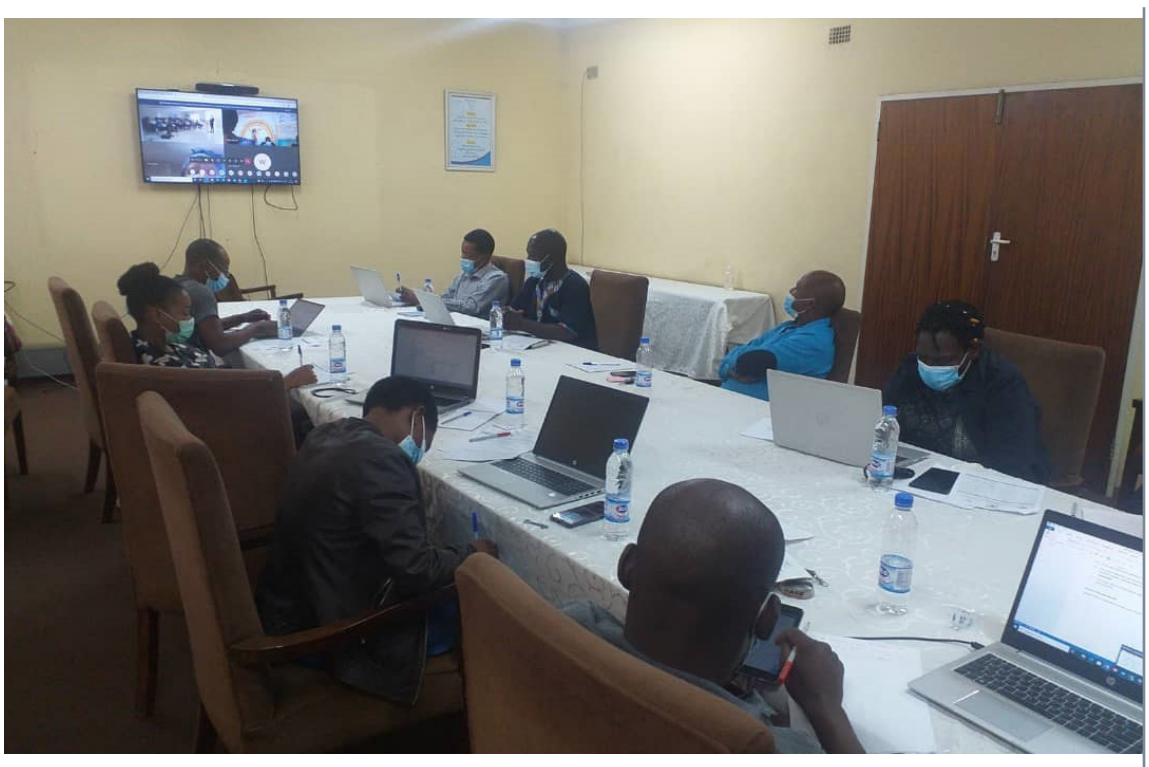
The USD$100 872.00 SADC member countries resource mobilization initiative, is a two year funded project which is aimed at building capacity for peer led interventions delivered through adolescent and youth friendly service provision model. It will contribute toward the 95 95 95 targets.

In his remarks at the virtually launched project, Dr Munyaradzi Murwira, the Executive Director ZNFPC expressed gratitude to the governments of the three countries for their unwavering support.

" Appreciation is extended to the governments of the three countries through our respective Heads of State for their unwavering support to ensure healthy nations free of sickness, your commitments to global, regional and national health commitments is clear testimony of the will achieve quality healthcare. Gratitude is extended to the heads of respective Ministries of Health, supporting line ministries, Non-Governmental Organizations, Civil Society Organizations and Development Partners for the continued support," said Dr Murwrira.

He added that the adolescents and youths were the future of the country and there was need to involve them in planning and programming around programs meant for them.

"We understand that, 'Nothing for Youths without Youths' hence your involvement from the inception of the project. Your participation today testifies the commitment you possess to achieve the project goals."



Mr Peter Machimbirike, the ZNFPC Director Technical Services said the joint project would go a long way in reducing the HIV incidence in the three countries.

"We can see that there is a lot of cross boarder movement in the three countries which are neighbors to make sure that they contain the spread of HIV among the three countries. These countries were chosen because of their high HIV prevalence rates.

"Zimbabwe is going to implement the project targeting Matabeleland south mainly Beitbridge because of the socio-economic conditions in the area increasing the risk of HIV infection among them. The project seeks to address a lot of combination prevention among AGYW across the population in order to mitigate HIV incidences among that age group," Mr Machimbirike said.

The project seeks to implement the Sexual Reproductive Health Rights services and addressing the unmet needs of the target group which has been a missing in the southern Africa especially in Zimbabwe.

"They are going to be a combination of activities including comprehensive sexuality education, parent child communication, and service delivery as part of the mitigation program. We are looking at affording PEP, PREP, and also condom programing in the communities as one of the programming to mitigate HIV prevalence."

Meanwhile, Varaidzo Sosa a peer educator said the new project was a great initiative to the AGYW as they are the most affected one with HIV.
"The AGYW were in needy of these services. As a peer educator I find it easier to talk to them peer to peer to make them take these services. It is easier to talk and take advise from someone who is your age."

Love Shouldn't Hurt Campaign Launched

By Patricia Mashiri

THE Population Solutions for Health, an organization that spearheads innovation around Sexual Reproductive Health Rights (SRHR) and HIV has launched a campaign against gender-based violence called Love Shouldn't hurt that is aimed at reducing intimate partner violence through engaging male peers to act as change makers in raising awareness against Gender Based Violence (GBV).

Amongst the peers who have been engaged are Winky D, Holy Ten, Seh Calaz, Roki, Albert Nyathi footballer Hardlife Zvirekwi and Ammara Brown.

Speaking during the launch, Honourable Jenifer Mhlanga, Deputy Minister of Women Affairs, Community, Small and Medium Enterprises Development said government was confident of attaining a free GBV country through partnerships with organizations like Population Solutions for Health.

"A community without GBV is a thriving community, people do not lose productive time because they are suffering from the effects of abuse, people are happy and focused on making their community...*To Page 18*

ZNFPC Engages Parliament Over Teen Pregnancies And Child Marriages

By Patricia Mashiri

The Zimbabwe National Family Planning Council (ZNFPC) has met the Parliamentary Portfolio Committee on Primary and Secondary Education where they presented challenges faced by adolescents and young people in accessing Sexual Reproductive Health (SRH) services.

The meeting was a precursor to the numerous other assemblies scheduled for the no so distant future where they intend to find lasting solutions to the growing burden of early child marriages and teenage pregnancies.

In her presentation,- Fadzai Mandishona, the ZNFPC Programme Officer Adolescents Sexual Reproductive Health (ASRH) said there was need to address the growing scourge of teen pregnancies and early marriages especially amongst the school going age groups.

"There has been an increase in early child bearing before age 18 from 22.4% in 2014 to 24.1% in 2019. Those with primary education have a higher birth rate (175 births per 1000 girls) while those with higher education have a lower birth rate (21 births per 1 000 girls). An increase in child marriages before the age of 15 from 4.9% in 2014 to 5.4% in 2019 as well as an increase in child marriages before the age of 18 from 32.8% in 2014 to 33.7% in 2019. The major key drivers of ASRH challenges are poverty, lack of access to information on ASRH, inadequate and relevant service delivery, inadequate policy and regulatory framework," said Mandishona

She added that ZNFPC was engaging legislators with the aim of amplifying their voice and ensuring attention is paid to the issues as well as lobby for increased funding towards SRH issues. Zimbabwe relies heavily on donor organisations for medical drugs and equipment.

Hounarable Ophias Murambiwa, Member of Parliament Zaka West said there was a great need for legislators to look into policies that could be implemented to protect adolescents and young children.

"Discipline in schools is a problem. Children come to school with drugs, knives and some are having sexual activities in classes. Teachers are failing to control these kids in schools. Some of our policies are in a way promoting what is happening in schools. We need to relook into these policies, "said Honourable Murambiwa.

Meanwhile, Varaidzo Sosa, a Peer educator said Zimbabwe need to address challenges facing ASHR which include harmful cultural practices, shortage of sporting facilities among others. "There is need for integration of Comprehensive Sexuality Education in the school curriculum of student teachers," said Sosa.

Red Cross Offers First Aid Training To Zim Members Of Parliament

....From Page 6

have made history, being the first trainees for this specialized first aid training in Zimbabwe," said Mr Hwenga.

He added that the loss of lives on Zimbabwe`s highways was highly regrettable and, in most cases, help for road accident victims is delayed due to lack of first aid knowledge, distance and communication challenges.

"In most cases the first responder to the scene is another road user or motorist, who unfortunately does not have basic first aid training or knowledge. The Zimbabwe Red Cross Society is a first aid training service provider of choice, providing appropriate, evidence-based first aid and health care training services to all sectors in Zimbabwe. Because we strongly believe that everyone has a potential to save life, we aim to train as many people as possible in first aid in Zimbabwe as provision of First Aid and nurse aide training services is one of our key mandate aimed at saving lives."

The Red Cross first aid courses are tailor made for industry, mining and the commun
ity at large. First Aid is a lifesaving skill which you can rely on at any given time.

"We have read about students drowning in swimming pools at schools, some families losing their beloved children to emergencies at homes and the many road accidents that continue to claim lives every other day. All such unfortunate incidents call for us to be equipped with basic First Aid skills so that we know how to respond to emergencies as they arise.

"Zimbabwe Red Cross offers quality first aid education and services which are delivered according to up-to-date evidence based guidelines and best practice. Our courses are flexible and we always adapt to local context with respect to gender and diversity. First aid is by no means a replacement for emergency services; it is a vital initial step for providing effective and swift action that helps to reduce serious injuries and improve the chances of survival. Taking immediate action and applying the appropriate techniques makes a difference when saving lives"

Mr Hwenga also said first aid is a key pillar for building safer, more resilient communities which in turn are best placed to increase the impact of disaster preparedness and reduce risks to health.

"First aid is not only about life saving techniques. First aid is an act of humanity showing willingness to save lives with full respect for diversity and without discrimination. By definition, First aid is the immediate help provided to a sick or injured person until professional help arrives. It is concerned not only with physical injury or illness but also with other initial care which includes psychosocial support for people suffering emotional distress caused by experiencing or witnessing a traumatic event.

"A First aider is a layperson trained and certified in first aid, who is able to use this knowledge and skills to protect and save lives, as well as to mobilise and assist a community to be prepared to respond to emergency situations. There is need for all Zimbabweans to have basic knowledge of First Aid given that emergencies are a daily phenomenon. First Aid remains an integral component in our everyday lives, whether at home, school, workplace or travelling. Bearing in mind that no one of us is as strong as all of us together, it is imperative that we continue working together for the good of humanity."

Becoming A Youth Leader On Social Media

By Fadzayi Maposah

In the last article, we started looking at the social media. Social media in all its varieties is one area that has young people at its beck and call.

According to Lattimore (2010), social media is an umbrella which covers all media that uses technology in creating open, collaboration, interaction and participation where the users have the opportunities to share experiences, ideas and opinions in the form of visual material or words.

We noted that young people by nature are curious and experimental. They are not satisfied with what is just on the surface. They want to know what is beyond the obvious. In the previous article we noted that since the social media is about sharing as it happens there is the push to always be in the lime light. The one who has the lead in many issues becomes a trendsetter who needs to be emulated.

In this article we look we will take a look at how young people should handle being a leader on social-media.

I occasionally get the chance to be out in the different communities. I take time to get to know the communities well by taking walks in the places that they walk and going to the boreholes that they draw water. That brings me closer to really understanding who they are and what they aspire to be.

Early this week I was working in rural Hwedza district of Mashonaland East Province and each morning I would take a walk very early in the morning before I joined the other team members for the health work at hand. Each morning I observed young people of varying ages going about the business of being young.

What I have come to realise is that basically young people are the same whether they are in Harare, Mutare , Bulawayo or Hwedza. They are just young people who despite their living environments can relate to other young people elsewhere.

On one morning what struck me was a young boy who was herding cattle and as he approached me from the opposite direction was holding something very firmly in his right hand. From a distance, I thought that it was an envelope that contained the card that would enable him to have their cattle dipped. I just assumed that he was taking the cattle to some dip tank.

As he approached my eyes were still focused on his right hand. He greeted me politely and I returned the greeting still being on the look out to find out what he was holding. I smiled in my mask. It was a smart phone which had some urban grooves music playing softly.

What quickly came to mind is how the young man herding his cattle could be a leader on social media. As he herds the cattle, he can if he so wants create a group with other young people have meaningful discussions for example around sexually transmitted infections.

There is so much mis-information and myths around sexually transmitted infections. A responsible young person can start by posting relevant information on their Whats App status that engages the community in which he or she lives in.

Using the example of the young herd boy I know that as he leads his cattle to the pastures, he has ample time on his hands. Rather than resort to idle chat on his phone, he can actually become a peer leader who is trained to volunteer services to others of his generation.

It only takes one young person to initiate a health movement that cuts across geographical location and the class in which one lives. From the hills of Dendenyore in Hwedza district, the young person can bring to the centre stage discussions that enable young people to live meaningful and healthy lives. As the herd boy looks after the cattle he can also take care of the reproductive health needs of the other young people. Being a leader on the social media is not easy as some young people quickly fall into the trap if getting more likes rather than empowering their peers. Leadership is never easy.

Deaf Community Needs Career Guidance

....From Page 8

or learners and deaf students, it is difficult for them to choose career paths because sometimes there is always a problem with parents choosing for their children or teachers just saying these children can not amount to anything so they throw them to woodwork or some subjects when they are still at school. Even at tertiary institutions, there is also some of these courses that cannot accommodate them, sometimes there is always that language and communication barrier, there is no lecture who is competent in sign language so that comes a challenge is executing the career path they want," said Chikunya.

She added that a number of organizations were not disability inclusive with regards to infrastructure itself and policies.

"Some of them are discriminatory starting at the application phase where someone applies and indicates that they are deaf because the company doesn't reasonable accommodation to cater for someone who is deaf when they come for the interviews they are then eliminated from the shortlist of interviews."

Deaf children are sometimes left out even during when other children are going for career orientation. They are often left out because people regard them as people who cannot amount to anything.

"Some organizations have tried to close that employment gap, they have tried to bring in a sign language interpreter during interviews and within the premises. I can talk of Larfage cement. Having company policies that clearly regulate how PWDs should be employed is a plus. PWDS will have options in choosing their career paths and the same should be implemented in tertiary institutions,"

said Chikunya.

Deaf Zimbabwe Trust helps in facilitating the enrollment of learners with disabilities in different learning institutions where each year, they invite members with disabilities to enroll in various disciplines such Social work, teaching, journalism among others.

Meanwhile, Marvin Mukuyu, (33), Mr Deaf Zimbabwe 2014, a model and an artist said deaf people are not given opportunities to prove themselves.

"Whilst competition is stiff, I believe that with good exposure and access to opportunities deaf people are able to compete effectively in the industry. Another challenge maybe sign language interpreters who can bridge communication barrier. In 2015, DiMarco the first deaf winner of the CW's America's Next Top Model Cycle 22, he had sign language interpreters who were helping with communication.

"I believe that disability is a social construct and if people are intentional about building an inclusive society, it will be possible for deaf people to fulfill their dreams. It only requires people to change their attitudes and the way they perceive disability in order to break down barrier. Choosing careers and being taken in for jobs have been a difficult task for the deaf mainly because they communicate differently with others and many organizations and institutions do not have sign language interpreters therefore most dreams are shuttered because of lack of proper communication."

DO NOT IGNORE A CRY FOR HELP!

Help is nearby.
It is a call or SMS or WhatsApp away.
Take action if you or someone near you or someone you know is suffering any of these abuses;

1. **Physical abuse including assaults and acts of bullying**
2. **Emotional abuse-verbal abuse, being denied food, being denied entry into a home or house**
3. **Sexual abuse, such as;**
   - **Rape**
   - **Indecent touches**
   - **Indecent exposure**
   - **Being shown pornographic material**
   - **Being forced to witness acts of sexual activity**
   - **Being forced to perform uncomfortable sexual acts**
4. **Economic abuse or being deprived of food, money or any other material support by a responsible person**
5. **Child being married off against her will or allowing a child to elope and not do anything about it**
6. **Threats or intimidation of any kind**

Call any of these numbers for free assistance in Zimbabwe

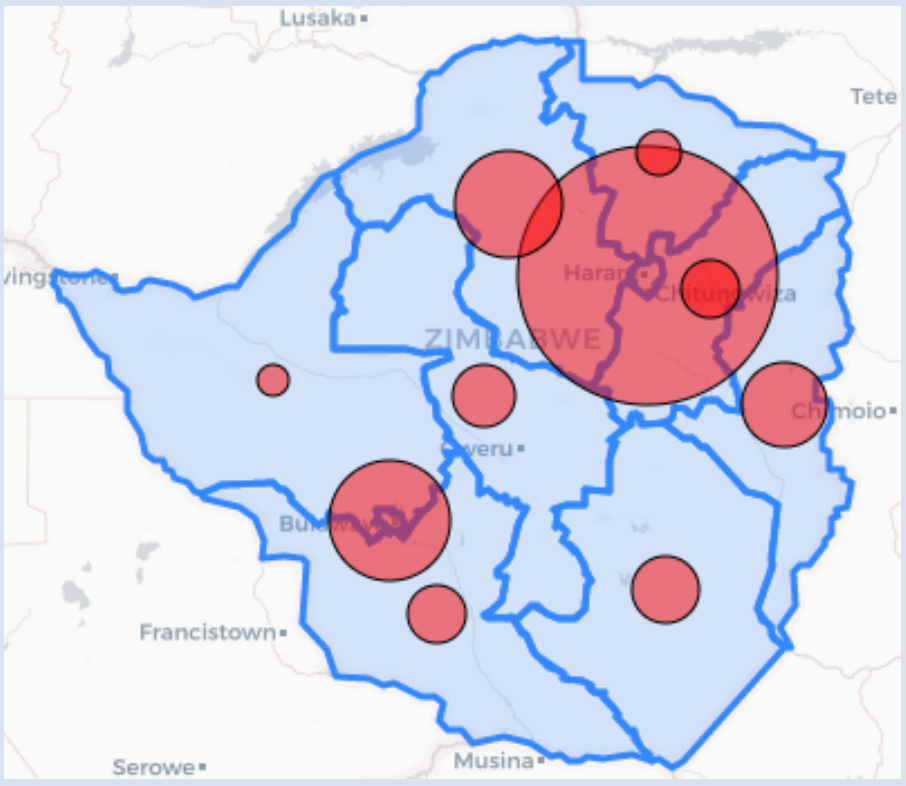
Help needed	Who can help?	Their Contact details
Counseling/emotional support	1. Ministry of women affairs 2. Department of Social Development 3. Childline 4. Musasa 5. Shamwari Yemwanasikana 6. Padare/Men's Forum	1. District office near you 2. District office near you and Ward Child Care Workers 3. Helpline 116 4. Toll Free 08080074 5. Toll Free 08011034 Helpline 0777851120 6. Male Helpline 0776027290
Reporting violence	1. ZRP Victim Friendly Unit 2. Zimbabwe Gender Commission 3. Childline 4. Saywhat Helpline 5. Shamwari Yemwanasikana 6. Issues/Pane Nyaya	1. Near you 2. Toll Free 08004379 3. Helpline 116 4. 08677008743` 5. Toll free 08011034 Helpline 0777851120 6. Helpline 9773910095
Place of safety/Fostering	1. Department of Social Development 2. Ministry of women affairs 3. Musasa 4. Child Protection Society	1. Any district office near you and also a CCW in your Ward 2. Any district office near you 3. Toll Free 08080074 4. Helpline 0772971583
Health support	1. Your local clinic or hospital 2. Adult RAPE Clinic 3. Family Support Trust/Clinics	1. Your clinic or hospital near you 2. Toll Free 08080472 3. Toll Free 08080501
Disability support	1. Deaf Zimbabwe Trust 2. J F Kapnek Trust 3. WizEar	1. Helpline 0785392698 2. Helpline 0773467203 3. Helpline 0718557506
Court Help Desk Support in; a. criminal cases b. civil matters such as maintenance , application for a Protection Order and general advice	1. Legal Resources Foundation 2. Women and Law in Southern Africa 3. Zimbabwe Women Lawyers Association 4. Justice For Children 5. CATCH 6. Christian Legal Society 7. Zimbabwe Lawyers for Human Rights	1. Toll free 08080402 2. Toll Free 080804079 3. Toll Free 08080131 Helpline 0782900900 4. Helpline 0772983944 5. Helpline 0717068529 6. Helpline 0776177331 7. Hotline 0772257247
Court case follow up and support	All the court help supporters above	All the court help desk supporters above

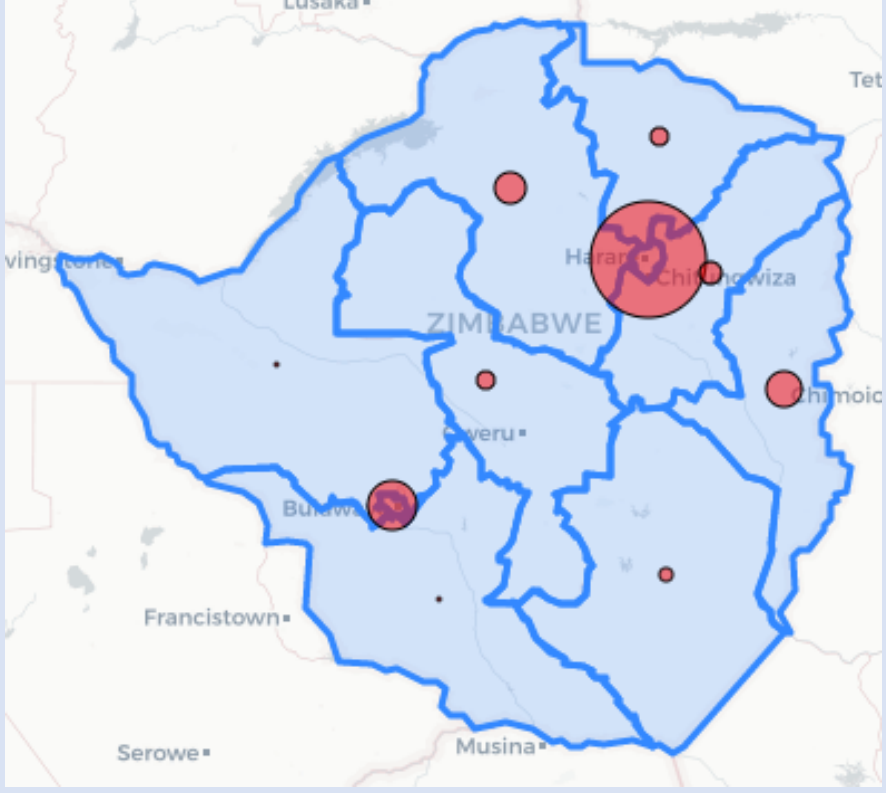
Zimbabwe Covid-19 SitRep 18/11/2021

HIGHLIGHTS TODAY

- **36 New Cases (*All local*) and 0 Death reported today. (*7-day rolling average* for new cases rises to 38 from 36 (yesterday). (18) of these cases were detected in outbreaks in schools in Ma North (7), Mash East (6) and Masvingo (5).***
- ***Vaccination Update: 35 436 received the 1st dose today bringing cumulative for 1st dose to 3 582 402 while 7 117 received their 2nd dose bringing cumulative for 2nd dose to 2 727 175 as at 1600 hrs.***
- ***As of 17 November 2021, @1500hrs there were 16 hospitalised cases: New Admissions (4), Asymptomatic 0, mild to moderate 13, severe 2 and 1 in Intensive Care Units.***
- **3 925 tests done today *(Positivity today was 0.92 %)***
- **8 new recoveries: National Recovery rate rise to 96% & Active cases go up to 515.**
- **As of today, Zimbabwe has recorded 133 593 Cases 128 379 recoveries&4 699 Deaths.**

CASES AND DEATHS DISTRIBUTION





Province	PCR Tests + Ag	Cum Cases (New)	Recovered Cases (New)	Active Cases	Deaths (New)
Bulawayo	797	13 377(9)	12 589(2)	51	737(0)
Harare	1 589	27 610(1)	26 068(2)	23	1 519(0)
Manicaland	241	14 434(2)	13 861(2)	108	465(0)
Mash Cent	184	8 478(0)	8 215(0)	4	259(0)
Mash East	311	14 339(8)	13 944(0)	45	350(0)
Mash West	136	16 402(0)	15 888(0)	18	496(0)
Midlands	80	10 229(0)	9 819(0)	6	404(0)
Masvingo	192	11 220(5)	10 931(0)	104	185(0)
Mat North	207	8 222(9)	8 075(2)	46	101(0)
Mat South	188	9 282(2)	8 989(0)	110	183(0)
Total	**3 925**	**133 593(36)**	**128 379(8)**	**515**	**4 699(0)**

**Provinces with new cases but zero PCR tests conducted respectively received results from NMRL,NTBRL&Pvt Labs*

Texas doctor who promoted ivermectin as COVID treatment suspended from hospital

Daily Mail

A doctor was temporarily suspended from a Texas hospital on Friday for promoting anti-parasitic drug ivermectin as a COVID treatment on Twitter.

Dr Mary Bowden, an ear, nose throat doctor at Houston Methodist Hospital, had recently joined the staff before she had her privileges revoked.

She had posted a series of pro-ivermectin tweets on her social media and also slammed the vaccine mandate.

'Ivermectin might not be as deadly as everyone said it was,' she had tweeted on November 10. 'Speak up!'

The drug ivermectin has not been approved by the Food and Drug Administration as a useful treatment method for COVID and have even warned about the dangers of consuming it.

Texas doctor Mary Bowden was suspended from her position at Houston Methodist Hospital after promoting anti-parasitical drug ivermectin as a COVID treatment method on Twitter

Bowden had posted a string of pro-ivermectin tweets

She also slammed the vaccine mandate and said she would only treat the unvaccinated at her personal practice

In response to the tweets, Houston Methodist Hospital released a statement to confirm that they did not share the same views as Bowden.

'Dr. Mary Bowden, who recently joined the medical staff at Houston Methodist Hospital, is using her social media accounts to express her personal and political opinions about the COVID-19 vaccine and treatment,' it said on Twitter.

'These opinions, which are harmful to the community, do not reflect reliable medical evidence or the values of Houston Methodist, where we have treated more than 25,000 COVID-19 inpatients, and where all our employees and physicians are vaccinated to protect our patients.'

Bowden had reportedly claimed that the hospital was turning away unvaccinated patients in her emails, according to the Houston Chronicle.

She also runs her own practice and said she will 'only accept new patients who are unvaccinated because they are being marginalized' and also said 'all the data I have collected suggests that the vaccine is not working.'

The hospital has since denied these claims and said that they do not turn away unvaccinated patients.

They did, however, require their staff to be vaccinated by June 7.

Since the announcement of the mandate in April, 153 workers have either resigned or been terminated for not receiving the vaccine.

Bowden was not one of them as she complied with the hospital's request and is fully vaccinated.

Her lawyer Steve Mitby said that his client Bowden was not against the vaccine and that she had treated over 2,000 COVID patients, according to the Washington Post.

'Like many Americans, Dr. Bowden believes that people should have a choice and believes that all people, regardless of vaccine status, should have access to the same high quality health care,'

Mitby said.

In relation to her treatment methods, Mitby said that his client mixes monoclonal antibodies with 'certain experimental drug treatments.'

'Her early treatment methods work and are saving lives,' he added.

'If America had more doctors like Dr. Bowden, COVID outcomes would be much better.'

This is not the first time Bowden has been in hot water over the ivermectin drug.

Texas Health Huguley Hospital in Burleston, a city 15 miles from Fort Worth, was sued by the wife of Tarrant County Sheriff's Office Deputy Jason Jones – who was hospitalized for over a month due to COVID – after they were denied a prescription for ivermectin.

The deputy's wife wanted Bowden to administer the drug who had been posting pictures on Twitter of staff members who declined to give it to Jones.

'(E)ven if Mr. Jones had a legal right to take ivermectin, there is no authority … that such a 'right' compels a physician or health care provider to administer it to him,' the hospital said in court documents.

Ivermectin has been primarily used for animal consumption, specifically for livestock.

Human use of the drug has been approved by the FDA, however, for parasitical infections and skin diseases. SOURCE: The Daily Mail

Tobacco Harm Reduction Journalists Forum Revived

By Michael Gwarisa

A Journalists platform comprising of media practitioners from East, West and Southern Africa whose purpose is to enhance coverage of alternative smoke free and non-combustive tobacco products has been revived after a two year hiatus.

The Tobacco Harm Reduction media forum was formed in November 2017 at Enashipai Resort, in Naivasha, Kenya through support from Phillip Morris International (PMI) a leading producer of tobacco and smoke free products.

Since 2017, Barnabas Tondhlana, a seasoned Journalist and Publisher from Zimbabwe co-chaired the forum with David Ohito, a Kenyan based Digital Media consultant. The group initially consisted of over 60 journalists drawn from Nigeria, Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Uganda, South Africa, Zambia, and Zimbabwe but plans are under way to rope in more voices and increases coverage of the Tobacco Reduction subject.

Speaking during a virtual re-launch of the forum, Dr Tendai Mhizha a leading strategist and Chief Executive Officer (CEO) Integra Africa said, "… the revival of the forum has come at the right time and would rejuvenate interest in Journalists around the subject of tobacco harm reduction."

Phillip Morris International (PMI) Director External Affairs, Harouna LY said Journalists had the power to influence perception and their role in promoting tobacco harm reduction cannot be overemphasized.

Today we are at a turning point in terms of offering alternatives that we believe that have been confirmed by science. What I expect from you as journalists is to take this information, to cross check it and to also look at other sources of information and be able to authenticate it. Your capacity as Journalists is important to bring basically the information to the society. I do hope that this is a starting point of an ongoing discussion that we will try and have so that we maintain and nurture the discussion around Tobacco harm reduction," said Harouna.

PMI has been leading the production and distribution of Heated Tobacco Products (HTP) over the years with the aim of reducing the harm associated with smoking combustive cigarettes. HTPs are smoke-free products that heat tobacco instead of burning it. This is the initial and important difference between them and cigarettes. Most HTPs (not all) are electronic and include temperature controls. The exact temperature to which the tobacco is heated to varies from product to product. The important thing is that HTPs avoid reaching temperatures at which the tobacco burns.

Ignacio Gonzalez, the Head of Regional Scientific Engagement MEA (Director) at Philip Morris International said in as much as PMI was known as a tobacco company, it was undergoing massive transformation with the aim of convincing adult smokers to switch to smoke free products

"In other words, we are a tobacco company that wants to make cigarettes a thing of the past, something that is obsolete, something that you will see in a museum. We are doing everything that we can, we are putting our resources to make this vision a reality as soon as possible.

"You may ask yourself why a tobacco company would do that. We have very good reasons. Firstly, the science is very clear that smoking is harmful and it increases the risk of serious diseases of the lungs, cancer etc. Science is also very clear that the best thing that one can do to reduce the risk of smoking related diseases is to stop o quit smoking and better yet, not to even start," said Gonzalez.

Funding the AIDS response and reforming health systems in western and central Africa

Own Correspondant

During the West and Central Africa Summit on HIV in Dakar, several international partners and ministers gathered to discuss the pressing situation around health financing in the region, exacerbated by the economic crisis due to COVID-19. When it comes to funding HIV responses, WCA is facing a perfect storm: resources available for HIV in the region in 2020 were approximately three quarters of the amount needed. In addition, total HIV resources in the region declined by 11% in the last decade. While PEPFAR and the Global Fund have increased their commitments to the region, domestic resources have slowed down since 2018 and dropped dramatically in 2020.

COVID-19 epidemic did not help. Most African governments have responded to the economic shock by increasing government spending last year however, but with revenues hit by the slow-down, the pandemic will leave many countries with large deficits and unmanageable debts.

Winnie Byanyima, UNAIDS Executive Director, stressed the importance of focusing on these challenges by also re-thinking and reforming overall health systems. She urged countries, as did many other panellists, to use dwindling funds more efficiently, and to ensure additional resources be dedicated to health. “Healthy people means healthy economies,” she said. She also called for more space to be given urgently to community-led services.

“We need to properly fund community infrastructure and response to be strongly integrated with formal health systems. This is critical as we think about preparing and coping with future pandemics,” Ms Byanyima said.

PEPFAR Deputy Coordinator for Multi-Sector Relations Mamadi Yilla wholeheartedly agreed. "COVID-19 acted like a catalyst and everyone recognized civil society’s role in getting services to the people,” she said. Mentioning that PEPFAR has invested billions in Africa since 2003, she said that the partnerships have to be re-invented and urged governments to work hand in hand with civil society as well as deploy funds in a targeted fashion.

“We have to challenge ourselves to make each dollar count,” said Global Fund Executive Director Peter Sands, "COVID-19 has indeed highlighted the obvious: investing in health makes sense.” He added, “It is important to have finance and economic ministers as part of the answer because health ministers will not be able to solve this on their own.”

Love Shouldn’t Hurt Campaign Launched

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a happy place.

“All this can only be achieved if we directly tackle the notion that women are not lesser human beings than men and that men cannot discipline women using physical force and that women are not objects that can be sexually violated,” said Honorable Mhlanga.

The Swedish Ambassador to Zimbabwe Represented by The Head of Programs, Professor Berthollet Kaboru, said The Embassy was committed to supporting programs that advance gender equality to reduce gender based violence in Zimbabwe.

“Approximately 1 in 2 women report having ever experienced emotional, physical or sexual abuse from the current or former husband or boyfriend This means that women in relationships are being hurt by the very person that is supposed to love them and protect them.

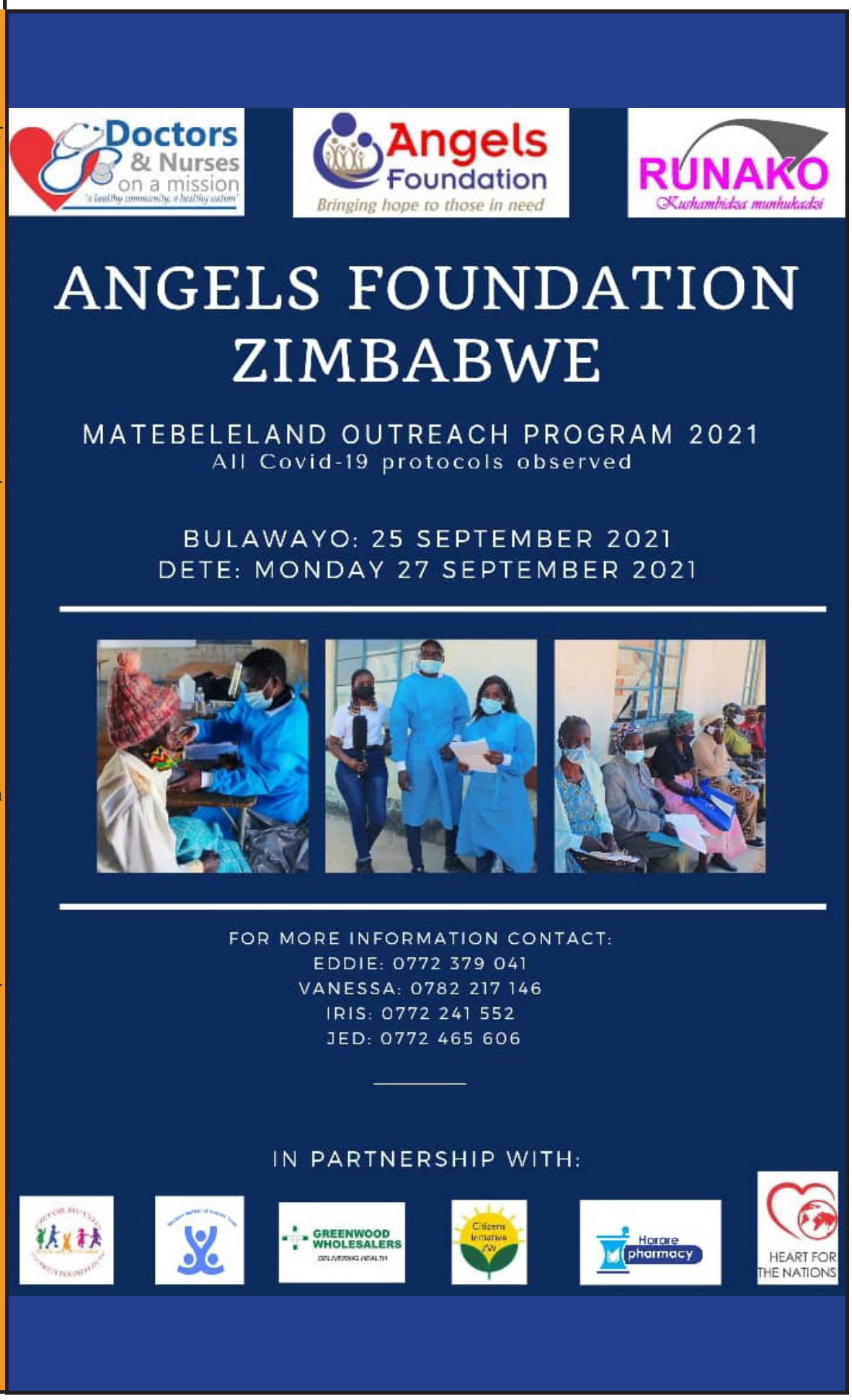
“It is essential now more than ever to implement campaigns to reduce the incidence of intimate partner violence which has been increasing since the COVID-19 lockdown measures where couples spent more time indoors and economic pressures on the household have increased,” said Prof Kaboru

He added that men and boys were should be engaged and be champions or advocates of behavior change.

“We need men to be in the forefront of creating and maintaining this dialogue to help perpetrators of violence to adopt positive conflict resolution and anger management skills.”

According to World Health Organization (WHO), GBV takes many forms which comprises of rape, forced early marriages, trafficking and female genital mutilation among others. GBV can result in physical harm, death and even psychological harm.

Dr Noah Tarubereka, Population Solutions for Health Executive Director said, “The campaign is ground breaking in engaging men in a non-stigmatizing manner. We hope through this campaign, men will start asking themselves how they can contribute in their own spaces to prevent violence at home.” He said. Statistics shows that in Zimbabwe about one in three women aged 15-49 have experienced physical violence and about one in four women have experienced sexual violence since the age of 15.



Global leaders call for cervical cancer elimination on Day of Action

Own Correspondant

THE World Health Organisations (WHO) joins advocates around the world to commemorate a landmark Day of Action for Cervical Cancer Elimination and welcomes groundbreaking new initiatives to end this devastating disease, which claims the lives of over 300 000 women each year.

As with COVID-19, access to lifesaving tools is constrained, with women and adolescent girls in the poorest countries deprived of clinical screening facilities, human papillomavirus (HPV) vaccines and treatments which those in affluent places take for granted.

The disparity between deaths from cervical cancer in high-income compared with low-income countries tells a stark story, similar to that we have seen during the pandemic, with 9 in 10 deaths from cervical cancer happening in low and middle-income countries.

Over the last decade, manufacturers have tilted supply toward wealthier locations. In 2020, just 13% of girls aged 9–14 years globally were vaccinated against HPV – the virus that causes almost all cases of cervical cancer. Around 80 countries – home to nearly two thirds of the global cervical cancer burden – are yet to introduce this lifesaving vaccine.

During this special day, WHO's Director-General Dr Tedros Adhanom Ghebreyesus, together with celebrities, first ladies, cancer survivors and health and community organizations, will help raise awareness and mobilize action – one year after WHO launched its landmark global initiative to eliminate cervical cancer.

WHO is also highlighting important new breakthroughs to prevent and treat the disease, including the prequalification of a fourth vaccine (Cecolin from a third manufacturer, Innovax) for HPV, which is expected to increase and diversify vital vaccination supply.

Cervical cancer causes immense suffering, but it's almost completely preventable and, if diagnosed early enough, one of the most successfully treatable cancers," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "We have the tools to make cervical cancer history, but only if we make those tools available to everyone who needs them. Together with our partners in the WHO cervical cancer elimination initiative, that's what we aim to do."

The risk of cervical cancer increases six-fold for women living with HIV, but many have not had access to vaccination or screenings.
Tackling cervical cancer during the COVID-19 pandemic

Dr Tedros applauded countries that have adopted innovative ways to increase access to technologies and services that can stop cervical cancer during the COVID-19 pandemic.

In the past year, the HPV vaccine was introduced in seven countries – Cameroon, Cape Verde, El Salvador, Mauritania, Qatar, Sao Tome and Principe, and Tuvalu – bringing the total to 115.

Some countries trained healthcare workers with newer, portable devices to thermally ablate pre-cancers. Others expanded the use of self-sampling – endorsed in recently published WHO guidelines – to allow women to collect their own cervical swab. This option can reduce stigma for women, provides access to those living far from health facilities, and helps

congested health centres maintain safe services while respecting COVID-19 safety measures. The self-collected sample can be run on the same laboratory platforms that countries have been investing in to support PCR testing for COVID-19.

But setbacks have occurred. Access to screening services has fallen for many women and in a recent survey, 43% of countries reported disruption to cancer treatment. Meanwhile HPV vaccination rates globally fell from 15% in 2019 to 13% in 2020, amidst health service disruptions and school closures.

"There has been important progress towards cervical cancer elimination even over this unprecedented year," said Dr Princess Nono Simelela, Special Advisor to the Director-General on Strategic Priorities, including Cervical Cancer Elimination. "While we have seen major advances in new technologies and research, the critical next step is to ensure these are designed for and accessible in low- and middle-income countries, and that the health and rights of women and girls everywhere are prioritized in the recovery from COVID-19."
New technologies, investments and research to aid the fight against cervical cancer

Adding to important milestones achieved over the course of the past year, today WHO is releasing new recommendations to guide research into artificial intelligence (AI)-based screening technologies. This first-of-its-kind guidance supports developers to bring cervical cancer screening into the future, and ensure pre-cancers are detected as early as possible.

The first designated "WHO Collaborating Centre for Cervical Cancer Elimination" was also announced at the Sylvester Comprehensive Cancer Centre at the University of Miami, which will be an important site for research and technical assistance to help countries achieve elimination targets.

The Day of Action will encompass a major global event and press availability, organized from WHO headquarters in Geneva. It will feature performances and remarks from cancer survivors and renowned artists such as Angelique Kidjo, as well as community efforts to promote vaccinations and screenings. 100 world monuments are being illuminated in teal – the colour of cervical cancer elimination – to mark the day, from the Temple of Heaven in Beijing to city skylines across Australia and Canada's Niagara Falls.

"We have the tools and knowledge to eliminate cervical cancer. What we do with that is up to us," said H.E. Neo Jane Masisi, First Lady of the Republic of Botswana, who is participating in the day's events. "We can make choices that condemn women to a painful, avoidable death. Or, we can prioritize their health, so that a future generation of women and their families look back with pride at the choices we made today."

Several partners also announced important global commitments and investments during the day's events:

FIND, the global alliance for diagnostics, announced the launch of a new initiative to improve cervical cancer testing and screening using innovative technologies in low- and middle-income countries;

Unitaid reaffirmed its commitment to lay the groundwork for wide-scale adoption of innovative cervical cancer screening and treatment tools – and is on track to reach one million women by 2022, despite COVID-19;

The French government's L'Initiative facility, implemented by Expertise France, will announce a reinforcement of the support, including operational research, to countries with high comorbidity and coinfection of HIV and HPV-associated cancers.

New WHO report maps barriers to insulin availability and suggests actions to promote universal access

Own Correspondant

A new report published by WHO in the lead-up to World Diabetes Day highlights the alarming state of global access to insulin and diabetes care, and finds that high prices, low availability of human insulin, few producers dominating the insulin market and weak health systems are the main barriers to universal access.

"The scientists who discovered insulin 100 years ago refused to profit from their discovery and sold the patent for just one dollar," said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. "Unfortunately, that gesture of solidarity has been overtaken by a multi-billion-dollar business that has created vast access gaps. WHO is working with countries and manufacturers to close these gaps and expand access to this life-saving medicine for everyone who needs it."

Insulin is the bedrock of diabetes treatment – it turns a deadly disease into a manageable one for nine million people with type 1[i] diabetes. For more than 60 million people living with type 2 diabetes, insulin is essential in reducing the risk of kidney failure, blindness and limb amputation.

However, one out of every two people needing insulin for type 2 diabetes does not get it. Diabetes is on the rise in low- and middle-income countries, and yet their consumption of insulin has not kept up with the growing disease burden. The report highlights that while three in four people affected by type 2 diabetes live in countries outside of North America and Europe, they account for less than 40% of the revenue from insulin sales.

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