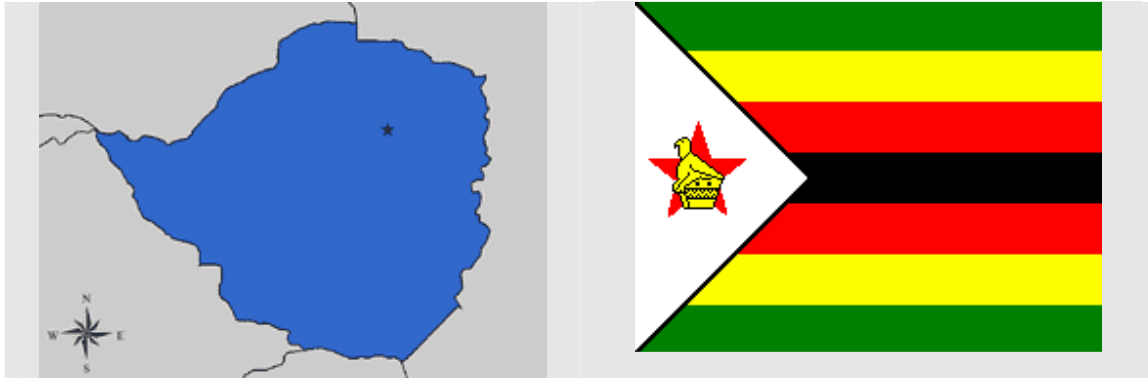


Zimbabwe



Demography	
Population Size	Zimbabwe's population is estimated at 12.6m ⁵⁰² .
Ethnic Groups	Zimbabwe's population is composed of the following ethnic groups: African 98% (Shona 71%, Ndebele 16%, other 11%), mixed and Asian 1% and white less than 1% ⁵⁰³ .
Languages	The official language is English. A total of 19 living languages are documented for Zimbabwe. The most common are Shona and Ndebele. Others include Kalanga, Manyika, Ndau, Nyanja and Tonga ⁵⁰⁴ .
Urban-rural distinction	35% of Zimbabwe's population live in towns/cities with the remaining 65% living in rural areas ⁵⁰⁵ .
Age Structure	41% of Zimbabwe's population are aged 0-14, 56% aged 15-64 and 2.7% aged over 65 ⁵⁰⁶ .

Political System
<p>The government of Zimbabwe has a website⁵⁰⁷. This contains an updates page which includes reports on the 2000 election and the land acquisition act⁵⁰⁸. However it has not been updated since March 2000. Another perspective is provided on the Zimbabwe's Independent website which focuses on GTZ's pull out from the country, Botswanan criticism of the land reform programme and the worsening fuel crisis⁵⁰⁹. The Foreign and Commonwealth Office reports that in 1965, Ian Smith's Rhodesian Front Government made a Unilateral Declaration of Independence (UDI) which resulted in a prolonged guerilla war and international sanctions. In 1978, an internal settlement was achieved under the nominal leadership of Bishop Muzorewa. In 1979, a constitutional conference was held at Lancaster House and Zimbabwe gained its independence in 1980 under the leadership of Robert Mugabe's Zimbabwe African National Union (Patriotic Front) – ZANU (PF). The constitution was amended to create a single chamber Assembly and an Executive President. Robert Mugabe has been elected to this position four times, in 1987, 1990, 1996 and 2002. The early 1980s saw tension between the government and the predominantly Ndebele ZAPU (PF) of Joshua Nkomo. There was a harsh government crackdown but in 1987, the two parties merged and Joshua Nkomo became</p>

Political System

one of two vice-Presidents. The 1995 parliamentary elections were boycotted by five opposition parties. ZANU (PF) won 118/120 seats with two seats being won by ZANU (Ndonga) in Manicaland. In one seat, the election had to be repeated following a High Court case. Margaret Dongo was elected as an independent. In the 1996 presidential election, Mugabe was returned unopposed after Abel Muzorewa and Ndabaningi Sithole both withdrew. The most significant political development has been the formation in 1999 of the Movement for Democratic Change (MDC), under the leadership of Morgan Tsvangirai. In the parliamentary elections of 2000, it won almost half the contested seats. The pre-election period was marred by violence and intimidation and there were allegations of electoral malpractice. EU observers laid most of the blame for this on the government. Of 120 seats, ZANU (PF) won 62 seats and MDC 57, particularly in urban areas. Presidential elections were held this year. Again, these were marred by violence. International reactions to the elections were mixed, with some African countries, e.g. Tanzania and Namibia concluding that the elections reflected the will of the Zimbabwean people. The EU and US imposed targeted sanctions on Zimbabwe in February 2002 and the Commonwealth suspended Zimbabwe from its councils in March 2002. In April, South African and Nigerian facilitators were appointed to facilitate inter-party talks in Zimbabwe but ZANU (PF) has withdrawn and refuses to engage in meaningful discussion. In 1999, a commission was established to develop a new constitution. The new constitution contained provision for the former colonial power (Britain) to compensate farmers for land obtained as part of a land redistribution programme. In a referendum in 2000, 53% of people voted against it. Despite this, the government amended the constitution through parliament which required Britain to pay compensation for land acquired by the government. There is no doubt that land reform remains a hugely emotive issue within Zimbabwe. A key problem is that the bulk of the best farming land is owned by relatively few (mostly white) commercial farmers. Disputes remain about the speed with which land reform should be pursued, who should pay compensation to the current land owner and the processes whereby land will be acquired and distributed. Although Britain recognized the need for land reform, it specifically stated in the Lancaster House agreement that it would not meet all the costs of this and could not commit to a specific share of those costs. During the period 1980-1990, the government of Zimbabwe, with financial support from the UK, began a process of land reform. Approximately 3m hectares of land were acquired and 66 000 households were resettled. This fell far short of the government's targets of 8.3m hectares of land and 162 000 households by 1990. In 1990, the government formulated a new policy, which has brought it into conflict with Britain. This included the adoption of the Land Acquisition Act in 1992 which allowed government to limit the size of farms, to compulsorily acquire land and to promote the development of a black, commercial farming sector. There have been widespread criticisms of the way the latter aim has been approached because it has been seen as a way of supporting Mugabe's political supporters. In July 2000, the government launched its 'fast track' land reform programme with the aim of resettling 162 000 families on 5m hectares of land in four years. The UK regards the programme as unachievable and politically motivated. The programme has been associated with widely-publicised land occupations and violence. It has had severe effects on the Zimbabwean economy and tourism. Alternative approaches have been suggested by the UK and UNDP but these have been rejected by the Zimbabwean government. Some progress appeared to be made at a meeting of

Political System	
<p>Commonwealth Foreign Ministers in September 2001. However, in November 2001, the government further strengthened the provision of the Land Acquisition Act which was seen as running contrary to the Abuja agreement. This has also been undermined by the growing violence and intimidation, particularly around the time of the 2002 presidential elections. In March 2002, draconian legislation was introduced severely curbing media freedoms. Zimbabwe's economy is now in a state of crisis and there are widespread food shortages⁵¹⁰. The FCO advise that visitors should exercise caution and seek up to date local advice. It is advised to avoid any political activity and demonstrations and to exercise caution when visiting high density suburbs and commercial farming areas⁵¹¹.</p>	

Health and Training Infrastructures	
Major university, government and private hospitals	<p>The main government hospitals in the capital are Parirenyatwa and Harare Hospitals. There is also a large private hospital – the Avenues Clinic. Mpilo Hospital is a large, tertiary hospital in Bulawayo. There are government provincial and district hospital throughout the country, for example, in Gweru, Mutare, Masvingo, Kwekwe, Rusape, Bindura, Marondera and Chinhoyi. There are a large number of mission hospitals, particularly in rural areas. These include Mtshabezi in Matabeleland, Bonda near Mutare, Murambinda in Buhera, Tshelanyemba in Matabeleland, Louisa Guidotti in Mutoko, Songati in Kadoma, Elim in Nyanga and Rusitu in Chimanimani⁵¹².</p>
Medical Schools (incl. no. of medical undergraduates per year)	<p>There are two medical schools in Zimbabwe. The first is the School of Medicine in the University of Zimbabwe in Harare⁵¹³. It started training doctors in 1963⁵¹⁴ and is now upgrading to be a College of Medicine. The second is Bulawayo Medical University which was introduced in 2001⁵¹⁵.</p>
Schools of Public Health	<p>Zimbabwe is a participant in the Public Health School Without Walls Programme (PHSWOW), which is supported by Rockefeller Foundation and Tulane University, Louisiana. The University of Zimbabwe was the first of three African countries to offer a Masters in Public Health under this programme. The other two countries are Uganda and Ghana. Zimbabwe started training in 1993⁵¹⁶. The Zimbabwean course has a strong focus on training Medical Officers of Health so that vacant posts may be filled and expatriate staff replaced. The course had an intake of 8 in 1996. Sixty % of the course work is field-based⁵¹⁷. The course has produced 33 graduates since 1994 and there are reported to be currently 14 students on the programme⁵¹⁸.</p>
Research centres undertaking research	<p>The Training and Research Support Centre (TARSC) (www.tarsc.org) is an independent NGO which provides</p>

Health and Training Infrastructures	
<p>directly relevant to people's health</p>	<p>training, research and capacity support on public health issues⁵¹⁹. TASRC has its own website which gives details of its programmes, publications etc⁵²⁰.</p> <p>The Biomedical Research and Training Institute⁵²¹ is a not-for-profit organization based in Harare. It oversees over 30 research projects⁵²² which embrace biomedical and public health. Its board is chaired by the Director of the Blair Research Institute and is composed of distinguished academics from Zimbabwe and other neighbouring countries⁵²³. It is closely linked to the Blair Research Institute but it operates as a not-for-profit organization whilst Blair is part of the Ministry of Health.</p> <p>The Blair Research Institute comprises the Blair Research Laboratories in Harare and the De Beers Research Laboratory in Chiredzi. It is a centre to promote health development in Zimbabwe through scientific research⁵²⁴. It works on a large number of public health research projects⁵²⁵ and has a separate sub-unit which works on health systems research⁵²⁶. This health systems research unit has a regional focus for 13 countries. It has been supported financially by GTZ⁵²⁷.</p> <p>Equinet, the Network on Equity in Health in Southern Africa, is a network of research, civil society and health sector organizations. Equinet is co-located with TARSC in Harare⁵²⁸.</p> <p>The Medical and Actuarial Research Foundation (MARF) was established in 1996 by the Zimbabwe Reinsurance Corporation to promote medical and actuarial research⁵²⁹.</p> <p>The Medical Research Council of Zimbabwe is a specialized council of the Research Council of Zimbabwe established in 1974. Activities include reviewing research proposals⁵³⁰.</p> <p>WHO in Zimbabwe has operated the Joint Health Systems Research Programme for Eastern and Southern Africa. It started in 1987 and was scheduled to be completed in 2000. It focused on improving primary health care by empowering all involved to make decisions on the basis of health systems research⁵³¹.</p>