

ORIGINAL ARTICLE

Obstacles to Achieving SDG3 in Sub-Saharan Countries: Perspectives from Zimbabwe

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ABSTRACT

The paper's purpose was to investigate the obstacles the Zimbabwean government faces as it works towards meeting Sustainable Development Goal 3, which speaks of health and well-being for all. Various obstacles were observed, such as political and economic issues, personnel leaving for greener pastures, dilapidated infrastructure, and a lack of monitoring and evaluation systems that allow tracking of the goals. The author used a qualitative method and adopted a document review for data collection. Three major documents were used: The Ministry of Health and Child Care's national policy (2021-2025), the World Health Organization 2023 report, and UNDP's 2020 Zimbabwe's SDG Progress report. The researcher scanned through the documents and highlighted areas where they discussed the SDG 3 challenges faced. The results confirmed that Zimbabwe is facing numerous challenges, including a fragmented procurement system and political and economic issues. The study's practical implications are that this document may remind policymakers that the Sustainable Development Goals, especially SDG 3, cannot be ignored, but effort is needed to ensure that all obstacles impeding the attainment of SDG 3 are addressed. Policymakers should provide a conducive environment that allows the ministries concerned to work towards the attainment of SDG 3. Healthy people are productive, and the focus will be on improving everyone's life, hence the need for SDG 3 to be fulfilled so no one is left behind. Significant progress is made when people are protected from illness, premature death is avoided, and the overall health of the population is improved. Issues such as inequalities and poverty are eradicated, and people enjoy prosperity and justice. The study is original and seeks to contribute to the body of knowledge regarding SDG 3, the challenges Zimbabwe is facing, and how they can be addressed to protect its citizens from diseases, improve prosperity, and enhance socio-economic factors.

KEYWORDS

Sustainable Development Goal, Obstacles, Instability, Equality, Health.



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موانع دستیابی به اهداف توسعه پایدار در کشورهای جنوب صحرای آفریقا: چشم‌انداز زیمبابوه

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چکیده

هدف این مقاله بررسی موانعی بود که دولت زیمبابوه در مسیر دستیابی به اهداف SDG 3 که به سلامت و رفاه همگانی اشاره دارد، با آن‌ها مواجه است. موانع مختلفی مشاهده شد، از جمله مسائل سیاسی و اقتصادی، مهاجرت کارکنان برای شرایط بهتر، زیرساخت‌های فرسوده و نبود سیستم‌های نظارت و ارزیابی که اجازه پیگیری اهداف را بدهد. نویسنده از روش کیفی استفاده کرده و برای جمع‌آوری داده‌ها از بررسی اسناد بهره برده است. سه سند اصلی مورد استفاده قرار گرفت: سیاست ملی وزارت بهداشت و مراقبت از کودک (۲۰۲۱-۲۰۲۵)، گزارش سازمان بهداشت جهانی در سال ۲۰۲۳ و گزارش پیشرفت اهداف توسعه پایدار زیمبابوه در سال ۲۰۲۰ توسط برنامه توسعه ملل متحد. پژوهشگر اسناد را بررسی کرده و بخش‌هایی را که چالش‌های مرتبط با SDG 3 در آن‌ها مطرح شده بود، مشخص کرد. نتایج نشان دادند که زیمبابوه با چالش‌های متعددی از جمله سیستم تدارکات پراکنده و مسائل سیاسی و اقتصادی مواجه است. پیامدهای عملی این مطالعه این است که این سند ممکن است به سیاست‌گذاران یادآوری کند که اهداف توسعه پایدار، به‌ویژه SDG 3، نمی‌توانند نادیده گرفته شوند، بلکه باید تلاش شود تا تمام موانع پیش روی دستیابی به SDG 3 برطرف شود. سیاست‌گذاران باید محیطی مناسب فراهم کنند که به وزارتخانه‌های ذی‌ربط اجازه دهد برای دستیابی به SDG 3 کار کنند. افراد سالم بازدهی بالاتری دارند و تمرکز باید بر بهبود کیفیت زندگی همه مردم باشد؛ بنابراین، ضروری است که اهداف SDG 3 محقق شود تا هیچ‌کس از این پیشرفت جا نماند. زمانی پیشرفت قابل‌توجهی حاصل می‌شود که مردم از بیماری محافظت شوند، از مرگ زودرس جلوگیری شود و سلامت کلی جمعیت بهبود یابد. مسائلی مانند نابرابری و فقر ریشه‌کن می‌شود و مردم از رفاه و عدالت برخوردار می‌شوند. این مطالعه اصیل است و تلاش دارد به بدنه دانش در مورد SDG 3، چالش‌های زیمبابوه و نحوه مواجهه با این چالش‌ها برای حفاظت از شهروندان در برابر بیماری‌ها، بهبود رفاه و ارتقای عوامل اجتماعی-اقتصادی کمک کند.

واژه‌های کلیدی

هدف توسعه پایدار، موانع، ناپایداری، برابری، سلامت.

Introduction

Achieving Sustainable Development Goal 3 (SDG 3), which is centered on guaranteeing healthy lives and fostering well-being for all, presents particular difficulties for Sub-Saharan Africa. The health environment of Zimbabwe is complex and includes problems such as infectious diseases, inadequate infrastructure for providing healthcare, unstable economic conditions, and political difficulties. In light of the country's efforts to align its policies with SDG 3, it is imperative to comprehend the challenges associated with the implementation process. This assessment aims to investigate the obstacles Zimbabwe faces in accomplishing SDG 3, taking into account elements such as limited resources, accessibility to healthcare, and the effect of outside pressures. Through an analysis of these obstacles, stakeholders, researchers, and policymakers can acquire a deeper understanding of the complexities involved in implementing health policies in the region and devise plans for surmounting hurdles to facilitate the advancement of sustainable healthcare development (Bednar et al., 2023; Mangundu et al., 2023). Examining the particular issues at hand makes it clear that resolving health disparities in Zimbabwe calls for an all-encompassing strategy that goes beyond conventional medical measures. To enhance health outcomes and support larger regional efforts to achieve SDG 3 in Sub-Saharan Africa, Zimbabwe can establish targeted solutions by addressing these hurdles and cultivating a nuanced awareness of the issues at hand. The objective of this study is to evaluate the main obstacles Zimbabwe faces in implementing health policies, particularly those related to Sustainable Development Goal 3 (SDG 3), and to assess the effect these obstacles have on the nation's advancement in guaranteeing healthy lives and advancing well-being for everyone.

Literature review

The literature on Zimbabwe's health policy implementation issues, especially concerning Sustainable Development Goal 3 (SDG 3), indicates a complex interaction of variables impeding the country's progress towards

attaining optimal health outcomes (Haywood & Boiham, 2021; Hungwe, 2022). The ongoing economic upheaval Zimbabwe has experienced recently is one major obstacle. Economic downturns have resulted in a lack of funding for healthcare, which has impacted the nation's capacity to make investments in critical health services, medical personnel, and infrastructure (Kidia, 2018; Todd et al., 2010). The implementation of a comprehensive health policy that is in line with SDG 3's aims is hampered by this financial restriction. Furthermore, political unpredictability has been a persistent problem that affects the continuity and prioritization of health programs and long-term health initiatives can be upset by shifts in political and leadership environments, which can result in uneven application and lower efficacy of medical interventions (Jaiyesimi, 2016; Le R Booysen, 2003; Todd et al., 2010). The research also highlights how important hospital infrastructure is to reaching SDG 3. Zimbabwe is confronted with issues about insufficient infrastructure, scarcity of medical supplies, and a paucity of qualified healthcare personnel (Althoff et al., 2016; Chipunza & Nhamo, 2023; Ihekweazu et al., 2015). These elements impede overall progress towards SDG 3 by contributing to gaps in healthcare access, especially in rural and marginalized areas.

The literature examines foreign effects and emphasizes how international aid and trends in global health have an impact on Zimbabwe's health policies. While receiving resources from outside can be very helpful, there may be requirements and dependencies that affect the nation's ability to set its health policy (Leal Filho et al., 2020; Stenberg et al., 2017). Furthermore, studies highlight how crucial it is to address socioeconomic determinants of health, like gender equality, poverty, and education, to achieve SDG 3. These interrelated concerns highlight the necessity of implementing health policies in Zimbabwe using a comprehensive strategy. If we go deeper into the literature assessment, we find that historical, social, and geopolitical settings have a major role in Zimbabwe's struggles to achieve SDG 3. Numerous studies demonstrate the long-lasting effects of the HIV/AIDS pandemic, which has disproportionately impacted Zimbabwe and other countries in Sub-

Saharan Africa (Haywood & Boihang, 2021; Jumare et al., 2013; Ndow et al., 2019; Winchester & King, 2018). The nation's attempts to meet the targets for SDG 3 are made more difficult by the persistent burden of infectious diseases as well as the difficulties presented by new health hazards. The research highlights the importance of having a healthcare system that is both responsive and resilient and concern has been raised about Zimbabwe's health infrastructure's inability to adjust and prepare for new health emergencies like the COVID-19 pandemic (Aderinto et al., 2023; Kidia, 2018; Varma et al., 2020). This underscores the importance of not only addressing existing health challenges but also building a robust healthcare system capable of effectively responding to unforeseen challenges which focuses on the broader goals of SDG 3.

Additionally, research highlights the importance of health education and community involvement. The population's low level of health literacy and awareness can make health programs less successful, so increasing public awareness of disease prevention, the value of prompt medical attention, and disease management are critical elements of Zimbabwe's overall efforts to attain SDG 3 (Bednar et al., 2023). The impact of gender differences on healthcare outcomes and access is also highlighted by research. Divergent health outcomes are a result of gender-specific health conditions as well as unequal access to healthcare resources. To fulfill SDG 3's pledge to provide universal health coverage and promote well-being without discrimination, gender-related issues must be addressed (Craveiro & Dussault, 2016). To further elaborate on the literature analysis, several research highlight the complex obstacles preventing Zimbabwe from achieving Sustainable Development Goal 3 (SDG 3) (Kidia, 2018; Lehman, 1979). The healthcare industry has continuously been impacted by the nation's economic problems, including hyperinflation and economic instability. According to research by Moyo and Zirima (2018), government spending on health has fallen as a result of economic downturns, leaving a shortage of money for personnel, medical supplies, and infrastructure in the

healthcare industry.

Health policy implementation is frequently impeded by political instability. Regular shifts in political environments and leadership can upset long-term health plans and make it more difficult for health initiatives to continue (World Bank, 2019). The political environment frequently affects resource allocation and policy prioritization, which affects how well healthcare treatments work. The literature also emphasizes how important hospital infrastructure is. Zimbabwe is confronted with issues such as a scarcity of medical professionals, subpar infrastructure, and an absence of necessary medical supplies (World Health Organization, 2020). Significant gaps in healthcare access are caused by these shortcomings, especially in rural and marginalized groups. A 2017 Ministry of Health and Child Care Zimbabwe study highlights the necessity of focused measures to close these gaps and enhance general access to healthcare. International aid and trends in global health are also quite important. Studies (Chimbindi et al., 2018) warn that aid dependency and conditionalities may limit Zimbabwe's autonomy in crafting its health agenda, even while international support can provide vital resources. Achieving sustainable health results becomes imperative when striking a balance between national priorities and outside support. Infectious diseases remain a major health challenge in Zimbabwe, especially the HIV/AIDS epidemic. The chronic burden of infectious diseases and the necessity for comprehensive measures to address these ongoing health hazards in conjunction with attempts to attain SDG 3 are discussed in studies by Dzobo et al. (2021).

Furthermore, studies underscore the significance of health education and community involvement in accomplishing SDG 3. The success of health initiatives is significantly hampered by low health literacy and awareness. Effective health policies must include tactics to improve public awareness of disease management, preventive measures, and the significance of receiving medical attention as soon as possible (Makumbe, 2018). Studies like the one done by Zirima and Orindi (2019) emphasize the differences between genders in

healthcare outcomes and access. Achieving the inclusive goals of SDG 3 requires addressing gender-specific health challenges and fostering equitable access to healthcare services.

Additionally, the literature offers a thorough understanding of Zimbabwe's implementation issues for health policies that are in line with SDG 3. A complicated landscape is presented by factors such as political unpredictability, economic limitations, inadequate healthcare infrastructure, infectious diseases, global health dynamics, community engagement, health education, and gender inequality (Drapkina et al., 2021; Naidoo & Fisher, 2020; Richter et al., 2022). To effectively manage Zimbabwe's healthcare complexity and advance the objectives of SDG 3, policymakers and stakeholders must have a sophisticated awareness of these problems, as demonstrated by the research that has been cited. According to the literature study, putting health policies in place in Zimbabwe that are in line with SDG 3 will present a complicated web of difficulties. To overcome these challenges and make significant progress towards guaranteeing healthy lives and well-being for everyone in Zimbabwe, the country must address its economic instability, political unpredictability, infrastructure deficiencies in the healthcare system, and social determinants of health (Hungwe, 2022; Mbunge et al., 2021; Ndow et al., 2019). The literature study concludes by highlighting the complexity of the obstacles Zimbabwe has in putting SDG 3 health policies into practice. Important roles are played by historical legacies, continuing health problems, weaknesses in the healthcare system, community engagement, and gender inequality (Mangundu et al., 2023; Salami et al., 2019). To create focused interventions and policy frameworks that can successfully manage the complexities of Zimbabwe's healthcare landscape and bring the country closer to the realization of SDG 3 targets, a thorough understanding of these elements is important.

However, meeting Sustainable Development Goal 3 (SDG 3) poses several challenges in the context of Zimbabwe. The key challenges identified in the literature, supported by relevant references:

1. Economic Instability

Economic downturns and hyperinflation affect

the allocation of financial resources for healthcare, impacting the implementation of health policies (Moyo & Zirima, 2018). The third Sustainable Development Goal (SDG 3) is all about promoting and guaranteeing healthy lives for people of all ages. There are multiple ways in which economic volatility might impede the advancement of SDG 3. The following are some possible effects: Limited Resources for Healthcare: Budgetary restrictions and decreased government revenue are frequently the results of economic volatility. This might, therefore, lead to a lack of funds for healthcare systems, which would make it difficult to make investments in facilities, medical supplies, and healthcare workers. The accomplishment of SDG 3 targets may be impacted by efforts to enhance healthcare quality and accessibility being hampered by a lack of finance (Fotio et al., 2023). Increased Health Inequalities and Poverty: Poverty can be made worse by economic instability, which raises health disparities. People who are struggling financially could find it difficult to get access to basic medical services, such as diagnosis, treatment, and preventive care (Jumare et al., 2013).

Effect on Nutrition and Food Security: Malnutrition and food insecurity are both exacerbated by economic volatility. Health problems may arise from people's inability to obtain nourishing food due to a lack of financial resources (Bednar et al., 2023; Fluck & Jaffe, 1975). In consequence, malnutrition can influence an individual's vulnerability to illnesses and impede efforts to attain Sustainable Development Goal 3 (SDG 3) targets about mother and child health. Decreased Research and Development: Funding for research and development in the healthcare industry may decrease as a result of economic uncertainty. This may impede the development of novel therapies, vaccines, and medical technology, delaying improvements in healthcare and the achievement of SDG 3 targets of the fight against infectious diseases (Varma et al., 2020).

Stress on Health Systems During Crises: During times of crisis, economic instability may exacerbate the burden on health systems. For instance, when resources are few, there may be an increase in demand for healthcare services during economic downturns (Salami et al.,

2019). The overall accomplishment of SDG 3 may be impacted, especially in the context of global health security, by this strain on health systems' capacity to respond to emergencies. Mental Health Issues: Stress, unemployment, and uncertainty are frequently linked to economic instability, and these factors can exacerbate mental health issues. SDG 3's focus on mental health is essential, and attempts to address mental health concerns and advance well-being may be hampered by unstable economic conditions (Abdulai et al., 2023; Nabukalu et al., 2019).

Effect on International Health Cooperation: Uncertainty in one area's economy may have an impact on international health cooperation. The potential reduction of international aid and collaboration in health efforts could pose a barrier to the collective effort to address global health concerns. Since SDG 3 places a strong emphasis on international cooperation, attempts to work together to achieve shared health goals may be hampered by economic uncertainty (Murewanhema & Makurumidze, 2020; Ndow et al., 2019). Governments, international organizations, and other stakeholders must prioritize health and well-being even in times of economic volatility to counteract these effects. To guarantee that progress towards SDG 3 is inclusive and maintained, this may entail creative finance methods, improved healthcare spending efficiency, and a dedication to addressing the socioeconomic determinants of health.

2. Political Instability

Frequently occurring shifts in political and leadership environments impair long-term health plans and affect the continuation of health initiatives (World Bank, 2019). Healthcare Service Disruption: Healthcare service delivery may be disrupted as a result of political unrest. Political upheaval, civil unrest, or other conflicts may cause medical supply chains to break, healthcare workers to be displaced, and infrastructure to be destroyed (Mueller & Govender, 2016). This may make it more difficult to receive necessary medical services, such as immunizations, disease treatment, and maternity and pediatric healthcare.

Public health system degradation: Political unrest has the potential to exacerbate systemic public health problems. Politically challenged governments may find it difficult to devote enough funds to healthcare, which could influence the education of medical personnel, upkeep of medical facilities, and acquisition of essential medical equipment (Cornell et al., 2015; Leal Filho et al., 2020; Murewanhema & Makurumidze, 2020). A weaker health system can impede the achievement of SDG 3 goals, namely attaining universal health coverage. Impact on Disease Prevention and Control: Attempts to prevent and control disease may be hampered by political unrest. It could be challenging to properly monitor and react to disease outbreaks due to damaged surveillance infrastructure. Disruptions to immunization programs could raise the risk of infectious diseases spreading among the populace (Bednar et al., 2023; Winchester & King, 2018).

Decreased Investment in Health Research: Funding for health research and development may be curtailed as a result of political unrest. Research expenditures are essential for the development of novel medications, vaccines, and other advancements in healthcare. Budget cuts for research programs might result from political unpredictability, which impedes the growth of medical science and slows the achievement of SDG 3 targets (Chapungu & Nhamo, 2024; Naidoo & Fisher, 2020). Migration and Health Issues: Population movements, such as forced migration and refugee crises, can be brought on by political unrest. People who have been displaced frequently experience difficulties getting access to healthcare services, which makes them more susceptible to illnesses and other health problems (Murewanhema & Makurumidze, 2020). Ensuring health and well-being for everyone is an objective of SDG 3, and it may be directly impacted by this.

Political unrest has the potential to impede international collaboration on health-related projects. Global health initiatives may be impacted by countries that prioritize domestic matters over international partnerships due to internal political concerns. SDG 3 highlights international collaboration to solve health concerns, and political unrest may make it more

difficult to work together to accomplish shared health objectives (Stenberg et al., 2017). Effect on Social Determinants of Health: Social determinants of health like poverty, education, and social inequality can be made worse by political instability. Economic downturns brought on by political upheaval may restrict access to jobs and education. These elements have the potential to exacerbate health inequalities and impede the realization of SDG 3's universal health and well-being goal (Smit et al., 2018; Todd et al., 2010). It is the view of this author that political leaders, international organizations, and stakeholders must prioritize the stability of health systems, continue to invest in healthcare infrastructure and research, and honor their commitments to international collaboration to lessen the negative effects of political instability on SDG 3. To create an environment that is favorable to attaining SDG 3, it can also be helpful to address the underlying causes of political instability, such as fostering good governance and reducing socioeconomic inequality.

3. Healthcare Infrastructure Deficits

Disparities in healthcare access are caused by inadequate facilities, a lack of medical professionals, and a paucity of basic medical supplies (World Health Organization, 2020). A key element that can have a major influence on the advancement of Sustainable Development Goal 3 (SDG 3), which attempts to guarantee healthy lifestyles and promote well-being for everyone at all ages, is the lack of adequate health infrastructure. Here are a few ways that the achievement of SDG 3 may be impacted by a lack of health infrastructure: Restricted Healthcare Access: Access to vital healthcare services may be restricted as a result of a lack of hospitals, clinics, and primary care facilities (Varma et al., 2020). The inability to acquire healthcare services can have a disproportionate impact on underprivileged and rural communities, impeding the pursuit of SDG 3's universal health coverage.

Inadequate Medical Technology and Equipment: A deficiency in the health infrastructure frequently results in an inadequate supply of contemporary medical technology and equipment. This may reduce the overall quality of healthcare services, make it more difficult to diagnose illnesses promptly

and accurately and impede medical operations. **Lack of Healthcare Personnel:** A lack of highly qualified healthcare workers, such as physicians, nurses, and support staff, is frequently linked to inadequate health infrastructure (Hungwe, 2022; Salami et al., 2019). Longer wait times, overworked healthcare institutions, and subpar patient care are all possible outcomes of this shortage. **Weak Disease Surveillance and Response Systems:** Preventing and handling health emergencies depend on having strong disease surveillance and response systems. A lack of health infrastructure can lead to inadequate surveillance, which makes it difficult to identify and contain outbreaks promptly—a crucial component of reaching SDG 3 targets.

Limited Capacity for Emergency Response: A nation's ability to react swiftly and efficiently to health emergencies, such as disease outbreaks, natural disasters, or other crises, may be jeopardized by deficiencies in its health infrastructure. This may make it more difficult to accomplish SDG 3's objective of guaranteeing timely and efficient emergency medical care (Murewanhema & Makurumidze, 2020; Thokwane et al., 2022). **Obstacles to Maternal and Child Health:** Maternal and child health can face major obstacles due to inadequate health infrastructure. High rates of maternal and infant mortality can hinder the achievement of SDG 3 targets linked to maternal and child health (Bednar et al., 2023). These targets are impacted by limited access to maternity facilities, trained birth attendants, and neonatal care. **Impact on Preventive Healthcare:** Deficits in the health infrastructure have the potential to thwart initiatives aimed at promoting screenings, vaccinations, and health education. Achieving SDG 3 objectives, especially those about lowering the burden of preventable diseases, depends heavily on preventive healthcare (Goga et al., 2019).

Weakened Health Systems Resilience: The strength of the health infrastructure affects how resilient health systems are to external shocks, such as pandemics and risks to world health. A lack of infrastructure can hinder the achievement of SDG 3's goals for global health security by making health systems more susceptible to unanticipated difficulties and less able to react to them (Ndow et al., 2019; Winchester & King, 2018). To close the gap in

health infrastructure, deliberate efforts must be made to develop and fortify healthcare systems, guarantee sufficient training and retention of medical staff, and enact laws that place a premium on the availability and caliber of healthcare. Overcoming obstacles with health infrastructure is partly dependent on international cooperation and support, particularly in developing and low-income nations. Countries can significantly advance towards reaching SDG 3 and enhancing population well-being by addressing these gaps.

4. Importance of Monitoring and Evaluation

Monitoring and evaluating progress toward Sustainable Development Goal 3 (SDG 3) is crucial for understanding the effectiveness of health policies and interventions. The observation that Zimbabwe has a lower number of indicators (38) compared to other countries in the region suggests potential challenges in assessing and tracking SDG 3 progress (Aftab et al., 2020; Bhardwaj et al., 2018; Payne et al., 2023). To address this issue, it's important to consider several factors and propose strategies for improvement. The challenges faced by the country include limited data availability indicated by the literature that only 38 indicators as compared to other countries that have higher indicators and this could be caused by a lack of financial resources, poor infrastructure, and low institutional capacity. Improving monitoring and evaluation enhances data collection, and improves health information systems, and more reliable data is generated (Achoki et al., 2022; Ajaero et al., 2022). Additionally, lack of full coverage: the limited number of indicators may not provide and capture the full health outcomes, leaving a gap in the overall health outcome in the country (Fotio et al., 2023). However, the researcher encourages the Ministry of Health and Child Care (MoHCC) to provide a comprehensive investigation to identify areas that need additional indicators for the holistic and accurate assessment of the progress of SDG 3.

Literature has it that there is a lack of specificity on the existing indicators which may

be a challenge to have effective interventions to address health issues. The government through the relevant ministry can revisit its indicators, review them, produce new ones, and be a very specific indicator that aligns with the Zimbabwe health priorities (Nabukalu et al., 2019; Richter et al., 2022). Additionally, the issue of a lack of baseline data makes it more difficult for the country to measure its progress toward SDG 3. The country should come up with solid targets that they can use to measure progress or track the SDG 3 progress. Furthermore, the government can use the current data and do analysis as a starting point. Limited resources are also a cause for concern as the establishment of the monitoring and evaluation framework may impede the data collection and analysis and subsequent reporting. The MoHCC may put forward the need for increased funding in the area of health information, build capacity, and strengthen the rest of the monitoring and evaluation system in collaboration with universities and other academic institutions and international organizations that have the expertise in data management (Chipunza & Nhamo, 2023; Fotio et al., 2023). This can be achieved through the engagement of the stakeholders which include the policy makers, health experts and community health representatives. Furthermore, there is a need for data quality assurance by promoting transparency during data dissemination and reporting for reliable and healthy data. This can be achieved by regular data audits, and the use of standard data collection tools (Fotio et al., 2023; Hungwe, 2022; Mbunge et al., 2021). Zimbabwe can improve health outcomes and inform evidence-based policymaking by strengthening its monitoring and evaluation mechanisms and implementing improvement strategies. By addressing these issues, the country can ensure a more thorough and accurate assessment of progress toward SDG 3. However, Zimbabwe has taken some initiatives to try and address the financial gaps and address the health systems as shown below;

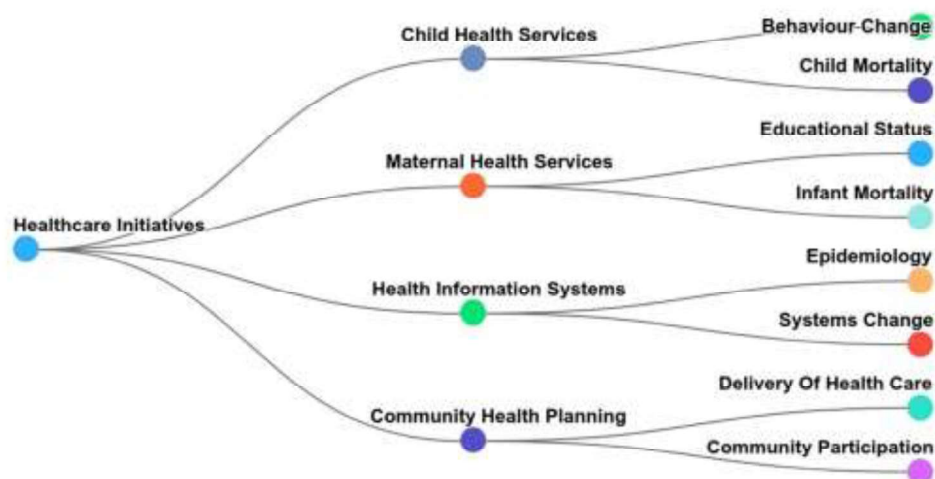


Figure 1. Initiatives of Zimbabwe in Addressing SDG 3 Challenges (Source: Author's Construct, 2024)

Figure 1 above shows the initiatives the Zimbabwe government have taken to try and address financial challenges which focused on the child health services (behaviour change, child mortality), maternal health services (educational status, infant mortality), health information systems (epidemiology, systems change) and community health planning (delivery of health care, community participation).

The study is supported by Health Systems theory which speaks about the efficient working of the health systems at every level.

Health Systems Theory

This systems theory helps in the analysis of structures, processes, and the general outcomes of health care delivery systems; hence, the author saw it fit to be used for this study as it helps to point out challenges the health system is facing, such as the one under this study. It further puts the patient into the equation of any health system as it seeks to look at understanding how various components of health systems come together to influence health outcomes and this theory helps us to understand the obstacles the government of Zimbabwe is facing as they fail to meet the minimum requirement to meet the SDG 3 (Gotora, 2022). The complex structure of healthcare delivery and the interaction of

numerous elements impacting health outcomes must be taken into account to comprehend the health systems theory in connection to Zimbabwe's progress towards achieving Sustainable Development Goal 3 (SDG 3). This theory recognizes the importance of considering the social, economic, and political regard to the country's health systems, as mentioned in the literature review, as these are some of the challenges the country of Zimbabwe is facing (Zeng et al., 2018). The nation's economic expansion, which has an immediate impact on SDG3 operationalization and healthcare service sustainability, exacerbates these issues (Fonseca et al., 2020). In the case of this study, health systems theory is said to be crucial to health workers, policymakers and other stakeholders such as researchers as it helps to point out weaknesses of a health system such as the one under study which is making it difficult for the country to meet the SDG 3, which is good health and well-being (Budhathoki et al., 2017). Additionally, the theory focuses on the determinants of health, community engagement's role, and the effects of political and policy factors on health outcomes. All these factors have a positive impact on the country's possibility of meeting SDG 3. Furthermore, this theory plays an important role in this study as it adds the fact that having efficient health systems that provide quality health care to the general populace

(Kuper et al., 2022), of which, in the case of Zimbabwe, there are obstacles impeding such to be fulfilled. In addition to the above, the health systems theory supports SDG 3 as it further focuses on maternal and child mortality, reduction of infectious diseases and the provision of essential health care. This raises concerns about potential conflicts between various SDGs and emphasizes the necessity of addressing these complexities within the framework of health systems (Güzel et al., 2021). Furthermore, a literature review found that the obstacles in Zimbabwe's health system have an impact on the time it takes for women to seek treatment for breast cancer and, the potential of health literacy to meet the health-related UN Sustainable Development Goal 3 in Nepal emphasizes the need to recognise the role of literacy and education within health systems for reaching SDG3 (González-Pier et al., 2016).

Research Methodology

It is crucial to take into account the intricate interactions between variables influencing healthcare delivery and health outcomes to support the use of qualitative research methods in solving Zimbabwe's health concerns to accomplish Sustainable Development Goal 3 (SDG 3) (Haider, 2022; Tessema et al., 2021; Patton, 2015). Using a qualitative study is regarded as an effective research model and enables the author to provide a high level of involvement (Nhapi, 2019; Taye et al., 2022). Furthermore, the qualitative method allows the researcher to collect data, analyze, and interpret the meaning from the data collected from the targeted places (Levitt et al., 2017). As in the case of this study, the data was collected from the documents mentioned below. Significant health issues that Zimbabwe has include a lack of healthcare workers, facilities, and medications, as well as poor surveillance and data administration (Haider, 2022). In the end, qualitative research will help develop practical solutions to address Zimbabwe's health issues by offering insightful information about the obstacles to healthcare access, the influence of social determinants on health, and the acceptance of interventions (Palinkas et al., 2015; Guest et al., 2006). Additionally, made use of document review in the form of

secondary data from the MoHCC's National Health Policy document from 2021-2025 (NHP201-5), WHO's 2023 Global Sustainable Development Goal Report (WHO2023), World Bank's dashboard data for 2023 (WB2023) and UNDP's Zimbabwe SDG Progress Review Report 2020 (UNDP2020). The documents from these various sources helped to strengthen the researcher's position in providing an argument for the study and various data sources bring triangulation, as well as corroboration and convergence (Mohajan, 2018; Denzin, 1970). Document review allows the researcher a systematic reviewing of official documents produced and shared which can be electronic and printed and these documents may contain words, pictures, recordings without the researcher's participation (Corbin & Strauss, 2008). Furthermore, the author choose to use document review because it is efficient, documents are readily available, stable and easy of retrievability (Silverman, 2000; Yin, 1994).

Data Analysis

The researcher scanned through the documents mentioned above looking for areas that speak to SDG 3 and highlighted these areas using various colours. This was a reminder for the researcher not to go through the whole document when now writing the results and only focus on the areas in these colours. The choice was based on the need to have the key reports from the key institutions who are knowledgeable (Butcher, 2022; Musarurwa, 2022; Olaghere, 2022) about the issues hampering the Zimbabwean country from reaching its potential in meeting SDG number 3 – good health and well-being of all and the main aim is to prevent people from suffering from preventable diseases, no premature death and targets to boost the country's health system to cover all the population leaving no one behind. The interest was to review documents of importance from 2019 to 2023.

Results

The study found that economic instability was one of the reasons why the government failed to implement the Abuja declaration, and the leaders agreed that 15% of the total budget must

be allocated to the health sector. Due to the economic and political meltdown, the health sector is also facing staff shortages because most of them are leaving for greener pastures. The results further highlighted the challenge of poor infrastructure as one of the impeding components in the country's quest to meet its SDG 3 by 2030. The researcher read through all the secondary data documents, and there is a concurrence with that effect, according to UNPD2020 and NHP201-5. The infrastructure has not been attended to to cater to the growing population, hence the collapse.

Additionally, literature concurred with the views that the MoHCC may put forward the need for increased funding in the area of health information, build capacity and strengthen the rest of the monitoring and evaluation system in collaboration with universities and other academic institutions and international organizations that have the expertise in data management. This can be achieved through the engagement of the stakeholders which include the policy makers, health experts, and community health representatives.

Furthermore, the results also provided insight into the procurement deficiencies which are said to be fragmented and work against the achievement of SDG 3 as several institutions buy their own commodities and there is a possibility of duplication hence there is a need to have oneness in the procurement of goods and services. This was highlighted by NHP201-5, and according to the MoHCC's national policy, even the commodities remained low including the equipment which then has the potential to reduce the chances of the country attaining this goal.

Discussion of the results

The study found that the economic instability has been one of the reasons why the government failed to implement the Abuja declaration where the leaders agreed that 15% of the total budget must be allocated to the health sector. This was echoed by UNDP2020 stated in their report and agreed with (Moyo & Zirima, 2018), who pointed out that the economic meltdown has been the major contributor to the health's demise, which works against achieving SDG 3,

“Government allocation on health and child

care as a percentage of total public expenditure rose to 10.1% in 2020 up from 7% in 2019. However, the Abuja target still remains an elusive target for the country, and the country also spends a relatively small share of its Gross Domestic Product (GDP) on health care projected at 1.9% in 2020 down from an estimated 2.8% in 2019. The inadequate public financing of health has resulted in an overreliance on out-of-pocket and external financing which is highly unsustainable and risky.”

The Ministry of Health and Child Care's national policy (**NHP201-5**) also pointed to the lack of financial support to finance their programs and is looking into external funding to help out as shown in the below extract;

“Although government funding has been the largest contributor to total health funding, however, the funding still falls short of the requirements of the sector. External support is currently targeted towards vertical programs such as HIV and AIDS, malaria and TB”. Due to the economic and political meltdown, the health sector is also facing staff shortages because most of them are leaving for greener pastures, as noted by UNDP2020 and NHP201-5 below. This has a direct effect on the country's SDG 3; the excerpt below from UNDP2020 was echoed by Abdulai et al. (2023), Nabukalu et al. (2019), and World Bank (2019).

UNDP2020-*“The country faces a critical shortage of healthcare staff with the number, quality, and capability of healthcare workers as a ratio of the population is critically low. Zimbabwe has 30,697 healthcare workers in post out of an establishment of 37,602, translating to a vacancy rate of 18% based on the current staffing norms. The depleted health personnel are also highly demotivated owing to dwindling real incomes, poor working conditions and underequipped health institutions. High drop-out rates in public sector health care costs have resulted in vacancy rates of over 50% for doctors, midwives, laboratory, and environmental health staff.”*

NHP201-5-*“Significant numbers of health workers leave the public sector every year. Some go and set up rooms for private practice. Consequently, there has been an upswing in the establishment of private health institutions, these include hospitals, surgeries, and*

pharmacies. In 2018, the private sector employed 17 percent of the health workforce.”

The results further highlighted the challenge of poor infrastructure as one of the impeding components in the country’s quest to meet its SDG 3 by 2030 (World Health Organization, 2020; Murewanhema & Makurumidze, 2020; Thokwane et al., 2022). The researcher read through all the secondary data documents, and there is a concurrence with that effect, according to UNPD2020 and NHP201-5. The infrastructure has not been attended to cater to the growing population hence the collapse as shown below by the 3 different reports and this has brought about some challenges even with new technologies coming into the country as the old infrastructure is not compatible with the evolving technology and with lack of funds some of these are kept in the warehouse until renovations are done.

UNDP2020–“Public health infrastructure is considered as the nerve center and building blocks of the public health system.’ Priority must be on strengthening the referral, district, and community health centers to promote preventive health care. Currently, there is a bias towards curative interventions and this is not sustainable and must be corrected through greater investments in preventive care. As part of the process of expanding coverage to a larger proportion, it is imperative that Human Resources for Health (HRH) planning takes into account demographic trends and developments. Appropriate incentives must be designed to ensure equitable distribution across urban and rural areas ensuring access to health services for under-served populations”.

It is the argument of the researcher that a significantly larger share of the budget should go to the district level for public health infrastructure, and informal, resettlement and rural areas need to be prioritized. There is a need for the absorption of all the produced graduates by removing the moratorium on public health posts.

NHP201-5–“There is inadequate storage space at both central warehouses and health facilities, resulting in poor inventory practices, including poor temperature controls. Cold chain maintenance at health facilities remains a challenge with increased power outages and

poor supply of LP gas.” **WHO2023**–“Proactive and decisive governments can shape markets, by stimulating research and innovation, investing in public infrastructure, setting targets, and regulating businesses. This entails an interventionist and deliberate government, ideally reorienting economic activities towards sustainable development goals”.

Additionally, literature concurred with the views that the MoHCC may put forward the need for increased funding in the area of health information, build capacity and strengthen the rest of the monitoring and evaluation system in collaboration with universities and other academic institutions and international organizations that have the expertise in data management (Chipunza & Nhamo, 2023; Fotio et al., 2023). This can be achieved through the engagement of the stakeholders which include the policy makers, health experts, and community health representatives. During the data analysis, **WHO2023** pointed out that the science and technology lever may assist through the universities which is not the case with Zimbabwe.

“The science and technology lever can be “pushed” –for example, through investments in universities and other research institutions earmarked for research relevant to the SDGs.” It also pointed out that there must be synergies across the structures to achieve the SDGs and where necessary trade-offs are required,

“To achieve the SDGs, many systems need to transform simultaneously, so it is essential to track the interactions between different systems transformations and identify the important synergies and trade-offs.”

Furthermore, the results also provided insight into the procurement deficiencies which are said to be fragmented and work against the achievement of SDG 3 as several institutions buy their own commodities and there is a possibility of duplication hence there is a need to have oneness in the procurement of goods and services. This was highlighted by **NHP201-5**, and according to the MoHCC’s national policy, even the commodities remained low including the equipment which then has the potential to reduce the chances of the country attaining this goal as noted below;

“Challenges remain to manage multiple

procurement systems, creating difficulties with visibility and commodity security. The main issue is the low availability of health commodities and equipment in both the public and private sectors. When the commodities are available, access is often limited because of high prices. This situation is worse for chronic diseases and specialized interventions such as surgery or radiotherapy. Resources to procure public sector health commodities is heavily donor dependent". The health ministry can improve in terms of sourcing for the commodities that are required by chronic disease patients by having to put in place a monitoring mechanism in the supply chain system through collaboration with other partners who have been supportive of such initiatives.

Conclusion

The study concluded that the country of Zimbabwe is facing so many complex challenges that may hinder it from achieving the sustainable development goal 3 due to various reasons emanating from the literature and the data analysis done from the main four sources of data which are the Ministry of Health and Child Care's National Health Policy-2021-2025 (NHP201-5), World Health Organization (2023) (WHO2023) and United Nations Development Fund, (2020) (UNDP2020). Now six years to go to 2030 and the better half of the years have passed by from 2015 to 2024. The study further concluded that political and economic situations are the major obstacles the country is facing which affects further downstream, funding not adequate to fund the Ministry of Health to the maximum hence failure to meet the SDG 3. Data has shown that SDG 3 may remain a dream for major African countries as witnessed from the Zimbabwean scenario where it has also been noted that health infrastructure is in shambles and there is no monitoring and evaluation of programs, which

further affects decision-making and some components of SDG 3 cannot be measured because there is no data within the health system. Lastly, the major threat the government of Zimbabwe is facing is the employees who are leaving the country for greener pastures in the UK, USA, and other African countries like Namibia and Botswana, among others.

The study then recommends the government of Zimbabwe sort out its political situation and work towards improving MoHCC funding for infrastructure development, such as building and renovating old hospitals and laboratories to meet the current standards as technology evolves. The study further recommends that the government of Zimbabwe consider entering into a private partnership with the private sector; the collaboration will enhance infrastructure development and further assist in meeting SDG 3. Additionally, the MoHCC may collaborate with universities and other higher learning institutions to improve on technological advancement so that they will be able to track programs and data to feed into decision-making and stop guesswork, as is the case currently. Monitoring and evaluation have become one of the major pillars of decision-making, hence the need for collaborations with the international community to collaborate with systems that improve data collection across the health sector, such as laboratories, hospitals, and clinics all over the country. The study, however, recommends that the government improve employees' working conditions to prevent them from leaving for other countries. This will have a positive effect as the country works toward achieving SDG 3.

Declarations

The researcher declares not having any financial interest in this study.

Conflict of interest

The researcher declares no conflict of interest.

REFERENCES

- Abdulai, M., Owiredun, D., Boadu, I., Tabong, P. T.-N., Sarfo, B., Bonful, H. A., Addo-Lartey, A., Akuffo, K. O., & Danso-Appiah, A. (2023). Psychosocial interventions and their effectiveness on quality of life among elderly persons living with HIV in Africa South of the Sahara: Systematic review and meta-analysis protocol. *PLOS ONE*, 18(9), e0291781. <https://doi.org/10.1371/journal.pone.0291781>

- 781
- Achoki, T., Sartorius, B., Watkins, D., Glenn, S. D., Kengne, A. P., Oni, T., Wiysonge, C. S., Walker, A., Adetokunboh, O. O., Babalola, T. K., Bolarinwa, O. A., Claassens, M. M., Cowden, R. G., Day, C. T., Ezekannagha, O., Ginindza, T. G., Iwu, C. C. D., Iwu, C. J., Karangwa, I., ... Naghavi, M. (2022). Health trends, inequalities and opportunities in South Africa's provinces, 1990–2019: Findings from the Global Burden of Disease 2019 Study. *Journal of Epidemiology and Community Health*, 76(5), 471–481. <https://doi.org/10.1136/jech-2021-217480>
- Aderinto, N., Oladipo, E., Amao, O., & Omonigbehin, O. (2023). Africa vaccinating Africa: Pre- and post-COVID-19 perspectives, challenges, future prospects, and sustainability. *Journal of Global Health*, 13, 03006. <https://doi.org/10.7189/jogh.13.03006>
- Aftab, W., Siddiqui, F. J., Tasic, H., Perveen, S., Siddiqi, S., & Bhutta, Z. A. (2020). Implementation of health and health-related sustainable development goals: Progress, challenges and opportunities – a systematic literature review. *BMJ Global Health*, 5(8), e002273. <https://doi.org/10.1136/bmjgh-2019-002273>
- Ajaero, C. K., De Wet, N., & Odimegwu, C. O. (2022). Integrating rural–urban differentials in the appraisal of prevalence and risk factors of non-communicable diseases in South Africa. *GeoJournal*, 87(2), 829–843. <https://doi.org/10.1007/s10708-020-10282-5>
- Althoff, K. N., Smit, M., Reiss, P., & Justice, A. C. (2016). HIV and ageing: Improving quantity and quality of life. *Current Opinion in HIV and AIDS*, 11(5), 527–536. <https://doi.org/10.1097/COH.0000000000000305>
- Bednar, H. S., Adeboyejo, R., Sidibe, T., Powell, R., Monroe, J., Mmanywa, M. S., & Zeramula, L. T. (2023). Building Global Health Systems Capacity During COVID-19 to Improve Vaccination Access and Reduce Hesitancy: Case Studies in Zambia and Tanzania. *Health Security*, 21(5), 341–346. <https://doi.org/10.1089/hs.2023.0004>
- Bora, J., Raushan, R., & Lutz, W. (2019). The persistent influence of caste on under-five mortality: factors that explain the caste-based gap in high focus indian states. *Plos One*, 14(8), e0211086. <https://doi.org/10.1371/journal.pone.0211086>
- Budhathoki, S., Pokharel, P., Good, S., Limbu, S., Bhattachan, M., & Osborne, R. (2017). The potential of health literacy to address the health related un sustainable development goal 3 (sdg3) in nepal: a rapid review. *BMC Health Services Research*, 17(1). <https://doi.org/10.1186/s12913-017-2183-6>
- Bhardwaj, S., Pattinson, R., Kauchali, S., Dlamini, N., Marshall, C., Van Der Merwe, M., & Barron, P. (2018). Implementation of strategies to improve programme effectiveness lead to an improvement in maternal and child health outcomes in South Africa. *South African Medical Journal*, 108(3a), 44. <https://doi.org/10.7196/SAMJ.2017.v108i3b.12812>
- Butcher, M. (2022). Qualitative research methods I: Emotionally engaged approaches to working with vulnerable participants. *Progress in Human Geography*, 46(3), 907–914. <https://doi.org/10.1177/03091325221083212>
- Chapungu, L., & Nhamo, G. (2024). Status quo of sustainable development goals localisation in Zimbabwean universities: Students perspectives and reflections. *Sustainable Futures*, 7, 100147. <https://doi.org/10.1016/j.sfr.2023.100147>
- Chipunza, T., & Nhamo, S. (2023). Health and Healthcare Delivery in Zimbabwe: Past and Present. In D. Mhlanga & E. Ndhlovu (Eds.), *Post-Independence Development in Africa* (pp. 171–194). Springer International Publishing. https://doi.org/10.1007/978-3-031-30541-2_10
- Chimbindi, N., Bor, J., Newell, M. L., Tanser, F., Baltussen, R., & Hontelez, J. (2018). Time and money: The true costs of health

- care utilization for patients receiving 'free' HIV/tuberculosis care and treatment in rural KwaZulu-Natal. *Journal of Acquired Immune Deficiency Syndromes*, 75(1), 101–108.
- Cornell, M., Johnson, L. F., Schomaker, M., Tanser, F., Maskew, M., Wood, R., Prozesky, H., Giddy, J., Stinson, K., Egger, M., Boulle, A., & Myer, L. (2015). Age in antiretroviral therapy programmes in South Africa: A retrospective, multicentre, observational cohort study. *The Lancet HIV*, 2(9), e368–e375. [https://doi.org/10.1016/S2352-3018\(15\)00113-7](https://doi.org/10.1016/S2352-3018(15)00113-7)
- Craveiro, I., & Dussault, G. (2016). The impact of global health initiatives on the health system in Angola. *Global Public Health*, 11(4), 475–495. <https://doi.org/10.1080/17441692.2015.1128957>
- Drapkina, O. M., Maslennikova, G. Ya., & Shepel, R. N. (2021). Strategies for diseases prevention: The role of the general practitioner and primary health care. *Profilakticheskaya Meditsina*, 24(8), 7. <https://doi.org/10.17116/profmed2021240817>
- Dzobo, M., Chirisa, I., Dzinamarira, T., & COVID-19 WHO African Region Case Study Research Consortium. (2021). Zimbabwe's response to COVID-19: A case study. *Global Health Research and Policy*, 6(1), 3.
- Fluck, R. A., & Jaffe, M. J. (1975). Cholinesterases from plant tissues. VI. Preliminary characterization of enzymes from *Solanum melongena* L. and *Zea mays* L. *Biochimica Et Biophysica Acta*, 410(1), 130–134. [https://doi.org/10.1016/0005-2744\(75\)90213-2](https://doi.org/10.1016/0005-2744(75)90213-2)
- Fotio, H. K., Adams, S., Nkengfack, H., & Poumie, B. (2023). Achieving sustainable development goal 7 in Africa: Does globalization matter for electricity access, renewable energy consumption, and energy efficiency? *Utilities Policy*, 82, 101545. <https://doi.org/10.1016/j.jup.2023.101545>
- Fonseca, L., Domingues, P., & Dima, A. (2020). Mapping the sustainable development goals relationships. *Sustainability*, 12(8), 3359. <https://doi.org/10.3390/su12083359>
- González-Pier, E., Barraza-Lloréns, M., Beyeler, N., Jamison, D., Knaul, F., Lozano, R., ... & Sepúlveda, J. (2016). Mexico's path towards the sustainable development goal for health: an assessment of the feasibility of reducing premature mortality by 40% by 2030. *The Lancet Global Health*, 4(10), e714–e725. [https://doi.org/10.1016/s2214-109x\(16\)30181-4](https://doi.org/10.1016/s2214-109x(16)30181-4)
- Gotor, E. (2022). Health system in zimbabwe and delay in seeking health care of breast cancer among women. *Athens Journal of Health & Medical Sciences*, 8(4), 343–364. <https://doi.org/10.30958/ajhms.8-4-3>
- Güzel, A., Arslan, Ü., & Acaravci, A. (2021). The impact of economic, social, and political globalization and democracy on life expectancy in low-income countries: are sustainable development goals contradictory?. *Environment Development and Sustainability*, 23(9), 13508–13525. <https://doi.org/10.1007/s10668-021-01225-2>
- Goga, A., Feucht, U., Zar, H. J., Vanker, A., Wiysonge, C. S., McKerrow, N., Wright, C. Y., Loveday, M., Odendaal, W., Ramokolo, V., Ramraj, T., Bamford, L., Green, R. J., Pillay, Y., & Nannan, N. (2019). Neonatal, infant and child health in South Africa: Reflecting on the past towards a better future. *South African Medical Journal*, 109(11b), 83. <https://doi.org/10.7196/SAMJ.2019.v109i11b.14301>
- Haider, H. (2022). Malaria, hiv and tb in zimbabwe: epidemiology, disease control challenges and interventions. <https://doi.org/10.19088/k4d.2022.037>
- Haywood, L. K., & Boihang, M. (2021). Business and the SDGs: Examining the early disclosure of the SDGs in annual reports. *Development Southern Africa*, 38(2), 175–188. <https://doi.org/10.1080/0376835X.2020.1818548>
- Hungwe, C. (2022). Aging in Zimbabwe: Reflections 41 Years after Independence. *The Gerontologist*, 62(2), 152–158. <https://doi.org/10.1093/geront/gnab138>
- Ihekweazu, C., Ncube, F., Schoub, B., Blumberg, L., Ruggles, R., Salter, M.,

- Madhi, S., & Kessel, A. (2015). A North/South collaboration between two national public health institutes – A model for global health protection. *Journal of Public Health Policy*, 36(2), 181–193. <https://doi.org/10.1057/jphp.2014.52>
- Jaiyesimi, R. (2016). The Challenge of Implementing the Sustainable Development Goals in Africa: The Way Forward. *African Journal of Reproductive Health*, 20(3), 13–18. <https://doi.org/10.29063/ajrh2016/v20i3.1>
- Jumare, F., Ogujiuba, K., & Nancy, S. (2013). Health Sector Reforms: Implications for Maternal and Child Healthcare in South Africa. *Mediterranean Journal of Social Sciences*. <https://doi.org/10.5901/mjss.2013.v4n6p593>
- Kickbusch, I., & Szabo, M. M. (2014). A new governance space for health. *Global Health Action*, 7(1), 23507. doi:10.3402/gha.v7.23507
- Kidia, K. K. (2018). The future of health in Zimbabwe. *Global Health Action*, 11(1), 1496888. <https://doi.org/10.1080/16549716.2018.1496888>
- Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., ... & Wasserheit, J. N. (2009). Towards a common definition of global health. *The Lancet*, 373(9679), 1993–1995. doi:10.1016/S0140-6736(09)60332-9
- Kuper, H., Smythe, T., Kujinga, T., Chivandire, G., & Rusakaniko, S. (2022). Should disability-inclusive health be a priority in low-income countries? a case-study from zimbabwe. *Global Health Action*, 15(1). <https://doi.org/10.1080/16549716.2022.2032929>
- Le R Booyesen, F. (2003). Urban–rural inequalities in health care delivery in South Africa. *Development Southern Africa*, 20(5), 659–673. <https://doi.org/10.1080/0376835032000149298>
- Leal Filho, W., Brandli, L. L., Lange Salvia, A., Rayman-Bacchus, L., & Platje, J. (2020). COVID-19 and the UN Sustainable Development Goals: Threat to Solidarity or an Opportunity? *Sustainability*, 12(13), 5343. <https://doi.org/10.3390/su12135343>
- Lehman, L. R. (1979). Success story. *Nursing*, 9(5), 152. <https://doi.org/10.1097/00152193-197905000-00031>
- McCoy, D., Chand, S., & Sridhar, D. (2009). Global health funding: How much, where it comes from and where it goes. *Health Policy and Planning*, 24(6), 407–417. doi:10.1093/heapol/czp026
- Makumbe, K. (2018). The role of community involvement in health care. *The Lancet Global Health*, 6(1), e19–e20.
- Mangundu, M., Roets, L., & Janse Van Rensburg, E. (2023). A strategic action plan to enhance the accessibility of healthcare in rural areas of Zimbabwe. *Global Public Health*, 18(1), 2234982. <https://doi.org/10.1080/17441692.2023.2234982>
- Mangundu, M., Roets, L., & Rensberg, E. (2020). Accessibility of healthcare in rural zimbabwe: the perspective of nurses and healthcare users. *African Journal of Primary Health Care & Family Medicine*, 12(1). <https://doi.org/10.4102/phcfm.v12i1.2245>
- Mbunge, E., Fashoto, S. G., Akinuwaesi, B., Metfula, A., Simelane, S., & Ndimiso, N. (2021). Ethics for integrating emerging technologies to contain COVID -19 in Zimbabwe. *Human Behavior and Emerging Technologies*, 3(5), 876–890. <https://doi.org/10.1002/hbe2.277>
- Moyo, C., & Zirima, H. (2018). The impact of economic meltdown on health service delivery in Zimbabwe. *Annals of Global Health*, 84(1), 159–165.
- Ministry of Health and Child Care Zimbabwe. (2017). Health Sector Strategic Plan 2016–2020. Retrieved from https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/Country_Pages/Zimbabwe/MOHCC_Zimbabwe_HSSP_2016_2020.pdf