ZIMBABWE NETWORK FOR HEALTH – EUROPE (Zimhealth)

Minutes of the Tenth Annual General Meeting of the Zimbabwe Network for Health (ZimHealth-Europe)

Saturday 24 March 2018 Webster University, Route de Collex 15, 1293 Bellevue, Geneva, Switzerland The Zimbabwe Network for Health (ZimHealth) in Europe is a non-governmental association registered in Geneva, founded by Zimbabweans as a non-profit organization. It seeks to mobilise the support of Zimbabweans living in Europe, as well as other interested individuals, agencies and development agencies to strengthen health-care services in Zimbabwe.

ZimHealth seeks to make a difference in Zimbabwe primarily through the following:

1. Raising funds directly from Zimbabweans in the diaspora, in Zimbabwe and from friends of Zimbabwe all over the world.

2. Through a transparent and highly-targeted system, procure and distribute medical anonmedical commodities and essential equipment to rehabilitate the health facilities in Zimbabwe.

3. Inform and engage interested stakeholders about the needs, successes and impact of the support to the healthcare system in Zimbabwe.

AGENDA

- 1. Opening remarks/Welcome (Chairperson)
- 2. Apologies
- 3. Minutes of previous AGM.
- 4. Matters arising from the Minutes
- 5. Presentation of Annual Report 2017 and proposed operational Plan 2018
- 6. Adoption of Annual Report and Operational Plan
- 7. Presentation of Accounts (Treasurer/Deputy Treasurer)
- 8. Adoption of Accounts
- 9. Election of Executive Committee Members
- 10. Motions of the day
 - Zimhealth UK establishment and current status Mr Laurence Bunnet (founding member)
 - Presentation on behalf of Zimbabwean Diaspora Health Alliance (ZDHA Dr Brighton Chireka (Chairman))
- 11. Any other business
- 12. Closing remarks
- 13. Social event

1 OPENING REMARKS/WELCOME (CHAIRPERSON)

1.1. The meeting was chaired and opening remarks were made by Bongani Ncube-Zikhali in the absence of Sivakumaran Murugasampillay the outgoing Chairperson who had sent in his apologies.

2 APOLOGIES

2.1. Rutendo Kuwana, Ian Menzies, Sivakumaran Murugasampillay, Vonai Muyambo, Martha Chikowore

3 MINUTES OF PREVIOUS AGM

3.1. The Treasurer presented the minutes in the absence of the Chair, page by page and the minutes were accepted. Elizabeth Mason proposed and was seconded by Mr Ngonidzashe Hove and the minutes were adopted.

4 MATTERS ARISING FROM THE MINUTES

4.1. No matters were raised.

5 PRESENTATION OF ANNUAL REPORT 2017 & PROPOSED OPERATIONAL PLAN 2018

5.1. Batsirai Majuru, Treasurer, presented the report on behalf of the Chairperson and asked the Projects committee members who were present to intervene if need be. The report had been prepared by the Chairperson who had requested the Treasurer to present it in his absence. She gave an overview and strategy of ZimHealth for the new participants who were present. The report highlighted that 2017 was a year of transition within the Zimbabwean Presidency and Ministry of Health.

5.2. ZimHealth celebrates its 10th anniversary this year and endeavours to realise its vision for better health for all Zimbabweans and would endeavour to expand public services around the country and working with institutions in Zimbabwe by strengthening their capacity and accountability

5.3. Work continued on old projects as well as new ones. There is a need to think of how the partnerships with Oliver Mtukudzi, Albert Nyathi, Derek Mpofu, and Daniel Low-Beer can be tapered more in order to promote health through art, music and ZimHealth. Fund

raising events also featured artefacts from Zimbabweans back home as well as ELMA and High Life contributions. Great partnerships have been formed over the years 10 years. In addition, ZimHealth has been collaborating with interns who come to Geneva by engaging them so that when they go back to Zimbabwe, they can champion the cause.

5.4. Resource mobilization efforts continued and included proposals to current partners and reaching out to new partners, as well as regular membership contributions and fundraising activities. The Oak Foundation continued to support ZimHealth work and contributed US\$50,000 towards planned projects. Discussions with Rotary International were started, as Rotary Harare had indicated they would wish to collaborate in a joint project and discussions were ongoing. Proposals to other cities were being developed including Zurich and Basel.

5.5. Progress on other projects was reported and a list of proposed projects was listed as part of the operational plan for 2018.

5.6. The main highlights of 2017 were the support for Mabvuku polyclinic with the first C-section being carried out early in the year and the fund raising event in Geneva featuring Oliver Mtukudzi and Albert Nyathi. There was more reaching out to current and prospective donors; discussions on tropical diseases through Albert Nyathi's booklet and CD relating to this work. Albert had performed at key regional events such as in Victoria Falls and HIFA encouraging open discussions on health issues within families. ZimHealth won the "Panel's Choice Award" by Zimbabwe Achiever Awards-UK.

5.7. ZimHealth is currently supporting 35 health facilities in Zimbabwe. A list of these projects was provided in a PowerPoint presentation and can be accessed through the ZimHealth website. Progress on these projects was presented.

5.8. It was noted that there is a need to review the business model which is a time consuming task considering that all ZimHealth committee members are volunteers. It was great news to learn of the possible launch of the UK Chapter of ZIMHEALTH and members present thanked Laurence Bunnett for the initiative and dedication.

5.9. It is hoped that Mabvuku Clinic will be commissioned soon - this is beyond ZimHealth and it is to be decided by the Government. Looking forward to the World Health Assembly where ZimHealth has the opportunity to showcase its cause and allows Zimbabwe government officials to network with like-minded people. Resource mobilization is of utmost importance if we are to continue funding old and new projects.

5.10. Dialogue should be opened with the musical group Mokoomba seeking their engagement and get them to promote the ZimHealth cause together with other artists.

5.11. The Chairperson expressed his sincere gratitude to the outgoing committee for the commitment to the work of ZIMHEALTH. The gratitude was also extended to non-committee Members both in Geneva and outside.

5.12. Laurence Bunnett and Dorcas Gwata, guests from the UK, enquired on the structure of the committee and the planning of fund raising events. Responses were given by the committee members present.

5.13. Regarding Publicity and Communication in 2017, it was noted that membership for ZimHealth Europe grew to 350. There was steady growth on the social media and visits to the ZimHealth website. The social event this year did not pull the same number of crowds as compared to that of 2016. Nonetheless, it continued to highlight the work of ZimHealth. It was also suggested that the low turnout could have been due to fun fatigue and it was proposed that the social event for 2018 be structured differently.

6 ADOPTION OF THE ANNUAL REPORT & OPERATIONAL PLAN

6.1. Clarence Siziba proposed the adoption of the Annual Report and Operational Plan and the proposal was seconded by Elizabeth Mason.

7 PRESENTATION OF ACCOUNTS

7.1. The 2017 accounts were presented by Batsirai Majuru, the Treasurer. As of 31 December 2017, ZimHealth held balances of CHF56,560 (USD60,602), USD45,124 and USD2,634 for three accounts and USD2,748 in the PayPal account, a total of USD110,838.

7.2. The ZimHealth income was derived from funds from project donors (66.2%); fundraising events (21.3%); membership contributions (5.2%) and miscellaneous (PayPal) (2.5%); returned payments (4.1%) following payments returned due to banking restrictions etc.,); and merchandise sales (0.8%).

7.3. There was a decrease in membership contributions in comparison to 2016. The majority of expenditure (65%) was related to project financing, with over USD68,000 spent on the Dan Makuto Memorial Hospital in Mabvuku, Harare; fundraising table sponsorship at the Zimbabwe Surgical Society; and production of promotional materials.

7.4. Fundraising costs, including hiring of a concert venue, sound equipment and performance fees for artists accounted for 19% of expenditure.

7.5. Overhead administration expenses remained minimal with no office space expenses, a volunteer Secretariat and low miscellaneous expenses such as hosting the website. Monsieur Gilles Coulougnon of AFR Fiduciaire et Revision SA continued to support the audit of the accounts as part of their corporate social responsibility.

7.6. The Treasurer was asked to look into reimbursement of VAT as the expenditures were increasing on locally purchased material e.g. fund raising equipment.

8 ADOPTION OF ACCOUNTS

8.1. Vicky Chabarika proposed adoption of the Accounts and the proposal was seconded by Clarence Siziba.

9 ELECTION OF EXECUTIVE COMMITTEE MEMBERS

9.1. The acting Chairperson for the day formally dissolved the outgoing committee. On their request, both Elizabeth Mason and Siva Murugasampillay requested not to be considered for re-election as they wanted to pass the baton to the new generation. It was agreed after discussion that for the sake of continuity, the Chairperson should remain as a member of the new executive committee.

9.2. As the turnout for the AGM was low and as stipulated in the constitution that the Chairperson, Secretary-General and Treasurer should be elected at the AGM and the rest of the members of the committee can be elected at a later date. The following were elected:

Chairperson:	Ngoni Hove
Secretary-General	Rutendo Kuwana
Treasurer	Batsi Majuru

9.3. Messrs Eric Muchayani and Kudzai Tamukamoyo volunteered into the Committee.

10 MOTIONS TABLED FOR THE AGM

a. ZimHealth UK – establishment and current status – Mr Laurence Bunnett (founding member)

Mr Bunnett was grateful to have been invited to the AGM. He was excited to have met other UK people present at the AGM and suggested to meet up in the UK and develop the chapter. This would be extremely helpful moving forward. He had set up an action plan on what he considered as starting points. He had written to UK institutions about ZIMHEALTH and would continue to advocate for the cause. It was useful to officially set up a charity in the UK. He would welcome advice from fellow UK residents and try and tap into corporate funding support in particular Zimbabweans. They may need a formally constituted charity so that donors may feel comfortable to donate. He advised that it would be cost effective to have a UK registered institution so that donors can deposit their contributions instead of sending to ZimHealth in Geneva as transfers outside the UK cost £25 pounds.

b. Presentation on behalf of Zimbabwean Diaspora Health Alliance (ZDHA)

Ms Dorcas GWATA was represented Dr Chireka, Chairperson of the ZDHA. The ZDHA is based in the UK and Zimbabwe and works also in East Africa. UK has a wide range of diaspora and the NHS system has a big staffing from Zimbabwe. Zimbabwe Diaspora Alliance was still taking baby steps with an objective to make a great impact back home and assist in exchanging staff. It was also reported that the IOM was putting together a programme to facilitate Zimbabweans who want to go back home. The system has to be structured and conversations with the systems in the UK were working on that.

ZDHA has made quite an impact back home with around £6000 focused on mental health issues. If staff in the health sector desired to get back home they would need assurance that whenever they go back home it would have an impact in the improvement of the services. Current focus of ZDHA was in preparing a disease prevention programme. Formation of the ZimHealth UK chapter would facilitate collaboration thereby reducing duplication. As there was no true mapping on who is doing what and where – this was to be a focus for all parties.

Ms Sibonginkosi Sibanda supported Lawrence and Dorcas' proposals to avoid duplication and have mechanisms of channelling guidelines.

11 ANY OTHER BUSINESS

11.1. There was no other business.

12 CLOSING REMARKS

12.1. The newly elected Chairperson thanked everyone who attended and encouraged those who were elected to continue working for the cause and encouraged contributions for more contributions. Those not in the executive committee were also welcome to attend committee meetings.

12.2. The date of the next meeting would be communicated in consultation with the Secretary General. Participation to the meetings can also be via Skype.

12.3. The meeting was closed and followed by a social event.

Prepared by

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