



ZACBLM SYMPOSIUM 10TH DECEMBER 2016
VENUE: UZ-CHS, PARIRENYATWA TEACHING HOSPITAL
DEPT. OF CHEMICAL PATHOLOGY (VENUE 40)

Integrating Maternal, Mental, Infant, Reproductive and Nutrition Health in Evidence Based, P4 (Personalised, Preventative, Predictive and Participatory) Medicine:



Dear All

RE: INVITATION TO NATIONAL SYMPOSIUM

Zimbabwe has faced unprecedented migration of some 4 million population since 2000 when economic blockade from the traditional western partners became effective. This impoverished 90% especially women and children. 43% of women die from cervical cancer. HIV/AIDS, diabetes mellitus are both at 10% with 1 million children orphaned and 33% stunted due to malnutrition. Public health support for drugs is at 2% the lowest in decades.



The country is among nations with the highest prevalence of Maternal Mental Health of 19 to 33% including Ethiopia, Nigeria, Uganda, Senegal and South Africa. Evidence Based Mental Health has thousands of publications in richer nations while lacking in 90% of emerging nations.

Mental health ranges from minor forms of depression, micronutrients deficiency disorders (iodine and thiamine) chronic drug induced dependences (alcohol and narcotics), in-born errors of metabolism (galactosaemia), brain syndromes due to infections, cancer and trauma to bizarre psychoses/madness as in schizophrenia. Acute mental illness often presents with delirium, severe respiratory and heart failure disturbing the electrolyte balance. Some of the many causes of mental disease eg. Jaundice/kinerctirus result in permanent cerebral damage requiring lifelong medical care and socio-economic support.

Laboratory Medicine has a central and important role to play to integrate the prevention, detection, diagnosis and management of mental health in reproductive, nutritional and other clinical care disciplines besides psychiatry which takes care of an estimated 20% of mental health burden.

Zimbabwe once registered the highest maternal deaths 960/100,000 versus a world average of 74/100,000 until UNFPA intervened in 2009 and reduces it to 782/100,000 to the current 614/100,000. The skills flight created 80% vacancies of midwives and 50% in all other health professionals, lack of drugs, 60% institutional deliveries and 60% skilled deliveries are major contributing factors. Hypertension is found in 27% of the cases. The World Food Programme currently estimates that some 4-5 million population need food aid due to climate change, particularly due to floods of 2011 and the current drought.

Mental disease drivers include poverty, food shortages, gender based violence and neglect by intimate partner, communicable and non-communicable diseases account to 25% of maternal suicides. Maternal Mental Disease is found 10% in pregnant and 13% in women soon after birth. Depression is found in 16% of pregnant and 20% soon after birth resulting in poor infants care, diarrhoea, malnutrition and poor development.

The Zimbabwe Association of Clinical Biochemistry and Laboratory Medicine in Association with the University of Zimbabwe College of Health Sciences, Department of Chemical Pathology in Parirenyatwa Teaching Hospital, Medical Laboratory and Clinical Scientist of Zimbabwe and the National Association of Pre and Post Natal Services is inviting you warmly to the National Symposium to be held on 10th December 2016 preceding the Main ICAMMAH Conference from 12-16th December 2016 at Meikles Hotel, Harare's CBD. This promises to be highly interactive coming up with resolutions on low cost affordable solution of high impact.

Post Conference Symposia for rural communities will be held at Triangle Country Club on 17th December 2016 and Nyika Growth Point Reformed Church in Zimbabwe Hall on 18th December 2016.

I look forward to you all to partner with us in advocacy research, training and clinical services in Maternal Mental Infant, Reproductive and Nutrition Health integration.



Professor Hilda T Marima-Matarira
President: ZACB; Secretary: AFCC

