Community Working Group on Health (CWGH)
-Community Views-

POSITION ON BUDGET ALLOCATIONS FOR HEALTH SECTOR - 2017

Introduction

The principle that health is a basic and a fundamental human right can never be overemphasized. For any country to be successful, it must guarantee that every individual in that country has access to health, which is affordable and available. It is heartening to note that the country, in its wisdom, has enshrined the individual right to health in the new constitution.

The Ministry of Health and Child Care (MoHCC)'s national vision states that "The Government of Zimbabwe desires to have the highest possible level of health and quality of life for all its citizens, attained through the combined efforts of *individuals, communities, organisations and the government*. The vision will be attained through guaranteeing every Zimbabwean access to comprehensive and effective social services". It is this vision and the basic right to health, which guide the Community Working Group on Health (CWGH)'s beliefs, and hence its annual submission of a position paper on the national budget.

CWGH is a network of community/national membership based civil society organisations whose aim is to collectively enhance community participation in health in Zimbabwe. The formulation of the National Budget is one area that the CWGH noted required the greater input of the community who happen to be the tax payers. Traditionally, the National Health budget has been formulated by the technocrats at the ministerial level without the direct input or suggestions from the community. Community participation in health matters and budget formulation gives a greater depth to the discussion and understanding of the health issues in the country and facilitates achievement of the country's overall health goals.

Addressing Disease Burden

- ✓ **Prioritise health interventions:** Given the current fiscal constraints the government should prioritise and focus on cost effective health programmes and interventions.
- ✓ **Need to increase access to health care services and reduce inequalities between different socio-economic groups and geographic areas.** While more mothers and children are now accessing more health services than before, there is evidence which shows that socio-economic and geographic inequalities and inequities are hampering access to health services especially for Non Communicable Diseases (NCDs) e.g. Cancer services.
- ✓ **Need to increase immunisation coverage and child nutritional status:** Immunisation rates have increased from 65% in 2010/11 to 73% in 2015, although measles vaccination has dropped from a high of 97% in 2012 to 81.9% in 2015.Children's nutritional status although improved, has been slowed down by the current drought and economic situation. There is therefore need to address in the budget child nutrition interventions to reduce underweight and stunting.
- ✓ **Access and uptake of HIV/AIDS services has improved although it still remains a concern in some areas:**[1] More women and children are accessing ARVs although the coverage for children remains intolerably low at below 50%.
- ✓ **Increase access and uptake of NCD services:** The state should come up with a clear position on treatment of NCDs. It is proposed that the State decentralize services and subsidize these treatment costs to lessen the burden on the poor who are the majority.
- ✓ **Increase access to Blood Products:** Blood products have become expensive and inaccessible to many. A bottleneck analysis that was carried out by the MoHCC shows that 60% of secondary

[1] National AIDS council annual progress Reports

facilities were found to have no blood in their stocks. Some facilities could not stock blood because of unavailability of refrigerators, electricity and general poor infrastructure. There is therefore need for the government to consider other alternatives such as solar refrigerators for storing blood products. Reduction in the price of Blood and products will increase access to these vital commodities. The reduction of price can only happen if the Government supports the National Blood Transfusion Services Zimbabwe in investing in cost effective technologies for screening blood.

Addressing Social Determinants and Access to Care Issues

- ✓ **Address Social determinants:** Government should strengthen community health systems and work with communities and others to tackle social determinants that drive the epidemic and hinder the responses. Important issues such of income and food security, ensure availability and consistent water supply in both urban and rural areas, ensure electricity and solar power at rural health facilities. The government should also ensure that other children have access to education and that adults are also exposed to continuous health education and promotion. To ensure food security and support the growth of both urban and rural smallholder farmers, the government should at least allocated 10% of the budget for the smallholder farmers.
- ✓ **Basic health infrastructures in urban, informal, resettlement and rural areas need improvement.** A number of patients are still enduring unbearable long distances to access primary health care facilities. The Government therefore needs to increase funding for mobile outreach services so that communities in remote areas and newly resettled areas can also have access to care. To encourage nurses to do these outreach services, the government must also consider providing them with incentives. Government should allocate funding to expedite the opening of new clinics (some of them were already constructed) in rural areas where communities travel long distances to reach the nearest facility. Distance is a barrier to accessing healthcare especially in resettlement areas – converting the previous farm houses into clinics.
- ✓ **Vulnerable Populations and Health Services Outreach.** While there has been some improvement with MNCH indicators, infant, under 5, and maternal mortality rates remain a cause for concern and current rates are still high compared to the regional estimates and previous country estimates. Poorer households continue to endure disproportionate losses in infant, child and mortality as compared to the richer households. CWGH therefore encourages more funding for primary level care. The current ratio of over 70% funding for curative services and less than 10% funding for preventive services, will slow down the country's momentum in reducing further the rates of maternal and child mortality
- ✓ **Increase support grants for urban and rural councils in order to strengthen primary health care and reduce unnecessary referrals to higher levels:** Health Grants to urban local authorities for supporting primary health care delivery need to be revived and increased. The primary care level needs to be funded fully in order to also address the non-referrals at the secondary and tertiary levels. This will enable the local authorities to lower their user fee charges to more affordable levels. The CWGH supports the idea of having district hospitals in Harare and Bulawayo in order to alleviate the burden of patients at the central level.
- ✓ **Increase community engagement through a deliberate allocation:** It is also important to support community support structures such as Ward Health Teams, Ward Development Committees, Child Protection Committees, and Health Centre Committees. There is need to incentivise the community health workers especially Village Health Workers.
    a. **Provide funds for Adolescent Sexual Reproductive Health:** The government should also ensure that there is funding set aside for budgetary support for the youth friendly centres.
- ✓ **Provide funds for the Assisted Medical Treatment Orders (AMTOS):** While there are existing government policies to cushion the vulnerable groups from making catastrophic health payments, there is still insufficient government support for the AMTOS programme. Some patients have failed to honour their payments often times resulting in institutions commencing legal proceedings against them (Debt collection and attachment of household properties). Senior citizens who are exempted from paying user fees are paying for other access fees such as ambulance services, blood and medications.
- ✓ **Increase the capital budget for the construction of hospitals, clinics and waiting mothers' homes:** Government to allocate money for construction of district hospitals for example the promised

Harare, Bulawayo and Wedza District Hospitals, and the rehabilitation of the current district hospitals. It should also assist communities in the construction of Waiting Mothers Homes and equipping them instead of leaving this burden and responsibility to poorly resourced communities.

- ✓ **Health Technologies:** Surveys on human resources and infrastructure have identified huge gaps in terms of human resources and health care technology availability. There is therefore a need to move towards ensuring that agreed normal levels and types of human resources are available and financed at the district level as well as ensure that the minimum healthcare technology is found at the district level. For example, only 47% of facilities in the whole country have TB diagnostic testing equipment while 44% of facilities have functional glucometers and strips for diabetes testing and screening.

Addressing Human Resources

- ✓ **Review the Staff Establishment to reflect the current environment.** Zimbabwe is still using the staff establishment of 1983 when the country's population was only 7.5 million but that has since doubled and the disease burden has also increased. Therefore there is urgent need to review the Staff Establishment in order to reduce work overload and burnout. Some of the Rural Health facilities are manned by the Primary Care Nurses in the event of the only qualified nurse going on leave or falling sick, therefore there is need for government to unfreeze nurse's post.
- ✓ **MoHCC should be exempted from staff rationalisation.** The Ministry of Finance and Economic Development (MoFED) is currently taking a staff rationalisation exercise for all ministries in order to reduce the government's unsustainable wage bill. It is important to understand that the MoHCC is currently understaffed, needing to fill in critical staff establishment, hence the CWGH feels that other non-essential ministries should carry out the exercise. For example 23% of all provincial and central hospitals do not have a dentist[2]. Most District Hospitals do not have 4 doctors as required of in the current establishment system. Some district hospitals are also manned by the pharmacy technicians instead of degreed pharmacists.

Addressing medicines issues

- ✓ **Invest more in the National Pharmaceutical Company:** Natpharm should be capacitated so that it can be able to provide regular, affordable and timely supply of essential medicines. NatPharm should also be protected from unfair competition so that it can rebuild its capacity. The elderly and vulnerable people who suffer more from chronic conditions such as Diabetes and Hypertension cannot afford medicines that are mostly available in private pharmacies.
- ✓ **Local medicines and equipment procurement should be promoted:** Medicines, diagnostic equipment and other commodities that are locally manufactured should be procured and distributed in pre-packed form to operational levels through partnership with local manufacturing companies. For imported medicines, pooling of resources and bulk purchasing of drugs should be encouraged and strengthened through supporting sole procurement of medicines by Natpharm in order to benefit from economies of scale.
- ✓ **Review the medicines distribution system, specifically the push system:** The push system for medicines has allowed a situation where some areas have been given more than they need in terms of their medicines requirements, while those that need them most have been left without. Without adequate medicines at the primary level, most people would be forced to seek care at the next level of care or buy expensive medicines from the private sector. Facilities continue experiencing stock outs of medicines for chronic ailments which are costly to procure in private pharmacies.

- ✓ **Allocate resources for community monitoring:** Accountability mechanisms should be put in place and monitored by communities and by MoHCC to prevent leakages of drugs.

[2] MoHCC Bottleneck Study, 2015

Addressing Health Financing

Domestic Financing

- ✓ **Achieving Universal Health Coverage (UHC) requires optimal funding, enabling policies, accommodating, responsive and a reliant health system.** There is need to progressively move towards meeting the Abuja target of not only allocating 15% of the national budget to health, but actual spending of 15% of all government expenditures.
- ✓ **Reaching the Sustainable Development Goals (SDGs) targets requires a sustained momentum in financing our health care systems:** While progress has been made in improving our health indicators, there is need to sustain the momentum in funding our health care system.
- ✓ **A rational and needs based budgeting system will see more resources being allocated to the lower levels of care.** The current resources nexus shows that the tertiary and central level health facilities attract more funding than the lower levels as a result of the intensity of their services. However, in terms of population coverage, lower levels of care handle more patients that the tertiary and central level facilities. Support Primary Level Care: A significant larger share of the budget should go to the district level.
- ✓ **Increased domestic funding for operational costs needs to be considered:** Domestic funding, remains skewed towards employment costs leaving little funds for operations costs and capital programmes.
- ✓ **The current input based financing model is failing to close the Equity Gap between the different socio-economic groups and regional areas?** Shifting to performance based financing and needs based budgeting system will likely result in the narrowing of the gaps between the have and the have-nots.
- ✓ **On Strategies for increasing fiscal space:** CWGH supports the Government position on the need to rationalise the civil service in order to harvest the much needed fiscal space[3]. In particular the CWGH supports the rationalisation of wages in line with the current fiscal sustainability plan agreed between the government and its partners; for example the removal of duplication and redundancies that impact on the overall efficiency of the system and the creating of relevant new cadres using the old establishment. CWGH therefore strongly supports the Government's commitment to cut expenditures for non-priority current and capital spending to free funds for other important issues. The CWGH also supports the effective and efficient coordination of AID by one single entity so that AID is channelled where it is needed most.
- ✓ **Government should consider stakeholder proposals on introduction of 'sin taxes' not only as a measure for raising funds, but as a way of reducing the consumption of harmful products.** There is need for the government to devise a funding mechanism for the NCDs. Proposals to introduce earmarked sin taxes to fund NCDs need to be followed through. Currently only 9% of the health workers have been trained in managing injuries and trauma. For diabetes management, only 53% of the health workers are trained to manage diabetes.
- ✓ **National Health Insurance:** CWGH supports the progressive debate on the creation of a National Health Insurance (NHI); however CWGH would be more comfortable if the management of the proposed NHI is given to the National AIDS Council (NAC) given their experience of managing the National AIDS Trust Fund (AIDS Levy). The CWGH also expresses concern on the level of consultations that have been done in coming up with the NHI Bill. CWGH therefore advocates for adequate and inclusive consultations with stakeholders as input into the NHI.
- ✓ **There is need for more disaggregated recording expenditures:** In order to capture accurately government funding towards its activities, there is need for the disaggregating and coding of expenditures from the primary level to the tertiary level to enable easier capturing and monitoring of expenditures.

[3] IMF Country Report May 2016

External Funding

- ✓ **External financing has played a key role in improving maternal and child health status:** The Health Transition Fund (now Health Development Fund [HDF])[4], World Bank Results Based Financing (RBF), Global Fund, Global Alliance for Vaccines (GAVI), USAID/PEPFAR, the Integrated Support Programmes and the United Nations Population Fund (UNPFA) and many other parallel RMNCH funding streams have managed to improve maternal and child health outcomes in Zimbabwe.
- ✓ **Budget support versus Off-Budget support:** While external funding for RMNCH remains off-budget to reduce aid fungibility and fiduciary risks there are concerns that transaction costs and other administrative costs have increased due to the parallel nature of the funding streams.
- ✓ **Tokenism in counterpart funding for addressing future fiscal sustainability of medicines supplies and RMNCH services:** Maternal and Child Health and Results Based Financing programmes got the largest share of MoHCC targeted funding. These funding streams are mostly counterpart funding to support the Health Transition Fund and the Results Based Financing. It is also a show of government's commitment and appreciation to its external partners for their continued efforts in funding the RMNCH programmes and its overall support of its stated policy of providing free maternal and under 5 child health services.
- ✓ **CWGH believes that Government needs to move beyond tokenism and increase its commitment to funding services that are currently being funded by Donors:** Government has continued to collaborate with its external partners for the funding and sustenance of selected programmes with external funding being channeled off-budget to reduce fiduciary risks. However, external funding has somehow become fungible and has in most cases replaced government funding instead of complementing it.
- ✓ **CWGH also notes that the high level of donor dependence on medicines and RMNCH funding is unsustainable and needs to be reduced:** Medicines requirements and RMNCH programmes remain some of the most externally dependent programmes exposing them to arbitrary cuts and funding withdrawals.

On Governance and Accountability

- ✓ **Findings of the Comptroller and Auditor General:** The government has reaffirmed its commitment to follow up on findings from the Comptroller and Auditor General on ministry expenditures. The CWGH supports these findings and urges the Ministry of Finance and MoHCC to treat them as urgent and make a follow up on the Comptroller and Auditor General's recommendations from all audit reports.
- ✓ **Public Finance Management (PFM):** CWGH supports the amendment of the Public Finance Management Act that seeks to increase accountability of government structures. For example user fees collected by the major Central Hospitals are still not reflected in the MoHCC's budget[5]. This creates loopholes in the management and accounting of these funds. There is need to set aside funds for the training of personnel in PFM.
- ✓ **Government needs to monitor and regulate Public-private partnerships (PPPs)** - Two notable institutions, Mpilo hospital and Chitungwiza hospitals are good examples of state

[4] Funded by the European Union, United Kingdom, Sweden, Ireland and GAVI. HTF was funded by Ireland, Sweden, Norway, United Kingdom and European Commission Delegation to Zimbabwe.
[5] Report Parliament Portfolio Committee on Health, 2015

institutions that have ventured into PPPs, with Chitungwiza hospital recording some key notable successes. For example its partnership with Jet Lab in 2013 enabled it to acquire an endocrinology analyser equipment then valued at over US$900 000. CWGH strongly supports these initiatives and the government's commitment to PPPs. However, Privatization of Ex-ray services, pharmacy services etc. in government hospitals needs monitoring and proper regulation.

- ✓ **Public Health Act Amendment Bill**: there is need for the MoHCC to push the relevant authorities for the Bill to be brought to parliament for debate and passage by the Parliament of Zimbabwe.
- ✓ **Independent Board to Regulate Medical Aid Societies (MAS):** The country continues to witness the collapse of some schemes, mismanagement of funds and the uncompetitive behaviour of other MAS leaving their members vulnerable. The MAS that have embarked on vertical integration of medical services have negatively affected the services of individual providers of care such as doctors, pharmacists, radiographers, therapists etc. These single owner operations have been exposed to unfair and uncompetitive behaviour by these MAS. CWGH therefore supports the MoHCC's efforts of coming up with a Bill for the creation of an Independent body to regulate the work of the MAS. There is need for stakeholders to support this noble initiative and for the MOF to set aside funding for the consummation of this body.

It is the CWGH's humble request that these community submissions be taken into consideration when the 2017 National Budget is being formulated.

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List of CWGH National Members

Associated Mineworkers Union of Zimbabwe **(AMWUZ)**
Bulawayo Health and Community Welfare Task Force **(BHCWTF)**
Bulawayo United Residents Association **(BURA)**
CARELITE Counsellors
Combined Harare Residents Association **(CHRA)**
Chinhoyi Residents and Ratepayers Association **(CRRA)**
Conference of Religious RC Zimbabwe
Consumer Council of Zimbabwe **(CCZ)**
Counselling Services Unit **(CSU)**
General Agriculture Plantation Workers Union of Zimbabwe **(GAPWUZ)**
Gweru Residents and Ratepayers Association **(GRRA)**
Harare Residents Trust **(HRT)**
Informal Traders Association of Zimbabwe **(ITAZ)**
Marondera Residents and Ratepayers Association **(MRRA)**
Mutare Residents and Ratepayers Association **(MRRA)**
National Council for the Disabled Persons of Zimbabwe **(NCDPZ)**
Plumtree Aids Project **(PAP)**
Public Service Association **(PSA)**
Rusape Residents and Ratepayers Association **(RRRA)**
Shilloh Zimbabwe
The AIDS and ARTS Foundation **(TAAF)**
Women and AIDS Support Network **(WASN)**
Women's Action Group **(WAG)**
Zimbabwe Aids Aid Organisation **(ZHAAO)**
Zimbabwe Commission for Justice and Peace in Zimbabwe **(CCJPZ)**
Zimbabwe Confederation of Midwives **(ZICOM)**
Zimbabwe Congress of Trade Unions **(ZCTU)**
Zimbabwe Council of Churches **(ZCC)**
Zimbabwe Diabetic Association **(ZDA)**
Zimbabwe Farmers Union **(ZFU)**
Zimbabwe Homeless People's Federation **(ZHPF)**
Zimbabwe Network of HIV Positive Women **(ZNPW)**
Zimbabwe Network of People Living with HIV/AIDS **(ZNNP+)**
Zimbabwe Women's Resource Centre and Network **(ZWRCN)**
Zimbabwe Young People Development Coalition **(ZYDPC)**
ZimRights

CWGH District Chapters

Arcturus
Bindura
Buhera
Bubi
Bulawayo
Bulilima
Chikwaka
Chimanimani
Chinhoyi
Chipinge
Chiredzi
Chirumanzu
Chitungwiza
Chiwundura
Chikomba
Filabusi
Gweru
Hwange
Insiza
Kwekwe
Kariba
Masvingo
Marondera
Matopos
Mutasa
Mutare
Bindura (Nyava)
Plumtree
Rusape
Sipepa
Tsholotsho
Uzumba-Maramba-Pfungwe
Umzingwane
Umguza
Victoria Falls
Zvishavane
Zhombe