Community Working Group on Health

Press Statement

10 June 2019

Time up for a national health insurance scheme for all Zimbabweans

IN the absence of a national safety net coupled with the current prohibitive cost of health care services, it is imperative that Zimbabwe sets up a national health insurance scheme that caters comprehensively for every citizen to ensure the attainment of universal health coverage (UHC).

UHC refers to a situation where all people receive quality and essential health services when they need them including services designed to promote better health, prevent illness, and to provide treatment, rehabilitation and palliative care of sufficient quality while at the same time ensuring that the use of these services does not expose the user to financial hardship.

Presently the high cost of medicines, the pricing of drugs in US$ when workers are earning in RTGS, the high out-of-pocket costs even for those on medical aid cover and shortages of medical staff are some of the factors preventing people from accessing health care services in the country. This is compounded by the absence of basic medicines in the clinics, poor transport network and long distances to health centres especially in rural areas.

However, CWGH believes that despite Zimbabwe's seemingly insurmountable health challenges, the country still has the capacity to attain UHC through adopting a mandatory national health insurance scheme (NHIS), funded by both individuals and the government. The process however has to be all-encompassing and consultative to ensure by-in and acceptability by all Zimbabweans. We should avoid the creation of a scheme to cover privileged groups in society such as civil servants or formal workers. This fragmentation hampers solidarity among social groups, increases inequities and results in political and necessary administrative challenges when mergers become. We need to promote health financing systems that eliminate out-of-pocket expenditure by strengthening prepayment mechanisms that pool resources

CWGH believes that it is possible for every Zimbabwean -- whether employed, self-employed or unemployed -- to contribute modestly towards a national health insurance. In every community in Zimbabwe, be it in rural or urban areas, families belong to paid burial societies to ensure decent send-off in time of death but surprisingly majority of them never subscribe to any health insurance ensure that they live a better and prolonged life.

Admittedly, the current economic meltdown is bad but surely, it is more important to prepare for a better health than to plan lavishly for death. Without wanting to discount the importance of funeral policies, CWGH attaches more value to subscribing to a health insurance scheme to ensure better health during one's subsistence than paying for funeral policy and then live a very agonizing life unable to access health services and most likely dying early too.

The cost of healthcare in Zimbabwe remains one of the highest in the region and yet the facilities are substandard, with most public hospitals literally falling to pieces. Over the years, soaring health costs

have denied many people access to medical care. Most private health institutions are now demanding payment in hard currency or the parallel market equivalent in bond notes or RTGS payments. Take for example; a patient on dialysis would require US$150 per every session three times a week. As a result, majority of the people including civil servants cannot afford these unacceptably high charges - this has resulted in patients on medical aid now paying huge shortfalls or they just simply go home to die.

CWGH believes that Zimbabwe has been slow on establishing a NHIS and resultantly achieving UHC will remain a pipeline dream if the majority of the population is not covered by any form of insurance. Presently, only a paltry 10% of the country's population is covered by 35 medical aid insurance companies and the bulk of the population, even those unemployed in rural areas, has to pay for health care out of pocket. As a result, the majority of Zimbabweans resort to public health facilities, which are grossly underfunded and operating in emergency mode. At times, patients are turned away after failing to pay for services.

The government's noble policy of free user fee -- which allows those over 65 years, pregnant women and those under 5years, to access free medical care has not been backed by adequate resources from the national budget leaving millions of Zimbabweans exposed and vulnerable as the intended beneficiaries are made to pay for the diagnostic tests, X-ray services, drugs and other consumables.

Such depressing scenarios underpin the importance of a mandatory national health insurance scheme to ensure every Zimbabwean accesses healthcare services at the point of use. Zimbabwe must draw lessons from countries that have already achieved UHC like Sweden, Japan, Chile and Malaysia. Take an example of Japan, which achieved UHC way back in 1961 just after the Second World War 2. One of the features of Japan's universal health insurance coverage, which can be adapted by Zimbabwe with modifications to tailor suit its situation, is to follow the two pillar strategy of employment-based health insurance and the community-based insurance.

In the case of Japan, community-based health insurance began to be operated by local governments and have a compulsory enrollment in 1948 but was subsidized by the national government in 1955. Before the attainment of UHC in 1961, Japan instituted a civil registration exercise and individual income management which become the foundation for basing insurance premiums on affordability. Even after attaining UHC, Japan's health insurance system is still being modified to suit the current circumstances.

Closer home, Rwanda has a very efficient and working national health insurance policy, where everybody is recorded in a database including villagers, who pay a small premium toward their healthcare. We need to take a cue from such countries.

It is however encouraging to note that Zimbabwe has already started taking baby-steps towards establishing a national health insurance scheme in an effort to make UHC a reality. Just a few weeks ago, the Minister of Health and Child Care Minister, Dr Obadiah Moyo said government was looking forward to having the NHIS established and operational by January next year.

"This has been on the ground for the past 15 years, but we want to make sure that we get the NHIS established so that we can be able to provide universal health coverage," Dr Moyo told delegates at the recent World Health Day (WHD) commemorations.

Let's hope it is not all talk, no to empty promises anymore. One life lost is one too many.
It is time for action!

Under the proposed set-up, existing medical aid societies will complement the NHIS by providing cover to those who can afford. However, even those on medical cover are failing to access health care because medical aid societies are unilaterally increasing their tariffs to the levels that are unsustainable without even consulting with the stakeholders.

CWGH believes that the Ministry of health and Child care, as the regulatory authority for medical aid societies, must also protect the clients, many of who are struggling to survive in the prevailing harsh economic environment. It would be more prudent to establish an independent regulatory authority because as it stands the current regulators are doctors in the Ministry of Health operating private surgeries around the country and this presents a case of conflict of interest.

CWGH is concerned that the process of making a Bill to regulate medical aid societies into law seems to have slowed down. The Bill, started in 2016, provides for the establishment of an independent body that will look into the operations of medical aid societies with the ultimate goal of enhancing governance and efficiency.

We believe that once passed into law it will ensure that service providers adhere to regulations including timely disbursement of medical claims, failure by service providers to accept valid medical aid cards and avoiding conflict of interest such as having medical aid societies investing in service provision or vice versa.

It appears there is lack of political will to honour pledges and commitments towards the revamping of the health delivery system. Funding for health has consistently failed to reach the 15% target of the national budget as agreed in the Abuja Declaration. It is also worrying that fifteen years down the line, Zimbabwe is still grappling with the modalities of establishing a NHIS when people are dying because they are failing to access basic health services.

It is important for government to increase domestic investment and allocate more public financing for health through equitable and mandatory resources such as compulsory national health insurance scheme.

Arguably, Zimbabwe has done well with the AIDS Levy and Health Levy, and can do the same with the NHIS. The AIDS Levy has become a case study for other countries. CWGH would however like to emphasize on strict monitoring of such funds to prevent leakages through pilfering and to ensure that they benefit the intended beneficiaries.

As CWGH, we say "Health is Your Right and Responsibility", so let's prepare for our health more than death by contributing towards our health insurance.

The Community Working Group on Health (CWGH) is a network of national membership based civil society and community based organisations who aim to collectively enhance community participation in health in Zimbabwe.

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