

Speech by the honourable Minister of Health and Child Care, Dr David Parirenyatwa, at the Association of Healthcare Funders of Zimbabwe Annual All Stakeholders Conference, at the Elephant Hills Hotel, Victoria Falls, from 2 – 5 September 2014

- The Chairman of the Association of Healthcare Funders of Zimbabwe, Mrs C. Nyamutswa and Members of your Executive Committee
- The Chief Executive Officer of the Association of Healthcare Funders of Zimbabwe, Mrs. Shylet Sanyanga
- Delegates from outside our borders
- Invited Speakers
- Distinguished guests
- Media Fraternity
- Ladies and Gentlemen

It is my pleasure to address this esteemed gathering, the Annual All Stakeholders' Conference, hosted by the Association of Healthcare Funders of Zimbabwe (AHFoZ).

I would like to begin by extending a special welcome to delegates from outside the Zimbabwean borders. It is my hope that you will find time to explore the majestic Victoria Falls and experience the inimitable warmth of our Zimbabwean hospitality.

I understand this year's theme is "*Healthcare puzzle: retracing the steps and sustaining the momentum.*" and last year's theme was "*taking steps towards positioning the healthcare puzzle*"

I wish to pay tribute to AHFoZ for playing this role of bringing stakeholders in the healthcare supply chain together and for reaching out beyond our geographical boundaries. You should elevate your efforts to dove tail guidelines in the SADC protocol on health.

A healthy population is a pre-requisite for the sustainable human development and increased productivity in a country. The 1999 SADC protocol signed by the 14 member states provides general guidelines on cooperation among members in the region in fact it requires that "*...state Parties shall co-operate in addressing health problems and challenges facing them through effective regional collaboration and mutual support under this protocol...*"

As Government, our main priorities in healthcare are the issue of access, quality outcomes, wellness achieving progress towards achieving the Millennium Development Goals.

This calls for innovative strategies by both the private and public sectors. These initiatives should include sustainable Public Private Partnerships. An example is the Mpilo hospital initiatives in which they are partnering Indian investors to put up a world class specialist referral hospital at Mpilo. This should help propel Zimbabwe into a hub for inbound medical tourism. This is a massive project which requires support by local private sector players.

We would like to see the populace accessing the requisite services from state of the art hospitals such as the proposed one.

The government is aware that in order to introduce an efficient National Health Insurance Scheme, there is need to upgrade infrastructure at public institutions and improve staff compliments so that the majority of the patients will get healthcare services from the public institutions. This prerequisite is a key success factor which requires support through Public Private partnerships. The Government will consult all key stakeholders in order to come up with a sustainable NHIS model tailor-made for Zimbabwe. Regardless of the chosen model one thing for sure is that it will need to be financed. The government is therefore exploring various funding models, given the fact that 84% of our economy is informal.

My Ministry will be reviewing the Medical Services Act and will carry out stakeholder consultation for input in that regard so as to update some outdated sections of the Act.

Regarding HIV/AIDS, while we continue promoting prevention, we also wish to see improved quality and productive lifestyles of those infected. Focus should also be on Non Communicable diseases conditions such as diabetes, asthma and cancer among others. If these continue to be ignored, they could actually kill more people than HIV/AIDS in 15 years time.

Having given ample time to AHFoZ and ZiMA to negotiate and agree on consultation tariffs, the Ministry of Health, and Child Care was left with no choice but to gazette tariffs. The Ministry still expects a sustainable solution which is driven by the affected parties. The Ministry is cognisant of the operating environment and challenges affecting either side. As government we have a responsibility to intervene as provided in the Statutes in order to protect the patient. The idea is not drive any of the

parties out of business or out of the country but we strive to strike a balance in line with our current macroeconomical situation. We actually prefer no casualties and therefore still expect the involved parties to engage. As the regulator we are readily available to discuss issues, if need be.

From the returns submitted to Ministry, it is evident that different funders have different strengths and abilities to meet the statutory requirements.

We would like to see good governance in medical aid societies so that the funders' fiduciary duties are carried out efficiently and ethically. We expect that funders' trustees undergo regular refresher training on governance to keep to speed with new trends.

As Government, we will not hesitate to take action on any errant medical aid societies. Earlier this year the Ministry had to intervene at Premier Services Medical Aid Society, following reports of poor corporate governance. Such intervention is meant to protect the interests of the member and we will not take our eyes off the ball in that regard.

We hear that some providers are engaging in unethical practices and committing fraud. Let me state that if evidence of fraud is provided, the regulator will not hesitate to take disciplinary action in order to clean up the sector of these criminal elements before they rub-on to others.

As government, we appreciate the complimentary efforts made by AHFoZ member societies by enabling access to quality healthcare for the majority of the country's workforce, who are their members. Empirical

evidence has shown that access to vital treatment is compromised when patients have to foot the medical bills out of their pockets.

We would like to see the complementarity continue so that that we build a robust healthcare system. My Ministry recently embarked on the National Health Accounts Survey for 2013 accounts. The aim of the **national Health Accounts Study** to establish the sources and uses of total health care financing components in Zimbabwe. All key stakeholders are expected to cooperate so that the Ministry can gather accurate data.

The Healthcare sector in Zimbabwe remains underfunded as the fiscus is failing to allocate 15% of the National budget to the Ministry of Health as per Abuja declaration. This compounds on challenges of access, availability of skills and drugs. The Ministry is therefore forced to operate precariously considering the outbreaks of waterborne diseases, malaria, Tuberculosis, HIV/AIDS and opportunistic infections. We need adequate staffing in hospitals so that we can give quality and efficient service. This means that the private sector should do more. We want to see properly structured Public private partnerships.

There is need to recapitalise Natpharm and promote local drug manufacturing. The country is moving with a “buy Zimbabwe” agenda. This should apply in the healthcare sector if we can produce drugs and can offer healthcare services at competitive prices so that patients do not opt to go abroad for treatment. Lets buy Zimbabwe healthcare.

I am also aware that AHFoZ in liaison with the Health Services Board is helping impart skills on medical aid claims billing to the employees of public institutions on an ongoing basis. The training is meant to impart

skills to improve medical aid claims billing. This would help public institutions benefit if they treat patients on medical aid.

It is my hope that the training sessions will cover most public institutions in the country. Though public institutions do not operate for profit like private institutions, our hospitals should still be viable. There is need to change from the paradigm of believing the Government should offer all services for free and let those who can pay to pay, that is the only way we can improve our institutions. To that end I wish to once again thank AHFoZ for your efforts in training to create billing efficiencies.

SADC Member States signed the Protocol on Health on the 18th of August 1999 to coordinate regional efforts on epidemic preparedness, mapping prevention, control and where possible the eradication of communicable and non-communicable diseases. Education and training, efficient laboratory services and common strategies to address the health needs of women, children and vulnerable groups

As Government, we are making efforts to attract back our highly sought after skilled medical personnel. The Ministry of Health through its Health Professions Council arm is working towards ensuring applications for registrations for returning Zimbabwean healthcare personnel are processed timeously without unnecessarily frustrating applicants. If we increase our skills base, this will provide many benefits for the nation in terms of choice, costs and quality, among others.

I wish to salute the healthcare personnel who continue to execute their calling diligently despite the unfavourable conditions and to Team Mbuwayesango for successfully conducting the operation to separate the Siamese twins in July 2014.

In conclusion, I wish to congratulate AHFoZ for putting together another high profile convention to discuss health matters.

With these words, it gives me great pleasure to declare the 2014 **Association of Healthcare Funders of Zimbabwe Annual All Stakeholders Conference** officially opened.

I thank you.