

HOW THE PRIVATE SECTOR ADDS VALUE IN HEALTHCARE

PRESENTATION BY

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SCOPE

The objective of this presentation is to acknowledge some of the work that the private sector is doing in the Zimbabwean health sector, and to suggest areas for further synergy in line with the country's Health policies.

INTRODUCTION

- In this presentation I adopt the common economics definition which considers the private sector broadly as 'the part of a country's economic system that is run by individuals and companies, rather than the government. Most private sector organizations are run with the intention of making profit'. e.g. private hospitals, pharmaceutical companies, mobile phone operators, mining companies,
- There is recognition that the private sector is not a homogeneous grouping, and we are aware that because of their profit motive, there is competition between them. That's why it is important for the private sector to always remember that the health system is a broad, diverse and dynamic sector with good scope for profitable yet ethical business.

INTRODUCTION CONT...

- The health system in this presentation is guided by the WHO's six building blocks of a health system but not limited to namely; Service delivery , Health workforce, Health Information , Medical products, vaccines and technologies, leadership and Governance mechanisms
- This is to show with respect to adding value the private sector has many entry points over and above financial resources which usually quickly come to mind.

Enhancing equity and universal coverage of health services

Private sector involvement:

- Establishment of private hospitals, private clinics, specialist service centres which have reduced the out of pocket spending for Zimbabweans who used to seek specialist treatment outside our borders.
- Public private partnerships to improve service provision in some of our Central and Provincial hospitals in areas such as laundry, mortuary to mention a few.

Enhancing equity and universal coverage of health services

EXISTING GAPS

- Extending services to cover everyone especially those with the greatest health needs, the poor ,marginalised population in the rural areas
- Increase the range of services to manage the major public health burdens –currently on 33% of our population is funded- to the tune of approx \$9.26m: against 67% of the population non funded – giving a cost to the tune of \$19.08m [OCHA report 2012]
- Per capita spending is \$7 against the requirement of \$34
- Public -Private partnerships- improve service provision of health institutions. Should extend to the district hospitals, the remaining Provincial and Central hospitals.

Preventing and Managing Non Communicable Diseases: NCD'S [Cancer, Diabetes, Hypertension etc]

Private sector involvement

- ⦿ Establishment of centres and clinics to cater for NCD'S, in the major cities, Widening services to cover new priority health burdens.
- ⦿ Support decentralised screening and treatment services for cervix cancer to provincial and some selected district hospitals, decongesting the central hospitals.
- ⦿ Supporting the training of health workers across the country in preventing, early detection and treatment of various NCD'S.

Preventing and Managing Non Communicable Diseases: NCD'S [Cancer, Diabetes, Hypertension etc]

Existing Gaps

- Currently 80% of specialist services and hospitals are centralised in Harare 20% in Bulawayo. There is a huge gap in availability, access and uptake in services for NCD'S. Currently accessible drugs and treatment such as Chemotherapy is highly prohibitive and centralised. There is need to decentralise to provinces and districts and make it less costly.
- Non communicable diseases pose a substantiation health and economic burden and are rising. 25% of deaths in 2013 in Zimbabwe according to WHO report was caused by NCD'S.
- Unmanaged problems can lead to catastrophic emergency care which usually comes with a high price tag.

Preventing and Managing Communicable Diseases [T.B, Pneumonia, HIV & AIDS, Malaria, Diarrhoea]

Private Sector Involvement

- Health education
- Distribution of commodities such as condoms.
- Supporting the training of care givers and community based counsellors.
- Advocacy through different associations and board representation e.g. the public health advisory board 'review of Public Health Act'.
- Supporting health programs e.g. health lifestyles campaign, male circumcision .

Preventing and Managing Communicable Diseases [T.B, Pneumonia, HIV & AIDS, Malaria, Diarrhoea]

Existing Gaps

- ⦿ One indicator of universal coverage and equity in access is the level of access to medication for communicable diseases. e.g. ARV's.
- ⦿ Currently there is a shortfall in treatment coverage by 25 % of ART; this shortfall is evidence that more attention is needed to be given to ensure access in areas of higher need and lower income groups.

Health Information Systems and Surveillance

- Health Information System in the health sector provides data from all levels of Health facilities e.g. district hospitals, rural health centres etc.

Private sector involvement

- Solar Energy in Rural Facilities captures data using computers and internet.
- Network connection in most Rural Health Facilities to Send Health Information to the next level instantly using SMS'.
- Ongoing cooperation in standardising our health information system in terms accuracy, timeliness etc.

Health Information Systems and Surveillance

Existing gap and challenges

- ⦿ There are still some hard to reach areas that have no network, thus there is need for the resuscitation of the radio communication system in our districts and these health centres.
- ⦿ New resettlements that need reliable communication systems for surveillance.
- ⦿ Establishment of a National Data base in cooperating health information from both private and public health centres.

Health Promotion

- Early detection and prevention of ill health reduces the burden on both household and services and provides the poor with health benefits.

Private sector participation

- supporting awareness campaigns programs
- School health programs.
- media platforms e.g., SMS health tips , television and radio programs.
- Supporting preventive programs implementation- through technical assistance.

Health Promotion

The existing Gap

- ◎ Prioritising Preventive services is still low in the health sector.
- ◎ In 2012 for every curative attendance at a health facility there were 4 preventive visits. In 2013 this fell to 2 preventive visits for every curative attendance.

Family Health

Private Sector Participation

- ⦿ Training and funding of community based workers. e.g. Village workers; community based councillors, traditional birth attendance. The role of community health workers is increasingly becoming important given the increasing disease burden in Zimbabwe and the high cost of treatment.
- ⦿ Ensuring safe pregnancy and child birth through access to information and services with prenatal care, assisted delivery and post natal care.

Family Health

Private Sector Participation cont..

- ⦿ Supporting the autonomy to control fertility through choosing the timing of pregnancy e.g. promoting family planning methods
- ⦿ Purchase of blood: e.g. coupon system for the poor expecting mothers
- ⦿ Supporting nutrition programs for under'5
- ⦿ Solar powered refrigerators for vaccines installed next to mobile network boosters in rural health centres, there by promoting the cold chain for vaccines.

Family Health

Existing Gaps and Challenges

- ◉ Immunisation needs to be extended to service the marginalised people
- ◉ Children under 5's 2012 82.8%: 2013 82.2%
- ◉ Provision of Program vehicles for hard to reach areas.
- ◉ Call for additional and innovative efforts to deal with social barriers such as religion to reach the vulnerable children in the communities' e.g. '**Mapostori Sect**'

Human Resources for Health

Private sector participation

- ⦿ scholarships for medical students e.g. medical school bursaries.

Existing gaps and challenges

- ⦿ Funding of health personnel for retention in remote areas .
- ⦿ Unbalanced relationship, government trains- private sector employs- no burden sharing.

Human Resources for Health

Existing gaps and challenges cont..

- Health workers distribution needs to relate to need qualified personnel are located in towns and cities where poverty is lower; this reduces the financial protection if people have to travel to services to find staff, or if they do not use services because of lack of staff.
- Statics show the following distribution Dr's 0.07/1000: general nurse: 1.35/1000: the ratios are still too high in terms of work load .

CONCLUSION

- Government realising that healthcare, like any puzzle is made up of pieces of different sizes, forms and shapes, and the puzzle will never be completed if any of these pieces is missing or in its proper place, it therefore has created various platforms through the National Health Strategy and Program policies to institutionalise what the private sector participation, maintain the momentum of public-private cooperation and create an enabling environment for those who want to come aboard.
- I conclude by, reemphasising the need for collaboration among the players in the private sector and the Government to sustain the momentum and continue to work towards the improvement of the health sector in Zimbabwe.

THANK YOU