

## **AHFoZ welcomes proposed regulatory authority**

The Association of Healthcare Funders of Zimbabwe (AHFoZ), which represents the country's medical aid societies and other health funders, has welcomed the proposed regulatory authority which government intends to establish.

Speaking at the AHFoZ Stakeholders' Conference in Victoria Falls on Thursday, AHFoZ chief executive Shylet Sanyanga said AHFoZ welcomed the proposed setting up of the authority to strengthen the regulatory mechanisms in place and introduce efficiencies.

"We believe that the overall objective is to serve and protect the patient. As the Authority will be focusing specifically on regulating medical aid societies, it should be well placed to understand the sector and help create a conducive operating environment in which local and international entrepreneurs are encouraged to invest, in line with the broad national strategy guidelines and the ZimAsset blueprint," she said.

She expressed the hope that the final Medical Aid Societies Bill would eliminate some of what she termed "the retrogressive provisions of current legislation and regulations".

This included the requirement for annual registration of medical aid societies. Annual registration created uncertainty about a medical aid society's continued existence, which had a wide range of impacts on how societies conducted their business. The 25 percent required reserve was also unnecessarily high and tied up funds that could be better spent on healthcare, she said.

Healthcare providers and medical aid societies should be allowed, she said, to establish and operate service level agreements.

She said the proposed Bill should not criminalise all compliance issues. There should be provision for corrective orders to be issued and a reasonable compliance period be given to parties that were non-compliant with the letter of the law.

She suggested the proposed authority should explore and offer a solution to the anomaly that is created when employers fail to remit contributions to medical aid societies by the due date, as this has an impact on a medical aid society's ability to pay claims on time.

She urged that members of the proposed regulatory authority be appointed on merit. She criticised the proposed appointment of doctors to the authority, saying this created a conflict of interest. She pointed out that healthcare funders did not sit on the boards that regulated service providers.

She recommended that a forensic unit be established within the authority to investigate fraud against medical schemes and the abuse of medical aid societies by their members and healthcare service providers.

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She said the Bill should differentiate between insurance services, which were financial services, and medical aid societies, which provided a social service.

Ms Sanyanga said that the world over the approach was shifting from “sick care” and hospital-centric approaches to approaches that promoted healthy lifestyles and wellness. This approach started with the individual making the right decision on every aspect of his or her health.

She said elsewhere medical aid societies had set up effective managed care systems, which had significantly improved outcomes and quality of life.

“They have policies to the effect that patients with known chronic conditions should not be hospitalised as a result of complications arising from the known chronic condition. All chronic conditions should be properly managed so that, for example, a known hypertensive patient should not suffer a stroke, nor should a known diabetic patient go into a diabetic coma.

“Such efficient monitoring requires screening, effective gatekeeping at primary healthcare level as well as good record keeping. This aspect of primary healthcare is currently not functioning properly in our society. In some cases patients seek healthcare when it is too late and at a high entry level,” she said.

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