



The Zimbabwe experience with Primary Health Care in the period 1981-2000. Which factors shaped this success story?

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Who are we?

- **Belgian** and **Dutch** medical doctors who worked in the Zimbabwean health system for many years in the period 1981-2000
 - The NGO Medicus Mundi Belgium (work at district level)
 - The Dutch bilateral cooperation (work at district and provincial levels)
 - The Public Health Department of the Institute of Tropical Medicine in Antwerp (coaching management processes at district level)
- The Zimbabwe experience strongly contributed to shape our vision and understanding of Primary Health Care and District Health Systems
- **Zimbabwean** medical doctors who are now senior health system managers working at central and provincial level but with substantial district working experience in the 80's and the 90's

Why this presentation?

Three reasons



Challenging times !

PHC is being commemorated (Alma Ata 1978-2008) but also challenged -> *why did it not work?* is an often heard question

We wish to present a case where it did work (reasonably well)

The current crisis in Zimbabwe does not invalidate lessons from the past, on the contrary

Why this presentation?

Three reasons



At times when versatile health systems are under great pressure because of increasing 'verticalisation' of funding and of health care delivery, a lot of lip-service is paid to Health Systems Strengthening -> *but what is that exactly? And how does one strengthen health systems?*

We wish to share our analysis of why it worked in Zimbabwe in the 80's and 90's

' There is increasing consensus that stronger health systems are key to improved health outcomes. There is much less agreement on how to strengthen them. Part of the challenge is to get existing and emerging knowledge about more (and less) effective strategies into practice. '

Phyllida Travis et al. (2004). Overcoming health-systems constraints to achieve the Millenium Development Goals. *The Lancet*, Vol 364, September 4, pp 900-06.

Why this presentation?

Three reasons



The cooperation approach handled by the donor community in that period consisted of filling in the gaps of the system (human and financial resources, management expertise) as identified by Zimbabwean health authorities themselves – not one of taking over the system

A cooperation approach respectfull of national plans and policies

We believe it still is an extremely relevant model of international cooperation

Zimbabwean health system in period 1981-2000



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- Dramatic transformation of Zimbabwean health system after 1981 independence
- Zimbabwean health services gradually evolved into one of the best performing systems of sub-Saharan Africa

Segall M (1983). Planning and politics of resource allocation for primary health care: promotion of meaningful national policy. *Soc. Sci. Med.* Vol.17, N°24, pp.1947-1960

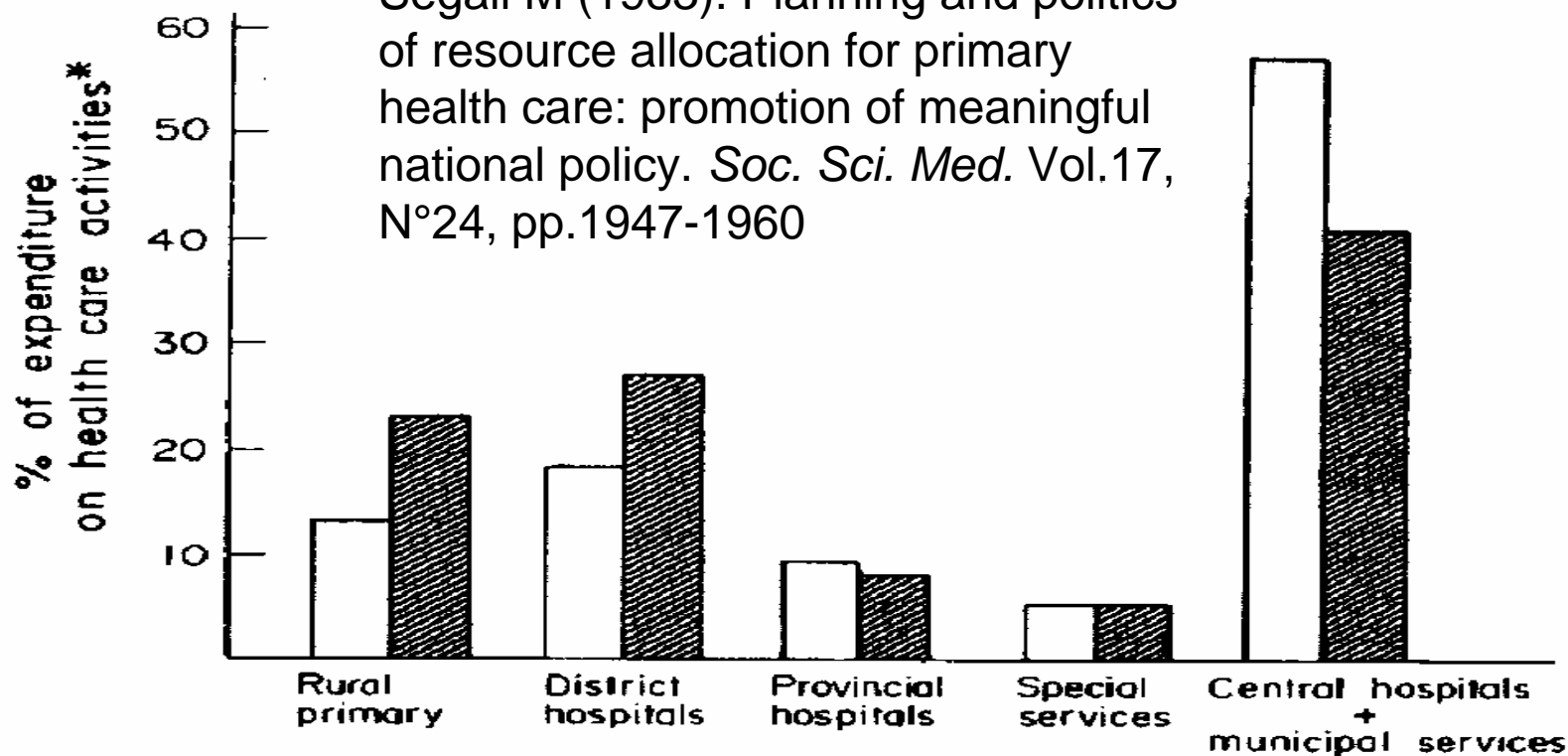


Fig. 1. Projected change in pattern of Ministry of Health current expenditure over the transitional plan period. *Excludes expenditure on administration, research and grant to non-government agencies. □ 1980/81; ▨ 1984/1985.

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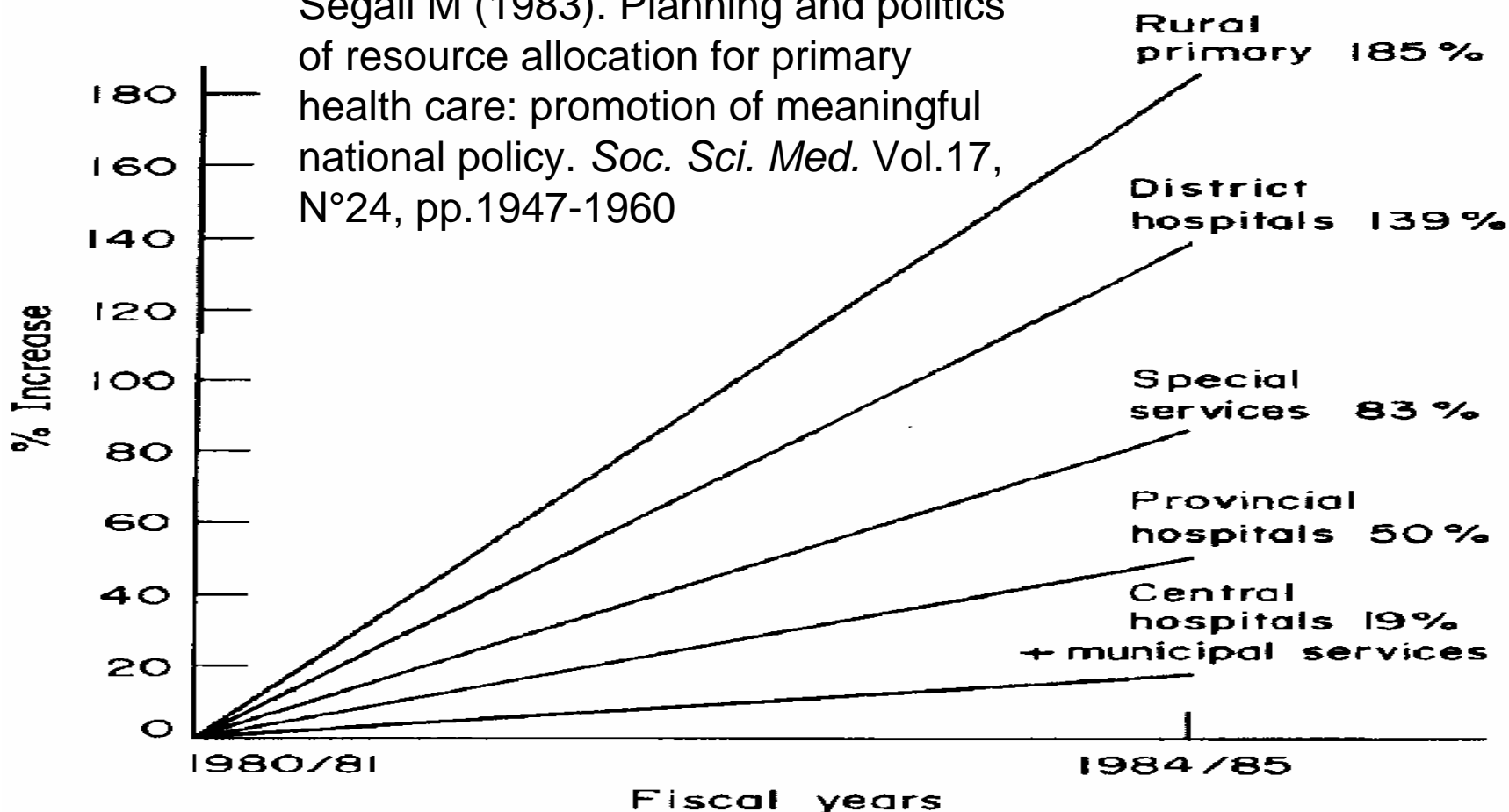


Fig. 2. Projected growth rates of the different levels/types of care over the transitional plan period.

Contributing factors



- Internal to the health system
- External to the health system



Contributing factors: internal to the health system (1)

- A clear **operational model** on how to organise Primary Health Care: development of integrated district health systems
 - Networks of decentralised health centres staffed by small teams of versatile health workers headed by a nurse-practitioner and providing curative, preventive and promotional care
 - Supported by district hospitals acting as referral facilities for patients in need of more specialised nursing and medical care
 - Specific disease-control activities largely integrated in the district health care delivery system
- **Well-trained health workers** operating in culture of rationalisation of diagnostic and therapeutic behaviour and quality control
 - Frontline workers at health centre level (nurse-practitioner, nurse-aids, environmental health technicians)
 - Clinical officers and nursing staff at district hospital level



Contributing factors: internal to the health system (2)

- Well-trained and motivated multidisciplinary **district health teams**
 - Composed of District Medical Officer, General Medical Officers, District Nursing Officer, District Health Services Administrator, District Environmental Health Officer, District Pharmacist
 - Operating in managerial environment with room for local decision-making and resource allocation
- Significant support from **provincial health teams** to the districts
 - Clinical support: availability of true specialised care at tertiary level (provincial hospitals) and existence of functional referral & counter-referral systems from district to provincial hospital -> enhancing the health system's overall credibility
 - Management support from provincial health teams



Contributing factors: external to the health system

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- Strong national **political and financial commitment** towards social sectors in general, and the health sector in particular. The rights-based approach of the Alma-Ata philosophy found fertile soil in the post revolution period.
- Support from the international **donor community**, including the provision of **expatriate health workers** integrated in the Zimbabwean public service system
- Good basic transport and communication **infrastructure that was well maintained**
- Presence of **economic development** (commercial farming, tourism) in the 80's and early 90's
- A bureaucratic but **functional State apparatus**: fulfilment of its normative role, payment of decent salaries to civil servants, punitive action in case of misconduct of health workers, etc.

World Report. Zimbabwe's health-care system struggles on. *The Lancet*, March 29, 2008, pp 1059-60.



- **Resilience** of the Zimbabwean health system...
 - “It is surprising that amid the country’s chaos and decline, Zimbabwe’s health-care system still functions at all. Doctors and specialists say that proper funding could revive the country’s network of village health workers and rural and neighbourhood clinics”
 - “The health-care system manages to stagger on thanks to the professionalism and dedication of locally-trained health-care workers and the equitable health-care delivery system that was constructed between Zimbabwe’s independence in 1980 and 1995.”
 - “It is important to emphasise how resilient Zimbabwe’s health-care system is. Despite everything it still manages to function, thanks to the sound community-based, preventive structure established in the 1980s and 90s”

World Report. Zimbabwe's health-care system struggles on. *The Lancet*, March 29, 2008, pp 1059-60.



- Donor community should **respect national ownership** of future 'rehabilitation' efforts
 - "There is already talk of a Zimbabwean rescue package, with assurances of millions of dollars of emergency aid awaiting an acceptable resolution of the political crisis. But health-care officials warn of the destructive capacity of a sudden surfeit of funds. Especially, there is a fear that any new political dispensation may surrender Zimbabwe's hardwon ownership of its development programme to the agenda of a well funded international donor agency"
 - "With adequate funding Zimbabwe's health care could rebound, but it is important for it to remain directed by Zimbabweans and not become hostage to the agenda of a donor".

Conclusions



- The Zimbabwe experience of the 80's and 90's
 - Shows that it is **possible for health systems** to take great steps in the direction of PHC
 - Indicates what **mix of factors**, internal and external to the health system, contributed to achieve this
 - May hopefully constitute a source of inspiration for donors and policy-makers on **how to strengthen health systems**
 - The revival of the Zimbabwean health system in the future is not only a matter of money, but also one of **a vision on how to organise health care delivery**
 - International aid can be very helpful when donor community is **respectful** of national plans and policies