Strengthening primary healthcare in Zimbabwe | First steps on the road to Universal Health Coverage

Universal Health Coverage (UHC) means ensuring all people can access quality, essential health services without financial hardship. All people have a right to the highest attainable standard of physical and mental health and States have a duty to work toward delivering that right to the maximum of their available resources. In 2015, governments committed to achieving UHC by 2030 through the Sustainable Development Goals (SDGs).

SDG 3: Ensure healthy lives and promote well-being at all ages	SDG 3.8 states that by 2030, countries will:[i] *Achieve UHC, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.*

SDG 3 has created fresh momentum for achieving UHC worldwide. Progress toward this goal will be measured based on:

- coverage of essential health services including reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases
- service capacity and access, among the general and the most disadvantaged populations
- the number of people covered by health insurance or a public health system.

But the SDGs do not outline a clear roadmap for countries working toward UHC. While all countries will need to define their own path based on local contexts, no country will achieve UHC without a strong primary healthcare system.

What is primary healthcare?

Primary health care is the first point of contact between a community and their country's health system. Ninety per cent of health needs can be met at the PHC level.[ii] Strong primary healthcare services enable early diagnosis, preventative, curative and palliative care across the life-course and are a key first line of defence against communicable diseases and the biggest killers of pregnant women, mothers, children and adolescents. Primary healthcare providers are essential gatekeepers, guiding people through the health system and improving efficiency by directing patients to the most appropriate and affordable services. Strong primary healthcare systems provide a critical foundation for UHC.

Investing to build quality, accessible and equitable primary healthcare services is a practical, efficient and effective first step for countries working toward achieving UHC by 2030.

Primary healthcare in Zimbabwe

The Zimbabwean Constitution recognizes the right every citizen to primary healthcare through the right to basic healthcare services, including reproductive healthcare, and requires the State to take reasonable measures within their available resources to progressively guarantee that right.[iii] These basic or district core health services are primary healthcare services and are set out under the Essential Health Benefits package. The Essential Health Benefits core package is a prioritised set of services including maternal health, child health, communicable and non-communicable diseases (see Box 1).

Box 1: Basic package of core health services for the primary care level#

Maternal health care

- Adolescent sexual and reproductive health services
- Family planning including prevention of parent to child transmission (PPTCT) of HIV services
- Antenatal care including PPTCT of HIV services
- Delivery care including emergency obstetric and newborn care services
- Postpartum care including PPTCT of HIV services

Non-communicable disease control

- Eye conditions
- Ear, nose and throat conditions
- Mental health
- Injuries, accidents and emergencies
- Diabetes
- Hypertension and cardio-vascular diseases
- Common cancers
- Chronic obstruction respiratory diseases
- Acute and chronic renal disease

Child health care

- Neonatal care
- Immunisation
- Integrated management of neonatal and childhood illnesses
- Newborns and young infant services
- Essential nutrition package
- Growth monitoring and promotion
- Child health services – disability
- Diarrhoea
- Paediatric HIV

Communicable disease control

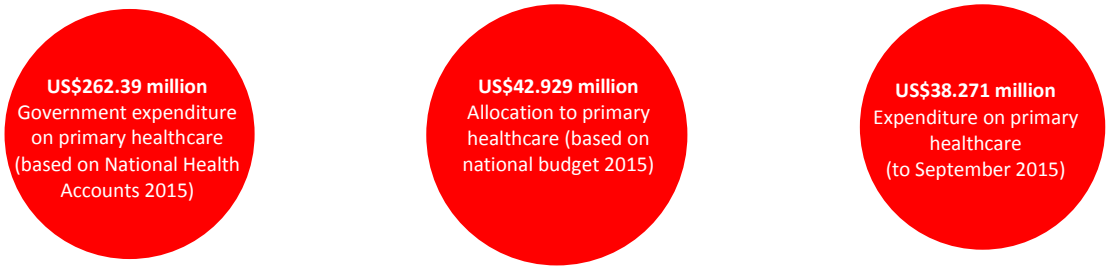
- HIV/AIDS and sexually transmitted infections
- Tuberculosis
- Malaria
- Diarrheal diseases

Primary healthcare expenditure in Zimbabwe

- Zimbabwe has achieved **70% primary healthcare coverage by spending almost $60 per capita**, per year.[iv]
- Despite the value of returns for investment in primary healthcare, **the majority of government health expenditure went to hospital care at the secondary and tertiary levels – community-level healthcare received less than 15%** (Ministry of Health and Child Care Budget 2015).
- The Zimbabwean Government spends more on primary healthcare than donors, private households and corporations at 36.82%, however **almost 90% of government funding goes to staff costs leaving little for service improvement or delivery.**
- Donors are strong supporters of primary healthcare in Zimbabwe, however **donor support is expected to reduce over time and is often skewed toward vertical health issues** like HIV, TB and malaria rather than strengthening the health system for UHC.
- **Out-of-pocket spending by households is too high**. In 2015, 25% of primary healthcare expenditure came from private out-of-pocket spending. This resulted in catastrophic health expenditure in 7.64% of households. Poor households were disproportionately affected with 22.06% experiencing catastrophic health expenditure.
- **Fragmentation of funding pools is a major challenge** for cross-subsidisation, raising revenue and increasing purchasing power in Zimbabwe.
- **The Ministry of Health and Child Care pilot Programme Based Budgeting classification has made it possible to organise budgets around services,** however budget disbursement is incomplete and still based on inputs.

Measuring expenditure and financing stronger primary healthcare systems for UHC

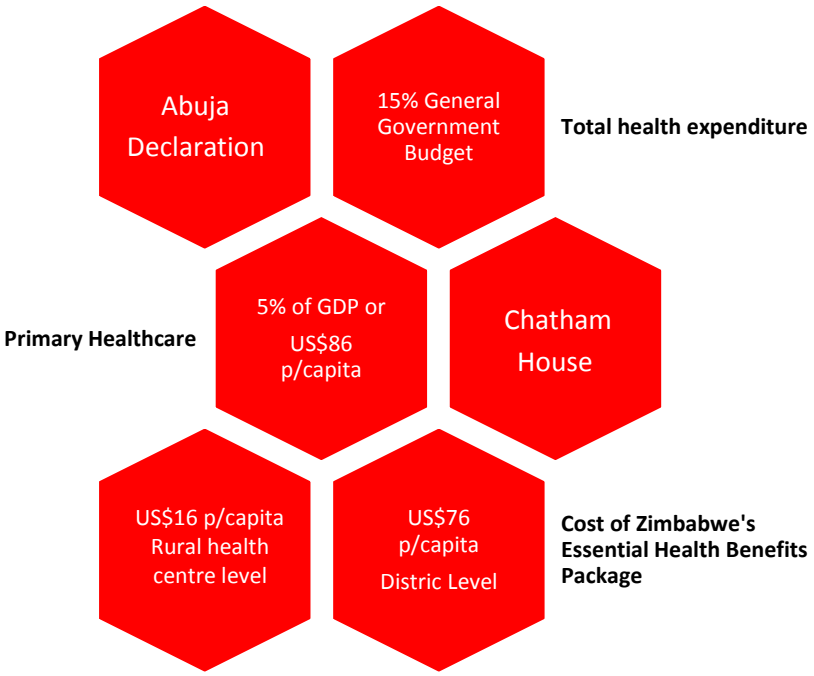
Data on primary healthcare systems and primary healthcare expenditure is limited, worldwide. This makes it difficult to design programs and measure progress toward UHC. Global policy recommendations tend to rely on National Health Accounts (NHA) data, which must be approved for publication by WHO member states. The **NHAs often do not align with national budget allocations** and are based on a wider data set analysis.[v] **Budget disbursement is in turn often much lower than budget spending requests**.



Differences between NHA data and national budget data highlight the need to better understand national and subnational expenditure to design evidence-based, local pathways to UHC. Budget disbursement in Zimbabwe is largely the result of poor fiscal performance, in part due to external debt. Since 2009, the country has been operating on a cash budgeting system, which limits predictability – there is currently no formula for allocating resources based on need. Recent systemic reforms including Public Finance Management System and its alignment to budget processes have however improved budget execution.

How much does a strong primary healthcare system cost?

Expert bodies have estimated the cost of delivering quality primary healthcare and achieving UHC in a number of different ways.



Zimbabwe's costing of the Essential Health Benefits Package is an important step toward understanding and strengthening the primary healthcare system to achieve UHC. NHA data suggests that current per capita spending has achieved 70% coverage with the recommended US$60 per capita. However this expenditure continues to be supported by uncertain donor funding and out-of-pocket payments.

Recommendations

Zimbabwe must invest in strengthening primary healthcare as a first step toward UHC. Save the Children recommends that Zimbabwe:

1. **Increase expenditure on primary healthcare:** Public financing is the most reliable source of health financing. Zimbabwe should increase government expenditure on primary healthcare to the levels recommended by national costings for the Essential Health Benefits package (US$76 per capita at the district level and US$16 at the rural health centre level) and work toward the global benchmark of $86 per capita or 5% of GDP.
2. **Invest in primary healthcare with a focus on improving financial protection** to reduce reliance on out-of-pocket payments and catastrophic health expenditure, and to promote equitable access to essential health services including preventative healthcare**.**
3. **Increase fiscal space for primary healthcare expenditure through health financing reform**
   - Taxation reform should focus on progressive taxation and reducing the regressive nature of existing taxes.
   - Governments, donors and the private sector should reduce fragmentation by pooling funds to increase fiscal space for financial protection and improve purchasing power.
   - Expanding results-based financing to a broader range of primary healthcare services should be considered.
   - A resource allocation formula based on need and evidence should be developed to improve budget execution and address the imbalance between allocations to salaries and services.
4. **Improve tracking of primary healthcare outcomes and expenditure for evidence-based policy and accountability.** Primary healthcare services and expenditure should be clearly defined to improve planning and budget tracking and to increase transparency. **Key health policies including the *Public Health Act Bill* and professional education should reflect public health and primary health care as the cornerstones of sustainable health systems** to achieve a health system that is effective, equitable, efficient and affordable.
5. **Support civil society to participate in decision-making about health policy and to advocate for increased investment in primary healthcare.** Donors and governments should support the inclusion of civil society organisations on health governance bodies, build civil society capacity to conduct budget analysis and advocacy through training and by sharing evidence, and engage civil society in community-based monitoring of services.

This evidence brief presents key finding from research and budget analysis conducted for Save the Children as part of a project on primary healthcare funded by the Bill and Melinda Gates Foundation.

The study comprised of a review of literature and policy documents, analysis of national health accounts and national budget data and interviews with key informants from the Zimbabwe Ministry of Health and Child Care and the health sector more broadly. Findings were validated with civil society organisations working to promote primary healthcare and universal health coverage.

Sources:

[i] United Nations, *Sustainable Development Goal 3.* Available at: https://sustainabledevelopment.un.org/sdg3.

[ii] Primary Health Care Performance Initiative (2017) "Spurring Improvements in Primary Health Care", *Primary Health Care Performance Initiative*. Available at http://phcperformanceinitiative.org/.

[iii] Article 76, Constitution of Zimbabwe (2013).

[iv] Zimbabwe National Health Accounts 2015.

[v] General Government health expenditure data from NHA includes central and local government, while Ministry of Health and Child Care data excludes the bulk of local government data raised from their own sources and health expenditures by other ministries.