Biomedical Research & Training Institute

ReBUILD Consortium

Research for stronger health systems post conflict

March 2015

Briefing

Health financing and the budgets of the poor in Zimbabwe Implications for Universal Health Coverage

Clients seek shade as they await family planning counselling and immunization during an afternoon postnatal care clinic at a rural health centre in Zimbabwe. © 2012 Katharine Shelley/CHAI, Courtesy of Photoshare.

Universal Health Coverage and the health workforce

Universal Health Coverage (UHC) means that all people who need health services can access them in a way that does not put them at risk of financial hardship. This brief outlines findings from ReBUILD's research in Zimbabwe on how evolving health financing policy has affected the budgets of the poorest households.

What is the ReBUILD RPC?

The ReBUILD Consortium is a 6 year research partnership funded by the UK Department for International Development running from 2011-17. We are working with partners in Cambodia, Sierra Leone, Uganda and Zimbabwe to explore ways to strengthen policy and practice on health financing and staffing. Additional affiliate research projects broaden the range of contexts. ReBUILD's purpose is to generate robust, good quality evidence that responds to the challenges that policy makers face, and we are engaging with all health sector stakeholders to ensure our work is relevant, available, understood and useable by those who need it.

ReBUILD in Zimbabwe

In Zimbabwe, the research is being led by the **Biomedical Research & Training Institute**. BRTI is an independent research institution working to promote better health in Zimbabwe through research and training. Core activities are to promote and support relevant, ethical research in all aspects of health, and build capacity through training for researchers to design, conduct and report on relevant health research.

The ReBUILD projects in Zimbabwe are covering three themes: (i) health financing and its effect on poor households, (ii) health worker incentives and (iii) rural posting of health workers. Gender and equity are mainstreamed through all ReBUILD's work in Zimbabwe, and will continue through a new BRTI project on gender in rural posting and deployment of health workers, funded by ReBUILD's partner RinGs initiative.

Why is ReBUILD focusing on post-crisis and post-conflict contexts?

In countries affected by socio-economic crisis or conflict, health systems break down and external emergency assistance is often the main source of care. As recovery begins, so should the process of rebuilding health systems. But health systems research has neglected post-crisis/post-conflict contexts and not enough is known on the effectiveness of different approaches. ReBUILD has been created to address this challenge.

ReBUILD's research on health financing in post-crisis Zimbabwe:

Research aim: To understand how the budgets of the poorest households been affected by health financing policy as it has evolved before, during and after crisis.

Research questions: *How did health care seeking change over time? How did formal/informal user charges impact on household perceptions of health care? What strategies did households use to cope with the burden of health costs? What substitutions were made in household budgets – i.e. what did they have to forego?*

Study areas and methodology: Six contrasting study sites were selected. *'Life history'* interviews with patients with chronic diseases documented births and illness episodes, and associated expenditure trajectories, which were related to evolving health financing policy, documentary review and key informant interviews. Chronic medical conditions have a significant impact on patients' ability to meet health care costs.

Full details of the methodology and findings are in the full research report, which will be available from ReBUILD in April 2015. Below is a summary of the key findings and conclusions from this research.

Key findings:

- Lack of coherence between Department of Social Services and Ministry of Health and Child Care causes problems with disbursement of funds and user-fee collection even from exempt patients.
- Drug shortages in public facilities; patients have to purchase from private pharmacies at increased cost
- Life histories showed a pattern of increased household financial burden after loss of breadwinner, and unexpected social consequences for women.
- Insufficient financial protection caused delay in seeking treatment until funds available and by-passing health facilities to avoid fees. Dosage of prescribed drugs was inappropriately reduced, and drugs were shared with other patients with similar conditions.
- Strategies to meet health care costs included piece jobs, selling household assets (asset depletion/ impoverishment), remittances from children, and borrowing from friends, neighbours or church.

Lessons relevant to Universal Health Coverage:

- Policy and practice are different; health facilities charge fees in order to continue providing services.
- Barriers are created out of economic rationality
- Equity can only be achieved with adequate funding of exemption schemes and public health facilities.

Conclusions:

- There are inherent systemic barriers to access to healthcare
- Patients are not obtaining a full package of services in public facilities
- Public patients are being served by private sector healthcare service providers
- There are negative equity implications for patients
- Assisted medical treatment orders (AMTOs) are an effective and sustainable funding mechanism but affected by delayed disbursement of funds

Find out more on ReBUILD's work in Zimbabwe and beyond:

Visit the ReBUILD website: www.rebuildconsortium.com

Contacts:

- **Dr Shungu Munyati,** ReBUILD-BRTI Principal Investigator
  Email: smunyati@brti.co.zw **Phone: +263 4 336691**
- **Stephen Buzuzu,** ReBUILD BRTI lead for Zimbabwe health financing project
  Email: sbuzuzi@gmail.com **Phone: +263 4 336691**
- **Nick Hooton,** ReBUILD Research, Policy & Practice Advisor, Liverpool School of Tropical Medicine, UK.
  Email: nick.hooton@lstmed.ac.uk **Phone: +44 151 705 3735**

Follow us on Twitter @ReBUILDRPC

ReBUILD is funded by UK Aid from the Department for International Development

UKaid from the British people