



GIACOMO PIROZZI / PANOS PICTURES

A research programme to support health system development in Zimbabwe

In countries affected by either political and socio-economic crisis and/or conflict, health systems break down and emergency assistance provided by humanitarian organisations is often the main source of care. As recovery begins, so should the process of rebuilding health systems but we do not know enough about how effective different approaches are. Health systems research has tended to neglect post crisis or conflict contexts, because it may be more difficult to carry out studies in unstable environments and capacity is often weak. The ReBUILD Consortium has been created to address this challenge.

About us

The ReBUILD Consortium is a 6 year research partnership funded by the UK Department for International Development which began in February 2011. We are working in Cambodia, Sierra Leone, Uganda and Zimbabwe to explore how we can strengthen policy and practice related to health financing and staffing. In Zimbabwe research is being led by the Biomedical Research and Training Institute (BRTI). The purpose of this partnership is to generate

Our partners

Cambodia Development Resource Institute, Cambodia
<http://www.cdri.org.kh>

College of Medicine and Allied Health Sciences, Sierra Leone

Institute for International Health and Development, Queen Margaret University, Edinburgh
<http://www.qmu.ac.uk/iibd>

International Health Group, Liverpool School of Tropical Medicine
<http://www.lstmliverpool.ac.uk/research/academic-groups/international-health/health-systems-development>

Makerere University, Uganda
<http://www.mak.ac.ug>

Above

A child at a health clinic is measured as part of his growth monitoring

robust, good quality evidence that responds to the challenges that policy makers are facing. We plan to engage with stakeholders from Government, academia and civil society throughout the research process to ensure that our work is relevant and that it is available and understood by those who need it.

Our focus

The Zimbabwe Team will work towards the priorities of the countries' health system managers: tackling the shortage of human resources and supporting primary health care and public health. One of the main challenges facing the health system is a shortage of funds including development aid.

The latest available data shows that in the mid 1990s vacancies for doctors and nurses were 60% and 45% respectively. The number of registered doctors in the country declined from about 1600 to about 800 in the intervening period. However, with the dollarization of the economy, many health workers have returned to the workplace. Task shifting towards Nursing Aides is ongoing and a new cadre trained for example in microscopy is planned for rural areas.

Informal charging is not a documented problem in Zimbabwe but dual practice was an important economic strategy for public health workers during the crisis. User fees were in place in the 1990s but exemption was almost universal and they were withdrawn. However, the emergency situation has resulted in the re-establishment of user fees in some hospitals with unknown implications for health service access.

In Zimbabwe there is strong support for the development of evidence-based strategies in health service delivery from both the Ministry of Health & Child Welfare and from University of Zimbabwe College of Health Sciences. We are committed to producing research that is useful to policy makers and will work closely with them to help facilitate the translation of research into policy and practice. Zimbabwe is well positioned to seize opportunities to establish effective new systems and the current progress in task shifting including the training of a new cadre of health workers may reflect this.

Asking crucial questions

Understanding changes in health financing policy and poor households' expenditure on health

Our research will uncover the impact of reforms in health financing policy such as the fee exception for the poorest and for TB patients, the effect of user fees in hospitals and dollarization. Our focus will be on assessing how these policy changes relate to the poor households and their gendered effects. In 2010 the Biomedical Research and Training Institute conducted a household health expenditure survey which will enable a disaggregated analysis of the overall health related financial burden and its implications for rural and urban women, boys, girls and poor households. Future research will build on this analysis.

Exploring the development of health worker policy

The shortage of health workers in the rural areas is a key concern for all stakeholders who are focussed on building the health system. Not enough is known about the living and working conditions of staff in rural localities or how we could make these postings more attractive. ReBUILD research will look into this as well as the effect of new policies, the make-up of parallel health markets and the role of the non-state sector. Our objective is to better understand how to create incentive environments for health workers to support access to rational and equitable health services.

CONTACT OUR RESEARCH TEAM

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