HEALTH

A healthy nation, essential to productivity, development, peace and prosperity

CORE PRINCIPLES

The Centrality of the Health Sector
The MDC believes in, and takes serious cognizance of, the importance of health and its centrality to national development, noting that no prospects for development will be realized if the population suffers from ill health, and if visitors and investors alike are not assured of access to quality health care.

Right to Health
The MDC government will ensure the realization of the people's right to health, as enshrined in the constitution, by fulfilling, progressively, the State's obligation to ensure accessible, affordable, acceptable quality health services, equitably distributed, and directed towards priority health problems.

Equity in Health Services
Equity in access to health services will be a central MDC policy focus. The implementation of equity-oriented measures will take note of the poor functioning of fee-exemption and targeted-means-tested systems, and easier administration of community, rather than individual targeting, approaches.

Intersectoral Approach
The MDC will facilitate greater participation by all relevant stakeholders and will provide for smooth co-ordination of the three pillars of health-care provision: public, private and traditional health services. The MDC will at all times facilitate public involvement in the planning, implementation and management of the health-care sector. The MDC recognizes the past and present importance of mission organizations in the provision of health services, especially in rural areas. The MDC will involve the Zimbabwean Association of Church Hospitals (ZACH) in all planning forums.

Transparency
A key principle of the MDC's health policy is transparency and good governance. This will apply particularly to all aspects of regulation and procurement, which are areas open to corruption.

Public Health
The promotion of public health through education and the prevention of disease is central to the MDC's health-care philosophy. An MDC government will ensure

community participation in the planning, provision, control and monitoring of public health services, which will include the provision of safe drinking water, sanitation, housing, waste disposal and food hygiene in urban, rural and resettlement communities.

Primary Health Care

The MDC is committed to a community-based and -managed system of primary health care clinics that will form the base of a health-care system that will be supported by a referral system made up of all hospitals and specialist health-care services. These clinics will be so distributed as to make them conveniently available and within walking distance for all urban and rural communities.

Referral System

The MDC believes in an efficient and well-funded referral system that complements its public and primary health care approach. To that end, a comprehensive programme of renovation and repair of the country's secondary, tertiary and quaternary referral centres will be undertaken, followed by the upgrading of facilities and services to an appropriate standard. Improvements in the communications systems will strengthen the upward and downward referral of patients. All health facilities will be provided with telephone or wireless communications.

HIV/AIDS

The MDC recognizes the AIDS pandemic as a health crisis with social, developmental and economic foundations. It also accepts that it is spreading with ferocious speed and has an unprecedented impact on national development through the decimation of those in the sexually and economically active age group. The pandemic is leaving a trail of fractured and impoverished families, hundreds of thousands of orphans, and destruction of entire communities. The MDC further realizes that the onus is on the leadership to face the hard realities and challenges of dealing with the HIV/AIDS pandemic head-on.

The MDC government will equip the public and private health sector and community leadership with the tools to change the environments that produce risk, and to satisfactorily treat and care for the people infected and affected by HIV. In particular, the MDC will tackle the related issues of poverty, malnutrition, gender exploitation and inequality, overcrowding, insecurity, illiteracy, and adverse cultural and traditional norms that foster the growth of the pandemic in Zimbabwe today.

The MDC's holistic approach to the HIV/AIDS pandemic follows this general health policy statement.

BACKGROUND

Since the 1990s, all indices of health have deteriorated markedly. This situation is reflected in a fifty per cent decline in life expectancies over the past fifteen years, and in diseases that were common before independence returning with a vengeance. This increase in ill health is due to several factors: increasing poverty and unemployment, poor nutrition, lack of access to adequate health services, ignorance, and an inadequate response to HIV/AIDS. This situation is exacerbated by the collapse of all public health services as a result of policy reversals and the persistent underfunding of the health sector.

In addition to HIV/AIDS and other infectious diseases, at the end of 1990, Zimbabwe's health system needed to deal with:

- Under-nutrition, especially in the poorest social groups.
- The high risk of ill health in mothers and children, especially in adolescent mothers.
- The increased threat of disease due to poor living environments, stressful, low-quality lifestyles and poverty.
- High levels of morbidity in children and mothers at childbirth, as well as due to the resumption of a high incidence of diseases such as tuberculosis, malaria and cholera.

Resolving these problems demands strong political will to undergird a robust public and primary health care system approach and the prioritization of health care in budget allocations. It also demands the systematic integration of public health into the various spheres of economic planning and activity, so that production and social systems do not generate unnecessary health costs.

HEALTH GOALS AND PROGRAMMES

A healthy society cannot be achieved through medical sector intervention alone. The most important health strategy is the promotion of health and the prevention of diseases. The present situation demands that disease prevention is taken up across all sectors through a major public-health campaign. The MDC's goals will be incorporated into a number of key areas of economic and social policy.

Health Rights

A minimum platform of health rights will be incorporated into the national constitution, with requirements for the State to take reasonable legal and other measures to realize them over time. These rights will include:

- The right to a clean environment that is not harmful to health.
- The right of access to adequate food and safe water.
- The right to make informed choices on reproductive health.

- The right to emergency medical treatment irrespective of an ability to pay.
- The right to equity in access to health-care services.
- The right of children to adequate nutrition, safe environments and health services.
- The right of working people to a work environment that is not harmful to health.
- The right of patients to mental/physical integrity, to information and consent.
- The right of patients to privacy, to humane care, to participate in treatment, and to redress when aggrieved.
- The right of people with disabilities to respect and human dignity.
- The right of people to access essential medicines.

Legislation

The current legal framework for public health and health care will be reviewed, given its fragmented (with seventeen different laws) and outdated (the Public Health Act having been passed over fifty years ago) nature. A national comprehensive Public Health Act, repealing outdated laws, will be put into place to ensure the achievement of core public-health standards across households and workplaces, at local authority and sector level, with mechanisms for their implementation and enforcement and to ensure compliance. Specific measures will be put in place to facilitate implementation in poor communities.

National Health Board

A National Health Board, integrating key economic and social sectors and stakeholders, will be set up to integrate public-health standards into various areas of economic and social activity. This Board will:

- Monitor, oversee and report to Parliament on the implementation of health impact assessments in key development areas.
- Ensure that high health costs are prevented or addressed within major development programmes.
- Stimulate and support local authorities to implement their obligations to ensure good public health and promote community action on public health.
- Motivate and sponsor research on public health as a central element of development strategy.
- Promote public-health training across a number of professional disciplines.

The Board, its inspection and executive arm and research will be funded through a core budget grant.

EQUITY IN HEALTH SERVICES

Equity in access to health services is a central MDC policy focus. Specific measures

taken to ensure that resources are allocated differently to groups with different needs (and implicitly with greater resources allocated to those with greatest need) will include:

- Formulating the resource-allocation formula for the global budget to manage family size and to reduce poverty levels, improve local revenue-generating capacities and functions provided within districts that service provincial or national communities.
- Lifting of tariffs and taxes on all drugs and formulating bulk-purchase savings strategies for chronic-care drugs to enable access in the lowest income groups. Legal reforms will also be implemented to enable compulsory licensing and parallel importation of identified essential drugs for major public-health problems within the context of the WTO agreements.
- Allocating resources by total district workload and not only by the hospital workload, with a transparent split between hospital and periphery, and with adequate support for outreach, particularly to remote areas.
- Providing incentives for health worker employment within primary and secondary care structures, and within rural or underserved areas.
- Monitoring and publicly reporting on inequalities in health status and access to basic health services between population groups, districts and provinces, and using this to direct policy attention towards closing identified gaps.
- Promoting the allocation of specific central and district resources for reducing barriers to health services in key vulnerable groups – including low-income youths, the elderly and disabled people, and orphans – within the context of wider community services and actions.
- Ensuring an adequate balance between home-based care (HBC) and hospital-based care, with clear guidelines, training, resources and support mechanisms for HBC and care-givers, and clear referral procedures between services, to ensure that communities do not take on an inappropriate burden of care-giving.
- Building forms of political participation that enable equity-oriented choices to be made, with the inclusion of low-income representatives (from civic and elected structures) into management and policy committees and boards. Such boards will publish their memberships, agendas and minutes in a prompt, transparent fashion.

Sustained Development of Quality Health Services

As noted above, improved functions of the health system and referral system` and improved interaction with other health providers depend on restoring quality services, with a focus on urban and rural district-level services in the first phase. This calls for a range of measures, including:

- Setting and disseminating reasonable standards of care at each level of the health system to promote public awareness and effective use of services, and

using participatory mechanisms such as committees and boards to review and discuss measures to improve quality-of-care standards.

- Development of a maintenance plan for existing facilities (infrastructure and equipment) before new capital projects are implemented, except for the upgrading of polyclinics in urban areas to set up quality district-level services.
- Establishing a National Employment Council to supervise the employment of public health personnel and facilitate industrial collective bargaining, leading to improved working conditions and health and safety and the negotiation of benefits.
- Improving the conditions of service of health workers and using professional incentives to direct them towards critical areas of public health systems in a manner that builds and supports in-service learning within health systems. Removing unfair areas of discrimination in professional practice and glass ceilings for key professional staff, such as nurses and clinical officers.
- Staffing all clinics with a health-professional cadre with nursing skills able to support community programmes and to carry out basic clinical and Health Centre management. This will involve setting up the professional criteria for such a cadre, identifying core and in-service curricula, incorporating this training in nursing schools, and ensuring adequate supervision.
- Providing adequate mechanisms to ensure that private health services and purchasers pay full costs for use of public services, and contribute substantially to public health training programmes.

Human Resources

To staff health facilities adequately a new approach to human resource development will be required. The key elements of such a human resources policy will be:

- The acceleration of training for State Certified Nurses (SCNs) with eighteen months' training at all mission and provincial hospitals.
- Accelerated training of State Certified Midwives (SCMs): one year at mission and provincial hospitals.
- Expanded training programmes for clinical officers (COs) at central and provincial hospitals with specialists. International partners will be requested to second specialists to these CO training hospitals to ensure that COs can be trained rapidly.
- Encouraging SRNs, doctors and pharmacists to return to Zimbabwe with the waiving of registration fees, recognition of experience, and assistance with relocation.
- Encouraging specialist doctors to return with the same incentives, making them eligible for unpaid leave to undertake short-term specialist work in other countries.

- Encouraging career mobility such that, for example, SCNs with adequate experience could be upgraded to SRN or study for specialist qualifications that would prepare them for appointment as a DNO. Clinical officers with adequate experience could study for an MPH and be eligible for appointment as a DMO or PMD.

The aim of such reforms will be to ensure that, within three years, each Health Centre is staffed with at least SCNs or SCMs, and that each district hospital is staffed with at least two COs or one CO and one doctor.

Malaria

Malaria will be recognized as a serious disease that impacts children and adults in a devastating fashion. A broad policy approach will be used to address this threat:

- Prevention will be undertaken by communities through reducing mosquito breeding sites and through community spraying and bush-clearing activities.
- Spraying of DDT in rotation with synthetic pytheroids will be undertaken in all areas of high malaria transmission.
- Impregnated bed nets will be provided and a system for reimpregnation will be established.
- Effective antimalarial medicines (ACTs) will be provided free through the public-sector facilities and through private-sector facilities.

Maternal Health

For every maternal death there are probably a hundred 'near miss' events. Every maternal death leaves an orphan to care for and a family destroyed. The MDC will work to prevent such tragedies by:

- Providing free ante-natal, delivery and post-natal care.
- Improving communications from health centres to hospitals where emergency care can be provided via telephones and radios and emergency ambulances.
- Ensure that at district hospitals emergency operative facilities and blood-transfusion services are fully functional.
- Investigate every maternal death to identify preventable factors and publish an annual report on maternal mortality.

Child Health

To ensure that every child benefits from preventive and promotive services, the MDC government will:

- Provide free immunization, growth monitoring and child health services.
- Require that every child should provide documentation of immunization status prior to school entry.
- Support outreach services to provide child health services to remote communities.

Tobacco

Despite the fact that Zimbabwe produces tobacco, the MDC recognizes the severe health hazards associated with tobacco smoking. To address this, the MDC will:

- Sign the WHO Framework Convention on Tobacco Control.
- Ban smoking in public places, government offices and buildings.
- Increase taxation on tobacco products.
- Ban the sale of tobacco products to minors.
- Require health warnings on all tobacco products or advertisements.

Domestic Violence and Child Abuse

In line with its commitment to gender awareness and a focus on the protection of the most vulnerable, the MDC government will:

- Require health workers notify the police of any suspicious injuries to women or children.
- Provide a refuge (a place of safety) in major urban areas for women and their children who have been 'battered'.
- Require police to remove the perpetrator of violence from the domestic setting if they are called to a home.

ACCOUNTABILITY AND PARTICIPATION IN THE HEALTH SERVICES

Community groups and ministry officials in both rural and urban areas have noted that while communities have played a role in implementing health activities they have not participated in health planning, nor have they been adequately updated and informed about new public health strategies. People do not know what is taking place in relation to health budgets, in the priorities set for health services, and in improving the quality of care.

The MDC government will ensure an informed and proactive public, interacting with a fully accountable health system. This means that people will:

- Take responsibility for their health and implement health interventions.
- Identify their health problems and needs and obtain relevant health information.
- Know and contribute to health policies, local health standards and goals.
- Mobilize health resources and be involved in decisions in the allocation thereof.
- Monitor and evaluate health activities.

The MDC recognizes that the achievement of this will require:

- A deeper level of devolution of authority and resources to local government than has been the case to date.

- Establishment of district health boards, hospital boards and Health Centre committees that are democratically elected and appointed and are accountable to the public and to Parliament.
- Intensified public/civic health education.
- Funds earmarked for community health activities, including for Community Health Workers, chosen by, and reporting to, communities.
- Public input and feedback on local government budgets in pre- and post-budget meetings.
- Wide public dissemination of information on funding sources and the employment of such funds, with transparency in all aspects of policy-making and decision-making.

The Private Health Sector

The MDC recognizes the growth and expansion of private medicine in Zimbabwe, and notes that, while costs are rising, subscriptions to Medical Aid Societies are relatively low by world standards, and that medical facilities available are generally above the standard found in most other African countries. However, the MDC also recognizes a missing link in the co-ordination of the private and public health sectors in the planning, regulation and delivery of health services in the country. To this end, the MDC will ensure that a role of the Medical Services Board will be to co-ordinate and make recommendations to the Ministry of Health on all factors relevant for improvement.

The private health sector will form part of the national health arrangements at all levels, including ensuring quality standards and that the private sector delivers on important national health goals.

The Traditional Health Sector

The MDC government will recognize the significance of traditional medicine in our society. A department of traditional medicine will be set up in the Ministry of Health, which will be staffed by a director with adequate knowledge and interest in traditional medicine and allocated adequate resources for research and development of traditional medicine.

This department will facilitate collaboration between traditional and modern health practitioners, will actively promote, in collaboration with all partners, the protection of intellectual property rights and traditional medical knowledge, and will establish an environment of mutual trust in order to facilitate dialogue between traditional health practitioners and modern practitioners.

The council for traditional health practitioners will be also strengthened.

THE NATIONAL HEALTH SERVICE SYSTEM

Institutional Arrangements and Programmes

There is an urgent and critical need to restore confidence in, and therefore the use of, the public health system by the majority of people through sustained and consistent improvements in quality, reliability and accessibility of public health services.

The recognition of the right to health will be rendered operational progressively through a core of universal public-health services, organized by the State according to a publicly defined and reasonable standard of health care, provided through a network of health services. These will be equitably distributed, directed towards priority problems and be adequately staffed. Drugs and other supplies will be brought into free supply based on need. To achieve this, it is important to build on positive health-system legacies, and to address the weaknesses that now exist.

Health facilities are currently in poor state of repair, with inadequate equipment and basic supplies. There are outreach and resource constraints in primary health care support services. The referral system is no longer working as people bypass poor-quality lower-level services and self-refer to central hospitals. Drugs are in increasingly short supply at all levels and poor ambulance, telephone and transport services undermine access to care.

Health workers' earnings have fallen relative to other areas of the economy and to surrounding countries, leading to high attrition rates out of the public sector and out of Zimbabwe, leaving vacancy rates of about a third of public-sector posts. High-skilled personnel are concentrated in urban central facilities, with two thirds of doctors functioning at this level, and the country relies on expatriate doctors for provincial and district government posts.

Health workers have become frustrated by poor conditions, unsafe work environments, stress and burn-out, and this is reflected in negative attitudes to, and poor treatment of, clients. The industrial relations system has been slow, authoritarian and counter-productive, and has further reduced health workers' confidence in the health system.

The MDC recognizes that this mix of past investment, existing capacity and poor status of the entire health-delivery infrastructure signals a need to direct future investment towards:

- Maximizing the gains from past investments.
- Tapping capacities more effectively and removing barriers to their use.
- Directing reconstruction and recovery resources towards halting and reversing the decline in all spheres of State health-care activity.

- Providing for an acceptable platform of health services.

The MDC government's programmes to give effect to this will:

- Define a minimum package of services that will be provided at different levels of the health system.
- Improve working conditions for all health-service personnel within a soundly based and administered system of human resource management, associated with the establishment of National Employment Council for the health sector.
- Direct resources towards consistent and reliable support for the preventive, primary-care and district-level services used by the majority of the population.
- Improve the functioning of the referral system by making improvements in the quality of lower-level services in urban and rural areas.
- Restore district and provincial hospitals, and the major national hospitals, to their previous standards, adequately funded so as to be able to support an acceptable standard of health-care delivery at all levels.

Localized Management of Services and Performance Monitoring

The MDC's organization of health services will seek to ensure access to appropriate-quality health inputs and services within the communities, and that they are distributed equitably. It will direct particular attention initially to improving the quality of care at the lower levels of the health system.

INSTITUTIONAL FRAMEWORK

Community Services

These will be the responsibility of Community Health Workers (CHWs) employed by local authorities and based in the community for which they have responsibility. They will liaise with community-based organizations and will be trained by a variety of organizations, including civil-society organizations such as the Red Cross, as well as government.

Community Health Centres

This system will incorporate local community-based clinics, rural hospitals and mobile clinics. These institutions will undertake: community outreach; preventive care; case tracing; home-based care support; environmental health and health promotion; primary-care curative services; disease surveillance support; supervision of community-based health programmes; and quality-of-care reviews. They will be governed by Health Centre Committees elected annually by the communities they serve.

District Health Authorities
These will be located in each administrative district of the country and will support district and mission hospitals within the district. They will provide a wide range of medical services, including basic surgery, maternity care, occupational health, mental health and rehabilitation services. They will be governed by a District Health Board and Hospital Management Boards.

Provincial Health Authorities
These will take responsibility for provincial hospitals where specialist medical and surgical services, maternity, rehabilitation, occupational-health and mental-health services will be provided. In addition, these hospitals will provide training, management, audit and support services for the province as a whole, and specifically provide support for the District Hospitals. They will be governed by a Provincial Hospital Management Board.

Central Health Authority
This will oversee the Ministry of Health head office as well as the management and control of the central referral hospitals, where specialist care will be provided. It will oversee private, and not-for-profit specialist referral centres, all occupational health (NSSA) training, and management, audit and support services. Quality assurance and improvement will be the responsibility of this authority. It will be governed by the National Health Board.

Health Professions Council
This will be responsible for the control and supervision of medical nursing, pharmacy and laboratory standards, as well as for the registration of all professional health personnel.

A dramatic improvement in transparency in all processes related to the HPC will be required, with the election of members by different professional groups, publication of agendas, summary minutes and annual performance reports, including such indicators as the average, maximum and minimum times to register different professions. Registration fees will be waived for professionals who left Zimbabwe and have returned. Community representatives will be appointed to all disciplinary committees, and the press will be entitled to report on proceedings.

Faith-Based Medical Services
These will operate independently of the State system but will be fully supported and integrated into the national health-delivery system. These institutions will be exempt from taxes and duties, and will be eligible to purchase medicines and equipment from the National Medical Stores at cost.

Primary Health Care

Primary Health Care will be the main vehicle for improving health care and will cover:

- Health education in communities and schools.
- Nutrition education and food production.
- An expanded programme of immunization.
- Control of communicable diseases such as diarrhoea, malaria and TB.
- Building safe and accessible water supplies and sanitation.
- Ensuring appropriate treatment of common diseases.
- Ensuring adequate generic drug supplies.
- Providing basic and essential preventive and curative care.
- Maternal and child health care, including family planning and nutrition.
- Ensuring the participation of communities in their health care.
- Orientation of health workers to a more client-focused approach.
- Horizontal integration of health programmes.
- Training and deployment of Community Health Workers.
- Training and deployment of primary care cadres.

Service Standards

At each of the different levels of health services mentioned above, the Ministry of Health, in consultation with service providers and clients, will develop core service standards, including:

- Norms governing human resource distribution, essential drugs and equipment supplies.
- Procedures to be followed at each level.
- Outreach support and supervision to lower levels.
- In-service/refresher training.
- Support and supervision from higher levels.

These standards will be publicly disseminated, monitored across geographical areas and levels of services, and reported through the National Health Board and Parliament. Local authorities, in co-operation with statutory bodies, will be responsible for inspection and reporting on these standards. Where there is inequity in these indicators, the government will reallocate available resources to address the situation.

Participatory Co-ordination

At each level – health centre, district, provincial and national – stakeholder bodies will be established with the authority to:

- Identify health needs and priorities.
- Plan, monitor and report on services.

- Review the quality of care issues.
- Receive, review and provide information to the next level.
- Co-ordinate health activities.
- Organize and monitor the mobilization and allocation of resources at that level.

These bodies will incorporate all health providers, including traditional service providers, civil, elected and traditional leaders and purchasers of health services.

SERVICES

Community Level

- The Community Health Worker will be the entry point of the primary health care system, accountable to the community, supported by the Community Health Centre staff and Committee, and working in co-operation with the environmental health technician.
- Funds allocated to the Health Centre from the Ministry of Health, as well as community resources mobilized locally, will be used to support the input needs of the CHW.
- The CHWs will be compensated meaningfully to encourage them to allocate their prime time to community health work without endangering their own social and economic well-being.
- The work of the CHW will be directed primarily towards prevention and health promotion. CHWs will link with other community-based cadres, including home-based-care providers, community distributors, local civic organizations, health personnel (such as occupational health and safety shop-stewards), community pump minders, etc.
- The CHWs will hold regular meetings at the Health Centres to support, network and provide in-service training to community-based health workers, and to enable organized dialogue with the community on their work through the Health Centre Committee.

Health Centre Level

- The Health Centre will be recognized as the core of the health system, and appropriate, accessible and quality care will be provided at this level in order to avoid the unnecessary cost to communities and health systems when people bypass primary health care services.
- Clinics will be allocated transparent budget resources and receive outreach services allocated from budgets earmarked for those purposes from central and local government.
- Health Centre Committees will be established at each clinic, chaired by

the local councillor and including representatives of health providers, civil, elected and traditional structures, and will ensure a gender balance.

- The Health Centre Committee will be responsible for identifying health needs, planning health activities, managing local health resources, reviewing the quality of care issues, and for information flow to and from higher levels of the health system. Meetings will be public.
- Communities will be organized and supported through the upgrading and training of staff, particularly at nursing level, and through the identification, formal recognition and training, in co-operation with the nurses' association, of a nursing cadre with adequate competencies to manage the outreach work – prevention and health promotion, curative work, CHW supervision and health planning – done at that level.
- Clinic-level services will open for hours agreed between local authorities, professional associations and clients in order to avoid excess flows of patients to higher-level health services because of clinics' closing times.
- Patients who are referred from Health Centres to higher-level facilities will receive priority service, with minimal queuing, and be funded by the primary health care centre from local medical aid funds.

District Level

- District-level services will be co-ordinated through the District Health Board (DHB). The Ministry of Health will delegate its management and technical roles to the District Health Team (DHT) and policy supervision to the DHB.
- The District Hospital Board (DHoB) will be designated the authority to manage the district hospitals, reporting to the DHB, and will be allocated sufficient funds by the Ministry of Health to meet all essential service requirements.
- All urban and rural districts will have designated district services. Where district services are provided from provincial or central hospitals, separate and earmarked budgets, personnel and facilities will be identified, preferably using existing infrastructure, to perform these services.
- In the long term, district functions (such as outpatient services) of central and provincial hospitals will be totally delegated to district and primary care services. In the immediate future, districts (DHB and DHT) will be given greater authority through the DHB to review revenue mechanisms and rates according to clear procedures set at central level, and will ensure, inspect and enforce health services standards.

Provincial Level

- Provincial-level services will be organized as the first level of specialist services across public health, medical, occupational health, rehabilitation, mental health and other services.

- The province will provide technical support to lower-level services, provide referral services for cases not managed at district level (in both community and individual services), co-ordinate service providers and ensure that policies are implemented, monitored, reported on and reviewed.
- Provincial-level services will ensure or organize core inputs for health services, including:
  - Reliable, cost-effective, appropriate and timely drug procurement and distribution.
  - Training and distribution of personnel.
  - Policy review and reporting.
  - Monitoring and reporting on health standards.
  - Supporting the establishment, capacity development and functioning of governance structures (DHB, Health Centre Committee, etc.).
- The Ministry of Health will delegate the management of the provincial hospital to a Provincial Hospital Board (PHoB).

Central Level

- Central-level services will be organized as quaternary referral services and the second level of specialist services across public health, medical, occupational health, rehabilitation, mental health and other services. They will also be responsible for and receive a share of budget funding for the training of personnel.
- Central-level hospital boards will be responsible for managing the hospitals and for arrangements for leasing or use of a defined share of services, depending on utilization rates by other providers, on contractual arrangements that provide returns for cross-subsidy of low-income patients, training inputs, specialist services or other arrangements. Legal barriers to such arrangements will be lifted.

Medical Services Board

- Standards and norms for medical services across all levels and providers will be regulated through a Medical Services Board, which will include representation of all providers, clients, professional associations, health financiers and government, State and Parliament.
- The Board will work with the Health Professions Council to set, ensure and enforce standards of professional practice, with district health authorities and the DHBs to ensure and enforce service standards, and will establish a committee that includes providers, purchasers (e.g. medical aid, clients), clients and government to set and disseminate guidelines for health-service charges that can be used in district-level consultations.
- The Medical Services Board will support and report nationally on the performance of hospital boards.

National Health Board

- The National Health Board will provide guidelines for and monitor preventive, medical and curative services in terms of resource allocations and meeting key public-health and medical-care standards and policy objectives.
- The National Health Board will support and report nationally on the performance of the District Health Boards and provincial hospitals.

Ministry of Health

The Ministry of Health will provide the technical and organizational support for:

- Setting health policy.
- Setting standards and laws for health services and public health.
- Co-ordination of providers.
- Support and monitoring of delegated authorities.
- Setting human resources standards and norms.
- Supporting and monitoring strategic planning and programme evaluation.
- The development of effective disbursement mechanisms for budget allocations from tax revenues.
- Co-ordination of training programmes occurring in government hospitals.

Other technical committees for specific areas will be sustained or established as required, co-ordinated with the NHB/MSB above. Within this institutional arrangement of services, specific measures will be taken in the short term to ensure equity and sustained quality of the health system.

HEALTH CARE FINANCING

The MDC notes that problems in the financing of health and health services are evident throughout the sector and will put in place measures to finance the priority health programmes under the following principles:

- The government will allocate a minimum per capita budget to preventive health in order to achieve publicly defined monitored goals.
- The current level of funding of the health sector will be improved through the development of a resource mobilization plan, based at its centre on a per capita allocation to finance a minimum core of public health services, equitably distributed between different communities according to a resource-allocation formula that incorporates population density, the actual population served and poverty levels.
- Public funds for health will be mobilized in the short term from funds secured from a set proportion of national tax revenues and from special funding secured from the international community for the rehabilitation of health-care services.
- Increased finances and health-care resources (including drugs and staff)

will be directed to the primary care clinics and district hospitals, earmarked within district budgets and reported to and monitored by the participatory mechanisms (health boards) discussed earlier.

- Communities will mobilize resources for health that are complementary to public-sector inputs and used to support health interventions that are decided on by stakeholders. Locally collected funds will be administered and retained at local levels to complement and not replace core government budget allocations.
- Essential-drug costs will be controlled through bulk purchase and distribution through a parastatal; through cross-subsidy from other drugs used where generic drugs are available; through relief from import duties; and, in the long term, through planned localization of production in the SADC region.
- Efforts will be made to improve the rational use of medicines through the use of standard treatment guidelines, audit of and feedback to prescribers at all levels, education of both patients and prescribers, and by encouraging pharmacists to be active in promoting rational use.
- HIV/AIDS will be declared a developmental crisis.
- Overall, as a short-term measure, the MDC government will increase the current central government contribution to health sector to at least the level of US$23 per capita recommended by the World Health Organization, while in the long term further increases will be made gradually.

The MDC government will ensure that all stakeholders (inclusive of civil society) within the health sector are involved at all levels in the budget process from an early stage. This will enhance equity, accountability and good management of resources.

The MDC government will, in consultation with stakeholders, establish social health insurance for formal and informal sector households.