



# NATIONAL HEALTH ECONOMICS AND POLICY UNIT (HEPU) IN ZIMBABWE

## THANZI LA ONSE RESEARCH REPORT

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# **National Health Economics and Policy Unit (HEPU) in Zimbabwe**

**Thanzi la Onse Research Report**

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# 1. Introduction and background

Zimbabwe is landlocked and situated in Southern Africa with a total land area of 390,757 square kilometres. It is bordered by Mozambique to the east, South Africa to the south, Botswana to the west, and Zambia to the north and northwest. The country's estimated population is 15.4 million, of which 40.4% are under the age of 15 years, 7.1% are above 60 years, 52% are females (48% males) and 69% reside in rural areas. The total fertility rate is 3,9 per woman and life expectancy is 60 years (61 years for females and 58 for males). Population density on average is 38 people per square kilometre.

When the country got independence in 1980, it adopted its health policy termed 'Planning for Equity in Health' (MoH, 1980). This was in response to the inequitable socioeconomic situation that existed in the country then. This policy has guided health development since then. This policy laid the foundation for Primary Health Care philosophy in the country. This has been supported by five-year National Health Strategies, with the last two covering the periods 2011-2015 and 2016 to 2020. The Vision for the 2016-2020 National Health Strategy is to have the highest possible level of health and quality of life for all citizens. And the Mission is to provide, administer, coordinate, promote and advocate for the provision of equitable, appropriate, accessible, affordable and acceptable quality health services and care to Zimbabweans while maximizing the use of available resources in line with the Primary Health Care approach (MoHCC 2016).

In Zimbabwe, health improvement is hindered not so much by the lack of available interventions to address the main causes of disease burden, but by limited resources and weaknesses in health systems. These factors mean that important interventions are often not provided for those who could benefit most when and where they need them. Better priority setting and resource allocation to and within the health system has huge potential to improve population health efficiently and equitably. This would be further reinforced by effective institutional structures to assess competing demands and to evaluate the political and economic constraints.

Investments in health care should ideally be directed with the goal of improving health and well-being to the greatest extent possible, from available resources. To inform the best allocation of resources, there is a need to understand the consequences of decisions. It also requires strong partnerships between mandated policymakers and researchers; as well as capacity strengthening in research and its use for policy. Through facilitating stronger planning and preparedness in the country, the aim will be greater capacity for local responses and ultimately better health care for all Zimbabweans in the medium to longer term.

Senior policymakers in Africa, Zimbabwe included, have been demanding to receive more research and analytical support to inform resource allocation decisions, particularly recognizing key contributions from health economics and related disciplines. The aim is to sustainably strengthen research capability and support policy environments for the productive use of research; both informing and holding to account mandated policymakers. The establishment of HEPUs by countries such as Malawi and Uganda with the support of the Thanzi La Onse programme is aimed at addressing these issues.

The importance of a national health economics and policy unit (HEPU) in Zimbabwe and how such a unit can be beneficial to the country's health system, especially with regards to issues around evidence-based policy making, cannot be over emphasized. Health issues have been debated in recent years in Zimbabwe, with the use of processes to evaluate health interventions and technologies as inputs to budget decision making. Yet there remains relatively low coverage of highly cost-effective health interventions, co-existing with public spending on high-cost, less effective or sometimes even ineffective care. As more health and population demands grow, efforts to support priority-setting in health are increasing but the institutional structures to assess competing demands and to evaluate the political and economic constraints require strengthening. This is further compounded by the pressures ascribed by some external bodies (e.g., international donors), which can further complicate national-level policymaking and resource allocation, hence the need to have Health Economics and Policy Unit (HEPU) established to support the country in its endeavours to improve the quality of health service it delivers to the citizens.

### **1.1 Study Objectives**

The main objective of this brief study report is to ascertain demand for the establishment of a national health economics and policy unit (HEPU) in Zimbabwe and how this can best take shape in the institutional and policy context of the country.

#### ***Objective of establishing Health Economics and Policy Unit (HEPU) in Zimbabwe***

The objective is to guide how research-to-policy partnership and capacity strengthening in health economics could take shape in Zimbabwe. HEPU will go a long way in strengthening practical policy solution(s) to health issues in Zimbabwe and it will also galvanise capacity strengthening for research, and policy engagement, for health care resource allocation and will aim to move towards the improvement of health and wellbeing of Zimbabweans by 2030, as being advocated by the country's vision of becoming a middle-income country by 2030.

## **2. Methodology**

The study employed an integrated triangulation approach that allowed for collection and analysis of both qualitative and quantitative data and information. That is, in conducting the research, the consultancy team collected data and information from diverse and randomly selected stakeholder institutions and participants who directly and indirectly work on health issues in Zimbabwe. The criterion for selecting the participants was based on their knowledge of activities in the country's health sector, directly or indirectly. Two broad approaches were used: primary data/information collection/gathering through virtual interviews using standardized questionnaires. Thus, the primary data collection ensured that the research systematically collected information from key informants (KIs) who are knowledgeable and/or who work in the health sector. The list of stakeholders was drawn mostly from the Ministry of Health and Child Care (MoHCC) database of stakeholders, as well as other stakeholders. Secondary data sources including comprehensive desk review was done.

### **3. Study Findings**

After a careful analysis of the data and information that was collected through a standardized questionnaire (See Annex 1) from various stakeholders, as well as the information that was gathered through secondary data, the report managed to concretize the following major findings.

#### **3.1 Technical areas of expertise in most demand**

The following are the technical areas that were identified by the responding institutions to be in most demand:

- Health Care Economic Evaluation (Costing, Cost Effectiveness Analyses, Cost Benefit Analyses, Cost Utility Analyses and Health Technology Assessment)
- Health Financing (Resource mobilization, pooling of resources and purchasing)
- Assessing Health Systems (Coverage, Quality, Efficiency and Equity of health systems)
- Health policy research (understanding how different actors interact in the policy and implementation processes and contribute to policy outcomes)

#### **3.2 Existing Initiatives and Institutional Considerations Related to Health Economics and Priority Unit (HEPU) Setting**

##### *3.2.1 Existing initiatives related to health economics*

There are several initiatives related to health economics already in existence that support health care provision in the country. On the whole, health economics research in Zimbabwe is fragmented and is being conducted by different individual academics in pursuit of their studies or through research projects that are funded by Global Health Initiatives and other development partners.

The Government enjoys partnerships with multilateral agencies such as the United Nations (UN) system in their efforts to support the health sector in areas such as health research, health force strengthening and public health. The UN and Development partners and Implementing agents provides technical support to the Ministry of Health and Child Care and mobilize catalytic funding for capacity building, development of policies and strategies, provision of technical guidelines, programming and strengthening health systems in line with the Sustainable Development Goals (SDGs) and progress towards Universal Health Coverage along the life-course.

The Ministry of Health and Child Care compiles Health statistics and accounts in collaboration with the Zimbabwe National Statistics Agency (ZIMSTAT). ZIMSTAT is a corporate body established through the Census and Statistics Act of 2007 (after replacing the Central Statistical Office (CSO)) and the main source of official statistics in Zimbabwe. On the research front, besides collaborations with universities, the Government of Zimbabwe through the Ministry of Health and Child Care (MoHCC) also collaborates with the Zimbabwe Economic Policy Research Institute (ZEPARU). ZEPARU is an autonomous economic policy analysis and research think tank resident in Zimbabwe and was established in 2003. ZEPARU's main mission is to conduct needs based and contextually relevant applied

economic policy analysis, research and capacity building activities to promote a culture of evidence-based policy making and implementation processes in Zimbabwe, and to provide information to the investing public in Zimbabwe.

Furthermore, and besides the above, there exists collaborations and arrangements (mostly informal) between and among various institutions, including, National Institute of Health Research, and Ministry Health and Child Care, development partners, and civil society organizations (CSOs) working directly and indirectly in the health sector, among others.

### *3.2.2 Institutional considerations related to health economics and priority setting*

The Ministry of Health and Child Care (MoHCC) currently does have a unit of Health Economics entitled Donor Coordination and Planning, which does the functions of Health Financing-e.g. (National Health Accounts, Resource Mapping, Costing etc) among other Health Economics roles. According to stakeholders who participated in the fieldwork survey, it is desirable to have a Unit (of Health Economics) under the Policy and Planning Directorate, as being depicted under the new structure of the Ministry of Health and Child Care entitled Policy, Planning and Health Economics Department. Furthermore, stakeholders recognised the fact that there are not many health economics trained staff working in the MOHCC.

### **3.3 Existing training courses in health economics and other opportunities in Zimbabwe**

The University of Zimbabwe (UZ) has recently (2020) crafted a new degree, Master of Science Degree Programme in Health Economics and Financing which is likely to start being offered in 2021, with other degrees such as MSc in Clinical Epidemiology and Masters in Public Health having been on offer for some time. These degree programmes do not seem to have been well marketed because their existence is not known by some key stakeholders in health economics. Furthermore, some respondents pointed out (claimed) that the local Masters' in Public Health programmes on offer have no health financing and policy modules and focus is on Field Epidemiology Training only. This points to the fact that more needs to be done as far as health economics training is concerned and that is where a stand-alone HEPU in Zimbabwe will help in closing this gap directly and indirectly.

The University of Zimbabwe has links with other Universities in the Southern African region. Among others is University of Cape Town (UCT) in South Africa, which has trained a few health economists (both at master's level and PhD level) from Zimbabwe under various arrangements including private funding and scholarship arrangements. Currently the MoHCC is sending staff to University of Suez, Egypt, for Health Economics short course training.

### **3.4 Key Gaps / Priorities to Strengthen Research-to-Policy Interactions?**

Current research on health economics and related issues seems to be primarily for academic purposes in that they are not necessarily linked to MoHCC priorities and needs. Other constraints and gaps that were enumerated as causing reduced research to policy interactions included:



- Limited interactions between policy makers, academics, and policy advocates.
- Poorly implemented cost cutting measures
- Lack of economies of scale and scope
- Limited health sector funding forecasting
- Unavailability of a national health economics research agenda
- Lack of department of Health Economics in the Ministry
- Poor health policy analysis
- Unavailability of Health Economics training at University Masters level

As can be seen, some of these gaps are a matter of programming which are in turn a result of unavailability of a health economics and policy unit (HEPU).

### **3.5 Relevancy of the Malawi and Uganda Setup**

Malawi and Uganda have HEPUs that they established with support of the Thanzi la Onse project. The HEPUs sit between the main public university departments concerned with health policy (College of Medicine in Malawi; Makerere University in Uganda) and the national ministries of health, providing the foundation for research-to-policy interaction. These HEPUs support value-evidence-based policymaking in the health sector through research.

The HEPU in Malawi has an advisory Committee - the Health Economics, Policy and Ethics (HEPE) Think Tank which was setup to ensure alignment of HEPU's research priorities according to the needs of the health sector. It also has a Policy Lab that was created within HEPU with the aim to translate research priorities into proposals and coordinate project implementation.

The need for a HEPU in Zimbabwe and its strategic importance is uncontested. However, there are varying views with regards to the institutional set up for such a unit within the context of Zimbabwe, and the process / timing of its establishment. One view is that the Unit be established within the University of Zimbabwe. The other view being that it be embedded within the Ministry of Health. After considering the two possible views, this research considers the final arrangement being the Malawi – Uganda model where the HEPU sits between the relevant universities' departments and the Ministry of Health. The University of Zimbabwe expressed desire to host the HEPU in the Department of Economics and Development.

The view that this study supports, based on information obtained from key informant interviews, is that Zimbabwe has seen the value of research and institutional strengthening of Health Economics and Policy Units arrangements which is being supported by Thanzi la Onse in Malawi and Uganda. Zimbabwe has been impressed by the Thanzi La Onse work to support health economists in the region within governments, academia, and other nongovernmental organisations to share knowledge and experience of the challenges of designing and implementing resource allocation policies.

The Thanzi La Onse programme will enable Zimbabwe to work towards a more coordinated and structured approach to strengthening health economics capability and its use and it will

allow Zimbabwe to further strengthen partnerships with key policy organisations such as with the East, Central and Southern Africa Health Community as well as regional training and research institutes. While the Ministry of Health and Child Care is keen to leverage on this opportunity, it recognises that such activities need to be transparent and independent and thus the Ministry of Health and Child Care is supportive of these initiatives to be coordinated in collaboration with public universities, i.e., the University of Zimbabwe and other institutions that can be identified.

### 3.6 Infrastructure and Governance Requirements for a HEPU in Zimbabwe

The establishment of a successful HEPU will require property infrastructure and governance structures to be in place. Given that the HEPU will be sitting between the main public university departments concerned with health policy and the Ministry of Health and Child Care (MoHCC), Table 1 shows the major infrastructure and governance requirements that were suggested by various stakeholders, and that were learnt from similar establishments.

*Table 1: HEPU infrastructure and governance requirements*

	<b>Infrastructure requirement</b>		<b>Governance requirement</b>
<b>1</b>	Tools for trade	<b>1</b>	Linkages to clients and other research institutes
<b>2</b>	Health economics department/Unit	<b>2</b>	University in collaboration with MoHCC
<b>3</b>	University infrastructure to include health economics program	<b>3</b>	Legislation on health economics
<b>4</b>	Offices	<b>4</b>	MOHCC, Department of Economics and Family Medicine, Global and Public Health
<b>5</b>	Computers	<b>5</b>	MoHCC, MoFED + MPLSW

**Source:** Survey

**Key:** MoFED = Ministry of Finance and Economic Development; MPLSW = Ministry of Public Labour and Social Welfare

## **4. Conclusion and recommendation**

The main objective of this brief study report was to ascertain demand for the establishment of a national health economics and policy unit (HEPU) in Zimbabwe. After taking on board both views from key informants (KIs) and evidence from literature, there is overwhelming evidence which supports the potential for the establishment of a health economics and policy unit (HEPU) in Zimbabwe. In terms of location of the HEPU, the research findings favour that the Unit sits between University of Zimbabwe's Department of Economics and Development and the Ministry of Health and Child Care (MoHCC) under the Policy, Planning and Health Economics department.

## Annex 1: Questionnaire

### Development of a National Health Economics and Policy Unit (HEPU) in Zimbabwe

## Questionnaire

27<sup>th</sup> November 2020

#### Introduction and background

Health issues have been debated in recent years in Zimbabwe, with the use of processes to evaluate health interventions and technologies as inputs to budget decision making. Yet there remains relatively low coverage of highly cost-effective health interventions, co-existing with public spending on high-cost, less effective or sometimes even ineffective care. As Zimbabwe focuses more on health and population demands grow, efforts to support priority-setting in health are increasing but the institutional structures to assess competing demands and to evaluate the political and economic constraints require strengthening. This is further compounded by the pressures ascribed by some external bodies (e.g. international donors), which can further complicate national-level policymaking and resource allocation.

Investments in health care should ideally be directed with the goal of improving health and well-being to the greatest extent possible, from available resources. To inform the best allocation of resources, there is a need to understand the consequences of decisions. It also requires strong partnerships between mandated policymakers and researchers; as well as capacity strengthening in research and its use for policy. Through facilitating stronger planning and preparedness in the country, the ultimate aim will be greater capacity for local responses and ultimately better health care for all Zimbabweans.

#### Objective of the study

The purpose of this information soliciting through this questionnaire is to guide how research-to-policy partnership and capacity strengthening in health economics could take shape in Zimbabwe.

You and/or your institution have been identified as a Key Informant (KI) for this study given your pivotal role and experience in health issues in Zimbabwe. I request you to participate in a one-to-one interview or to complete this questionnaire as a self-administered questionnaire on issues relating to health in Zimbabwe. The discussion or exercise will take about **10-15 minutes**. Your responses will go a long way in strengthening the findings of this study and in suggesting practical policy solution(s) to health issues in Zimbabwe. Additionally, your responses will be treated with utmost confidentiality. There will be no mentioning of names while writing the report of this research project.

This assignment is conducted by three researchers: (1) Professor Albert Makochehanwa, Department of Economics and Development, University of Zimbabwe, [REDACTED]; (2) Mr. Stephen Banda, Ministry of Health and Child Care, Government of Zimbabwe, [REDACTED]; and (3) Mr. Benson Zwizwai, Department of Economics and Development, University of Zimbabwe, [REDACTED].

**Thank you/ Matendwa/Siyabonga!**

**Section A**

1. Name of interviewee (Optional).....
2. Designation or position of interviewee .....
3. Name of Institution.....
4. Which activities is your institution involved in as far as health-related issues are concerned in Zimbabwe? (e.g., policy maker, research, regular, etc) .....

**Section B**

5. Which technical areas of expertise in health economics are most in demand in Zimbabwe?
  - i.....
  - ii.....
  - iii.....
  - iv.....
  - v.....
6. What are the existing initiatives, if any, for instance in health economics research partnerships?
  - i.....
  - ii.....
  - iii.....
  - iv.....
  - v.....
7. What are the institutional considerations in Zimbabwe related to health economics and priority setting?
  - i.....
  - ii.....
  - iii.....
  - iv.....
  - v.....
8. What training courses in health economics exist in Zimbabwe?
  - i.....
  - ii.....
  - iii.....
  - iv.....
  - v.....
9. Are there other opportunities for health economics training that people have benefitted from in Zimbabwe? Yes or No

10. If yes to the immediate above question, list or explain such opportunities.

- i.....
- ii.....
- iii.....
- iv.....
- v.....

11. Where do you think are the key gaps/priorities to strengthen research-to-policy interactions?

- i.....
- ii.....
- iii.....
- iv.....
- v.....

12. What infrastructure and governance do you think is required in order to establish a Health Economics and Policy Unit (HEPU) in Zimbabwe? [The HEPU will be sitting between the main public university departments concerned with health policy and the Ministry of Health on one hand]

**Table 1:**

	<b>Infrastructure requirement</b>		<b>Governance requirement</b>
<b>1</b>		<b>1</b>	
<b>2</b>		<b>2</b>	
<b>3</b>		<b>3</b>	
<b>4</b>		<b>4</b>	
<b>5</b>		<b>5</b>	

13. What should be the best institutional set-up in the context of Zimbabwe that will best suit the establishment and effective running of a HEPU.

**Table 2:**

	<b>Institutional set-up for establishment</b>		<b>Institutional set-up for effecting running</b>
<b>1</b>		<b>1</b>	
<b>2</b>		<b>2</b>	
<b>3</b>		<b>3</b>	
<b>4</b>		<b>4</b>	
<b>5</b>		<b>5</b>	

14. Any other issue(s) you may want to raise

- .....
- .....
- .....
- .....
- .....
- .....
- .....

**Thank you  
Matendwa  
Siyabonga**