

Meeting Critical Leadership Needs Under Difficult Circumstances

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About Zimbabwe...

- Landlocked country, subtropical , Southern Africa
- Geographical area : 390 757 sq km
- Population: 12,2 million, 70% rural, 41% under 5yrs
- Economy: largely agricultural driven, mining second largest contributor
- High literacy level, robust health delivery system to late 90s
- Economic downturn 2000 to 2008, repercussions on social services including health service delivery

Some indicators

- IMR 63/1000 live births
- MMR 725/100 000 population
- Adult HIV prevalence 13,7% (28% in 1999)
- Life expectancy 43

- 10% DMO posts filled
- Many 'acting' Appointments

Challenges 2007-2008

- Economic turmoil peaked, unimaginable inflation rates, total loss of value Z\$ = 0.000067
- Salaries became meaningless
- Health workers left job, left the country: massively
- Service delivery ground to a near halt
- Prolonged stock-outs of commodities: <30% drug availability
- Poor infrastructure maintenance, dilapidation
- Medical equipment largely obsolete

Leadership Challenges

- An organisation , structured, staffed
- Resources to run the organisation:
 - human
 - financial
 - material
- Conducive, enabling environment
 - policy

HRH challenges....

- Exodus: numbers, skills, experience
- Leadership at different levels: depleted, largely inexperienced leadership, high turn over (Districts, institutions, department): requirement to 'invest' in frequent training/orientation
- Retention a major challenge: inflated, valueless, inaccessible remunerations
- Discipline and its enforcement
- Corrupt tendencies

Health Financing Challenges

- 'Inadequate' funds allocation to health sector
- Volatile markets for commodities, largely 'Black market' practices
- Standard Government procurement procedures challenged: Cash demands
 - bend some rules
 - speculation by suppliers
 - central bank purchasing

Fathom this.....

- 1 000 000 (M)
- 1 000 000 000 (B)
- 1 000 000 000 000 (T)
- 9 zeros slashed twice
- 1 000 000 000 000 000 (Q)

Material resources challenges

- Cash
- Black market commodities
- Distribution challenges: fuel
- Pilferage, corrupt practices
- No tools for the trade “.....we do not want to come to work just to preside over death....”

How did we manage?

- Despite all these challenges health sector managed to deliver a service, even scoring good results in specific programme areas
- Robust resilient health system structure setup in the 80s. (State, mission, mine, private)
- Diminished but resilient core group of experienced, grounded, dedicated senior managers at Central and Provincial levels
- **Indirect** partner support: local, international. bilaterals, multilaterals
- Feb 2009 Multi-currency interim monetary system

How did we manage?

- Partner coordinating forum

HRH

- Training output continued, ? quality
- Service bonding strengthened,
- deployment systems rearranged to favour District/rural support : extra incentives,
via statutory licensing councils
- Abridged district team trainings piggy bagged on other better resourced programmes
- Partner supported HRH retention scheme

Health financing

- Made sure health given priority: Parliamentary Committee on health, Ministry of Finance, Central Bank
- Indirect Partner support:
 - accepted ‘vertical’ programmes
 - alternative financing mechanisms
 - Strict adherence to MOUs

Material Resources

- GOZ funded: < 10%
- Partner supported programmes:
 - drugs
 - MCH RH commodities
 - blood
 - medical gases

Leadership...at all levels

- Flexibility, 'outside the box'
- Cooperation/collaboration
- Coordination
- One policy/strategy

Where are we....

- Economy picking up, agricultural deliveries continue to improve seasonally, mining sector beginning to contribute to economy(gold, platinum, nickel, diamonds)
- 20% staff turn-out rate Jan/Feb 2009 to 100% turn out rate by June 2010
- RGN vacancy rate less than 1%
- Essential package of medicines and commodities available at all primary and secondary levels of care

Where are we....

- Policies and Strategies to guide “all’
- All training institutions fully functional
- Targeted approach to health infrastructure resuscitation
- Initiatives to attract further financing:
 - Health Sector investment case
 - CARMMA Zim

Gaps...

- Experienced Leadership especially at District level
- Medicines/commodities at secondary and tertiary levels
- Build up on tutors, senior managers, specialist categories
- Retention strategies



That's it....

...thank you!