

“A possibility not yet embraced”

NGOs in the field of Health Sector Reforms in Zambia

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Milestones

NGO/MOH collaboration - a good opportunity not yet embraced

- 1991: Health Reforms initiated
- Sept 95: UNICEF suggests a MOH/NGO collaborative meeting to MOH - no response.
- Sept 96: UNICEF sponsors a NGO-NGO consultation on health issues
- Sept 96: MOH agrees Memorandum of Understanding with CMAZ
- Jan 97: Zambian Government consultation with NGOs to produce a draft "NGO Policy" - arm twisted by World Bank who made such a policy a conditionality on further budget support
- May 97: USAID persuaded MOH to publicly solicit NGO involvement with them in 4 needy districts - sweetener being USAID funding for the NGOs working in those districts
- June 97: First GO/NGO Consultation

1991-1997: the first meeting on GO/NGO consultation 6 years after the Health Sector Reforms started

The Situation Pre-Reform

a. 1964 - 1975

1. At Independence in 1964 Zambia was one of the most prosperous Sub-Saharan countries. It also had the highest proportion of urban population
2. It had an expensive publicly financed and free health care system provided by the Government, Missions, and the Mines
3. The emphasis was on a centralized Ministry of Health, largely curative services, and subsidies for the Mission hospitals and health centres
4. The disease pattern was common to other neighbouring Sub-saharan countries

b. 1975-1990

1. The Zambian economy went downhill:
 - the oil shocks,
 - the collapse of world prices of copper,
 - inappropriate pricing policies,
 - unwillingness to adjust to new realities,leading to declining incomes, deteriorating social indicators
2. Health infrastructure was not maintained, health centres were collapsing, medical equipment was obsolete, doctors left to work in other countries, drug shortages were common
3. Malaria, measles, cholera, tuberculosis, and HIV/AIDS became more common
4. Free health care was increasingly impossible, and was largely financed by external donors
5. There were occasional attempts at technical reform, but no questioning of the structure of the centralized ministry or free health care

“Death and malnutrition among young children is now more common than it was a decade ago, more women are dying during childbirth, and many preventable diseases are taking the lives or disabling thousands of Zambians every year”
(Guide to Health Reforms 1992)

The Zambian Cadillac

“The Zambian health system could be likened to a Cadillac which was maintained by a relatively wealthy family for years. But as the family’s economic situation has changed, it could no longer afford to maintain this gas guzzling vehicle without seeking assistance from cousins and relatives to help fuel, repair, and maintain it”

Katele Kalumba, Minister of Health, quoting World Bank 1992

The Main Aspects of the 1991 Health Reforms:

1. New Vision

to improve the quality of life of all Zambians through the Development of health Care Systems which provide equity of access to cost effective, quality health care as close to the family as possible

2. Three Important Principles

Leadership

- to guide health service managers and provide a good example for all Zambians on how to protect and promote good health

Accountability

- to meet the needs and expectations of Zambians and to ensure that resources are used responsibly and well

Partnership

- for patients, health workers, traditional healers, community leaders, government, churches, NGOs, private sector and others to work together to produce better health

Other Features

3. Decentralization and bottom up planning

4. Division of the Ministry

- Ministry of Health to be policy making and fund-raising organization.
- Implementation to be carried out by:
 - : Central Board of Health
 - : District Health Management Boards
 - : Hospital Boards
 - : Area Health Management Boardsfully responsible for planning and implementing the management of health services in their areas

5. User charges introduced

Exceptions for certain categories and for the very poor

6. Essential Basic Health Package

defined at cost of US\$ 7-8 per person per year
(still not finalized)

7. New Legislation

National Health Services Act of 1995
Statutory Instrument 76 of June 97

4. Overview of the Civil Society in Zambia

1. Mutual Benefit Organisations

(Help their members)

- professional associations
- community based organisations
 - : indigenous
 - : induced
- unions

2. Public Benefit Organisations

(Help society in general or particular disadvantaged groups in society)

- NGOs (international and national)

3. Spurious Organisations

(Help themselves)

Overview of the **Zambian Civil Society Health Providers**

1. Christian Medical Association of Zambia (CMAZ)

- based on religious missions
- operating in 39 provinces (out of 61)
- 89 members missions representing 16 different demominations (cathoilic and protestant)
- 29 hospitals (out of 82) and 72 (out of 942) rural health centres
- 50% of formal health services in rural areas, 30% of health care in Zambia as a whole

2. Professional Associations

- Nurses/Doctors/Pharmacists Associations/Councils
- Traditional Healers Association

3. Community Based Organisations

- induced by the Ministry of Health (Health Neighbourhood Committees)
- induced by NGOs (variety of forms)
- induced by Donors with GRZ (variety of forms)

4. NGOs (both international and national)

- Primary health care
- Water and sanitation
- Nutrition/food security
- HIV/AIDS education and prevention
- HIV/AIDS care for sufferers and those left behind

The Role proposed for NGOs by the Ministry of Health

1. One of the Principles is:

“For patients, health workers, traditional healers, community leaders, churches, NGOs, private sector and others to work together to produce better health”

2. One of the Guidelines is:

“Partnerships with non-governmental organisations, the church, the private sector and traditional practitioners must be strengthened to promote better health”

3. No consultation with NGOs in health from 1991 until last week (June 97) to define what is meant by this (except with CMAZ)
4. No documents spell out what this all means in respect of NGOs (except CMAZ)
5. Lack of clarity about the difference between NGOs, Churches, and CBOs
6. Very little involvement of NGOs in the policy and planning of Health Reforms (except CMAZ, professional associations, private sector, and traditional practitioners)
7. The meaning of “partnership” never clarified.

Relations between NGOs and Government in general

1. Historically a disapproval of NGOs during the 1st and 2nd. Republics to avoid competition with the political party
2. Lack of legal obstruction, and laissez faire attitude continued into 3rd. Republic
3. Good working relations between NGOs and Government at district and technical levels, poor at national and political levels
4. Following 1991 introduction of multi party democracy, considerable activity of new NGOs as watchdog on democracy
5. Following 1996 elections considerable attacks on civic NGOs - spilling over into all NGOs: many veiled threats
6. Jan 97 Draft NGO policy produced under pressure from World Bank who want to fund NGOs for social safety net activities. Still in Cabinet.

Relations between Ministry of Health and Health Providing NGOs

1. Separate and distinct negotiations with CMAZ, culminating in Memorandum of Understanding in Sept 1996
2. Involvement of professional associations in policy discussions, plus some foreign NGOs
3. MOH encouraged since 1995 by UNICEF to hold consultations with NGOs - no action until last week (June 97)
4. Designation of an official at MOH as Coordinator for Donors and NGOs - mostly working with Donors
5. Good coordination at technical levels (National Aids Network, Technical Committee on Population)
6. Ministry of Health has very poor records on NGOs working in the fields of Health

Problems in the Ministry of Health's thinking on NGOs

1. No forum for the Ministry of Health to meet the NGOs except CMAZ
2. Lack of understanding of the comparative advantages that Health NGOs have - particularly in community mobilizing and community organising, yet principle of MOH itself having "partnership with communities"
3. Lack of thinking on relating to NGOs - *"need to get our own house in order first"*
4. Belief that NGOs are simply supplements to Ministry of Health activities - not complementary, and not alternative
5. Knowledge of NGOs based on personal contacts
6. Confusion between roles of NGOs and CBOs
7. Lack of considered thinking about:
 - what MOH can learn from innovative activities of NGOs/CBOs
 - what NGO research findings can be fed into MOH policy thinking
 - what involvement there can be of NGOs/CBOs in District Health Boards
 - what training opportunities NGOs can provide.

Problems in the NGO sector

1. NGOs/CBOs are scattered and spotty - do not represent a shadow resource in health throughout the country
2. NGOs/CBOs are very varied in competence, and generally lacking in management skills
3. NGOs are very dependent on donors, and tend to follow donor dictates
4. NGOs have no one representative body (or rather some competing ones)
5. NGOs have not mapped, counted, measured, or defined themselves
6. NGOs have no sectoral association for Health NGOs (except CMAZ, and some technical groupings)
7. NGOs as a sub-sector have not pushed for consultations with Ministry of Health - only at individual NGO level
8. NGOs are generally ignorant about the way that the Health Reforms are being implemented
9. NGOs do not understand what it means to be “partners”.

Possible improvements from the Government's side

Attitude

- desire to learn from NGO experiences
- appreciate the value of NGO work
- desire to set up regular forum for communication
- desire to formalize relations with NGOs ("Memorandum of Understanding")
- clarify the comparative effectiveness of Government and NGOs in community mobilising

Organisational Structure

- regular consultative meetings with NGOs at national and district levels
- formal relations with a representative body or bodies
- coordinating focal point specifically for NGOs
- regular involvement of NGOs in policy matters
- clear guidelines for NGOs on their contact points in the Ministry of Health, and their opportunities to participate in the new Health Reforms
- District Health Management Boards to meet, map, and investigate NGOs/CBOs in their Districts

Possible improvements from the NGOs side

Attitude

- appreciate the sincerity and commitment of the Ministry of Health (*“Not like other Ministries”*)
- be interested in what is happening in Health Reforms
- constructively engage with the Ministry (not wait for Donors to broker consultations)

Organisation

- set up an umbrella body for Health NGOs (possibly a forum of smaller fora)
- set up a directory of Health NGOs with capacity and experience (plus case studies)
- set up District level fora for Health NGOs
- set up District level fora between these NGOs and DHMTs

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