HEALTH PROFESSIONS AUTHORITY ZIMBABWE

STRATEGIC REPORT

2015

REGULATORY FRAMEWORK

The Health Professions Authority is the coordinative and umbrella body for the seven health professional Councils which regulate health practitioners who practise their professions/callings in Zimbabwe. The various regulatory bodies are as follows:

- Pharmacists Council
- Environmental Health Practitioners Council
- Medical & Dental Practitioners Council
- Medical & Clinical Scientists Council
- Nurses Council
- Medical Rehabilitation Practitioners Council
- Allied Health Practitioners Council

WHAT OUR STAKEHOLDERS SAY

One of the great achievements of the current Authority was stakeholder engagement. The Authority continued to value engagement with its stakeholders and the Stakeholders Conference became a Public Relations activity on the Authority’s calendar. The Authority believed in building lasting relationships with its stakeholders and its vision was that this could only be achieved by constantly engaging each other in dialogue.

The following is what came out from our stakeholders engagement.

ADVERTISING

Throughout the tenure of the current Authority, concerns from stakeholders were that the current advertising policy was not up to date and was not in line with current international developments. The industry observed that advertising for information to the public was now relaxed internationally, as opposed to advertising for commercial purposes. Accordingly, the Authority initiated a discussion process through a stakeholders’ conference on the issue to come up with a new advertising policy for the health sector. The Authority came up with a draft policy which is now receiving consideration at councils’ level.

OVER/REGULATION & MULTIPLE FEES

The general feedback we received from stakeholders was that the medical industry in Zimbabwe was over regulated, resulting in duplication of roles, layering of same services and multiple licensing which were time consuming and costly. The issue was discussed in the stakeholders’ conferences which were organised by the Authority. The Health Professions Authority position on the matter is that there is no shortcut that can be taken on regulatory processes. Streamlining the activities of councils and HPA was not possible because the processes were robust and were all needed for the maintenance of standards in the health delivery system. The discussion needed was not on how to eliminate overregulation but on how to structure and streamline the fees charged by the various regulatory players so that the fees collection process was coordinated.

AMENDMENTS TO THE ACT

Following our stakeholders engagement, the Authority convened a stakeholders conference to consider Amendments to the Act. Some areas were referred to Councils for further considerations and this was done. The process is now at the drafting stage for approval by the Minister of Health and Child Care.

STAKEHOLDER INFORMATION

Delegates at HPA Congress

Above: Minister of Health and Child Care - Dr D. Parirenyatwa addressing delegates at HPA CONGRESS

Below: Delegates at HPA CONGRESS

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WELCOME TO OUR STRATEGIC REPORT 2010-2015

OUR STORY

The Health Professions Authority (HPA) of Zimbabwe is a health professions regulatory body which was established following the repealing of the Medical, Dental and Allied Professions Act (Chapter 27:08) and the disbandment of the Health Professions Council (HPC) on 30 June 2001.

The Health Professions Authority was created in terms of the provisions of Section 4 of the new Health Professions Act (Chapter 27:19) which came into effect on 2nd April 2001. The Health Professions Authority commenced operations on 1st July 2001.

OUR VISION

To be the Health Regulatory Authority recognized as the world-class benchmark.

OUR MISSION

We seek to uphold and promote high standards for the health care delivery system in Zimbabwe through the coordination and regulation of activities of all health professionals, health profession councils and health care institutions in an ethical, efficient and professional manner.

OUR CORE VALUES

As men and women at the Health Professions Authority, we are a family team, united through our shared values relating to Access, Service, Confidentiality, Professionalism, Honesty, Trustworthy and Transparency.

OUR STRATEGY

Creating stakeholder value through effective stewardship of our health professionals, health institutions and patients’ interests, while living by our values and practising the highest standard of conduct and behaviour.

AUTHORITY AT A GLANCE

The first Authority comprised of members appointed by the Minister of Health and Child Care on 15 February 2002. Subsequent Authorities have been elected in accordance with the Act. Past presidents are Mr Abram Hard, Dr Gordon L. Bango and Dr Phineas S. Makurira. Dr Obadiah Moyo was acting president for a period of time.

The current Authority, which is the third one, comprises of elected members Chairpersons of health regulatory Councils, as well as appointed members from stakeholder groups. The term of office of the Authority ran from 17th November 2010 to 30th June 2015 under the presidency of Professor Innocent Gagaidzo.

MEMBERSHIP OF THE AUTHORITY

The following is the membership of the Authority during the reporting period, and which is stipulated in Section 6 of the Health Professions Act:

- Permanent Secretary for Health and Child Care
- Chairperson, Allied Health Practitioners Council of Zimbabwe
- Chairperson, Environmental Health Practitioners Council of Zimbabwe
- Chairperson, Medical and Dental Practitioners Council of Zimbabwe
- Chairperson, Medical Laboratory and Clinical Scientists Council of Zimbabwe
- Chairperson, Medical Rehabilitation Practitioners Council of Zimbabwe
- Chairperson, Nurses Council of Zimbabwe
- Chairperson, Pharmacists Council of Zimbabwe
- Representative of Women
- Representative of Churches
- Representative of the Consumer Council of Zimbabwe (CCZ)
- Representative of the Dean of the Faculty of Medicine of the University of Zimbabwe
- Legal Practitioner nominated by the Law Society of Zimbabwe
- Representative of Disabled Persons
REGULATORY FRAMEWORK

The Health Professions Authority is the coordinating and umbrella body for the seven health professional Councils which regulate health practitioners who practise their professions / callings in Zimbabwe. The various regulatory bodies are as follows:

HEALTH PROFESSIONS AUTHORITY

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- Allied Health Practitioners Council
- Environmental Health Practitioners Council
- Medical & Dental Practitioners Council
- Medical Lab & Clinical Scientists Council
- Nurses Council
- Medical Rehab Practitioners Council

WE OPERATE UNDER THE FOLLOWING FIVE BUSINESS COMMITTEES

EXECUTIVE COMMITTEE
The Authority functions as an executive board. Members of the Authority have executive duties and chair the business committees. The full Authority meets quarterly and in between these quarterly meetings, the Executive Committee meets to execute the business of the Authority.

REGISTRATION COMMITTEE
The Registration Committee is seized with the responsibilities of registration, quality control and compliance. It considers and approves applications from all Zimbabwean health institutions for registration with the Authority. Licensing of health institutions is a legal requirement. This Committee carries out the core business of the Authority. It supervises and considers the work of the inspectorate department.

APPEALS COMMITTEE
This Committee carries out another principal mandate of the Authority. The purpose of the Appeals Committee is to handle mediation in any dispute arising between councils or between a council and a registered person (Section 21 of the Health Professions Act). The Committee also handles appeals brought to the Authority against decisions of councils (Section 22 of the Health Professions Act). A person or organisation that is aggrieved by any decision of a Council is normally required to appeal to the Authority before any matter is referred to the higher courts.

BUSINESS AND FINANCE COMMITTEE
The role of the Business and Finance Committee is to effectively represent, and promote the interests of the Board with a view to add long term value to the Authority and its stakeholders. The Business and Finance Committee directs and supervises the business of the Authority and its financial affairs.

AUDIT COMMITTEE
The Audit Committee is responsible for presenting a balanced and understandable assessment of the Authority’s position and prospects. It is responsible for monitoring the Authority’s business performance and probity under the rubric of value for money.

ADVISING AUTHORITY
Advising Authority & committees on matters of Law and procedure.
"I am pleased to report on the steady transformation and re-positioning of the Health Professions Authority. An important measure of our success has to be the degree to which accessibility to adequate health care becomes a reality for every citizen."

It is my pleasure to present to you the Health Professions Authority (HPA) Strategic Report for the period 2010-2015. During my tenure of office the operating socioeconomic environment has been very challenging. The provision of health services to the majority of the population has failed to achieve desired targets and remain a primary cause for concern. We have nevertheless managed to keep up with our promise to improve the operational landscape of the Authority. It was our duty as an Authority to make sure that every citizen will ultimately have ready access to quality health care and that health professionals as well as institutions will be guided on best practices in order to achieve this objective. The capacity of the health services community to meet the above objectives is determined to a great extent by the economic health of the country. Whilst the factors that influence economic activity and growth are beyond the influence of the health services community in general and of the Authority in particular, it is important for the regulatory authorities in the health industry to continue to plan for an improved operating environment.

Having spent the past five years at the helm of the Health Professions Authority, I can confirm that we have made significant progress and ensured that our stakeholders. At the heart of our service delivery offer was an increased emphasis on stakeholder engagement. Going by the number of conferences held during my term of office and the variety of issues that were dealt with, there is no doubt that we achieved a success story in our stakeholder engagement agenda.

Zimbabwe has a growing private health industry that has assumed a greater proportion of service provision relative to the public sector. Often, conflicting interests arise when for-profit institutions and health care workers are involved in health care. Regulatory bodies are faced with the difficult task of encouraging and enabling the service providers whilst at the same time safeguarding the interest of patients. A lot of the Authority’s work has been directed at performing this balancing act. During the period under review, there has been a marked increase in the number of inspections of health institutions by the Authority. Good governance in all its business activities. The Authority a wide range of expertise. The Authority has periodically advised the Authority handled numerous appeals coming to the Authority, reflecting, in part, on improved processes during disciplinary hearings within Councils. During the period under review, none of the decisions of the Authority on cases of appeal have been overturned by the High Court. There has been an increase in medical tourism to destinations such as India, and the Health Professions Authority has rendered advice on the issue through the Joint Advisory Council (JAC), the Ministry of Health and Child Care. The Authority has received many complaints reflecting differences between service providers and health funders. The issue of fees is a bone of contention, as is the involvement of medical aid societies in service provision. The standards within public health institutions is a serious cause for concern, and a multitude of issues require addressing. Although the solutions to these and other important problems are beyond the jurisdiction of the Authority, the HPA has periodically advised the Minister in accordance with the statutory provisions.

During the period under review, the University of Science and Technology (NUST) medical school became the second training institution for doctors in the country. The delay in the certification of the medical school was largely dictated by commitment to standards by the regulatory authorities. The school now has an increasing number of graduates under instruction, and is doing so to an evidently high standard. The Authority has been highly involved in ongoing moves to improve nursing education and

private health practitioners. The provisions of the governing Act, and the proper operating model for the Authority depends on the majority of the Authority’s revenue being generated through direct annual grants. Such a normalisation of the funding basis would allow the reduction in fees that the private health sector is entitled to. The development of new technologies and treatments as they apply to health issues challenge the Authority to constantly redefine the scope of regulation, and the practice guidelines that are issued to stakeholders. Increasingly, the internet is employed in accessing up to date information, clinical guidelines and expert opinions to the benefit of the patient. Such use of technology should be cultivated and incorporated into routine care. However, there are numerous examples of misleading information and misuse of e-medicine where the provider of the service is motivated by profit at the detriment of patients with serious illnesses. Such activity should be curtailed. We have new challenges that are brought about by globalization. The boundaries of regulatory jurisdictions are becoming increasingly blurred by developments such as medical tourism and telemedicine. Health practitioners and institutions can therefore provide medical services to patients who are based in one country whilst the provider is based outside the country. This provides unique challenges for the Authority as well as place heavy demands on health regulatory systems and knowledge bases. Given the above background, the Authority has been involved in a number of initiatives were embarked upon, including the development of a currency system, was a prerequisite in order that the Authority could fulfill this obligation. The financial burden during this resource mobilisation has fallen inordinately upon private financial institutions and inefficiencies, such that robust measures had to be taken in order to reposition the Authority. A number of initiatives were embarked upon, including the development of a culture of respectful interaction with stakeholders, diversion of resources to core business of enabling the inspectorate, and the development of a new organisational structure.

There was a drive to improve the observance of good governance within Councils. Councils were encouraged to adopt and observe the governance manual for parastatals and public enterprises. A registers’ forum was established and became a forum for coordinating initiatives on improving governance. The Authority has received several unqualified audit reports from the office of the Auditor General in the past few years. The Authority prioritised fiscal probity and good governance in all its business activities. The Authority continues to receive complaints from the public and it is a matter of policy to have each complaint investigated and acted upon. At the beginning of its term of office, the Authority handled numerous appeals by health professionals who were aggrieved by decisions made by Councils. However, by the end of the term there was a significant drop in the number of appeals coming to the Authority, reflecting, in part, on improved processes during disciplinary hearings within Councils. During the period under review, none of the decisions of the Authority on cases of appeal have been overturned by the High Court. There has been an increase in medical tourism to destinations such as India, and the Health Professions Authority has rendered advice on the issue through the Joint Advisory Council (JAC), the Ministry of Health and Child Care. The Authority has received many complaints reflecting differences between service providers and health funders. The issue of fees is a bone of contention, as is the involvement of medical aid societies in service provision. The standards within public health institutions is a serious cause for concern, and a multitude of issues require addressing. Although the solutions to these and other important problems are beyond the jurisdiction of the Authority, the HPA has periodically advised the Minister in accordance with the statutory provisions.

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in instituting reforms in examinations. The Authority is aware of the need to address the lack of training schools for various health professionals such as dieticians, speech therapists and several specialties.

The Authority has a responsibility to give advice on issues that contribute to the development of health service provision. We provided advice and participated in the Ministry of Health and Child Care’s Human Resources for Health Task Force. Several members of the Authority chaired some of the Task Force sub-committee meetings.

It only remains for me to wish you all a good term with the new office bearers and to thank you for your support and hard work throughout what has been a busy and enjoyable term of office for me. I really acknowledge your support during my tenure of office.

In conclusion, I would like to extend my sincere gratitude to all the members of the Authority, and of committees of the Authority, for giving their valuable time. These members sacrificed a lot of time from their busy schedules in order to attend to the business of the Authority, at great cost to themselves. It is through the selfless and honest work of such individuals that ensures that the regulatory framework is functional. I would like to thank the Honourable Minister of Health and Child Care for always affording the Authority an audience and support whenever it was requested. I would also like to thank colleagues in the health services fraternity and the various health professions councils. Last, but not least, my sincere thanks go to the management and staff at the Authority who supported me through their industry and diligence.

CHIEF EXECUTIVE’S REVIEW

“This has been a good term for the Health Professions Authority with strong underlying performance, significant strategic developments and continued operational delivery.”

Shepherd Humure
Chief Executive

OVERVIEW

Health care worldwide is on the frontline of sweeping changes and great challenges. Demographic shifts and medical advances bring new possibilities but cause new problems. In developing countries like Zimbabwe, health expectations rise but costs never fall. Worldwide millions are dying from preventable diseases and in a world of open borders and easy travel, health problems in one part of the world quickly land on the doorsteps of others as we saw with the scourge of the Ebola virus disease. Common problems call for common solutions and as the Health Professions Authority we keep on advising our members to stay alert of these waves of change which are redefining health care not just in Zimbabwe but around the world.

HEALTH AS A FOUNDATION FOR PROSPERITY

Health is a foundation for prosperity and a prosperous population benefits the country. In this vein, the Health Professions Authority considers the marginalized members of our society and encourages government to continuously improve service provision in public institutions, and practitioners not charge highly commercialized healthcare fees to the poor. The central challenge we face today is to ensure that our people have access to affordable healthcare, particularly those who live in our rural communities. This consideration feeds into the larger objective of socioeconomic development and the Health Professions Authority encourages health service providers to expand and establish more health institutions, both public and private, in rural areas than in urban centres where they are currently concentrated. The Authority also encourages cost-efficient health services so that the poor can benefit and afford a basic package of quality health care. Given the pressure to generate revenue, at times health service providers over-prescribe drugs, use expensive but unnecessary tests and procedures, and keep patients in hospital longer than necessary. The Authority is constantly aware of the pressure on practitioners and institutions to generate income, sometimes at the expense of providing adequate service, health education and preventive services.

TWO-WAY LINK BETWEEN POVERTY AND HEALTH

As the Authority we note the close two-way link between poverty and health. Poverty contributes to poor health, and poor health anchors population in poverty. But better health allows people to work their way out of poverty and spend household incomes on something other than illness. The Health Professions Authority encourages health service providers to embrace health programmes that alleviate poverty. On the other hand, the government’s efforts and commitment to provide for adequate funding of public health institutions will be central to improvement in health care delivery. Progress in reaching the Millennium Development Goals is not measured by national averages but by how well health services is reaching the poor and marginalized people of the society.
PRIMARY HEALTH CARE PRIORITISATION
The Health Professions Authority advises the prioritisation of primary health care within an integrated health system. Through self-referral, problems that could have been treated at the primary care level are now flooding into and overwhelming central hospitals. As a result, simple conditions are now being treated in a high-cost environment. Primary health care is the best system for reaching most people with essential and affordable care and it is also the best gatekeeper for ensuring that simple conditions receive appropriate and affordable care, at an appropriate and cost-effective level of the health care system. The Ministry of Health and Child Care is aware of the need to provide improved primary health services around the country, including in urban areas. Proposals to establish district hospitals in major urban areas is a logical solution to the need to organise health services. This will enable Central Hospitals to focus more on appropriate and referred cases.

COLLECTIVE APPROACH
The Health Professions Authority notes that the challenges we face to address the health needs of the country are by no means unique to Zimbabwe. All around the world, health is being shaped by the same powerful forces and some of these forces have increased in complexity. New diseases are now emerging and old threats have resurfaced and have developed resistance to drugs. The emergence of extensively drug-resistant tuberculosis, which is virtually impossible to treat, is a particularly ominous trend. Many of today’s health problems can no longer be managed under the responsibility of a single health sector alone, as they require collective approach. Air and water pollution spread diseases, so the provision of safe drinking water and effective sanitation are essential for good health in all communities. Effects of climatic change, urbanization and demographic ageing are all trends that give rise to diseases. Likewise, collective approach is also required to the growing number of deaths and injuries arising from road traffic accidents. Sedentary lifestyles, smoking, alcohol and poor diets are contributing to an increase in chronic diseases such as hypertension and diabetes mellitus. Various sectors of society have a role to play in important health promoting activity. The Authority also encourages newspapers to give more space on health issues. The private health sector provides an important public service that imperfectly complements the public facilities. A sound health system will always depend on a robust and integrated public system with its rural clinics, municipal clinics, district hospitals, provincial hospitals and tertiary hospitals. The Health Professions Authority continues to explore new and innovative ways to reduce bureaucracy-driven costs and delays, and to streamline regulatory processes that may be duplicative, but ensure that it does so without compromising on standards and patient safety.

STRONG FINANCIAL STEWARDSHIP
Prudent financial management
During the term, the Health Professions Authority operated as non-profit making organization, whose revenue was matched to cover operating costs in a sustainable way. Board fees were kept at minimum level that does not equal the opportunity cost to members of the Authority or of committees. Through prudent financial management, we were able to increase the capacity to carry out statutory inspections of health facilities throughout the country. The Authority was also able to secure ownership of its own office building.

FEES EFFICIENT FRONTIER
To exercise strong financial stewardship, a full data base of all the health institutions in the country was put in place. This was done in order to determine the Authority’s revenue potential through critical mass methodology rather than margin increases (subscription fee increases). Thus the pricing was volumetric and not charging high prices on a few members. The aim of the Authority was to collect revenue due from all the members and by so doing keep the fees low and create value for stakeholders as depicted in the Fees Efficient Frontier Model.

FISCUS FUNDING IMPERATIVE
The sources of revenue for the Authority are stipulated in Section 15 of the Health Professions Act, which provides that the funds of the Authority should consist of Levies, Government Grant and any other fees. The Authority’s main source of revenue throughout its term of office was from practitioners and institutions, with very little coming from the national fiscus. The main challenge was to mobilise for more revenue from the national budget and reduce the burden on practitioners. In most developed economies, the budget for the national health inspectorate is funded almost exclusively from the fiscus. In Zimbabwe, a large number of health institutions that are under regulation are public and moreover the primary role for carrying out inspections is to protect the public. In order to improve the Authority’s funding base, it remains imperative to motivate for more funding from the fiscus.

MIXED MACRO-ECONOMIC CONDITIONS
The hyperinflation environment during the period 2007 and 2009 rendered planning a futile exercise. However, the term of the Authority coincided with the introduction of the multi-currency system, and the economy has experienced fluctuating fortunes. Inflation has been around 4%, and since 2014, has gravitated into the deflation territory up to the end of the term.

MEDICAL ENVIRONMENT
With regards the medical environment, the public health system continued to suffer a myriad of challenges that included limited financial and logistical support, on-going brain drain and competing national priorities. On the other hand, the budget allocation to the Ministry of Health and Child Care remained lower than the stipulated international benchmarks. Only 8% of the country’s population is estimated to be on health insurance. Although the average annual inflation was low during the term, medical inflation was twice the annual inflation figure. The rise in annual medical inflation was mainly due to increase in specialist service tariffs, imported drugs, consumables and medical equipment.

FORWARD VERTICAL INTEGRATION
The introduction of multi-currency in 2009 ushered a new environment which created great and unique opportunities in the establishment of new health institutions. From year 2010 up to the end of the term, the Authority has been registering on average 300 new health institutions coming on the market per year. Prior to year 2010, on average only 20 health institutions per year were recorded. As a result, the medical industry recorded an increase in competition as more and more medical practitioners were coming on the market. The competitive pressure was exacerbated by medical aid societies who were adopting a forward vertical integration strategy by venturing into healthcare provision. Medical Aid Societies diversified from mere traditional role of health funding, to healthcare provision through ownership of clinics, laboratories, radiology units and hospitals as survival strategies to ensure revenue streams. The evolution of medical aid societies venturing into healthcare provision gave rise to major conflict with service providers who are not affiliated to medical aid societies.
As the new Authority started in year 2010, the forces on the ground were those as depicted in the Balance of Forces Model below. The status quo was in favour, whilst on the other hand the business model of the new Authority was that of change, rethinking, renewal and repositioning of the Authority. The requirement was to pour in more resources and bring in new people with a new mind set to tip the balance of forces towards the intended change, thereby creating value for the Authority’s stakeholders.

Over the years, there had been lack of commitment in putting up a meaningful strategic plan and setting targets at the Authority. As a result, the situation prevailing at the Health Professions Authority in year 2010 required going back to the basic business principles of putting in place a strategic plan before the initiation of any activity. Following a workshop that was held in Nyanga at the beginning of the term, a strategic plan which became the engine driving the Authority’s business, was unveiled.

**BUSINESS REVIEW**

**TASK SHIFTING**

Task shifting is a modern concept where health professionals are now trained to do more outside their traditional scope of practice. The Health Professions Authority participated in learning and development visits to study the broadening of the scope of duties of health practitioners in areas such as the medical male circumcision, amongst others. These visits were sponsored by the Ministry of Health and Child Care and the World Health Organisation. The benefits to the patient of expanding the scope of duties of the health worker were seen to be very clear but regulatory issues and the protection of patients and turf wars were found to be the major hindrances to the smooth adoption of the concept. The research visits contributed in shaping policy development on task shifting at national level.

**INSPECTION MANUAL**

Some of the minimum requirements for health institutions which were in use were outdated and in some cases, some of these requirements had been overtaken by technological developments. Some minimum requirements were too stringent and whilst others emphasised the trivia. In some cases, equipment specified in the minimum requirements was not available on the local market. The Authority partnered with practitioners in a bottom up process of

**POLICY DEVELOPMENT**

Previously the Authority was operating without proper internal regulations and policies to guide the Board and management actions. This was seen as a major control weakness. Policy manuals to underpin and operationalise the Authority’s strategic plan were put in place. Bold steps were taken to set up the Authority’s direction and objectives, articulate the strategy against specific performance benchmarks, assign responsibilities and decision making authorities, incorporating a hierarchy of required approvals from management to the Board. An Accounting Manual, Human Resources Policy, Motor Vehicle Policy, Risk Management Policy, amongst other policy guides, were developed and put in place. Formulation and implementation of policies also saw the putting in place of an ethical code of conduct that protected and safeguarded the interest of the Authority and its stakeholders. These policies are now functional and they now ensuring alignment of activities and behaviour in the Authority.

**OFFICE BUILDINGS FOR THE AUTHORITY**

The Authority took robust measures to ensure that the issue of No 7 Ross Avenue office building, the property of the preceding Health Professions Council, was settled during its tenure of office. Accordingly the transaction of the office building was concluded, and after making all the payments, the HPA is now the proud owner of its office building at No 7 Ross Avenue, Belgravia Harare.

**HPA WEBSITE**

The Authority has now a functional website. With the advent of advancement in IT systems, the Authority embraced e-health. Currently registration renewal forms are now accessible and downloaded from the website and practitioners are no longer travelling to Harare to collect registration forms. The client database is being uploaded on the Authority’s website for the convenience of members of the public.

The website database will be part of the Authority’s initiatives to come up with information to the public as opposed to advertising. It is the Authority’s mandate to give information to the public and e-health will assist in achieving this deliverable. The electronic database will also make it easier for the public to know the number and size of registered institutions in Zimbabwe. This will be also an important health statistic for the country.

The next move is to make Continuous Education Programs made available on the internet to improve accessibility by practitioners in remote areas. Internet based programmes are cost effective than traveling long distances to attend seminars for Continuous Professional Development points. The website will be thus a starting point to these internet based programmes.

**TARIFFS AND CO PAYMENTS**

The issue of tariffs and co-payments (shortfalls) is at the heart of the medical industry. Healthcare providers are pegging their fees at Zimbabwe Medical Association (ZIMA) tariffs which are higher than those prescribed by the Association of Health Funders of Zimbabwe (AHFoZ). Health service providers regard AHFoZ tariffs as sub- economic whilst ZIMA tariffs are viewed as more realistic to the viability of the medical industry. The difference between ZIMA tariff and AHFoZ tariff is a shortfall which is being borne by the patient. The Authority channels its advice on the matter to the Ministry of Health and Child Care through the Joint Advisory Council. The Authority has no legal basis to influence health funders, but can advise the minister who administers the Act that governs medical aid societies. It is critical for health funders and health providers to come to an agreement, as the issue of tariffs is contributing to medical tourism, where patients seek private health care outside the country.

**MEDICAL ETHICS**

The Authority has encountered a number of cases reflecting unethical practice. Some patients appear to have been unnecessarily admitted to hospitals so that they can be charged fees. Similarly, there were allegations of patients being made to overstay in hospital beyond the requirements of their conditions, in order to maximise revenue. It is not uncommon to receive complaints of patients, including those with emergency conditions, who were refused admission.
The Health Professions Authority Inspection Team

Due to lack of upfront cash payment of fees. There have been reports of blatantly unnecessary caesarean section when normal delivery would have sufficed, or reports of illegal abortions being reportedly carried out by some health practitioners. Whenever such reports were received, the Authority deployed inspectors to investigate these issues, and reports submitted to the Authority for consideration. A more aggressive approach to criminal behaviour is advocated.

**DISPLAYING CERTIFICATES**

It is a requirement of the Health Professions Act that registration certificates be displayed prominently in all health institutions. The Authority carried out spot checks to ensure that registration certificates were being displayed in health institutions in an effort to weed out illegal and unregistered premises that pose a threat to the public. A non-compliance fee is chargeable for failure to display the certificate.

**INSPECTION PENETRATION LEVELS**

During the hyperinflation era, the operations of the Health Professions Authority were crippled because of lack of resources. Only few inspections could be carried out. During the period under review, a client data base was developed, resulting in improved accountability and compliance. Our client data base has grown from 1 000 registered health institutions to the current level of 3 000 registered health institutions. This accountability has resulted in improved inspection outreach and penetration levels. Therefore, compared with previous years, the Health Professions Authority has achieved a major expansion in inspections throughout all parts of the country. With more funding, our strategic objective is to have a 100% penetration level and establish presence in all areas of the country.

**PUBLIC RELATIONS DEPARTMENT**

The relationship between the Authority and health professionals have often been strained. The public often has inadequate information on the rules and regulations covering health institutions. Patients also have little knowledge with regards their rights, and the role of HPA at large was not known. As a result, the Health Professions Authority put in place a full functional public relations department to proactively interact with different stakeholders. The role of the...
OUR VISION, MISSION, STRATEGY AND VALUES

OUR VISION
To be the Health Regulatory Authority recognized as the world-class benchmark.

OUR MISSION
We seek to uphold and promote high standards for the health care delivery system in Zimbabwe through the coordination and regulation of activities of all health professionals, health profession Councils and health care institutions in an ethical, efficient and professional manner.

OUR CORE VALUES
As men and women at the Health Professions Authority, we are a family team, united through our shared values, relating to:
- Access
- Patient Service
- Confidentiality
- Professionalism
- Honesty
- Trustworthy
- Transparency

OUR GUIDING PRINCIPLES
As the Health Professions Authority, we strive to be effective stewards and stewardsess of our health professionals, health service provider institutions and patients’ interests. We shall live by our values and practise the highest standard of conduct and behaviour as follows:

ACCESS
We shall ensure that we will be accessible to all our stakeholders and that patients will have easy knowledge and access to health practitioners of their choice through a series of country wide advertisements and publicity, as well as outreach programmes. This will be done by the Authority for the mutual benefit of the health practitioners and patients.

PATIENT SERVICE
Patients are the focus of every health institution, the reason for its existence and what it does. The Health Professions Authority shall strive to ensure that all patients who interface with the health institutions receive world class benchmarked service delivery.

CONFIDENTIALITY
The Health Professions Authority shall serve to guarantee effective custodians of all personal health records and ensure that practitioners disclose only to legitimate parties with a direct interest in the records.

PROFESSIONALISM
As people who are well trained in regulatory and related services, we shall practice the highest standard of excellence in the execution of our tasks and in our day to day dealings with stakeholders. We shall carry our business guided by the tenets of ethical professional conduct.

HONESTY
Because we have developed our principles logically, based on reality, we will always act consistently with our principles. We maintain the highest level of personal and professional conduct and integrity by being consistent, honest, and fair with everyone and everything we do. We honour the dignity and recognize the work of each person.

TRUSTWORTHY
Because we handle funds from our health professionals, we shall manage the funds effectively in order to realize the highest health delivery benefits for our patients.

TRANSPARENCY
We shall be the most accessible regulatory authority by all stakeholders who value the importance of corporate governance and development of our staff members. We shall practice high degree of fairness and openness in our conduct with staff and our stakeholders.

CULTURE
We shall strive for a culture manifesto that emphasizes hard work and will take on board the views of various stakeholders and build a mind-set amongst our workers and Councils that places an emphasis on quality care and patient satisfaction.

DELIVERING ON OUR STRATEGY
In order to fulfil its vision, the Health Professions Authority formally developed its strategy and identified Critical Success Factors (CSFs) to drive the strategy. The CSFs were the strategic imperatives that formed the backbone of the Authority’s success.

STRATEGIC IMPERATIVE
1. Improve government funding.
2. Improve risk and financial management systems.
3. Comply with Health Professions Act.
4. Improve understanding of HPA functions.
5. Improve HPA visibility.

PROGRESS DURING THE TERM
- Still big gap & no significant funding.
- Average funding of $20,000.00 per year received
- Effected staff changes & clean audit reports achieved every year
- Ministry of Health and Child Care agreed to provide internal audit to strengthen our internal controls
- Control environment was improved, forensic audits were done and all cases of financial malfeasance were handed over to police
- Now unqualified independently audited accounts are in place
- There is now a remarkable improvement in our financial management systems

- Was the first Authority to comply with the Act and appoint Deputy Secretary General
- Councils now submit audited accounts to Authority
- Annual general meeting (Annual congress) now takes place every year
- Have handled many appeals from decisions made by councils.
- Marked improvement in health institutions inspections
- Remarkable achievement

- Significant effort made during the term to cover all the functions under section 5 of the Act.
- Stakeholder conference for stakeholder engagement became an annual occurrence
- Public relations department established to improve interaction between HPA and the public
- The public is encouraged to complain. There has been an increase in the number of complaints received from the public and the Authority responds to every complaint
- Remarkable achievement
- Employed PR to articulate visibility agenda.
- Electronic and print media visibility programmes were undertaken
- Improved inspections penetration level from all most 0% coverage in year 2010 to 80% in year 2015
- It is now common cause that it is an offence to practice medicine without due registration or licensing and bogus practitioners are being prosecuted
- Random inspections of health institutions are
6. Amend the Act.
- Significant achievement
- Many anomalies in the Act have arisen and necessitate changes in the Act
- Extensive stakeholder participation has been facilitated in the drafting process
- Draft Bill submitted to the Minister

7. Create ownership of HPA by the professions
- Committees drawn from members with a diverse spectrum of knowledge and expertise were put in place
- Members met regularly to direct and oversee the affairs of the Authority
- Remarkable achievement

8. Establish/promote health institutions standards
- A remarkable achievement
- Issued an inspection manual
- Advertising policy now at council level

9. Resolve transfer of assets to Councils
- Remarkable achievement
- Office building bought from Councils
- Councils have achieved asset value & HPA own its own offices
- HPA has no existing liabilities regarding the acquired buildings

10. Act as guide and motivator to Councils
- Hosted stakeholder conferences
- Mediated on a number of initiatives in Councils
- Has given advice to Councils on Policy, Legal and operational issues, resulting in better governance within Councils
- Noticeable reduction of appeals
- HPA appeals decisions not turned down on appeal to the High Court
- Remarkable achievement

11. Strengthen HR and management systems.
- Strategic plan was developed and put in place at inception of the Authority
- A new organisation structure was put in place
- Appointed new Secretary General, Deputy Secretary General, Finance Manager, Administration Manager and Public Relations Officer
- Inspectorate department was re-organised
- Operational manuals and policies are now in place
- Customer care training, when staff interface with professionals
- A staff performance management system was put in place.

**Priorities for New Authority**

| 1. Improve government funding. |
| 2. Improve risk and financial management systems. |
| 3. Comply with Health Professions Act. |
| 4. Improve understanding of HPA functions. |
| 5. Improve HPA visibility. |
| 6. Amend the Act. |
| 7. Create ownership of HPA. |
| 8. Establish/promote health institutions standards |
| 9. HPA Office Premises |
| 10. Act as guide and motivator to councils. |

**Key Actions for New Authority**

- Strategic imperative to improve fiscus funding.
- Follow up the issue of internal audit agreed with the Ministry of Health and Child Care to continue to strengthen internal controls
- Refine and clean up the debtors listing to reflect a correct and reliable debtors figure
- Write off uncollectable debtors to reduce the Authority’s debtors book
- New Authority to ensure that the core business of the Authority is broadly defined in terms of section 5 of the Act
- New Authority to improve fiscus funding in order to achieve 100% inspections coverage
- To follow up on the promulgation of the new Amended Act
- The following governance areas to be improved upon.
- Authority performance contract.
- Constitution of Committees: Committee Members to be appointed on basis of relevant skills and expertise. To consider:
  - Training for all Members and Councils.
  - Number of members in a Committee.
  - Number of Committees and Sittings.
  - A member not to appear in many Committees.
  - Attendance of meetings.
- To look at updating the inspection manual from time to time.
- To provide guidance into encouraged/acceptable and harmful/oulawed forms of telemedicine
- To look at ways of incorporating e-Health in scope of practice and regulations
- To look at how unorthodox health services operators can be brought under regulation.
- To look at building and office upkeep and improvement
- To define responsibility over and interaction with Councils relative to the broad guide lines of section 5 of the Act
11. Strengthen HR and management systems.

- The following are the areas for the new Authority.
  - Strategic planning review for 2015 - 2020
  - Registration of group practices
  - Improving quality of interface with institutions and professionals
  - Reviewing cost of sitting allowances
  - Harmonisation of practitioners’ fees
  - Regional and International benchmarking
  - Updating policies and procedures
  - Continued management of the staff remuneration and support
  - Programme of replacement of inspection vehicles

BUSINESS MODEL
AT A GLANCE

THE HEALTH PROFESSIONS AUTHORITY MODEL

UNIQUE NATURE OF HEALTH REGULATORY MODEL

The manner of the regulation within the medical industry in Zimbabwe has led to some practitioners to express negative sentiments regarding the role of the Health Professions Authority. The pervasive nature of health care regulations stems from the governing legal framework and the fundamental concerns that are at stake. It is acknowledged worldwide that some form of oversight is needed when activities regarding health services provision are involved. Oversight is needed in the medical field for public interest, and serves an essential purpose. Regulation provides a system of checks and balances that harmonises the participation of potentially conflicting interests. It ensures that the overall health care system receives input from different source and pathways. The system benefits by receiving regulatory input from varying perspectives.
PUBLIC INTEREST ROLE
The medical profession has a lot of responsibilities that call for increased oversight to ensure people do not unnecessarily lose life. The Health Professions Authority public interest role is undertaken in three broad terms as follows:
• Being the umbrella body for the seven councils.
• Being the appellant body for members and their councils.
• Protection of public interest in health matters through advisory role to the Minister and through the two roles above.

Acting as umbrella body for the seven councils is detailed in this report under role and functions of the Authority.

PROTECTION OF MEMBERS FROM THEIR COUNCILS
The Health Professions Authority provides adjudication process for members and councils to ensure that councils do not transgress at the disadvantage of members. There is therefore need for an oversight role by the Health professions Authority over the activities of the councils and their members. A member is entitled to appeal any decision made by his/her Council to the Authority.

PROTECTION OF PUBLIC INTEREST
Protection of public interest role is done through:
• Overseeing activities of Councils.
• Inspections of Health Institutions (hospitals, clinics, nursing homes, pharmacies, laboratories, consulting rooms etc.)
• Acting as an appellant body for the public not satisfied with decisions of a council, or any occurrence in the public domain that regards health issues.

The majority of inspections that are carried out are performed for the protection of the public. The Health Professions Authority plays a critical role in ensuring that health providers are setting and operating health facilities which, above all, do no harm to the public. HPA is thus necessary to a civilized society.

A MODEL THAT IS THE ENVY OF OTHER COUNTRIES
The Health Professions Authority received enquiries from other countries within Africa, expressing a wish to adopt the Health Professions Authority model in their countries. The Authority staff has at the invitation of the World Health Organisation been requested to assist in setting up a similar HPA model elsewhere in Africa.

ROLE AND FUNCTIONS OF THE AUTHORITY
Our responsible approach to business generates value for all our stakeholders through the following statutory role and functions, as provided for in section 5 of the Health Professions Act.
• We formulate, develop and implement measures and policies designed to co-ordinate and integrate the functioning and operations of members of the health professions.
• We ensure the provision of and promote the enhancement of efficient professional services by members of the health professions.
• We liaise and collaborate with all the Councils and, without in any way limiting the generality of this paragraph, to advise the Councils on matters pertaining to:
  - practice control;
  - discipline;
  - education, training and examinations;
  - minimum standards required for any premises in or at which members of any health profession practice their profession or calling.
• We encourage dialogue between the Government, the Authority and the Councils.
• We implement Government policy on any matter relating to the health professions.
• We convene an Annual Congress in terms of Section 20 of the Act.
• We administer, as separate accounts, the funds of each Council.
• We mediate and settle any disputes arising between Councils or between a Council and a registered person.
• We hear appeals referred to it in terms of the Health Professions Act.
• In addition to the above, we are required to perform the following functions:
  - Registration of health institutions
  - Inspections of health institutions
• We perform any other function that may be conferred or imposed upon us by or in terms of the Health Professions Act (Chapter 27:19) or any other enactment.

BUSINESS MODEL

INDICATORS (KPIS)

The strategic foundation acts as a guide to development of the corporate scorecard. The following is the balanced scorecard that monitors the Authority's performance.
Three strategic themes or goals have been identified as the pillars of excellence that will drive HPA towards the realisation of its mission and attainment of its vision.

HEALTH PROFESSIONS AUTHORITY STRATEGIC FOUNDATION (VISION, MISSION AND CORE VALUES)

The strategic foundation acts as a guide to development of the corporate scorecard.

Vision: To become “A health Regulatory Authority recognised as the worldclass benchmark”.

Mission: The Health Professions Authority seeks to uphold and promote high standards of health care delivery systems in Zimbabwe through the monitoring, regulation and co-ordination of activities of all health professionals, health professions Councils and health care institutions in an ethical, efficient and professional manner.

Values: Access Patient Service Confidentiality Professionalism Honesty Trustworthy Transparency

STRATEGIC THEMES 2015
Each of the strategic themes has been defined to ensure a common understanding

<table>
<thead>
<tr>
<th>Strategic theme</th>
<th>What do we mean by this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong Internal Capacity</td>
<td>This relates to the organisation’s ability to deliver on the vision and mission through appropriate systems, policies, processes and people.</td>
</tr>
<tr>
<td>Financial Sustainability</td>
<td>This relates to the organisation’s ability to maintain a going concern status through a strong funding base and good financial management.</td>
</tr>
<tr>
<td>Good Stakeholder Relations</td>
<td>This relates to how the organisation relates with its key external stakeholders, namely; health institutions, the government, practitioners and the public.</td>
</tr>
</tbody>
</table>
## STRATEGIC OBJECTIVES

A means to achieving strategic themes, developed around each of the strategic themes / goals.

<table>
<thead>
<tr>
<th>Strategic theme / goals</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| **Strong Internal Capacity** | 1. Provide satisfactory service to members.  
2. Resolve the issue of pharmaceutical wholesalers.  
3. Do more of mediation than waiting for appeals.  
4. Ensure inspections by HPA and verifications by councils are not mixed up.  
5. Ensure every institution is covered by routine inspection every year.  
6. Put in place the HPA balanced score card.  
7. Ensure all Authority and council members are exposed to corporate governance training.  
8. All registrars to receive training on the balanced scorecard.  
9. Councils to submit quarterly reports to HPA in balanced scorecard format. |
| **Financial Sustainability** | 1. Councils to submit audited accounts to Authority.  
2. Improve inspection penetration country wide.  
3. Clean up and refine the Authority database.  
4. Eliminate fraudulent activities in all operations.  
5. Put an internal audit tool for the Authority and its councils.  
6. Meet the Minister and lobby for more resource funding.  
7. Submit audited accounts to the Minister as required.  
8. Put in place a strong debt collection system.  
9. Meet the Minister to discuss 7 Ross Avenue office issue. |
| **Good Stakeholder Relations** | 1. Lobby government for more funding to the health sector in line with Abuja declaration.  
2. Advocate for creation of an allied professions register by each council.  
3. Put in place a health service directory on the website.  
4. Hold annual congress each year.  
5. Ensure the patient charter is known to the public.  

## CONSOLIDATED OBJECTIVES

Consolidated from different strategic themes within the perspectives of the Balanced Scorecard.

### Perspective | Consolidated Objectives | Strategic Themes / Goals
--- | --- | ---
**Strong Internal Capacity** | 1. Provide appropriate staff.  
2. Retain competent staff.  
3. Train and develop staff.  
4. Motivate staff.  
5. Develop an HPA internal code of conduct. |
**Financial Sustainability** | 1. Pay performance related bonus.  
2. Come up with HPA strategic plan.  
3. Develop HPA policies and procedures. |
**Good Stakeholder Relations** | 1. Attend workshops / seminars.  
2. Take look and learn visits.  
3. Benchmark with best in class practices. |

### Perspective | Consolidated Objectives |
--- | ---
**Financial** | 1. Improve HPA financial base.  
2. Councils to submit audited accounts to Authority.  
3. Improve inspection penetration country wide.  
4. Clean up and refine the Authority database.  
5. Put in place a health service directory on the website.  
6. Meet the Minister and lobby for more resource funding.  
7. Submit audited accounts to the Minister as required.  
8. Put in place a strong debt collection system.  
9. Meet the Minister to discuss 7 Ross Avenue office issue. |
**Customer** | 1. Provide satisfactory service to members.  
2. Resolve the issue of pharmaceutical wholesalers.  
3. Do more of mediation than waiting for appeals.  
4. Ensure inspections by HPA and verifications by councils are not mixed up. |
**Internal Processes** | 1. Put in place the HPA balanced score card.  
2. Ensure HPA and council members are exposed to corporate governance.  
3. All registrars to receive training on balanced scorecard.  
4. Councils to submit reports |
**Learning and Growth** | 1. Strengthen management systems.  
2. Strengthen HR systems.  
3. Improve inspection tools for HPA and Councils.  
4. Councils to submit reports to HPA |
**Healthcare providers** | 1. Conclude issue of overlapping of roles.  
2. Develop new advertising policy.  
4. Ensure the patient charter is known to the public.  
5. Hold registrars meetings. |
During its term of office, the Authority developed and put in place a Risk Management System. Risk management is an integral part of business planning and of managing the performance of the business. When risk management is being talked about, it is referring to a logical and formalised methodology of identifying, classifying, analysing and responding to risk and then monitoring and controlling the resultant management process in order to ensure that the risks involved remain effectively managed in the long term.

It is said that without risk there is no reward. Risk breeds innovation, risk should therefore be welcomed, provided that it is carefully evaluated and the impact is controlled by appropriate management action. The risk management system put in place by the Health Professions Authority aims to evaluate the primary risks to the business of the Authority and its objectives, so that an informed assessment can be made and appropriate actions taken. In doing so, the Authority is more likely to be able to maximise its opportunities.

As we are all aware, today the world is full of risks. The risks that exist increase as a function of both human and organisational evolution and development. As organisations become larger and more complex they tend to face an increasing array of complex and diverse risks. New forms of risk emerge all the time. A very good example can be cited from Information Technology (IT). Information technology risk is an obvious example. As organisations develop they tend to take advantage of the latest technology. They buy the latest computers and run the latest software. As these organisations use more and more IT, they become increasingly dependent on it. They also develop an increasing IT risk in that the business may be crippled if, for any reason, the IT system fails. IT risk was not a major consideration before so many companies became dependent on electronic data storage and communications. In 1970 IT risk was virtually non-existent. By year 2000 it was one of the most significant risks facing virtually all commercial and industrial organisations. The Health Professions Authority is no exception to this.

As dependence on IT increases, new associated risks emerge. The risk of system failure can, to some extent, be reduced by ensuring that adequate safeguards and back-up systems are in place and that the IT support staff are sufficiently trained and aware. Associated external risks can, however, be much harder to control. In recent years the risk of malicious interference, fraud and theft through IT hackers has increased dramatically. Electronic intruders pose an increasing threat to IT dependent organisations such as our Authority and are responsible for more and more significant costs, in terms of both prevention and rectification. Yet hackers did not exist just a few years ago. The concept in hacking into other people’s servers became viable only as sufficient levels of technology made it a possibility.

Increasing reliance on IT also renders the complex organisations more vulnerable to relatively simple external risks, for example power cuts. Of course risks are not limited to organisations only. Individuals face varying degrees of risks, for example getting married in the simplest sense is financially risky as divorce would represent a high risk to a person’s future financial standing. The obvious extension is the development of a risk management system in which risks can be controlled at acceptable levels while corresponding opportunities are exploited. Risk is necessary in order for opportunity to exist. If a person or organisation wants to develop an opportunity, they have to accept the risks that inevitably accompany that opportunity.

Risk is therefore an inherent factor of virtually every human endeavour. The key issue is to be able to identify those risks and then manage them so that they do not threaten the continued existence of the person or organisation. This is exactly what...
the Health Professions Authority risk management system attempts to do.

COMPONENTS OF THE RISK MANAGEMENT SYSTEM
The risk management system of the Health Professions Authority comprises six components of:
- Risk context
- Risk identification
- Risk classification and analysis
- Risk evaluation
- Risk appetite
- Risk response
- Risk monitoring and review

RISK CONTEXT
The risk context represents the starting point in the risk management process. The first step has to be the definition of where the risk sits in the organisation and the extent to which the risk will affect the organisation as a whole if it does occur. In order to be able to do this, the organisation must define its objectives and the processes that must occur to attain these objectives. In the case of the Health Professions Authority, a records office full of practitioners registration files being lost in a fire is a serious loss, but it must be put in context. The files destroyed could be only a part of the Authority's total registration files that were ready for filing. Alternatively the destroyed files could be the entire registration files held by the Authority, in which case it is likely that the loss would be far more significant. In both cases the loss resulting from the fire will be the same but the impact of the fire on the viability of the Authority will be completely different. It is therefore important that risk should be considered in context.

In establishing context, the organisation must set out its strategic objectives, together with its change and operational objectives and levels of performance that are required from its critical processes. Once these have been mapped, a context is established within which it is possible to start identifying the risks that are present.

The Health Professions Authority has set a strategic objective to be recognised as the world class benchmark. Amongst its critical success factors to attain this objective is to reposition the Authority and improve its visibility. Critical to achieving these factors is availability of both financial resources and people with the right expertise. The main initiatives to achieve the strategic objective were thus identified as critical success factors, and performance indicators were set to reflect the degree to which the Authority must perform in each of the initiatives. At this point the information gathered would be used as the context for identifying and managing risk in each of the initiatives. For example, improved visibility may involve an attempt at employing more inspectors in order for the Authority to be seen in all areas of the country. It is important for the Authority to identify and manage the attendant risks that have a direct impact on employing more inspectors, such as recruiting unqualified people, increased salaries costs and increased fraudulent activities if a large number of inspectors are not property monitored and supervised in the field. This is risk of economies of scale. Thus consideration of context usually requires some kind of formalised breakdown of the elements that are involved, coupled with some kind of corresponding evaluation criteria. This is breaking down work into a series of work packages and each work package has its own specific risks that need to be evaluated. In an operational context the breakdown is achieved through mapping process whilst in a strategic context, as shown above, it is achieved by identifying objectives, critical success factors and key performance indicators.

RISK IDENTIFICATION
Risk identification is the process of identifying and considering all the risks that have to be included in the risk management system. It is important that all relevant risks are identified, because any that are not identified will not be excluded. This would be a significant and unnecessary risk. An unmanaged risk is potentially a very dangerous risk, and it is therefore worthwhile investing the time and effort to ensure that risk identification system is as comprehensive as possible.

It is important to appreciate that small scale risks can have a large overall effect. The risk identification process might identify a number of risks that are individually not considerable. However, if they all happen at once they can create a cascadic risk. A cascadic risk arises as a result of simultaneous occurrence of a number of individual low risk events. There are different methods to identify risks and these involve risk source and effect approach, brainstorming, and SWOT analysis. The Health Professions Authority has employed risk mapping method to identify operational risk and strategic analysis (encompassing SWOT) to identify risk in its strategies.

RISK CLASSIFICATION, ANALYSIS AND EVALUATION
Once the risk context and identified the risks that are present, the next stage is some kind of formal classification and analysis of the risk. Risk classification is the process of sorting the risks that have been identified into some form of classification or typology. Risk analysis measures the risk in some way, so that major risks can be identified and be separated from major risks. This is important as part of the framing process. The risk could be quantitative or qualitative, and could be objective or subjective normally.

The end result is some kind of measurement where the risk is given a score or rating to reflect its significance for the organisation. Risk classification is important to direct the efforts of the auditors when they come to audit the books of the Authority. The Health Professions Authority has classified risk into high risk (requiring urgent attention), medium risk (requiring constant attention) and low risk (normally housekeeping issues). Other classification typologies are red, amber, yellow and green, as depicted in the following quadrants for the Health Professions Authority. Having identified, classified and analysed the risk, it is common practice to assign a code or descriptor to each, which is qualified with words such as exceed or non exceed. This organisation can recognise the magnitude of the risk quickly and easily. Standard response options for particular codes are also developed. There are two risk evaluation techniques, namely risk matrix and there are the tools the Health Profession Authority uses in its risk management approach.

A risk map is where a risk is positioned according to its impact (vertical) and likelihood (horizontal). The process of developing a risk map is similar to the process of risk profiling and is sometimes referred to as risk foot-printing. A basic risk grid has four quadrants and each quadrant has a different significance for the Authority.

RED ZONE QUADRANT.
These are high impact and high likelihood risks and they are dangerous risks such that once identified, these risks have to be addressed urgently and an immediate action has to be taken. Characteristics of these risks are that they are strategic and long term in nature, externally driven and emanate from the environment. Example of the risks are the risks of losing entire accounting information, losing entire data base has grown from 1 000 registered health professionals have often been strained. The public accountability and compliance issues. Typical examples include losses, losing entire data base has grown from 1 000 registered health professionals have often been strained. The public accountability and compliance issues. Typical examples include losses,.

Yellow zone quadrant. These are low impact and high likelihood risks. These risks relate to day to day operations and compliance issues. Typical examples include assets breakdown, staff absenteeism, practitioners’ payment defaults, non compliance penalties and lack of repairs and maintenance. The net effect of these risks to the Health Professions Authority is that if left unmanaged, they will develop into amber zone quadrant. The Authority’s risk response to these types of risks was to put in place policies that have to be adhered to.

Green zone quadrant. These are low impact and low likelihood risks. These are insignificant risks and they normally do not require allocation of resources. The Health Professions Authority’s worry is to watch them so that they do not propagate. Typical examples include light bulb failure, minor computer and assets failures, staff punctuality, reporting errors,
accounting errors and road incidences.

It should be appreciated that risk map is dynamic and it is time based. Small scale risks can multiply in size if they are not managed effectively. It is obviously very important for the Health Professions Authority to monitor the development of individual risks as they migrate to the next zone.

**RISK APPETITE**

The risk appetite of an organisation is obviously an important element of risk management. Generally risk appetite is classified into neutral, risk averse or risk seeking. A risk averse attitude err on the side of caution, for example very controlled operations. A risk seeking attitude leans towards encouraging risk, perhaps showing entrepreneurial characteristics. In practice it is always important to balance risk attitude. In financial management, a fund manager would try to build a balanced portfolio of investments. Higher risk investments are needed because they give the chance of large earnings in the short term. The lower risk investments are needed as they act as bankers and give a reasonably secure underlying income. On the same basis, a football team will try to balance attacking and defensive play because it is necessary to attack and score goals (risk seeking) and also defend and avoid giving goals away (risk averse). The Health Professions Authority operations are not entrepreneurial and therefore the risk appetite for the Authority is always on the side of caution, that is risk averse.

**RISK MONITORING AND CONTROL**

Having identified the risks and responses, it is important that they are implemented. The internal audit of the Health Professions Authority, as part of its risk monitoring and control role, carries out continuous assessment in order to make sure that the Authority’s risk management system is operating in an efficient and effective way.

**HEALTH PROFESSIONS AUTHORITY RISK PROFILE**

Following the explanation of the system above, the Health Professions Authority risk management profile is now presented below. Management and Internal Audit always give more weight to high and medium risk descriptors.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Department</th>
<th>Descriptor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fundamental lack of control and criminal acts by staff</td>
<td>All</td>
<td>High</td>
<td>-Code of conduct and policy manuals. -Staff performance appraisals. -Compliance with policy and legislation. -Code of practice (internally driven governance controls). -No staff member can visit a health institution on Authority business as one person, staff will always move in pairs or more.</td>
</tr>
<tr>
<td>2. Staff cash theft</td>
<td>Finance and Inspection</td>
<td>High</td>
<td>-Segregation of duties/SOPs. -Bank reconciliations/receipting. -Invoicing procedure.</td>
</tr>
<tr>
<td>3. Issuing fraudulent certificates</td>
<td>Finance and Inspection</td>
<td>High</td>
<td>-Certificate issuing procedure. -Inspections always conducted by two people. -Serial numbered certificates.</td>
</tr>
<tr>
<td>4. Staff collusion to commit fraud</td>
<td>Finance and Inspection</td>
<td>High</td>
<td>-Lockable filing cabinets for files &amp; the seal. - SG to sign certificate register.</td>
</tr>
<tr>
<td>6. Illegal collection of cash from clients by staff</td>
<td>Inspection</td>
<td>Medium</td>
<td>-Inspection operational follow-ups / sample checks to be conducted by two people as operational audit.</td>
</tr>
</tbody>
</table>
HEALTH PROFESSIONS AUTHORITY ZIMBABWE

7. Computer failure
   Finance: All
   Inspection: All
   Medium: High
   - Virus updates / UPS equipment
   - Daily on site back ups
   - Weekly off site back ups
   - Monthly off site back ups
   - Daily on site back ups
   - Extensive use of passwords

8. Power failure
   All: All
   Medium: Medium
   - Generator

9. Major water cut
   All: All
   Medium: Medium
   - Borehole

10. Labour problem
    All: All
    Medium: Medium
    - Develop in house code of conduct

11. Loss of entire accounts and registration information
    Finance: All
    Inspection: All
    High: High
    - Fire proof filing room
    - Weekly & monthly off site back up

12. Losing key staff
    Finance: All
    Inspection: All
    High: High
    - Monitor early warning signs
    - Introduce student attachments

13. Bad reputation
    All: All
    High: High
    - Staff training & development
      - Establish a PR office
      - All correspondence to be addressed to Secretary General.

14. Practitioners collective action
    All: All
    High: High
    - Formation of special committee.
    - Motivate more funding from the fiscus.
    - There is need to transform the Authority so that its financial sustainability should not entirely depend on the legislative framework.
    - The Authority should be client focused and provide a service that is ever cherished and worthwhile to pay for by clients.

15. Currency change
    Finance: All
    Inspection: All
    High: High
    - Monitor early warning signs
    - Business & Finance intelligent unit
    - Audit & risk management unit

16. Regulatory changes
    All: All
    High: High
    - Get bread govern. gazette regularly
    - Legal representation on all core committees.

17. Lack of cash resources
    Finance: All
    High: High
    - Investable reserves
    - Improved fiscus funding

18. Fire hazard
    All: All
    High: High
    - Safety training & emergency exits
      - Fire extinguishers
      - Accident and medical insurance covers
    - Reports/ minutes generation procedure.
    - Staff discipline, as these are legal documents.

19. Report / minutes writing errors
    All: All
    High: High
    - Vehicle safe-light tracking system
    - General assets handling & maintenance policy

20. Assets break-down and abuse
    Inspection: All
    Low: Low
    - Human Assets policy
    - Indexed personnel filing

21. Staff absenteeism
    All: All
    Low: Low
    - Debt collection policy
    - Inspection manual policy

22. Client payment defaults
    Finance: All
    Inspection: All
    Low: Low
    - Indexed Personnel policy

23. Regulatory non compliance
    All: All
    High: High
    - Policy guidelines
      - Documented SOPs
      - In house code of conduct
      - Staff supervision and control

24. Light bulb failure, minor computer and asset failures, staff punctuality, accounting errors and minor road incidences.
    All: All
    Low: Low
    - Workplace supervision
    - Day to day monitoring & control

Risk is a dynamic entity, the risk profile for the Health Professions Authority given above does not remain in the same position. There is always a temptation to seek risk management as a static system when in fact risk management is not just about identifying potential negative events and then taking precautions against them. It is about looking at the complex world of business, analysing the myriad opportunities that present themselves, and then making an informed decision on which is the best one to accept. The equation is complicated by the fact that the apparent risk universe at any one time is in fact dynamic. The risk profile that faces an individual or organisation changes rapidly in response to changes in the environment. Even across the course of a single day the impact and likelihood of impact of a range of risks can change. This is very important for risk profile update.

The Health Professions Authority risk management system encompasses the major risks the Authority is likely to face and some guiding principles necessary to manage them. The Health Professions Authority risk management system attempts to look at the risk management system and its components. It then explores and establishes good risk management practice in all areas of the Authority’s operations ranging from strategic risk to operational risk and prescribes general risk management responses required in given situations. The Health Professions Authority risk management framework is quite useful to every staff member.
OUR EXECUTIVE MANAGEMENT TEAM

SHEPHERD HUMURE  
MSc (Strategic Planning)  
UK, MBA (UK), ACCA, ACIS, RPAcc  
SECRETARY GENERAL AND CHIEF EXECUTIVE

ENOCK MUSUNGWINI  
BSc Psychology, Diploma in Nursing, Diploma in Public Relations  
DEPUTY SECRETARY GENERAL

PATRICIA JENGERA  
ICSA (Z)  
FINANCE MANAGER

CLOTILDA CHIMBWANDA  
BSc Management, Diploma Office Management  
ADMINISTRATION MANAGER

LINDA MUTENDI NKALA  
Diploma in Communication and Journalism  
PUBLIC RELATIONS OFFICER

AUTHORITY MEMBERS

PROFESSOR INNOCENT TICHAONA GANGAIDZO  
Chairperson Medical and Dental Practitioners Council of Zimbabwe.  
President Health Professions Authority.  
Specialist Physician.

MR JOSEPHAT BANHWAL  
Chairperson Allied Health Practitioners Council of Zimbabwe.  
Vice President Health Professions Authority.  
University Lecturer in Radiography.

MR CUTHBERT BRUNO MASHANDA  
Chairperson Medical Laboratory and Clinical Scientists Council of Zimbabwe.  
Chairperson Audit Committee Health Professions Authority.  
Clinical Scientist.

MRS DORCAS MARY MADZIVIRE  
Chairperson Medical Rehabilitation Practitioners Council of Zimbabwe.  
Chairperson Business and Finance Committee Health Professions Authority.  
Physiotherapist.
The Health Professions Authority views good corporate governance as a vital ingredient in operating a successful health regulatory authority.

The Authority members are responsible for the governance of the Authority. Good corporate governance is a fundamental part of the culture and business practices of the Authority. The Authority is composed of fourteen (14) members consisting of the chairman of each of the seven health professions councils, the Secretary of the Ministry of Health and Child Care and six persons, who are not health practitioners, appointed by the Minister. The members are thus drawn from a diverse spectrum of professions and backgrounds and bring to the Authority a wide range of expertise. The Authority members are mandated to direct and oversee the running of the Authority. Authority members meet regularly to monitor and evaluate progress and achievements of the Authority’s strategic objectives and implementation and to review policies as and when necessary.

The Health Professions Authority views good corporate governance as a vital ingredient in operating a successful health regulatory authority. Section 13 of the Health Professions Act provides for the establishment of committees. Accordingly, the Authority established Committees to assist in the discharge of its duties as follows:

**EXECUTIVE COMMITTEE**

The full Board of the Authority meets quarterly and in between these quarterly meetings, the Executive Committee meets where necessary to execute the business of the Authority. The Executive Committee members were as follows:

- Professor Innocent Tichaona Gangaizdo - Committee Chairperson

**BUSINESS AND FINANCE COMMITTEE**

The role of the Business and Finance Committee is to review and provide guidance for the organisation’s financial matters. The committee reviews revenue and expenses and ensures that funds are spent appropriately. The Committee oversees the Authority’s human resources issues and develops the required business plans. The Committee comprised the following members:

- Mrs Dorcas Mary Madzivire - Committee Chairperson
- Mr Josephat Banzwa
- Mr Cuthbert Bruno Mashanda
- Mrs Rosemary Mpofo
- Mr Aston Alois Musungu
- Mrs Irene Rugare Sambo

**AUDIT COMMITTEE**

The Audit Committee is responsible for presenting a balanced and understandable assessment of the Authority’s position and prospects. It is responsible for monitoring the Authority’s business performance and probity under the rubric of value for money. The Committee receives and reviews the Authority’s audited financial statements before submission to the Board. The Committee was composed of the following members:

- Mr Cuthbert Bruno Mashanda – Committee Chairperson
- Mr Clemence Muzondo
- Mrs Chuma Hope Vunganayi
- Mr Goldberg Tendai Mangwadu

**CORPORATE GOVERNANCE**
REGISTRATION COMMITTEE

The Registration Committee is responsible for considering and approving applications from health institutions for registration with the Authority. The Committee also receives inspection reports, reviews and approves recommended action to be taken. Penalties and disciplinary action for non-compliance were handled by the Committee and it comprised the following members:

- Mrs Rosemary Mpofu - Committee Chairperson
- Mr Josephat Banhwa
- Mrs N. Hammutty
- Mrs Kuchenga
- Mr Zivanai Tshivhunga
- Mrs C. Chikanchi
- Mr Cuthbert Bruno Mashanda

APPEALS COMMITTEE

An important role of the Authority as enshrined in Section 5 (f) of the Act is to mediate and settle any disputes arising between councils or between a council and a registered person and to hear appeals referred to it in terms of the Act. The Committee was responsible for upholding this role and was composed of the following members:

- Professor Innocent Tichaona Gangaizdo - Committee Chairperson
- Mr Josephat Banhwa
- Mr Aston Alois Musunga
- Mrs Dorcas Madziyre
- Mrs Rosemary Chikarakara-Mpofu
- Mrs Irene Sambo
- Mr Cuthbert Bruno Mashanda

Other Ad hoc Committees can be formed and meet as and when the need arises.

REGISTRARS FORUM

To enhance corporate governance, the Authority initiated the Registrars Forum where the Chief Executive and the Registrar of Councils meet quarterly to promote interaction between the Authority and Councils, and also to discuss issues of mutual benefit to both the Authority and the Councils.

WHAT OUR STAKEHOLDERS SAY

One of the great achievements of the current Authority was stakeholder engagement. The Authority continued to value engagement with its stakeholders and the Stakeholders Conference became a Public Relations activity on the Authority’s calendar. The Authority believed in building lasting relationships with its stakeholders and its vision was that this could only be achieved by constantly engaging each other in dialogue.

The following is what came out from our stakeholders engagement.

ADVERTISING

Throughout the tenure of the current Authority, concerns from stakeholders were that the current advertising policy was not up to date and was not in line with current international developments. The industry observed that advertising for information to the public was now relaxed internationally, as opposed to advertising for commercial purposes. Accordingly, the Authority initiated a discussion process through a stakeholders’ conference on the issue to come up with a new advertising policy for the health sector. The Authority came up with a draft policy which is now receiving consideration at councils’ level.

OVER-REGULATION & MULTIPLE FEES

The general feedback we received from stakeholders was that the medical industry in Zimbabwe was over regulated, resulting in duplication of roles, layering of same services and multiple licensing which were time consuming and costly. The issue was discussed in the stakeholders’ conferences which were organised by the Authority. The Health Professions Authority position on the matter is that there is no short cut that can be taken on regulatory processes. Streamlining the activities of councils and HPA was not possible because the processes were robust and were all needed for the maintenance of standards in the health delivery system. The discussion needed was not on how to eliminate overregulation but on how to structure and streamline the fees charged by the various regulatory players so that the fees collection process was coordinated.

AMENDMENTS TO THE AT

Following our stakeholders engagement, the Authority convened a stakeholders conference to consider Amendments to the Act. Some areas were referred to Councils for further considerations and this was done. The process is now at the drafting stage for approval by the Minister of Health and Child Care.
Registration of Pharmaceutical Wholesalers with HPA

The issue of the registration of pharmaceutical wholesalers had been an issue under discussion and wide consultation by the HPA. The ultimate position was that all pharmaceutical wholesalers should register with the Authority. However, pharmaceutical wholesalers felt there was no provision in the current Act for them to register with HPA. A stakeholders conference was convened to discuss the matter and it was resolved that the Pharmacists Council of Zimbabwe, the Wholesalers and HPA would meet to resolve the issue, as it was not a matter for the conference but an issue for the three parties to resolve. The stakeholders resolved that the status quo with pharmaceutical wholesalers is required to register with HPA would remain until the parties resolve the matter. The parties subsequently met and the final resolution was that pharmaceutical wholesalers should register with HPA.

LABORATORY TESTS

Complaints received from stakeholders included some members of the public who were being asked to carry their samples to laboratories for testing, thereby risking infection contaminations as the samples were not transported under sterile conditions. Some patients were reportedly asked to pay extra fees to enable their tests to be taken for laboratory tests. These issues were addressed through the relevant councils.

HEALTH PROFESSIONALS TRAINING

The Authority received cases of individuals who had obtained health related qualifications which did not meet the registration requirements of their relevant councils. As a result the individuals remained unregistered. The Authority sent out information advising the public to contact the Health Professions Authority or relevant council before they embark on any health related course to check that the course complied with the registration requirements of the relevant council.

It was painful for an individual to undergo a long course of study and being told at the end of the course that it did not meet the registration requirements of his or her council. In terms of Section 92 of the Health Professions Act, it is an offence for any employer to employ an unregistered health professional. The Act requires health professionals to first register with their relevant councils and acquire a Practising Certificate before they are employed.

The Authority also liaised with training institutions to coordinate with health professions councils when coming up with any health related programme and to check that their courses meet the registration requirements of the relevant councils.

CERAGEMS AND ABUSE OF MEDICAL TITLES

The Authority was seized with complaints from stakeholders on the rampant opening of pseudo-medical operations and misleading advertisements in the press by people masquerading as doctors or pharmacists and claim that they can finish illnesses such as cancer. Patients attracted to these advertised practices ended up with advanced diseases. The Authority took the issue with the relevant authorities and also called upon newspapers not to accept misleading advertisements.

HEALTH PROFESSIONALS NOT EMPLOYED

The Authority participated in stakeholder forums on how best to deal with the issue of health professionals who are graduating from training institutions but could not be absorbed in the Service. Skills exchange and export programmes, broadening the scope duty of health workers and an expansive internship programme were some of the possible solutions to the issue.

THE GRADING OF HEALTH INSTITUTIONS

There was the issue of grading of hospitals which stakeholders feel should be the role for the Health Professions Authority rather than AFHoZ. This is an issue for the Joint Advisory Council and the Authority advises through that forum.

NON-MEDICAL WASTE NOT BEING COLLECTED

The issue of non-collection of refuse by city councils (as for residential places) is affecting health institutions. Health institutions are being penalized and fined by Environmental Management Agency (EMA) whilst the obligation is on city councils to collect non-medical waste in health institutions. The Health Professions Authority took such issues to the relevant authorities.

MEDICAL WASTE DISPOSALS

The Health Professions Authority is satisfied with arrangement between health institutions and medical waste disposal companies. The challenge was on following up and checking with medical waste disposal companies on how they were disposing the waste collected from health institutions. Stakeholders complaints were that the disposed medical waste was finding its way to vagrants who collect and sell them cheaply to the public. As a result, the Authority put in place measures to extend inspections to medical waste disposal companies.

CASES OF E-HEALTH

The advent of e-Health (full computerization of medical systems) has brought attendant challenges on medical records. Records are now electronic and when an issue arises, a hard copy of medical record is requested and yet the institution would be operating in a paperless environment due to implementation of e-Health. Also e-Health is giving rise to access to patient notes by accounts staff and auditors in the administration processes of health institutions. From a medical point of view, non-medical persons were not supposed to have open access to confidential patient records. e-Health is not covered in current regulations and is one of the Authority’s strategic imperative items.

Concentration of health institution in an area

Some stakeholders felt there was a concentration of health institution in some areas whilst other areas had none at all. There was also the issue of spread and distance of health institutions owned by practitioner who he/she be able to cover with effectiveness at a time. These issues were discussed with the relevant councils.

INFECTION PREVENTION AND CONTROL

Stakeholders felt there was need for health institutions to be designed, constructed, furnished and equipped accordingly to minimize the risk of transmission of infection. Current regulations do not adequately cover the expectations of stakeholders and theAuthority is looking at improving minimum standards for infection control inspection.

Delegates at HPA CONGRESS

Dr Timothy Stamps and Dr Lovemore Mbengeranwa among Delegates at the HPA CONGRESS
The Health Professions Authority is the coordinative and umbrella body for the seven health professional Councils which regulate health practitioners who practise their professions / callings in Zimbabwe.

The various regulatory bodies are as follows:

- Health Professions Authority
- Pharmacists Council
- Environmental Health Practitioners Council
- Medical & Dental Practitioners Council
- Medical & Clinical Scientists Council
- Nurses Council
- Medical Rehabilitation Practitioners Council
- Allied Health Practitioners Council

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