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President’s report

The President, Dr Adolf Macheka, presented his report at the year 2017 Annual Congress of the Health Professions Authority. He congratulated all delegates present for surviving the year 2017, which he said was characterised by a series of interesting developments culminating in a rather roller-coaster economic environment.

On Ease of Doing Business, Dr Macheka said that the Health Professions Authority worked very closely with its member Councils to implement this initiative under the banner of a One-Stop-Shop Registration Centre. He said a workshop was held on 15th September 2017 where all delegates present agreed that the One-Stop-Shop Registration Centre was the only way to go as a magnet to attract foreign investors in the health sector.

Dr Macheka said after the workshop, all the Councils met with the Honourable Minister of Health and Child Care to give an update on the issue. He said the Minister then requested a written update from each Council on the various initiatives that were being undertaken to implement the Ease of Doing Business concept. He said the Minister would do another update follow-up meeting in the first quarter of the year 2018. He said at the same time the Minister would deal with issues pertaining to delays and bottlenecks at local authorities and other regulatory players outside the HPA umbrella.

With regards the Medical Aid Societies Bill, Dr Macheka said his understanding was that the Bill was now at consultative stage and he was certain that some health professionals had already participated in those consultative meetings. He hoped that once approved, the Bill would resolve some of the key differences on issues such as tariffs between health funders and service providers.

On the establishment of a National Health Insurance Scheme, Dr Macheka said stakeholders were still to be consulted and advised of the technical details and how the scheme would impact on the landscape of health service provision.

In his report, Dr Macheka touched on the issue of resource mobilisation initiatives for self-sustenance. He highlighted that regulation was a public duty, and whilst HPA collected some levies, it was the duty of the fiscus to assist HPA financially to enable it to fully execute its
mandate. He said in other jurisdictions, the duty of registration and inspection of health institutions was run by the government and not quasi-institutions such as HPA. He said self-sustenance did not apply to HPA when it played a public role that needed fiscus support. He emphasised the need for fiscal support for HPA and to relieve health professionals from solely bearing the financial obligation of funding HPA inspection operations.

Moving to the issue of Pharmaceutical Wholesalers' registration with HPA, Dr Macheka said both HPA and Pharmaceutical Wholesalers submitted their position papers to the Minister of Health and Child Care and a response was being awaited.

HPA Vice President, Ms T. Wenyika with Dr Nejmudin Bilal-Chief of Health UNICEF.

Delegates at the Annual Congress.
What’s new?

UNICEF urges HPA and Councils to upscale regulatory game to improve quality of care for mothers, children and vulnerable communities

The Health Professions Authority held its year 2017 Annual Congress on 24th November, at the Rainbow Towers Hotel in Harare. The event was attended by approximately 200 delegates from across the medical fraternity.

The United Nations Children’s Emergency Fund Chief of Health, Dr Nejmudin Bilal, who was the Guest Speaker, expressed his appreciation to the organisers for being granted an opportunity to give a few remarks at the important event.

“This is an occasion for us to recognise and honour the efforts of the Health Professions Authority, the Health Profession Councils and health workers across Zimbabwe for their dedication and commitment to the noble calling of saving lives”, he said. “Yours is indeed a calling that goes beyond your profession and requires a great sense of dedication and duty. For this, we commend you and express our sincere thanks.” he added.

Dr Bilal alluded to the economic crisis of the last decade and said that it had had an adverse impact on Zimbabwe’s health systems. Public health institutions were left without drugs and essential commodities; the infrastructure was dilapidated, and doctors and nurses left the country in large numbers. This situation, he said resulted in a worsening of health outcomes for mothers, children and vulnerable groups.

He mentioned some important issues that are very relevant to the Authority’s role in the context of Zimbabwe. He stressed the need for regulation of quality of care. He said that optimum quality of care can only be maintained for mothers, children and vulnerable communities if the Health Professions Authority and Health Profession Councils can effectively discharge their regulatory role.

He said this is particularly relevant for Zimbabwe as this country has achieved relatively high coverage rates in most of the high impact maternal, newborn and child health interventions. Dr Bilal said this is due to support given by partners including UNICEF to strengthening Reproductive, Maternal, Newborn and Child Health service delivery.

He added that the quality of care still leaves a lot to be desired. The National Maternal and Perinatal Death Surveillance and Response committee which meets to review a sample of maternal and perinatal deaths has noted that the main contributor to maternal and perinatal deaths is delay 3 - the delay in receiving appropriate care at the health facility. The analysis points to poor quality of care by health professionals even when the inputs are adequate. Mr Bilal said an estimated 85% of deaths can be avoided with improvements in quality of care. He said all these require the increasing importance of the role of Health Professions Authority and Health Profession Councils in making sure that minimum standards are met by health facilities that are delivering services, encompassing health professional education, training and examinations.

Dr Bilal explained that the importance of regulation of public health is not limited by borders as witnessed by several pandemics experienced in the recent past. “As you all know the global community has a new legal framework to better manage its collective defenses to detect disease events and to respond to public health risks and emergencies that can have devastating impacts on human health and economies through the International Health Regulation”, he said. He added that it was a very important regulation that countries have agreed to in order to maintain collective public health security of our planet.

Dr Bilal concluded by stressing that effective implementation and regulation of this compact required countries to ensure that their national health surveillance and response capacities met certain functional criteria and have a set time frame in which to meet those standards, as well as, strong capacity to monitor and regulate the functionality of such systems in the country.
What’s new?

ZiMA Mashonaland Continuous Medical Education (CME) Seminar

The Secretary General, Mr Shepherd Humure, addressed delegates at the Zimbabwe Medical Association (ZiMA) Mashonaland CME Seminar on 27 January 2018, at the ZiMA House in Harare. The theme of the CME Seminar was “What’s new in the Medical Industry in 2018 viz The New Dispensation”.

Mr Humure started by looking at the environmental factors and addressed delegates on the impact of those environmental factors on the medical industry.

With regards the political environment, Mr Humure said it was predicted that Zimbabwe will return to the global family of nations such as European Union and the Common Wealth Club, as the new dispensation charts a new political and economic trajectory from the past. He said expectation was that the government will continue to create a conducive business environment which will increase foreign capital inflows. “The new dispensation will continue to excite Foreign Direct Investment (FDI), although some investors will sit on the fence waiting for the elections. The welcoming of international observers, upon whose reports the international community will make its informed decision, will open more opportunities and bring more FDI to Zimbabwe,” said Mr Humure.

Mr Humure speaking at the seminar.

On the fiscal environment Mr Humure said the key pro-poor sectors of the economy are education, healthcare and social protection and yet healthcare continues to receive a small share of budget allocation, standing at 6.9% in year 2017 and 7.7% in year 2018 of total budget. He said this is still below the Abuja benchmark of 15% of total budget.

Mr Humure said a small share of GDP is spent on healthcare, with lower levels of per capita health expenditure. He said in year 2018 per capita health allocation is US$25, up from US$22 in year 2017. Benchmarking with other countries, per capita health expenditure is US$650 in SA, US$90 in Zambia and US$200 in Angola.

Mr Humure anticipated robust debate from MPs in year 2018 over the budget allocation to Ministry of Health and Child Care, given the deplorable state of health facilities and shortage of drugs in the health industry.

On monetary policy environment Mr Humure said the budget deficit is expected to be reduced from $1.7b in 2017 to $670m in 2018. He said in the past, high budget deficit was the real problem as it was monetised by printing money and RTGs payments without real US Dollars backing, resulting in inflation. He went on to say unmanageable budget deficit, low exports and low FDI inflows created a liquidity crunch. “In an effort to support the scarce hard currency, RBZ introduced bond notes that triggered no-economic fundamentals issues such as speculative tendencies. These speculative behaviours included hoarding and selling foreign currency using the Old Mutual (OM) Zimbabwe Stock Exchange (ZSE) share price implied inflation rate. Given the fungibility of OM share, for example if it is $4.01 on ZSE and US$2.61 on London Stock Exchange (LSE), the implied inflation rate is 53.64 % which is also the implied black-market exchange rate between bond note and US Dollar, thus US$100 = Bond$153”, said Mr Humure. He said the on-going uncertain climate will also reduce the expected tobacco forex inflows and exacerbate grey market operations. Mr Humure cited observations from economists that the health sector was allergic to price controls and said attempts to impose price controls on healthcare drugs and surgicals would result in black markets developing and prices would get even higher.

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With regards the legal environment Mr Humure said he expects the promulgation of the Medical Aid Societies Bill to eliminate the disagreements between health providers and health funders and the issue of core payments which was being applied with varying levels of re-imbursements. He talked about the new Public Procurement and Disposal of Public Assets Act that was promulgated on 1 January 2018 and said it will provide a landscape upon which the government under the new dispensation will now implement the provisions of public procurement in public health sector in conformity with the dictates of regional and international best practices.

He said the Public Entities and Corporate Governance Bill, that was now at consultation level, is expected to improve internal management structures and bring sanity in public health entities. He also talked about the alignment of health sector laws to regional and international investment protocols which he said would assist in sending the right signals and bring investors into the health industry.

Mr Humure then talked about the impact of these environmental factors on the health industry and said the healthcare sector in Zimbabwe is not a homogeneous grouping, but a healthcare puzzle made up of pieces of varied sizes, forms and shapes with a wide range of public and private sector players existing in it. He said the return of Zimbabwe to the global family and coming in of global health players in the sector will bring the need for systematic documentation and standardisation of the various procedures and approaches employed by the different actors in the healthcare puzzle, including elimination of duplications and overlaps among the players. He said the return of Zimbabwe to the global family will give an opportunity to internationalise the healthcare practice and control in Zimbabwe and give birth to the existence of full health industry statistics for managing disciplinary hearings and effective risk-based regulation, amongst others.

Mr Humure said with the Foreign Direct Investment (FDI) will also come Foreign Direct Ideas (FDI), like renowned Michael Porter’s Geo-economic Cluster (concentration of interconnected business, suppliers and associated institutions in a particular area for competitive advantage) which is a superior idea to our archaic Special Economic Zones (area in which business and trade laws are different from rest of the country). He said geo-economic cluster is what makes Basel Pharmaceutical in Switzerland a world famous.

He emphasised on the need to improve fiscal provision to the Ministry of Health and Child Care and said improving fiscal provision for the public health system will stop citizens from resorting to out of pocket health expenditure as the best option for accessing healthcare. He said improving fiscal provision for the public health system will mean restoration of proper referral system from primary care to central hospital and less citizens will visit private healthcare except those on medical aid, etc.

With citation from economic experts, he said with RBZ waiting list for priority list remaining akin to Mexico City rush hour traffic logjam, a monetary policy with continued use of bond notes in year 2018 will push the price of medicines into the stratosphere. He highlighted that high prices for health delivery will continue to limit the poor’s access to and use of health-care facilities, thereby undermining healthcare consumption, affordability, access and equity. Mr Humure went on to say with high levels of unemployment, high prices will continue to create a healthcare market segmentation that selects and favours those who can afford against citizens who cannot.

On the legal and regulatory environment frontier, Mr Humure said we are going to see more of regulators' engagement with medical schools as what is now happening worldwide, and more initiatives will be taken to examine the health regulatory framework such as the Health Professions Act at medical school levels.

“With the expected coming in of global players in the medical industry, there could be broad support for telehealth as a complementary care and Zimbabwe may join the rest of the countries in preparing for a full rollout of telehealth with potential for cross border regulatory issues particularly in radiology and pathology,” said Mr Humure.
What’s new?

HPA Engages City of Harare on major Hospitals’ Water Crisis

By Clotilda Chimbwanda

Health Professions Authority (HPA), through its Registration Committee, met with representatives from City of Harare Water Department, Harare Central Hospital and Institute of Water and Sanitation Development, to discuss the water cut crisis to the major hospitals in Harare. The meeting sought to find lasting solutions to end the prevalent water woes at major hospitals due to disconnections by the City of Harare.

The meeting was informed that there were reports that the major hospitals in Harare were going for very long periods without water, sometimes exceeding three weeks. There were also reports that there were leaking and blocked pipes that took long to be fixed, resulting in a lot of water being wasted. “As the regulatory authority that monitors standards of health institutions, we are concerned that a health hazard could be looming”, HPA said. “A solution has to be found as it is not practical to close the central hospitals due to the Public Health Act”, they added.

“Indeed, sometimes water supply is cut even for hospitals to cater for some critical areas”, City of Harare representatives said. They quickly added that “... we sometimes dispatch water bowser as soon as water supply is cut to cushion the public.” Water is a very critical element in health institutions, more so in facilities where patients are admitted. HPA requirement is that all health institutions should have means of water back-up in cases of water cuts so that hygiene is maintained at all times and for infection control.

City of Harare representatives, however, hinted that some improvement in the provision of water was expected since Morton Jaffrey Water Works was under refurbishment.

As a short-term solution, the parties agreed that City of Harare would prioritise the major health institutions and supply water bowser in advance, since they would know when a water cut would take place.

Representatives from Harare Hospital also informed the meeting that they would engage Treasury for funds for the completion of the 2.5 million litre reservoir that was under construction. It was proposed that the Institute of Water and Sanitation Development could also assist Harare Hospital with pipe leak detection to avoid water being wasted.

As a follow up to press reports about the water crisis at Parirenyatwa Group of Hospitals and Harare Hospital, HPA visited the two major health institutions on 5th February 2018, to assess the actual water situation on the ground.

From what was gathered, Parirenyatwa Group of Hospitals was coping very well as they had large reservoirs that they used during water disconnections. It was highlighted that the reservoirs could last up to three days, covering the entire hospital, and usually the disconnections lasted up to three days at a time, after which, the reservoirs would be refilled.

At Harare Hospital, contrary to what had been reported on social media that the institution had no water for several days, when HPA Executives arrived to investigate, water had already been restored and the Operations Director, Mr Gwata confirmed that, “Indeed water was restored two days ago. You can see that we have water in our taps.”

From time to time HPA carries out routine inspections on health institutions to ensure that minimum standards are maintained and this also includes government owned health facilities. Public health institutions reports are submitted to the Ministry of Health and Child Care.
Taking HPA to the Practitioners

From the Public Relations Desk

The Health Professions Authority (HPA) continues with its impetus to reposition the Authority through the Stakeholder Engagement Strategy. This is an on-going strategic imperative that seeks to follow up the work done by inspectors, and also meet, mix and mingle with practitioners in the operations.

Speaking to the Public Relations Desk, Mr Shepherd Humure, HPA’s Secretary General, said that the HPA stakeholder visits provided the perfect platform to improve two-way communication by meeting face to face and engaging with practitioners on pertinent issues they are facing in the industry. He also said going by the feedback from Greater Harare where the exercise kicked started, the practitioners were very happy to see HPA visiting them and said, “…this strengthened relations and our objective is not to be seen as policing, but being seen as partners in the delivery of quality health to patients. International health regulation is taking a new dimension of focusing on collaboration and partnerships as a means of achieving effective health care regulation and HPA must not be left behind”, said Mr Humure.

Mrs Clotilda Chimbwanda, who is the Deputy Secretary General of HPA and also manages the inspection portfolio, added that they were excited to take HPA to the practitioners and taking a top-notch step further to improve HPA’s accessibility and visibility to its clients. Practitioners were the ones who used to come to HPA and now we are saying it’s HPA coming to the practitioners as a bottom-up exercise to interact with them and understand the challenges they are facing for better deployment of top down improved client service.

Although platforms such as the HPA Annual Congress also offer a platform for receiving feedback from practitioners, Mrs Chimbwanda explained that the visits to practitioners were more intimate and helped bring to light challenges that are unique to different practitioners. The visits also encompass supervisory visits to assess the effectiveness of inspectorate work on the ground.

The Secretary General and Deputy Secretary General with practitioners in charge during their supervisory visits.
On 7th February 2018, the Health Professions Authority (HPA) Secretary General, Mr Shepherd Humure and Deputy Secretary General, Mrs Clotilda Chimbwanda, met the United Kingdom (UK) based Zimbabwean Medical Doctors in the Diaspora representative, Dr Chireka, at the Health Professions Authority offices in Harare.

The Zimbabwean Doctors in the Diaspora showed their willingness to help improve the quality of healthcare delivery in Zimbabwe. Dr Chireka said, “We are passionate about the health system of our country, Zimbabwe, and we would like to give back through our services.” He went on to explain further that he worked with a group of Medical Doctors who wanted to volunteer by offering their services free of charge in the country’s public hospitals. “Few doctors want to come back home permanently, but the majority want a sort of in and out arrangement”, said Dr Chireka.

Such an initiative is viewed as progressive and developmental as it sought to cover gaps in the provision of quality healthcare in Zimbabwe. The initiative would help tap into diaspora expertise to assist the industry to match international standards.

Regarding inspections, Dr Chireka explained that in the UK the Care Quality Commission (CQC) does inspections. The CQC tells you in advance what they want to ask you during an inspection. Before they come for an inspection they also ask for your policies and regulations in advance, so that when they do the inspection, they will compare it with what is on the ground. The policies etc, are requested two weeks before the inspection and on the day of the inspection which takes the whole day. Dr Chireka said there were Zimbabweans working for CQC in the UK and they can volunteer to give advice to bring Zimbabwean inspection standards to international benchmarks.

CQC has a grading system according to standards. Health facilities with high standards are put in grade A as outstanding and these are currently inspected once every two years, but they are extending this to one in every five years due to resource constraints. The second grade is B and are described as good. Those facilities that need improvements are placed in C grade and inspected once in six months to a year. Those that posed a health hazard would be closed immediately to protect the health of the public. In the UK, for anything that goes bad in the health sector, the inspector and CQC are blamed. CQC is paid by the government through National Health Services (NHS). Every worker contributes to NHS. Global Medical Services (GMS) is paid to offer services. They operate like Results Based Funding (RBF) in Zimbabwe where targets are set to manage certain patients and put them to a certain level. The practitioner may be paid ¾ of the fees in advance or a capitation system may be put in place. Practitioners are paid more for extended opening.

Group Practices in the UK are now encouraged as they have many advantages over single practices. Richard Branson is setting up many Group Practices and is becoming a competitive threat in the UK healthcare industry. For every CEO or director, training in leadership and ethics is mandatory. The NHS has a Leadership Academy for that. An organisation of the equivalent of CIMAS funds Protected Learning Time (PLT). This is based on what is lacking in Gps.

In Zimbabwe we have the equivalent of CMEs, but they differ in that in the UK they are properly structured.

Medical defence insurance of £10 000.00 per year is mandatory for every medical practitioner due to the high
Diaspora Health Practitioners Engage HPA

Diaspora Health Practitioners Engage HPA

litigation culture in UK. A patient complaint policy is also mandatory in the UK, as patients should have a channel of complaining.

CQC is very particular about these patient complaint policies and they also carry out a survey about the quality of service offered. If anything happens and you do not have a policy, you are sued. This has encouraged many medical practitioners to put up Patient Participation Groups to observe what you do as a medical practitioner and give you feedback before CQC comes with their survey. Patient Participation Groups help medical practitioners to see a system as a patient, as they are used to see a system as a doctor.

Every year every doctor goes through an appraisal system where he/she is asked to state what has been learnt that year and what he/she is looking for in the following year. Thus, there is diversity in terms of CPD and questions are asked on the number of audits you have done, if you did any procedures and if there were any complications or infections that were experienced. The appraisal helps to improve service, protects yourself as the doctor and gives protection to the patient. It is not about burdening the doctor with paperwork but extracting benefits.

Use of IT is also good for the doctor, as it alerts you on what you were supposed to do in terms of history of a patient, when you last did the tests, drug allergies and interactions, and patient records. You do not have to look at files.

There is appetite to embrace change in the UK medical system and different practitioners used to have their own systems and procedures. Encouragement now is to go on the same system and that system is shared.

The referral system works in pathways in the UK. A GP should have an in-house clinic and help-line to a specialist. There is the concept of Cottage Hospital, which is a step down from hospital. Instead of keeping a patient in hospital for monitoring, physiotherapy or dressing everyday at normal hospital daily rates, the patient is taken to Step Down Bed for those services where the daily bed rate is cheaper, and more room is created in the main hospital for other patients. The concept manages resources and does not necessarily keep patients in hospital for profit.

It was invaluable to meet Dr Chireka, as the meeting was an eye opener. HPA learnt a lot of initiatives which could be adopted as a way forward for the benefit of both practitioners and the patients. HPA had already started doing research on the grading of health institutions for the purposes of inspecting them according to risk, and Dr Chireka’s meeting had come at a very convenient time as the information could be used for benchmarking.
The Health Professions Authority (HPA) is finding ways of collaborating with the Traditional Medical Practitioners Council (TMPC) in the delivery of healthcare to patients. This is in line with government policy, after it has been realised that the trend worldwide, was that traditional medical practitioners and allopathic medical practitioners were working together and collaborating in areas that improve healthcare delivery to patients. It is against this background that the Minister of Health and Child Care, Dr Parirenyatwa, mandated HPA to engage TMPC to find areas where the two could collaborate for the benefit of the patients in Zimbabwe.

The Registration Committee of the Health Professions Authority is steering the collaboration efforts with the TMPC and several preliminary meetings have already taken place to set the ball rolling for more engagements in future.

HPA is a regulatory body that functions to regulate the health industry guided by the Health Professions Act. It is the umbrella body for the seven health professions councils that encompass the Nurses Council of Zimbabwe, Medical Laboratory and Clinical Scientists Council of Zimbabwe, Allied Health Practitioners Council of Zimbabwe, Pharmacists Council of Zimbabwe, Environmental Health Practitioners Council of Zimbabwe, the Medical and Dental Practitioners Council of Zimbabwe and the Medical Rehabilitation Council of Zimbabwe. These councils register the health practitioners as individuals, whilst HPA registers the health institutions in which the health practitioners practise their calling. The Authority acts as an Appellant body for the councils and their members and liaises with the Minister on policy issues which are then cascaded down to the councils.

TMPC’s vision is to become Africa’s leading Council by registering and building capacity of all Traditional Medical Practitioners in Zimbabwe to competitively promote greater and safer use of traditional medical practices. Their mission is to be a regulating and controlling authority aimed at safer and efficacious traditional medical practices through registering and licensing of all traditional medical activities in Zimbabwe.

The Traditional Medical Practitioners Act (Chapter 27:14) is the Act that guides the operation of TMPC which was put in place in 1981. TMPC is in the process of amending the Act to new developments in the industry. In its current form, the Act allows for the registration of traditional practitioners and their associations and the associations vet their members for TMPC.

The current TMPC Act requires the registration of all Pentecostal churches with their prophets and pastors. However, concerns are that the faith healers are reluctant to register under traditional medical practitioners and prefer their own separate council. TMPC is in the process of amending the Act to new developments in the industry. In its current form, the Act allows for the registration of traditional practitioners and their associations and the associations vet their members for TMPC.

Ministers of Health for Southern African Development Community (SADC) adopted a traditional medicine strategy to run parallel structures of traditional medicine and allopathic medicine. In line with this strategy, TMPC has its own registered clinics that they regulated. Some of these clinics are run and operated from private homes, while others are operated from the Central Business District (CBD) especially in bigger towns like Harare and Bulawayo. Clinics that operated from the CBD are the ones that are selling complimentary medicine.

The Traditional Medicine Practitioners Act makes it an offence for one to practise without registration and TMPC was putting in place a Statutory Instrument (SI) to enforce and make it mandatory for everyone to register.

The identification of authentic traditional medical
practitioners is an issue. Authentic traditional medical practitioners are shown by certificates. Associations subscribe to TMPC and each association has a constitution for its members. Foreign traditional medical practitioners were said to be under Ministry of Home Affairs and were supposed to get work permits before they could practise in Zimbabwe. Traditional medical practitioners who advertised themselves as “witch finders”, etc, were making a living by intimidating people and these are targeted areas for collaboration between HPA and TMPC, to flush them out, as they were tarnishing traditional medical practice.

TMPC has a code of ethics with guidelines for controlling the operations of traditional healers. TMPC is working on a registration drive to improve on revenue to sustain operations and training programmes for the council. The biggest challenge for TMPC is the issue of funding and resources are needed for research, capacity building and training.

Both HPA and TMPC feel that serious collaboration was needed especially in cases where HIV patients were being advised by some faith healers to stop using their medication because they had been healed, jeopardising their health. In most cases, traditional healers openly refer their patients to hospitals and clinics for modern medicine, but allopathic medical practitioners are reluctant to do this in an open way.

TMPC has noted that some allopathic medical practitioners refer their patients to traditional healers privately or during the cover of the night. Given this background, collaboration efforts are needed to clear the myth, so that a transparent referral system between the traditional healer and the allopathic medical practitioner takes place for the benefit of the patients. Collaboration is important as it aims at one thing, saving lives. Traditional healers want the referral system to be openly done for the collaboration to work effectively.

HPA and TMPC are seized with working out the mechanics of how the collaboration should be established under the current Zimbabwean situation. Research work on areas of collaboration is also underway with focus on those countries that have successfully achieved this collaboration.

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Staff News

Long Serving Members

Congratulations to the following two staff members who have served the Authority diligently for many years.

**Ms Shupikai Zambezi**
Ms Zambezi joined the Authority on 28 May 2002 as a Receptionist. She has conscientiously served the Authority for fifteen (15) years.

**Mrs Patricia Chinopamba**
Mrs Chinopamba joined the Authority on 2 August 2002 as a Cleaner. She has diligently served the Authority for fifteen (15) years.
Finding Health Facilities - GIS Locator and its Applications

Report by Dr Tungamirai Simbini

Dr Tungamirai Simbini, Department of Community Medicine, College of Health Sciences, University of Zimbabwe, explained the GIS Locator functionality to the Health Professions Authority year 2017 Annual Congress delegates. The Annual Congress was held on 24th November 2017 at the Rainbow Towers Hotel in Harare. His presentation started with background, funding support, HPA support, Health Facility Register and then the GIS Locator.

Background
Health Informatics Training and Research and Advancement Centre (HITRAC) is a unit in the Department of Community Medicine, College of Health Sciences, formed in 2012 as a transformation from the Health Informatics Unit in Centre for Evaluation of Public Health Interventions (CEPHI).

Funding Support
It is currently supported by the Centres for Disease Control and Prevention (CDC) Zimbabwe to implement the Zimbabwe Human Resource Information Systems (ZHRIS) Project since Oct 2011. This funding is meant to support the digitalisation of all Regulatory Authorities and the Human Resources Departments of the Ministry of Health and Child Care. The goal is to track Human Resources for Health (HRH) in the country in both the public and private sectors. The output of this process is a dynamic Health Workforce Observatory (HWO), capable of tracking HRH in the public and private sectors.

HPA Support
The support given to HPA by HITRAC was in the computerisation of the health facility register. This register consists of all health facilities in the country (public and private). This data forms the base of the integration of data on HRH as they are distributed per facility in the HWO.

Health Facility Register
The following is a summarised overview of the electronic health facility register:

- Captures all data elements as required for registration and management processes
- Shares agreed data elements on the HWO
- Captures facility demographics (Facility ID, Name, Address, Registration Status and Validity)
- Capable of supporting online services (web-based application)
- Online registration
- Reminders
- Self-service portals.

GIS Locator
The data presented in the health facility register can be used more effectively if we can also map the health facility geo coordinates and find their location on a map. With this data we can see the distribution of facilities across the country and then superimpose the population densities and hence analyse this data more comprehensively on issues such as equitable distribution of facilities.

We can then also map this with disease surveillance data to address issues of work force availability in response to disease outbreaks. To make this service possible, HITRAC has developed a GIS locator application that can help HPA map the health facility on Google Maps. The GIS locator application is available for download and will be hosted on the HPA and HITRAC website.

The HITRAC website where you can get this download file is:

https://www.hitrac.co.zw/index.php/gis-coordinates-application-health-services-application/

To standardise the recording of GIS data, it is recommended facilities do this from the facility reception position. The requirement is a standard smartphone that has its Locator functionality turned on. One will require the facility registration ID to access their facility and enter the coordinates. Further details and support can be acquired via email to:

zhrissupport@hitrac.co.zw

Key Spin-Off – Health Services Finder
One key output that can be produced from this service is the ability to locate health facilities via mobile phone. This data can be used to search for facilities and find the one closest to you. This application is available in Google Play and is a free service.

Zimbabwe International Trade Fare (ZITF), 24 - 28 April 2018

Health Professions Authority will be exhibiting at this year’s Zimbabwe International Trade Fair (ZITF) in Bulawayo from 24 – 28 April 2018. We have marked our presence at the ZITF for over five years now. The trade fair has helped to spruce up the visibility of the Authority over the years. It is also a great platform to meet with our practitioners and members of the public in a more relaxed setting. The exhibitions have helped us get some very important feedback that has informed our strategic direction in a bid to improve on service delivery.

In year 2017 we were joined by our member Councils; Allied Health Practitioners Council of Zimbabwe and Pharmacists Council of Zimbabwe. We are excited, because this year again, we will have more councils joining us. We invite you to visit our stand so that we can chat with you about how to help us improve on service delivery.

2018 Renewal

The deadline for renewal of health institutions licences was 31st December 2017. From 1st March 2018 health institutions found operating without renewing their registration certificates will be charged a non-compliance fee, apart from facing the possibility of closure.

Kindly note that you can now either swipe at the HPA Office or pay via Ecocash - Biller Code: 90741, or alternatively pay through mobile banking platforms or through bank transfer and submit proof of payment. Please ensure that you correctly write the name of your Institution as registered with HPA on the proof of payment and not the name of person making the deposit. This will enable us to quickly identify your institution payment on the bank statement and credit your account as paid in our books and update your file appropriately.

Our Bank details are as follows:
Account Name: Health Professions Authority
Bank: Barclays Bank
Account Number: 6306148.
Branch: NGO Centre: Harare
Branch code: 2157

For purposes of updating the institution file, we require you to fill in the 2018 renewal form and return together with proof of bank deposit payment and the copy of the practitioner in charge's 2018 practising certificate. Renewal forms can be downloaded on our website address given below. We also accept scanned documents through electronic mail. If you have any queries, please contact Mrs Clotilda Chimbwanda, Deputy Secretary General on 0783137242, email: inspectorate@hpa.co.zw

Practitioners that have closed their facilities are urged to inform HPA so that their file and account is updated accordingly.

Those that intend to change location are required to notify the Inspectorate department and complete Material Change forms so that the new premises are inspected and that their certificate reflects the new address.

Collection of HPA Certificates

All those who have received communication to collect their 2018 certificates, please make arrangements to do so. Please remember that certificates are to be displayed within your health facility in a conspicuous place. It is an offence to fail to display certificates as stated in the Health Professions Act (Chapter 27:19).

Closed and moving institutions

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Reminder

Notices

Upcoming Event

Collection of HPA Certificates

Closed and moving institutions

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