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Ill-prepared? Health-care service delivery in Zimbabwe

Afrobarometer Dispatch No. 240 | Thomas Isbell and Matthias Krönke

Summary

As Zimbabwe struggled to contain a deadly cholera outbreak in September-October 2018, questions focused again on failures of infrastructure and leadership that continue to leave the country vulnerable to such a preventable, "medieval" disease (Burke, 2018; Eyewitness News, 2018). Zimbabwe has suffered repeated cholera outbreaks, including one in 2008 that claimed more than 4,000 lives and infected more than 98,000 people (World Health Organization, 2009).

Fueled by poor sewage and water systems, the latest outbreak is also facilitated by inadequate health-care infrastructure and shortages of medicine, intravenous fluid, and protective clothing (World Health Organization, 2009, 2018; News24, 2018; Sunday Times, 2018). The government has declared a state of emergency, announced budget reallocations, and asked for international and private-sector assistance while politicians blame their opponents and several Harare City Council employees are accused of inflating prices on sanitary and health products (Burke, 2018; News24, 2018).

In this dispatch, we use Afrobarometer survey data collected in early 2017 to examine Zimbabweans' perceptions of their health-care system. Findings show that citizens have become significantly more critical of the government's performance on basic health care. Many Zimbabweans, especially poor and urban residents, say it's difficult to obtain care, and a majority went without needed care at least once during the previous year.

Afrobarometer survey

Afrobarometer is a pan-African, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues in African countries. Six rounds of surveys were conducted in up to 37 countries between 1999 and 2015, and Round 7 surveys are being completed in 2018. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples.

The Afrobarometer team in Zimbabwe, led by Mass Public Opinion Institute, interviewed 1,200 adult Zimbabweans between 28 January and 10 February 2017. A sample of this size yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level. Previous surveys were conducted in Zimbabwe in 1999, 2004, 2005, 2009, 2010, 2012, and 2014.

Key findings

- A majority (55%) of Zimbabweans say the government is doing "fairly badly" or "very badly" at improving basic health services, more than 20 percentage points worse than evaluations in 2009 and 2012.

- Six in 10 Zimbabweans – but only five in 10 rural residents – live in areas with a nearby health clinic.
- A majority (59%) of respondents say they went without needed medicine or medical care at least once during the year preceding the survey. The proportion going without care decreased significantly between 2009 and 2012 but has remained stable since then.
- The same proportion (59%) say it is "difficult" or "very difficult" to obtain needed medical care. Poor respondents and urban residents are particularly likely to encounter difficulties.
- Only one-fourth (25%) of Zimbabweans say their ability to get needed health care has improved in recent years. Poor respondents and urbanites are more likely to say things have gotten worse than wealthier citizens and rural dwellers.

Government performance on basic health care

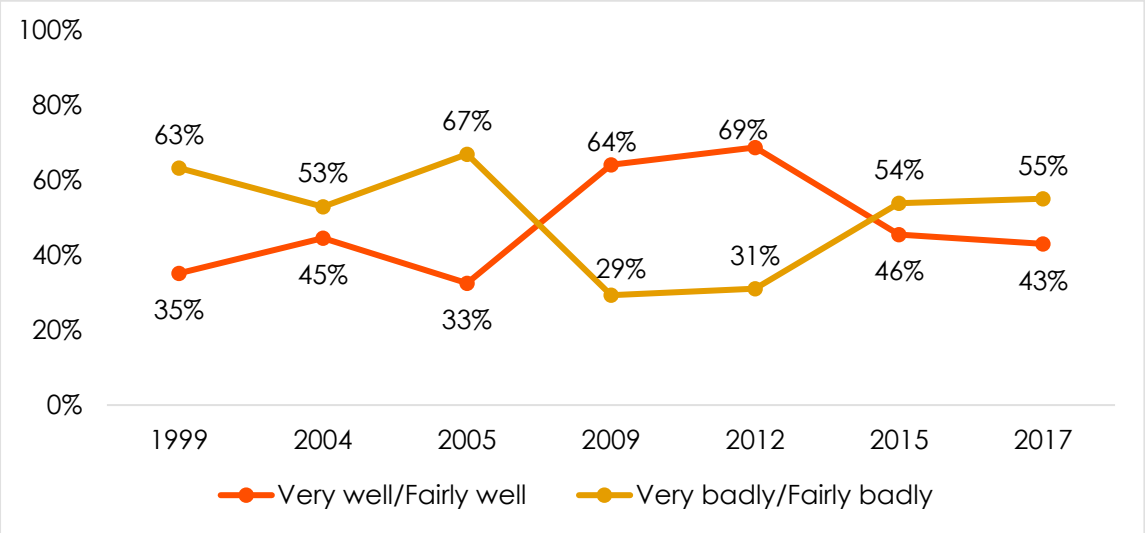
Fewer than half (43%) of Zimbabweans say the government is doing "fairly well" or "very well" on improving basic health services, while a majority (55%) say it is doing "fairly badly" or "very badly." This is similar to popular evaluations of the government's performance on health care going back to 1999, with the striking exception of surveys in 2009 and 2012 (Figure 1).

Public approval ranged between 33% and 45% between 1999 and 2005, a period when the country was witnessing a decrease in primary health care services and an increase in maternal and child mortality (UNICEF, 2010).

Approval climbed to about two-thirds (64% in 2009, 69% in 2012) during the Government of National Unity period, when the Ministry of Health and Child Welfare was overseen by the Movement for Democratic Change (MDC) and investments by international partners and the Treasury supported a significant increase in the availability of essential drugs in health facilities across the country (UNICEF, 2010).

But popular approval of the government's performance dropped again, to current levels, between 2012 and 2015.

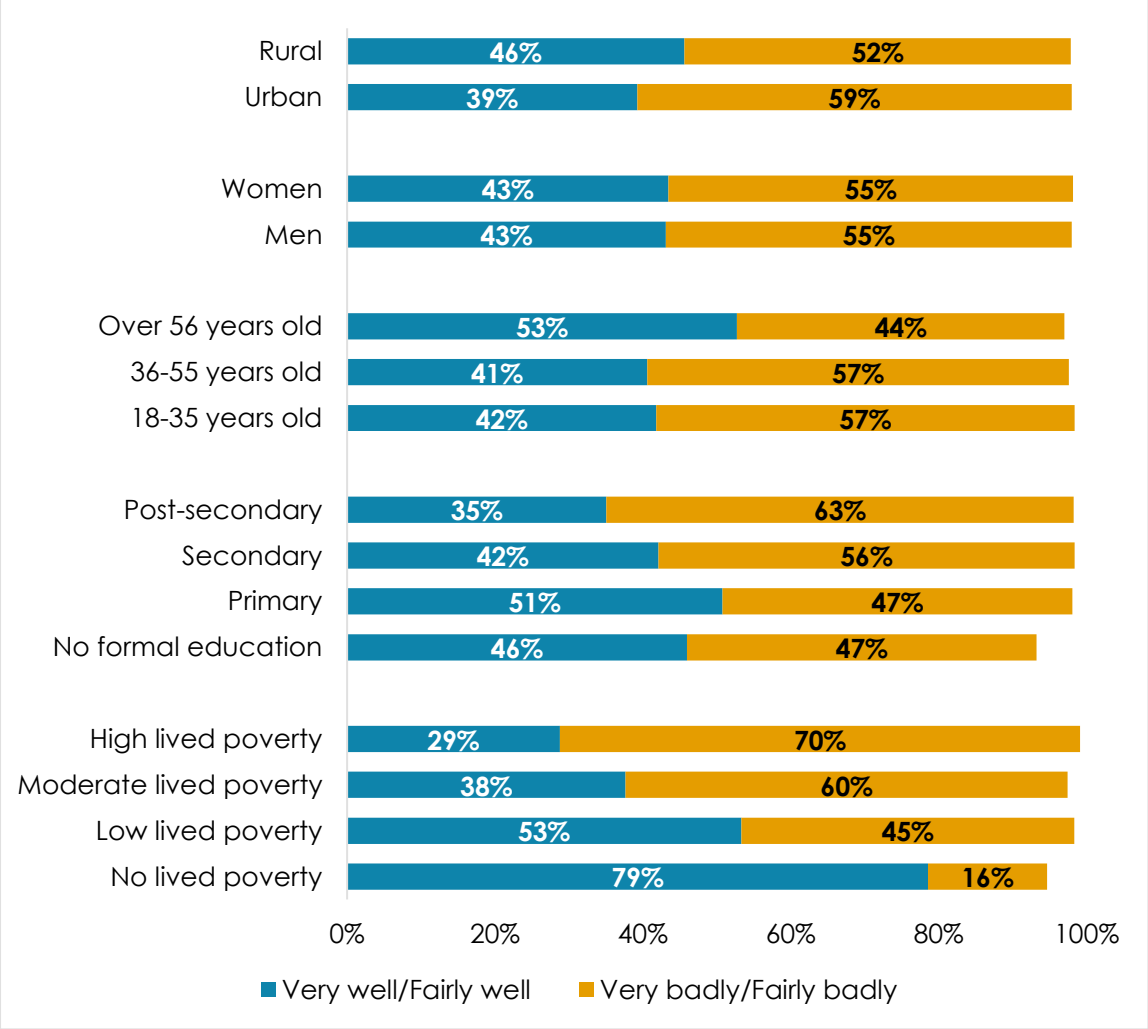
Figure 1: Government performance on improving basic health services | Zimbabwe | 1999-2017



Respondents were asked: *How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?*

Rural, older, and less-educated citizens are more satisfied with the government's handling of basic health care in 2017 than their urban, younger, and better-educated counterparts (Figure 2). The biggest differences in perceptions are between the wealthy and the poor. Only 29% of interviewees who score high on the Lived Poverty Index (measured as the frequency with which people go without five basic necessities) say the government is doing well in this area, compared to 79% of respondents who do not experience any lived poverty.

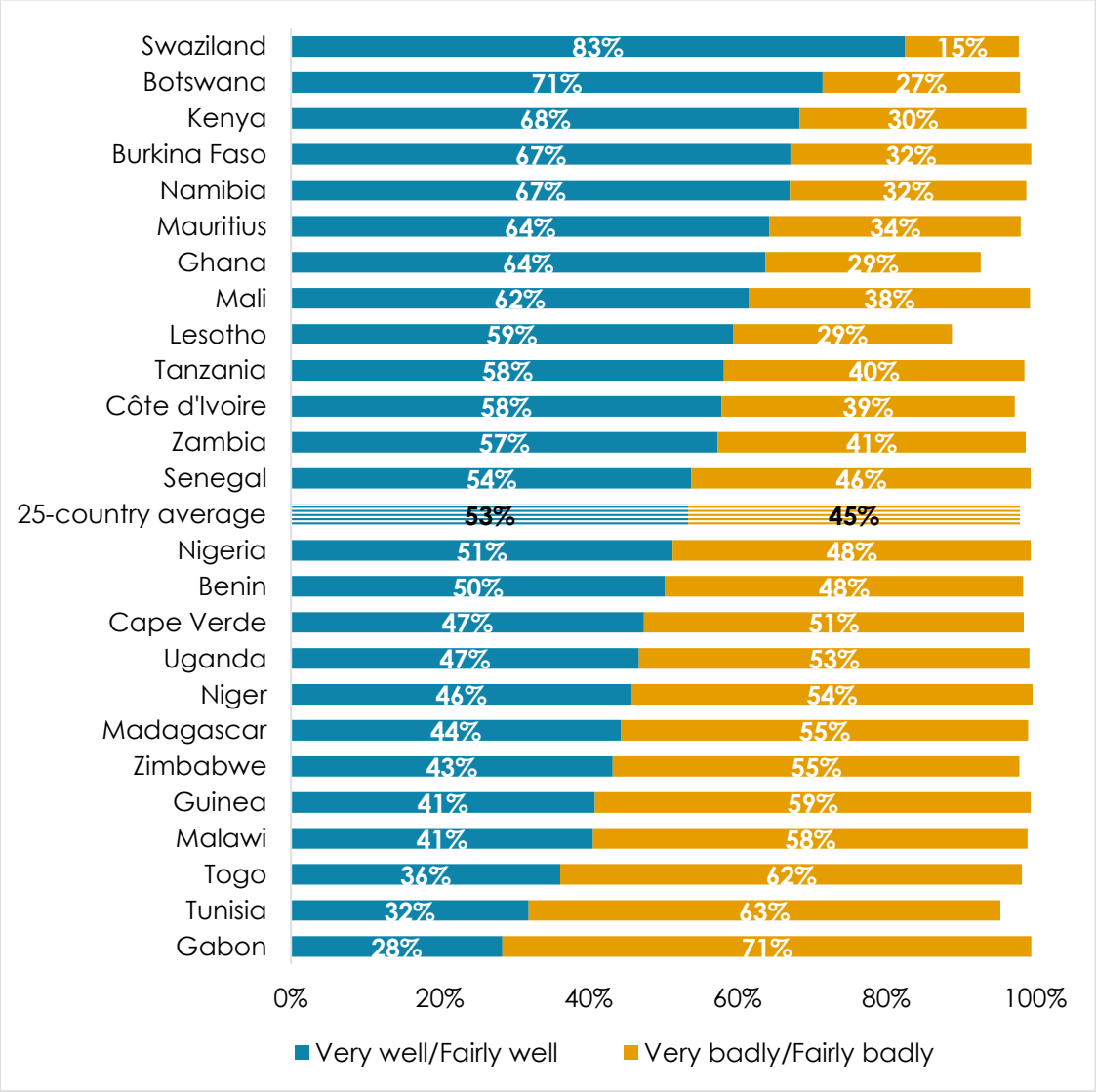
Figure 2: Government performance on improving basic health services | by socio-demographic group | Zimbabwe | 2017



Respondents were asked: *How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?*

Among 25 African countries surveyed in 2016/2018, Zimbabwe ranks well below the average of 53% in approval for how the government is handling basic health care, well behind Swaziland (83%), Botswana (71%), and Namibia (67%) (Figure 3).

Figure 3: Government performance on improving basic health services | 25 countries | 2016/2018



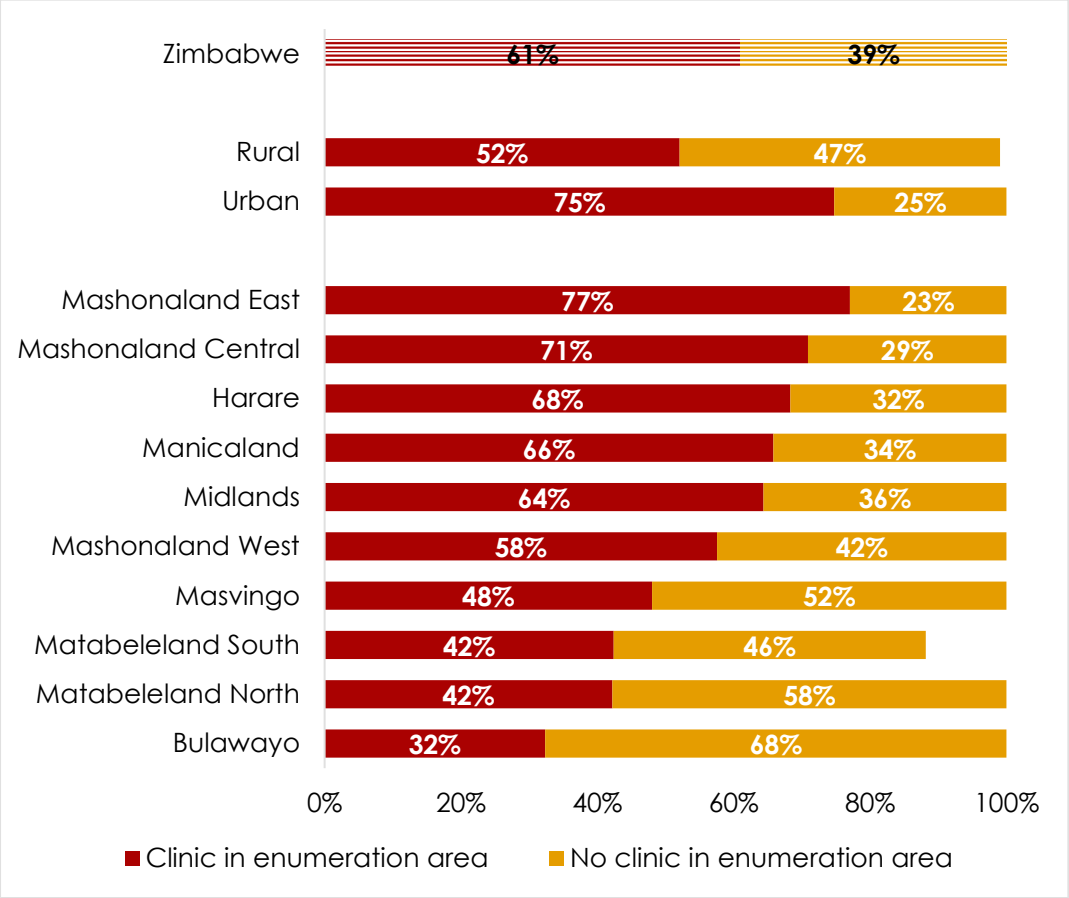
Respondents were asked: *How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?*

Access to health facilities

One prerequisite for providing adequate health care is infrastructure to deliver such services. To estimate residents' access to basic health-care facilities, Afrobarometer fieldworkers recorded the presence or absence of health clinics in (or within walking distance of) survey enumeration areas. Overall, 61% of respondents live in areas with a nearby health clinic. Access is more common in cities (75%) than in rural areas (52%) (Figure 4). Over time, Afrobarometer survey findings show access to health facilities rising rapidly between 2005 (23%) and 2009 (76%), then declining to current levels in 2012.

By province, residents of Mashonaland East (77%) and Mashonaland Central (71%) are most likely to have ready access to a health clinic, whereas Bulawayo (32%) has the lowest coverage. However, distance to a clinic may be an even bigger problem in a sparsely populated province such as Matabeleland North (42%) than in urban Bulawayo.

Figure 4: Health clinic in enumeration area | by location and province | Zimbabwe | 2017



Fieldworkers were asked to record: *Are the following facilities present in the primary sampling unit/enumeration area or in easy walking distance: Health clinic (private or public or both)?*

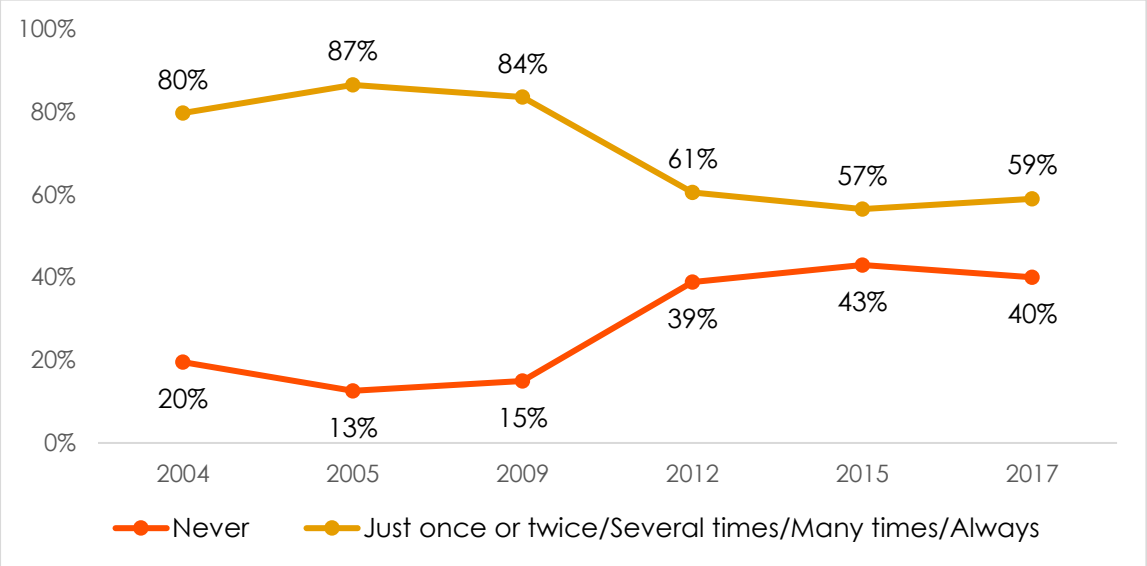
Going without health services

Whether because of inadequate infrastructure or insufficient personal resources, a large proportion of Zimbabweans at times go without needed health care. A majority (59%) of respondents say they went without medicine or medical care at least once during the year preceding the survey (Figure 5), including 36% who say they did so "several times," "many times," or "always."

Between 2004 and 2009, at most one in five citizens said they "never" went without needed medicines or medical treatment. This number increased to four in 10 (39%) in 2012, then stabilized at this level (43% in 2015 and 41% in 2017). This improvement in service delivery may be attributable in part to the investment of more than $600 million in the health sector between 2009 and 2013, which among other things facilitated the reopening of closed hospitals to improve basic service delivery (Mail & Guardian, 2013).

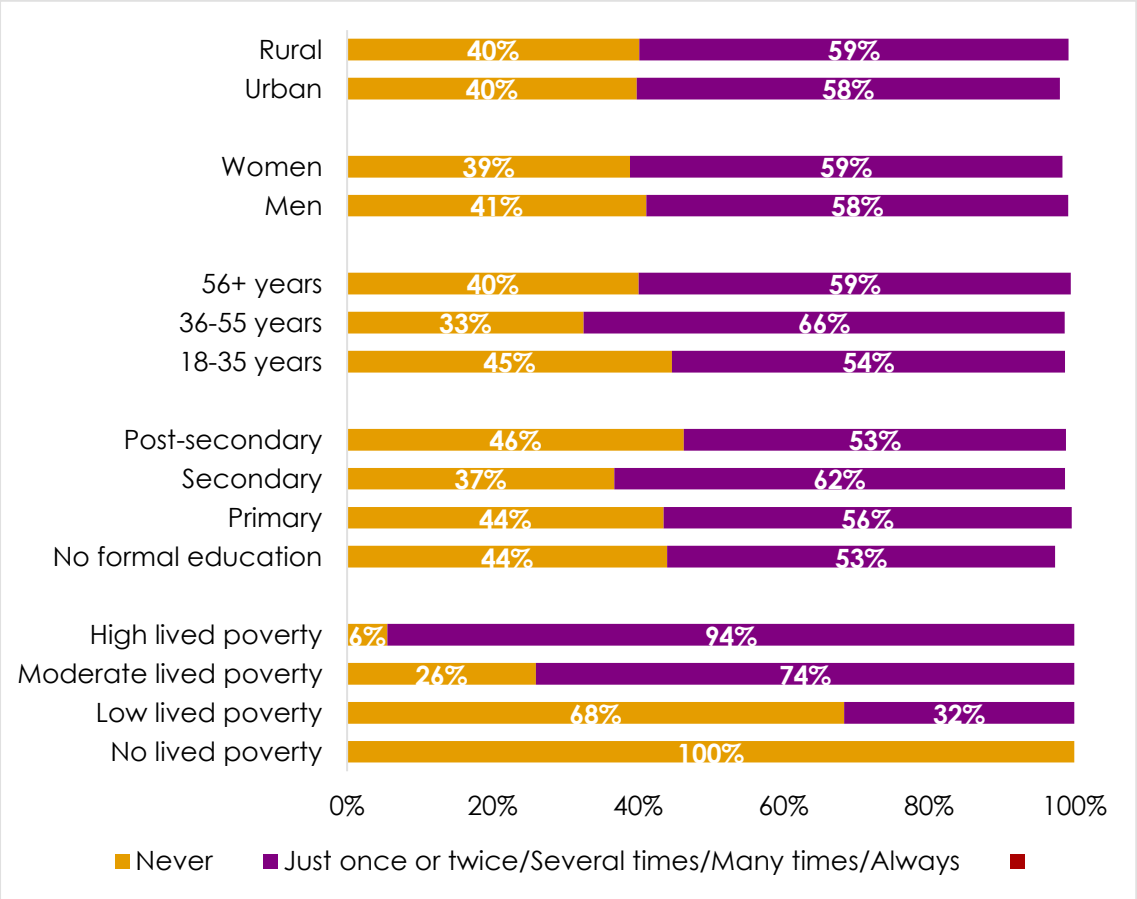
Women and men are about equally likely to say they went without needed medical care, as are rural and urban residents (Figure 6). The wealthiest respondents are most likely to have "never" gone without health care (100% and 68%, respectively. among those with no or low lived poverty, compared to just 6% of the poorest individuals).

Figure 5: How often went without medical care | Zimbabwe | 1999-2017



Respondents were asked: *Over the past year, how often, if ever, have you or anyone in your family: Gone without medicines or medical treatment?*

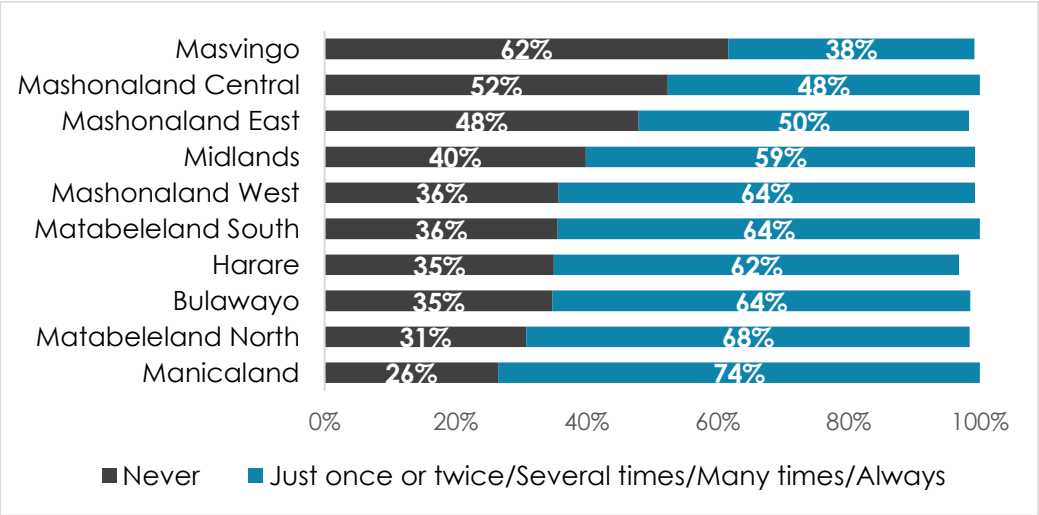
Figure 6: How often went without medical care | by socio-demographic group | Zimbabwe | 2017



Respondents were asked: *Over the past year, how often, if ever, have you or anyone in your family: Gone without medicines or medical treatment?*

Provinces also vary widely on this indicator. In Masvingo (62%) and Mashonaland Central (52%), more than half of residents never went without medical care, while this was the case for fewer than one-third of residents in Manicaland (26%) and Matabeleland North (31%) (Figure 7).

Figure 7: How often went without medical care | by province | Zimbabwe | 2017

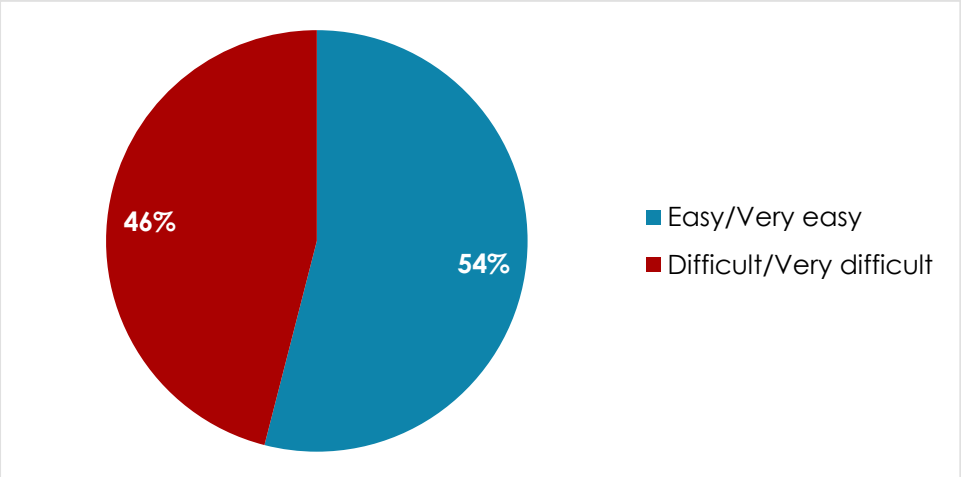


Respondents were asked: *Over the past year, how often, if ever, have you or anyone in your family: Gone without medicines or medical treatment?*

Experiences with health services

Of course, living close to a clinic and being able to afford care do not guarantee that residents will be able to get the medical attention they need. It may also depend on whether qualified staff, functioning equipment, and sufficient drugs are available. Afrobarometer asked respondents how easy or difficult they had found it to obtain needed medical care. Of the 59% who had contact with a public hospital or clinic during the year preceding the survey, 54% say it was "easy" or "very easy," while 46% describe it as "difficult" or "very difficult" (Figure 8).

Figure 8: Easy or difficult to obtain medical treatment | Zimbabwe | 2017

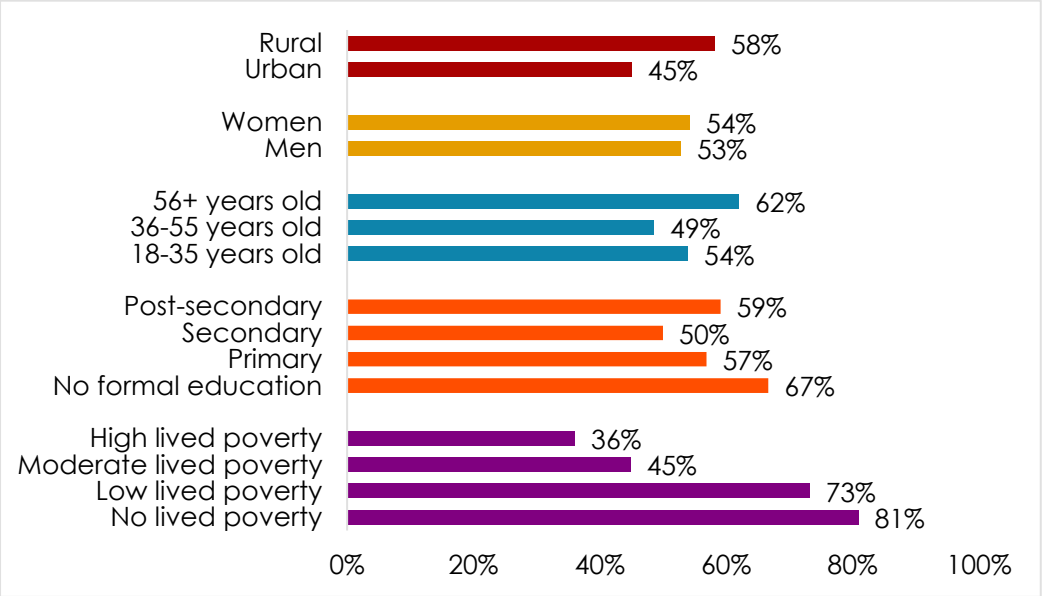


Respondents were asked: *In the past 12 months, have you had contact with a public clinic or hospital? [If yes:] How easy or difficult was it to obtain the medical care you needed? (Note: Respondents who say they had no contact with a public hospital or clinic are excluded.)*

Perhaps surprisingly, more rural (58%) than urban (45%) respondents say it was easy to access health services, and those with no formal education (67%) are more likely than their more-educated counterparts to find it easy to obtain care. Poor Zimbabweans struggle significantly more to obtain medical care than wealthier citizens (Figure 9).

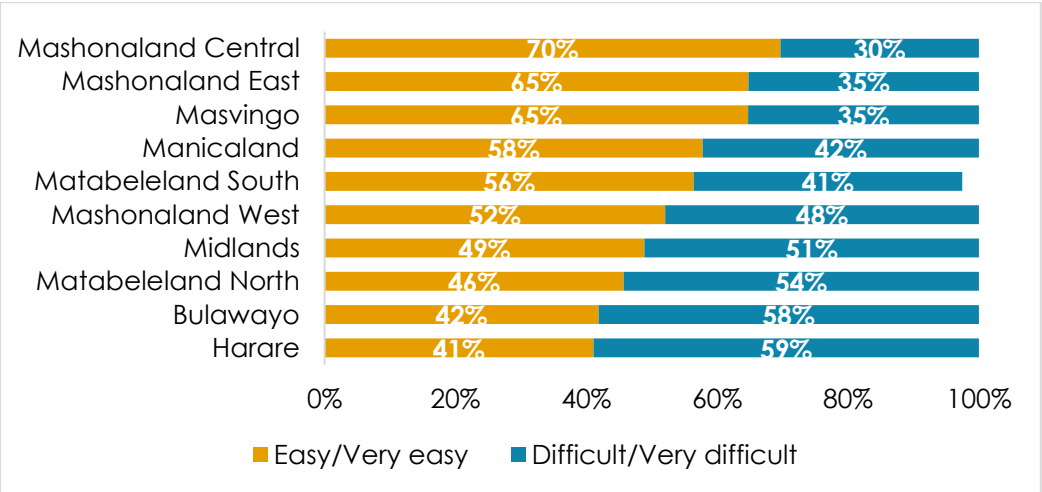
In line with the urban disadvantage seen above, residents in Bulawayo (58%) and Harare (59%), the country's two biggest urban centers, are about twice as likely to find it difficult to obtain needed care as their counterparts in Mashonaland Central (30%) (Figure 10).

Figure 9: Easy to obtain medical treatment | by socio-demographic group | Zimbabwe | 2017



Respondents were asked: *In the past 12 months, have you had contact with a public clinic or hospital? [If yes:] How easy or difficult was it to obtain the medical care you needed? (Note: Respondents who say they had no contact with a public hospital or clinic are excluded.)*

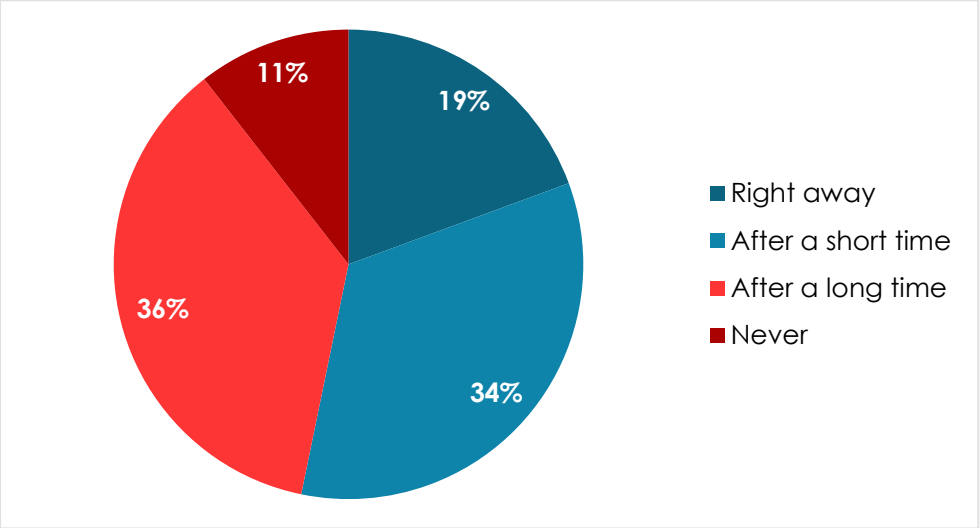
Figure 10: Easy or difficult to obtain medical treatment | by province | Zimbabwe | 2017



Respondents were asked: *In the past 12 months, have you had contact with a public clinic or hospital? [If yes:] How easy or difficult was it to obtain the medical care you needed? (Note: Respondents who say they had no contact with a public hospital or clinic are excluded.)*

In addition to difficulties in obtaining care, many Zimbabweans complain of long waiting times. Only one in five respondents (19%) say they were assisted "right away," while one-third (34%) say they received care "after a short time." But almost half say that they either "never" (11%) received care or had to wait "a long time" (36%) (Figure 11) – a problem even under normal circumstances, and likely to worsen during a health crisis such as a cholera outbreak.

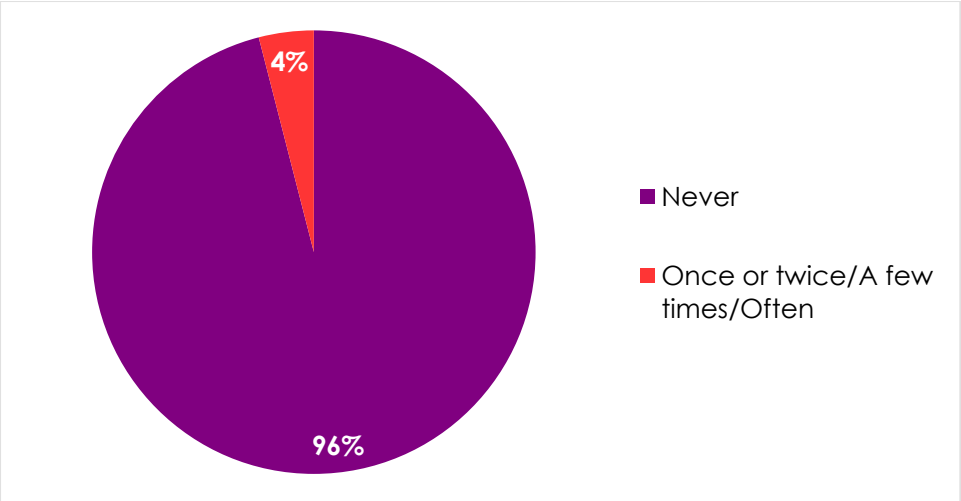
Figure 11: Time taken to receive medical care | Zimbabwe | 2017



Respondents who say they had contact with a public hospital or clinic were asked: *How long did it take you to receive the medical care that you needed? Was it right away, after a short time, after a long time, or never? (Note: Respondents who say they had no contact with a public hospital or clinic are excluded.)*

Despite these difficulties, only 4% of respondents who had contact with a public hospital or clinic say they had to pay a bribe, give a gift, or do a favour to obtain medical care (Figure 12).

Figure 12: Paid bribe to obtain medical care | Zimbabwe | 2017

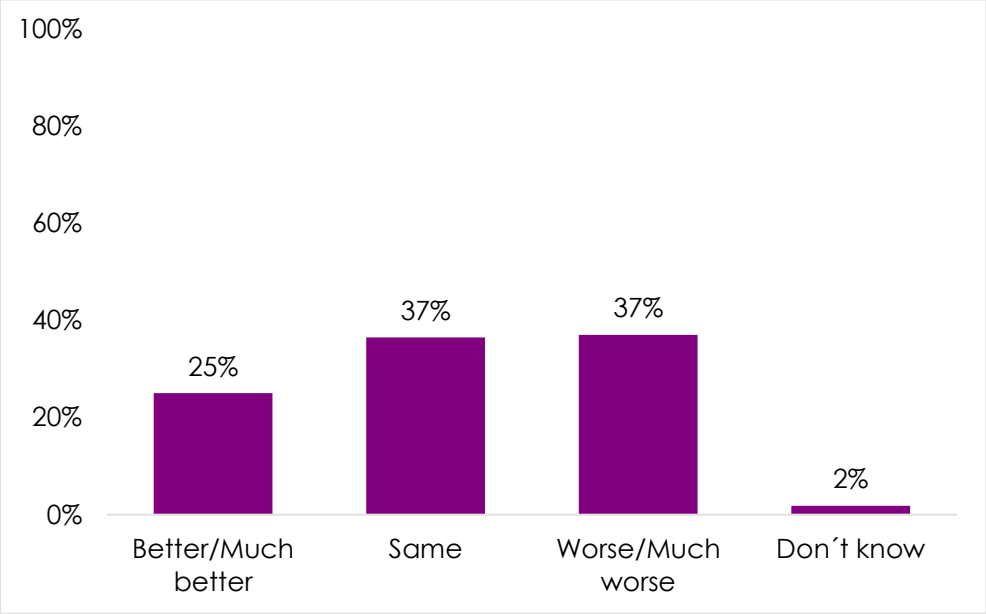


Respondents who say they had contact with a public hospital or clinic were asked: *How often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get the medical care you needed? (Note: Respondents who say they had no contact with a public hospital or clinic are excluded.)*

Better or worse over time?

In line with declining popular approval of the government's performance on health care, most Zimbabweans see little overall improvement in recent years in their ability to get needed health care. While one-fourth (25%) of respondents say their ability to get medical care when they need it has gotten "better" or "much better" over the past few years, three-quarters say it has deteriorated (37%) or remained unchanged (37%) (Figure 13).

Figure 13: Better or worse: Ability to get needed care? | Zimbabwe | 2017



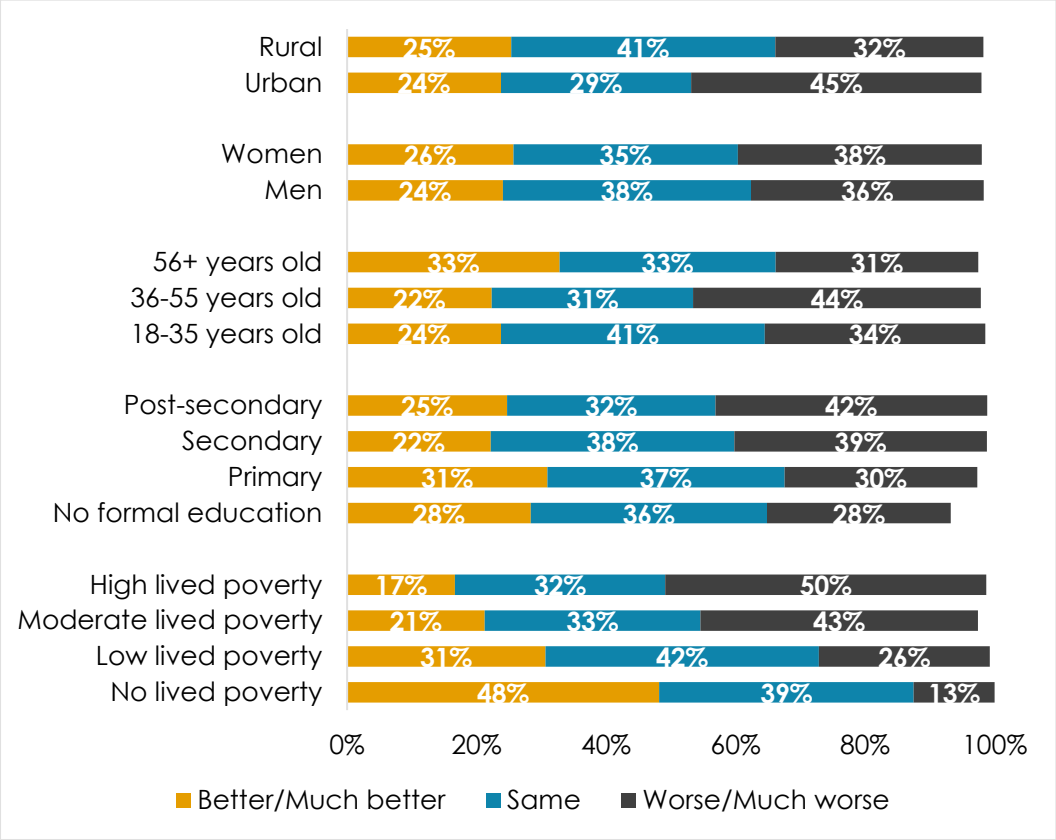
Respondents were asked: *Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?*

According to this survey, the situation worsened more for urbanites (45%) than rural dwellers (32%), and more for the better-educated (42% of those with post-secondary qualifications) than for the less-educated (28% of those with no formal education). Again, the poorest members of society seem to carry a disproportionate share of the burden. Among those experiencing high lived poverty, 50% say their ability to obtain needed care has gotten "worse" or "much worse," compared to only 13% of the wealthiest respondents (Figure 14).

While differences according to lived-poverty level are the most consistent and pronounced throughout this analysis, differences by province remain substantial as well. In Manicaland, 57% of respondents say that their ability to obtain needed medical care has worsened, followed by Bulawayo (47%) (Figure 15). In contrast, in Masvingo – the province with the highest percentage of people who "never" went without needed medical care (see Figure 7) – 59% of respondents say their ability to get care has not changed,

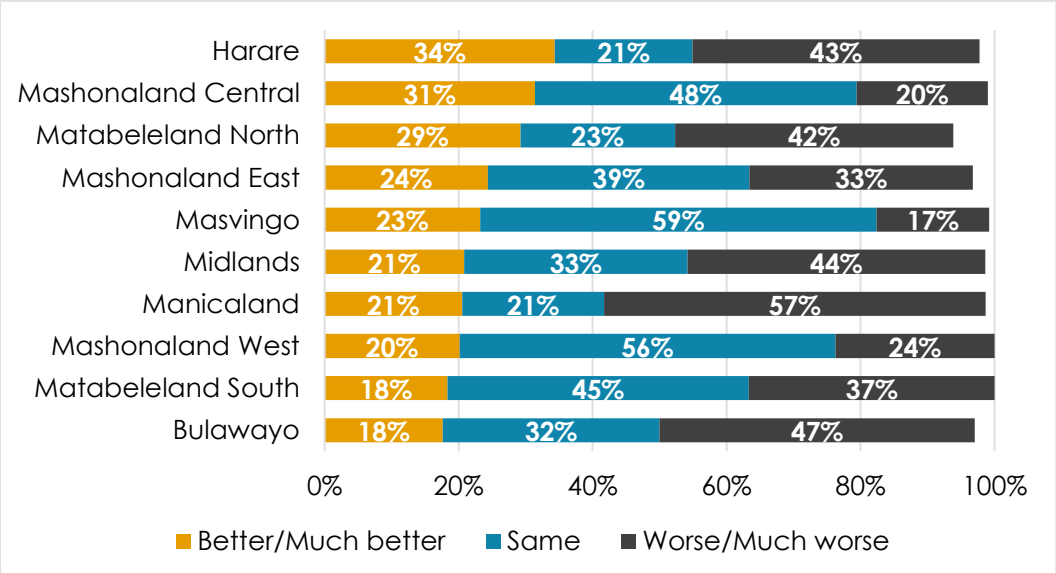
Bulawayo is at the other end of the spectrum: It is the province with the lowest percentage of enumeration areas with clinics, one of the largest proportions of the population who say that obtaining medical care is difficult, and the smallest proportion of the population (18%) who say that things have improved.

Figure 14: Better or worse: Ability to get needed care? | by socio-demographic group | Zimbabwe | 2017



Respondents were asked: *Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?*

Figure 15: Better or worse: Ability to get needed care? | by province | Zimbabwe | 2017



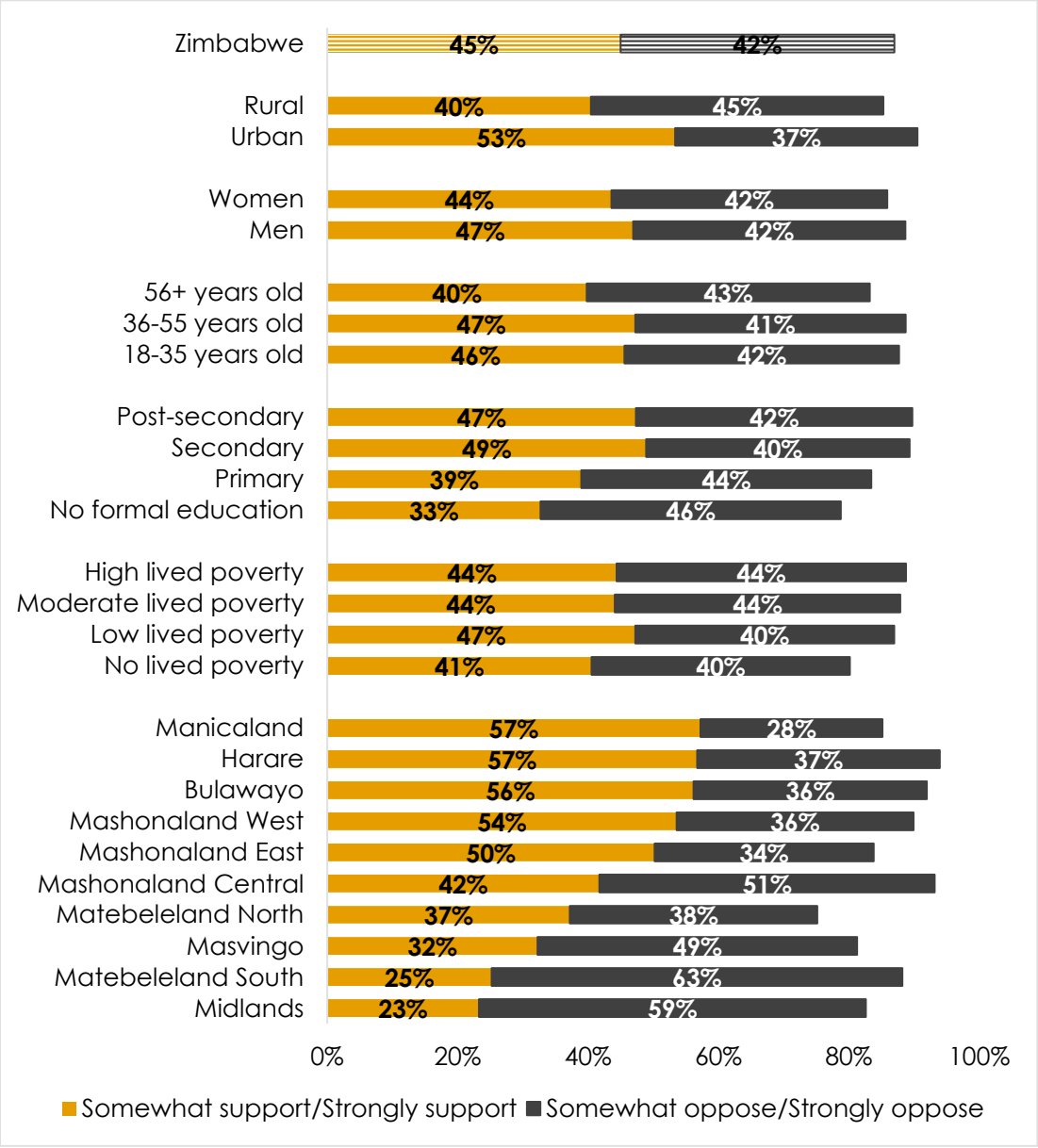
Respondents were asked: *Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?*

Higher taxes/fees for increased health spending?

Given Zimbabwe's budgetary constraints, can the new government count on citizens to help foot the bill for improvements in the health-care sector? In response to a question in Afrobarometer's 2015 survey, almost half (45%) of Zimbabweans said they would "somewhat support" or "strongly support" paying higher taxes or user fees if the additional funds would be spent on public health care. Urban, younger, and more educated citizens were more likely to support such a proposal (Figure 16).

The idea found the least resistance in Manicaland (28% somewhat/strongly opposed), the province with the greatest proportion of citizens who went without medical care in the year prior to the 2017 survey.

Figure 16: Willingness to pay higher taxes/fees to increase health spending | by socio-demographic group | Zimbabwe | 2015



Respondents were asked: *If the government decided to make people pay more taxes or user fees in order to increase spending on public health care, would you support this decision or oppose it?*

Conclusion

While our data were collected in early 2017, they reflect shortcomings highlighted by Zimbabwe's ongoing cholera crisis. Findings point to increasing public dissatisfaction with the government's performance on improving basic health-care services. Access to health care is particularly difficult in urban areas, the epicenter of the current cholera outbreak. Strong regional disparities in access also emerge, as do clear indications that the poor find obtaining services most difficult.

Do your own analysis of Afrobarometer data – on any question, for any country and survey round. It's easy and free at www.afrobarometer.org/online-data-analysis.

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Thomas Isbell is a PhD student at the University of Cape Town in South Africa. Email: tisbell@afrobarometer.org.

Matthias Krönke is a PhD student at the University of Cape Town in South Africa. Email: mkroenke@afrobarometer.org.

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