



**POLICY FRAMEWORK
FOR
REVAMPING THE HEALTH SECTOR
DELIVERY SYSTEM IN ZIMBABWE**

**REPORT BY THE SUB-COMMITTEE ON HEALTH
DELIVERY SYSTEM IN ZIMBABWE**

COMMITTEE MEMBERS

1. Secretary for Health and Child Welfare (Chairperson)
2. Secretary for Economic Development (Secretary)
3. Secretary for Finance
4. Secretary for Information and Publicity
5. Secretary for Higher and Tertiary Education
6. Secretary for Water Resources and Infrastructural Development; and
7. Secretary for Energy and Power Development.

07 NOVEMBER 2008

TABLE OF CONTENTS

INTRODUCTION.....	4
STATUS OF THE HEALTH SECTOR DELIVERY SYSTEM	5
<i>Table 1a: Hospital fees.....</i>	<i>6</i>
<i>Table 1b: Cash and Cheque Pricing.....</i>	<i>6</i>
ADMINISTRATIVE ISSUES	7
Critical Health Requisites.....	7
Medical Tariffs and Subscriptions	8
Health Delivery Chain.....	11
Health Payment System.....	11
Referral System.....	12
Ethics and Professional Standards.....	12
Regulation of the Health Sector	14
HEALTH PRICING POLICY	14
HEALTH INFRASTRUCTURE	15
<i>Table 2: Status Report On Government Hospital Boilers</i>	<i>16</i>
<i>Table 3: Status Report on Government Hospital Elevators.....</i>	<i>17</i>
<i>Table 4: Schedule of Profoma Invoices submitted for payment</i>	<i>18</i>
HEALTH EQUIPMENT	19
<i>Table 5: Amount required for installation of Dialysis plant and equipment.....</i>	<i>20</i>
<i>Table 6: Equipment required to open a Theatre at Harare Central Hospital</i>	<i>20</i>
DRUGS AND MEDICINES	21
<i>Table 7: Stock status of VEN Items from Nat Pharm.....</i>	<i>22</i>
HUMAN RESOURCES	23
ENERGY	26
WATER.....	26

TRANSPORT AND TELECOMMUNICATION	27
SUSTAINABLE HEALTH FINANCING STRATEGIES	28
Public Sector Financing Initiatives	28
Chart 1: The Current Drug Procurement Chain	31
Chart 2: The Recommended Drug Procurement Chain	31
Table 8: Requirements to revamp the Health Sector.....	32
Private Sector Financing Initiatives	32
CORPORATE GOVERNANCE ISSUES.....	33
CONCLUSION	34
<i>Annex 1 Members of Insurance and Pensions Commission</i>	36
<i>Annex 2 List of Pharmaceutical Companies</i>	41
<i>Annex 3 List of Hospital fees and Charges.....</i>	42
<i>Annex 4 Zimbabwe Diplomatic Mission Abroad</i>	43
<i>Annex 5 List of Public Health Institutions.....</i>	51
<i>Annex 6 List of Mission Hospitals</i>	52
<i>Annex 7 List of Local Authority Hospitals and Clinics</i>	52
<i>Annex 8 List of Private Hospitals</i>	52
<i>Annex 9 List Of Hospitals Registered With The Zimbabwe Association Of Church Hospitals....</i>	52
<i>Annex 10 Recommended List of New Hospital Equipment Required.....</i>	53

INTRODUCTION

1. Following the Heads of Ministries meeting that was held last week on 14 October 2008, the Chief Secretary to the Office of The President and Cabinet and the Chairman of the meeting, directed the constitution of a sub-committee to critically appraise the Health Delivery System in the country, with the intention to formulate concrete measures that address the challenges being faced in this sector. Dr. E. T. Mabhiza, Secretary for Health and Child Welfare was assigned to Chair this sub-committee with the following Secretaries as Committee members:-

- Secretary for Health and Child Welfare (Chairperson)
- Secretary for Economic Development (Secretary)
- Secretary for Finance
- Secretary for Information and Publicity
- Secretary for Higher and Tertiary Education
- Secretary for Water Resources and Infrastructural Development; and
- Secretary for Energy and Power Development.

2. This paper therefore presents a brief on the current state of the health sector, making proposals on how Government, in partnership with the private sector, individually or jointly, can mobilise human, financial and capital resources to address challenges being faced in the health sector. Additionally, the paper presents policy measures and administrative reforms that will enhance health delivery system. Special attention is made on the following challenges:-

- Administrative issues (tariffs, subscriptions, fees and charges)
- Health pricing policy;
- Health infrastructure;
- Health equipment;
- Drugs and medicines;
- Human resources;
- Energy;
- Water;

- Transport and Telecommunication;
- Social protection/safety nets; and
- Sustainable health financing strategies.

STATUS OF THE HEALTH SECTOR DELIVERY SYSTEM

3. The Health Delivery System in Zimbabwe comprise of the following amongst others:-

- Public hospitals for example Harare Hospital and Mpilo hospital;
- Private hospitals for example Baines hospital and Avenues clinic; and
- Health Insurance service providers for example Premier Services Medical Aid Society (PSMAS), CIMAS Medical Aid Society and MASCA.

4. The health sector has been adversely affected by a critical shortage of financial resources, equipment, drugs and other accessories. This has contributed to poor quality service delivery in both state-run and private health institutions and has also de-motivated health professional staff. The health infrastructure has continued to deteriorate, posing a serious risk to the national health delivery system.

5. Consequently, gaps in health provision are being reflected through high levels of maternal mortality and child malnutrition. Diseases that mostly affect the poor such as malaria and tuberculosis continue to exist. On the other hand, HIV prevalence rate has gone down from 26.3% (2003) to 15.6% (2007), a rate that is still considered to be high by regional and international standards.

6. Furthermore, the sector has been hit hard by shortages of staff due to brain drain, and this is being compounded by an increased demand for health facilities arising from increased incidence of diseases. While challenges facing the health sector continue to increase, nurses have gone on strike demanding better conditions of service and better tools of the trade.

This statement is not correct

this is not due to gaps in health provision

utilization

Does this tally

7. The current healthcare in Zimbabwe is delivered according to a model that concentrates on diseases, high technology and specialist care. This model is very expensive and eliminates a lot of people who are dying in their homes, people who are unable to pay.
8. Inflation and the unstable exchange rate have been and continue to be the major challenges affecting the health sector. Escalating costs of health service provision in the Private Health Sector are being made without approval from the NIPC or The Ministry of Health and Child Welfare. Tariff fees are going up on a weekly basis and in fewer cases fortnightly. Optical appliances are going up on a daily basis whilst drugs and consumables are going up more than once a day. Drugs and services are being quoted in two prices, a cash price and a cheque price, with the cash far beyond the daily or weekly withdrawal limits of the individuals and organisations and the cheque prices are unaffordable.

Table 1a: Hospital fees as at 21 October 2008

FEES	16-Aug-08	1-Sep-08	16-Sep-08	1-Oct-08	16-Oct-08	1-Nov-08
G.P. Initial consultations	\$2,000.00	\$4,000.00	\$11,000.00	\$30,000.00	\$200,000.00	\$2,000,000.00
Ward Fees/ Day PHAZ (USD100)	\$3,160.00	\$5,200.00	\$50,000.00	\$100,000,000.00	\$100,000,000.00	To be advised

Table 1b: Illustration of Cash and Cheque pricing as at 21 Oct 2008

Drug	Cheque Price	Cash Price
Indomethacin Suppository	\$3,575,000,000.00	\$2,275,000
Nifedipine	\$660,000,000.00	\$420,000.00
Enalapril	\$825,000,000.00	\$530,000.00
Cimetidine	\$660,000,000.00	\$220,000.00
TOTAL	\$5,720,000,000.00	\$3,445,000.00

Billing in foreign currency by some Health Service Providers to their patients is landing the society with some huge bills in Zimbabwean dollar terms, as the exchange rates applied to the foreign currency bills are speculative. The NIPC allowed health service providers to index their tariff fees to the United States Dollar on the understanding that the Zimbabwean

dollar equivalence will be based on the Interbank Exchange Rate; however no health service provider is using the Interbank Exchange rate as illustrated in table 1 above (Private Hospital Fees). This is more evident in Radiology, Pathology, Dentistry, Rehabilitation, Private Hospitals and Specialists.

ADMINISTRATIVE ISSUES

9. The current health system is characterised by non-functional central hospitals, provincial and district hospitals including municipal clinics and non-functional payments system. This situation requires that the following basic but critical health requisites be provided if we are to address the current industrial action by staff in the medical fraternity.

Critical Health Requisites

Government, working closely with the private sector and development partners will;

- i) Provide meaningful operational budget for the maintenance of health infrastructure in the country. This means having a clear understanding of who is providing what services and where, in order to avoid over-servicing and duplication of effort at the expense of other sectors that may be forced to do without any resources. This further entails introduction of Health Service Mapping nationwide, using Geographic Information Systems; - available at least for South African facilities
- ii) Address human resources challenges including conditions of service by recruiting retired personnel and using medical staff from other uniformed forces as a stop gap measure, while training programmes are enhanced;
- iii) Invite private sector participation in the provision of transport for medical staff, housing; and other allowances e.g. uniforms, tools of trade, and thereby compliment Government efforts where services are being provided through ZUPCO and CMED buses etc.
- iv) Improve hygiene standards by taking care of fumigation and cleaning services, bed linen etc through Public Private Partnerships (PPPs) – e.g.

Dettol for detergents , Cotton Printers and National Blankets for bed – linen etc;

- v) Prioritise procurement of medical supplies such as ARVs, blood & blood products, including consumables for dental clinics, renal units, paediatric wards, laboratories, fuels, oils and lubricants and thereby make hospitals functional;
- vi) Ensure all civil servants are on medical aid to allow easy access to Healthcare services (Consultations, investigations and treatment);
- vii) Ensure the employer (Public Service Commission) contributes to the Prudent Fund to allow access to affordable and sustainable Antiretroviral treatment for public servants; and
- viii) Ensure PSMAS and PSMI assist in the monitoring and evaluation of the Public Service HIV and AIDS workplace programme.

10. Addressing these critical health requisites will help quickly operationalise all central, provincial and district hospitals. Ability to provide these health requisites will be dependent on our ability to mobilise sustainable resources from all strategic stakeholders like government, private sector and developing partners including Non-Governmental Organisations (NGOs).

Medical Tariffs and Subscriptions

11. A healthy economy depends on healthy people and in turn, healthy people depend on sound and healthy Medical Aid Societies. Today, medical aid societies are facing serious challenges with respect to providing medical aid. This is largely due to the hyperinflationary environment and the unstable exchange rate. This has made pricing for medical care very difficult. For instance, the prevailing subscription rates made either to PSMAS or Health Generation are unviable as illustrated below:-

- *A 35 year old man with spouse and 3 children contributing to the Generation Health Medical Fund at medium level should pay \$3,478,339,719,403 (USD6.98) as opposed to the \$286,005,200 (USD0.17) that he will now pay, based on the USD*

value of 6.98. Even this figure, it is considered to be low given that a 1, 5 kg chicken currently costs USD10 in the country.

- In the case of PSMAS, members are contributing as low as Z\$0,50 per month while General Practitioners are charging Z\$200 000 consultation fees per visit. This figure increased to \$2 000 000 per visit with effect from 1 November 2008. The differential represents the loss that PSMAS suffers each time that a patient signs a claim form.*

12. These two examples clearly demonstrate the pricing distortions that are prevailing not only in the health sector but the entire economy.
13. The challenge of subscriptions cannot be addressed in isolation without addressing the challenge being faced with regard to tariff reviews. Whilst the National Incomes and Pricing Commission (NIPC) is responsible for reviewing tariffs for health insurance providers, it is sad to note that currently, some health service providers are reviewing tariffs upwards every two weeks without NIPC approval. These tariffs translate into claims on medical aid societies such as PSMAS, who happen to be controlled by Government through Treasury. In this regard, the NIPC is encouraged and required to enforce the law to all without fear and favour because it is important that agreed price models and price reviews be adhered to in an organised manner.
14. Currently, subscriptions by members of PSMAS are ordinarily approved by Treasury, but the reviews are continuously lagging behind tariff reviews by health service providers. Medical Aid Societies end up borrowing from the market in order to meet all claims on them from the service providers. This is unsustainable and is driving the societies into a serious debt trap. Whilst a vicious circle of price increases should be avoided if the economy is to curtail inflation, it equally remains critically important to allow timeous reviews of subscriptions to medical aid societies.
15. The red- tape in the approval process needs to be streamlined by reverting to the old system whereby service providers and funders approached the Ministry of Health and Child welfare (MOHCW) for determination and approval of medical fees and

subscription fees. This was done as a one- stop shop arrangement unlike the current arrangement that involves the Ministry of Public Service, Labour and Social Welfare, who in turn approach the Public Service Commission (PSC) and then finally Treasury for approval, which once granted, the authority is communicated in reverse red-tape.

16. To address this challenge, Government will allow the Public Service Medical Aid Society to charge economic subscriptions by billing Government through Treasury by the last Friday of each month, and Government in turn, will avail employer contribution to the Society a week after receiving the bill. This will ensure timely review and release of subscriptions and resources to PSMAS, and thereafter ensure a smooth functioning and well funded health sector. Timeous review of subscriptions will be done through indexing of medial tariffs to the US\$, convertible at the inter-bank rate in a properly functioning financial sector.
17. Following the official dollarisation of the economy last month, Government will now allow public hospitals and the Public Service Medical Aid Societies, including PSMAS, to collect health service fees in foreign currency (but not subscriptions). Implementation modalities will be announced shortly by the Ministry of Health and Child Welfare. Payment of health fees and charges will remain optional to those who are willing and able to pay, and all pricing will be guided by Government, in consultation with the private sector as well as regional and international benchmarking. This will protect both the service providers and the patients from potential abuse by unscrupulous dealers.
18. Government, through the Monetary Authorities, will put in place penal and safeguard measures to protect loss of foreign currency through unscrupulous service providers who may divert the foreign currency to personal use. Empirical evidence has already demonstrated that this is currently the case within some Government Departments that are collecting fees and charges in foreign currency, as well as some service providers in the private sector who do not remit foreign currency so earned to Government through authorized dealers.

Health Delivery Chain

19. The health delivery chain is currently fraught with challenges that need to be streamlined urgently. To bring about this positive and visible improvement, Government will critically appraise the reason why currently the majority of the people prefer being attended to at mission rather than public hospitals. Special attention will be given to the systems that are in place at both Mission and Public hospitals with the intention to align and make them function efficiently, with adequate tools of trade.

Health Payment System

20. It has been observed that currently, once a patient has been discharged from hospital, it may take someone about three to four hours to make a payment as they are moved from one department to the other. More often than not, this payment will usually be way below cost. People are very unhappy with this inefficient payment system. In an endeavour to smoothen and quicken the payment process, Government will improve the payment system by encouraging or making it mandatory for financial institutions to install point of sale machines so that patients can swipe to effect a payment, or ensure that either a personal or a bank cheque will be accepted as a mode of payment as what used to be the case. This will apply to fee-paying patients who will be paying in Zimdollars.
21. For those patients who will be willing and able to pay in foreign currency, similar arrangements will be put in place for them to pay in cash or use plastic money.
22. In the case on non-fee paying patients, i.e. the vulnerable groups, payments will be made through use of identity cards that will be issue upon successful needs- assessment vetting by the Ministry of Public Service, Labour and Social Welfare. These identity cards will have the necessary security features that will prevent abuse by non-qualifying and unintended beneficiaries.

Referral System

23. Besides Harare and Bulawayo Metropolitan Provinces, central hospitals in the other provinces are supported by provincial and district hospitals. These hospitals are normally used as referral centres only. However, in the case of Harare and Bulawayo, the Central Hospitals are being crowded by patients requiring even minor medical attention, thereby compromising the quality of the originally intended health service delivery system.

WHEN ARE WE GOING TO

24. In light of this challenge, Government is unveiling a set of incentives for Public Private Partnership in the construction of District Hospitals in the urban provinces of Harare and Bulawayo Metropolitan. These hospitals will help de-congest the Central Hospital and thereby enable them to specialize in their areas of expertise. The need to strengthen and improve capacity of referral hospitals in terms of delivering good quality health service delivery needs to be restored in the country.

Ethics and professional standards

25. The health delivery system is being abused in a number of ways, that include the following :-

- *Over-servicing:* It is alleged that some doctors are practicing unethical behaviour by engaging in what is referred to as over-servicing, e.g. requesting patients to keep coming for further reviews before they are referred to specialists for attention;
- *Over-invoicing:* It is further alleged that some health practitioners, doctors and pharmacists, are claiming for services not rendered, e.g. patients pay for medicines and drugs at the cash rate but are billed at the more expensive cheque rate so that medical aid societies can pay them more,

whilst some bill patients even for services not rendered by requesting patients to sign claim forms twice – a case of duplicating claims;

- *Claiming for services rendered to non-members, especially hospital admissions:* It is alleged that some medical aid members are allowing their domestic workers or other relatives to be covered by medical aid when in actual fact they are not members, or allowing them to enjoy optical benefit on their schemes; - a case of stealing from the medical aid societies.
- *Conflict of interest by health staff:* It is alleged that some doctors, nurses and other health staff are taking drugs, medicines and other medical consumables like drips etc from public hospitals for treating patients outside hospital premises, for personal gain – a case of stealing from the very people they are supposed to serve;
- Unethical behaviour which includes aspects like perverse incentives, self referral has also impacted negatively on the health sector.

26. Whilst this list is not exhaustive, it is critical to note the urgent need for a strict legal framework that enforces good ethics and professional standards to all members of the medical fraternity. These regulations should have clearly defined penal measures for those who flout them, otherwise, unchecked behaviour will have a contagion effect that will make it difficult to regulate the sector. As is the case with practitioners in the legal fraternity, deviant behaviour will be punished by being struck off the practicing register for life. A **Code of Ethics and Professional Standards** for the health sector will go a long way in promoting good, ethical and professional behaviour by health staff.

Regulation of The Health Sector

27. Drugs and services are being quoted in two prices i.e.

- a cash price, which is normally way beyond the daily withdrawal limit, and;
- the cheque price, which is just unaffordable.

It is important to note that the cheque price literally replaced what used to be referred to as the Real Time Gross Settlement (RTGS) price, when the latter was suspended by the Reserve Bank of Zimbabwe (RBZ). In this regard, Government will enforce a pricing policy that is guided by the indexation referred to above as well as implement a strict pricing policy where **only** service providers with licenses to charge in foreign currency will do so. Any deviant behaviour will be dealt with under the Regulatory Framework to be announced by the Ministry of Health and Child Welfare shortly.

HEALTH PRICING POLICY

28. Whilst Government had a noble idea of making health services available and affordable to the majority, it is unfortunate to note that this policy has aggravated a culture of wanting everything for nothing in the country. This has proved to be very expensive for government, resulting in a situation where health centres cannot cope with demand, hence poor and further declining health service delivery in the country.

29. The hospital's consultation fees are regulated by the Minister and cabinet. The process of getting approval of any adjustments is cumbersome and always too little too late e.g. The Harare Central Hospital consultation fee is still pegged at \$400 because they lack the autonomy over pricing policy despite having a Board. Central hospitals use the Association of Health Funders' (AfHoZ former NAMAS) tariff for the other services e.g. X-ray, laboratory.

30. To reverse this circular decline in the health sector, Government has reviewed pricing policy for the health sector to one that emphasizes *cost - recovery* as well as adopting the *user -pay policy*. To protect the vulnerable groups, Government will provide

resources through the Budget, working closely with Zimbabwe Banking Corporation (ZB), Zimbabwe Amalgamated Banking Group (ZABG) and Commercial Bank of Zimbabwe (CBZ) and the Post Office Servings Bank (POSB). Identified vulnerable groups will be issued with secured identify cards which will be charged each time they visit a public hospital through an electronic debit system. All health fees and charges, in both Zimdollars and in foreign currency, will be determined by Government **timeously** in line with economic fundamentals, guided by a *cost – plus pricing model*.

31. This pricing policy will enable public health centres to charge those who are able to pay and thereby provide a good service. This will also enable Government to cushion the disadvantaged such as the elderly, pensioners, child-headed households, the disabled and those patients with chronic ailments in a sustainable manner. Vetting the vulnerables will also be done through consultation. Fees should cover both consultation and treatment and pricing policy should be standardised at all hospitals.

HEALTH INFRASTRUCTURE

32. Over the years, health infrastructure has been deteriorating and there is need for urgent rehabilitation of the existing infrastructure. Harare hospital, which is the main teaching hospital of the medial school (College of health sciences), has had its second floor theatres (four) closed for the past four years. The hospital is thus operating with only two theatres. Very little funding has been allocated for maintenance of infrastructure as well as for replacing obsolete equipment. As a result, many facilities are in a serious state of despair. **Annex 9** shows the list of new equipment that is required to revamp the health sector nationwide. Again, Private Sector Financing Initiatives are required to complement Government initiatives in terms of resource mobilisation, implementation and ensure successful turnaround of the health sector. There will also be verification with the end users by engaging the technical experts to confirm before the equipment is procures.
33. Furthermore, most fixed plant and equipment such as laundry machines, kitchen equipment, laboratory equipment and boilers are non-functional (See Table 1). Without

functional boilers, hospitals are unable to sterilize both theatre and maternity equipment, to cook and launder for patients, as well as provide hot water for patients. Table 1 below shows the current status of boilers at the major central hospitals, whilst Table 2 shows the status of elevators in public hospitals.

34. Companies that are contracted to maintain health infrastructure for example Elco, which repairs and maintains elevators, do not have the capacity to provide durable solutions. Thus such companies should give a guarantee to work that they would have done.

35. At Parirenyatwa there are a number of complexes that house the staff and more are needed to ensure that all staff is adequately housed. At Harare hospital there is need to build a medical village that can accommodate staff. The vast grounds at Parirenyatwa should be used to establish private hospitals that will assist the already established public and private hospitals.

Table 2: Status Report On Government Hospital Boilers as at 08 August 2008

Hospital	No of boilers	Type	Defect/problem
Parirenyatwa	3	2 Cochrane 1 Alstom	3 x re-tubing 1 x bulge
Harare	2	Cochrane	2 x re-tubing
Mpilo	5	Cochrane	Needs service 1 x re-tubing
United Bulawayo Hospitals	2	Cochrane	Stoker spares
Chitungwiza	2	Cochrane	Annual service
Engutsheni	2	Cochrane	Annual service
PROVINCIAL HOSPITALS			
Chinhoyi	3	Alstom	3 x re-tubing
Mutare	2	Cochrane	Needs service
Bindura	2	Cochrane	2 x complete overhaul
Gweru	2	Cochrane	2 x complete overhaul
Marondera	2	Cochrane	Major service
Rusape	1	Alstom	Major service
Kadoma	1	Cochrane	Complete overhaul
Chiredzi	1	Cochrane	Needs service

Table 3: Status Report on Government Hospital Elevators as at 02 September 2008

Hospital	No of elevators	Type	Defect/problem
Parienyatwa	13	5 x Schindler 8 x Otis	3 require spare parts 8 obsolete
Harare	4 – main hospital 2–maternity hospital	Otis Otis	2 require major service 2 Obsolete 2 require major service
Mpilo	4 – main hospital	Otis	1 No spare parts 3 require complete overhaul
United Bulawayo Hospitals	6	4 – Otis 2 - Schindler	All require complete overhaul
Mutare	2	Otis	Major service required
Gweru	1	Otis	Complete overhaul
Chinhoyi	2 x passenger	Otis	Service required
Beatrice Infectious Diseases Hospital	1	Otis	Major service required

36. Through this **Framework for Revamping the Health Sector**, Government is inviting the private sector to participate in the repair and / or provision of new and modernised boilers, laundry equipment, laboratory and kitchen equipment etc. The incentive scheme for participating companies is outlined under **Sustainable Financing Strategies for the Health Sector**. Participation can be by providing financial or technical resources, direct or indirect investment, as individuals or syndicates with loan or equity finance, in Zimdollars and / or in foreign currency.

Table 4: Schedule of Profoma Invoices submitted for payment as at September 2008

PROJECT	COMPANY	AMOUNT	DATE SUBMITTED
1. Installation of dialysis plant and equipment	Fresenius	ZAR7.4 million	03/07/08
2. Rehabilitation of Parirenyatwa Hospital boilers	Cochrane Engineering Alstom Engineering	Z\$12.2 million	22/08/08
3. Rehabilitation of Chinhoyi Hospital boilers	Alstom Engineering	Z\$80.4 million	26/08/08
4. Rehabilitation of Parirenyatwa Hospital lift	Eleco Elevator Company	\$2.6 million	28/08/08
5. Rehabilitation of Mutare Hospital	Eleco Elevator Company	\$2.6 million	28/08/08
6. Rehabilitation of Gweru Hospital	Eleco Elevator Company	\$2.6 million	28/08/08
7. Rehabilitation of Harare Hospital	Eleco Elevator Company	\$2.6 million	28/08/08
8. Rebuilding of the burnt nurses flats	Circle Cement	Z\$0.7 million	02/09/08
9. Rehabilitation of the air conditioning systems			To be advised

NOTE: *The amounts need to be updated to the current month or expressed in US\$. This is work in progress.*

37. Given the above challenges, Government through the Ministry of Health and Child Welfare will:-

- i) Update status of available fixed plant and equipment in all public health institutions by 30 November 2008. This information will be used to classify projects into those that require minor repairs, major repairs, overhaul or replacement with modernized equipment and thereby guide private sector with respect to specific areas of intervention or business opportunities for them.
- ii) Enable the existing equipment to be functional through:-
 - Servicing available fixed plant and equipment;
 - Resuscitate service contracts; and

- Ensure supply chain for spare parts and consumables used by such fixed plant and equipment.
- iii) Involve other Government Ministries (Defence, Local Government, Rural Housing etc) in servicing and completion of projects;
 - iv) Accelerate the construction and development staff accommodation in partnership with the private sector, particularly the banking and non-banking financial institutions. This includes insurance and pension Funds;
 - v) Engage health care funders such as PSMAS, CIMAS, Sovereign Health, Northern etc, insurance and pension funds, and foreign investors to resuscitate and rehabilitate for example West End, Park View Hospital Hillside Hospital, Parirenyatwa Hospital , United Bulawayo Hospitals etc; and
38. All these projects under health infrastructure will require proper costing by financial experts from the Accountant General's Office, State Enterprise Restructuring Agency (SERA), Ministry of Health and Child Welfare and technical hospital staff.

HEALTH EQUIPMENT

39. Medical equipment used in the diagnosis, treatment and monitoring of patients is one of the critical and essential requirements in all hospitals. As of October 2008, all renal dialysis machines at Harare, Mpilo, Parirenyatwa and Chitungwiza Central Hospitals were not functional. Further, Mpilo had no functional X-ray machine in September 2008. Some hospitals like Harare Central have had their theatres closed for the past four years for lack of resources.
40. Table 5 below shows the amount required for installation of dialysis plant and equipment.

Table 5: Amount required for installation of Dialysis plant and equipment.

PROJECT	COMPANY	AMOUNT	DATE SUBMITTED
10. Installation of dialysis plant and equipment	Fresenius	ZAR7.4 million	03/07/08

Furthermore, Table 6 below shows what it takes to re-open a theatre for example the one at Harare Central Hospital that had been closed for four years.

Table 6: Equipment required to open a Theatre at Harare Central Hospital

DESCRIPTION OF REQUIREMENTS.	QUANTITY
Theatre Equipment	
Anaesthetic machine complete with ventilator and two vaporizers	4
Vital signs monitor	4
NIBP monitor with SPO2	5
Laryngoscope sets complete with accessories	10
Double bottle suction machines	4
Double bottle suction machines – single machines	6
Theatre Suits	
100 X- large theatre suits each 3,5 metres	350
200 Large theatre suits, each 3 metres	600
100 Medium theatre suits, each 3 metres	300
500 theatre gowns, each 3,5 metres	1 750
600 theatre drapes, each 1,5 metres	600
Sub-total (Material only)	3 900
Blue or green material would be required.	

Note: This is top priority but there is still more required. Provision of these items will operationalise a theatre that has been closed for four years, e.g.the theatre on the second floor at Harare Central Hospital.

For surgery to be carried out, there is need for human resources which are surgeons, anaesthetists and nursing staff. All these require special attire for them to function and the requirements are outlined in Table 5.

41. To address challenges related to health equipment, Government will:-

- Enable the existing equipment to be functional through:-
 - Servicing available equipment
 - Resuscitating service contracts
 - Ensuring supply chain for reagents and spares
- Purchase medical equipment and spares available locally;
- Resuscitate existing renal dialysis facilities;
- Follow up on the different cooperation agreements with other countries e.g. South Korea, Iran, China, Japan's TICAD II etc;
- Engage private organisations in procurement of items that are needed at hospitals e.g. Cotton Printers and National Blankets for linen and blankets respectively; and
- Resuscitate contracts with prospective equipment donor groups including Zimbabweans in the diaspora.

DRUGS AND MEDICINES

42. The health sector is faced with critical shortages of drugs, medicines and other necessities. Local manufacturers of drugs and medicines are operating below capacity due to lack of imported raw materials. For example there are **no pins** to restore the bone structure and one is expected to buy and bring them to the hospital. Also, delivering mothers are expected to bring their own set of **gloves** during delivery at clinics across the country or else medical personnel will not attend to them. In addition, theatre lists are frequently being cancelled due to shortages of anaesthetists and qualified theatre nurses.

43. It is important to note that due to foreign currency shortages, stock-holdings at NatPharm have been below 50% in 2008. It is important to acknowledge that the available stock is mainly inputs from development partners such as the EU, Global Funds etc (See Table 5). Foreign currency shortages have also impacted negatively on the local pharmaceutical industry which has to procure raw materials from outside the country for manufacturing medicines and other medical supplies.

Table 7: Stock status of VEN Items from Nat Pharm (%)

	2004	2005	2006	2007	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	June 08
Vital	63	72	82	42	22	29	35	32	36	38	42
Essential	21	56	62	23	16	16	18	16	16	28	34
All drugs	41	65	68	31	18	22	22	25	26	26	35

44. To address the above challenges, Government will:-

- Restock both health institutions and NatPharm to a minimum of 3 months stock levels;
- Perform a quick stock status of inventory and distribute as per need;
- Strengthen drug security; and
- Pay local creditors/suppliers that are no longer willing to supply Government institutions because of late payments;
- Eliminate the middleman in the drug procurement chain and source directly from the manufacturers in China, India, South Africa etc. **(See Chart 1 and Chart 2)**
- Allow NatPharm to supply drugs and medicines to both the public and private sector using cost – plus pricing model.
- Government to work closely with our diplomatic missions abroad to mobilise resources and investors who can participate in the Private Sector Financing Initiatives as proposed in the document or as Public Private Partners to Public sector Financing Initiatives.

HUMAN RESOURCES

45. The Human resource challenge that is confronting the health sector is known by all. This has been largely due to a number of factors that include conditions of service and rising cost of living not matched by rising real incomes. The economic environment has made it difficult to retain professionals in the field largely due to the following issues:-

- Low incomes and poor working environment has forced many highly experienced health professionals to leave the health sector;
- Health staff are not able to report for duty due to high and unpredictable transport costs;
- Shortages of staff has led to long waiting queues;
- The University Of Zimbabwe School of Medicine or College of Health Sciences had in late 2007 a lecturer vacancy of up to 57%; and
- Currently, dental clinics nationwide lost technical expertise and have suffered huge shortages of dental material. This has and continues to impact negatively on service delivery.

46. To solve human resource issues in the health sector, Government will cushion health workers against inflation by:-

- Providing housing in partnership with the private sector. Already, a Memorandum of Understanding has been signed with the Central African Building Society (CABS) for the development of houses and flats for public servants and a number of other insurance and pension funds have expressed interest in participating in this programme. More will be encouraged to emulate this example;
- Provide reliable subsidised transport for health workers that operate in line with their working hours. For those in the health fraternity who are willing and able to pay for own private transport, Government has made arrangements with Willowvale Motor Industries to provide a facility for medical staff to purchase an average of forty (40) BT – 50 Mazda 2.2L

vehicles for medical doctors, as well as CX-9 Mazda vehicles for senior doctors.

Other models being offered by Willowvale Motor Industries include the following Mazda B-series: BT – 50 2.2i Double Cab; BT-50 4 * 2 Double Cab; BT – 50 4 * 4 Double Cab and Mazda 3. The Vehicle Purchase Scheme comes with a Mazda Service Plan which takes care of normal service maintenance costs (labour and parts) over the duration of the vehicle's warranty period, which is 60 000 km or three years, whichever comes first. Further to the Mazda series, consideration will be made to offering the Mitsubishi and Peugeot range of vehicles from Quest Motors.

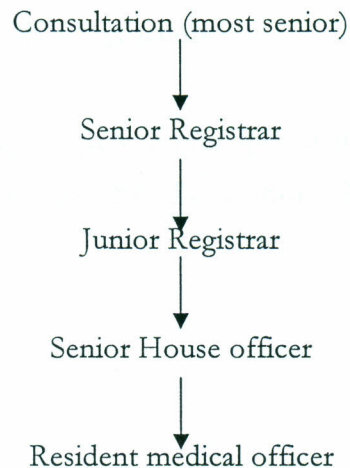
To make these vehicles more affordable, waiver of duty will be granted on the imported knocked down kits that are to be assembled by Willowvale Motor Industries;

- As the foreign currency situation improves in the country, Government will avail more vehicles to eligible senior staff as part of their conditions of service, after other medical tools of the trade have been taken care of;
- Government, through the Ministry of Health and Child Welfare, will follow up on the pledges that were made by the Reserve Bank of Zimbabwe (RBZ) in the provision of vehicles, ambulances and accommodation to health workers under the RBZ Retention Scheme;
- Provide a living wage and other retention packages to health workers e.g. salary top up concept to health workers as is the case in Malawi, with the help of development partners like World Bank. In order to top up salaries for health personnel at all levels in forex, Government will engage the development partners such as the African Development Bank (ADB), the World Bank etc to the effect this possibility; and

- Strengthen Human Resources Management by establishing a Human Resource electronic database.

47. These efforts should go a long way in retaining staff in the medical sector. Energy should also be directed towards training of more health personnel through the College of Health Sciences and other training institutions. The combination of incentives mentioned above and also bonding agreements with graduates should curb the massive exodus of critical middle level staff.

48. Central hospitals have as one of their important mandates the training of medical practitioners and other workers. The structure of a service unit at these hospitals in order to ensure efficient discharge of duties must include;



At present most units are operating without middle level staff thus SHO and registrar. This is because it has become very expensive for the young doctors to live in the big cities unlike their counterparts in the districts because they are not receiving any support (accommodation, basic furniture, fuel) from government. The result is that most postgraduate programmes for future specialists have not been able to recruit trainees. The efficient discharge of clinical duties and the training of junior doctors and other health professionals have also been severely compromised. The provision of onsite accommodation at institutions should be given high priority. Delivery of the units

promised at the ground breaking ceremony at Harare Hospital on 27 March 2008 should be followed through by the Ministry of Health and Child Welfare.

ENERGY

49. Power outages have not spared the health sector and these have been occurring frequently to the extent that at some instances, patients were being requested to bring candles if they need attention at night.
50. Given the above challenges, Government will:-
- Immediately install the 100 KVA generators that were provided by Government through RBZ; and
 - Dedicate energy to hospitals given that isolators have already been bought to avoid load shedding in hospitals. In extreme cases, fuel should be readily available for the 100KVA generators.

The energy and water challenges require urgent special attention by both the Public and Private sector as highlighted in the **Economic Stabilisation And Recovery Programme document**.

WATER

51. Most sewerage reticulation systems and treatment works in major cities are in a state of despair. Acute shortages of water treatment chemicals have compromised safe water provisions. Poor water and sanitation services at health institutions have led to unhygienic environments. This situation is conducive to the transmission of diarrhoeal diseases including cholera. Chitungwiza, Harare, Kariba amongst other cities had cholera outbreaks which claimed about 27 lives. The National Economic Consultative Forum (NECF) Health Taskforce Report indicated that some patients are being required to bring buckets of water (from unhygienic wells) to hospitals particularly for maternity patients.

52. Given the current water supply situation:-

- Government will ensure adequate supplies of energy, and improved sanitation;
- Local authorities will be assisted to purchase chemicals and repair sewer systems; and
- Government in Partnership with Private organisations will sink boreholes at Central hospitals, Provincial and District Hospitals including clinics in order to ensure adequate water supply at hospitals.

TRANSPORT AND TELECOMMUNICATION

53. Transport and communication form the essential link between the different levels of care both in terms of referral of patients, supervision, outreach services and supply of commodities. Most public health institutions do not have functional ambulances, thus patients have to use own transport causing unnecessary deaths in cases of emergencies like accidents or maternity cases.

54. The following challenges are being faced by the sector with regards to transport and telecommunication:-

- Non functioning ambulance system, that is, most ambulances are broken down due to lack of foreign currency for spare parts and fuel purchase, particularly for private ambulances e.g. MARS since there was no fuel allocation from NOCZIM;
- Ambulance service is not functioning not because of lack of resources but the fact that system is broken down;
- Emras, ambulance service provided by PSMAS, has no fuel and is not charging enough to cover costs because the principle does not allow;
- Poor maintenance of service transport and telecommunications;
- Inadequate ambulances; and
- Erratic fuel supplies to such an extent that patients are requested to supply own fuel when they call for an ambulance.

55. To address the above challenges Government, closely with the private sector, will mobilise resources to facilitate the;

- Provision of ambulances and services vehicles to the health sector;
- Provision of ambulances and small lorries donated by His Excellency President R.G. Mugabe through RBZ on 27 March 2008 at Harare Central Hospital to the Ministry of Health and Child Welfare;
- Provide foreign currency request for 76 ambulances on order from Willowvale; and
- Diplomatic Missions abroad will be requested to mobilise resources and investors as indicated earlier on.

SUSTAINABLE HEALTH FINANCING STRATEGIES

56. In Zimbabwe, health is financed largely through Government funding, private voluntary medical schemes/health insurance and development assistance. Hyper inflation and the decline in economic activities have meant a decline in State revenues in real terms and therefore a decrease in real terms of health financing.

Public Sector Financing Initiatives

- Insurance and Pension Funds to be invited to invest directly, individually or as syndicates, in identified health sector projects, or indirectly by subscribing to a **Health Infrastructure Development Bond**. The Bond will have the following features:-
 - ii) Tax free status;
 - iii) Negotiable instrument that will be tradable on the secondary market;
 - iiii) Interest payable quarterly or bi-annually;
 - ivi) Government guarantee;
 - vi) Prescribed asset status;
 - vii) Liquid asset status;

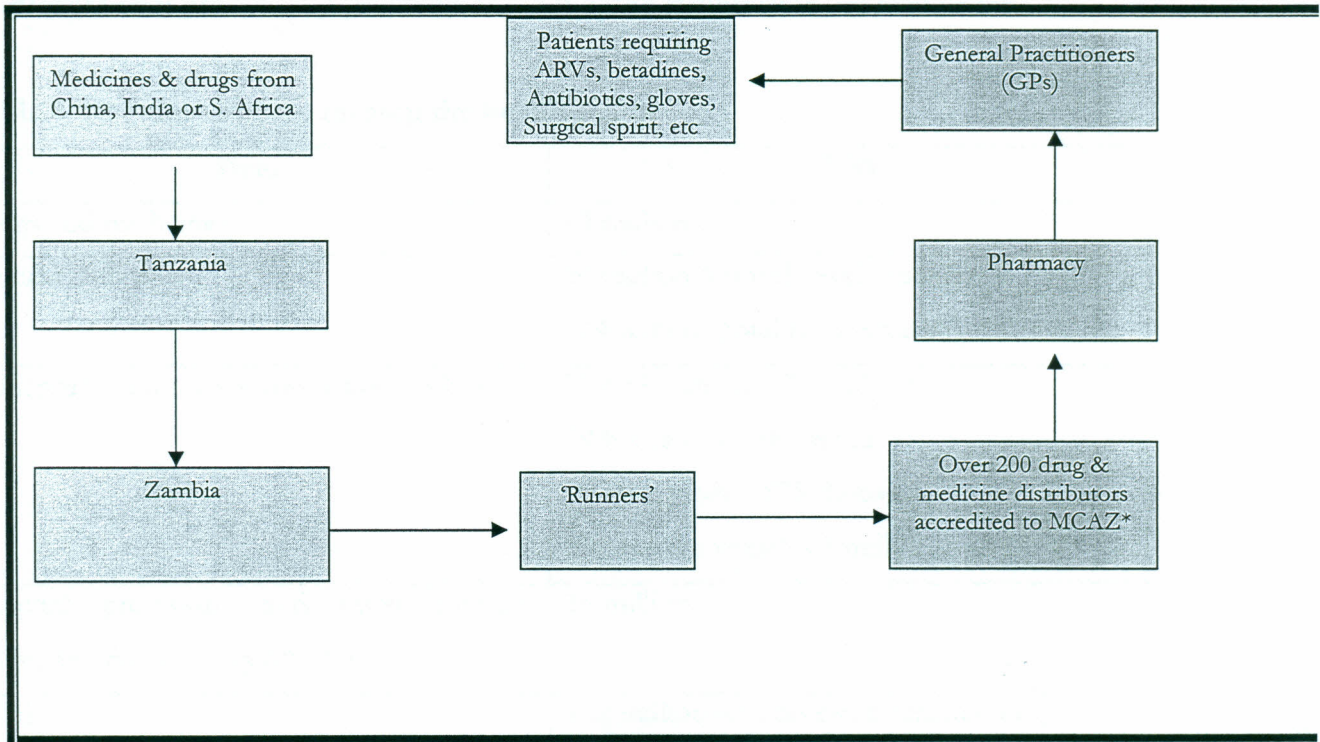
- viii) Acceptable as collateral for repo and overnight accommodation from the RBZ; etc.

The issuance of the **Health Infrastructure Development Bond** will be done as an off budget financing strategy, but a contingent liability for the Government, and will be issued by the Infrastructure Development Bank of Zimbabwe (IDBZ), through The Health Services Board or NatPharm. The bond will be issued on tape, and when interest falls due, this will be extinguished through further refinancing. IDBZ is the bank that was established by Government for the prime purpose of providing technical and financial resources for infrastructural projects, whilst the Health Services Board/NatPharm is a public enterprise that will serve as the vehicle for the issuance of Government guaranteed Health Infrastructure Development Bond, as required by the State Loans and Guarantees Act.

- Front-loading capital expenditure using the 2009 Budgetary Allocations that will be made through the PSIP Programme for the health sector;
- Public Private Partnerships can be forged to allow utilisation of the public institutions by full paying members. Medical Aid societies can be engaged to take up wards in the public institutions and assist with staff retention, drugs and the necessary consumables and linen. Private companies can also play a role with their contribution being tax deductible as an incentive.
- Smart partnerships or Public Private Partnerships (PPPs), will be encouraged particularly with Chinese Companies through the Master Loan Facility, or through the Zimbabwe-China Business Council;
- Mobilisation of resources through bi-lateral arrangements e.g. Japanese Government through TICAD II, working closely with Ministry of Foreign Affairs;

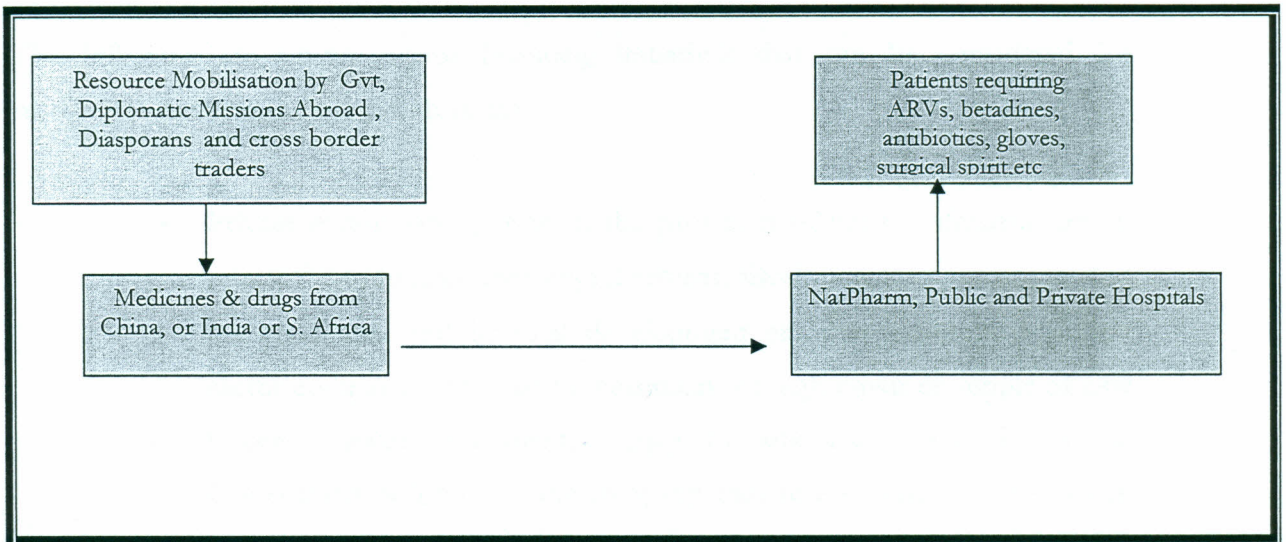
- In view of the increasing cost of transport *vis a vis* amount of money to be withdrawn or collected, some members of the public have decided to just not collect their money. Others are now deceased, but noone has made a claim on their behalf. This has resulted in a significant amount of unclaimed funds at the POSB, banking institutions that were closed e.g. Time Bank, unclaimed funds from the National Social Security Authority (NSSA) and unclaimed funds at the Pensions Office or funds in the Guardian Fund. Under normal circumstances, these funds are ordinarily invested in the money market or on the stock exchange. Government will therefore mobilise such resources invest them in the more productive Health Sector for the benefit of all. However, Government will remain obliged to meet all claims as and when they fall due;
- Establish a foreign currency fund that is dedicated for the procurement of Health requisites; and
- Mobilisation of resources from diasporans, making use of our diplomatic missions abroad (**See Annex 4**). For instance, Zim-Beijing will be given a specific order of medicines and drugs to supply. The Embassy will mobilise Zimbabweans in China to pool resources together to facilitate procurement of drugs directly from manufactures in China. This will eliminate middleman and runners who source forex from the black market, procure from neighboring countries like Zambia, who in turn source from China through Tanzania. **Chart 1** below demonstrates the current drug procurement chain that is making drugs and medicines unaffordable in Zimbabwe. This is followed by **Chart 2** with the recommended drug procurement chain.

Chart 1: The Current Drug Procurement Chain



* Medicines Council Authority of Zimbabwe(MCAZ)

Chart 2: The Recommended Drug Procurement Chain



Revamping the health sector goes beyond improving the medicines and drug procurement process, but provision of other health requisites as outlined below.

Table 8: Requirements to revamp the health sector

Item	US\$
Drugs and medicines	65 million
Medical equipment	50 million (critical requirements) 314 million (total requirements)
Transport (Ambulance and Service vehicles)	73 ambulances – 2.3 million 19 buses – 760 thousand 27 minibuses – 675 thousand 154 service vehicles 3 million
Hospital provisions and other supplies (linen, detergents, reagents etc)	14 million
Total	122 million (critical requirements only)

Private Sector Financing Initiatives

57. The following are private sector financing initiatives that can be considered for sustainable financing of the health sector:-

- Private sector participation in the provision of health infrastructure, in return for negotiated meaningful returns, fiscal incentives, access to land for residential and hospital development etc. For example, a private sector company may assist Government through repair or supply of new boilers, theatre equipment, supply of ambulances etc. In return, Government will provide the company with access to land for residential and hospital development, and make all expenditures incurred during repair of hospital equipment tax deductible or exempt from such taxes as VAT, or import duty where it applies.

- Private sector adopting wards in public hospitals e.g. Central hospitals, provincial hospitals, district hospitals and rural health centers;
- Private sector to participate in the financing of the health sector by subscribing to the **Health Infrastructure Development Bond**, as Individuals, Institutions/Corporate bodies, Syndicates, be they insurance or pension funds or other financial institutions;
- Organizations will be encouraged through incentives to sponsor medical students in various disciplines as a way of increasing graduates from the medical school;
- Private practitioners and the private sector at large will be encouraged to adopt private wards e.g. Private Practitioners at Kwekwe Hospital have adopted a ward and they are providing all the required funds to maintain the ward; and
- Private sector financing initiatives will complement efforts being made by Government through the National Budget, particularly the Public Sector Investment Programme (PSIP). This is in line with the concept of Smart Partnerships and / or Public Private Partnerships (PPPs) that Government has already approved. In this regard, measures will be put in place to make sure that private sector plays a pivotal role in health infrastructure financing and construction, particularly emphasizing utilisation of local, Chinese companies and Indian companies or source countries where most of our health requisites are imported from.

CORPORATE GOVERNANCE ISSUES

58. The legislative framework that established the Health Services Board (HSB) also put in place hospital Boards. Stakeholders have noted with concern the following

- At institutions such as Central Hospitals, the Chief Executive officer (CEO) is also the Chairman of the board. There is therefore conflict of interest and the set up is not conducive to proper checks and balances in the system. Zimbabwe Medical

- Association (ZiMA) highlighted this anomaly during committee stage of the Bill to the parliamentary Portfolio Committee on Health, but the comment was not taken on Board. The issue is being raised again for the benefit of the Health Sector; and
- The Health Services Board was established to among other things look at HR issues as well as clinical performance at institutions through hospital boards. The reporting structure and responsibilities vis a vis the permanent secretary of health remains unclear and compromises efficiency. In order to improve the management and efficiency of public health institutions, Government will immediately put measures in place to comply with the principles of good corporate governance.

CONCLUSION

59. In conclusion, according to Africa Development Bank (AfDB), a country is categorized as a fragile state if it fails to provide social service delivery and this has negative political implications. Accordingly, Government should increase its role in the health sector by facilitating improved supply of equipment needed in the sector. This will improve health service delivery.
60. Overall, the health sector is on the verge of collapsing and people have come up with coping mechanisms where drugs, medicines and equipment are not available. For example, people are seeking medical attention in neighbouring countries such as South Africa while others are resorting to traditional medicines. There are reports that some women are now using unregistered midwives for child delivery.
61. Successful implementation of the **Policy Framework on Revamping the Health Sector** is largely dependent on a number of factors which include the need for a successful political settlement within the country, the need to improve relations with the rest of the world and hence improve private sector participation during the period we are revamping the health sector. There is further need for special consideration in a balanced way, for an upward review of peoples' real incomes; otherwise no one will afford the new pricing framework. An improvement in people's real incomes will assist

in curbing brain drain, complemented by remunerating staff in foreign currency, since we have already dollarised the economy.

62. An un-announced tour to the two major hospitals for instance in Harare i.e. Harare Central Hospital, Parirenyatwa Hospital and or Chitungwiza Hospital with any one of the members of the Presidium would give a practical feel of what people are experiencing in the health sector, hence practical solutions will be implemented.

63. A multisectoral approach is required in order to make improvements in the health sector. The stakeholders will make a contribution in the following ways:-

Ministry of finance

- Budget allocation to meet the Abuja target; and
- Ministry needs a dedicated Forex budget.

Local Government

- Need to address water quality and improve waste and sewerage management in order to reduce cholera deaths; and
- Assist with accommodation as retention strategy.

RBZ

- To continue giving preferential Forex allocation to MOHCW; and
- To meet its commitment – residential accommodation and transportation.

State procurement board

- Further improve the processing of MOHCW tenders.

**ANNEX 1: MEMBERS OF THE INSURANCE AND PENSIONS
COMMISSION (IPEC)**

64. It is hereby notified that the following institutions are registered with the Insurance and Pensions Commission in terms of the Insurance Act (Chapter 24:07) and the Pension and Provident Funds Act [Chapter 24: 09];

Life Assurers Fully Registered

1. Altfin Life Assurance Company
2. First Mutual Life Assurance Company
3. IGI Life Assurance Company
4. Old Mutual Life Assurance Company
5. Strategis Health and Life Assurance Company
6. ZB Life Assurance Company
7. Zimnat Life Assurance Company

Funeral Assurers Fully Registered

1. Bereaved Family Services Assurance Company
2. Celfet Funeral Assurance Company
3. Cell Funeral Assurance Company
4. Doves Funeral Assurance Company
5. First Funeral Assurance Company
6. Foundation Mutual Society
7. Moonlight Funeral Assurance Company
8. Nyaradzo Funeral Assurance Company
9. Perpro Funeral Assurance Company
10. Vineyard Funeral Assurance Company

Life Assurers Provisionally Registered

1. Fidelity Life Assurance Company

Non-Life Insurers Fully Registered

1. Agricultural Insurance Company
2. Alliance Insurance Company
3. Allied Insurance Company
4. Altfin Insurance Company
5. Cell Insurance Company
6. Champions Insurance Company
7. Clarion Insurance Company
8. Eagle Insurance Company
9. Excellence Insurance Company
10. Evolution Insurance Company
11. Gallant Insurance Company
12. Global Insurance Company
13. Heritage Insurance Company
14. Jupiter Insurance Company
15. Mercury Insurance Company
16. Millennial Insurance Company
17. Nicoz Diamond Insurance Company
18. Optimal Insurance Company
19. Quality Insurance Company
20. Regal Insurance Company
21. RM Insurance Company
22. Tristar Insurance Company
23. Zimnat Lion Insurance Company

Funeral Assurers Provisionally Registered

1. Fidelity Funeral Assurance Company
2. Serenity Funeral Assurance

Insurance Brokers Fully Registered

1. Ambassador Insurance Brokers
2. Aon Zimbabwe (Private) Limited
3. Broksure Insurance Brokers
4. Capitol Insurance Brokers
5. Care Insurance Brokers
6. Eaton and Young
7. Eureka Insurance Brokers
8. Geval Insurance Brokers
9. Glenrand MIB (Zimbabwe)
10. Hacim Insurance Brokers
11. H. R. I. B. (Private) Limited
12. Interlect Insurance Brokers
13. Intesol Insurance Brokers
14. Lighthouse Insurance Brokers
15. Marsh Insurance Brokers
16. Michael & Michael Insurance Brokers
17. Momentum Insurance Brokers
18. Moneyline Insurance Brokers
19. Navistar Insurance Brokers
20. Perpro Insurance Brokers
21. Platinum Insurance Brokers
22. Premier Insurance Brokers
23. Progressive Insurance Brokers
24. Shield Insurance Brokers
25. TIB Insurance Brokers
26. Zimbabwe Insurance Brokers

Non-Life Provisionally Registered

1. Credsurance insurance Company
2. Export Credit Guarantee Company
3. SFG Insurance Company

Reinsurers Fully Registered

1. Colonnade Reinsurance Company
2. FBC Reinsurance Company
3. FMRE Life & Health Company
4. FMRE Property & Casualty Company
5. Grand Reinsurance Company
6. New Reinsurance Company
7. Tropical Reinsurance Company
8. ZB Reinsurance Company
9. ZimRe Reinsurance company

Reinsurers Provisionally registered

1. Zimre Life & health

Registered Assessors and Loss Adjusters

1. Alpha and Omega Risk Management Consultancy
2. Brilliant Loss Assessors
3. Fornicle Consultants
4. Golden Gate Risk & Loss Assessors
5. Mornlglows Enterprises
6. New Generation Loss Assessors
7. Preferred Loss Assessors
8. Persam Loss Adjusters
9. Ponnez Risk Services

Insurance Brokers Provisionally Registered

1. Alexander Forbes Risk Services
2. Auto & General Insurance Brokers
3. Cradle Insurance Brokers
4. Dolphin Insurance Brokers
5. Host care Insurance Brokers
6. Goldstick Insurance Brokers
7. Key Insurance Brokers

Multiple Agents Fully Registered

1. Rise Multiple Agents
2. Samaz Multiple Agents
3. Sundry Multiple Agents

Multiple Agents Provisionally Registered

1. Rainbow Multiple Agents

Fund Administrators Fully registered

1. Comarton Consultants (Private) Limited
2. Marsh Employee benefits Zimbabwe

Fund Administrators Provisionally Registered

1. Aon Consulting (Private) Limited

Published by Insurance and Pensions Commission

As at 28 January 2008

ANNEX 2: LIST OF PHARMACEUTICAL COMPANIES

Caps Rallies	Pharmarceuticals	241
Datlabs	Pharmarceuticals	191
Ecomed	Pharmarceuticals	115
Ellay Products	Pharmarceuticals	14
Graniteside Chemicals	Pharmarceuticals	35
Green Theme	Pharmarceuticals	6
Home Sweet Home	Pharmarceuticals	-
D.A.B Marketing	Pharmarceuticals	28
Kiwi Brands	Pharmarceuticals	17
Kubi	Pharmarceuticals	88
Lancaster Industrial	Pharmarceuticals	43
Lesel Cosmetics	Pharmarceuticals	26
Plus Five Pharmaceuticals	Pharmarceuticals	44
Pharmanova	Pharmarceuticals	44
Stanchem	Pharmarceuticals	85
Telstar	Pharmarceuticals	3
Teasdale	Pharmarceuticals	48
Unicare	Pharmarceuticals	31
Vaida	Pharmarceuticals	15
Varichem	Pharmarceuticals	149
Wallace Hre	Pharmarceuticals	60
Wallace Byo	Pharmarceuticals	25
Wendycare	Pharmarceuticals	5
Zimpharm	Pharmarceuticals	115
Santana Cosmetic	Pharmarceuticals	3
Xtra - Care Cosmetics	Pharmarceuticals	18
Luipadal	Pharmarceuticals	14
Fintz	Pharmarceuticals	20
Med-tech	Pharmarceuticals	43
New Kik Investments	Pharmarceuticals	7
Melcome Pharmaceuticals	Pharmarceuticals	15
Apollo	Pharmarceuticals	6
A B Petroleum	Pharmarceuticals	26
Mcankleen Pinchost	Pharmarceuticals	1
Aoutoflow Investments	Pharmarceuticals	31
Varit Trading	Pharmarceuticals	15

ANNEX 3: LIST OF HOSPITAL FEES AND CHARGES (Z\$ AND US\$)

MOHCW to produce proposed US\$ tariffs for service provision as well as the corresponding Z\$ tariffs using the inter-bank rate. (Dr. Mabhiza)

COUNTRY & CAPITAL CITY	REPRESENTATIVE	PHYSICAL ADDRESS	CONTACT DETAILS
CANADA : Ottawa	Ambassador Gabriel Machinga	32 Somerset Street West Ottawa Ontario Canada K2P OJ9	Tel: 1 613-2374388 / 9 / 1-613-7377567 Tlx: 021-0534221 Fax: 1-613-5638269
CHINA : Beijing	Ambassador Shava	No. 7 Dong San Jie San Lie Tun 8 Beijing	Tel: 86-10-65323665 / 86-10-5325102 Tlx: 085-22671 Fax: 86-10-65325383
CUBA : Havana	Ambassador Jevan Maseko	Calle 3Y 10 Miramar, Havana	Tel: 53-7-242837 / 53-7-273565 336565 / 2069504 Fax: 53-7-242720 2042720
D. R. CONGO : Kinshasa	Ambassador Mark Grey Marongwe	No. 4 Ave Dela Justice Ogeder Building 2 nd Floor East Wing Gombe Kinshasa	Tel: 243-8803557 Fax: 243-81-8803610
EGYPT : Cairo	Ambassador A. Mabhozi Ncube	40 Ghaza Street Mohandessine, Cairo	Tel: 20-2-3030404 / 3155060 20-2-3059743 / 3515668 Tlx: 091-2-21876 Fax: 20-2-3059741

COUNTRY & CAPITAL CITY	REPRESENTATIVE	PHYSICAL ADDRESS	CONTACT DETAILS
ETHIOPIA : Addis Ababa	Ambassador Dr Andrew Hama Mtetwa	House No. 007 Higher 17 Kabele 19 P. O Box 5624 Addis Ababa E-mail: zimbbweembasy@telco m.net.et	Tel: 251-1-613872 / 7 / 653408 Tlx: 0989-21351 Fax: 251-1-613476
FRANCE : Paris	Ambassador David Hamadziripi	5 Rua Lord Byron 75008 Paris, PARIS	Tel: 33-1-56881600 / 47950525 33-1-5381910 / 47951265 Tlx: 042-643505 Fax: 33-3-56881609
FEDERAL REPUBLIC OF GERMANY : Berlin	Ambassador Lucy Muvingi	Axel Stringer Street, 0117 Berlin F. R. G.	Tel: 49-30-2062263 / 770067 Fax: 49-30-20455062 / 20455036
GHANA: Accra	Ambassador Machivenyika Tobias Mapuranga	PBM CT 88, Cantonments Accra, Ghana	Tel: 233-21-780956 / 8 Fax: 233-21-780959 Cell Marowa: 233-243-27877
INDIA: New Delhi	Ambassador Jonathan Wutawunashe	23 Paschimi Marg Vasanti Vihar New Delhi 110057	Tel: 91-11-26154313/4 6140430 26154314 Fax: 91-11-6884532

COUNTRY & CAPITAL CITY	REPRESENTATIVE	PHYSICAL ADDRESS	CONTACT DETAILS
IRAN: Tehran	Ambassador S. C. Chiketa	10 Malek Street Shariati Avenue Tehran, Iran	Tel: 98-21-797-6667 98-21-2016080 Fax: 98-21-797-6668
ITALY: Rome	Ambassador Margeret Muchada	Via Virgilio, 8,2 nd Floor 00193 Rome	Tel: 110-39-6-68308265 39-68308282 39-6-68308292 Fax: 39-06-68308324
JAPAN: Tokyo	Ambassador Stewart Comberbach	5-9-10 Shiroganedari Minato-ku 108 Tokyo	Tel: 81-3-32800331 / 2 / 7242367 Tlx: 072-132975 Fax: 81-3-32800466
KENYA: Nairobi	Ambassador L. Elisha Muzonzini	6 th Floor Minet ICDC Building Mamlaka Road P O Box 30806 NAIROBI	Tel: 254-2-744052 / 582537 Tlx: 0987-2503 / 582957 Fax: 254-2-748079 74882 Mobile Tseriwa: 0722-862405
KUWAIT: Kuwait City	Ambassador L. Nyati	Salwa Area 9 Street 105, House No. 8 P. O. Box 36484 Al Raas 24755, Kuwait	Tel: 965-5651517 / 965-5318716 965-5621517 / 965-5318719 Fax: 965-5621491 5625283

COUNTRY & CAPITAL CITY	REPRESENTATIVE	PHYSICAL ADDRESS	CONTACT DETAILS
		City	
MALAWI: Lilongwe	Ambassador T. S. Dumbutshena	Plot 13 / 33 P O Box 30187 Lilongwe 3	Tel: 265-1-774413 / 265-794441 774988 Fax: 265-1-782382 265-1-794441
MALAYSIA: Kuala Lumpur	Ambassador Lucas P. Tavaya	124 Jalan Sembilan Taman Ampang Utama Selangor Darul Ehsan Malaysia	Tel: 60-3-42516779/ 81-2 /60-3-248696 42517346 Tlx: ZIMKUL MA 20195 Fax: 60-3-3451-7252 E-mail: zhck@tm.net.my
MOZAMBIQUE: Beira	Consul-General M. Chadoka	617 Rua Fransisco Descharge, Almelda Pnde Gea Box 649, Beira	Tel: 258-3-327950 / 327942 Tlx: 7-311 ZIMBE MO Fax: 258-3-328942
MOZAMBIQUE: Maputo	Ambassador: VACANT	Avenue Kenneth Kaunda 816 / 820 Caixa Postal 743, Maputo	Tel: 258-1-490404 / 258-1-491187 258-1-490699 Tlx: 0992-6542 Fax: 258-1-492237
NAMIBIA:	Ambassador Stan	Gamberg Building	Tel: 264-61-226859 / 264-

COUNTRY & CAPITAL CITY	REPRESENTATIVE	PHYSICAL ADDRESS	CONTACT DETAILS
Windhoek	Chigwedere	Cnr Grim & Kaiser Street P.O. Box 23056 Windhoek 9000	61252599 264-61-228134 / 7 Fax: 264-61-226859 Tlx: 0908886
NIGERIA: Abuja	Ambassador John Shumba Mvundura	P O Box 8214, Wuse Abuja Chancery, Abuja	Tel: 243-9-4137996 4133624 4132264 Fax: 234-9-4137644
RUSSIA: Moscow	Ambassador Agrippa Mutambara	Serpov per 6 Moscow	Tel: 70-95-2484364 / 7 / 7-095-2484322 2483150 Tlx: 064-413029 Fax: 7-095-2302497
SOUTH AFRICA: Pretoria	Ambassador Simon Kaya Moyo	798 Merton House Arcadia, Pretoria	Tel: 27-12-3425125/27-12-463559 Fax: 12-342225126 3425126
SWEDEN: Stockholm	Ambassador M. Mubi	Kungsgatan 62 10390 Stockholm P O Box 7319, Stockholm	Tel: 41-227721149 / 41-22772 227721226 Fax: 46-8-219132

COUNTRY & CAPITAL CITY	REPRESENTATIVE	PHYSICAL ADDRESS	CONTACT DETAILS
SWITZERLAND: Geneva	Perm. Rep. Chitsaka Chipaziwa	27 Chemin William Barbey 1292 Geneva Geneva	Tel: 41-22-7583011 / 13 / 36 41-22-752427 / 41-22-758326 Fax: 41-22-7583044 Tlx: 41-2367 ZIM CH
TANZANIA: Dar-se-Saalam	Ambassador Chipo Zindoga Cell: 255-744633633	6 th Floor New Life House Sokoine Drive / Ohio Street Dar-es-Saalam	Tel: 255-22-211678/ 255-6000023 Tlx: 0989-41386 Fax: 255-22-2238203 Tel/Fax: 2668781 [Res]
UNITED KINGDOM: London	Ambassador: VACANT	429 The Strand London WC 2R OSA	Tel: 44-207-83677/ 208-3479329 4971226 Tlx: 051-262115 Fax: 44-207-3791167 E-mail: zimlondon@calnetuk.com
YUGOSLAVIA: Belgrade	Ambassador Lloyd Gundu	9 Perside Milenkovic, Sanjak P. O. Box 856 BELGRADE	Tel: 381-11-3672996, 3674072 Fax: 381-11-3671218
ZAMBIA: Lusaka	Ambassador Kotsho L. Dube	Plot No:- 11058 Haile Selassie Avenue, Lonacres	Tel: 260-1-254006 / 254012 / 265486 Fax: 260-1-254046
INDONESIA: Jakarta	Ambassador Alice Mageza	Jalan Patra Kunningan VII/15 Kunningan Jakarta Selatan, Indonesia	Tel: 62-21-3909749 Handphone [62-21] 815-1319 5811
BRAZIL: Brasilia	Ambassador Thomas Sukutai Bvuma	Shis QI 01 Conj. 04 Casa 25	Tel: +55 61 365 4801 / 02 Fax: +55 61 365 4803

COUNTRY & CAPITAL CITY	REPRESENTATIVE	PHYSICAL ADDRESS	CONTACT DETAILS
		Lago Sul. Brasilia-DF CEP: 71.605-040, Brazil	
SOUTH AFRICA: Johannesburg	Consul General Mr Chris Mapanga	17 th Floor, 20 Anderson Street Box 61736 Marshalltown 2107	Tel: 27-11-8382156 / 8 Tlx: 095485135 Fax: 27-11-8385620 Residence: 615655
PORTUGAL: Lisbon	Consul-General Mr P. Hobwani	Av Alm Gaga Courtinho 56 Esq, Lisbon	Tel: 351-21-8452180 8472401 Fax: 351-21-8428976
LIBYA: Tripoli	Ambassador George T. Vengesa	Ahmd Al Amwl Street Hay Alandlos Tripoli	Tel: 218-21-4773840 Fax: 218-21-4781364 478109

ANNEX 5: LIST OF PUBLIC HEALTH INSTITUTIONS

CENTRAL HOSPITALS

1. Mpilo Central Hospital
2. Harare Central Hospital
3. Chitungwiza Central Hospital
4. United Bulawayo Hospital
5. Ingutsheni Hospital
6. Ngomahuru Hospital Parirenyatwa Hospital

PROVINCIAL HOSPITALS

1. Marondera Hospital Gweru
2. Lupane Hospital Chinhoi
3. Masvingo Hospital Gwanda
4. Mutare Hospital
5. Bindura Hospital

DISTRICT HOSPITALS

1. Rusape Hospital
2. Chipinge Hospital
3. Shurugwi Hospital
4. Hwange Hospital
5. Gokwe
6. Tsholotsho
7. Esigodini
8. Shamva
9. Beitbridge Hospital
10. St Lukes Hospital
11. Murewa Hospital
12. Makombe Hospital
13. Filabusi OPD
14. Zvishavane Hospital

Revisit

RURAL HEALTH CENTRES

1. Shamrock
2. Gandavaroyi Clinic
3. Chawatama
4. Chibila
5. Siabuwa
6. Zumba
7. St Parirenyatwa
8. Marange Opportunistic Infections Clinic

PARIRENYATWA GROUP OF HOSPITAL

ANNEX 6: LIST OF MISSION HOSPITALS (DR. MABHIZA)

ANNEX 7: LIST OF LOCAL AUTHORITY HOSPITALS AND CLINICS (DR. MABHIZA)

ANNEX 8: LIST OF PRIVATE HOSPITALS

ANNEX 9: LIST OF HOSPITALS REGISTERED WITH THE ZIMBABWE ASSOCIATION OF CHURCH HOSPITALS (DR Mabhiza to provide)

EQUIPMENT

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Anaesthetic Machines Complete	110	30,000.00	3,300,000.00
Autoclave Floor Mounted Large (Fixed)	90	50,000.00	4,500,000.00
Autoclave Tabletop	50	10,000.00	500,000.00
Arthroscopy	3	15,000.00	45,000.00
Bed Pan washer (fixed)	125	10,000.00	1,250,000.00
Blood Pump	150	15,000.00	2,250,000.00
Blood /Warmer on mobile stand	89	5,000.00	445,000.00
Cardiotocography	60	25,000.00	1,500,000.00
Crash Cart Complete (resuscitation trolley)	200	10,000.00	2,000,000.00
Defibrillator with monitor	45	20,000.00	900,000.00
Delivery Bed with mattress	93	5,000.00	465,000.00
Dental Chairs and unit (Complete)	40	30,000.00	1,200,000.00
Diagnostic Set	260	100.00	26,000.00
ENT Head Lamp	22	5,000.00	110,000.00
Digital Weighing Scale infant	21	5,000.00	105,000.00
ECG monitor and recorders	40	15,000.00	600,000.00
Electro surgical (diathermy) Units	90	25,000.00	2,250,000.00
Examination Lamp mobile	69	7,000.00	483,000.00
Exophthalmometer	2	10,000.00	20,000.00
Flexible nasopharyngoscopy	1	20,000.00	20,000.00
Fetal heart detector portable (doppler)	150	10,000.00	1,500,000.00
Fibre Optic Adult Sigmoidoscope	4	25,000.00	100,000.00
Fibre Optic Pediatric	4	20,000.00	80,000.00
Gastroscope	9	25,000.00	225,000.00
Glucometer	127	1,000.00	127,000.00
Goldman's Visual Field Analyser	3	500.00	1,500.00
HB Meter (Spencer haemoglobinmeter)	176	500.00	88,000.00
ICU Beds with sectional mattress	75	5,000.00	375,000.00
ICU Ventilator Mobile	75	30,000.00	2,250,000.00
Incubator Infant transporter (with oxygen)	89	15,000.00	1,335,000.00
Indirect Ophthalmoscope	9	3,000.00	27,000.00

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Incubator Infant mobile	215	25,000.00	5,375,000.00
Infant Resuscitaire complete	200	20,000.00	4,000,000.00
Infusion Pump on stand	152	25,000.00	3,800,000.00
Keratometer	7	3,000.00	21,000.00
Laryngoscope Paediatric straight blade(set)	101	100.00	10,100.00
Laryngoscope STD	15	100.00	1,500.00
McCoy Laryngoscope	19	120.00	2,280.00
Micro direct laryngoscope	5	500.00	2,500.00
Nebulizer electric	94	900.00	84,600.00
NIBP MONITOR (dynamaps)	200	15,000.00	3,000,000.00
Obstetric Table or delivery bed	100	4,000.00	400,000.00
Operating Microscope	5	20,000.00	100,000.00
Ophthalmic Operating Microscope	5	20,000.00	100,000.00
Ophthalmic Operating Lamp	15	15,000.00	225,000.00
Ophthalmoscope	20	3,000.00	60,000.00
Phototherapy Lamp	90	90,000.00	8,100,000.00
Ophthalmoscope indirect(repeat of Item 63)	5	3,000.00	15,000.00
Retinoscope	5	9,000.00	45,000.00
Ophthalmoscope and Otoscope, wall mounted	25	3,500.00	87,500.00
Oxygen Flow meter with humidifier	1052	500.00	526,000.00
Paediatric Oesophagoscope 8-12mm complete	12	30,000.00	360,000.00
Pulse Oximeter (now part of NIBP monitor)	128	15,000.00	1,920,000.00
Respiratory Gas Monitor	50	30,000.00	1,500,000.00
Slit Lamp	12	15,000.00	180,000.00
Sphygmomanometer Aneroid, mobile	983	100.00	98,300.00
Sphygmomanometer wall type	124	90.00	11,160.00
Suction Machines (single)	281	10,000.00	2,810,000.00
Syringe Pump Drivers	150	10,000.00	1,500,000.00
Theatre Light Ceiling Mounted	35	28,000.00	980,000.00
Theatre Light Mobile	50	25,000.00	1,250,000.00
Ultra sound diagnostic	43	40,000.00	1,720,000.00
Theatre Table Operating Standard	100	30,000.00	3,000,000.00
Tonometer	4	5,000.00	20,000.00

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Trolley Transfer Systems for Theatre	40	8,000.00	320,000.00
Vacuum Extractor	92	2,000.00	184,000.00
Ventilator for old anaesthetic machine	20	9,000.00	180,000.00
Ventilator portable	20	8,000.00	160,000.00
Vitrectomy Machine with Phaco	5	2,000.00	10,000.00
Vitrectomy Machine without Phaco	5	2,000.00	10,000.00
UV Transluminator	2	5,000.00	10,000.00
Viral Load machine	3	90,000.00	270,000.00
Water Bath	30	20,000.00	600,000.00
Water Distiller	17	10,000.00	170,000.00
Yag Laser	3	30,000.00	90,000.00
Amputation set	78	2,478.00	193,284.00
Abraham needles	20	1,500.00	30,000.00
Austin Moore (hip replacement set)	6	5,000.00	30,000.00
Caesarean section set	178	3,377.00	601,106.00
Bone marrow aspirate and trephine needles	20	1,500.00	30,000.00
Burr-Hole set	19	2,000.00	38,000.00
Basic instrument set, Major General	168	3,300.00	554,400.00
Basic instrument set, Minor General	156	3,300.00	514,800.00
Bronchoscope Paediatric set complete, (rigid)	11	15,000.00	165,000.00
Bronchoscope Adult set (rigid)	7	20,000.00	140,000.00
Cervical Fusion set	12	58,000.00	696,000.00
Cut down set	198	500.00	99,000.00
Chest drain kit (disposable)	2280	4,000.00	9,120,000.00
Chisels set	30	4,000.00	120,000.00
Circumcision set	96	3,000.00	288,000.00
Cataract set	15	2,100.00	31,500.00
Colonoscope set	5	74,000.00	370,000.00
Craniotomy set	12	2,000.00	24,000.00
Cystoscope Paediatric set, complete	5	74,000.00	370,000.00
Cystoscope Adult set, complete 18, 20, 21,22	6	74,000.00	444,000.00
Destructive set	8	4,000.00	32,000.00
Delivery pack	316	500.00	158,000.00
Dental instrument set	80	4,000.00	320,000.00
Dressing instrument set	560	2,500.00	1,400,000.00
Dilation and curettage set	288	2,500.00	720,000.00
Dynamic hip screw set with instrumentation	4	8,000.00	32,000.00
Electric cast cutter, with oscillating	36	4,000.00	144,000.00

Item Description	QTY	Unit Cost/USD	Total Cost/USD
saws set			
Evisceration Set	3	3,500.00	10,500.00
External Fixation set	3	2,000.00	6,000.00
Endoscope sinus surgery set	1	10,000.00	10,000.00
Eosophagoscope set (specify)	1	13,000.00	13,000.00
Ethmoidectomy set	10	2,000.00	20,000.00
Fusion / Bone Graft set	10	5,000.00	50,000.00
General eye set	20	4,000.00	80,000.00
Glaucoma set	10	3,700.00	37,000.00
Gall Bladder pack	10	5,000.00	50,000.00
Gouges set	78	11,000.00	858,000.00
Hysterectomy set	78	2,000.00	156,000.00
Hand and Foot Orthopaedic set	78	10,000.00	780,000.00
Mini Laparotomy set,	74	1,500.00	111,000.00
Lumbar puncture set	5800	1,500.00	8,700,000.00
Laparotomy set, major	84	4,000.00	336,000.00
Incision and drainage set	302	3,000.00	906,000.00
Kuntscher-nail insertion/extraction set	82	6,000.00	492,000.00
Liver puncture set (disposable)	7000	1,000.00	7,000,000.00
Menisectomy pack	10	2,000.00	20,000.00
Minor dissecting set	242	2,300.00	556,600.00
Micro-laryngoscope set Adult	10	4,500.00	45,000.00
Myringotomy set	10	2,000.00	20,000.00
Nephrectomy set	6	2,000.00	12,000.00
Orthopaedic major Set	10	3,000.00	30,000.00
Orthopaedic minor dissecting set	144	5,000.00	720,000.00
Orthopaedic Major Bone set	144	10,000.00	1,440,000.00
Orthopaedic set, minor (inclusive cutter, nibbler, elevators)	152	7,000.00	1,064,000.00
Ophthalmology surgery set	138	1,500.00	207,000.00
Osteotomes set	142	2,000.00	284,000.00
Plaster instrument set	144	900.00	129,600.00
Small Bone Fragment set	8	3,000.00	24,000.00
Pelvic examination set	152	2,500.00	380,000.00
Post mortem set	148	3,500.00	518,000.00
Rigid Oesophagoscope 35cm complete set	8	15,000.00	120,000.00
Large Bone Fragment set	8	3,500.00	28,000.00
Steinmann Pins set with Instrumentation	154	6,000.00	924,000.00
Split skin graft set	148	3,500.00	518,000.00
Squint Set	4	200.00	800.00
Sternum puncture set	1310	3,700.00	4,847,000.00

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Suture pack	330	3,500.00	1,155,000.00
Suction Curettage	8	2,000.00	16,000.00
Tracheostomy set	110	7,000.00	770,000.00
Thoracotomy Major set	10	9,000.00	90,000.00
Thoracotomy paediatric set	10	7,000.00	70,000.00
Thoracotomy emergency pack	22	9,000.00	198,000.00
Amino Acid Analyser	10	50,000.00	500,000.00
Tonsillectomy set	88	2,500.00	220,000.00
Thyroid pack	80	3,000.00	240,000.00
Wires in coils (variety) sizes	104	2,000.00	208,000.00
Urology surgical pack	14	3,000.00	42,000.00
Wire cutters (variety) complete set	80	2,500.00	200,000.00
Vericose Vein Stripping	8	9,500.00	76,000.00
Vitalograph	6	5,500.00	33,000.00
Analyser Chemistry Large	51	90,000.00	4,590,000.00
Analyser Haematology	62	25,000.00	1,550,000.00
Atomic Absorption Analyser	1	15,000.00	15,000.00
Auto-refractor	11	5,000.00	55,000.00
Autoclave laboratory	25	12,000.00	300,000.00
Blood Bank Refrigerator	30	10,000.00	300,000.00
Blood Gas Analyser	25	80,000.00	2,000,000.00
Bilirubinometer	10	3,000.00	30,000.00
CD4	20	20,000.00	400,000.00
Cell Washer	25	12,000.00	300,000.00
Chemistry Analyser	50	70,000.00	3,500,000.00
Haematology Analyser	50	80,000.00	4,000,000.00
Centrifuge	73	10,000.00	730,000.00
Coagulation analyser	20	15,000.00	300,000.00
Cytology slide stainer	15	15,000.00	225,000.00
Cytology cytospin	5	25,000.00	125,000.00
Computerized Tomography (CT)	5	300,000.00	1,500,000.00
Crytome	5	4,000.00	20,000.00
Cryostat (apparatus to control temp.)	5	3,000.00	15,000.00
Densitometer	10	15,000.00	150,000.00
Diode Laser	10	25,000.00	250,000.00
Dioniser	50	10,000.00	500,000.00
Dryer / drying cabinet	30	6,000.00	180,000.00
ECGSHEL Mattress	20	10,000.00	200,000.00
Electrolyte Analyser	20	15,000.00	300,000.00
Electrophoresis machine	20	20,000.00	400,000.00
Electronic Balance	40	15,000.00	600,000.00
Elisa reader	20	10,000.00	200,000.00

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Elisa Washer	20	10,000.00	200,000.00
Embedding Machine	20	25,000.00	500,000.00
Endocrinology Analyser	20	20,000.00	400,000.00
Flame Photometer	20	25,000.00	500,000.00
Fluorescent Microscope	30	10,000.00	300,000.00
Fume cupboard	40	20,000.00	800,000.00
Grid Cassettes	3	5,000.00	15,000.00
Incubator Laboratory	62	50,000.00	3,100,000.00
Hot air oven	14	10,000.00	140,000.00
Industrial Dioniser	15	40,000.00	600,000.00

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Identification Camera	5	10,000.00	50,000.00
Image Intensifier	15	120,000.00	1,800,000.00
Laminar Air Flow Cabinet	20	30,000.00	600,000.00
Light curing machine	2	10,000.00	20,000.00
Lyophiliser	1	12,000.00	12,000.00
Micro centrifuge	25	20,000.00	500,000.00
Microscope Laboratory	74	25,000.00	1,850,000.00
Mechanical weighing scale	10	6,000.00	60,000.00
Phaco-machine	2	10,000.00	20,000.00
Phoroptes	5	10,000.00	50,000.00
Platelet incubator	20	30,000.00	600,000.00
Plasma thawer	1	6,000.00	6,000.00
Plasma extractor	1	5,000.00	5,000.00
Plate Shaker/Rotor	20	25,000.00	500,000.00
Pneumatic Mattress	8	10,000.00	80,000.00
Rotary Microtome	3	10,000.00	30,000.00
Yag Laser	6	50,000.00	300,000.00
Spectrophotometer	7	20,000.00	140,000.00
Treadmill (physio)	1	25,000.00	25,000.00
UV Transluminator	2	15,000.00	30,000.00
Vital Signs Monitor	200	80,000.00	16,000,000.00
Viral Load machine	3	20,000.00	60,000.00

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Water Bath	30	10,000.00	300,000.00
Water Distiller	20	15,000.00	300,000.00
Arctinic Marker	25	200.00	5,000.00
B Scan/A Scan	2	50,000.00	100,000.00
Magnetic Resonate Imaging (MRI)	2	300,000.00	600,000.00
Ultrasound, Diagnostic	50	40,000.00	2,000,000.00
X-Ray Film Processor	40	20,000.00	800,000.00
X ray machine	40	60,000.00	2,400,000.00
X ray machine mobile	45	70,000.00	3,150,000.00
Linear Accelerator	2	400,000.00	800,000.00
Angiography System	2	300,000.00	600,000.00
Cobalt 60	2	400,000.00	800,000.00
Drugs			112,743,970.00
Total			300 000 000.00

(for theatre equipment also see table 6)

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Identification Camera	5	10,000.00	50,000.00
Image Intensifier	15	120,000.00	1,800,000.00
Laminal Air Flow Cabinet	20	30,000.00	600,000.00
Light curing machine	2	10,000.00	20,000.00
Lyophilser	1	12,000.00	12,000.00
Micro centrifuge	25	20,000.00	500,000.00
Microscope Laboratory	74	25,000.00	1,850,000.00
Mechanical weighing scale	10	6,000.00	60,000.00
Phaco-machine	2	10,000.00	20,000.00
Phoroptes	5	10,000.00	50,000.00
Platelet incubator	20	30,000.00	600,000.00
Plasma thawer	1	6,000.00	6,000.00
Plasma extractor	1	5,000.00	5,000.00
Plate Shaker/Rotor	20	25,000.00	500,000.00
Pneumatic Mattress	8	10,000.00	80,000.00
Rotary Microtome	3	10,000.00	30,000.00
Yag Laser	6	50,000.00	300,000.00
Spectrophotometer	7	20,000.00	140,000.00
Treadmill (physio)	1	25,000.00	25,000.00
UV Transluminator	2	15,000.00	30,000.00
Vital Signs Monitor	200	80,000.00	16,000,000.00
Viral Load machine	3	20,000.00	60,000.00

Item Description	QTY	Unit Cost/USD	Total Cost/USD
Water Bath	30	10,000.00	300,000.00
Water Distiller	20	15,000.00	300,000.00
Arctinic Marker	25	200.00	5,000.00
B Scan/A Scan	2	50,000.00	100,000.00
Magnetic Resonate Imaging (MRI)	2	300,000.00	600,000.00
Ultrasound, Diagnostic	50	40,000.00	2,000,000.00
X-Ray Film Processor	40	20,000.00	800,000.00
X ray machine	40	60,000.00	2,400,000.00
X ray machine mobile	45	70,000.00	3,150,000.00
Linear Accelerator	2	400,000.00	800,000.00
Angiography System	2	300,000.00	600,000.00
Cobalt 60	2	400,000.00	800,000.00
Drugs			112,743,970.00
Total			300 000 000.00

(for theatre equipment also see table 6)