Towards an Ethically Justified Model for Access to Healthcare in Zimbabwe

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This study was conducted in order to provide a possible solution to the myriad of healthcare access problems affecting Zimbabwe. A desktop analytic review of literature, reports, legal and policy documents was carried out on the historical development of healthcare delivery in Zimbabwe spanning the pre-colonial, colonial, and post-colonial periods. Relevant literature was identified by electronic searches using Mendeley, Google chrome, and other internet search platforms. Summaries of the articles were analyzed for emerging themes and conclusions were drawn.

Pre-independent Zimbabwe’s healthcare system mirrored many a typical colonised country, especially under the British Empire. The landscape of healthcare services in pre-independent Zimbabwe was characterised by a bias towards urban communities, curative healthcare services, and special privileges directed to the racially privileged at the time – typically whites and coloured communities. This study traces the development of healthcare policies in Zimbabwe starting from the pre-independence period to the post-independence period (2020). It critically analyses the egalitarian, utilitarian, and ubuntu moral theories bringing out their potential application to the design of a new model that has the potential to address challenges of access to healthcare in Zimbabwe. Selected influential healthcare models and systems such as the Beveridge, Bismarck, National Health Insurance, Single-payer systems, Multi-payer systems, and the Out-of-Pocket Spending systems are also critiqued, based on their social, legal, and ethical relevance to the aims and objectives of this study.

The study presents a suggested new ethically justified healthcare model for Zimbabwe, called the Citizen Centred Healthcare Model (CCHM). It is premised on six fundamental building pillars or blocks which guarantee human rights and citizen-oriented service provision: Prioritized Healthcare Financing, Equitable Rationing of Healthcare Services, Social Solidarity and Human Rights Culture Promotion, Effective Monitoring and Evaluation, Inclusive Healthcare and Stable Political and Macroeconomic Environment.

This study was carried out as a partial fulfilment for the Doctor of Philosophy (PhD) Degree in Bioethics and Health Law at the University of the Witwatersrand, South Africa.