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Fostering Strategic Synergies for Availibility of Public Quinary Hospitals with Super Medical Specialist Treatment Services and Care in Zimbabwe in the era of Working from Home

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Abstract

Working from home was a major initiative to stop the spread of the corona virus during and after the COVID-19 pandemic by the World Health Organization, implemented and enforced by the various governments. However, with it came challenges such as the provision of the public quinary level super medical specialist treatment services and care. Unfortunately, the building blocks that enable the public health system to deliver health services in Zimbabwe have been described by many as collapsed and decaying due to the economic meltdown and the alleged poor governance and weak leadership. Hence, this article sought to understand why the public quinary level super medical specialist treatment services and care is unavailable and to effectively investigate the effect of fostering strategic synergies on the public health governance and leadership in ensuring the availability of the public quinary hospitals with super medical specialist treatment services and care in Zimbabwe, particularly in the era of online working from home. The study adopted a mixed method approach which combined quantitative and qualitative research methods. Interviews were conducted key government executives while questionnaires were distributed to senior managers of the central, provincial and district public hospitals whose facilities were required and expected to provide these services. The findings of the study indicated that whilst developed countries had adopted technology in the provision of health services such as telemedicine, dial-a-doctor through various applications this was not the case in Zimbabwe. However, the country's public health system lacked health technology, expertise, financial resources, medicines as well as necessary infrastructure to even provide for the basic health services, let alone life sustaining public quinary level super medical specialist treatment and care. Furthermore, the health governance and leadership in the public health system was rated as poor and weak respectively. Before the COVID-19 pandemic brought about travel restrictions, some citizens sought the quinary level super medical specialist treatment and care abroad affordability permitting due to their unavailability locally. On the other hand, the study established that the availability of the public quinary hospitals with super medical specialist treatment services is hinges on the efficiency and effectiveness of the public health governance pillars.

Furthermore, the strategic synergies with investors and partners with resources locally and internationally were also noted to have a significant positive effect on the availability of the quinary hospitals with super medical specialist treatment services and care. Hence, the study recommends that these synergy strategies be implemented in the public health system.
Keywords: Availability, Quinary, Synergy, Public, Health, Governance, Leadership, Legislation, Policy, Strategy, Finance, Organisation, Super Medical Specialist Treatment, COVID-19, Work from Home, Online Working

Introduction

The concept of teleworking or working from home was a major initiative during and after the COVID - 19 pandemic world over and Zimbabwe was not an exception. However, with people confined to their homes and medical services mainly focussed towards mitigating the pandemic there arose challenges such as the provision of the public quinary super medical specialist treatment services and care. Unfortunately, the building blocks that enable public health system in Zimbabwe have been described to have collapsed and decaying due to the alleged total economic meltdown, poor governance and weak leadership. Hence, this article sought to investigate the effect of fostering strategic synergies on the public health governance and leadership in ensuring the availability of the public quinary hospitals with super medical specialist treatment services and care in Zimbabwe, particularly in the era of online working from home.

Background

The World Health Organization, state governments and related health organizations introduced the working from home as a major initiative during and after the COVID-19 pandemic. Though it was effective in ensuring that businesses and economies continued to perform during stringent lockdowns this initiative brought with it challenges (Hossain et al., 2020; Islam & Habib, 2021). One of those challenges was the provision of the public quinary level super medical specialist treatment services and care.

Zimbabwe delivers health through a medical treatment referral system covering four (4) levels namely; Primary level for Rural Public Health Clinics; Secondary level for Rural District Hospitals; Tertiary level for Urban Provincial Hospitals and Quaternary level for Urban Central Hospitals. Hence, the medical treatment referral system starts at the bottom, the basic primary level going up to the top quaternary level but of concern is that there was yet to be a provision for the fifth level known as the public quinary level.

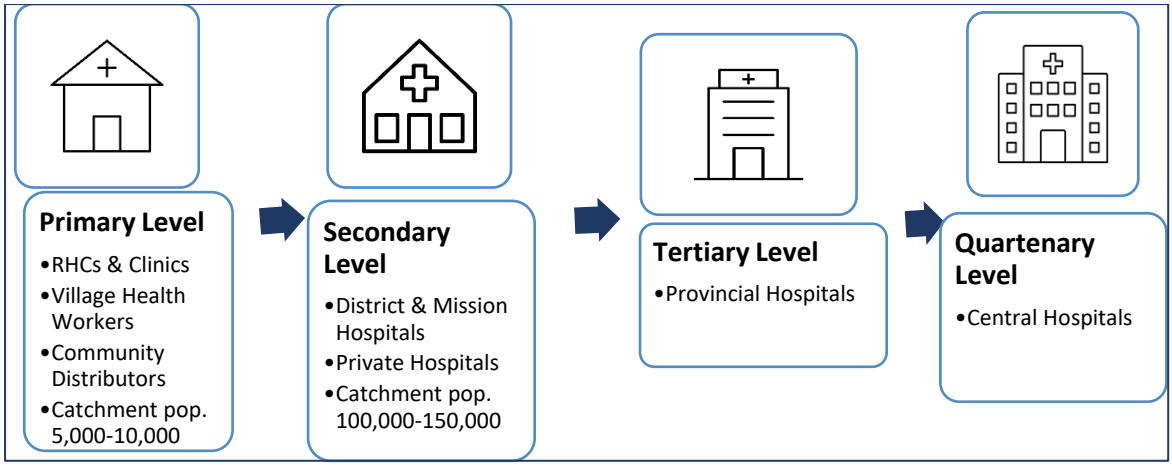

Figure – 1: Medical Treatment Referral System in Zimbabwe
Source: Ministry of Health and Child Care, Policy and Planning Division (2022)

Table 1.1
Breakdown of Health Facilities by Category

Facility Level	Type and Ownership Health Facilities	Number of Facilities
• Quinary Level	Government Quinary Hospitals	0
• Quaternary Level	Government Central Hospitals	6
• Tertiary Level	Government Provincial Hospitals	8
• Secondary Level	Government District Hospitals	44
	Church Mission Hospitals	62
	Private Hospitals	32
• Primary Level	Government Rural Hospitals	62
	Municipal Polyclinics	15
	Private Clinics	69
	Mission Clinics	25
	Local Authority Clinics	1122
	Urban Council Clinics	96
	Government Rural Health Centre	307

Source: Ministry of Health and Child Care (2022), National Health Strategy 2021-2025

The public quinary health services level is the fifth and highest level of medical care treatment which would be highly specialised in nature provided by selected medical specialist practitioners. Some of the main medical care treatment include pre-surgical and post-consultation cancer treatment; cardiovascular treatment; neurologist treatment; haematology; renal treatment as well as musculoskeletal treatment and in the case of COVID-19 it was the specialized treatment for the life threatening lungs respiratory complications. This led to Zimbabweans having to seek the critical and life-saving super specialist curative medical treatment and care outside the country in the middle of travel restrictions. In the past decade it has become visibly worrisome due to the unavailability of the life sustaining curative medical treatment facilities. Statistics from the government showed that in the past

decade, the country recorded over US$4 billion in out-bound cross-border medical migration otherwise known as medical tourism. Furthermore, more than 200 000 Zimbabweans spent over US$400 million per year seeking public quinary level super medical specialist treatment services and care in other countries with the main beneficiary countries being India, China, Singapore and South Africa. However, Zimbabwean citizens were left with no effective access to COVID-19 life sustaining treatment and care due to unavailability resulting in no coverage and utilization as required.

According to the UNICEF (2020), the country's public health system has generally collapsed as evidenced by continued widening of performance gaps of the building blocks that enable the successful delivery of the health services in Zimbabwe. The World Health Organization, (2012), believes that governance for health now include human well-being and it has become a central building block of good governance, guided by a value framework that includes health as a human right, a global public good, a component of well-being and a matter of social justice. Figure 1 shows the six building blocks of the health system.

PUBLIC HEALTH SYSTEM Building Blocks					
(1) Health Governance and Leadership	**(2) Health Finance**	**(3) Health Human Resources**	**(4) Health Medicines Vaccines And Equipment**	**(5) Health Research and Information**	**(6) Health Services Delivery**

Figure 2: Building blocks of the health system
Source: WHO Report (2010)

The World Bank (2000), described governance as economic policymaking and implementation, service delivery and accountable use of public resources and of regulatory power. The World Health Organization (2010), put forward that a health system rests on building blocks which enables the delivery of quality healthcare to its country's people, achieve social and financial protection, ensure access to treatment, coverage of medical needs, utilization and availability of all quality medical treatment.
The World Health Organization's six (6) health system building blocks include; (1) health financing, (2) health human resources, (3) health technology, medicines and vaccines, (4) health research and information, (5) health governance and leadership and, (6) health services delivery.

The World Health Organization (2010), defines a health system as the sum of all organizations, institutions and resources whose primary purpose is to improve health. The study will focus on one of the six (6) building blocks on governance and leadership for health, which is health governance and leadership.

The research focused on the health governance and leadership building block because in essence all the other building blocks are built and enabled from the governance and leadership building block otherwise known as stewardship. Hence, in other words health

governance and leadership is the foundation for all the other building blocks for the health system.

This building block therefore focuses on the stewardship of the health system to achieve healthcare services delivery as an outcome. Furthermore, the focus is on this health system building block because it deals with the stewardship of health service delivery. Also, one of the stewardship's main domains talks developing coalitions and partnerships in health services delivery.

According to the World Health Organization (2011), governance and leadership for health is about:

(1) Health Legislation
(2) Health Policy
(3) Health Strategy
(4) Health Financing
(5) Health Organization

Figure 3: Key elements of Health Governance and Leadership
Source: World Health Organization (2010), Health Systems Performance Report

(a) Health Legislation

Legislation comprises rules, the Constitution of Zimbabwe on Bill of Rights to health, Acts of Parliament, procedures, decrees, codes of conduct, performance standards, licensing, statutory instruments and Agencies.

(b) Health Policy

The Ministry of Health and Child Care of Zimbabwe has 103 policy and guiding documents which guides the implementation of health services as well as helping in planning and coordination for health. The 1981 – 2020 health policy focused on the provision of primary healthcare, it is now over- due for replacement and the 2021- 2025 health policy thinking seeks to achieve a strategic objective which focuses on strengthening the enabling environment for health services delivery. Kadzere (2022) described the current public health policy as a legacy policy which now outdated and not meeting the new health needs of the citizens covering pandemics, epidemics, communicable and non-communicable diseases.

(c) Health Strategy

National health strategy is influenced by national needs, priorities and it is the function of government, (World Health Organization, 2010). The strategy presents a vision, mission, principles and values. The Government of Zimbabwe's National Health Strategy for 2021 – 2025 is about the achievement of the Universal Health Coverage by 2030. However, the country seem to be far away from achieving this as the public quinary hospitals are yet to be available in Zimbabwe creating a gap in critical curative medical services provision and coverage resulting in serious cross-border intrabound, inbound and outbound medical migration in search of medical specialist treatment services not available in the country.

(d) Health Financing

Health financing in Zimbabwe are; government budget appropriations and donor funding with household health expenditure coming through out-of-pocket expenditure. Key aspects of health financing include; resource mobilization, pooling as well as purchasing.

(e) Health Organization

The Government of Zimbabwe through the Ministry of Health and Child Care's health organization has structures starting from Headquarters to Provinces, Districts and Wards to oversee and operationalizes the strategic plans and legal provisions. The organization include statutory bodies that implements the national health strategies and these include; Medicines Control Authority of Zimbabwe, Health Services Board, Health Professions Authority, National Pharmaceutical Company, National Family Planning Council, Health Professions Authority and other related bodies that form the organization of the state's health services delivery, strategy implementation, monitoring and evaluation.

Problem Statement

Before the COVID-19 outbreak, fortunate Zimbabweans with the means or connections sought treatment in other countries. Due to the COVID-19 outbreak caused by the deadly corona virus, effective access to super specialist medical care in Zimbabwe was severely constrained and absent to many in all corners of the country. Furthermore, the travel restrictions meant people could not access these services in other, better-equipped countries, thus everyone relied on the insufficient local system. This period underlined the necessity for the Zimbabwean government to adapt to the changes and think imaginatively to offer its residents with access to lifesaving quinary level medical care. In order to provide critical curative quinary level hospitals with super-specialist medical treatment in Zimbabwe, it may be required to analyse and assess the effect of strategic synergies on public health governance and leadership, building block of the public health system.

Quinary Hospitals	**5**	Performance Gap Unavailability problem
Quaternary Hospitals	**4**	Performance covered
Provincial Hospitals	**3**	Performance covered
District Hospitals	**2**	Performance covered
Rural Clinics	**1**	Performance covered

GAP

CURRENT

Figure – 4: Performance Gap
GAP + CURRENT = TOTAL EXPECTED PERFORMANCE
Source: National Health Strategy (2021 – 2025)

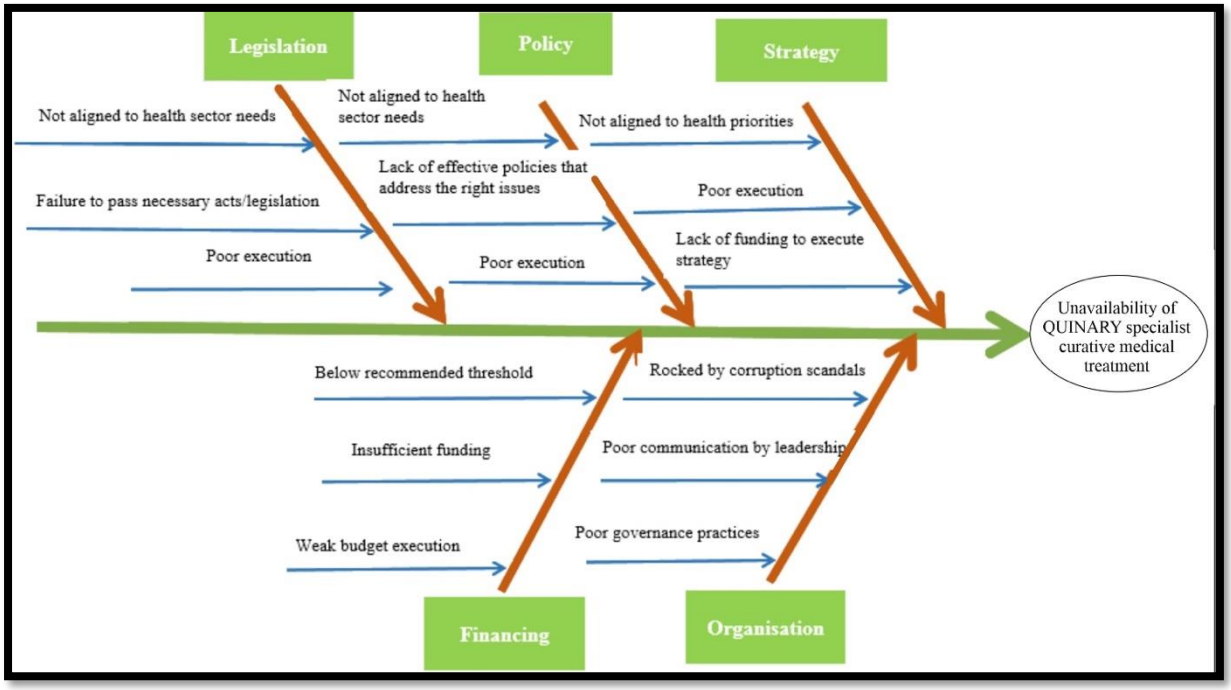

Figure - 5 : Fishbone Cause and Effect – Unavailability of Public Quinary Hospitals
Source: The Researcher, (2022)

Scope of the Research

The study aimed at investigating the effect of fostering strategic synergies on the public health governance and leadership building block of the public health system in ensuring the availability of the public quinary hospitals with super medical specialist treatment services and care in Zimbabwe, particularly in the era of working from home. Data were from the commencement of the COVID - 19 pandemic in Zimbabwe which was 2019 to 2022. The health governance actors and stakeholders comprise of state-actors, health service providers and beneficiaries. However this study focused on state-actors who are the policy makers and set the tone for the public health sector delivery.

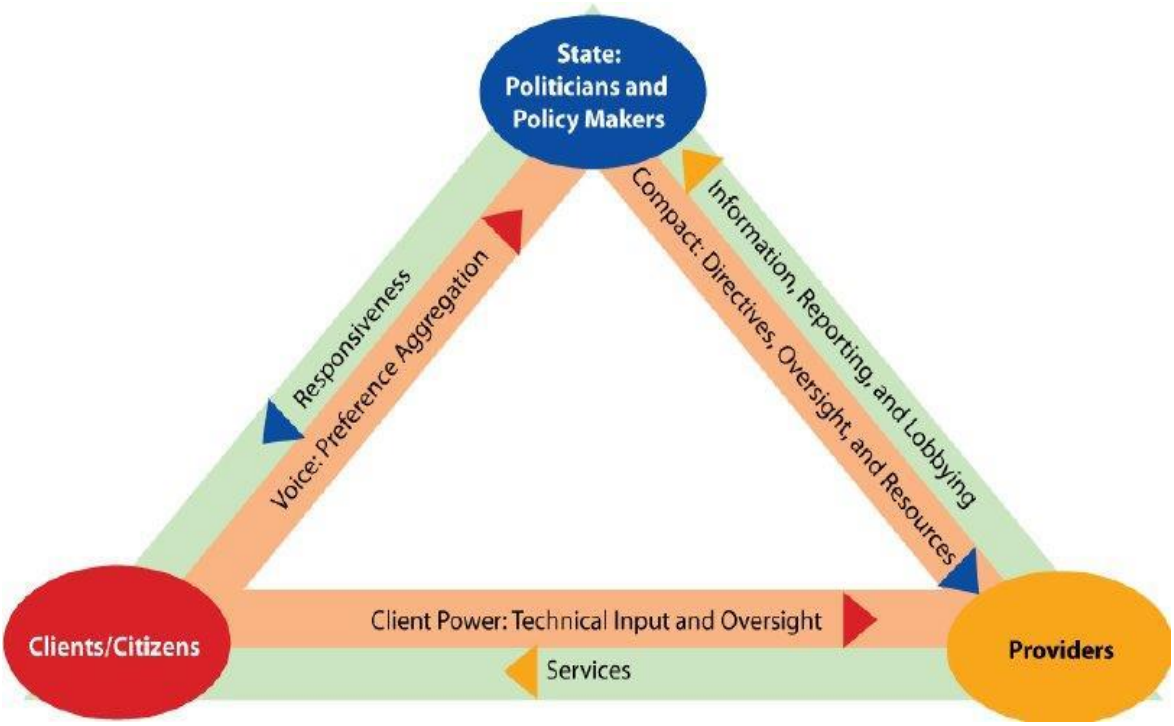

Figure – 6: Public Health Governance and Leadership Actors Framework
Source: Brinkerhoff and Bossert (2008), Health Governance Concepts

The state of Zimbabwe is defined as the executive, judiciary and the legislature. The researcher therefore focused on the executives, senior managers and managers of the Ministry of Health and Child Care's national head-office, provincial offices and district offices. The research also covered the legislature focusing on the parliament of Zimbabwe's health portfolio committee and the judiciary focusing on the Constitutional Court of Zimbabwe because it is the Constitution of Zimbabwe which carries the Bill of Rights on the personal right to health. The study focused on Zimbabwe which is a landlocked country located in Southern Africa, divided into ten (10) administrative provinces and sixty-two districts with 14 000 000 people.

Literature Review

According to Gupta and Roos (2001), synergy is the "larger than the sum of the individual impacts" result of the interaction of two or more intellectual capital resources from formerly sovereign organisations or nations, resulting in enhanced value creation and competitive performance. Krumm et al (1998) say that synergy is "the idea that combining two or more different firms, activities, or processes would produce a total value that is greater than the sum of the separate components." When economies of size and speed are paired with administrative coordination, a synergistic effect is achieved, according to the synergy principle (Krumm et al., 1998).

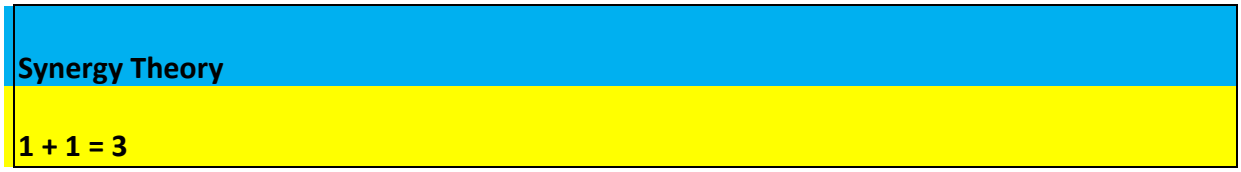

Figure – 7: Synergy Theory

According to Cockerill (1995), Aristotle of ancient Greece was likely one of the first to suggest a systems theory after he observed that some wholes display features that were not observable in the entity's component components. Modern Gestalt psychologists made the observation that "the whole is greater than the sum of its parts" in the 1930s. Synergy is the modern term for this kind of system (Cockerill, 1995).

Theoretical Framework

The ARCTIC, VRIO, and Core Competencies frameworks provided the theoretical underpinnings for this study. More specifically, the synergy potential of a partnership can be assessed using the ARCTIC framework developed by (Cirjevskis and Joffe, 2007). For this reason, Cirjevskis (2021) argued that strategic synergy can only be created if all six of the ARCTIC framework's critical success qualities are satisfied by the institutions participating in the relationship. Some specific cases were cited, including the ones below:

When it comes to internal advantages (A), the response is "yes" if the fundamental competences of the business partners are complementary and may be further developed together, maintaining competitive advantage (Hitt et al., 2009; Bauer and Matzler, 2014) and generating synergy.

External Relevance (R) - Business partners' technical innovation, R&D efforts, quality assurance, etc., are only as important as their ability to provide present and prospective consumers with value (Bauer and Matzler, 2014).

Interactive and open communication (C) - The response is "yes" if both internal and external communications, as well as the language used for communications, have been openly accepted by the partnering firms and disseminated to all personnel.

Trust and Commitment (T) - Since trust plays such a crucial role in any social or commercial transaction including the likes of collaboration, commitment, and communication, it is crucial to the smooth running of the associated enterprises (Jacquemod, 2020).

An integration plan for core competencies (I) - According to the research (Bauer & Matzler, 2014), maintaining long-term success requires an effective and efficient integration plan of cooperating partners.

Cultural compatibility of business partners (C) - Misalignment between a foreign partner's organisational values and those of the host culture may lead to a plethora of issues and even the destruction of value for one of the parties involved (C'irjevskis and Joffer, 2007; C'irjevskis, 2020, 2021).

In a nutshell, competence-based synergies in a strategic alliance are supported by the internal advantages of core competencies (A) and their external relevance (R), the open and effective communication (C) of ideal teams and leaders of partnership companies, the mutual trust and commitment of collaborating partners (T), the plan of core competencies integration (I), and organisational cultural fit (C).

Research Methodology

The study adopted a mixed method research approach which combined quantitative and qualitative research methods. Interviews were conducted with key government officials being

the executives in the Ministry of Health and Child Care whilst questionnaires were distributed to the senior managers and managers of provincial and district public hospitals whose facilities were the required and expected to provide these services to the generality of the citizens who could not afford private hospitals and clinics.

The quantitative technique was used to test relationships, describe, examine cause and effect relations. Whilst the qualitative technique was used by the researcher to gain insight, explore the depth, richness, and complexity inherent in the phenomenon.

Findings

a. Descriptive Statistics

A 5-Likert scale was used to rate the responses gathered in the study whereby they were scored as follows ***1=Strongly Disagree; 2=Disagree; 3=Neutral/Average; 4=Agree; 5=Strongly Agree***. Descriptive statistics were used to analyse the results whereby a mean score of less than 3 entails that the aspect was rated to be less than average whereas above 3 entails that it was above average.

Table – 1

Governance and Stewardship in the public health system descriptive statistics

Description	N	Mean	Std. Dev
• Health legislation	214	1.31	0.666
• Heath policy	214	1.43	0.795
• Health strategy	214	1.61	1.035
• Health finance	214	1.86	0.907
• Health organisation	214	1.35	1.049

All the five health governance and leadership attributes had mean scores which were less than 3 which indicates that governance elements were all below average. Therefore, the health governance and leadership in the public health system was rated to be weak.

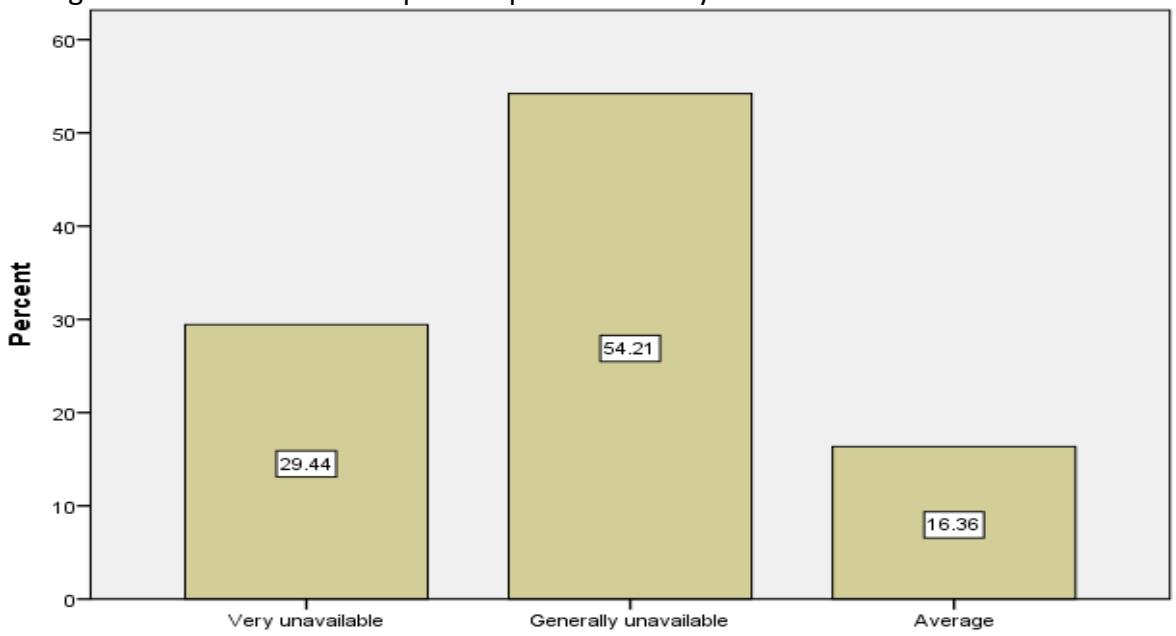

Figure - 8: Level of the availability of Public Quinary Medical Treatment Services in Zimbabwe

It was noted that the majority of the respondents believe that public quinary medical treatment services and care were unavailable in Zimbabwe during the lockdown as the public health sector focused most of their attention on the meagre resources. Although the health sector was designated as a critical service the priority was however towards combating the COVID-19 pandemic and ensuring the provision of super specialized public quinary medical treatment services was not the main concern. Before the COVID - 19 pandemic brought about travel restrictions, some citizens sought the public quinary super medical specialist treatment abroad if they could afford them due to their unavailability locally. With the restrictions everyone were confined to their homes whilst citizens still required and sought public quinary super medical specialist treatment which they had no option but to seek locally in the midst of absence.

Table 2
Key issues that ensure availability and accessibility of Quinary Health Care Services and Care when working from home

Description	N	Mean	Std. Dev
Skills	214	1.70	0.774
Financial resources	214	1.66	0.852
Technologies	214	1.53	0.971
Resources	214	1.34	0.926

The results indicate that whilst developed countries had adopted technology in the provision of health services such as telemedicine, dial-a-doctor through various applications this was not the case in Zimbabwe. However, the country's public health system lacked technology, expertise, financial resources, medicines as well as necessary infrastructure to even provide for the basic health services, let alone quinary level super medical specialist treatment as highlighted earlier

Table 3
Synergy strategies that could facilitate teleworking in the Public Quinary health services in Zimbabwe

Description	N	Mean	Std. Deviation
Government to Government Bilateral Agreements	214	4.71	0.465
Private and Multi-Sectoral Partnerships	214	4.64	0.752
Collaborations	214	4.50	0.914
Exchange programs	214	4.38	1.023
Mergers	214	4.29	0.465

The results indicate that there was a general consensus that all the above listed synergy strategies if implemented in Zimbabwe could expedite the availability of public quinary medical treatment services in Zimbabwe when working from home and when the need for more than online treatment arises requiring face to face physical hospital admissions for high dependency care and intensive care. Particular emphasis was rated to be through government to government bilateral agreements; partnerships as well as collaborations with countries and private entities with the strategic skills, strategic technologies, strategic infrastructure and strategic finances to implement teleworking applications that facilitate the provision of super specialist medical quinary services even in the comfort of one's home.

b. Inferential Statistics

Table - 4: ANOVA[a] - Effect of health governance dimensions on the availability of public quinary medical treatment services when teleworking.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	44.287	6	7.381	30.528	.000[b]
	Residual	50.049	207	.242		
	Total	94.336	213			

a. Dependent Variable: The level of the availability of Quinary Medical Treatment Services in Zimbabwe

b. Predictors: (Constant), Finance, Governance, Policy, Legislation, Strategy

The regression analysis results established that the effect of health governance dimensions (Governance; Legislation; Policy; Strategy; Finance and Organisation) on the availability of public quinary medical treatment services is statistically significant.

Table – 5

Coefficients[a] - Effect of health governance dimensions on the provision of public quinary medical treatment services

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.030	.469		1.064	.009
	Legislation	.101	.020	.592	5.154	.000
	Policy	.287	.045	.730	6.422	.000
	Strategy	.258	.027	.621	6.104	.000
	Finance	.102	.019	.361	5.334	.000
	Organisation	.077	.019	.420	4.104	.000

a. Dependent Variable: The level of the availability of public medical treatment services in Zimbabwe

Furthermore, the results also showed that the health governance dimensions (Governance; Legislation; Policy; Strategy; Finance and Organisation) combined had a statistically significant positive effect on the provision of public quinary medical treatment services when working from home. Therefore, the study established that the availability of the public quinary hospitals with super medical specialist treatment services is premised on the efficiency and effectiveness of the public health governance pillars of the public health system.

Table – 6

ANOVA[a] - Effect of synergy strategies on the availability of public quinary medical treatment services when teleworking.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	28.931	6	4.822	15.260	.000[b]
	Residual	65.406	207	.316		
	Total	94.336	213			

a. Dependent Variable: The level of the availability of the Public Quinary Medical Treatment Services in Zimbabwe

b. Predictors: (Constant), Bilateral agreements, Mergers, Collaborations, Partnerships, Exchange programs

Another regression analysis was undertaken and it established that the synergy strategies (Bilateral agreements; Mergers; Collaborations; Partnerships; Exchange programs) had a statistically significant effect on the availability of public quinary medical treatment services.

Table – 7

Coefficients[a] - Effect of synergy strategies on the availability of public quinary medical treatment services during the teleworking era

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.363	.477		.761	.007
	▪ Bilateral agreements	.096	.109	.067	.873	.004
	▪ Mergers	1.023	.174	.714	5.889	.000
	▪ Collaborations	.208	.097	.238	2.152	.003
	▪ Partnerships	.101	.101	.114	1.005	.006
	▪ Exchange programs	.558	.101	.767	5.545	.000

a. Dependent Variable: Availability of Public Quinary Medical Treatment Services in Zimbabwe

The results indicate that the facilitation of the following synergy strategies (Bilateral agreements; Mergers; Collaborations; Partnerships; Exchange programs) by the governance and leadership in the public health sector with strategic countries and equipped private entities would have a positive and significant effect on facilitating the skills, technology, financial resources and infrastructure needed to ensure the availability of public quinary medical treatment services when working from home. Hence, in a nutshell the strategic synergies with better resourced local and/or international investors and partners was also noted to have a significant positive effect on the availability of the public quinary hospitals with super medical specialist treatment services.

Contribution

The theoretical significance of this study is its contribution towards advancement of academic knowledge and providing further information on the effect of fostering strategic synergies on the public health governance and leadership in ensuring the availability of the public quinary hospitals with super medical specialist treatment services in Zimbabwe, particularly in the era of working from home.

Furthermore, the practical significance of this study is its contribution to the Zimbabwean society, the global health industry in general, and the public health sector in Zimbabwe in particular. To who will be readers, they must understand that strategic synergies are a solution to one's weakness, they bring strength and where life is threatened they are a solution to survival.

Recommendations

The study recommends that these synergy strategies be implemented in the public health system. Therefore, this could be addressed through implementing strategic collaborations and exchange programs with local and foreign investors who could provide the required and necessary skills, technologies, resources and/or finances needed to ensure the availability of the public quinary medical treatment services in Zimbabwe's public health system.

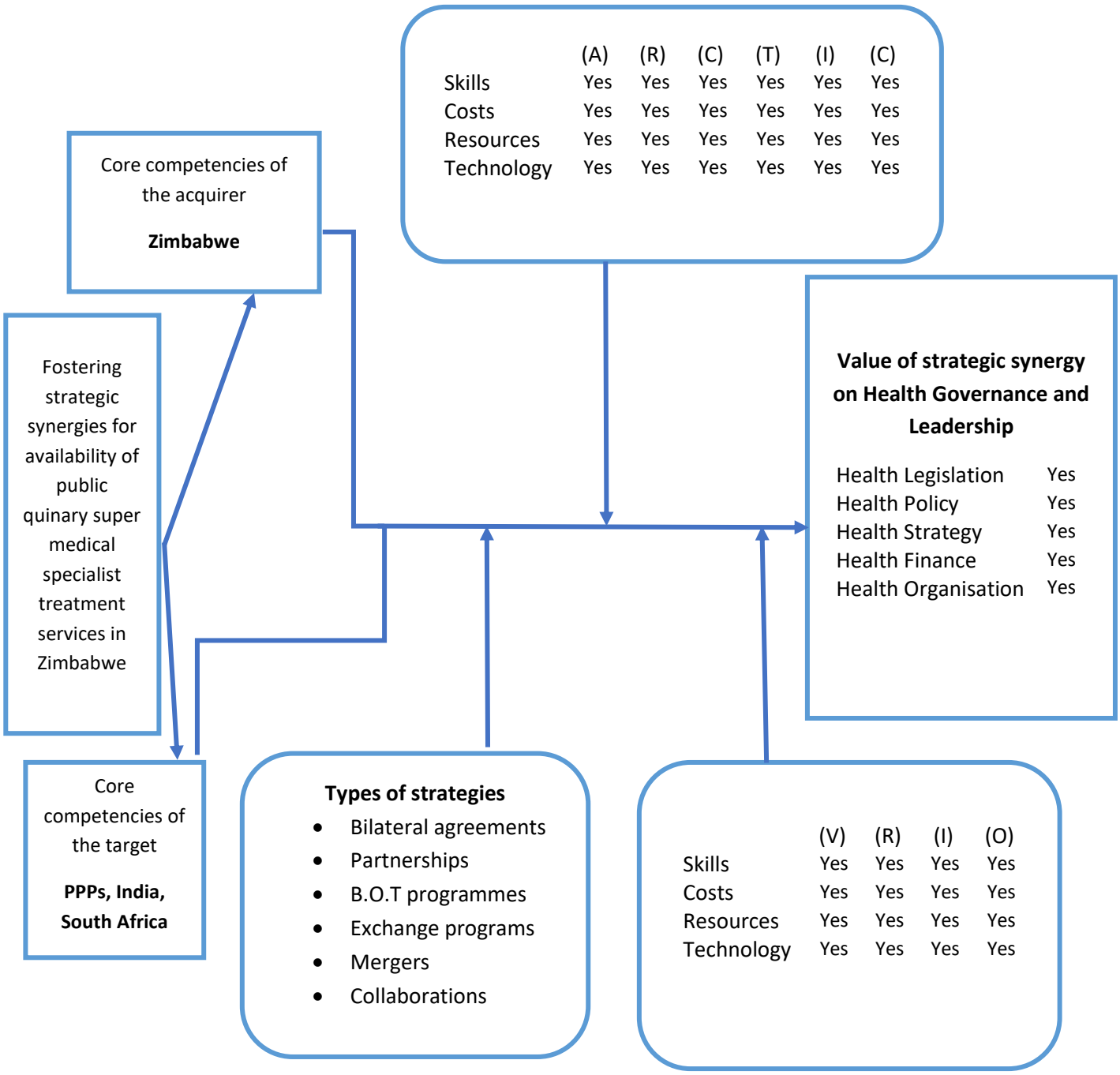

Figure - 9: Proposed ARCTIC Framework

Therefore, the study proposes the framework illustrated above as it could foster strategic synergies that could lead to the availability of the necessary quinary health skills, quinary health technology, quinary health infrastructure and quinary health finances needed for the

provision of the public quinary level super medical specialist treatment services and care in Zimbabwe compatible for the teleworking from home era.

Conclusions

It was noted that there is a lack of an effective and efficient health legislation, policy, strategy, finance and organisation in Zimbabwe's public health system and it has led to the unavailability of the public quinary medical treatment services.

However, the implementation of the recommendations put forward by this study could lead to the improvement of health delivery by the country's public health system as they would have taken advantage of synergies with better equipped private and foreign health organisations.

The body of knowledge provided by the paper could also equip public health officials and practitioners on how to be better prepared for any future pandemics such as COVID from which people are confined to their homes and yet still need physical face-to-face super specialised quinary level health services to sustain life from life threatening pandemics and epidemics.

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