



Community Outreach Sensitization and Mobilization for the Public Health Act (Amendment) Bill Public Hearings-2018

The Community Working Group on Health, (CWGH) welcomes the opportunity afforded to Zimbabweans to provide input into the supreme health law of the country. It is important to have communities come out and participate during the public hearings on the Public Health Act (Amendment) Bill to ensure that their views and perceptions have been incorporated into the final Bill and that it addresses community needs as enshrined in the nation's Constitution.

Following a number of public health blunders that have seen resurgence of previously controlled diseases, unnecessary death, disability and suffering of Zimbabweans, it is imperative to have a shared vision and mission for public health across national stakeholders, including a shared understanding of the purposes and objectives of a public health law and the scope of public health action. The role of communities should be to demand environmental, infrastructure and structural provisions to promote health for all in urban, rural, farming, mining and institutional spaces. Zimbabweans must use this opportunity to ensure the development of a law that is not simply a means for controlling nuisances, but becomes a tool for promotion of healthy conditions, for co-ordination of health activities and for improving the dialogue and relationships across public health authorities for the attainment of the country's vision and mission for the health and wellbeing of its citizens. In the developed world, health promotion is a high national priority that sits in the Prime Minister's Office and ensures the provision of a healthy environment for all citizens and the attainment of health in its totality through targeted initiatives such as healthy cities, lifestyles, food etc.

Community Concerns Regarding Gaps in the Gazetted Public Health Act (Amendment) Bill

Community level mechanisms and functions

- Although Health Centre Committees (HCCs) have been legally recognized in **Section 17** they are not represented in the District Health Team in **Section 16** for feedback to and from the communities. Therefore we strongly recommend that community involvement mechanisms need a representation mechanism in the district health team as the district government council

in addition to the hospital management board which oversees functionality of the district hospital.

- HCCs were fully captured. However **the role of Village Health Workers (VHWs) and other community based workers** is not satisfactorily and explicitly stated in the act except for **Section 137 sub-section 1(b)** in a general statement that says “The Minister may make regulations providing for: Recognizing and providing for the roles of non- state actors and communities. Thus provisions for the VHWs could be detailed soon after **Section 17** of HCCs. This is important because VHWs do not have an association or representation like other health cadres and yet they are the backbone of all community health programmes, hence the need for legal backing in order to be given priority. Include specific inclusion of the broad roles and functions of VHWs including how they relate to other community based workers (home based carers, family planning distributors, OI/ART/Dots coordinators, school health coordinators, malaria spray operators etc)
- **Section 28:** The Bill is silent on the Health Centre staff establishment. It is therefore crucial to have a specific clause in the Bill that speaks to issues of the ideal healthcare establishment that looks realistically to the country attaining universal health coverage and the SDGs given that the current staff establishment was determined using the 1982 population statistics and when the disease burden was very low. Although it is covered in the Health Services Act it should still reflect in the Public Health Act Amendment Bill so that the two are harmonized and be in tandem with the Constitutional provisions of *leaving no one behind*.
- **Section 3:** The Minister of Health and Child Care as a competent authority and the custodian of the Public Health Act should enforce the Act by demonstrating adequate powers supported with resources than has been the case under the current law. The Minister requires the legal muscle and needs teeth to bite so that perennial offenders of well-articulated and scientifically proven Public Health provisions, interventions and standards, such as the city of Harare, other local authorities and individuals can be brought to book and potential public health disasters averted before loss of life as has so far been the case and without fear or favor.
- Furthermore all management of health services should have the requisite public health training in addition to the basic medical/health training required

- Local authority management must also have public health competencies and have a sound appreciation of the social, commercial, proximal and broad determinants of health so they know why they have to act in the public health interest and provide the services as mandated. They should be adequately supervised by the MOH as well as the respective parent Ministries (Environment – for water/sewerage/solid wastes); local government for regulated and healthy urbanization; and Secretary for Health for the health directorates of local authorities in order to avoid the current pitfall where health disasters have resulted due to limited capacity and public health understanding by office bearers.
- **Section 103:** The Public Health Infrastructure nationwide should conform to Constitutional provisions and those standards that the country has committed to in the various international declarations on environment, water provision, solid waste and sewerage management; the SDGs 2030, The Shanghai Declaration on healthy Cities, the International Health Regulations, etc. It should be explicitly stated that; No Communal Toilets and Shallow unprotected wells in Urban Areas – All new housing areas should be serviced first before occupation. Every communal household should have a provision for rubbish bin, ventilated toilet before the construction of a kitchen.

Additions:

- Every province should have a Provincial Hospital – The case of Matabeleland North operating without a Provincial Hospital should be addressed as a matter of urgency.
- Harare and Bulawayo Metropolitan Provinces should have District Hospitals to avoid suffocating the Central Hospitals
- There is need to have functional adequate Emergency Services (Ambulances) in all the districts instead of shifting the burden to the communities to look for alternative transport
- Compulsory immunization – We need to make immunization and all other proven effective public health interventions such as deworming, Vitamin A Supplementation etc as deemed necessary at national scale especially for children compulsory despite the person’s religious affiliation
- Reconstitute the Public Health Advisory Board by having CSO representation and make it functional supported with resources from the national health budget.

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