

# COMMUNITY WORKING GROUP ON HEALTH



## Press Statement

Date: 3 March 2018

### **Doctors' strike mirrors lack of political will to address causes of perennial job action**

It is very said that Zimbabwe has once again been plunged into a serious health crisis following a job action by junior doctors who are demanding better remunerations, working conditions and the unfreezing the ban on health posts and the general absence of tools of their trade in the country's hospitals and clinics.

The doctors are also demanding a review of the current on-call allowance and to import vehicles into the country duty free. What is most disturbing is that these demands are not new as the doctors have been raising the same issues for the past five years, with the Ministry of Health and Child Care (MoHCC) each time promising to address the grievances before the doctors returned to work.

The health workforce is central in any health system and inadequate health workers have been cited as one barrier in efforts to achieve health and development in Zimbabwe. Both for quality and equity, health systems need highly motivated health workers who are satisfied with their jobs, stay at their stations, deliver quality services and communicate well with clients.

The Community Working Group on Health (CWGH) is greatly concerned, not only by the current job action but by the perennial pattern at which the strikes happen, entailing that the fundamental causes of these yearly strikes are not being tackled adequately resulting in the unnecessary and avoidable suffering and deaths of innocent patients.

The strike has a serious impact on the already strained health sector which does not have enough medical personnel, drugs and equipment. The absence of doctors in health institutions at a time there are frequent outbreaks of diseases such as typhoid and cholera as well as shortages of medicines of chronic illnesses means more deaths of ordinary Zimbabweans. The strike also comes at a time the country's emergency services have been grounded due to poor funding from central government. Many ambulances too do not have basic equipment or adequately trained staff to take care of patients during transit, thus complicating their recovery or risking fatalities in transit. Emergency departments are under resourced, without adequate equipment and staff to cope with the critically ill patients coming to them, including patients who have delayed seeking care until they have an acute emergency.

While we acknowledge the genuine grievances of the doctors and the wretched financial position of our government, CWGH would like urge the two parties to consider the plight of patients first in order to save their lives and their suffering. It is without doubt that some patients, who ordinarily would survived had there been immediate medical attention, have died

as a result of the industrial action. CWGH feels mandated to remind the Health Minister, and rightly so, that these deaths and suffering are a clear violation of patients' rights which are legally enshrined in the Zimbabwe Constitution.

It has become apparent that the government has not been honouring part of its bargain resulting in these perennial job actions. A cursory look back into health files indicates that the government has been making same promises to doctors since last 2015 and at times partially conceding to the doctors' demands but what is needed are not these superficial and stop-gap solutions to real and long-lasting measures. This clearly exposes the government's lack of political will to address issues that affect ordinary Zimbabweans and makes a mockery of its 100-day plan that also applies to the Health Ministry.

The CWGH feels that the issue of non-cash incentives such as duty-free vehicles, housing stands and career growth has to be prioritized despite the tight fiscal space to retain and motivate the few doctors and nurses that are already overworked. The vehicle duty assisted framework agreed upon between the government and doctors last year should be implemented immediately to enable them to respond to medical emergencies timeously. On what basis would the doctors believe the current promises and the current negotiation process when there are pending unfulfilled promises?

We feel the blanket freeze on health personnel must urgently be scrapped especially considering that already there is a critical shortage of personnel in health institutions. We also feel it is illogical, inconsiderate and unacceptable for the country to continue using a 1983 staff establishment when the population was 7 million but that has since doubled and the disease burden has also increased considerably. It is worrying that Zimbabwe has a ratio of one doctor to 250 000 people against the recommended World Health Organization (WHO) standards of one doctor to 600 people.

Poor salaries and working conditions in the public health sector discourage health workers and cause many to leave. In addition to poor wages, health services are characterized by low morale, poor motivation and long hours of work. Conditions of service have deteriorated sharply, and understaffing put extra pressure on those who have remained in their jobs.

Health Centres have reported shortages of equipment, inadequately equipped laboratories, and many other difficulties which affect their efficiency. Oxygen is reported to be in short supply at some of the central public hospitals, with scarcities of essential equipment and inadequate protective clothing.

The combination of limited resources, increasing stress and reduced salaries is an inflammatory one. Health workers are caught in the middle of a system that is slow to respond to their needs and ethical pressures not to take collective job action.

Empty promises, heavy-handedness and piecemeal solutions will not address the root causes, we need lasting solution.

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