

COMMUNITY WORKING GROUP ON HEALTH



Press Statement

Date: 4 December 2018

Recurrent doctors' strikes mirrors lack of political commitment to address sticking issues

FOR the second time this year, doctors have again embarked on a nationwide strike that has crippled operations at all major health institutions resulting in the untold suffering of patients and possibly numerous deaths that could have been avoided.

What is most disturbing and worrying is that the doctors are striking over the same issues that they were demanding in March this year and which the government had publicly pledged to address to ensure normalcy in the health sector. Then like today, the doctors are protesting against the severe shortages of medicines in public hospitals, poor working conditions, dilapidated infrastructure and obsolete medical equipment. They are also demanding that they be paid in foreign currency to cushion themselves from the worsening economic decline characterized by rising prices of basic commodities and high inflation.

The Community Working Group on Health (CWGH) is worried that these are the same grievances that government pledged to address in March this year -- together with the provision of non-cash incentives like free duty car imports for doctors – but nine months down the line nothing has come to fruition. We would like to remind the government that it has national obligation to see that its citizens have access to quality and affordable health services as guaranteed in section 76 of the country's Constitution. And that responsibility can only be achieved when health personnel like doctors, physicians and nurses are working normally.

Section 76 further states that, "No person may be refused emergency medical treatment in any healthcare institution," but presently the hospitals are turning away critically-ill patients because there are not doctors to attend to them and key departments have been shut down.

It is shocking that the Health Minister Obadiah Moyo dwells on the legality of the job action than solutions as if he is reading from his predecessor's script. No responsible and accountable Minister or government would turn a blind eye to a crisis of this magnitude or wishes it away. We are in this health crisis Minister because your predecessor used to behave the same way: burying his head in the sand than tackling the issue head-on.

Leadership and management support at the highest level is also pivotal as health workers are motivated to perform and long standing grievances simply should not be allowed to build up and promises made must be fulfilled.

For the past five years or so, the doctors have been promised non- cash incentives whenever they strike but when they resume work those promises were not fulfilled, instead they got threats. CWGH feels that the issue of non-cash incentives such as duty-free vehicles, housing stands and opportunity for career growth has to be prioritized. The vehicle duty assisted framework and other incentives agreed upon between the government and doctors last year should be implemented immediately to enable them to respond to medical emergencies timeously.

It should be highlighted that the situation obtaining in the health sector contradicts President Emmerson Mnangagwa's statement in September this year when he said his administration prioritized health and the well-being of all Zimbabwean citizens. CWGH pleads with President to intervene to address the crisis in the health sector to prevent unnecessary suffering and avoidable deaths.

Remember, the health workforce is central in any health system and gaps in adequate health workers are 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.

It is disheartening that the strike by doctors comes at a time when new cases of suspected cholera deaths are also being reported in areas such as Chiredzi and Mt Darwin. The current situation spells doom for the country especially now when there is a critical shortage of basic medicines; some sold pricey in foreign currency and worsening economic meltdown. This means more suffering and deaths for the ordinary Zimbabweans who cannot afford to get foreign currency.

The strike also comes at a time the country's emergence 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, also 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.

CWGH would like to reiterate that in the absence of an enticing salary, the government must find ways of supplementing with other non-cash incentives as health workers do not only seek financial incentives but also personal development, better housing, specialization and

guaranteed welfare of their children. Such incentives create stabilizing influence, compared to the more rapid effects of financial incentives.

This is why CWGH has been calling for a pro-poor, inclusive and sustainable national budget framework that prioritises people and their basic needs especially health. However, it is worrying that allocation on the health care in the 20019 budget as a percentage of total expenditure continues to account for a small share of national spending. This year, the health sector got about 8.9% way below the 15% Abuja target. This is a clear sign of lack of political commitment in addressing problems in the health sector.

While we do not condone job actions that cause deaths and human suffering, but we also strongly feel that there must be speedy, fair and impartial procedure for resolving disputes. We fear that the longer the strike takes, the more patients suffer or die, and the likelihood of other health personnel such as nurses joining the job action increases.

This is not the time for promises anymore but long-term solutions.

The Community Working Group on Health (CWGH) is a network of national membership based civil society and community based organisations who aim to collectively enhance community participation in health in Zimbabwe.

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