

# Community Working Group on Health



Press Statement

6 September 2018

## **Misplaced priorities causing shortages of TB drugs, other medicines**

The current shortage of tuberculosis (TB) drugs and other essential medicines in the country's health institutions is a combination of poor planning, misplaced priorities and a complete dereliction of duty by central government to ensure that every Zimbabwean has access to affordable and quality health care.

The Community Working Group on Health (CWGH) is concerned and saddened that for the past two months, TB patients have not been able to access the drugs exposing them to health complications or even to the development of the deadly and costly drug resistant tuberculosis (DR-TB).

The explanation proffered that unavailability of TB drugs has been caused by shortages of foreign currency is not only unconvincing but irritating given that the government has been splashing forex on other sectors to the expense of the public health sector - which mostly caters for ordinary and poor Zimbabweans. We are alarmed and disheartened that the country reaches a point of running out of TB drugs as if Zimbabwe is on auto-pilot – with no functional government or health ministry that superintends that sector.

The failure, or perhaps lack of political will, to prioritise funding the health sector gives credence to the widely-held perception that government has been acting that way because most of the political elite are not treated locally but airlifted abroad, even for minor ailments, at the taxpayer's expense. Only the poor are "treated" at local clinic where there are no drugs.

It should be noted that TB is treatable, but drug interruptions increase chances of development of drug resistant strains which are difficult to treat, takes longer and expensive for the country compared to ordinary TB. Presently, TB remains one of the country's major public health problem and with the emergence of DR-TB, the country risks eroding gains already made in reducing the general TB and HIV/AIDS burden in the country.

Folding our arms and expecting supplies from the Medicines San Frontiers (MSF) and the embassy of South Sudan to address the current shortages shows lack of political foresight because this is clearly unsustainable. We need to put in place proper TB drug procurement systems, monitoring mechanisms and devise long-lasting sustainable ways for funding the country's health system. For past years, CWGH has been proposing that foreign currency be prioritised for essential medicines, including TB and HIV/AIDS drugs. This is because treatment of chronic diseases is threatened when drugs are not available, undermining treatment compliance.

As a long-term strategy, Zimbabwe needs to address the social determinants of health. Poverty is a powerful determinant of tuberculosis. Crowded and poorly ventilated living and working environments often associated with poverty constitute direct risk factors for tuberculosis transmission. Poor nutrition is an important risk factor for developing active disease. Poverty is also associated with poor general health knowledge and a lack of empowerment to act on health knowledge, which leads to risk of exposure to several tuberculosis risk factors, such as HIV, smoking and alcohol abuse.

To end the scourge of TB, the government needs to pursue poverty reduction strategies, reduce food insecurity, improve living and working conditions of its citizens as well as promote healthy diets and lifestyles. This is more urgent and most important in mining, plantations and farming communities where knowledge gaps are wide, poverty is rife while living conditions are deplorable.

Given the current state of the country's health system, it is rather surprising that the World Health Organisation (WHO) last week hailed Zimbabwe's health system performance indicating that it was at par with that of an upper—middle-income countries. Surprising because TB patients cannot access drugs, the country experiences frequent ARV stock-outs, there are no enough health workers, no medical equipment and the infrastructure is collapsing while over 90% of the country's drugs are funded by external partners.

Such a highly contestable and disputable assertion gives a false sense of control and comfort to government that all is well in the health sector, when in practical terms the situation is worsening on the ground. How do you explain the "man-made deaths" to medieval diseases such typhoid, cholera, the absence of emergency services and now the likely deaths from TB, which is treatable?

Recently, doctors Matabeleland region complained that some health institutions had run out of Oxytocin and other drugs essential during emergencies. Oxytocin is used to induce labour or strengthen labour contractions during childbirth, and to control bleeding after childbirth. It should be noted that late last year, Zimbabwe experienced a serious shortage of ARVs to the extent that people failed to access the drugs on time, resulting in defaulting and possibly deaths.

CWGH would like to emphasise that it unacceptable for a serious government to allow the situation to deteriorate to levels of stock-outs of life-saving drugs as if there is no authority that superintends over their procurement, distribution and monitoring. Responsible authorities must always raise the red flag well before the situation reaches crisis point.

As an organization whose primary focus is to ensure the enjoyment of quality equitable health services, CWGH would like to urge the government, specifically the Reserve Bank of Zimbabwe (RBZ) to quickly avail foreign currency for the procurement of TB drugs and other medicines to save thousands of lives.

The pertaining situation clearly shows that the government has not been prioritizing the health sector and more specifically people living with TB and HIV/AIDS. It is surprising that the government is failing to avail foreign currency for the purchase of drugs but can still adequately fund other less important sectors or even buy top-of-the-range vehicles for government officials and chiefs.

---

Itai Rusike (Mr)  
Executive Director  
Community Working Group on Health (CWGH)  
4 O'connor Crescent, Cranborne,  
Harare  
Zimbabwe  
Mobile: +263 77236 3991  
Tel: +263-4-573285, 573286, 571205  
Email: [itai@cwgh.co.zw](mailto:itai@cwgh.co.zw)  
Website: [www.cwgh.co.zw](http://www.cwgh.co.zw)

“Health is Your Right and Responsibility”