

COMMUNITY WORKING GROUP ON HEALTH



Press Statement

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No time for blame game, save lives, restore social service

The rising number of Cholera deaths and infections – two months after the outbreak was first reported in the country – clearly exposes the government’s poor disaster mitigation mechanisms or perhaps the lack of political will and firmness to address socio-economic problems affecting the poor.

Other than declaring the cholera outbreak, that has so far claimed 25 lives and infected 3 700 people, a state of emergency, government response has been lukewarm and at a snail’s pace. Outbreaks of gigantic proportions like these require a very swift national response through raising awareness, treatment and restoration of basic social services. It is appalling that in 2018, people are still dying of such a primitive and preventable disease.

The Community Working Group on Health (CWGH) calls for a concerted approach among key stakeholders that include the government, local authorities, residents associations, corporate world and the donor community to address the pandemic to save lives. It will be grossly irresponsible and dereliction of national responsibility for the government to allow the situation to degenerate to the 2008 levels where cholera claimed over 4500 lives and left several thousands affected.

It is terrifying to hear that the strain of cholera bacteria that was isolated in patients in Harare has been determined to be resistant to first line antibiotics Ciprofloxacin and Ceftriaxone. A situational report prepared by the Ministry of Health and World Health Organization has painted a grim picture of the challenges facing the city of Harare at the moment saying 2 million people are in danger of co-infection of both cholera and typhoid. With resistance to first line medication it becomes imperative that the government source alternative medicine.

The US\$1m availed by government – criticized for its unquenchable propensity of spending on luxury cars for the Chiefs than important national issues – is not only paltry but an insult to relatives and friends who have succumbed to cholera, typhoid and other waterborne diseases in the past days.

The cholera outbreak highlights the failure of government to maintain basic public health standards. It is a terrible consequence of failing to invest in and manage both its basic water and sanitation infrastructure and its health system. In most urban centres, residents go for months without tap water, forcing them to dig shallow and unprotected wells and boreholes that have been contaminated by raw

sewage flowing from burst pipes. Cities, once the epitome of good hygiene, have now been turned into big communal villages.

Local authorities are in charge of all water delivery, sewerage, and refuse collection. They are also the recipients of all rates paid by residents who expect proper service delivery. Authorities must be held accountable to all these preventable and avoidable deaths. We have also heard with dismay, how City authorities are diverting money paid by residents to buy luxury cars and giving each other loans for personal gain.

Practically and in the short-term, people need clean water -- they need adequate aqua tablets, they need boreholes; they need water bowsers as a matter of urgency. The MoHCC, the city fathers together with residents associations and other stakeholders must increase public health awareness programmes and improve public engagement forums to disseminate accurate information to residents.

In the long term, Zimbabwe needs a consistent supply of clean water to all its people and in urban areas, replace the old water pipes that are letting sewage sip into the water reticulation system to permanently stop future outbreaks. Remember, most of these water and sewer pipes were laid during the colonial era and no effort has been made to replace them 38 years after independence.

CWGH would like to urge the Ministry of Health and Child Care (MoHCC), who are the custodian of the recently signed Public Health Act (PHA), to utilize the new law to deal and prevent the outbreak of preventable diseases such as cholera and typhoid. The revised Public Health Act should not just remain on paper but fully implemented and enforced to address the public health concerns.

The network would like to applaud the corporate world and the donor community for chipping in with material and financial resources in an effort to stop the outbreak. We, however, would like to quickly point out that overreliance on external assistance is not sustainable for any country especially in Zimbabwe where, in most cases, political considerations supersedes all other considerations.

For years now, Zimbabwe has been failing to adequately provide for the health sector resulting in the outbreak of archaic diseases. It has never met the 15% Abuja target despite acceding to the Declaration over a decade ago. The country is endowed with several kinds of mineral resources that it should not struggle to fund its health delivery system. It has gold, diamonds, platinum, lithium, nickel, chrome and several other at its disposal but surprisingly it is failing to adequately utilize them. This clearly points to poor prioritization or poor governance and lack of accountability as the resources are channeled to less needy areas to satisfy personal political needs.

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 medicines. Surely, how do you explain the "man-made deaths" to medieval diseases such as typhoid, cholera, the absence of emergency services and now the likely deaths from TB, which is treatable in this day and age?

The CWGH is a network of civic and community-based organizations that aim to collectively enhance community participation in Zimbabwe, including improving social determinants of health and alleviating poverty.

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