

Community Working Group on Health



Press Statement on the World Health Day, 7 April 2023

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Time for Action: "Health for All" slogan must not be mirage

The Community Working Group on Health (CWGH) today joins the rest of the world in commemorating this year's World Health Day (WHD) calling on the government to ensure that health services are available, accessible and affordable to all citizens in the country.

This year's theme, "Health for All" resonates well with the growing global call for Universal Health Coverage (UHC), which seeks to ensure that people have access to the health care they need without suffering financial hardships.

The country's health sector has been facing numerous other challenges. The health sector was already facing deep structural challenges, even before COVID-19, and the pandemic worsened or only exposed those challenges. The sector has suffered from years of gross underfunding and investments, with public health spending accounting for a relatively small proportion of total government spending. The inadequate public financing of health has resulted in a poorly run, poorly performing health system with an over-reliance on out-of-pocket and external financing which is highly unsustainable and inconsistent with achieving UHC.

For UHC and the empowered upper middle income economy goals to be realized, a lot more needs to be done to ensure domestic resources are identified and ring fenced for health.

The prevailing macroeconomic situation has impacted negatively on the health sector in a variety of ways; especially in reduced access to health care services by the general population in both the public and private sectors. The closures of clinics and some hospitals, downsizing and redirecting of services as a control measure during the prolonged lockdowns, and even in the aftermath of the movement restrictions did not result in resumption of services to pre-pandemic levels. Instead there has been downsizing of health care services at district, provincial and central hospitals and the results have been telling in the high levels of institutional and community deaths. Cemeteries are full and some have been extended, while in the rural areas the major get-togethers are all around sickness and deaths, i.e. funerals, memorials and tombstone unveilings due to high numbers of deaths.

Zimbabwe suffers from inadequate public infrastructure and ill-equipped hospitals. A number of patients have to travel inordinately long distances to access primary and other level health care facilities, which often have no basic temperature, blood sugar or blood pressure monitoring nor

medicines. Despite the “free healthcare” policy, most of the times the selected vulnerable groups still buy their own medication due to non-availability in both rural and urban public health facilities. This necessitates further travel to access pharmacies and laboratories at the districts or towns, thus impacting negatively on the access and placing hardship on those with limited or no means to travel further.

Emergency medical services in Zimbabwe remain relatively under-developed and under-resourced. The majority of the country’s 57 districts have just 2 or less ambulances serving the 20-50 clinics per district, thereby leaving the burden of transporting the sick to the communities, who have to contend with unreliable, unsuitable and unsustainable alternative transport. The situation is worse in most of the resettlement areas where communities still walk long distances to access the nearest health center.

Meanwhile the country is experiencing rising incidence and burden of non-communicable diseases and conditions. Rapid, unplanned, unregulated urbanisation and changes in lifestyle as people migrate from rural to urban areas are causing an increase in the risk factors that cause non communicable diseases (NCDs) and conditions such as injuries, disability and substance abuse. For instance, the prevalence of hypertension is estimated at about 30% of the total population, which is higher than HIV, tuberculosis and diabetes, while the country has among the highest rates of traffic crashes, (RTAs) given the relatively small vehicular population. Addressing the burden of non-communicable disease constitutes an integral part of achieving SDG 3, “Good Health and Well-Being”. The target set out in SDG 3 is to reduce premature mortality from non-communicable diseases, through prevention and treatment, by one-third by 2030.

The country also suffers a high burden of cancer with the cervical cancer burden being within the top 5 highest in the world. Treatment costs for all cancers remain very high, inconsistent and unaffordable for most people.

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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