

11 December 2008
The Director General
World Health Organisation
Geneva
Switzerland

Dear Dr Chan

An appeal to the World Health Organization; on the health situation in Zimbabwe

We, the members of the Community Working on Health (CWGH) in Zimbabwe, with a membership of about 35 civil society organizations representing a wide range of constituent groups, from Residents Associations to Community Based Organizations are writing to you to express our deepest concern at the severe decline in health and in the health system in Zimbabwe, with negative consequences for people- high mortality, extremely low life expectancy, and significant risk of untreated communicable and chronic disease. We do this because we understand public health, as articulated in the Millennium Development Goals, to be a global public good, and a matter for international solidarity.

We recognize that the current health crisis does not emanate from the health sector- it comes from wider economic collapse and the increasing extent to which people are not accessing basic public services like education, transport water and electricity. Education is a major determinant of health, but many public sector schools are now closed. Public transport has all but collapsed and private transport services are unaffordable for many. Many urban communities including Harare have gone for weeks and months without adequate water supply in a situation that has now declined over several years, leaving people vulnerable to diseases like cholera. People have not been able to access seed and fertilizer to produce food, and are unable to afford commercial supplies of food. Our assessments indicate that basic supplies for hygiene like soap, toothpaste and sanitary towels are unavailable or unaffordable for poor communities. People in this situation are facing a public health crisis of considerable proportions.

Zimbabwe's public sector health services have since independence been a buffer between people and the impoverishing and fatal impacts of ill health caused by such conditions. The massive decline in our public health sector is thus a major crisis for poor people in the country, and leaves people starkly exposed to severe risk. The cholera epidemic that the country and the international community is responding to is a sign of this. While this has obtained significant international attention, we are concerned that more chronic problems like maternal mortality, reproductive illness and malnutrition are less obvious, but equally meriting of attention. People with chronic diseases like diabetes are struggling to meet costs of their treatment. Such groups have difficulty taking medications when they do not have adequate food to eat. We are concerned that the same lack of information and silence that concealed the cholera epidemic in its early stages is also leading to inadequate recognition of other health problems. This depresses an early response to preventing and managing these responses in the community.

While we have a significant health infrastructure and a highly literate population, these assets are wasted for health in the context of lack of medicine, equipment, services and staff, leaving public hospitals and clinics non functional with consequences in preventable loss of life. Again the alarming death toll from cholera is a warning of wider risks to health and of wider failures to manage these risks. The fact that this disease, which has been successfully prevented and managed in past years, is now rampant and high fatal, is a warning bell of the severity of the problem. We hope that the public health community, and the WHO, will respond to this not only with an emergency response to cholera, but with a public health response and measure to rescue our public sector health system, especially our primary health care and services.

We are aware that the World Health Organisation Assistant Director General for Health Action in Crisis Eric Laroche has been in Zimbabwe to identify how to scale up the existing UN and WHO responses. At a time when the global community is marking 30 years of Alma Ata we hope that these responses will not stop with a vertical response to cholera. We urge WHO to more widely address what needs to be done and what resources and support are needed to rebuild our health systems from

primary health care level upwards. While much attention is focused on the cholera situation there needs, for example, to be UN attention to providing inputs now during the closing window of opportunity for people to grow food, to prevent the widening of the current hunger and malnutrition situation; to prepare for supplementary feeding using local foods, to distribute bed nets and resources for spraying to prevent malaria and to ensure drug availability for malaria treatment at clinics so we do not also face a malaria crisis with the rains.

In all of this we urge you to bring people back into the centre of focus and to involve communities in your deliberations and plans on the way forward. Zimbabweans are not numbers of cholera cases or fatalities. We are people who have responded to an increasingly difficult situation, who are entitled to health as a right and who should be central in any response and rehabilitation of our system. We were concerned that WHO has not drawn us into consultations on the response to the current situation, despite our long experience and network at community level of people with abilities to organize and support primary health care, even under harsh conditions. We have a network of people trained in health literacy who with minimal resources and support from social partners have organized people to improve health with what resources are available. Community health workers have cared for ill people and supported local health issues with minimal support. While we have, with the public sector health system, mobile teams of our members in 25 districts to support the response to the cholera epidemic and have begun actions at community level, this could be scaled up if these roles were recognized and supported. We, as national membership based civic society, are an essential element in a primary health care oriented rehabilitation of our health system

We welcome your intervention as World Health Organisation, urge that you intervene in a way that addresses our wider public health crisis, including in our public sector health system, and that you involve us as communities and health civil society in your planning on this.

We look forward to your earliest response
Yours Faithfully

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