

PARLIAMENT OF ZIMBABWE

Tuesday, 5th December, 2017

The National Assembly met at a Quarter-past Two o'clock p.m.

PRAYERS

(THE HON. SPEAKER *in the Chair*)

ANNOUNCEMENTS BY THE HON. SPEAKER

NON-ADVERSE REPORT RECEIVED FROM THE

PARLIAMENTARY LEGAL COMMITTEE

THE HON. SPEAKER: I have received a Non-Adverse report from the Parliamentary Legal Committee on the Electoral Amendment Bill [H. B. 6, 2017.]

INVITATION TO A CATHOLIC CHURCH SERVICE

THE HON. SPEAKER: I wish to inform the House that there will be a Roman Catholic Church service tomorrow, Wednesday, 6th December, 2017 at 1230 hours in the Senate Chamber. All catholic and non-catholic members are invited.

CONSTITUENCY DEVELOPMENT FUND APPLICATIONS CUT- OFF DATE

THE HON. SPEAKER: All Members are hereby reminded that the cut off date for the Constituency Development Fund (CDF) applications is 15th December, 2017 that is the deadline. To enable efficient processing of applications, Members are again reminded to ensure that all requirements as stated in Article 9 (2) and (3) of the CDF Constitution and the Operational Manual are adhered to. These include:

1. Names of members of the CDF Committee set up in compliance with Article 9 (2) and (3) of the CDF Constitution. If you do not comply with that you do not qualify.
2. Minutes of the first meeting on the establishment of the CDF Committee. In other words, we do not want names; we want proof that there was a meeting that resolved that there should be a CDF Committee.
3. CVs of the members of the CDF Committee.

4. An independent bank account into which funds will be deposited. In other words, your personal bank account will not be accepted, it should be independent of the Members of Parliament.
5. Names of the three signatories to the CDF bank account chosen from the members of the CDF Constituency Committee.

Please comply with those five provisions.

MOTION

BUSINESS OF THE HOUSE

HON. RUNGANI: Mr. Speaker Sir, I move that Orders of the Day, Numbers 1 to 22 be stood over until Order of the Day Number 23 has been disposed of.

HON. MANDIPAKA: I second.

Motion put and agreed to.

MOTION

FIRST REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH
AND CHILD CARE ON THE FACT FINDING MISSION TO
ZAMBIA ON CANCER MANAGEMENT AND BLOOD SERVICES

HON. MAHIYA: I move the motion standing in my name that this House takes note of the First Report of the Portfolio Committee on Health and Child Care on the Fact Finding Mission to Zambia on Cancer Management and Blood Services.

HON. MUNENGAMI: I second.

HON. MAHIYA: The Deputy Speaker of the National Assembly, Hon. Mabel Chinomona led a delegation that travelled to Zambia on a fact-finding mission on cancer management and provision of blood services from 25th June to 1st July 2017.

2.0 OBJECTIVES OF THE VISITS.

The objectives of the fact-finding mission were:

- i. To establish the involvement of the Health and Finance

Ministers in mobilising and prioritizing resources towards cancer awareness, research, treatment, control, training and cancer treatment equipment, as well as provision of blood services;

ii. To study the role of Parliamentarians in cancer control and blood services through the budget processes and during the execution of their oversight and representative roles;

iii. To assess initiatives by technical staff, health sector stakeholders, civil society and health institutions in awareness campaigns in waging a formidable fight against the cancer scourge; and

iv. To recommend replication of the best practices learnt in Zambia for improved health service delivery in Zimbabwe's health institutions.

3.0 METHODOLOGY AND OPERATIONAL STRATEGY

The delegation held meetings with the Zambian Parliamentary Committee on Health, Community Development and Social Services, Ministry of Health Officials in Zambia and representatives of the selected institutions that it toured during the visit.

4.0 BACKGROUND

4.1 The Speaker of the National Assembly, Hon. Advocate Jacob

Francis Mudenda led a delegation to the 9th Stop Cervical, Breast and Prostate Cancer in Africa Conference (SCCA). The Conference was convened at Kenyatta Convention Centre, Nairobi in Kenya from 19th to 21st of July 2015. The Conference sought to achieve advocacy among high profile individuals and the general populace whilst creating a platform to share lessons learned among the participants and mobilizing both corporate and political will and resources towards the campaign against cancer. The 9th SCCA focused on strengthening the role of Public-Private-Partnerships to alleviate the burden and high mortality rate from Breast, Cervical and Prostate cancers, notably the biggest killers in Africa today. Accordingly, the conference was held under the theme “*Investing to Save Lives: The Role of Public and Private Sector Partnerships*”.

The following were the key issues raised during the Conference:

4.1.1 That globally, there are 14 million new cancer cases

accounting for 8.2 million deaths, constituting close to 13% of the total deaths worldwide.

4.1.2 That 70% of cancer deaths occur in low and middle income countries, the majority of which are in Africa.

4.1.3 That despite the growing cancer burden, cancer continues to receive a relatively low- public health priority in Africa, largely because of limited resources and other pressing public health problems, including communicable diseases such as acquired immuno-deficiency syndrome (AIDS), Human Immunodeficiency Virus (HIV) infection, malaria, and tuberculosis. It was added that it may also be in part, because of a general lack of awareness among policy makers, the general public and international private or public health agencies concerning the magnitude of the current and future cancer burden and its economic impact.

4.1.4 That there is hope for cancer prevention and treatment in Africa if it is put on the political agenda and supported by Public-Private partnerships.

4.1.5 That every effort must be made to expand the capacity of health care delivery systems to provide timely and effective treatment to patients diagnosed with early stage disease for increased awareness initiatives to result in improved patient outcomes.

4.1.6 That Parliaments have a critical role to play in cancer control by creating awareness of the burden of cancer and the benefits of early diagnosis in their constituencies.

4.1.7 That Parliamentarians should actively lobby for funding for the control of cancer and help put cancer on political agenda through parliamentary portfolio committees that exercise oversight function over the executive.

4.1.8 That Zambia, inspite of the ever-competing health priorities and limited resources to meet the demands of the same, has taken effective action to reduce the number of lives who succumb to cancer each year.

4.1.9 To demonstrate their commitment to cancer control in Africa, the

First Ladies, Parliamentarians and Ministers made a *declaration* to intensify awareness and efforts towards halting and reducing the burden of cancer by 2030.”

4.1.10 In light of the above key issues, the Zimbabwe delegation, in its report recommended that a fact-finding Parliamentary mission be sent to Zambia to learn about how they were managing cancer prevention, diagnosis and treatment with a view to replicate the same in Zimbabwe. To this end, the Portfolio Committee on Health and Child Care resolved to undertake a study visit to Zambia to learn the best practices in cancer control.

4.2 Access to Blood Services in Zimbabwe

4.2.1 The Committee also conducted an enquiry into the access to blood services in Zimbabwe. To gather information on the subject matter, the Committee held an oral evidence meeting with the National Blood Service of Zimbabwe on the 20th of May, 2014 and toured its facilities on the 22nd of June, 2016, with a view to understanding the institution’s operations and blood banking system in Zimbabwe.

4.2.2 The enquiry revealed that access to blood and blood products in Zimbabwe is beyond what is practically manageable for an average citizen with a pint of blood going for between US\$120.00-US\$140.00 as at June 2016. The high cost of blood in Zimbabwe was attributed to the costs incurred during the preparation of the blood to ensure it is free from HIV 1 and 2, Hepatitis B, Hepatitis C and Syphilis. During the enquiry, it was revealed that in Zambia, a pint of blood costs U\$50.00.

Again, this motivated the Portfolio Committee on Health and Child Care to seize the opportunity of the study visit in Zambia on cancer management to also learn about how Zambia is managing blood provision services for its citizens. Thus, pursuant to its oversight role over the executive, the Committee resolved to conduct the two (2) study visits on cancer and blood services management in Zambia from the 25th June to the 1st of July, 2017.

5.0 FINDINGS OF THE COMMITTEE

5.1 Cancer Management and Treatment in Zambia

5.1.1 The burden of cancer in Zambia has been on the increase over the

past years. The most prevalent are cancers of the cervix, breast, liver and prostate. The rise in the number of cases of cancer is due to but not limited to the risk behavior such as: consumption of unhealthy diets, lack of physical exercise, harmful use of alcohol and tobacco use. In Zambia, Human Papilloma Virus (HPV) is the leading cause of cervical cancer in women.

5.2 Cancer Disease Hospital

Due to the rapid increase in the number of cancer patients, there has been significant scaling up of capacities and support in cancer management and treatment in Zambia. The Government of Zambia opened a Cancer Disease Hospital (CDH) in Lusaka, in July 2007 after a Presidential Declaration for free cancer treatment to all Zambians, and a progressive incremental budget allocation that followed. The CDH offers cancer patients state-of-the-art radiation and chemotherapy services as well as palliative care for cancer patients within Zambia and the surrounding region. The CDH has 252 beds, a chemotherapy unit with 80 beds and a nuclear medicine unit with eight (8) beds. To

complement the services offered at CDH, the Government of Zambia planned to establish satellite cancer treatment centres at provincial level. To this end, the Government of Zambia has mobilised resources to fund the construction of two satellite cancer centres in Ndola and Livingstone in 2017. Other health facilities throughout the country offer cervical cancer screening and Loop Electro-surgical Excision Procedure (LEEP).

5.3 Capacity Building

In terms of capacity building, Zambia has accomplished the following:

- ▶ Dedicated office at Ministry of Health for cancer prevention;
- ▶ Creation of cancer focal point person at provincial level;
- ▶ National Reference training manual for cervical cancer screening; and
- ▶ Regional Training Programme of over 300 health professions from 15 countries in cervical cancer screening and early treatment.

5.4 Human Papillomavirus (HPV) Vaccination

Zambia successfully conducted a pilot programme on HPV vaccination with the support from Global Alliance for Vaccines and Immunisation (GAVI) and has targeted 2018 for the national roll out of the programme. Major challenges encountered during the implementation of the programme include resistance -from some religious women and girls; inadequate coordination between health centers and schools in planning the visits and competing priorities.

5.5 Surgery

In terms of surgery services in cancer treatment, Zambia has done the following:

5.5.1 Gynaecological Unit

Gynecological Oncology Unit has been established at the University Teaching Hospital which is dedicated to management of gynecological cancer. The most common cancer operated on is cervical cancer.

5.5.2 Chemoradiation

More machines were available for treatment while training of

Radiotherapy Technologists had started. Plans were said to be at an advanced stage for training Clinical Oncologists and Oncology Nurses in Zambia. In addition, Zambia has availability of over 80% chemotherapy essential drugs for cancer patients.

5.6 Political Will

5.6.1 To demonstrate its political will, the Government of Zambia has taken a step further to ensure the streamlining of cancer management in all its Ministries. This move compels each ministry to contribute through policies and programmes towards the fight against cancer.

5.6.2 At the highest level, the First Lady of Zambia, through awareness campaigns and getting screened for cancer, champions the fight against cancer diseases, a clear demonstration of political will to combat cancer.

5.6.3 At a community level, Zambia has successfully engaged the traditional leaders in the fight against cancer diseases. Traditional leaders are sensitised on the importance of having their communities diagnosed and treated for cancer, as well as cancer prevention measures that need to be embraced by their communities.

5.7 Financing of Cancer Services

The Government of Zambia, through its Finance Ministry, is very much committed to financing cancer management and treatment. Parliament appropriates money for running costs of cancer medicines and supplies on a yearly basis. Overall, Parliament appropriates 9% of the national budget to the Ministry of Health in Zambia. Such financial support has enabled Zambia to build a state-of-art Cancer Disease Hospital where its citizens get all the required cancer services and where other regional countries seek cancer treatment. The delegation had the opportunity to tour the Cancer Disease Hospital which was fully equipped with state-of-art equipment. To reckon with here, is that Zambian citizens receive cancer services for free as the government of Zambia provides the cost of providing the service. The delegation was informed that the Government of Zambia has plans to replicate Cancer Disease Hospital in all its ten (10) provinces to further improve on cancer management and treatment. Before 2006, the Government of Zambia used to send cancer patients abroad for treatment at a cost of US\$10 000 per patient.

5.8 Management of cancer within the Zambian Defence Force

(ZDF) Medical Services

5.8.1 Zambia's Defence Force Medical Services has successfully provided cervical cancer services for women. Its implementation plan is as follows:

- ▶ Trained Peer Educators create demand for the service through one- on-one and group health education;
- ▶ Mobile HIV and STI screening services are offered (Using the Opt out) to Men and women (Integrated Service delivery);
- ▶ Cervical- Cancer Screening is provided to consenting women inside the health facility; and
- ▶ The target for Cervical Cancer Screening is as follows:
 - 30 – 49 years for HIV negative women
 - 25 – 49 years for HIV positive

5.8.2 The ZDF flagship Cervical Cancer Prevention programme has been able to scale up because of the following reasons:

- ▶ The ZDF incorporates a strong community awareness component, uses a low cost prevention approach and Nurse-Led approach at the point of care as well as linking screening with treatment or referral; and
- ▶ Maintains efficiency in quality control which allows for review by experts; strong collaboration with the local health authorities; and gets strong financial support from the American Embassy.

5.9 Research Services

5.9.1 The Centre for Infectious Disease Research in Zambia (CIDRZ)

which was established in 2001 is the largest independent, non-profit healthcare research organization in Zambia. This organization is one of the state-of-the-art medical and research diagnostic laboratories in Sub-Saharan Africa with a testing volume of over one-million routine and safety HIV care and treatment patient laboratory tests run per year. By working closely with the Government of Zambia through the Ministry of Health and other line Ministries, CIDRZ helps Zambia research on

healthcare milestones and Sustainable Development Goals (SDGs) targets. Its technical expertise and operational infrastructure enables clinical, research and professional development training and local ownership of high-quality, complementary and integrated healthcare services within the Zambian public health system.

5.9.2 The organization boasts of the sustainability of its work because of the support it gets from the Government of Zambia by using the existing government infrastructure and human resources. In terms of finance, the organization receives support from the United States National Institutes of Health, European Union, United Kingdom Department for International Development among others and is also supported by the Government of Zambia.

5.10 Challenges in cancer prevention and treatment

The following were highlighted as challenges faced by Zambia in its efforts to combat the cancer diseases:

- ▶ Chemotherapy and radiotherapy services are centralized;
- ▶ Lack of training programs for clinical oncologists;

- ▶ Lack of high technology radiotherapy delivery mechanisms;
- ▶ Late presentation of cancer patients;
- ▶ Inadequate public sensitisation/awareness on the risk factors, causes, prevention, the need for early diagnosis and treatment of cancer related conditions;
- ▶ Shortages of cancer specialists;
- ▶ Inadequate capacities for cancer screening, treatment and care at health facilities;
- ▶ Limited community support to the chronically ill cancer patients; and
- ▶ Weaknesses in the policy, legal and institutional frameworks for control of the key determinants of cancer.

5.11 Provision of Blood Services in Zambia

5.11.1 The University Teaching Hospital (UTH) Blood Bank has responsibilities for providing a 24 hour service for compatibility testing and supply of blood to patients. The Blood Bank is located at the University Teaching Hospital.

5.11.2 The Zambia National Blood Transfusion Service (ZNBTS)

has responsibilities for:

- i. Blood donor recruitment, selection and blood collection;
- ii. Care for blood donors including counselling;
- iii. Screening for infectious agents, serological blood grouping
and storage of units -of donated blood;
- iv. The preparation of blood components; and
- v. Supplying blood and blood components to hospital
blood banks, including UTH.

5.11.3 Donors who wish to donate Blood freely go to the Blood Bank. The Blood Bank also goes into schools and the communities and those willing donate freely. All units of blood are screened for mandatory transfusion transmissible infections. The delegation was informed that the production cost of one pint of blood in Zambia is US\$89.00 but Zambians get blood services for free. The delegation also had the opportunity to tour the blood bank facility.

5.12 Financing of Blood Services

Zambia National Blood Service (ZNBTS received external funding support from the European Union from 1988-2003. The President's Emergency Plan for AIDS Relief (PEPFA) also offered the ZNBTS financial support from 2004-2016, while the Government of Zambia provided supplementary budgets. The funds were used for infrastructural development, trainings and purchasing of some critical commodities. At the time of the visit, the Government of Zambia had taken over and had full ownership and financing of the ZNBTS. This has resulted in the easy access to blood services by the generality of Zambians.

5.13 Cancer Treatment and Blood Processing Equipment

The equipment that Zambia uses for cancer treatment and blood processing is acquired through Medical Equipment Service Contracts. The Hospitals then buy reagents from the suppliers of the equipment. The servicing, repair and upgrading of the equipment is done by the suppliers of the equipment. This reduces the expenses of purchasing, servicing, repairing and upgrading of the equipment from the Government of Zambia's coffers.

6.0 LESSONS LEARNT

The following are the lessons learnt from the fact-finding mission in Zambia:

6.1 When government takes charge of its citizens health, healthcare systems are strengthened and services are affordable and accessible to the generality of the population in the country;

6.2 Spreading the responsibility to combat cancer diseases across all government ministries pulls both human and financial resources together, while creating many champions in this cause;

6.3 Reasonable budgetary allocations to the Ministry of Health are key to quality health service delivery system;

6.4 Collaboration and concerted effort from the following is of paramount importance: All government ministries, key stakeholders, civil society, communities, traditional leaders and even the uniformed forces. This smoothens and improves provision of cancer services as everyone wedges a war against cancer diseases.

6.5 Medical Equipment Services Contracts are good in ensuring availability of critical equipment in hospitals that government may, sometimes, find it difficult to purchase, service, repair and upgrade when they are due for such attention. This also improves the quality of health that is provided to the citizens;

6.6 A dedicated cancer diseases hospital provides the quality medical attention that is much needed by the patients; and decentralisation of cancer services is also vital;

6.7 Research is critical in coming up with evidence based solutions to ending cancer;

6.8 Political will at all levels is key as it determines the outcome of the war against cancer diseases.....

THE HON. SPEAKER: Order, order Hon. Mutseyami, this is my last warning before I ask you to leave this House.

HON. MAHIYA:

7.0 RECOMMENDATIONS

Flowing from the above experiences and lessons, the Committee recommends:

7.1 That the Government of Zimbabwe must fully fund and own the National Blood Services of Zimbabwe to enable citizens easy access to blood services by end of 2018;

7.2 That the Government of Zimbabwe must exert efforts to provide free treatment for cancer and provision of blood services just as much as it did on HIV/AIDS as a matter of urgency;

7.3 That the Ministry of Finance must allocate the Ministry of Health and Child Care not less than 9% of the 2018 national budget;

7.4 That the Government of Zimbabwe should also streamline cancer management in all its ministries by the end of 2018;

7.5 That the Government of Zimbabwe should seriously consider putting in place the Medical Equipment Service Contracts by June 2018;

7.6 That the Government of Zimbabwe must continue to support

research services in the health sector;

7.7 That our First Lady be requested to consider joining other African First Ladies in waging war against cancer diseases through awareness campaigns and other innovative approaches; and

7.8 That all Parliamentarians must begin to seriously fight cancer diseases through awareness campaigns, oversight over the executive and lobbying for an improved budget allocation of the Ministry of Health and Child Care to be in line with the 15% Abuja Declaration during the Pre-budget Seminar for the 2018 national budget and during the 2018 national budget debate in Parliament.

7.9 The Committee should conduct further investigations into the operations of the National Blood Service of Zimbabwe.

8.0 CONCLUSION

The Portfolio Committee on Health and Child Care applauds the Government of Zambia for taking giant commitments and dedication in the provision of cancer and blood services, and calls upon the

Government of Zimbabwe to emulate the same. The Government of Zimbabwe must take full charge of its citizens' health and wean itself from the current donor dependency. The Committee would also like to thank the Speaker of the National Assembly for availing the much needed funds to undertake the study visit.

HON. MUTSEYAMI: On a point of order Mr. Speaker.

THE HON. SPEAKER: You want to disturb the flow of the debate. I want to allow the seconder first.

HON. MUTSEYAMI: My point of order is of national importance.

THE HON. SPEAKER: Yes, I know but procedure first. Hon. Munengami please.

HON. MUNENGAMI: Thank you Mr. Speaker Sir. It is an honour for me to contribute to the debate or report which our Committee undertook in Zimbabwe. Because of the new dispensation which has just happened here in our country, we have got a new First Lady, Hon. Amai Mhangagwa. I think if you heard from what Hon. Mahiya has just said in

as far as what other First Ladies in Africa are doing in as far as combating the cancer disease, I hope that she is listening very carefully. It is unfortunate that Hon. Matangaidze is sort of disturbing her – [HON. MEMBERS: *Aah!*] – [*Laughter*] – [HON. ENG. MATANGAIDZE: I am only apologising.] – but this is very serious. I know you might be apologising to her but I hope you could give her sometime so that at least if she can listen attentively because our aim as Parliament or Zimbabweans is for her to take a leading role in as far as this issue is concerned, and I think she has heard about it.

Hon. Speaker, it is very unfortunate that when we grew up around 1980, the disease which we were very much aware OF was AIDS and it was a leading disease in as far as affecting the generality of our Zimbabweans was concerned, but now cancer has taken over. If you check the percentage of AIDS *versus* cancer, I think cancer is now more in terms of deaths as far as this disease is concerned. The reason being because of the awareness of what our Government has done in as far as

AIDS is concerned, the issues to do with publicity and advocacy in making sure that people become very much aware of the AIDS disease.

Unfortunately, that is not what is happening with regard to cancer. People are dying silently and some of are them not because they are aware that cancer is the disease which is killing them but they are dying because they are not even aware of the cause of the death which is affecting them. So, there is that political will which is needed, probably not only from the Government, but also from us as parliamentarians that when we go out to our constituencies to make sure that we advertise, publicise, advocate and do whatever we can in as far as the issue of cancer is concerned.

We were given the example of this Zambian trip which was undertaken by the Committee and Hon. Mahiya pointed out quite a lot of similarities, not only similarities but I think what the Zambians have done in as far as combating the disease of cancer is concerned, developing their infrastructure and facilities to enable the Zambian people to get treatment, but which is not actually happening in our

country. Like what she also said, we have got the Abuja Declaration which stipulates that 15% of the National Budget needs to go to the health sector. If you compare here in Zimbabwe, you will see that our priorities for example, at number one, you might have the Office of the President and Cabinet; number two, you might have the Ministry of Education, number three, it might be Defence. The Ministry of Health, we usually find it around number six or seven yet we are not in any war. It is very unfortunate that I saw the Minister of Finance and Economic Development, he might have gone somewhere or he might have some other commitments. I hope when he presents his budget, health will be either number one or two. The reason being that we need to fulfill as a country the requirements which we agreed upon in as far as our continent is concerned, the issue of the Abuja Declaration, the 15%.

Coming back to the issue of publicity, there is another issue which happened here in Zimbabwe; the involvement of traditional leaders. I was speaking to Hon. Maondera just now when he was telling me that the child marriages issue, I think the traditional leaders were involved in

the campaign to make sure that we stop this issue of child marriages.

This is another issue which I also feel that as a country we also need to involve them so that at least they go there and teach their people; they publicise. The issue is publicise, publicise. Let us try to advocate as far as the issue of cancer is concerned.

Coming to the issue of blood, it really pains me Hon. Speaker that here in Zimbabwe, we have got a company called the National Blood Transfusion Services. Many of us might not be aware that this company is not a Government company nor has it got any link to do with the Government. It is a private company which gets money from the ordinary people. Remember, people donate blood freely but at the end of the day, the blood which they are donating freely is now being sold by a private company – [HON. MEMBERS: *Hear, hear.*] – It does not make any sense at all to say that such a national important issue which we know affects the generality of our people, we give it to a private company to manage and at the end of the day they get profit out of it. That is the reason why you see our blood is very expensive here in

Zimbabwe. A pint now I think costs, maybe Dr. Chimedza might help, I think it costs around \$100 – [AN HON. MEMBER: \$120.] – You can just imagine but if you go to Zambia, it is for free. The reason why the blood in Zimbabwe is expensive is because we have given it to a private company; it is now business and it is no longer a national issue. Those are some of the issues which I think just in my brief contribution, is to say that maybe we need to re-look, we need to think, we need to change the way we do our things. With those few words, I think I might have said enough. Thank you very much Hon. Speaker.

HON. MUTSEYAMI: I have a point of order.

THE HON. SPEAKER: Can I hear his point of order.

HON. MUTSEYAMI: Thank you Mr. Speaker Sir. My point of order is with reference to Chapter 5, Section 5.17 and my specific issue is with regards to Part 3 of the National Constitution of Zimbabwe.

THE HON. SPEAKER: What does it say?

HON. MUTSEYAMI: “Ministers and Deputy Ministers are appointed from among Senators or Members of the National Assembly

but up to five chosen for their professional skills and competence may be appointed from outside Parliament.” As a Member of Parliament representing Musikavanhu Constituency, I am very worried Mr. Speaker Sir, bearing in mind the history that we had when we had some situations whereby an advisor to the former President, R.G. Mugabe gave him a wrong speech. We had a time when he came here and presented a very wrong speech. Now, we have a pool of advisors to the President and we have the Constitution here, which everyone in this country had access to during the COPAC time but now we have a situation whereby the advisors again would advise the President to go to an extent of appointing about ten non-constituency citizens of Zimbabwe as Ministers. That was announced when it is contrary to the Constitution. The Constitution is very clear.

My appeal as a Member of Parliament and citizen of this country is for our President of this country to have a thorough and polished team of advisors who are sincere with concerns of this country, who are sincere with responsibilities, who are not there to jeopardize or sabotage the

President by giving him falsehoods. My appeal is for the President to look thoroughly to the house of advisors that he has now because on the first port of call, they did a wrong pot and it was so bad. My appeal is for the President to look seriously and get rid of these people who used to give a wrong speech to the former President. I thank you.

THE HON. SPEAKER: Your point of order is noted Hon. Mutseyami.

HON. DR. CHIMEDZA: Thank you Mr. Speaker Sir. I rise to debate on the report of the Portfolio Committee on Health and Child Care.

THE HON. SPEAKER: Sorry, would you allow me to interrupt you.

HON. DR. CHIMEDZA: Yes, Mr. Speaker Sir.

ANNOUNCEMENT BY THE HON. SPEAKER

VISITORS IN THE SPEAKER'S GALLERY

THE HON. SPEAKER: Thank you. I should have made a short announcement before you spoke. I have to acknowledge the presence in the Speaker's Gallery, students and teachers from Munyirs High School in Buhera. You are most welcome – [HON. MEMBERS: *Hear, hear.*] – My honoured guests, the practice is that you should stand up and acknowledge the announcement.

Guests reciprocated by standing up.

HON. DR. CHIMEDZA: Thank you very much Hon. Speaker Sir. I rise to debate on the report by the Portfolio Committee on Health and Child Care on the fact finding visit to Zambia on cancer and blood transfusion services in that country. Mr. Speaker Sir, we are in a period where blood and blood services have become unaffordable in this country. The range or the cost of blood and blood products is between \$120 and \$280 for different products per pint. You know Mr. Speaker Sir, with the situation that we have in this country this is totally out of reach of the majority of citizens of this country. The reasons advanced and which are quite genuine, are that we have the rawest kind of service

of blood transfusion in this country, some of the best in the world. The screening that we do of different diseases, the machines that we use, the different products that we produce are really of the highest calibre but all this comes to nought when these products are not affordable to the majority of the people of this country.

One of the reasons we went to Zambia is that we had been informed that blood in Zambia is only \$50 a pint. Some of the people in this country, especially those that are staying in the areas bordering Zambia were said to be crossing Zambia, buying blood and coming to transfuse their relatives in this country.

Obviously, for blood transfusion it is more complicated than that. When we went to Zambia they said if anyone is said to be buying blood from Zambia and coming back to Zimbabwe, they are probably buying monkeys' blood. This is because the processes of buying blood is that you need to have that person cross-matched and you need to have the blood of the patient you have left in Zimbabwe being the same with the blood that you are buying in Zambia. You need to carry the blood,

transport it in certain conditions that make sure that it will be compatible with the patient when it eventually arrives in Zimbabwe.

So, it is important just for information and education that it is almost impossible to cross the border and be sold blood. Even those that are selling you blood will not be doing you justice by so doing because there are a lot of stages that one goes through to buy blood. Coming to Zimbabwe, it is our responsibility as Government to make sure that every Zimbabwean gets blood as and when they require it.

Unfortunately, for Blood Transfusion, it is required mostly in dire emergencies when mothers are giving birth and they have lost a lot of blood and are about to die, you need to transfuse blood among others.

When patients have had road traffic accidents and they have lost blood, you need to give them blood. This is because of the acuteness of the situation, it means there is no time to look and consult relatives, look for money and mobilise resources to buy the necessary quantities of blood, and the time is not there. It is important for us as Parliamentarians and Government to make sure that blood is available to every citizen of

this country. It is a responsibility of Government to do that. We have to take that responsibility seriously.

The reason that we think as a Committee this is not happening is that Blood Transfusion Services while they are excellent, they are in private hands. Even for Government to come and mobilise resources from Treasury and give a private entity to effect the services that we want might not be proper. So, I think it is very important for the Ministry of Health right now to consider either setting up a Blood Transfusion Service or taking over the Blood Transfusion Services that are there right now so that Zimbabweans do not have to crack heads to get transfusion.

When we went to Zambia for this fact finding mission, the Zambians were surprised and they said they could not believe that Zimbabweans were coming to see how they do business in Zambia. This is because most of the people that we met had been trained in Zimbabwe and they knew that Zimbabwe was one of the best in the provision of services. The only problem that we had now is that the high quality

blood services that we have are no longer affordable to the majority of Zimbabweans. So we said we wanted to see how they were doing it. Blood Transfusion Services in Zambia, as has been mentioned is free and all Zambian citizens are getting blood for free, and we wanted to know how they afford it.

There are some of the reasons that I will say, but they said the cost of production of getting a pint of blood from the time the blood is donated to the time the blood is screened for all the infectious diseases and the time the blood is cross-matched to match it with that of the patient, all these stages cost about \$80. So, the cost of producing a pint of blood is about \$80, but they are absorbing that cost and giving their patients free blood services. Some of the things that they have done is that most of the companies that have machines from fractionation and screening, the machines that are used in blood transfusion services, the Government of Zambia is leasing from the companies.

The contract only requires them to buy reagents. So their money is not locked in big hardware. All they need to do is provide reagents and

they buy the reagents from the companies that have leased the machines to them. This also cuts down a lot of corruption because our people might want in other departments to say let us buy the machines. The prices are highly inflated, *macuts oitwa ipapo kuti kana ndatenga kwauri*, 10%/20%, and this costs the country a lot of money. At the end of the day, some of the machines that you are sold in those kinds of conditions are not functional. So, you buy expensive machines that are not functional, you probably are not able to get the reagents at all and you have redundant machines that are not benefitting the people of this country.

It is important for the Ministry of Health and the Minister to also look into leasing machines when he sets up this Blood Transfusion Centre because I think it is imperative on the Ministry of Health to provide free blood to the people of this country. In terms of blood transfusion, our Committee is very clear Mr. Speaker Sir. The Ministry of Health should be given money. We cannot run away from a commitment like this because for Blood Transfusion Services. It is a life

and death issue. There is no Government in the world that likes to watch its people dying because they have failed to provide an essential product like blood.

We have had NGOs in the past donating coupons where pregnant mothers would get coupons for two/three pints so that should anything happen when they are delivering, they can get blood from donations. We can no longer afford to have our people's lives being buttressed by donations from other people. This is our responsibility and we need to take it head on.

The other issue that we looked at was the issue of cancer. Cancer has overtaken HIV/AIDs in morbidity and mortality. In simple language, the number of deaths and the number of disabilities that are caused by cancer now is way ahead of HIV. So, cancer has taken centre stage in the number of people that are being disabled and killed. As this has taken centre stage in the health sector in killing people, maiming and disabling people, we as Government should also deal with it like it is the

elephant in the house. Our resources, strategies and planning should be focused on how we can defeat cancer.

Treatment for cancer is extremely expensive, from the radiotherapy to the chemotherapy and to the surgery. It is way out of reach of people. You are talking of \$15 000. Even most parliamentarians will not be able to afford the courses for cancer treatment. So, a lot of people will die and are dying now because of unaffordability of cancer treatment even in our public hospitals. It is important Mr. Speaker Sir, that we really consider putting money into cancer prevention, diagnoses and into cancer treatment.

We have done very well in the Ministry of Health in screening cervical cancer, screening breast cancer and awareness campaigns but for those that have passed this stage that then need surgery treatment with chemotherapy, radiotherapy; that is where the story ends, because it is totally unaffordable for the people of this country. So we need to do something.

I am glad that the Speaker has taken cancer very seriously. I had the privilege of travelling with him to Kenya on Stop Cervical Cancer which is championed by the First Ladies of Africa. I am glad our First Lady is here. I know that she can run with this very well – [HON. MEMBERS: *Hear, hear.*] – Unfortunately, we had failed to get through to the former First Lady and the Committee had resolved to go to State House to talk to her about this – because we had gone to Namibia and Kenya, all the other First Ladies were there and she was not there. They are doing great work on cancer. If you go to Zambia, when we went there, the person who was on the forefront promoting the issue was the First Lady of Zambia. In succession, the previous First Lady was also very active and the new First Lady is also very active. They have done wonders in Zambia, they have a whole department from Directors to Deputy Directors in the Ministry, they have a stand-alone Department for cancer. They have built referral hospitals in Lusaka and they are building cancer hospitals in each district. They are providing cancer services from radiotherapy, diagnosis, treatment free of charge.

Mr. Speaker Sir, when we talked to the Parliamentarians there, they are very clear on what they are doing on cancer. That is one of the highest killer diseases in that country and they have mobilised their resources and directed them towards that threat. We are seeing that happening in this country. Cancer is killing people like flies but we have not focused like we did when we focused on HIV and we became a celebrated model. People are coming from Uganda and all countries to see how we established the National Aids Fund and how it is now best practice in the region. We can still do that with cancer and blood transfusion.

I know that the Minister of Finance has just walked out but it is important that when we allocate the budget of the Ministry of Health and Child Care, we put into cognisance the need to establish the blood transfusion centre and cancer services provision that are free. Right now we are giving HIV drugs free of charge and we have managed to drop the infection rates from 33% to 14% prevalence rate.

In conclusion, I want to appeal to the Minister of Finance for clarity, planning and focusing on these two issues to the Ministry of Health and Child Care so that we combat and nip this problem in the bud. It is a big issue, we have seen big people affected by cancer for example Parliamentarians and Ministers. We know that anyone can be a victim of this disease. We have lost money when people travel to India and South Africa to get treated for cancer when most of these things can be done here. Most of the foreign currency that we use for the patient, the person who will be taking care of the patient and other relatives accompanying the patient; that money can be used for other things when we treat these people here – if we provide the machines, the drugs and the machines that are required. We also have the expertise here for people to treat cancer and blood. We are actually one of the leading trainers of oncologists in the region. We are training cancer doctors in this country – but after we train them, they have nowhere to work, they go in the private sector and they make their money there, because in the public sector, the machines are not there.

Mr. Speaker Sir, I want to conclude by saying, we need to focus on these two issues. I thank you.

HON. DR. KHUPE: Thank you very much Hon. Speaker. I want to add my voice to the report of the Portfolio Committee on Health and Child Care on their Fact Finding Mission to Zambia on Cancer Management and Blood Services. I would like to begin by saying that in 1980 when we attained our Independence, the majority of Zimbabweans ululated and they were very happy that finally, we now have the black majority rule. During that period, Government said health for all by the year, 2000. Mr. Speaker Sir, from 2000 to 2017, it is about 17 years and I do not think that it is health for all now. I think it is death for many people in this country.

Mr. Speaker Sir, in 2001 Heads of States met in Abuja and they all declared that out of their budgets, they will make sure that 15% goes towards health. If we look from 2001 to date, very few countries including my country have implemented that. I became a Member of Parliament in 2000 and I do not remember a single year where health

was allocated 15%. Health is very important and every Government is supposed to prioritise health because a healthy nation produces and an unhealthy nation does not produce.

Mr. Speaker Sir, investors will not come to a country which has got a high disease burden. This is why it is important for Government to take health issues seriously, because they have got so many implications in terms of production and investors who want to come into their countries and invest.

Mr. Speaker Sir, coming to what the Committee found out, in regards to blood, when you look at blood, it is donated by school children and many other adults. When they donate that blood, I think they are given a drink and biscuits, they are not paid anything to donate that blood but when a woman is going to give birth – as you know when women are giving birth, they lose a lot of blood and in majority of cases they need that blood urgently and they are made to pay for that blood. This is why our maternal mortality is 960 out of every 100 000 live births – meaning that 15 women die every day while giving birth, this is

unacceptable. When women are giving birth, they are giving birth to future Presidents of this country, to future Speakers of Parliament, to all of us in this House. Therefore, women should not be punished for giving that life by making them pay for the blood which they so need after giving birth. There are emergencies where people are involved in accidents, they need blood for free but they are asked to buy that blood, where are they expected to get the money to buy that blood from? Money is not available.

Coming to cancer issues Mr. Speaker Sir, cancer like what other Hon. Members have said, it has become more fatal than HIV. In Zimbabwe, very few people used to talk about cancer. It was taboo to talk about 'I have cancer'. I think for the first time when - if the truth was to be told, as a country we started talking about cancer is in 2011 when I was diagnosed with breast cancer and I decided to tell the nation that I had been diagnosed with breast cancer because what I experienced in terms of treatment and emotional stress, what I went through, I realised that keeping quiet will not help. I felt that it is better we start

talking about it so that our country can also prioritise health issues and take cancer treatment as a priority.

People in the villages are dying in agony, especially women because they do not know that there is this thing called cancer. – [HON. MEMBERS: *Inaudible interjections*] –

THE TEMPORARY SPEAKER (HON. MARUMAHOKO):

Order, order! Hon. ladies there, there is a lady giving a testimony and you are busy making noise. How do you feel?

HON. DR. KHUPE: Mr. Speaker Sir, it is so sad because we are talking about very important issues to do with health and everybody must listen attentively to what the other is talking about. If they have got issues, they must also stand up and debate.

Mr. Speaker Sir, this is a very important issue. I was talking about cancer, to say very few people were talking about cancer. People are dying in the villages, they do not know that there is this thing called breast cancer, cervical or prostate cancer because there are no awareness programmes and screening facilities. This is why even Hon. Dr.

Chimedza raised it, that we need cancer screening facilities. Cancer treatment must be accessible, available and it must be affordable. If we look at Zimbabwe, we have got two cancer treatment centres, Mpilo and Parirenyatwa which are supposed to cater for 13 million Zimbabweans.

You expect a person to come all the way from Binga to Mpilo, from Beitbridge or Uzumba-Maramba-Pfungwe to Parirenyatwa, it is not feasible. They cannot afford that because there are transport costs involved, accommodation and they are supposed to pay for cancer screening and treatment. Cancer treatment is very expensive. This is why we are saying Government must prioritise health so that 15% is given to health. Once 15% is given to health, I think they will be able to deal with all these issues.

With HIV, it is better because so many NGOs are donating towards HIV but no one is donating towards cancer. People are supposed to find money so that they are treated. Mr. Speaker, early detection of cancer saves life. Once cancer is detected early, it can be treated and life can be served but majority of cancers in Africa are only discovered when they

are in their late stages, which are stages three and four. These stages, you will be very lucky to be treated. People die when their cancers are on stage three and four.

I would like to appeal to our Government to say this is a dawn of a new era and we want to see what this new era is going to bring to us. That new era must start doing things differently. They must start implementing the kind of things that as Heads of State have agreed to; they committed themselves to. They committed that 15% was going to go towards health. That must be implemented to the letter and spirit in which these declarations were made because if it does not happen we will perish. We will all die. People are dying not because they were supposed to die but they are dying because they are unable to access that treatment.

Like I said, awareness is also important. We must go to the rural areas to talk about issues to do with cancer, HIV; you name it. People must know about these issues, but very little is being done. Government

must start looking into those issues. The First Lady is here, they said so. I hope and trust that she will do what the other First Ladies are doing.

I was with Hon. Dr. Chimedza when we went to Kenya and we saw what other First Ladies were doing in regard to cancer treatment. They take it as a priority. They have got mobile clinics whereby those mobile clinics go to the rural areas where women are screened. We do not only have to screen them for cancer; we screen them for everything, high blood pressure, sugar and so forth. These things can be done, they are not difficult. All you need to do is to sit down and plan on how to do them. Zimbabwe is a very rich country. We are endowed with numerous resources; gold, diamond, platinum, you name it but the sad reality is that when you look at every Zimbabwean, you are supposed to see diamond glittering in their eyes but what do you see these days? You only see poverty in all our eyes. We hope that this is going to be changed.

For some of us, all we want is a better life. I, as Thokozani Khupe, it is not about power. It is about the better life of the 13 million

Zimbabweans in this country. If Government can change their ways of doing things and start implementing the things that they said they were going to do so that every Zimbabwean has a better life, they have food on their tables, so that they can walk into a hospital and be treated; so that if they require blood, they can walk into a hospital and be given that blood free of charge - for me, I will be satisfied. They must not pay anything, I will be satisfied because that is what I want as a Zimbabwean.

I decided to join politics because I wanted to make a difference. I wanted every Zimbabwean to have a better life, which is why we are here all of us. When we stand up to talk about these issues to say, please cancer is killing people, can you make sure that cancer treatment is available and is for free. We are saying it because we want everybody out there to also benefit. All Zimbabweans must get a fair share of their cake and they can only get a fair share of their cake when they have access to health facilities. That is how they will benefit. They will never see a diamond even one day. They will never see gold, I have

never seen gold myself but at least I have seen diamond when I went to Chiadzwa. I have never seen platinum, but they must see those resources through facilities like health facilities.

I come from Bulawayo where we have got Mpilo Hospital. It is called Mpilo because the moment you got in, those days you felt that relief that I am now well because of the smell of methylated spirit, injections and so on. The minute a person walked into a hospital, they were well even before nurses touched them because it is psychological. If you walk into a hospital these days and see what I saw during my tenure as Deputy Prime Minister, no one will ever be well; where there was water running in the toilets and everywhere else. I realised the environment contributes to a patient getting well. Once the environment is not good, there is no way you can be well.

This is why I would like to emphasise the point that 15% of the budget must go towards health so that health becomes a priority in this country because a healthy nation produces. A healthy nation will make sure that we are all happy in our country. Investors will come in their

thousands and bring the much needed foreign currency that we need so that everyone has got a job and food on their tables. I rest my case.

***HON. DUTIRO:** Thank you Mr. Speaker. I would like to add my voice on this issue of cancer. The challenge of cancer is there in our areas. To some extent, people are now knowledgeable of cancer as a disease. What makes people seem to be doing nothing with cancer patients is that you just come across a cancer person in the last stages of the disease, when people are gathered; when they are not aware of what the disease is because cancer is a slow killer.

The challenge that we have as Africans is that when someone is affected by cancer, many people prefer visiting faith healers and witchdoctors. Relatives are informed when it is at its last stage. The challenges we also have in our hospitals that makes people spend a lot of time visiting prophets and witch doctors is that when we go to the hospitals from 7.00 a.m to 12.00 p.m, there will be a lot of people and only one or two nurses attending to the sick. For example, the district where I come from, we have about 200 000 people but we only have two

doctors and you can tell that they are being overwhelmed. Even if you look at privacy, there is no privacy because when people are there, there is no confidentiality, you just say out what you are suffering from. If you visit the witch doctors and the prophets, there will be confidentiality and as a result, people now trust visiting witch doctors and prophets.

We have heard from Dr. Chimedza that specialists for cancer are being trained, but there are no jobs because there is no money to pay those people and if you look back at these specialists, they are only found in Harare. We have so many hospitals, for example Chinhoyi hospital. Yesterday, I was at Parirenyatwa Hospital. I was shocked to see a person coming from Chinhoyi being referred to Harare Hospital. Chinhoyi hospital is very big, but you find that there are no specialists and those specialists do not want to go to smaller towns. They want to spend most of their time in towns where they have their private practices. It is good for them to do that.

Since 1980, we have had a Minister of Health and Child Care who has been a doctor. I think the Ministers who are doctors are sympathetic

to their colleagues who are in the Ministry of Health and Child Care. It is better that if a person goes to the private sector they stay there in the private sector. If you say that someone has come to work for the Government, they should stay there and you should give them their proper dues which go with the job that they are doing. You find that these specialist doctors do not do a lot. They just visit these referral hospitals and ask what is happening there for about three hours, but you find that junior doctors are the ones who spend more than 10 hours working. They just visit the hospital for three hours and are paid more than the junior doctors.

So, I am just urging the Ministry of Health and Child Care that they should increase the number of their workers and should also train nursing doctors because we now have a new disease in terms of cancer. We should train nursing doctors who have experience in dealing with cancer cases. Why should we train doctors when we have nurses who are there waiting to do work although they are paid less salaries.

We also heard that the cancer patients should be treated for free. It is not that it is not a good idea, but I am saying we should also look at our diet which we are feeding on in the urban and rural areas so that we do not allow our people to eat food that propagates the spread of cancer.

With these few words, I want to thank you Mr. Speaker.

***HON. CHINOTIMBA:** Thank you Mr. Speaker. I want to thank the First Lady in *absentia*. I wanted to tell her that she should listen attentively to what the MPs are saying because for you to earn respect in this country, you should listen to people. I also wanted to give her a scripture, Jeremiah 1:5-10, which talks about the respect of people. I wanted her to read that together with the President so that they know that for one to get respect, it comes from the Lord. Even where you are, Mr. Speaker, it is because of God for you to be in that chair.

So, I wanted to tell her that she should listen attentively and also that it should be record. I know she is going to read that. For someone to be called a First Lady she should be a person full of respect, not for people to go about grumbling. As Hon. Members have said, in other

countries the First Ladies are the ones who are spearheading this. Yes, she went out early, but I wanted her to know this issue is serious in terms of her as the First Lady.

Going further, I want to say that as Hon. Members, we are agreeing that this issue of cancer and blood is very important. In the past, I have been involved in more than five accidents and was given blood. I think Parliament should come up with a resolution of what we should do with this issue, that the Government should not sell blood. Parliament is a big institution in this country and if we come up with these resolutions, no one will go against it. If Parliament comes up with a resolution that 15% of the budget should be directed towards cancer, I do not think this is impossible because if you see Parliament as it is, it led to the former President resigning when we were about to impeach him. So, there is nothing that stops us from giving a directive that 15% of the budget be directed to cancer patients.

We can spend the whole day but what we need here is what Parliament is saying, that we have come up with a resolution that cancer

is killing and that blood should be under the custody of Government. It is very painful, Mr. Speaker, that you donate your blood and you are given *mahewu* so that you return the blood and then when you get sick or you are involved in an accident, you are required to pay \$350 for your blood that you have donated. It is like you are paying for your own sweat.

The issue before us, Mr. Speaker, is a tall order. We stood up to raise a motion and we agree that the Government should channel 15% of the budget to cancer treatment. If it is not like that, the budget will not pass. That is why I stood up. I think all of us should agree that this is a killer disease and secondly, people donate blood and blood that is under the purview of private entities should be returned to the Government so that Government should look after its people. Secondly, Mr. Speaker Sir, there is an issue which is very painful because we cannot get drugs, blood and other things, when we say that our country is rich and we see people building huge houses, yet people do not have injections. I think what the newly elected President said concerning externalisation of

money that all those who stole should return the money, so that we all survive should be obeyed. We do not want enemies of the country. If we now have enemies the President should find out how many enemies, we have.

We have been told that there are land barons but the same person who was saying that is the one who is a land baron. So because of what has been debated in this House, it resulted in people travelling to Zambia. If you compare Zambia and Zimbabwe and find us going to Zambia looking for the Kwacha – that is not proper. We should think twice and I say *pasi nemhandu!* We should come together so that the enemies that used to steal our money and those who used to squander the diamonds as well as those taking out our minerals should bring back our money so that we can channel it towards cancer patients to enable our people to survive.

The problem that we have is that we do not debate things that we are able to implement. I think whatever is debated in this House, the Executive should look at it and implement. We talk a lot here in

Parliament but there is no implementation. Probably implementation will be done by the third generation after we have died and then we will be referred to as former MPs who once talked about this. That is very sad. You have heard the Vice President of the opposition party Hon. Dr. Khupe saying that during her tenure as Prime Minister, she was diagnosed with cancer. You can see she is talking publicly and declaring that she had cancer and she suffered and I do not think that is right.

Surely, what we are debating here should be taken seriously and we should get the benefits that we have talked about. If we are not implementing things there is no development. Whatever we talk about should be taken seriously. If you say one should be prosecuted, that should be done and if we say people should return things, the things should be returned. We do not want people who go against what we say because that is nonsense. If a person is caught, let the courts deal with that person. We need to be a country free from corruption.

I have added a little bit of English because people think that I do not speak in English. So with those few words – I am being given money here for speaking in English but that is corruption.

[Laughter as Hon. Chinotimba received money from Hon. Wadyajena]

HON. MLISWA: I want to thank you Mr. Speaker for recognising me to debate on this important matter. I think there are certain things that bring us together and health is one of those issues – especially cancer. In this regard, I want to commend Hon. Dr. Khupe for being consistent with this issue. I think Members of Parliament will agree with me that we were not that serious or aware of what was going on and true to a point, it does require time. I think it shows that there needs to be an awareness campaign on these matters. This matter has just excited everyone and all people are contributing because of the visit to Zambia. So, if they had not gone to Zambia we would not be as serious as this. I then asked myself what we are doing as a country if we are not able to conscientise our own people with our own problems

when we had a fellow colleague in Parliament highlighting these issues. You could see that on any cancer day, she would be first to dress in appropriate gear and first to also talk about it, but we have been deaf to that message. It is important that when we are in this House, we pay attention to detail. It is not every issue that will be brought to this House after visiting another country. Let this be a lesson to all Hon. Members that when we are here, we must listen and be able to contribute to serious issues.

The aspect of cancer has nothing to do with anybody's political party or totem. I can tell you of numerous high profile people who suffered and died as a result of this. Our own former First Lady Sally Mugabe was a victim of this. Today, we have the President of the opposition MDC-T Mr. Morgan Tsvangirai suffering from the same. I can name a whole lot of people who died as a result of cancer and we should be seen to be attending to this with the seriousness it deserves. How then do we apply our minds to this from a practical point of view? I am glad that Hon. Chinotimba did talk about this House being critical

in bringing issues and recommendations for implementation.

Unfortunately we do not implement, it is the Executive that implements.

How serious is the Executive in implementing these issues? I am sorry to say but we have the Minister of Health and Child Care who has been there for a while. He is an expert and he has done well but if we are seen wanting in this, can we say he has done well, though he is back in office? This is just food for thought.

As for me, I really want to talk about those who implement, how serious are they because we can make all the noise here, debating and wearing summer suits but that is not the issue. Those who are supposed to be listening to this and who implement are not here. The Minister of Health and Child Care is not here to listen to this and yet he is the person who is supposed to implement. Once again, a waste of tax payers' money. While the President has just appointed a new Cabinet which is supposed to deal with the problems, on the first day it has failed. So who are we talking to when we are here? We are talking to ourselves, they do not read the *Hansard* and have no time for it. Now, we are

talking about addressing a matter where the person who is supposed to be implementing is not here. I am hoping that the President will get this message that this aspect of cancer is serious, where Members of Parliament are lobbying for a 15%. It is not negotiable. It has got to be implemented – [HON. MEMBERS: *Hear, hear.*]-

We had an issue of the AIDS levy. Why can we not have the cancer levy? You have got cervical cancer today which is serious and you have got a system which does not priorities any disease until you come to the hospital, then they know you have it. The aspect of health if I am not mistaken, the two doctors who are here, prevention is better than cure. So, why are we allowing people to come to the hospital for this screening instead of us having outreach programmes that go and screen people in the rural areas? The people in the rural areas are short-changed in terms of finance. They have no money to come to any town.

Not only that, the hospitals and the clinics which are there do not even have the capacity to attend to anything. They cannot even attend to a minor issue let alone this cancer situation which needs a deeper

thinking or person to be able to comprehend this. You know the situation where people – it is true because I have some of my people - workers on the farms that prefer to get treated in Zambia. It is cheaper and better.

So, now we are having to even export the little foreign currency that we have because if they are going to Zambia you have to give them foreign currency whether you like it or not. As a person who is an employer to these people, you cannot allow them to suffer. If there is any one time where one releases money, is when one is in dire need of saving their life. We all put whatever we have together, the little savings that we have to ensure that they survive. So, Zambia not only is it helping people but it is also generating an income and while generating an income, it is sustaining its economy and its health.

Let us talk about the human resource capital that this country has in terms of medical doctors. The doctors in Zambia come to the University of Zimbabwe and go back. We are endowed with human capital. We have the best doctors and engineers, yet we do not have the best facilities. You have got to comprehend capacity with state of the art

machinery, because there is no point for us to ask Zimbabwean doctors to come back home when there are no hospitals that can deal with the situation. When they are in South Africa or the UK, they are dealing with state of the art machines. So now you are asking them to come and deal with a situation where first of all there is no electricity in the hospital, ambulance or food.

Before we bring people to this country, the President must understand that we must put our house in order. That is the reason why I support the 'Operation Restore Legacy'. Operation Restore Legacy is about us going to the Zimbabwe that we know, if you went to Parirenyatwa or Mpilo - you got treated. There are five central hospitals in this country. So, you cannot say that as a Government you are doing your job by having two hospitals, Mpilo and Parirenyatwa with facilities and the rest do not have. Are they not Zimbabweans?

So, Parirenyatwa and Mpilo are better Zimbabweans than the three. We are already dividing our people because people talk. When they put a Government in place, they are saying this Government should

serve all of us. So you have people from Masvingo going to Bulawayo, yet we talk of decentralisation. What does decentralisation mean when people are going to another province when a facility like that should be in that province? That is failure to manage. It must cascade down from a national hospital to a provincial; then to a district hospital to a constituency clinic, and then a ward clinic.

All these facilities are facilities which must not at all be asked for but must be there for the people. This is when you can say a nation is prospering. A nation that does not prosper is a nation that does not have basic facilities like health and education which really are free, but for us when they get these treatments they are grateful, yet they are not supposed to be grateful for something that is their right. So as we have a new dispensation, it is important that - and I like what the President said, he has hit the ground running. The Ministers must hit the ground sprinting to catch up to a man who started running before they were in office. They cannot run, they must sprint.

The Ministers must be ahead of the President in being ahead of the President then we are able to deal with this situation. No wonder why in a way you see the despondency in this country and that is the truth, after everybody was happy that the President was in place, people were a bit not confident of the Cabinet and that has a lot to do with the confidence of the people and investors. We must be very clear when we come to Parliament on such issues and lie to the President and say the Cabinet that you have truly people have confidence in it. Those leaders will be lying to him to say that, because they have the positions they say no, I am okay I can handle it. On the ground people are despondent.

The aspect of corruption is critical. Any Minister who has allegations of corruption, if it is myself Temba Mliswa, I must be mature and Zimbabwean enough to say I do not want the position Mr. President I think Zimbabwe is first more than me. They keep on being greedy and greedy, being given the very same position yet people are saying Mliswa, there are allegations you were in diamond mining and you stole diamonds. Why should Mliswa go ahead? Mliswa must be able to say

with due respect Your Excellency, I appreciate the appointment but for the good of the country I want these allegations to be investigated first and when they are cleared, I will take up the job but meanwhile let somebody do it.

Why can Zimbabweans not be so honourable at this time when we need to move forward? – [HON. MEMBERS: *Hear, hear.*] – Why should we always be demonstrating and marching? Why should we be a marching and demonstrating nation for action to be taken? We are getting tired of this. We expect that as honourable Members of Parliament, where there is an outcry from the people, especially now people are sensitive. Once a red flag is up, go and talk to the referee and check. No wonder why in a soccer or rugby match, when you see the linesman lifting the flag, the referee comes and talks to the linesman to ask what is going on. The President must realise that the people remain the linesmen of this country and when they raise the red flag, he must come, talk to them and ask why is the flag up – [HON. MEMBERS:

Hear, hear.] – and an answer must be given. We must be very clear in ourselves and assertive in what we do.

Let me give an example of the role of the First Lady. The former First Lady has absolutely nothing that we can attribute to but I will give an example of the former First Lady, Sally Mugabe – [HON. BHEBHE: *Gushungo Dairy.*] – Unfortunately, Gushungo Dairy is just a bankrupt institution that is overdrawn so we will not talk about that. I want to talk about the success of Sally Mugabe. The SOS Villages that you see of schools, it was her – [HON. MEMBERS: *Hear, hear.*] – I took my own child to that school when it started. I want to show you something that a First Lady did. Today she is no more but we attribute that success of education to the SOS Village.

Those are key and good institutions which were meant for the under privileged, the orphans but they have now incorporated even those who are rich. So, from an institution which was meant for the poor, it has become an institution for everyone. This is how you can even turn the fortunes of those who are poor by incorporating those who are rich.

Those institutions are now sustaining themselves but it was out of an initiative to look after the orphans so that they get education.

It is equally important that the First Lady Amai Mnangagwa embarks on initiatives like these. She must talk to people who have the passion and have studied this. People like Hon Dr. Khupe, Hon. Dr. Labode and Hon. Dr. Chimedza and say, you have been travelling how do other first ladies operate on this? It is important that you also do not operate on this and it is important you also do not shy away, go to her, have a meeting with her and give her the direction on how things should happen. If she does not take the advice, that is up to her but you are armed with so much information. You know where the money is, these are entities which do not require money; money is there already. It is about setting up something which is known for advancing cancer in terms of what it would do and the money will come through and so forth.

So, I want to see decentralisation happening, the same thing with the National Blood Transfusion Services. How can you have a Reserve

Bank that you do not control? There is no way you can have a Reserve Bank that you cannot control. A Reserve Bank cannot be a private entity. It is the same thing as the blood bank. It cannot be owned by private people. Government was sleeping on duty to allow such to happen where the blood we give is for free but if your own relative is sick, you must pay for it. How does that happen? We must now have institutions in the whole country where we know if anything happens, there is blood that will be given for free and there are no ways that people should pay and so forth. Whoever has been taking our blood and selling it, that is fraud.

THE TEMPORARY SPEAKER: Order, Hon. Member. You may wind up your speech. You are left with three minutes now.

HON. MLISWA: That is fraud Mr. Speaker, because at times people are innocent and are quiet, it does not mean you must take advantage of them. You also have a situation where if you look at health, look at the UK system, there is the NHS which is there. The beauty about that system is that regardless, the health care is first class,

the NHS in England. We must be following such models in this country so that we are able to also give our people what they deserve in terms of health.

There are three things that my late father told me I must always have in life as friends. He said my son, your first friend must be a cop, your second friend must be a doctor and your third friend must be a lawyer. In him telling me a doctor, it showed how important health is amongst all of us. So for you and I, make sure you have a friend who is a doctor so that when you are sick you get treated but not only that. Let us also make sure that the people that we represent have access to such facilities and so forth. Without that, we are a nation which is doomed. Issues of cancer are quite chronic now. They can attack anybody at any time and this issue deserves the attention and it is not negotiable from Government to really put in the money where it is necessary.

Government must have a priority list in terms of the Ministry of Health that we have now dealt with AIDS - which is the next other chronic disease? It is cancer. So, let us now deal with cancer.

Let us rally behind this initiative and make sure that Zimbabwe becomes a first class facility for cancer; people come and get treated here. We have got the best nurses, doctors, facilities and climate and we have got this new dispensation which is there hoping that all this can be factored in there. I want to thank you Mr. Speaker for giving me this time to contribute to this. Thank you.

HON. DR. LABODE: Mr. Speaker Sir, I want to thank the mover of the motion, Hon. Mahiya and the seconder Hon. Munengami for a good presentation and for the passion that has been shown by the team that actually visited Zambia from the Committee led by Hon. M. Chinomona. We have discussed this issue in the Committee for over two months now just trying to figure out what to bring to Parliament, so I am really touched personally.

Mr. Speaker Sir, cancer has two strategic anchor programme ways of doing it. The control of cancer literally leans on early detection, which means that you should be able to be tested at the nearest place to your home. Now, let us talk about villages because in towns we are

covered. We are talking about villages which are 50 to 60 km away so the nearest health centre should be able to test you for cancer, more so for the cervical cancer.

The Committee Mr. Speaker Sir, also visited Silobela because we wanted to know what was happening in Zimbabwe before the team went to Zambia. Silobela is actually a cancer detecting and treatment centre. With cervical cancer, if it is detected on time, there is what is called cryopath which we use to burn the cancer. Without even bringing them to the district hospital, you can end it there, so it is very important.

I want to agree with Hon. Khupe and others who spoke about mobile clinics. For areas like Matabeleland North during its hay days, the whole system was anchored on mobile clinics. Mobile clinics left every Monday to go nearer to the villagers. All that can be done and we saw that in Kenya. I was in the team that went with the Speaker of the National Assembly to Kenya. Kenya has beautiful mobile clinics because of the Masai community; they are sparsely populated like some of these provinces. So it is very important and also to be able to treat.

On this regard, there is something also that we learnt when we were at Silobela, that the cost of equipment to detect and treat is less than \$10 000. So, I am standing here to urge all the parliamentarians who will access the CDF to say commit \$10 000 to a health facility of your own and set up this equipment – [HON. MEMBERS: *Hear, hear.*] – and I am also saying, you know very well that there is a fund called the health levy which is coming from your airtime, just in case you have forgotten. We have since been informed that the health levy is bringing to the Ministry almost \$4 million a month. So, why cannot we commit at least 50% of that to cancer treatment? Maybe this House actually should say to the Minister of Health commit that money to cancer because we know we have the Global Fund for HIV, tuberculosis and malaria. Let us find a fund from somewhere for cancer. We do have it and we can do it.

Also, I am not going to talk much on the blood services. A lot has been said and I know there is a colleague who is just dying to say a lot of things but there is one point I want the Minister of Health to do. Now

that the company has been privatised, I do not know whether he can do it. There is very poor corporate governance at the Blood Transfusion Centre. Do you know that the Chairperson of that board has been there as long as the former President, Cde. Robert Mugabe has been running this country? Justice Smith has been there since, so surely there is nothing new you can bring into the system. That alone should be looked into.

The other thing I am seriously buying into the Zambian situation is saying why can we not get UZ to start a new blood transfusion services entity because you cannot grab that one; it is a private entity.

Government can start its own. We do exactly what the Zambians have done and we use the universities.

The other issue that came out from Zambia is access to health services. Our people do not have access to health services mainly because of user fees. Now, you heard about Chitungwiza, where because of Private Public Partnerships (PPPs), the local community of Chitungwiza cannot access their own facility. The nurses have taken

upon themselves and demonstrated. Some of you probably saw it in the newspapers; they demonstrated a day ago on behalf of the patients because they felt it is unfair.

So some of those things, I think the Minister needs to abolish like yesterday. This is a new dispensation; we need to do things differently. We know there is money we can save somewhere if we do away with things like the Health Services Board, do away with CEOs at institutions that are non-profit generating. Why do we have a CEO and a board for Mpilo? What business is it that we need a board and a CEO? Let us do away with that and I am sure we will make a lot of saving over \$30 million and put it to the drugs. Bring drugs into the institutions. We need to do things differently. There is money lying around being misused and we go back to the old good system of medical superintendants.

The medical superintendant was running those things. I think we really need in the new Zimbabwe to be serious. Let us just change the way we do things. Thank you very much.

HON. P. D. SIBANDA: Thank you Hon. Speaker for giving me this opportunity to also add my voice to an issue that I am highly passionate about. I am highly passionate about health. Therefore, whenever I speak, I speak with emotion. Like my colleagues indicated, this is a new dispensation. This is a great opportunity for us to correct the ways that we have been doing things in the health sector. We have been known more for health tourism rather than for investing in our health sector.

Hon. Speaker, statistics indicate that 35% of our monies that are externalised out of this country, are externalised through channels of health tourism. That is a significant amount of money that we should try to save. The other opportunity that we have is to try and stop the situation where health has now become a right of only the few who are rich and the poor no longer have a right. I think we need to stop that and correct it.

My colleagues have spoken at length about cancer but let me just dwell on blood. Let me give a background to how the trip to Zambia and

other trips came about. There has been an outcry of availability and affordability of blood and blood products in this country to such an extent that our citizens who are resident especially in border towns, have to go to our neighbouring countries to look for blood and blood products. We all know that blood is mostly used on victims of accidents and on mothers when they are giving birth after having lost a lot of blood.

The outcry that has been there on the affordability of blood which goes for something like \$130 a pint in this country, is that people have not been able to access the blood either because it is in short supply or because they cannot afford the amount of money that they are being charged to pay for the blood. That being the case, we know that the rate of accidents in our country especially during holidays will be going up and therefore, we get a lot of victims of accidents during holidays.

As we speak, we are heading towards a major holiday where we expect as usual that accidents will be more profound than during the other periods of the month. What is the current situation of our blood

stocks? Hon. Speaker, as has been indicated by my colleagues, I think we heard about a few weeks ago, the Hon. Minister of Health coming out in the Press indicating that they were reducing the price of blood to \$80. I heard a lot of people *ululating* and very happy. I was very sad and what saddened me most is that here is a full Hon. Minister who runs a Ministry and who is responsible for setting the price of an essential critical product, coming out as if he is doing a favour to the people to say I am reducing blood to \$80, as if \$80 is a good sum of money.

The question that disappointed me was, where was the Hon. Minister all along to only come three weeks ago to reduce blood when we wanted blood to be reduced from 1980? We wanted blood to be reduced from 1980 and not yesterday. Let us compare the prices of blood in this country and in our neighbouring countries. I am reliably informed that in Zambia blood goes for nothing, the same applies to Botswana and South Africa, people get blood for free.

The blood that is used in these neighbouring countries is the same human blood that is drawn from the same citizens that we are selling it

at a highly affordable price. Even as I am speaking right now that the Hon. Minister reduced the price three/four weeks ago, let me state that I am highly informed that the so – called Justice Smith has already written a letter to the Hon. Minister to tell him that they are increasing back the price to \$130 a pint in the next two to three weeks. As we speak, the Hon. Minister of Health is in possession of a letter that comes from the Zimbabwe National Blood Service saying that they are not going to reduce the blood because they do not have the money to subsidise the blood to \$80.

Where is that blood coming from? It is coming from the same poor Zimbabweans that are not able to access that blood and when as a country Hon. Speaker, we invest such a critical project and product into the hands of a private sector, is that not serious risk taking? To me, that is serious risk taking because a private limited company has got only one motive, and that is to make profit for its shareholders, and who are those shareholders? The shareholders are not the blood donors. The shareholders are a few people that gather at that house and make

decisions on behalf of the 13 or so million Zimbabweans. As a Government, we entrust that responsibility in the hands of few capitalists who want to make money out of blood that they are taking for free from Zimbabweans.

Hon. Speaker, I am highly informed that blood stocks at ZNBS are so low that they cannot even meet the operating costs. There is a donor fatigue of bringing blood to ZNBS because the blood donors have heard that the blood that they are donating is going to give a profit to some individuals and because of that, they have stayed put. What are we doing as a nation? Allow me to blame this House Hon. Speaker. We have put in so strict rules at times that it becomes very difficult to navigate towards coming up with solutions to emergencies.

I have been talking to my Chairperson of the Health Committee for the last four weeks that we need to summon the Minister of Health, ZNBS and blood donors as a Committee of Parliament so that we try to find a solution that can at least keep the security and availability of blood stable in this country, even as we are heading towards a holiday.

What we have been told is that the Chairperson of a Committee cannot on his/her own initiatives say, can you summon such an organisation or such individuals because what is needed is a Committee consensus.

In proper corporate management, I do not see any problem for a Chairperson who has witnessed an emergency to direct that a letter be written to summon certain people to appear before the Committee, and then the Committee makes ratification at a later stage. Because we are strict to those rules Hon. Speaker, right now we are stark with a scenario where we can run out of blood stalks in this country. We might have to go and import blood again in Zambia and Botswana with the little foreign currency that we do not have.

As has been indicated, this is a good opportunity for us as a country to begin to run things in a proper way and here are my recommendations. On cancer, I believe that we need to set up hospitals to specifically deal with cancer and cancer related ailments. It is high time we wake up and do not run things as if it is business as usual. Cancer has literally overtaken HIV and AIDS in killing people. So, we

cannot keep on thinking that it is business as usual, we need to get into a mode where we say we need to do something. Hon. Speaker, on the issue of ZNBS, let me be honest; I think we need to abolish that organisation. They have got no ingredients of their own that they have, they are relying on the blood that is coming from the public. Today if we say we are stopping everyone from going to give blood to ZNBS, we are setting our own as a State. I am assuring you Hon. Speaker that we might be able to collect blood and blood that will be assessable and affordable to Zimbabweans at a lower price.

So, my concern Hon. Speaker on the ZNBS is this, they are using public money that is coming from NAC (National AIDS Council of Zimbabwe), it is donating money ZNBS. ZNBS is also receiving donations from other entities and organisation inside and outside the country and then what are they doing, they are getting blood for free from Zimbabweans and exporting that blood at a premium to other countries. So we do not need that organisation anymore, this country does not need that organisation anymore - unless if we can turn that

organisation into a State owned enterprise where the State has got a claim into it and where the State can control how blood and blood products are being gotten from, from wherever they are coming.

We need to commit money to blood services we need to commit money to that Hon. Speaker. Honestly, I think there is a colleague of mine who indicated about disappointment in the appointment of some of the Ministers that came into so called new Government which is not very new, if you ask me. The disappointment, like I indicated, I am really disappointed with a scenario where I am told that the Ministry of Health and Childcare, a public institution is the one that is responsible for setting prices. It sets prices of blood at a level where it knows that the general public cannot afford. Right now as we speak, in terms of maternity, I think our blood is being funded by a development partner, EU. EU is funding the blood that is used in the maternity wards of this country and if they were going to decide to pull out, what would happen to maternal mortality rate? There would spike and all the time what are we doing, we are just seated and think everything is normal.

Hon. Speaker, I implore this House to take positive pragmatic steps to ensure that especially this issue of blood is addressed and addressed urgently. Today, as we are speaking the date being 5th December, the Christmas holidays are actually beginning in the next two to three weeks and there is no blood at ZNBS. So, Hon. Speaker, I encourage that we take a decisive measure to ensure that we redress that situation.

HON. D. TSHUMA: Thank you Mr. Speaker Sir, for affording me this opportunity to add my voice on this topical and sensitive subject with regard to the fact finding we happen to take part in. I happen to be part of the entourage that visited Zambia on a fact finding visit about the cost of blood as well as the diagnosis, treatment and prevention of cancer *vis s vis* what is happening in Zimbabwe. We are very elated in the way my colleague Hon. Dr. Chimedza actually led the discussions and the team in terms of data assimilation, in terms of digestion as well as dissemination as it is happening today. It was a very lucrative tour while we benefited a lot. I would like to say that with regard to the issue of cancer, it has become one of the most 9 curable diseases such as

diabetes and high blood pressure but cancer comes atop. Why we say saw is because of the casualties that we experienced as a nation and country. We learnt a lot from our counterpart Zambia, the way they actually treat cancer, and the way they do their diagnosis and the way they lead their campaigns in the fight against cancer. Hon. Speaker Sir, we realise that it is very imperative for the Government to actually maybe revert to the early 80s when prioritization became the order of the day and took the toll. This is where budgetary allocations were basically benchmarked on the issues of prioritisation, where education and health took the best cake of the day.

Why that happening was is because the Government actually that time realised the need for a healthy nation, growing the cake and having a better future for everyone was through a healthy nation which was looked after well. However, we have lost that taste today because of the loss in the direction in terms of budgetary allocation. That is why you have seen the 15% by Abuja declaration being watered down because

prioritization has now come atop for defence as if we are in a state of war at the expense of a health of a nation, therefore, the rise of cancer.

Hon. Speaker Sir, I will also weigh in, in terms of human capital, Zimbabwe as a country or nation has managed to actually come up with a greater number of people who are highly qualified in the expertise of health, engineering and other sectors. In Zambia, we were opportune to actually talk to some personnel who were manning the equipment in the cancer hospital, only to be shocked that these people were actually trained at NUST here in Zimbabwe. these are the people who were trained in Zimbabwe manning the state of the art machinery in Zambia but here in Zimbabwe we are failing to come up to the game because of our skewed approach to the health sector. We are failing to attract a number of civic organisations, a number of partners who can give us assistance in terms of boosting our health sector in terms of bringing equipment that is a state of the art, which fits the modern technology we have today.

Hon. Speaker Sir, this is because of corruption in our country which is very rife, especially in the tendering system. We have seen that for example during the inclusive Government, we have seen the introduction of the targeted approach funds which were availed by the Ministry of Finance and Economic Development to the Ministry of Health and Child Care. In the distribution and disbursement of that money, we realised that there was lack of some monetary mechanisms to control that money so that it is used effectively. As such, it was exposed to misuse. The tendering system was watered down, it was a free for all, obsolete machine were purchased at the expense of the health of a nation. Therefore, what I learnt in Zambia Hon. Speaker Sir, was quite awesome in the sense that their systems are well managed. Their systems are well fueled and the health of a nation therefore gains a lot.

I will advocate and propagate for a stand-alone hospital in the likes of what we saw in Zambia, this will enable the country as Zimbabwe to actually treat cancer from the root causes, for example at ward level and then refer to the district level and refer to the provincial level-looking at

the state of the patient. It will also bring on board a lot of investors as they will be able to actually see that our commitment as a country in terms of fighting this horrible disease which is cancer.

I will sum up my debate by saying it is very imperative for the leadership to take a leading role in the fight against cancer, for example, when we were in Zambia through our engagement, we realised that the First Lady was a pivotal player in the fight against cancer. Therefore, we are urging our incoming First Lady to follow suit and be a leading example and a leading fighter against cancer so that more funding will be availed by the private sector and the Government.

I also urge the Government on its budget to channel more money on health so that we are in a position to fight this scourge which has destroyed innocent souls and our populace as a country so that we are able to have a long lifespan and cherish our nation. We are endowed with a lot of resources which can be utilised to better the lives of this society and increase our life expectancy. I end my debate by saying, we have a lot to accomplish and our Minister of Health and Child Care has a

big chunk and fight to make this fight winnable. As a Committee, we are ready to give the necessary assistance in terms of advocacy and campaigning for this disease to be reduced at all cost. I thank you.

HON. BHEBHE: Thank you Mr. Speaker Sir. I will be very short, precise and to the point. I am not a Member of the Health Committee but I am a firm believer that the success of a human being is measured by his or her health. Any human being who has poor health is always underprivileged in terms of producing for our nation or his family. Mr. Speaker Sir, I remember when I was young and energetic way back in the 1980s, we started seeing signs of people who were suffering from HIV/AIDS related diseases.

I still remember very well as a young man, we used to believe that the diseases were transmitted by nations which have gone through World War 1 and 2. As time went by Mr. Speaker, after tests by doctors and scientists, we discovered that it was a deadly disease called HIV and AIDS. Scientists and professors applied their minds, broadened their

knowledge and came up with medication that can deal with or fight the virus of HIV/AIDS.

Mr. Speaker Sir, when all that was happening, little did we anticipate that there was going to be another deadly disease more than HIV/AIDS. That disease is none other than cancer. I am very worried if we are not serious about dealing with issues of cancer because statistics will show that in human life, the greatest sufferers of cancer are women. When we do not quickly deal with issues to do with cancer, we will be like a business person who wants to see his business grow but without the machinery to produce for his business to grow. It is high time that we should realise and accept that cancer is not only deadly but it is going to wipe out, particularly our females in this country.

Currently, they are 52% of the population, if statistics can be taken down from now onwards and we do not deal with the issues of cancer, we will find that the percentage rate of women in this country might end up going down. Once that happens, as a nation, we will have a serious problem in future for generations to come, because our reproductive

system will have been affected through negligence without dealing with the issues that we have to deal with whilst there is still time – [HON.

MEMBERS: *Hear, hear.*] – It is therefore necessary Mr. Speaker that if we are talking of decentralisation on whatever aspect, it has to deal with the health of a nation.

I get worried today Mr. Speaker if the Government says we cannot have enough money to employ nurses that should be deployed in deep rural clinics. We have got deep rural clinics which still have no medical staff because the Government says they cannot employ, meaning that the issues of health priority are not in actual fact a priority in this country Mr. Speaker Sir.

We need to make sure, as mentioned by Hon. Dr. Labode earlier on that we decentralise and prioritise the issues of cancer detection at an early stage so that at least in the rural areas, where there are serious issues of people dying of cancer; because they cannot afford to go to the rural district centres that are still up to date, charging a fee for someone to be admitted in a rural district hospital. It therefore means that we are

subjecting all the poor people of this country to death. We have actually forgotten that they are part of our communities.

Yes, Mr. Speaker, some of my colleagues spoke very strongly about the migration of our qualified staff to other countries, they spoke very strongly that those medical staff can only come back if we have the right equipment and facilities. I beg to differ Mr. Speaker Sir. I do not think detecting cancer needs sophistication; it only needs a qualified nurse in a rural clinic to be able to deal with those issues. However, I am not seeing the Government giving priority to those types of programmes.

Just to touch on the issue of blood transfusion – I do not want to be controversial Mr. Speaker Sir but at least, I need to be very factual. A lot of my colleagues, when they debated they were insinuating blame on the National Blood Services Department and the privatisation of blood. I strongly believe that it is not the case of just blaming those who are providing. We have a set up in this country; in particular, our policies provide that we should have private facilities as well as Government

facilities. We cannot blame those who are providing blood at a cost, we should blame ourselves as Government for failing to provide the facilities that are supposed to provide that blood. The sooner we accept that the Government is at fault by failing to provide blood that is donated by its own citizens, the better. To continue complaining about those who are providing services is like complaining about the doctor who has got a surgery somewhere operating and saving life. We cannot blame a doctor who is operating a surgery and saving life. We should blame the Government which is failing to give facilities at Government Central Hospitals.

In this case, I just want to draw you to the issue why the Government is failing to provide those services. Mr. Speaker, here in Zimbabwe corruption is endemic, not only in the citizens of this country but in Government itself. It is so endemic that at times we do other things and people celebrate that a wrong thing has actually resulted in a good thing like the instance that happened recently in Zimbabwe, which is according to our Constitution unconstitutional but people were

celebrating because we have failed to manage and maintain things according to our own Constitution and that results in corruption Mr. Speaker.

The biggest problem that we have in this country for us to fail to provide services that are supposed to go with human life is all about corruption. I am imagining, the former Head of State came on television and radio even in newspapers declaring that we have lost US\$15 billion from a Government that he was in charge of; with Ministers that were in charge; with people that were licenced by Government. Then, how do you lose that kind of an amount of US\$15 billion? You cannot even account for it or trace it. It therefore means it is corruption. You know yourself that declaring US\$15 billion is missing, you know because your hands might actually be dirty also.

Therefore, if we cannot account for those kind of monies, how then do we set up those blood transfusion facilities that are Government owned? It therefore means the entire Government does not know how to prioritise their things. Their priority is not only in making sure that our

Government prospers. Their priority is bend on making sure that they perpetuate corruption to fatten their pockets; to have houses that have got 27 bedrooms. I wonder whether those 27 bedrooms; you have only two daughters and two sons but you have got 27 bedrooms. I am surprised. Otherwise, if I think like an African I will think *ezindu zilalandofa*, that is what I would conclude.

The priority of Government in terms of taxation, whatever proceeds that Government should get from taxation, the priorities in any healthy nation are supposed to be three. For a nation to be healthy they are supposed to be three. One - you have got an educated nation that will understand issues particularly including issues of health. The second one - you have got to have health which provides that every citizen who is supposed to work and be productive is supposed to be healthy. The third one is water and sanitation. For every citizen to be a normal person that can manage to cook his food, bath himself and water the food that one can eat, you need water. Not only water but clean water, hence water and sanitation.

What surprises me Mr. Speaker, when it comes to budgeting in this country, we seem to forget that those are the three priorities that we should see our Government doing. For any investor to be able to come in Zimbabwe – I am not sure that a serious investor will come and invest in a nation that has got sick people, neither am I sure that an investor will come and invest in a nation where people are failing to provide these basic services because for any investor to come into this country, he needs enlightened people through education, healthy people who have got proper health facilities, water and sanitation facilities so that he sets up his business properly. Those are key basically across the globe Mr. Speaker, but we seem not to prioritise those things as a nation. We seem to be more bending on making sure that we revive and continue having corrupt systems in Government. We seem to enjoy having systems that are anti-people as a Government because anything that is pro-people should always be centred on people's health.

I want to end by saying; the recently constitutionally appointed President has got a lot of work to do. The six months that is left for him

is to prove to the people of Zimbabwe that the constitutional provision that gave him the authority to be the President of this country is not only to be saluted as His Excellency but to make sure that there is a paradigm shift in terms of Government operations.

I am equally surprised if I look at the list of Ministers, some of them new and others recycled that are they up to the task of making sure we are going to see a complete paradigm shift? I get worried on behalf of the recently constitutionally appointed President, when after all these weeks that have gone past, we have not felt the impact of driving towards people-centred policies.

The issues of health - any President that comes into the country should declare the health of the people that he leads; declare that that is priority number one because we need a healthy nation. We should see the President of this country declaring that the freeze of employment, particularly the health staff should be lifted for now.

We should have a situation where we virement from other ministries, particularly the issues to do with the Vote that goes to the

security sector. Why I am saying we should virement from the security sector is because I witnessed a period where the police have been disarmed. They were out of operation but during that period when there were no police officers; when there were few security officers, we saw the least number of crimes in Zimbabwe which actually qualifies that, that Vote that could go towards the security sector is actually the Vote that is wasted. At times it is the Vote that is being abused to carry out operations that are not constitutional. We can be glad if on Thursday, through the powers vested in the President, directing the Minister of Finance and Economic Planning to come with a budget that stipulates that the health sector should get not less than 15% of the total budget that is going to be presented on Thursday. With those few words - because I am a politician, few to me means two hours. I thank you.

HON. RUNGANI: I move that the debate do now adjourn.

HON. MPARIWA: I second.

Motion put and agreed to.

Debate to resume: Wednesday, 6th December, 2017.

*On the motion of **HON. RUNGANI** seconded by **HON.***

MPARIWA, *the House adjourned at Five Minutes past Five o'clock*

p.m.