Zimbabwean Health in the Time of Pandemic

Kọ́lá Túbọ̀sún
January 13, 2021

As the world battles to deal with the rapid spread of the coronavirus, Zimbabwe's healthcare system is highly overwhelmed. Most major private and public hospitals are full to capacity. A medical doctor working in the middle of the covid crisis advised people to stay at home as there are no hospitals or governmental policies to alleviate the crises posed by Covid-19.

On the 1st of January, 2020, Star Dewah posted on twitter saying she is looking for a hospital in Harare that is taking COVID-19 patients who require a ventilator. She had a relative who desperately required a ventilator; "I have a relative who is critically ill, went to St Annes, Arundel Hospital, Parirenyatwa Hospital and Health Point last night but they are all full, please help," she said. Pindula News confirmed that Parirenyatwa, St Annes and Avenues isolation wards are full. Harare hospital is also reported to be full. As of 02 January 2021, there was only one facility left in Mt Pleasant which required a $2500USD deposit for COVID patients admissions. A sad reality that the average ZImbabwean cannot afford COVID treatment in a time when it is critical that people who have contracted the virus get fast and immediate medical attention.

Another source reported that if you get critical after you catch COVID-19, you will need $3000USD upon admission to get the best care in Zimbabwe. An average person cannot afford this thus people are dying daily in Zimbabwe. Among those who died recently are Impala car hire CEO Thompson Dondo who passed away yesterday, Lobel's MD Heritage Nhende, who also died yesterday at Arundel hospital, one of Zimbabwe's private hospitals.

Patient at Parirenyatwa

An article published by the Herald newspaper, stated that Harare Institute of Technology (HIT) has completed the testing of ventilators and is ready to move to the production stage once they secure foreign currency.

Corruption in Zimbabwe's health care system has resulted in public hospitals and clinics facing numerous challenges. These challenges comprise of lack of medical supplies in major hospitals, medical staff not being paid decent salaries, lack of protective clothing to handle covid patients among other challenges

A source told me that other challenges faced in public hospitals include scanty Personal Protective Equipment (PPE), extreme staff shortage, shortage of medicines and other resources. He also mentioned that the wages are not good, for example a midwife is getting ZW20 000 which is equivalent to US$250. He said this is very bad compared to what they used to get during the government of national unity, and also considering the high cost of living in Zimbabwe.

Enock Dongo, a nurse in Harare and president of Zimbabwe Nurses Association (ZINA) said he could not afford to feed his family: "If you look at how things have gone up in the shops, the basic commodities and rentals, surely you cannot expect US$30 a month to cater for all that … We don't have anything."

A first hand account of the dire situation facing the public hospitals in Zimbabwe was given by a source that had gone to seek medical assistance from Chitungwiza public hospital, for one of his workers as narrated below:

> *At the end of last year I did have the misfortune of experiencing the horrors of Zimbabwe's public health service when I took my very sick gardener to Chitungwiza Hospital for urgent surgery.*
>
> *He was suffering from serious appendicitis and needed to have his appendix removed*

urgently. Well, I took him to Chitungwiza hospital (the nearest to his home) and they put him on a table (not a bed – no beds) in the "emergency room" where other patients were lying seriously sick.

They did take his temperature and pulse, but that was it! He was admitted on a Wednesday about lunchtime and after waiting for two or three hours to see if a doctor would come to attend to him, I eventually went home at dusk.

No doctor appeared. I got an sms from the gardener's son the next morning saying sekuru's condition had seriously deteriorated. I immediately returned to Chitungwiza hospital, arriving at about noon to find sekuru still lying on the same table with nothing but an old old blanket covering him.

He was barely conscious and unable to speak. It was quite evident now that his appendix had burst and he was suffering from systemic toxic shock that results in such a disaster. I attempted to find out from the matron in charge whether he would be admitted to surgery as soon as possible, but she said there were no doctors around; although one was said to be coming soon.

He had been seen by a doctor the previous night and a diagnosis confirming a burst appendix had been made, needing urgent surgery.But apparently there were no surgeons to attend to him. I stayed with Sekuru for the rest of the day with his two sons (one a teenager, the other in his early 20s), waiting for a doctor – and nagging the matron in charge about whether a surgeon was on hand to operate on Sekuru.

She eventually said that there was a surgeon coming "soon" – but there was no anaesthetist, which of course, is essential to any surgery. Even the matron was forced to admit that Sekuru was slipping away now and might not survive the night.

So about 9pm I took the decision to take him out of the hospital and to a nearby private clinic about 2kms away (I can't remember the name of it now). Of course they wanted hundreds of US dollars before they would even let him through the door. Suffice to say, they did operate on him immediately and he survived.

But the experience at Chitungwiza General Hospital scared the daylights out of me and served as a unpalatable first-hand experience of just how far Zimbabwe's public health services have collapsed.

There was NO water at the hospital. There were absolutely no facilities for the seriously

sick. There were hundreds of people in the outpatients' area on both days of my visits; and people needing medical attention were just sleeping on the floor there overnight.

The overworked nursing staff were quite evidently completely overwhelmed and couldn't cope with the number of people needing urgent attention. There didn't appear to be any drugs or medical supplies needed to deal with patients' needs. (Sekuru wasn't even given pain-killers despite being in severe pain.)

And, of course, the whole place was seriously dilapidated; poor lighting with fluorescent tubes hanging from bare electrical wiring and many light fittings just not working at all, broken chairs even in the matron's office, broken down cabinets, and understandably squalid toilets (no water), but also broken as well. The whole place was decrepit.

I have subsequently paid a brief visit to Parirenyatwa, a main referral hospital, where there was also no running water (how does a main referral hospital – or ANY hospital, for that matter – function without decent water supplies?).

What I saw at the place also showed serious neglect and dilapidation. There has obviously been no maintenance there for years. But after my experience at Chitungwiza hospital, I didn't want to explore the extent of the disaster at Parirenyatwa hospital.

Parirenyatwa and Harare hospitals, Zimbabwe's largest public hospitals referrals among other public hospitals, lack adequate medical supplies and protective clothing. Early this year, public health doctors stopped working citing a critical shortage of drugs and equipment in hospitals.Telecommunications tycoon and billionaire Strive Masiyiwa chipped in with some salary advances to lure the doctors back to work. Zimbabwe's largest nurses' union said inflation – now running at 785% year on year – means its members can no longer afford basic items.

According to an article published by The Guardian rising transport costs have forced many nurses to walk to work.

"The reality … is that we are incapacitated from attending work even if we wanted to," the Zimbabwe Nurses' Association (ZINA), which represents around 15,000 state nurses, said in a statement,

Enock Dongo, a nurse in Harare and president of ZINA, said he could not afford to feed his family.

As the source narrated the story, one could see vividly the extent of deterioration of two of the three main referral hospitals serving the city of Harare and its satellite communities, and similar conditions are also prevailing in Harare hospital, one of the principal referral hospitals in Zimbabwe.

The Guardian noted that the dilapidated and shocking experience of public hospitals in Zimbabwe is in stark contrast to top of the range rover luxury cars awarded to senior hospital administrators and health ministry officials as benefits. This indicates that the money awarded to the Ministry of Health is being seriously mismanaged.

According to NewZimbabwe.com the Health Services Board (HSB) commissioners recently took delivery of top-of-the-range vehicles at a time most public health workers are engaged in industrial

action in protest over poor working conditions and low salaries.

HSB chairperson, Paulinus Sikhosana, said the vehicles were sourced by the government but justified the purchase as it was part of their lucrative perks. “The vehicles that the government issued to the HSB are Discovery 6. It is in the context that the HSB conditions of service for board members are standard for those of other commissioners,” he said.

Moreover, a source mentioned that senior hospital administrators and health ministry officials are getting “allowances” being paid to them as well as being given the best private health insurance money for them and their families.

This is to add to the irony of what this government and its officials think of “public service”. They think public service is there for their own benefit – and to benefit their own interests.

The figure for health in the 2020 budget represented about 10% – and the ZW$55 billion represents 11 or 12% of the 2021 budget. This goes to show that the finance minister, Mthuli Ncube (in both budgets) abandoned the public health delivery services to NGOs (including big ones like USAID) to fund.

He and the government are clearly not interested in developing the public health services in Zimbabwe even in the time of a serious pandemic, or even to restore and maintain existing infrastructure; let alone pay the doctors and nurses in the public service a living wage. They are evidently relying on Chiwenga’s idea of running the Health Ministry as an arm of the military by banning strikes and operating the ministry on a “command health system”.

As a result, the health services will no doubt purge out thousands more health professionals in the coming year as in previous ones to foreign countries. A random statistics would show that Zimbabwean trained doctors are leaving in droves for the West. About a year ago, the source said he asked one doctor this question and he said he was just one of two graduate doctors still here from the 25 who graduated in his class – and that was about six or seven years ago. Most seriously, we are also losing specialist physicians in all the various fields of medicine, for example, there’s only one facial-maxillo surgeon left in the country.

The situation has been worsened by the Corona virus pandemic, with reports that there is a huge shortage of testing kits. There is also a huge backlog of thousands of untested lab samples countrywide. Testing is only possible for those who have developed symptoms.

This is shocking considering that Zimbabwe used to have a well-established health sector, but in recent years those standards have become compromised.

Despite the dire situation that the public health sector is currently facing there are no external funds that are coming in since the end of the Government of National Unity. There was a health transition fund which was suspended. The government has been given below the required Abuja declaration of 15% of the total budget. What is now coming to hospitals are medicines donated by countries from first world nations.

When National Unity was in power, the public health sector was receiving most of its funding from the donor community under the Health Transition Fund (HTF), a $435 million multi-donor pooled fund established in 2011 and set to expire in 2015, according to the Humanitarian.

Other donations also came from European Countries, Global Fund and UN agencies. These donations sustained and strengthened the public health sector during the rule of National Unity, without which the public health system would have virtually collapsed.

In the current regime, however, Zimbabwe’s healthcare sector continues to face numerous challenges as a result of poor funding compounded by lack of effective policies by the current government.

Patience Shawarira is a freelance journalist from Zimbabwe. She is a pan-African and passionate about the development of public healthcare system in Zimbabwe. She can be contacted on patie.shawarira@gmail.com