Battling HIV/AIDS and Poverty

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Short of staff and supplies, a Zimbabwean hospital struggles to cope with the multiple symptoms of economic as well as medical problems.

“Prostitution, poor child spacing and poor water supply inevitably lead to malnutrition, diarrhoeal diseases and sexually transmitted diseases,” said Dr Mike Thompson, a British medic who formerly worked at Murambinda hospital in Zimbabwe.

He now helps raise funds in Britain for the facility, which recently became the benefactor of the entire royalties of the latest book by Scottish novelist Alexander McCall Smith.

“Tuberculosis thrives on such a rich diet of misery, with malaria thrown in for good measure. AIDS is a huge and growing problem,” said Thompson.

“[The staff have] to send terminal cases home as soon as possible to avoid swamping the hospital and ruining families with debts run up for transporting cadavers.”

Murambinda hospital, founded nearly 40 years ago by a Catholic order, the Sisters of the Little Company of Mary, serves the drought-stricken district of Buhera in the southeast of the country.

It is one of the few efficient hospitals left in Zimbabwe’s ruined healthcare system.

But key services – including free supplies of anti-retroviral drugs to patients with HIV – are almost entirely dependent on the flow of overseas donations like those from McCall Smith.

Hospital superintendent Dr Monica Glenshaw explained that the vast majority of patients are extremely poor.

“Buhera is the second poorest district in the whole of the country,” she told IWPR. “It’s difficult to give a precise measure of the poverty level because most of the people are subsistence farmers. But the average income is less than 50 US cents a day.”

The United Nations sets its own measure of absolute poverty at twice that, one US dollar a day.

The maize crop in the district has failed this year as a result of drought – and the hospital has seen an influx of patients suffering from kwashiorkor, marasmus and other diseases symptomatic of malnutrition.

Doctors told IWPR they know of at least 60 people who have simply starved to death in surrounding villages in the last 12 months, but they believe the total is higher. With the help of a Dutch charity, the hospital has begun providing a free basic meal to patients.

The sole benefit of the food crisis is that increasing numbers of people are signing up for HIV tests in the
The Murambinda hospital currently has 2,700 patients registered as HIV-positive. So far just 53 have been supplied with anti-retroviral drugs, which do not cure the condition but delay the onset of AIDS.

Besides supplying these drugs, charitable donations also make it possible for Murambinda to charge some of the lowest fees of any hospital in Zimbabwe. A consultation costs the equivalent of just eight US cents.

“It is so affordable here,” Tariro Goto, whose husband was a patient at the hospital, told IWPR. “When I brought my husband once before, I did not have 35,000 Zimbabwean dollars [just under six US dollars] to pay for the medicines he needs, but I got them free when I explained I had no money.”

But the facility is desperately short of staff.

“We arrived at seven o’clock and my husband only saw a doctor 15 hours later,” Goto added. “Then it took another six hours to be attended by a nurse.”

Dr Glenshaw told IWPR that she really needs a minimum of four doctors and 55 nurses at the hospital, but is forced to struggle by with three doctors and 30 nursing staff.

For every 100,000 patients, a developed country like Britain has 150 times more doctors than are available in the Murambinda area. The ratio is similar with regard to nurses. And the hospital has just 125 beds to cope with the many thousands of people who need in-patient treatment each year.

In an attempt to address this problem, staff have been forced to establish an extensive homecare programme under local AIDS activist Nonia Temberere, with the support of the French charity Doctors Without Borders and 300 community volunteers.

These volunteers work with terminally ill people, many of them AIDS patients in the final stages of the disease.

With most AIDS deaths in the 15 to 49 age group, Temberere said, “I have orphans and children being asked to take care of their terminally ill mothers and fathers.

“But with very little or no guidance other than from my team and Murambinda on how to administer home-based care, it has led to some of the children themselves becoming diseased.”

The situation reflects the state of healthcare across the board in Zimbabwe, where the hospital system was once the envy of other African countries. Two decades of mismanagement, neglect and rampant theft have left public health services in a catastrophic state, with doctors and nurse leaving in large numbers to seek work elsewhere.

“People have lost faith in the system,” a doctor at the main public hospital in Bulawayo, Zimbabwe’s second city, told IWPR. “They think, ‘Why spend our money on a substandard, ineffective service?’ Now, if they really want to be cured, they go to a witch doctor.”
Life expectancy, which was 63 in Zimbabwe in 1998, has plunged to 33 – largely as a result of AIDS exacerbated by widespread hunger.

The money from donors like McCall Smith – whose book is forecast to bring in over 190,000 dollars – will help provide a continuous supply of anti-retroviral drugs from South Africa, which are otherwise becoming increasingly unavailable in Zimbabwe as the national economy continues its tailspin.

But Dr Glenshaw said she worries about what will become of the Murambinda hospital.

“The future remains bleak, especially because of the country’s economic problems,” she told IWPR. “And things are likely to get worse before they get better. Finance is a constant worry for us, and the current reliance on donor support is not sustainable in the long run.

“What the future holds is uncertain.”

Marceline Ndoro is the pseudonym used by a journalist in Zimbabwe. Information on Murambinda hospital and efforts by overseas donors to sustain its work is available at www.fmh.org.uk