Harare Hospital Misery

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Within Harare Central's morale-sapping walls, there seems to be more dying than healing. Zimbabwe's deteriorating main public hospital, Harare Central, is inspiring less and less confidence among the country's sick, lame and needy.

Its shabby exterior is pockmarked with broken windows and leaking pipes. The wards themselves are little better, epitomising the decline of this country's once proud health system, which until a decade ago was the best in Africa south of the Sahara.

Outside visiting hours, the relatives of patients wander the grounds. Many spend all day at the hospital, waiting from one visiting time to the next, simply because they cannot afford, in the fastest declining economy on earth, the bus fare to make more than one journey.

Susan Rugare is typical of those whiling away time before she can again visit her sick daughter, Maria. A round-trip bus ride from her home in the Harare township of Mufakose is more than she can afford, so each day she walks the eleven mile return journey to be with Maria.

Her daughter has meningitis and can no longer look after herself. “Every day I have to prepare food from home and come and feed my daughter. I also have to bath her, since she can longer do that on her own,” said Rugare.

Her daughter also cannot afford the 2.5 million Zimbabwe dollars (thirteen pounds sterling, at the official exchange rate) worth of drugs prescribed by the doctors. Zimbabwe is into its sixth successive year of economic decline, which has whittled away the ability of households to make ends meet. The country faces critical shortages of foreign exchange. Inflation has reached 1043 per cent, by far the highest in the world, with Iraq in second place at only 40 per cent.

Even if Rugare could afford the drugs her daughter needs, there is no guarantee they would be available in the poorly-stocked hospital pharmacy because the country has barely any foreign exchange reserves.

The dire state of the country's pharmacies inspired Marko Phiri, a columnist in the independent weekly Standard newspaper, to comment, “Zimbabwe appears over the past decade or so to have decided to stick to the African way where hospitals are known not to have a single pill in the dispensary, where hospitals have become places one goes to die, not to look for life. Welcome to Zimbabwe's hospital Hell.”

Harare Central is where the city's poor, who cannot afford private health insurance, are forced to come. Within its morale-sapping walls, there does indeed seem to be more dying than healing. Patients undergoing surgery have died under anaesthetic during the capital city's frequent power cuts because the hospital has not been allocated scarce foreign exchange to import an emergency generator.

The high death rate is linked in part to AIDS. Recent estimates indicate that around 34 per cent of Zimbabwe's 15 to 40 years age group is HIV-positive, and that more than 3,300 people die every week of AIDS-related infections. Deepening poverty and hunger have accelerated the process. According to the United Nations Children's Fund UNICEF, 550 children under the age of fourteen die of AIDS-related illnesses...
each week while another 565 become infected with the HIV virus.

“Most of our beds are occupied by people suffering from AIDS,” said a senior matron who asked not to be named. “In the children's wards there are children who are suffering from kwashiorkor.”

Kwashiorkor is a malnutrition disease, resulting mainly from lack of protein. It occurs in areas of famine, limited food supply and low levels of education. Its most obvious features in children are large, protuberant bellies and thinning hair. Unless properly treated, shock and coma set in leading to death.

The matron said most of the children with kwashiorkor are from Mbare and Epworth, two of the poorest suburbs of Harare, which a year ago were targets of President Robert Mugabe's Operation Murambatsvina (Operation Drive Out the Filth), in which the homes of hundreds of thousands of poor Zimbabweans across the country were razed to the ground.

Combined with rampant HIV/AIDS, Zimbabwe's collapsing health system mirrors a falling life expectancy that has become the shortest in the world. The World Health Organisation reported in April that the average Zimbabwean woman can now expect to die at 34 years of age, compared with 60 at independence, while most men will not live beyond 37 years.

The morgue at Harare Central receives the daily toll of the dead. It is overflowing with hundreds of bodies and the stench is inescapable. The hospital refuses to release the dead until relatives pay hospital fees they can no longer afford. Treatment was once free, but as the country's economy went into steep decline the government introduced charges. In May 2006 the government announced a 300,000 per cent increase in state hospital charges in an effort to shore up crumbling services, with the cost of medicines doubling or tripling every few months.

“The morgue refrigerators sometimes do not work and they also have no capacity to keep the bodies well,” one attendant, leaning on a wall outside the morgue as he ate his lunch, told IWPR. “We no longer go inside there. If you bring your relative you have to find somewhere to put them yourself, or we will charge you if you want us to do that.”

The morgue is also a place of business for undertakers who hang around waiting for clients. When relatives come to claim the bodies of their loved ones, they are immediately propositioned with offers of cheap coffins, body dressings and transport.

Commenting on the increased hospital charges, Harare physician Dr Elopy Sibanda said many of his poor patients had stopped coming for appointments because they can no longer afford the government-dictated fees. The result, he said, is a two-tier medical system similar to that which prevailed in the days of white minority rule before independence in 1980. "They're creating a health care apartheid," Sibanda told a visiting foreign correspondent. "We're no longer looking at the colour of the people. We're looking at the fatness of their wallets."

Harare Central, like all government health institutions in the country, is in dire need of medicines and basic equipment. In addition, there is a serious shortage of professional staff, from nurses and doctors to pharmacists, who are emigrating in droves.

Zimbabwe's consultant physicians have published a new and damning report on Harare Central's conditions. For more than three years, the hospital has run without an intensive care unit because of
collapsing infrastructure and lack of necessary staff. The blood bank often has no blood "and several people have died as a result", the report says.

X-ray equipment has either broken down irretrievably or is obsolete. Antiquated lifts constantly break down because of lack of spares and the one in the maternity ward has not worked for years.

Elsewhere in the hospital "there is often no soap or any other antiseptic liquid to clean hands in wards. There is usually nothing to dry hands with", say the physicians.

Nurses at the hospital complain that their working conditions are deteriorating relentlessly. Apart from disputes about poor wages, which cause walk-outs, the nurses say they are fed up with seeing their patients die as a result of shortages of every kind.

“Almost on a daily basis we lose at least three babies in our ward,” said Nurse Maude Chitambo. “Sometimes we work without protective gloves. Sometimes there are no drugs for patients and food is rationed. When we see patients dying, this affects us badly as well.

“Most of the time there is only one qualified nurse for each ward and the rest will be students. When we face emergencies, students sometimes have to take over duties normally done by qualified staff.”

Almost half the nurses trained in Zimbabwe are lost annually to better paying jobs in South Africa, Britain, Australia and the United States. Harare Central and Parirenyatwa, also in Harare, the country’s two biggest hospitals, share a single neurologist.

Despite low salaries, thousands of secondary school graduates apply to become nurses, mainly because nurses always find employment - an important factor, given Zimbabwe's unemployment rate of at least 80 per cent. And many view training as a nurse as a sure way of getting a visa to other countries and an escape from their country's increasingly dire economic and social conditions.

The problems at Harare Central affect all departments. In the laundry room, the steam cleaners are not working because of a lack of technicians and imported spares. "The laundry is just piling and now relatives have been asked to bring clothes from home,” said a matron.

Heaps of rubbish are mounting around the hospital, resulting in an upsurge in outbreaks of dysentery and food poisoning. To cut costs, the hospital retrenched cleaning staff and hired a private company, but the company's workers are often on strike in protest about low wages and poor employment conditions.

Junior doctors frequently stage work stoppages to demand that their conditions be improved.

Zimbabwe’s parliament has acknowledged the impact of staff shortages on all the country’s health centres. Minister of Health Dr David Parirenyatwa could only say the government was looking into the situation at Harare Central, “A team has since been sent to come up with a report on who best we can turn around the hospital.”
Saul Dambaza is the pseudonym of an IWPR contributor in Zimbabwe.

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