

## **Health System Near Total Collapse**

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Hundreds of people are dying painful deaths each week as a result of a strike by junior doctors over pay. Four-year-old Olinda Makwenje curls up in pain in her hospital bed at Harare's Parirenyatwa Hospital - the capital's most important public health institution - where she has lain unattended for more than nine days as a weeks-long strike by junior doctors continues.

The world seems oblivious of little Olinda's plight as a humanitarian crisis much worse than Operation Murambatsvina (Operation Drive Out the Trash) - the government's notorious slum clearance operation which left some 2.4 million people homeless - grips Zimbabwe. Hundreds of people are dying every week due to lack of healthcare since the doctors' industrial action began on December 21 last year, bringing the health delivery system, already battered by a collapsing economy, to a near-total halt.

Olinda can hardly eat or take any fluids because of the cancerous growth in her gums, which protrudes out of her little mouth like black volcanic lava.

Her cancer was diagnosed last December. She is deteriorating fast and is in need of surgery to stop the cancer from spreading. In the absence of public healthcare, her poverty-stricken family can never hope to afford the four million Zimbabwe dollars (16,000 US dollars at the government's unrealistic exchange rate of 1 US dollar=250 Zimbabwe dollars) - a lifetime's earnings - needed for an operation in a private hospital.

No words can describe the agony little Olinda is in with no painkillers in sight to give her even temporary relief. The few nurses manning the wards have no authority to prescribe the drugs she desperately needs to ease the pain. Olinda is among thousands of other Zimbabweans dying painfully slowly in Zimbabwe's deteriorating hospital system, which at independence and the years afterwards was judged the finest in Africa.

Since the junior doctors began their action they have been joined by most of their seniors and many nurses. The junior doctors are adamant that they will not return to work until the government meets their demand for a monthly salary equivalent to 1900 US dollars, an increase of nearly 9000 per cent.

A junior doctor's starting salary is not enough to fill his car's fuel tank with petrol.

What happens to Olinda and other sick people and patients needing surgery at the country's state hospitals?

Patients are being turned away. Accident victims with broken limbs, fractured skulls and internal injuries are going untreated and the situation is bound to worsen as the strike continues.

Even before the strike the situation was critical. The health system had already collapsed - there is serious understaffing; morale among staff is wrecked; vital equipment is old or not functioning; there is a lack of essential drugs, including anti-retrovirals to treat an HIV/AIDS plague that kills more than 3000 people a week. One-quarter of the population of 11.5 million is estimated to be HIV-positive.

Doctors and nurses have had to battle a health catastrophe, lacking such equipment as rubber gloves, saline drips, syringes and painkillers and other essential drugs.

One province, Matabeleland South, recently reported that it had only one doctor, based at Gwanda hospital, to service four million people. The full complement of doctors should be 21, including nine specialists.

In Marondera, a town 80 kilometres southeast of the capital, toilets in the large public hospital are without water. But desperate patients continue to use them as they wait for hours in the hope of seeing a nurse in the absence of doctors.

The healthcare crisis is regarded as worse than Operation Murambatsvina launched by President Robert Mugabe in May 2005, ostensibly to bring order to the cities and towns but actually to pre-empt an urban rebellion against deteriorating living standards. The then United Nations secretary-general Kofi Annan was so appalled by reports of the violence and hardships that accompanied the operation that he sent a special envoy to assess the situation. His envoy, Anna Tibaijuka, said Murambatsvina had precipitated a humanitarian crisis of immense proportions and "the government of Zimbabwe is collectively responsible for what has happened".

She said there had been "indifference to human suffering" and that the Zimbabwe government and its operatives had breached both national and international human rights law.

Whatever its concern about Murambatsvina, there has been a deafening silence from the UN on the hospital crisis that sees many hundreds of people dying painfully each week.

The government, trying to give the impression everything is under control, refuses to send an SOS to the international community for help. The country's deepening economic problems have seen the exodus of many hundreds of doctors, nurses, radiologists, physiotherapists and other skilled health workers to Britain, South Africa and Australia where they can command better pay and conditions.

In the midst of the strike, Health and Child Welfare Minister David Parirenyatwa - son of a revered doctor after whom Parirenyatwa Hospital was named - went on annual leave while Mugabe went on vacation in the Far East.

People are now taking their seriously ill relatives out of the hospitals, preferring that they die in the comfort of their homes and surrounded by their loved ones.

"What is the point of keeping him here when he is not getting any treatment," said Sam Makoni as he lifted a relative from a stretcher into his car at Parirenyatwa Hospital. "He is better off at home surrounded by his relatives. Imagine the pain he is in and not getting treatment. We could not continue watching him deteriorating."

"Problems never end in Zimbabwe. It's either this or that and it seems our sick have been given a death sentence. This is a catastrophe and a man-made disaster. Zimbabwe now needs all the help it can get from everywhere."

Many people have been asking why organisations international medical relief organisations have not sent teams of doctors into the government hospitals to ease the crisis. They feel the current situation, with more than 90 per cent of the population denied healthcare, fits into the category of countries in need of humanitarian assistance.

Dr Douglas Gwatidzo, chairman of the Zimbabwe Association of Doctors for Human Rights, told IWPR, “Foreign doctors could come in and assist but they can only do so with the authority of the government. They cannot just come into the country without permission and take over the health institutions. Whether they would get the permission in Zimbabwe I just don’t know.”

He said the government was in violation of the African Charter on Human and People’s Rights and the Universal Declaration on Human Rights, which guarantee citizens access to affordable healthcare.

Gwatidzo accused the government of lacking the political will to provide a long-term solution to the current crisis. He sympathised with the junior doctors, who he said worked under difficult conditions while being paid salaries that could not feed their families or even finance car travel between their homes and their workplace.

Senior doctors in Zimbabwe initially continued working but later joined the strike, having worked for almost three weeks under the terrible conditions their juniors had endured every single day.

“We are a small organisation with minimal resources and we don’t have that much manpower,” said Gwatidzo of his association. “We would like to assist but we don’t want to go there and face the same problems. We remain helpless because there are no drugs, working equipment and all the other essentials. It is very disheartening and can be a very painful experience.”

While Mugabe and other senior government and ruling ZANU PF officials fly to South Africa and other countries with good health delivery systems for their own hospital treatment, Zimbabweans are left wondering how much longer the nation and international community continue to watch so many of their relatives, friends and others die unnecessarily?

Florence Cheda is the pseudonym of an IWPR contributor in Zimbabwe.

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