

Soaring Healthcare Costs Proving Fatal

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Sick left to die because they can't afford spiralling cost of medical treatment.

Rutendo Ndoro, 39, told her seven-year-old daughter what the doctor had said. If she hadn't visited him that day, Ndoro would probably have had a stroke, and it could have killed her.

Her daughter looked shocked. "I would have cried until you woke up," said the girl.

The hardships of day-to-day life in Zimbabwe's capital, along with the difficulties associated with being a single mother of two, are wearing heavily on Ndoro.

Her blood pressure stood at 182/110, requiring immediate medical attention. Normal levels are 120/80. For any count above 140/90, it is recommended that a person see a physician.

However, before she could even have the simple check at the clinic, she was asked to pay an exorbitant fee that amounted to almost all her savings.

Ndoro is self-employed, which means she does anything that comes her way – whether buying and selling goods in the market or cross-border trading.

At the clinic, the nurse told her that uncontrolled hypertension, or high blood pressure – commonly referred to as "the silent killer" because there are usually no symptoms – could result in organ damage, heart disease, stroke, heart attack and even death.

Ndoro thought of her two children, aged five and seven, and how life would be for them if she died. Since her divorce, she had been their sole guardian.

She had no choice but to go on a borrowing spree from friends and family, which was not easy as Zimbabwe's economic downturn has hit everyone very hard – including those in the diaspora, who now have to provide for more and more people back home.

Ndoro's situation, according health workers, is common throughout the country, where poor living conditions are leaving people susceptible to illness, particularly stress-related conditions such as hypertension.

When more than 80 per cent of the population survives on less than one US dollar a day, the soaring cost of medical care means the sick are struggling to pay for treatment.

For Zimbabweans, the economic crunch is affecting every facet of life. Since Reserve Bank Governor Gideon Gono introduced a series of new bearer cheques in large denominations more than two weeks ago, the prices of basic commodities and transport costs have gone up by more than 200 per cent and are

continuing to rise every week.

The economy has shrunk to 1950s levels – unemployment is estimated at more than 85 per cent, and hunger is chronic in many areas. School fees, rent, and electricity and grocery bills are rising far faster than wages – and all of these factors contribute to stress.

The cost of medicine doubles or trebles every week. Medical officials have announced that they have only a few weeks' supply left of lifesaving antiretroviral drugs for the 20,000 AIDS patients who receive them as part of a government health programme.

Tens of thousands of other victims of the HIV virus are dying quietly in their homes without any access to drugs.

Health workers say many AIDS patients have already stopped taking medicine because of the high costs, not only endangering their health but also creating ideal conditions for the emergence of drug-resistant strains of HIV.

Interviews with several undertakers in the capital revealed that they were struggling to cope with the increased number of bodies that they were receiving every day.

Although statistics show about 4,000 people die of AIDS every week nationwide, these are mainly people who pass away while in hospitals, and the deaths of those in remote areas go unrecorded.

"We are overwhelmed these days," said the undertaker. "Some of the people dying are dying not because their time is up and also not because their illnesses are not easily treatable, but because of high costs of drugs and health care generally.

"They are dying at home without treatment. People are dying from stress-related illnesses. It is so sad that Zimbabwe has been turned into a dying nation."

When she left the clinic that Saturday, Ndoro hoped that in a day or two she would feel better and her blood pressure would be under control.

Unfortunately, she seemed to get worse. By the end of the week, she could barely walk to the gate, her appetite had gone, and her strength seemed drained out of her. She spent the whole day in bed and her dizziness became worse. Numbness spread through the left side of her body, her face swelled up, and she had terrible palpitations.

She had to be rushed back to the clinic and needed to pay more hefty consultation fees. Luckily, understanding the gravity of her condition, another friend lent her the money.

However, as Ndoro could not afford to pay the admission fee, all the doctor could do was give her another prescription of tablets to control blood pressure, and anti-depressant drugs to relax her and help reduce her racing pulse.

Once again, her friends lent her money for the one-month supply of drugs.

Nonetheless, Ndoro seemed to get even worse. She has not been able to do much work since, and is living on borrowed time and money.

“I almost cried the other day when my daughter said if I had died, she would have cried until I woke up,” said Ndoro.

“But since I can’t afford medical care, I have put myself in God’s hands and I pray every night that he lets me live for my children’s sake.”

Nonthando Bhebhe is the pseudonym of an IWPR-trained journalist in Zimbabwe.

Location: Zimbabwe

Focus: Zimbabwe Crisis Reports

Source URL: <https://iwpr.net/global-voices/soaring-healthcare-costs-proving-fatal>