

Zimbabwe's health challenges

With the formation of a unity government in February, Zimbabwe is hoping that years of crisis and mismanagement are finally over. But rebuilding the country's shattered health system will be a mammoth task, as **Ryan Truscott** reports

The much publicised cholera epidemic that has killed nearly 4000 people and infected 88 000 since August has highlighted the dire state of Zimbabwe's health system.

Once the envy of the southern African region, Zimbabwe's public hospitals are now often little more than stripped shells. Harare's Central Hospital closed down its intensive care unit six years ago, and lack of food, drugs, and equipment forced the closure of the children's ward in October.¹ Patients lucky enough to find a functioning hospital to admit them have reported being asked to bring blankets, food, drips, and bandages. Some rural clinics do not even stock paracetamol.

In the past few years doctors and nurses have repeatedly gone on strike over wages,

which often fell below \$10 (£7; €8) a month. Many have joined the steady exodus of professionals from the country, seeking employment in neighbouring South Africa and further afield in Europe and the United States: 10 000 Zimbabwean nurses are employed in Britain alone and 80% of medical graduates are working abroad.²

Doctors and health professionals still working in Zimbabwe echo new prime minister Morgan Tsvangirai's plea for outside help.

Mr Tsvangirai has told donors that Zimbabwe needs \$5bn for reconstruction.³ A large portion of that would need to be spent on health. But local officials say much more than just money is called for.

Bringing back health workers

It's not hard to see why so many health workers have left, says Geoff Foster, the provincial paediatrician for eastern Manicaland province. His December salary came to less than \$1. Nurses at Mutare's provincial hospital received the equivalent of 50 cents. Attracting workers back into the system will be "a major challenge," Dr Foster says. An offer of \$60 per month for senior nurses was met with derision in January. But even if the new government manages to offer competitive salaries, Zimbabwe's more than 98% daily inflation means they may not be enough to tempt health workers back. Zimbabwean teachers, whose salaries have long been on a par with those of nurses, are demanding a monthly wage of \$2200 before they resume lessons—around four times the southern African average.

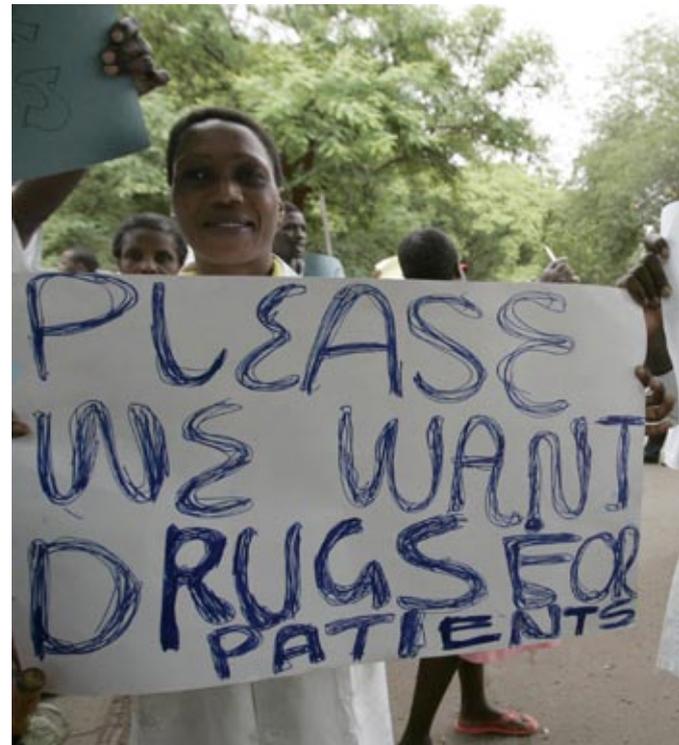
Aid groups may be willing to help. British charity Merlin is currently running a cholera response programme in Zimbabwe. In other countries, Merlin provides staff retention

schemes that include paying salaries and top-up allowances. "That's one area where we definitely see a role for ourselves in Zimbabwe," says Kate Sheahan, the group's emergency response programme manager.

But poor wages aren't the only factor that has pushed Zimbabwean health professionals away, says Itai Rusike, executive director of the Harare based Community Working Group on Health. "Very few colleagues I talk to mention anything to do with salaries. They talk about education for their kids and opportunities for career development," all things that have been lacking for years in crisis hit Zimbabwe, he says.

Exiled professionals need solid evidence of Zimbabwe's transformation before they will come back, warns Douglas Gwatidzo, chairman of the Zimbabwe Association of Doctors for Human Rights. Dr Gwatidzo believes funding and support are needed for a campaign to "bring back the glory of the profession" and encourage those working abroad to return.

Infrastructure is another barrier. Big city hospitals are still standing, but everything from the plumbing to the paint needs replacing, doctors say. Blankets, sheets, and even beds have been stolen from wards. "The central public hospitals are the most devastated. I think they need a complete overhaul," says Dr Gwatidzo. Most of the equipment has outlived its lifespan, he says. "It needs replacement with state of the art, reliable equipment





PHILIMON BULAWAYO/REUTERS

Zimbabwean doctors and nurses demonstrate over Harare's deteriorating health system, November 2008

with spares and technical back-up.”

Refurbishing hospitals is key to enticing back qualified staff, maintains Henry Madzorera, the new health minister. He suggested outsiders could help set up twinning arrangements that could provide funding and resources. And Zimbabweans living abroad could set up trust funds to support the health system. Speaking last month after touring Harare Central Hospital, Dr Madzorera said it would take \$1.5m to rehabilitate the operating theatres and the children's ward and to repair elevators. Constructing staff accommodation at central hospitals could also help make public hospital careers more attractive for many, doctors suggest.

Medicines are also in short supply, with corruption undermining procurement. Dr Gwatidzo says even donated water purification tablets destined for areas hit by cholera have been stolen by opportunists, who sell them to people who should be getting them free. “Once we remove that kind of corruption and we introduce transparency in the distribution of the medical supplies, then it will be easy to meet the demands of the population,” he says. Improvements in salaries could help deter the side marketing of vital drugs, especially in impoverished rural clinics. But the health ministry will probably not

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have the funds to procure the drugs it needs. The recently announced budget for 2009 gave the ministry just 8.3% of total allocations, well below the 15% the Zimbabwe Association of Doctors for Human Rights is calling for.⁴ Dr Madzorera says the country will need to turn to donors to fill the breach. “We welcome all the help we can get in procuring medicines and consumables,” he says.

Training deficits

Training new staff is as much of a problem as attracting back old workers. The country's main medical school at the University of Zimbabwe in Harare closed down late last year. In the past few years, the quality of education had deteriorated to worrying levels, some doctors argue. Dr Gwatidzo said the staff complement at the medical school was down to a third of what it was in the 1980s and early 90s. There is an urgent need to recruit teachers and academicians to the medical and health training institutes.

Diaspora groups such as the UK based Zimbabwe Health Training Support (www.zhts.org.uk) are eager to help. The group was set up three years ago by health professionals committed to supporting health training and education in the former colony. It has organised training workshops and donated books and other materials. A link has been established between King's College Hospital in London and the College of Health Sciences at the University of Zimbabwe and the faculty of medicine at the National University of Science and Technology in Zimbabwe's second city of Bulawayo.

Such support is mainly welcome, but there is a word of warning. Well meaning efforts from abroad can encounter problems because of Zimbabwe's tense political environment, Dr Gwatidzo says. “The sad development in Zimbabwe is that tertiary education has become so politicised that any outside involvement from professionals is viewed with suspicion,” he says. “It's not easy to go in there and start teaching. Even donating books in the past has been viewed with suspicion. People see political interference.”

Local resources

Local health professionals are anxious that outside help does not compromise Zimbabwe's primary healthcare system, which has enormous potential. For years, Zimbabwe's

community health workers were at the forefront in educating local people about malaria, tuberculosis, and AIDS as well as caring for AIDS patients. “We have to recognise the role of community health workers,” said Mr Rusike. “These are the people who made our primary health care the best in the region in the first 10 years of independence.”

Locals are also worried that the cholera response programmes being run by international agencies might distract attention away from the bigger crisis in the public health sector. A team of visiting UN experts sought to allay those fears last month, promising that measures to fight cholera would have a trickle down effect. Efforts to improve water, health, and sanitation should prove the foundation for a longer term public health approach, said Daniel Lopez Acuna, the World Health Organization's director for recovery and transition programmes. International agencies have realised the importance of working with local groups, involving traditional chiefs in disseminating public health messages and tips on avoiding cholera, officials say.

Outsiders wanting to help restore Zimbabwe's health system should look at what is already here, says Dr Foster. Decisions should be made by development professionals and not politicians: “The bottom line is to improve the health of most people for long periods of time.” He recommends a commitment to areas that will give long term benefits such as clean water and sanitation, immunisation, or nutrition programmes.

“One thing I've learnt about development over the years is that, actually, the people who are most affected by the problems are themselves putting measures in place to respond,” he says.

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