

Human rights abuses in Zimbabwe

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In many ways the situation in Zimbabwe is not unique. Doctors and other health professionals are witnessing and experiencing human rights abuses, declining health services and delivery, escalating AIDS epidemics, poor professional standards and low morale in several countries. What is the role of the medical profession in the face of such crises?

International ethical codes prohibit doctors' involvement in torture, and those who do participate should expect to be prosecuted.¹ What about the responsibility of doctors who do not speak out on behalf of their people as the right to health care is denied and human rights abuses become widespread?

Access to health care and quality of health services was one of the nodal points of the Zimbabwean liberation struggle in the 1970s. From independence in 1980, with the economy opened up and growing, and with substantial international

support, the government invested enormously in the health system. Zimbabwe was a shining example of what could be achieved with well-organised primary health care, with specialist outreach, widespread curriculum reform and training of new cadres. Childhood mortality dropped, immunisation coverage increased, and the incidence of tuberculosis was reduced. This happened despite fierce political and economic sabotage by the South African apartheid regime throughout the 1980s.

Along with these successes were the seeds of future crises. Loyalty to the party and government that had liberated the country and that was facing down the apartheid regime in South Africa silenced most health workers when *gukurahundi* took place in the 1980s. This was the widespread and violent repression in Matebeleland and the Midlands aiming to destroy the Zimbabwe African People's Union (ZAPU (PF)) and its support base, and the banditry of 1982 - 1988. It was expatriate health workers, who had come to Zimbabwe in solidarity following the liberation struggle, who spoke out against the large-scale human rights abuses that saw thousands of people dying in Matebeleland and the Midlands.² The Zimbabwe

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Medical Association (ZiMA) was formed in the late 1970s because of the failure of the Rhodesian Medical Association to stand up against human rights abuses by the Smith regime. In turn ZiMA failed to speak out on behalf of the people of Matebeleland and the Midlands.

The mechanisms that had brought health care to the majority after independence were declared unsustainable under the World Bank-sponsored Structural Adjustment Programme of the early 1990s.³ Cost recovery programmes including clinic fees and payment for treating sexually transmitted infections were introduced. ZiMA, which largely represented private practitioners, was preoccupied with negotiating tariff rates with medical aid societies rather than drawing attention to what was happening to the health service. When the HIV epidemic started in Zimbabwe in the early 1980s, the government prohibited doctors from telling people they had HIV despite knowledge of the devastation being caused in Uganda and Kenya. Zimbabwe has become one of the most affected countries in the world. There is a good national policy and strategic framework on paper, but poor implementation. The AIDS levy, meant to mobilise local resources to fund support for people with HIV, has been discredited by corruption. Medical leadership in addressing prevention and care in the HIV epidemic has been significantly lacking, although many groups have developed exemplary initiatives. Now the health service struggles to provide AIDS patients with even paracetamol for pain relief.

Political and economic stresses eventually led to various foci of opposition, peaking with the formation of the Movement for Democratic Change (MDC) in 1999. At this time the brutality and human rights abuses of *gukurahundi* were visited on all the people of Zimbabwe. Many were brutalised by their silent witness of what was happening. At its Annual Congress in 2000, ZiMA members challenged the organisation to make a stand on behalf of victims of organised violence and torture, and the health professionals treating them. ZiMA refused. The Ministry of Health, led and managed by doctors, was silent. The Health Professions Authority (HPA) and Medical and Dental Professions Council (MDPC) were silent. Accordingly, in November 2002, 26 doctors who would not accept this silence formed ZADHR, the Zimbabwe Association of Doctors for Human Rights. In 2003 the ZiMA executive did

not even allow a motion proposing a constitutional addition on human rights to be voted on, nor would they accept ZADHR as an affiliate. In so doing they rejected doctors' professional obligation to advocate on behalf of people violated and tortured, regardless of political affiliation or membership.⁴

From the outset our work in ZADHR has focused on the consequences of violence and torture. Health professionals are often the first to see victims of violence and torture or are called upon by authorities to participate, so they must not be silent.⁵ We have drawn attention to the need for documentation, forensic postmortems, medical examination of rape victims, psychological rehabilitation of survivors, and advocacy on access to treatment for AIDS. As a country we have lived through violence before and have not healed the wounds from those times. Now we need to break the cycle by facing our heritage of human rights abuses and impunity for the perpetrators. In this we have learnt from and shared experience with many organisations, local and external. In particular the experience of Kenyan and South African colleagues parallels our own.

Poverty, low educational levels, limited access to information, powerlessness and low self-efficacy prevent people from being their own health advocates. In this Zimbabwe is no different from other African countries. ZADHR calls on medical associations and health professionals up and down the continent to support each other in developing a culture of respect for human rights in all our countries, and to advocate on behalf of health standards for our populations. In the fight against apartheid in South Africa the support of neighbouring states given to those involved in the internal struggle for justice was crucial to the victory. The people of Zimbabwe deserve the same consideration in their struggle for human rights.

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3. The Bitterest Pill of All. The Collapse of Africa's Health Systems. MedAct and Save the Children. www.savethechildren.org.uk/development
4. World Medical Association. Resolution on the responsibility of physicians in the denunciation of acts of torture or cruel inhuman or degrading treatment of which they are aware. Adopted 2003. www.wma.net/e/policy/tl.htm (last accessed 2 May 2004).
5. World Medical Association. *Resolution on Human Rights*. Adopted by the 42nd World Medical Assembly, Rancho Mirage, California, USA, October 1990 and amended by the 45th World Medical Assembly, Budapest, Hungary, October 1993, the 46th General Assembly, Stockholm, Sweden, September 1994, and the 47th General Assembly, Bali, Indonesia, September 1995.