



Hero turned villain — Mugabe's health system is in shambles

Once upon a time, Zimbabwe was Africa's premier model for good governance and people-centred development, and a roadmap for South Africa if and when it attained democracy, then a seemingly unattainable fantasy.

Zimbabwe's history is strikingly parallel to that of South Africa. Rhodesia, as it was then known, very nearly became South Africa's fifth province. Founded by South Africa's super-colonialist Cecil Rhodes, the territory was invited to join the Union of South Africa when the latter was formed in 1910, but the proposition was spurned in a referendum of white Rhodesians who preferred to remain an autonomous British colony under white minority rule. And although segregation was never formalised as in South Africa's apartheid, it was well entrenched as a way of life in Rhodesia in the social, political and economic spheres.

Zimbabwe's liberation history is long and complex, and includes the political imprisonment for 10 years of one Robert Gabriel Mugabe. Released from prison in 1974, Mugabe headed for Mozambique from whence he waged his guerrilla war in the 'Second Chimurenga' (fight for freedom), fondly dubbed 'the bush war' by the Rhodesians (former white Rhodesians). The first Chimurenga had been against the colonial invaders of the late 1800s. After years of Chimurenga, the British government intervened, and convened the Lancaster talks (akin to South Africa's Codesa) that culminated in Zimbabwe's independence in April of 1980.

As the first prime minister of the new country, and like Nelson Mandela, Mugabe sought to rebuild the country and unite its people. He surprised everyone by preaching reconciliation, reassuring the white community (including former archenemies like Ian Smith) that they had a home in Zimbabwe.

Mugabe's development programme for improving the lives of the black majority earned him international acclaim. He invested resources in a high-quality primary and secondary education system whose matrics have generally been acknowledged as better prepared for study at South African universities than our own. He expanded and improved the quality of the health system, particularly in the rural areas. Zimbabwe was named the WHO's best health service provider in 1985 because of the efficiency of its health delivery systems, according to Rodrick Mukumbira of AfricaNews.

Mugabe promoted rural agriculture, and Zimbabwe became the only country in Africa in which peasant farmers produced surplus food for export. Ironically, though, Zimbabwe never really prospered under Mugabe in pure economic terms, and like other African countries, fell victim to the international debt trap of World Bank and IMF loans.

No matter. Until Nelson Mandela's emergence on the world stage, Robert Mugabe was *the* icon of African statesmanship, both within the continent and beyond, something that would have been completely lost to internationally isolated South Africans, preoccupied with their own bush war. This legacy as an icon probably underpins the reluctance of African leaders to engage in the public humiliation of Mugabe, notwithstanding his manifest madness. This background is necessary in order to understand President Thabo Mbeki's public position on

Zimbabwe. And it is probably for the same reason that Mugabe has come to think of himself as politically immortal.

But Mugabe had one fatal flaw – his intolerance for opposition. Thus, 20 000 Ndebele people were massacred in the Matabeleland region for supporting opposition leader Joshua Nkomo. The prevailing political chaos in Zimbabwe, consisting of the harassment and murder of the opposition, is a direct result of Mugabe's true-to-type response to popular discontent and the emergence of the opposition Movement for Democratic Change.

Zimbabwe is in a food crisis that is 'almost beyond comprehension' and could easily have been avoided, according to James Morris of the World Food Programme (WFP). Mugabe's land grab campaign has left thousands of normally productive farms lying idle. This year's harvest will be 40% of normal, according to the WFP, leaving 7 million people (half the population) needing food aid. Mugabe's land reform scheme, 'along with restrictions on private sector food marketing and a monopoly on food imports are turning a drought that might have been managed into a humanitarian nightmare'. And as usual in such situations, children are the most adversely affected.

The health care system is in deep crisis, characterised by critical shortages of drugs and medical supplies, obsolescent and non-functioning equipment, and a brain drain of doctors and nurses. In Mukumbira's words: 'Corruption, deeply rooted in the public service, has also contributed to the poor health services. The Government Medical Stores, a parastatal responsible for sourcing drugs had been looted, and tender regulations had not been followed, resulting in the government losing millions of dollars.' The shortage of nurses has led to some wards being closed at Parirenyatwa Hospital, Harare's premier facility. In the hospitals, there are patients referred from outlying clinics lying on the floor in the wards, who may not be attended by a professional for days, according to John Deng of World News.

Community health services have ground to a virtual halt. Many of the clinics proudly erected in the 1980s are now closed, and services such as infant and child checks and immunisations are not being provided. HIV and AIDS are rampant, contributing to overcrowding in hospitals and in the mortuaries.

So, what about the future? There will be no quick and easy answers to Zimbabwe's health care problems, no matter who gets into the government.

Sanctions, as proposed in some quarters, will only serve to squeeze the last breath out of a dying system. But it is also clear that Zimbabwe will not turn around until its democratic ethos and institutions are restored, and only the Zimbabweans themselves can make that happen.

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