



TOP WATCHDOG BODY LASHES ZIMBABWE – FROM HARARE

A woman in an obstetric emergency is brought to Harare Hospital where there is no electricity, no lights, no water and no doctor on duty. She is met by an angry nurse who chastises her for failing to bring a candle. The woman dies soon afterwards, one of Zimbabwe's soaring maternal mortality ratio in a country where the life expectancy of women has dropped from 60 to 37 years over the past decade, according to World Health Organization (WHO) figures.

Between January and August 2007 there were more than 1 200 cases of unlawful arrests and detentions by police, military and security forces, more than 750 assaults, and more than 500 instances of government-inflicted torture.

This incident, recounted at the International Federation of Health and Human Rights Organization's (IFHHRO) annual meeting in Harare late last year, captures the multiple dimensions of the economic and service delivery meltdown tragedy there.

Attended by delegates from 24 countries and hosted by the Zimbabwe Association of Doctors for Human Rights, the October conference provided a unique insight into health care conditions in Zimbabwe and slammed its ongoing human rights abuses.

The picture painted by numerous facts and anecdotes at the conference included:

- senior nurses and junior doctors earning the equivalent of around R136 a month, sometimes less
- nurses sleeping in parks because they cannot afford the transport to work

- the blood bank in Harare having to destroy its entire supply of blood when power outages prevent refrigeration
- pharmacies being out of essential medications in many urban areas and the dramatic decline in the manufacture of generic drugs, both due to the lack of foreign exchange
- essential medical supplies, such as rudimentary requirements for testing blood and urine to make sound diagnoses, rehydration supplies and other vital consumables, being only 'intermittently' available
- fatally long waiting lists for ARVs (despite an overall drop in HIV prevalence)
- certain areas of Bulawayo being without water for weeks or months at a time, requiring the digging of wells and hurried construction of latrines in a large urban area, dramatically increasing the risk of diarrhoeal diseases and cholera
- confirmed cases of dysentery in all suburbs of Harare
- electricity now only occasionally available in most areas
- staff/student ratios on clinical rounds at about 1:25, with overall numbers of doctors having declined from 'several thousands' to 'several hundreds'
- state-sponsored violence and intimidation having 'spread to the health sector'.

This last claim cited examples of a nurse being denied medical care after a traffic accident because she was a well-known member of the opposition party and having to be transported 150 km to find medical care, and a 7-month pregnant physician in the network rehabilitating torture victims, after attending a patient at night in hospital, having her hand broken and having to

protect her abdomen from rocks thrown at her.

The president of the medical students association at the University of Zimbabwe was summarily expelled after being seen to be part of a student protest against increased accommodation fees on campus.

Shocked IFHHRO delegates told horror stories

IFHHRO representatives had an opportunity to hear presentations and/or meet with community members, health providers in the public and private sectors, non-governmental and faith-based organisations and Zimbabwe's Ministry of Health and Child Welfare. They said afterwards that, like many African nations, Zimbabwe suffered from high rates of malaria, TB, HIV/AIDS and other infectious diseases, but that the lack of health care was being aggravated by hyperinflation (8 000% pa at the time of writing).

Unemployment stood at 80%, agriculture production was 'minimal' and there was a dire shortage of foreign currency which had 'multiple and reinforcing' effects on endemic health concerns – and on the right to health care itself.

Food, including staples such as mealie-meal, flour, bread, and milk, let alone cooking oil and meat, was largely unavailable in the stores and the poor often lacked the resources and transport to purchase the few supplies remaining on the parallel market.

Plummeting civil servant salaries had accelerated an already acute exodus of doctors and nurses, not to mention academic teaching staff.

However, the economic crisis was not the only factor leading to a 'catastrophe of deep and wide violations in the availability, accessibility, acceptability



and quality of health services that are at the heart of the right to health'. The legacy of Operation *Murambatsvina* ('Clean up the filth') campaign remained fresh. The more than 700 000 people who were directly (and 2.4 million indirectly) violently displaced by the campaign still had received no form of justice or compensation. Large numbers of victims remain insecure and vulnerable with the operation reported to be 'ongoing'.

The IFHHRO was informed of 27 families rendered homeless just 3 weeks before the conference.

An IFHHRO spokesman said, 'They sleep in the open now, with the rainy season just beginning. The impact of this Operation on health treatment has been tremendous; for example, many victims with HIV/AIDS have had their treatment disrupted.'

The total estimated cost of the WHO-driven 3x5 Initiative for Zimbabwe is less than the amount budgeted to rebuild the destroyed homes.

State violence 'increasing'

The 'wanton, brutal beatings' of members of the Save Zimbabwe Campaign engaged in a prayer meeting on 11 March was but the most notorious incident in a year marked by increasing state violence.¹

Between January and August 2007 there were more than 1 200 cases of unlawful arrests and detentions by police, military and security forces, more than 750 assaults, and more than 500 instances of government-inflicted torture. These assaults have been mainly targeted at the political opposition but included other reformers, community and student leaders and members of women's organisations.

In one instance, lawyers protesting the arrest of lawyers performing their duties to clients in a court of law were themselves beaten. Major forms of torture reported by victims and substantiated by medical examination included beatings and kicking, stress positions for lengthy periods of time, suspending victims in painful positions, electric shock, and psychological torture including forced nakedness. The World Medical Association backed the IFHHRO's conference statement calling for the Zimbabwe government to:

- cease the use of violence, intimidation, torture and violations of due process of law
- respect the freedom of expression including rights of students to improve the conditions of their education
- take all steps within its power to protect, respect and fulfil the

right to health for all members of the community, even within the economic constraints it faces

- create conditions under which good training quality for health professionals is guaranteed
- provide adequate infrastructure needed for effective and efficient health care, such as running water, electricity, transport, drugs and medical equipment
- establish safe and transparent conditions for young Zimbabweans during their mandatory stay within the National Youth Services
- ensure sustainable agricultural production that is the mainstay of the Zimbabwean economy so as to guarantee food security.

The IFHHRO called on regional and world leaders to condemn Zimbabwe's government and to ensure that 'claims of sovereignty are not used as an excuse for escaping accountability and imposing suffering on people'.

1. Bateman C. Zimbabwe police treat doctors, lawyers with contempt. *SAMJ* 2007; 97: 236 - 240.

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