



Home Office

Country Policy and Information Note

Zimbabwe: Medical treatment and healthcare

Version 2.0

April 2021

Preface

Purpose

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in Zimbabwe.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual, 2013](#). Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion. Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

MedCOI

MedCOI is an Asylum and Migration Integration Fund financed project to obtain medical country of origin information. The project allows 11 European Union member states plus Denmark, Norway and Switzerland to make use of the services of the 'MedCOI' team in the Netherlands and Belgium.

The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team before it is forwarded to the UK or other national COI teams. Previous MedCOI responses are stored on its database which participating states are able to access.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the [Country Policy and Information Team](#).

Independent Advisory Group on Country Information

The [Independent Advisory Group on Country Information](#) (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to support him in reviewing the efficiency, effectiveness and consistency of approach of COI produced by the Home Office.

The IAGCI welcomes feedback on the Home Office's COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. The IAGCI may be contacted at:

Independent Advisory Group on Country Information
Independent Chief Inspector of Borders and Immigration
5th Floor
Globe House
89 Eccleston Square
London, SW1V 1PN
Email: chiefinspector@icibi.gov.uk

Information about the IAGCI's work and a list of the documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector's pages of the [gov.uk website](#).

Contents

Assessment	6
Guidance on medical claims	6
Country information	7
1. The healthcare system	7
1.1 Legal context	7
1.2 Organisation and personnel	7
1.3 Medical practitioners and facilities	8
1.4 Private and public sector healthcare	9
1.5 Cost and access to medical treatment and drugs.....	9
2. COVID-19 pandemic.....	11
3. Treatment and medication for specific conditions	13
3.1 Cancer screening services	13
3.2 Diagnostic radiology	14
3.3 Radiotherapy	14
3.4 Chemotherapy.....	15
3.5 Ovarian cancer	16
3.6 Rectal cancer	16
3.7 Cervical cancer treatment.....	16
3.8 Breast cancer	17
3.9 Dental surgery and treatment.....	17
3.10Diabetes	17
3.11Eye conditions and diseases	19
3.12High blood pressure	19
3.13HIV/AIDs – treatment	20
3.14Kidney disease and dialysis	21
3.15Dermatological conditions	22
3.16Maternity services	22
3.17Musculoskeletal conditions, physiotherapy, and orthopaedic treatment.	23
3.18Liver conditions	23
3.19Painkiller drugs.....	24
3.20Treatment for drug dependence	24
3.21Tuberculosis (TB) and other lung diseases	24
4. Thyroid diseases.....	25
5. Mental healthcare and psychiatric care	25
5.1 Availability of facilities and treatment.....	25

6. Paediatric healthcare	31
6.1 Ear, nose and throat conditions	31
6.2 Support and care for children with disabilities	32
7. NGO support and care services for disabled persons	32
Terms of Reference	35
Bibliography	37
Sources cited	37
Sources consulted but not cited	38
Version control	39

Assessment

Updated: 5 March 2021

Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach of Article 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

[Back to Contents](#)

Country information

Section 1 updated: 6 April 2021

1. The healthcare system

1.1 Legal context

1.1.1 The Australian Department of Foreign Affairs and Trade noted in its Zimbabwe country information report of December 2019 (DFAT report 2019):

'Article 29 of the Constitution commits the State to: taking all practical measures to ensure the provision of basic, accessible, and adequate health services throughout Zimbabwe; taking appropriate, fair, and reasonable measures to ensure that no person is refused emergency medical treatment at any health institution; and taking all preventative measures within the limits of the resources available to it, including education and public awareness programs, against the spread of disease.'¹

[Back to Contents](#)

1.2 Organisation and personnel

1.2.1 The DFAT report 2019 noted:

'The [Ministry of Health and Child Care](#) has responsibility for delivering health services, although mission hospitals and non-governmental organisations (NGOs) also provide services. As of 2015 (most recent available statistic), Zimbabwe had 1,848 hospitals and primary care facilities nationwide. Harare and Bulawayo have three central hospitals each. There are eight provincial hospitals covering all provinces; 63 secondary level hospitals in districts nationwide, and over 1,000 clinics and rural health centres, well below the World Health Organization's recommendation of a minimum threshold of 23 doctors, nurses, and midwives per 10,000.'²

1.2.2 The DFAT report 2019 further observed:

'Zimbabwe's long-running economic and political crises, coupled with the long-running HIV/AIDS crisis and other major disease outbreaks including cholera and measles epidemics, have had a significant impact on the health system and on health outcomes overall. In 2018, life expectancy for men and women was 59 and 63.2 years respectively after reaching a low in 2006 of 34.4 years for men...Health facilities have widespread shortages of basic medicines such as painkillers and contraceptives. Zimbabweans seeking healthcare are generally required to bring their own drugs, syringes, bandages, and water, and to pay for their treatment in US dollars. In November 2018, the [Zimbabwe Medical Association](#) warned that patients were relapsing and deteriorating while operations were being cancelled due to shortages of medicines...Most of Zimbabwe's political and economic elite travel to South Africa or other destinations abroad to access private medical care.'³

¹ DFAT, '[Country Information Report - Zimbabwe](#)' (paragraph 2.29), 19 December 2019

² DFAT, '[Country Information Report - Zimbabwe](#)' (paragraph 2.30), 19 December 2019

³ DFAT, '[Country Information Report - Zimbabwe](#)' (paragraph 2.31), 19 December 2019

- 1.2.3 The Foreign, Commonwealth and Development Office (FCDO) travel advice for UK nationals in Zimbabwe, updated on 3 February 2021, noted: ‘The provision and quality of health care is variable and can be especially poor outside of the major cities. There’s a shortage of drugs and trained medical staff in hospitals, making it difficult for hospitals to treat certain illnesses including accidents and trauma cases. The shortage of fuel has reduced emergency response capabilities.’⁴
- 1.2.4 The Community COP20 Zimbabwe Community Priorities PEPFAR Country Operational Plan 2020 report stated:

‘Zimbabwe has an acute shortage of human resources for health (HRH). The Government cites a lack of resources to support the mass recruitment of new health workers. Currently every district has at least 2 doctors, every primary healthcare centre has at least 2 qualified nurses, 59% of administrative wards are serviced by an Environmental Health Technician and 60% of villages have access to a village health worker. This current predicament makes Zimbabwe fall far short of the World Health Organisation’s recommendation of the minimum threshold of 23 doctors, nurses and midwives per 10 000 population.

‘Enough health workers are trained in Zimbabwe. However, the government alone is not able to absorb them citing the financial pressures and wage bill restrictions by the World Bank. For example, only 27% of nurses trained across the country’s nursing schools in Zimbabwe between 2010 and 2019 were recruited by the Ministry of Health & Child Care (MoHCC). Zimbabwe is reported to be in need of approximately 10,000 more nurses yet currently produces over 1,000 nursing graduates every year, most of whom fail to find employment despite the gaps at the facility levels...

‘Evidence from community monitoring exercises show a wide discrepancy between the number of staff physically present at facilities versus those in the staff establishment. The overall vacancy rate masks the inequitable distribution of key professions such as doctors, pharmacists, radiographers and anaesthetists who are largely located at central hospitals and not in the rural areas where they are needed the most.’⁵

[Back to Contents](#)

1.3 Medical practitioners and facilities

- 1.3.1 The website of the US Embassy, Harare, provides a [list of physicians/emergency providers](#) in Harare, Bulawayo, Gweru, Kariba, Mutare, and Victoria Falls. The FCDO website [list a number of English speaking doctors/medical facilities](#) in Harare, Bulawayo and Chitungwiza.
- 1.3.2 The Zimbabwe Ministry of Health and Childcare website provided links to the 6 central hospitals located in Harare, Chitungwiza and Bulawayo:
- [Parienyatwa, Harare](#)
 - [Harare Central](#)

⁴ FCDO, ‘[Foreign travel advice – Zimbabwe](#)’ (Health), updated 3 February 2021

⁵ [Community COP20 Zimbabwe Community Priorities PEPFAR COP 2020](#), (page 5), no date

- [Mpilo Central](#), Bulawayo
- [United Bulawayo Hospitals](#)
- [Ingutsheni Psychiatric](#) Hospital, Bulawayo
- [Chitungwiza Central](#)

See also [Mental healthcare and psychiatric care](#).

[Back to Contents](#)

1.4 Private and public sector healthcare

- 1.4.1 A ReBuild Consortium (international research consortium that examines health system resilience in fragile settings experiencing violence, conflict, pandemics and other shocks) 2015 information sheet stated:

‘Most Zimbabweans use the publicly funded or delivered health system... Zimbabwe’s health system is largely tax funded, providing a large pooled fund. Other arrangements that pool health funds in Zimbabwe include the Health Transition Fund (HTF), a transitional pooled fund for earmarked services, the National AIDS Trust Fund (NATF) for HIV/ AIDS services and the Health Services Fund (HSF). The National Social Security Authority Workers Compensation and Insurance Fund (WCIF) funds prevention and care for work related injury... There are some local community funds supporting health promotion and service improvements. Private voluntary health insurance from medical aid societies (MAS) serve about 10% of people, largely in formal employment.’⁶

[Back to Contents](#)

1.5 Cost and access to medical treatment and drugs

- 1.5.1 The Universal Health Care Partnership (UHCP) Zimbabwe country profile stated:

‘Zimbabwe’s health system, guided by the Health Service Act, is frail due to hyperinflation and political instability. Low access to health care, high teenage fertility, a double burden of communicable and non-communicable diseases, as well as natural and human-made disasters (including frequent disease outbreaks, acute public health emergencies and other health-related humanitarian disasters) impact the population’s well-being... The National Health Strategy (NHS) 2016-2020 aims to advance universal health coverage (UHC) as part of broader national efforts to tackle extreme poverty, social exclusion and gender inequity.’⁷

- 1.5.2 The T1 International (NGO that provides information for diabetics) website, no date, stated:

‘People who cannot afford to visit a private General Practitioner (GP) or go to a hospital or clinic are in most cases forced to go to public hospitals. People can also use their Medical Aid (medical insurance) instead of paying cash when they go to the doctor’s rooms and it often offsets the cost of medicine

⁶ ReBuild Consortium, ‘[Policy Brief: Evidence and proposals for advancing equity...](#)’, May 2015

⁷ UHCP, ‘[Zimbabwe country profile](#)’, no date

and supplies. Most people get Medical Aid through their work places and a certain fee will be deducted from their monthly salary...

'If someone is on Medical Aid, they can easily go to their Medical Aid clinic. For example, CIMAS medical aid has clinics all over the country and if one has a valid medical licence they can go to any CIMAS clinic and get tended to by a GP who is employed by the Medical Aid. This applies to all Medical Aids in the country. Some people prefer to go visit their Physicians or Specialist Physicians instead of going to clinics.

'When someone gets a prescription from a Medical Aid clinic they will go get the prescribed drugs from the pharmacy which is usually located at the clinic. They will not pay for the drugs if they are getting them from the clinic. If someone gets a prescription from their private doctor, they would have to go to any pharmacy to collect the new prescription, and also pay a shortfall for the drugs or the full amount if they are not on Medical Aid...

'The Medicines Control Authority of Zimbabwe (MCAZ) decides what medicines a doctor can prescribe to patients. It also authorises what kind of drugs enter and exit the country. The MCAZ also makes decisions about medical technology. For example, it recently approved of some advanced insulin into the country. The MCAZ provides guidelines for pharmacies and doctors to follow when prescribing drugs to patients.'⁸

1.5.3 The Mywage article, Medical Insurance in Zimbabwe, no date, stated:

'Most workers in the country cannot afford private hospitals and clinics, so they are cared for at state and mission hospitals and clinics, which are less expensive... There are more than 30 medical aid societies in the country. Around 10 of these are in-house or restricted to respective industries or employees, while the rest are open societies.

'Both public and private employers provide medical insurance through participation in medical aid societies. These are non-profit organisations that collect premiums from business and/or government organisations and use that money to pay health care providers for services provided to beneficiaries.

'Medical insurance money, whether for public or private facilities, is deducted each month from a workers' salary.

'Medical aid schemes in workplaces in Zimbabwe are voluntary, dealing directly with employers and consumers and avoiding broker costs. But they can limit an employee's choice of society.

'Benefit packages are clearly specified, but are segmented. There are different levels of cover, which apply to the different income groups of beneficiaries...

'The inability of public medical service providers to pay their debts is hampering efforts to procure drugs for the health sector. This impacts on proper health care for employees with low incomes... The private medical industry in Zimbabwe is small but plays a significant role in most workplaces and is the biggest player in the private sector. Medical Aid societies cover a

⁸ The T1 International, [Zimbabwe](#), no date

tenth of the country's population and provide 80% of income to private health care providers in Zimbabwe...Benefit packages can discriminate between management and lower grades, with those designed for higher income groups providing access to both private and public hospitals.

'Those packages designed for lower grades often only have full access to public hospitals and limited access to private hospitals.'⁹

- 1.5.4 The FCDO travel advice for UK nationals in Zimbabwe, updated 3 February 2021, noted:

'Private clinics will not treat patients until they pay and often require large amounts of cash before they will admit even emergency cases. An increasing number of businesses in Zimbabwe will only accept US dollars in cash, rather than credit or debit cards. This includes some medical providers. Even if payment is available some of the best hospitals are often too full to admit patients. Medical costs, particularly for evacuation, can be high.'¹⁰

[Back to Contents](#)

2. COVID-19 pandemic

- 2.1.1 The US News and World report, Zimbabwe Receives 200,000 Doses of Sinopharm COVID-19 Vaccines, dated 15 February 2021, noted:

'A plane carrying Zimbabwe's first coronavirus vaccines, 200,000 doses donated by China, arrived in the capital Harare on Monday [15 February 2021]...

'Zimbabwe's Vice President Constantino Chiwenga, head of the delegation receiving the vaccines that included the finance minister, said frontline health workers would be the first to be vaccinated...

'Zimbabwe has set aside \$100 million for vaccine procurement, and is looking to buy 20 million doses in efforts to immunise about 60% of its population and achieve herd immunity...

'Zimbabwe is also negotiating with Russia over the procurement of its Sputnik vaccines and was expecting more doses from India and COVAX.'¹¹

- 2.1.2 The China Daily report, Zimbabwe authorizes Sinovac, Sinopharm vaccines for emergency use, dated 10 March 2021, noted:

'Zimbabwe has authorized the emergency use of four COVID-19 vaccines, including China's Sinovac and Sinopharm, Russia's Sputnik V and India's Covaxin, Zimbabwean Information Minister Monica Mutsvangwa said in a post-Cabinet briefing on Tuesday.

'The southern African country last month rolled out its COVID-19 vaccination program after receiving a donation of 200,000 doses of shots from China National Pharmaceutical Group (Sinopharm)...

⁹ Mywage, '[Medical Insurance in Zimbabwe](#)', no date

¹⁰ FCDO, '[Foreign travel advice – Zimbabwe](#)' (Health), updated 3 February 2021

¹¹ US News and World Report, '[Zimbabwe Receives 200,000 Doses...](#)', 15 February 2021

'Zimbabwe said it plans to vaccinate more than 9 million people and is waiting for delivery of 600,000 Sinopharm doses that it purchased from China.' ¹²

2.1.3 The Globe and Mail report, *Despite shortages, Zimbabwe hesitates to take Chinese COVID-19 vaccines*, dated 26 March 2021, noted:

'Zimbabwe was one of the first African countries to receive vaccines for the virus, thanks to a donation from China five weeks ago. Today it has received 600,000 doses of two Chinese vaccines, Sinopharm and Sinovac. Yet it has managed to administer fewer than 59,000 of those doses so far, largely because of a lack of enthusiasm from the Zimbabwean people.

'The vaccines are free, there are usually no age or occupation restrictions and the queues are often relatively short. It took only 15 minutes for people to be vaccinated at Wilkins Hospital on Friday. Yet people are still reluctant to take the jab.

'Analysts say the slow acceptance of the Chinese vaccines in Zimbabwe is largely owing to a mistrust of the country's authoritarian government, a lack of a concerted campaign to educate people about the benefits of vaccination and a widespread suspicion of corruption in China's deals with the Zimbabwean government...

'An online survey of the general public by Zimbabwe's College of Public Health Physicians found that nearly half of respondents would refuse to take any COVID-19 vaccine or were uncertain about whether to take it.' ¹³

2.1.4 The Universal Health Care Partnership (UHCP) [The UHCP is supported and funded by national governments and the WHO and supports governments towards universal health coverage] report, *Zimbabwe: Data-driven decisions maintain availability and access to essential health services during the COVID-19 response*, dated 31 March 2021, noted:

'The COVID-19 pandemic has left many people in Zimbabwe unable to visit health clinics due to prevention and containment measures, the national lockdown and associated fears of contracting the virus. This means they have missed out on services such as immunization, reproductive and maternal health, prevention and treatment of chronic diseases. More than 80% of facilities reported a decline in uptake of essential health services, prompting the Government of Zimbabwe to take action to ensure people could get the services they need, and to step up action to maintain the safety of all frontline health workers and patients.' ¹⁴

2.1.5 The UHCP report also noted:

'Even before COVID-19, the Zimbabwean health system already faced serious challenges with health workforce shortages, low staff morale and infrastructure in need of upgrading. The impact of COVID-19 was further compounded by protracted industrial action leading to the disruptions of primary health centre provision in Harare and some other provinces...

¹² China Daily, '[Zimbabwe authorizes Sinovac, Sinopharm vaccines...](#)', 10 March 2021

¹³ Globe and Mail, '[Despite shortages, Zimbabwe hesitates to take Chinese...](#)', 26 March 2021

¹⁴ UHCP, '[Zimbabwe: Data-driven decisions maintain availability and access...](#)', 31 March 2021

'In October 2020, with support from the UHC Partnership and other partners, the MoHCC [Ministry of Health and Child Care] conducted a national rapid assessment of the continuity of essential health services in all 10 provinces of Zimbabwe.

'The assessment sought to identify the state of service delivery in communities and any bottlenecks to effective service provision for both COVID-19 cases and other essential services. It also reached out to provincial and district implementers with technical support to solve the related problems they were experiencing.

'The assessment found a decline in access to essential health services in all 10 provinces as a result of COVID-19. Overall, 6% of all health facilities were completely closed, and 86% reported a decline in attendance. Reasons for the decline of service use included the general situation of the national lockdown and the spread of misinformation, along with fears of catching COVID-19 at health facilities circulating among community members. Health workers were also afraid of contracting COVID-19, exacerbated by a lack of PPE and information. Inadequate capacity and a failure to provide outreach services to the population also heightened the problem.'¹⁵

- 2.1.6 The Africa News report (updated on 4 April 2021), Coronavirus - Zimbabwe: COVID-19 update (3 April 2021), stated: 'As at 03 April 2021, Zimbabwe had 36 911 confirmed cases, including 34 732 recoveries and 1 524 deaths. To date, a total of 111 588 people have been vaccinated against COVID-19.'¹⁶
- 2.1.7 See also World Health Organisation (WHO), [Zimbabwe](#), for updated information about the Covid-19 pandemic in Zimbabwe, and Worldometer – [Zimbabwe](#).

[Back to Contents](#)

Section 3 updated: 6 April 2021

3. Treatment and medication for specific conditions

3.1 Cancer screening services

- 3.1.1 The Zimbabwe Ministry of Health and Child Care report, National Cancer Prevention and Control Strategy for Zimbabwe 2014-2018 (NCPCSZ), stated:

'Screening services for most cancers, including cervical cancer (PAP smears), breast cancer (mammogram and ultrasound scanning) are available in private institutions but the cost is prohibitive for the majority. Even among those who can afford screening, there have been insufficient awareness campaigns to encourage people to be screened for cancers.

'These services are generally centralised and thus not available to the majority (rural) population. Most of the Medical Aid Societies do not provide cover for screening services, while there is co-sharing of the cost with the client by those that do cover screening. Only one Medical Aid Society provides screening for prostate cancer using Ultra Sound Scanning (USS).

¹⁵ UHCP, '[Zimbabwe: Data-driven decisions maintain availability and access...](#)', 31 March 2021

¹⁶ Africa News, '[Coronavirus - Zimbabwe: COVID-19 update \(3 April 2021\)](#)', updated on 4 April 2021

'Most government institutions do not offer screening for prostate, breast, cervical or colon cancers, as the key health professionals lack adequate information and skills to provide the services, coupled with lack of basic equipment. However, the Ministry of Health and Child Care has several sites (Mpilo, United Bulawayo Hospital, and Masvingo) providing cervical cancer screening services using visual inspection with acetic acid and cervicography (VIAC).

'Zimbabwe National Family Planning Council (Spilhaus), City of Harare Clinics and Newlands clinic (HIV and AIDS service organisation) also provide screening services. However, all of these services are centralised of treatment, and many cancers have the best in urban areas. Additionally, screening programmes for paediatric cancers are not yet in place.'¹⁷

[Back to Contents](#)

3.2 Diagnostic radiology

3.2.1 The NCPCSZ report stated:

'The availability of diagnostic and treatment services for cancer in Zimbabwe can be summarized as follows:

- Plain x-rays can be taken at district, provincial and central hospitals
- Biopsy is done at provincial and central hospitals and a few mission hospitals
- Cytology is very limited but offered by private laboratories at a cost
- Computerised Tomography (CT) scanning is available in Harare and Bulawayo. The private sector offers a reasonable service at a cost. Public facilities for CT scanning are inadequate and non-functional most of the time
- Mammography is available at private institutions and recently one machine has been installed and commissioned in the government sector at Parirenyatwa Group of Hospitals
- Magnetic Resonance Imaging is available in private institutions but is very expensive
- Brachy therapy equipment for gynaecological cancers is available at Mpilo and Parirenyatwa Group of Hospitals
- Parirenyatwa and Mpilo Hospitals have their own pharmacies. However chemotherapy medicines are expensive and barely available there. Patients who are prescribed such medications must try to obtain them at private pharmacies.'¹⁸

[Back to Contents](#)

3.3 Radiotherapy

3.3.1 The NCPCSZ report stated:

¹⁷ Zimbabwe Ministry of Health and Child Care, [NCPCSZ](#), page 14, no date

¹⁸ Zimbabwe Ministry of Health and Child Care, [NCPCSZ](#), page 16, no date

'The two National Radiotherapy Centres are located at Parirenyatwa Group of Hospitals in Harara [sic] and Mpilo Central Hospital in Bulawayo. All of the cancers are treated at the centres except for some Kaposi Sarcoma (KS) patients that are seen at the KS clinic at Parirenyatwa Group of Hospitals. Much like a community health centre, no cancer patient is denied service. The patients pay USD10 for consultation; this fee does not cover chemotherapy and radiotherapy. The centres provide treatment services on an outpatient basis...

'At Parirenyatwa Group of Hospitals, there are two oncology wards, one for adults and one for children to accommodate the very sick patients.' ¹⁹

- 3.3.2 The Xinhua report, COVID-19 affects Zimbabwe's main radiotherapy center, dated 15 January 2021, stated:

'There are two radiotherapy centers in Zimbabwe, at Parirenyatwa Group of Hospitals in the capital Harare and at Mpilo Central Hospital in the second largest city of Bulawayo.

'The radiotherapy center at Parirenyatwa Group of Hospitals is the leading specialized unit in Zimbabwe where treatment of all cancers is done using radiotherapy, chemotherapy and a number of other forms of modern treatment.' ²⁰

[Back to Contents](#)

3.4 Chemotherapy

- 3.4.1 The NCPCSZ report stated:

'Chemotherapy is administered at Parirenyatwa and Mpilo Hospitals and three other private institutions namely St Anne's Hospital, Avenues Clinic and Mater Dei Hospital. There is chronic unavailability of chemotherapy medicines in the public sector. Most patients in these institutions have to purchase chemotherapy medicines from the private pharmacies. The cost of these medicines is prohibitive. Even in the private sector there are chemotherapy drug shortages, resulting in disruption to patients' treatment.

'Chemotherapy and other support medicines are expensive and are often not available at Parirenyatwa Group of Hospitals and Mpilo Central Hospital. Patients that need chemotherapy medicines get them from private pharmacies at a very high cost. Many patients cannot afford the medicines resulting in patients receiving the chemotherapy inconsistently or not finishing the course. This, coupled with late presentation of disease, leads to poor treatment outcomes. Funding is a major hindrance in the stocking of both Parirenyatwa Group of Hospitals and Mpilo Central Hospital Pharmacies.' ²¹

- 3.4.2 A MedCOI response to an information request about treatment available for ovarian cancer, dated 19 June 2020, stated that the chemotherapy drugs - carboplatin and paclitaxel - were available in the Trinity Pharmacy in

¹⁹ Zimbabwe Ministry of Health and Child Care, [NCPCSZ](#), page 18, no date

²⁰ Xinhua, '[COVID-19 affects Zimbabwe's main radiotherapy center](#)', 15 January 2021

²¹ Zimbabwe Ministry of Health and Child Care, [NCPCSZ](#), page 19, no date

Zimbabwe (private facility)²². A MedCOI response to an information request for information about the treatment of rectal cancer, dated 8 May 2019, stated that the chemotherapy drugs - fluorouracil, folinic acid, and oxaliplatin - were available in the Parirenyatwa Hospital (public facility) in Zimbabwe²³.

[Back to Contents](#)

3.5 Ovarian cancer

3.5.1 A MedCOI response to an information request, dated 19 June 2020, stated that inpatient and outpatient treatment by a gynaecologist and oncologist for ovarian cancer was available at the Harare Central Hospital (public facility). Cancer specialists and CT and MRI scanning were also available. Monitoring of the progress of ovarian cancer could also be carried out²⁴.

[Back to Contents](#)

3.6 Rectal cancer

3.6.1 A MedCOI response to an information request about a patient with advanced rectal cancer, dated 8 May 2019, stated that oncological inpatient/outpatient treatment, including chemotherapy and radiation therapy, and oncological and gastrointestinal surgery, was available at the Parirenyatwa Hospital in Harare (public facility)²⁵.

[Back to Contents](#)

3.7 Cervical cancer treatment

3.7.1 The Xinhuanet report, 'Chinese hospital offers free cervical cancer treatment to Zimbabwean women', dated 7 May 2019, stated:

'Zimbabwe's largest referral hospital has once again partnered China's Hunan Provincial Maternal Hospital in offering free cervical cancer screening and treatment to at least 1,700 Zimbabwean women in 2019.

'Zimbabwean and Chinese officials on Tuesday gathered at the Parirenyatwa Group of Hospitals in Harare for the launch and donation of equipment for the cervical cancer detection and treatment center.

'Under the treatment camp, which is running for the third consecutive year at the hospital, women aged between 30 and 65 from throughout Zimbabwe will receive high-tech free cancer screening and treatment.

'Over the past two years, over a thousand women in the country have benefited from the healthcare service project as the country scales up the fight against one of the leading women cancers in Zimbabwe.'²⁶

[Back to Contents](#)

²² MedCOI, 19 June 2020, available on request

²³ MedCOI, 8 May 2019, available on request

²⁴ MedCOI, 19 June 2020, available on request

²⁵ MedCOI, 8 May 2019, available on request

²⁶ Xinhuanet, '[Chinese hospital offers free cervical cancer treatment...](#)', 7 May 2019

3.8 Breast cancer

- 3.8.1 Oncocare, a Zimbabwe cancer treatment provider, stated in an undated entry, that the Breast Clinic in Harare provides breast cancer prevention counselling, digital mammography, ultrasound, physical examinations, and other diagnostic services. Adjacent to the Breast Clinic is the Oncocare Cancer Treatment Centre which provides surgery, radiation therapy, chemotherapy, biological treatments, hormone therapy and other treatment for breast cancer²⁷.

[Back to Contents](#)

3.9 Dental surgery and treatment

- 3.9.1 The Zimbabwe Dental Association in an [undated list](#), records 16 dentists/dental clinics.
- 3.9.2 Borrowdale Dental Surgery in Harare, in an undated entry on its website, stated that it provides a wide range of dental surgery and dental care services, including:
- oral exams
 - digital dental x-rays
 - orthodontic treatments
 - fillings
 - dentures
 - crown and bridge procedures
 - root canal treatment
 - teeth cleaning
 - teeth extraction
 - cosmetic procedures
 - dental surgery²⁸.
- 3.9.3 The Eastend Dental Surgery in Harare, in an undated entry on its website, stated that it provides a wide range of dental surgery and care services, including x-rays, scale and polishing, fillings, extractions, root canal treatment, dentures and implants²⁹.

[Back to Contents](#)

3.10 Diabetes

- 3.10.1 T1 International (NGO that provides information for diabetics), in an undated entry on its website stated:
- ‘Most people still cannot afford to buy test strips as well as insulin because of the incredible costs of basic supplies. If someone wants to buy insulin over-the-counter in pharmacies, the average cost per vial would be between

²⁷ Oncocare, [Breast Clinic](#), Harare, no date

²⁸ [Borrowdale Dental Surgery](#), homepage, no date

²⁹ Eastend Dental Surgery, [‘Our Services’](#), no date

USD\$9 and USD\$12 as compared to the price when someone uses Medical Aid, the shortfall would be USD\$3 at most.

'Living with Type 1 diabetes can be a real burden in Zimbabwe because sometimes insulin, besides being expensive, can also become scarce. Most times, diabetic patients are seen by GPs and not Specialist Physicians or Endocrinologists, mainly because Physicians are expensive and there are not a lot of Endocrinologists in the country. Some people cannot even afford to go to eye specialists or to get a simple HBA1C test, let alone visit a dietician, because of the expenses...

'Diabetes care varies a lot from place to place. The prices of insulin changes drastically from city to city; this also goes for the prices of test strips. Insulin and test strips are not available in some parts of the country in some cases and people have to travel great distances in order to get insulin and other supplies.'³⁰

3.10.2 The Newsday report, *Reprieve for insulin-dependent diabetics*, dated 21 May 2018, stated:

'The Zimbabwe Diabetic Association (ZDA) has come to the rescue of thousands of diabetics below 25 years by introducing a free insulin programme as a measure to curb various challenges that had arisen due to high costs of insulin and its scarcity in many pharmacies...

'Speaking to NewsDay, ZDA administrator, Simion Jamanda said his association had partnered the International Diabetes Federation in a 15-year programme targeting children with insulin-dependent diabetes.

"We have joined hands with IDF [International Diabetes Federation] under a programme called Life For a Child, which entails that all people under the age of 25 receive diabetes medication for free and can be collected at any PSMI [Premier Service Medical Investments] pharmacy," he said.'³¹

3.10.3 The CITE report, *Lockdown: Diabetes patients struggle to access medication*, dated 12 May 2020, stated:

'People living with diabetes have bemoaned the high cost of medication with most of them failing to access free medication due to the COVID-19 national lockdown.

'Drugs such as actraphane, losartan, atorvastatin, metformin and insulin injections are costly and beyond the reach of most patients.

'In an interview with CITE, Menson Moyo said her health is now deteriorating as she lost her source of income due to the lockdown and she cannot purchase her medication.

"I use metformin and glimepiride, and it costs me ZWL\$310 a month. I used to afford to buy my medication but due to the travel restrictions I can no longer afford," said Moyo...

"I get my medication from the Zimbabwe Diabetic Association (ZDA) and we used to collect it from Standish pharmacy but due to the lockdown, the

³⁰ TI International, [Zimbabwe](#), no date

³¹ Newsday, '[Reprieve for insulin-dependent diabetics](#)', 21 May 2018

pharmacy is closed making out situation harder as we now have to buy our medication, my parents cannot afford.

“We are calling for the pharmacy to be opened so that we can be able to collect our insulin. I cannot afford to buy insulin which costs around ZWL\$1000, it is very difficult for someone who survives on insulin,” said Xaba.

‘Contacted for a comment, ZDA Bulawayo Chairperson, Violet Moyo confirmed that one of the pharmacies, where they used to get the medication in Bulawayo, closed due to Covid-19.’³²

[Back to Contents](#)

3.11 Eye conditions and diseases

3.11.1 The Eye Institute has ‘10 established branches combining both ophthalmological and optometry service[s] that are spread across most Zimbabwean major urban areas.’ The Eye Institute optometrists can provide a wide range of diagnostic testing of ocular diseases and visual disorders³³.

3.11.2 A Health Times (Zimbabwe) report, 60 Patients Removed Eye Cataracts At Harare Hospital, dated 15 August 2019, stated:

‘Speaking on the sidelines of an eye camp set up by United States based Koreans Vision Care -founder and president Dr Dong-Hae Kim said they were targeting a 100 patients...

‘Dr Kim also observed that the [Harare] hospital is ill-equipped in terms of consumables and staff for eye treatment...

‘Harare Hospital’s head ophthalmologist Dr Martina Kawome said the program was being done by the Koreans and the University of Zimbabwe...

‘At Harare Hospital, removing a cataract in one eye costs around ZW\$250 to ZW\$300 inclusive of a ZW\$12 consultation fee, theatre time, gas used, as well as consumables.’³⁴

[Back to Contents](#)

3.12 High blood pressure

3.12.1 MedCOI reported on 16 June 2020 that the following drugs, used in the treatment of high blood pressure, are available from the Avenues Clinic in Harare (private facility):

- ramipril³⁵
- enalapril³⁶
- amlodipine³⁷.

[Back to Contents](#)

³² CITE, ‘[Lockdown: Diabetes patients struggle to access medication](#)’, 12 May 2020

³³ The Eye Institute, ‘[About Us](#)’, no date

³⁴ Health Times, ‘[60 Patients Removed Eye Cataracts At Harare Hospital](#)’, 15 August 2019

³⁵ MedCOI, 16 June 2020, available on request

³⁶ MedCOI, 16 June 2020, available on request

³⁷ MedCOI, 16 June 2020, available on request

3.13 HIV/AIDs – treatment

3.13.1 The Avert report, HIV and AIDS in Zimbabwe, updated on 20 August 2020, stated: 'Zimbabwe has 1.4 million people living with HIV. AIDS-related deaths, however, have dropped from 61,000 in 2013 to 40,000 in 2019.' A total of 40,000 new infections were recorded in 2019 (UNAIDS data 2020). A total of 86% of people with HIV/AIDS were receiving ARV treatment in 2019 (UNAIDS data 2020)³⁸.

3.13.2 MedCOI reported that the following ARV drugs, used in the treatment of HIV/AIDS, are available in Zimbabwe:

- darunavir³⁹ (available from Harare Central Hospital [public] in July 2020)
- emtricitabine⁴⁰ (available from the Harare Central Hospital [public] in December 2019)
- tenofovir alafenamide⁴¹ (available from the Harare Central Hospital [public] in December 2019 but subject to supply problems)
- ritonavir⁴² (available from the Harare Central Hospital [public] in February 2020)
- cobicistat⁴³ (available from the Harare Central Hospital [public] and the Avenues Clinic [private] in Harare in July 2020)
- dolutegravir⁴⁴ (available from the Harare Central Hospital [public] in July 2020)
- rezolsta⁴⁵ (available from the Harare Central Hospital [public] in July 2020)
- abacavir⁴⁶ (available from the Avenues Clinic [private] in Harare in June 2020 but subject to supply problems)
- atazanavir⁴⁷ (available from the Avenues Clinic [private] in Harare in June 2020 but subject to supply problems)
- lamivudine⁴⁸ (available from the Avenues Clinic [private] in Harare in June 2020 but subject to supply problems)
- epzicom⁴⁹ (available from the Avenues Clinic [private] in Harare in June 2020 but subject to supply problems)

³⁸ Avert, '[HIV and AIDS in Zimbabwe](#)', updated: 20 August 2020

³⁹ MedCOI, 9 July 2020, available on request

⁴⁰ MedCOI, 3 December 2019, available on request

⁴¹ MedCOI, 3 December 2019, available on request

⁴² MedCOI, 3 February 2020, available on request

⁴³ MedCOI, 9 July 2020, available on request

⁴⁴ MedCOI, 9 July 2020, available on request

⁴⁵ MedCOI, 9 July 2020, available on request

⁴⁶ MedCOI, 16 June 2020, available on request

⁴⁷ MedCOI, 16 June 2020, available on request

⁴⁸ MedCOI, 16 June 2020, available on request

⁴⁹ MedCOI, 16 June 2020, available on request

- atazanavir + ritonavir⁵⁰ (available from the Avenues Clinic [private] in Harare and the Harare Central Hospital [public] in June 2020 but subject to supply problems)
- elvitegravir⁵¹ (available from the Avenues Clinic [private] in Harare and the Harare Central Hospital [public] in November 2019 but subject to supply problems)
- genvoya⁵² (available from the Avenues Clinic [private] in Harare and the Harare Central Hospital [public] in November 2019 but subject to supply problems)
- descovy⁵³ (available from the Trinity Pharmacy [private] in Harare in February 2020)

See also [Annex A: List of available medication according to MedCOI](#).

[Back to Contents](#)

3.14 Kidney disease and dialysis

3.14.1 The Global Press Journal report, 'Zimbabwe's Policy Ending Dialysis Fees Saves Lives But Strains Hospitals', dated 1 February 2019, reported on the experience of a woman requiring kidney dialysis:

'In 2015, Lorraine Mutasa's doctors told her she needed to start renal dialysis immediately.

'... the Zimbabwean government scrapped renal dialysis fees for those without health insurance or aid at all government health institutions...

'The policy has been a literal lifesaver for many Zimbabweans who need dialysis, but staff at government health institutions say they can't manage the influx of patients, despite a health levy fund from a tax on mobile airtime and data use...

'Nyasha Masuka, CEO of Harare Central Hospital, says the number of patients who need regular dialysis has gone from 11 to 15 since August, but the hospital only has four functional dialysis machines. It needs a dozen machines to serve those patients, he says...

'The policy is only feasible if the government provides resources, he says.

'A single dialysis session can last up to five hours. Before the government made it a free service, patients say they spent between \$25 and \$80 at government hospitals for a single dialysis session...

'People who have the means to pay for dialysis say patients seeking the procedure for free have affected everyone's access to treatment.

'Mbaraso Mutara was diagnosed with renal failure in 2016. Since then, he's had two dialysis sessions each week at Parirenyatwa Hospital. He uses medical aid to help pay for his sessions, but he still forks over \$1,600 each

⁵⁰ MedCOI, 16 June 2020, available on request

⁵¹ MedCOI, 1 November 2019, available on request

⁵² MedCOI, 1 November 2019, available on request

⁵³ MedCOI, 4 February 2020, available on request

month for the treatment. (The new policy only applies to people who paid for treatments fully out of pocket at public hospitals, not those who receive some form of medical aid).’⁵⁴

- 3.14.2 A MedCOI response to an information request, dated 16 June 2020, about kidney disease, liver disease, HIV/AIDS and hypertension, stated that kidney specialists, who can treat people with kidney diseases, were available in the Harare Central Hospital (public facility). Kidney function tests for creatinin, ureum, proteinuria, sodium and potassium levels could be carried out at the Harare Central Hospital. Haemodialysis could be also carried out at the Harare Central Hospital. Kidney transplants could not be carried out at the Harare Central Hospital⁵⁵.
- 3.14.3 The Parirenyatwa Hospital in Harare can provide treatment for people with kidney diseases and can also provide dialysis services. Private patients can be treated as well as patients who have their medical treatment funded by the Zimbabwean government⁵⁶.

[Back to Contents](#)

3.15 Dermatological conditions

- 3.15.1 A MedCOI response to an information request stated that in December 2018, there were dermatologists available in the Parirenyatwa Hospital (public facility) in Harare, who could treat people with dermatological conditions, including treatment of keloids⁵⁷.

[Back to Contents](#)

3.16 Maternity services

- 3.16.1 Amnesty International’s report, ‘Lost without knowledge’: Barriers to sexual and reproductive health information in Zimbabwe, published in 2018, stated: ‘One direct impact of the government’s failure to utilize available resources is on provision of free maternal health services. Despite the government’s policy of free maternal health care, fees for antenatal care and delivery continue to be charged in many public health facilities, to compensate for alleged shortfalls in government subsidy. The impact of such fees disproportionately disadvantages adolescents and, in many cases, has resulted in delayed access to maternal health services or not receiving care at all...’
- ‘A directive issued by the MoHCC in December 2017 has emphasised [sic] that fees should not be charged for maternity cases.’⁵⁸

[Back to Contents](#)

⁵⁴ Global Press Journal, ‘[Zimbabwe’s Policy Ending Dialysis Fees Saves Lives...](#)’, 1 February 2019

⁵⁵ MedCOI, 16 June 2020, available on request

⁵⁶ Parirenyatwa Hospital, Harare, [Departments](#), no date

⁵⁷ MedCOI, 4 December 2018, available on request

⁵⁸ Amnesty International, ‘[Zimbabwe: Lost without knowledge...](#)’ pages 8-9, 2018

3.17 Musculoskeletal conditions, physiotherapy, and orthopaedic treatment

3.17.1 The Parirenyatwa Hospital in Harare, in an undated entry, stated that it provides treatment for musculoskeletal conditions, physiotherapy, and orthopaedic treatment for people who have or need:

- spinal and foot supports and crutches
- prosthetic services
- joint pain and stiffness, such as arthritis, back pain, neck pain and sprained joints
- muscular pain
- neurological disorders such as stroke, spinal cord injuries, cranial and peripheral nerve injuries, facial nerve palsy
- birth/congenital defects that affect movement or cause delayed development such as down's syndrome, cerebral palsy, congenital hip dislocation, and clubfoot
- orthopaedic conditions such as bone fractures and joint replacements
- burns and chronic wounds
- stress incontinence
- assessments for orthotic and prosthetic services
- prostheses⁵⁹.

3.17.2 The United Bulawayo Hospital's website, in an undated entry, stated that it provides physiotherapy and occupational therapy treatment for people who have or have had:

- low back pain
- soft tissue injuries
- strokes
- spinal injuries
- cerebral palsy
- asthma
- chronic obstructive airway disease
- complications of burns⁶⁰.

[Back to Contents](#)

3.18 Liver conditions

3.18.1 A MedCOI response to an information request, dated 16 June 2020, stated that there were liver specialists available at the Harare Central Hospital (public facility) who could treat people with liver diseases. The following drugs, used in the treatment of hepatitis B, were available in Zimbabwe:

⁵⁹ Parirenyatwa Hospital, Harare, [Departments](#), no date

⁶⁰ United Bulawayo Hospitals, [Physiotherapy Department](#), no date

- entecavir⁶¹ (available from the Avenues Clinic [private] in Harare and the Harare Central Hospital [public] in June 2020 but subject to supply problems)
- tenofovir alafenamide⁶² (available from the Avenues Clinic [private] in Harare and the Harare Central Hospital [public] in June 2020 but subject to supply problems)
- tenofovir disoproxil⁶³ (available from the Avenues Clinic [private] in Harare and the Harare Central Hospital [public] in June 2020 but subject to supply problems).

[Back to Contents](#)

3.19 Painkiller drugs

- 3.19.1 A MedCOI response to an information request, dated 16 June 2020, stated that lidocaine (painkiller) was available from the Avenues Clinic (private facility) in Harare⁶⁴. A MedCOI response to an information request, dated 4 February 2020, stated that morphine was available from the Harare Central Hospital⁶⁵.

[Back to Contents](#)

3.20 Treatment for drug dependence

- 3.20.1 A MedCOI response to an information request stated that psychiatric treatment for drug dependence and rehabilitation facilities were available at the Highlands Halfway House (private facility) in Harare in February 2020. Methadone was also available from the Highlands Halfway House in February 2020⁶⁶.

[Back to Contents](#)

3.21 Tuberculosis (TB) and other lung diseases

- 3.21.1 A WHO Africa report, Zimbabwe on track to achieve the 2020 Global End TB Strategy milestones, dated 25 March 2020, stated:

‘The 2019 WHO Global TB report reveals that Zimbabwe is making progress to End TB. Zimbabwe managed to achieve very high rates of tuberculosis treatment coverage and is one of the four high burden TB countries that managed to achieve rates above 80% reaching 25,775 people notified. In that report Zimbabwe was also noted to be one of the seven high burden countries that are on track to achieve the 2020 Global End TB Strategy milestones for reduction in TB incidence rate and TB deaths. However, despite this progress, TB remains one of the major causes of death in the country. Zimbabwe also continues to be one of the 14 countries worldwide that appears in all the 3 lists of WHO 30 High burden Countries for TB, TB/HIV and multi-drug resistant TB (MDR/TB) based on their severity of

⁶¹ MedCOI, 16 June 2020, available on request

⁶² MedCOI, 16 June 2020, available on request

⁶³ MedCOI, 16 June 2020, available on request

⁶⁴ MedCOI, 16 June 2020, available on request

⁶⁵ MedCOI, 4 February 2020, available on request

⁶⁶ MedCOI, 4 February 2020, available on request

disease burden. Each of these 3 lists account for about 90% of the global burden.

‘The Ministry of Health and Child Care’s (MoHCC) National TB Programme (NTP) has scaled up TB diagnosis using the WHO recommended Rapid diagnostic tests with 87% coverage, introduced shorter and safer preventive TB treatment regimens, introduced child friendly formulations and a shorter all oral (injection free) treatment regimen for treating MDR-TB. In a bid to scale up finding TB cases in communities that are hard to reach, the NTP is conducting targeted active TB screening in these communities at high risk using mobile X-ray trucks...

‘In Zimbabwe screening, diagnosis and treatment for TB is provided free of charge at all public health institutions.’⁶⁷

[Back to Contents](#)

4. Thyroid diseases

- 4.1.1 The Parirenyatwa Hospital in Harare has a Nuclear Medicine (NM) Department, which: ‘provides diagnostic Radionuclide Imaging (RNI) services...and radio-iodine treatment (5%) of patients with thyroid disease... patient’s procedures are performed in batches and on a strict scheduling system, although emergency cases can always be accommodated whenever the radio pharmaceuticals are available in the department.’⁶⁸

[Back to Contents](#)

5. Mental healthcare and psychiatric care

5.1 Availability of facilities and treatment

- 5.1.1 The research paper, Mental health in Zimbabwe: a health systems analysis, published in The Lancet Psychiatry in November 2017, but with research undertaken in 2016, observed:

‘[Mental health] Facilities exist. Policies are relatively progressive. Research is extensive. The workforce is motivated. Yet, missing pieces in the mental health system prevent the vast majority of Zimbabwe from accessing proper mental health care. The main missing pieces are funding and resources, creating a host of issues such as the inability to implement most of the Mental Health Act, poor staffing, drug shortages, and overcrowded hospitals and prisons.

‘For instance, a majority of nurses and occupational therapists who specialize and train in mental health are either: 1) diverted to other careers, or 2) driven to practice outside of Zimbabwe because of drastically low salaries, leaving only five clinical psychologists and 15 of 150 registered occupational therapists practicing mental health in Zimbabwe’s public sector.

‘Patients who can access mental health care do not have medications to treat their illnesses. Due to drug shortages, many psychiatrists prescribe all patients—regardless of their disorder—the same out-dated, unspecific drug, often rife with side effects.

⁶⁷ WHO Africa, ‘[Zimbabwe on track to achieve the 2020 Global End TB Strategy...](#)’, 25 March 2020

⁶⁸ Parirenyatwa Hospital, Harare, [Departments](#), no date

'Funding and resources are only two of the missing pieces of Zimbabwe's promising but incomplete mental health system. There are other missing parts: Nurses are trained; opportunities are missing. Diagnoses are accurate; medications are not. Patients seek help; they are treated for headaches and high blood pressure, not the mental illness root cause.'⁶⁹

5.1.2 The research paper, *Mental health in Zimbabwe: a health systems analysis*, listed facilities that provide mental healthcare⁷⁰:

Treatment	Facility	Location
Acute psychiatric wards in major teaching hospitals	Harare Psychiatric Unit	Harare Hospital, Harare
	Parirenyatwa Annexe	Parirenyatwa Hospital, Harare
Acute psychiatric wards in provincial hospitals	Gweru Hospital	Gweru
	Chinhoyi Hospital	Chinhoyi
	Marondera Hospital	Marondera
	Mutoko Hospital	Mutoko
Facilities for the treatment of chronic mental illnesses	Ngomahuru Hospita	Masvingo
	Ingutshenti Central Hospital	Bulawayo
Halfway homes, rehabilitation centres, and daycare facilities	Tariro	Harare
	Beatrice	Beatrice
	Tiravanhu	Ruwa
	Southern	Harare
	Belleview	Bulawayo
	Makhandeni	Bulawayo
	Rukariro	Mutare
	Ngomahuru	Masvingo
	Halfway Home	Gweru
	Queen of Peace	Chinhoyi
	Chinhoyi Halfway Home	
"Special institutions" (forensic facilities)	Chikurubi Prison	Harare
	Mlondolozhi Prison	Bulawayo

⁶⁹ The Lancet Psychiatry, '[Mental health in Zimbabwe...](#)', (page 6), November 2017

⁷⁰ The Lancet Psychiatry, '[Mental health in Zimbabwe...](#)', (page 6), November 2017

5.1.3 The research paper, *Mental health in Zimbabwe: a health systems analysis*, observed: ‘Medications for mental disorders in the public sector are “free” but unavailable. Alternatively, patients are given unaffordable prescriptions to source at their own cost in the private sector.’ The research paper also commented that facilities lack food and water, bedding and medicine⁷¹.

5.1.4 At the time of writing in 2016, the research paper, *Mental health in Zimbabwe: a health systems analysis*, noted that there were:

- 5 clinical psychologists in the public sector
- only 2 psychiatrists outside of Harare
- 15 of 150 trained occupational therapists actually practice mental health in Zimbabwe⁷².

5.1.5 The research paper, *Mental health in Zimbabwe: a health systems analysis*, also listed the numbers of mental health staff⁷³ (it is not clear, however, what is meant by N/A):

	Registered number	Approximate number in workforce
Psychiatrists	19	14
Clinical psychologists	25	N/A
Mental health nurses	463	N/A
Occupational therapists	150	15

5.1.6 The World Health Organisation’s (WHO) *Mental Health Atlas 2017*, published in 2018, profile for Zimbabwe noted the country had standalone [legislation and a policy plan for mental healthcare](#)⁷⁴. The WHO reported in an article of 2 April 2019 the launch of the government’s mental health strategy for 2019 to 2023⁷⁵.

5.1.7 The WHO Atlas 2017 profile noted around 3% of the healthcare budget was allocated to mental health, which amounted to an estimated US\$0.07 expenditure per person at the time of publication⁷⁶.

5.1.8 The WHO profile also reported the number of mental health care facilities and personnel:

- total number of mental health professionals: 722 (4.48 per 100,000 people)
- total number of child psychiatrists: 4
- outpatient care

⁷¹ The Lancet Psychiatry, [‘Mental health in Zimbabwe...’](#), (page 9), November 2017

⁷² The Lancet Psychiatry, [‘Mental health in Zimbabwe...’](#), (page 9) November 2017

⁷³ The Lancet Psychiatry, [‘Mental health in Zimbabwe...’](#), (page 12) November 2017

⁷⁴ WHO, [‘Mental Health Atlas 2017’](#) (Zimbabwe), 2018

⁷⁵ WHO, [‘Zimbabwe Launches Mental Health Strategy’](#), 2 April 2019

⁷⁶ WHO, [‘Mental Health Atlas 2017’](#) (Zimbabwe), 2018

- 4 facilities attached to hospitals
- 'other' outpatient facility (such as mental health day care or treatment facility): 1
- outpatient facility for children or adolescents: 2
- inpatient care
 - mental health hospitals: 4
 - psychiatric units in general hospitals: 4
 - forensic inpatient units: 2
 - residential care facilities: 8⁷⁷

5.1.9 The WHO Mental Health Atlas profile reported that 79,406 cases of 'severe mental disorder' had been treated (it is unclear over what period) and that '26%-50% of discharged inpatients received a follow-up outpatient visit within one month'⁷⁸.

5.1.10 The DFAT report 2019 stated:

'Despite considerable need, there are limited facilities and services available for those with mental health issues, and NGOs report that getting access to mental health services is generally slow and frustrating. There are few certified psychiatrists working in public and private clinics and teaching in the country. A shortage of drugs and adequately trained mental health professionals mean that those with mental health issues are often not properly diagnosed and do not receive adequate treatment.'⁷⁹

5.1.11 The DFAT report 2019 also noted:

'There are eight centralised mental health institutions nationwide with a total capacity of more than 1,300 residents, in addition to three special institutions that house long-term residents and those considered dangerous to society. Residents in the eight centralised institutions receive cursory screening, and most wait for at least a year for a full medical review. Prison inmates with mental health issues routinely wait for as long as three years for evaluation.'⁸⁰

5.1.12 The USSD 2020 Human Rights Report observed:

'Persons with mental disabilities also experienced inadequate medical care and a lack of health services. There were 25 mental health institutions, including four referral centers, five provincial units and wards, three-day treatment facilities, three outpatient facilities, and 10 community residential facilities in the country with a total capacity of more than 1,500 residents, in addition to the three special institutions run by the ZPCS for long-term residents and those considered dangerous to society. Residents in these government-run institutions received cursory screening, and most waited for at least one year for a full medical review. In the informal sector, the Zimbabwe National Traditional Healers Association (ZINATHA) played a

⁷⁷ WHO, '[Mental Health Atlas 2017](#)' (Zimbabwe), 2018

⁷⁸ WHO, '[Mental Health Atlas 2017](#)' (Zimbabwe), 2018

⁷⁹ DFAT, '[Country Information Report - Zimbabwe](#)' (paragraph 2.34), 19 December 2019

⁸⁰ DFAT, '[Country Information Report - Zimbabwe](#)' (paragraph 2.35), 19 December 2019

large role in the management of psychosomatic and anxiety disorders. ZINATHA conducted training for its members to learn to refer patients with mental health problems to the formal sector.

'A shortage of drugs and adequately trained mental health professionals resulted in persons with mental disabilities not being properly diagnosed and not receiving adequate therapy. There were few certified psychiatrists working in public and private clinics and teaching in the country. NGOs reported that getting access to mental health services was slow and frustrating.'⁸¹

5.1.13 Parirenyatwa Group of Hospitals (PGH) in Harare stated in an undated entry on their website that the 'Annex Hospital':

'... is a mental hospital which caters for the acute, sub acute, chronic and also mental subnormal patients including those with psychological, Neurological and substance abuse.

- Occupational therapy
- Resource center
- Diversion therapy

'Patients are protected by the Mental health Act & Policy 1996, which states that mental health is treated free of charge.'⁸²

5.1.14 The PGH website also listed medical staff at the Annex Hospital who included 6 registered 'mental' nurses, 2 occupational therapists, one psychologist and 3 psychiatric consultants⁸³.

5.1.15 Harare Hospital website in an undated entry stated that its psychiatric unit had 3 wards, with 32 beds for men, 32 beds for women and an admission ward of 46 beds. There was also a facility for outpatients over 16 years old, an occupational therapy department and a 'halfway house' catering for 6 rehabilitees. Care was provided by registered 'mental nurses' and psychiatrists⁸⁴.

5.1.16 The website of the Ingutsheni Hospital, Bulawayo, stated in an undated entry that: 'Ingutsheni Central Hospital is one of the six (6) Central Hospitals in the country, and is the national referral central centre for patients with mental health problems The Hospital has a bed capacity of 708 and a daily average in patient population of 600+ patients. The outpatients department attends to an average of 2400 patients per month.'⁸⁵

5.1.17 The website went on to note the types of patients admitted:

- Acutely ill
- Sub acute

⁸¹ USSD, 2020 Human Rights Report, [Zimbabwe](#) (section 6), 30 March 2021

⁸² Parirenyatwa Group of Hospitals, '[Departments](#)', no date

⁸³ Parirenyatwa Group of Hospitals, '[Departments](#)', no date

⁸⁴ Harare Hospital, '[Psychiatric Hospital](#)', no date

⁸⁵ Ingutsheni Central Hospital, '[History Of Ingutsheni Central Hospital](#)', no date

- Chronically ill
- Mentally retarded
- Mentally handicapped
- Psycho geriatrics

'The hospital does not charge its patients hospital fees.'⁸⁶

5.1.18 The Ingutsheni Hospital website also stated that it has:

'...14 wards i.e:

- 2 Acute admission wards , one for males and one for females
- 2 Sub acute wards to receive patients who are stabilizing from the admission wards, 1 for males and the other for females.
- 4 wards for Juveniles with learning disabilities.
- 1 male rehabilitation ward for patients being prepared for discharge back into the community.
- 1 Male forensic ward for patients who have committed crimes but are found to be mentally ill and are thus decriminalized an[d] transferred to Mlondolozhi prison hospital.
- 2 Psycho-geriatric wards for the elderly males and females.'⁸⁷

5.1.19 A MedCOI response, dated 14 May 2020, on the availability of treatment available for an individual suffering with depression, anxiety and agoraphobia, stated that:

- inpatient treatment was available at Harare Central Hospital (public facility)
- outpatient treatment and follow-up by a psychiatrist was available at Parirenyatwa Hospital, Harare (public facility)
- inpatient treatment by a psychologist was available at Harare Central Hospital
- outpatient treatment by a psychologist was available at Harare Central Hospital
- psychiatric crisis intervention in case of suicide attempt was available at Harare Central Hospital
- psychiatric clinical treatment in a closed ward/setting was available at Harare Central Hospital
- psychiatric treatment by means of psychotherapy, for example cognitive behavioural therapy was available at Parirenyatwa Hospital, Harare
- psychiatric treatment by means of psychotherapy other than cognitive behavioural therapy was available Parirenyatwa Hospital, Harare

⁸⁶ Ingutsheni Central Hospital, '[History Of Ingutsheni Central Hospital](#)', no date

⁸⁷ Ingutsheni Central Hospital, '[History Of Ingutsheni Central Hospital](#)', no date

- psychiatric treatment in the form of day care was available at Harare Central Hospital
- outpatient treatment and follow up first line doctor, for example a family doctor or general practitioner was available at The Michael Gelfand Clinic, Harare (private facility)⁸⁸.

5.1.20 The MedCOI response of 14 May 2020 also provided information about the availability of a number of therapeutic drugs classed 'Psychiatric: antidepressants; SSRI':

- escitalopram available at The Michael Gelfand Clinic, Harare (private facility)
- citalopram available but 'currently experiencing supply problems, time of resupply 1 week' at Greenward Pharmacy, Harare (private facility)
- fluoxetine available at The Michael Gelfand Clinic, Harare
- fluvoxamine available at The Michael Gelfand Clinic, Harare
- paroxetine available but 'currently experiencing supply problems, time of resupply: 4 weeks' Greenward Pharmacy, Harare
- sertraline available Greenward Pharmacy, Harare⁸⁹.

5.1.21 The US Embassy's (non-exhaustive) list of medical practitioners and facilities for use by American citizens visiting Zimbabwe, updated 6 February 2020, included one psychiatrist, Dr Chagwedera, in Harare⁹⁰.

See also the World Health Organisation [Mental Health Atlas 2017](#).

[Back to Contents](#)

6. Paediatric healthcare

6.1 Ear, nose and throat conditions

6.1.1 A New Zimbabwe article, Physicians battle paediatric diseases of ear, nose, throat in Zimbabwe, dated 23 October 2018, noted:

'After two years of planning, building, fundraising, training staff and scrounging for medical equipment, the new clinic [new paediatric otolaryngology clinic at Harare Children's Hospital] opened its doors in March 2017. Within its first year, thousands of new patients were making daylong trips by bus to get treatment for neglected conditions. It was only the second such clinic in Africa...

'In a country of 14 million people, there are only eight otolaryngologists, also known as ear, nose and throat doctors...

'Harare Central Hospital, in the country's capital, comprises the children's hospital and an adult hospital, maternity hospital and psychiatric hospital. Conditions are poor. Prior to the opening of the new clinic, Chidziva's pediatric ENT patients received care at the adult hospital.'⁹¹

⁸⁸ MedCOI, 14 May 2020, available on request

⁸⁹ MedCOI, 14 May 2020, available on request

⁹⁰ US Embassy, Harare, '[Physicians and Emergency Providers List](#)', 6 February 2020

⁹¹ New Zimbabwe, '[Physicians battle paediatric diseases of ear, nose, throat...](#)', 23 October 2018

6.2 Support and care for children with disabilities

6.2.1 The United States State Department 2020 Human Rights Report stated:

‘According to NASCOH [National Association of Societies for the Care of the Handicapped], the public considered persons with disabilities to be objects of pity rather than persons with rights. NASCOH reported that 75 percent of children with disabilities had no access to education...

‘There were very few government-sponsored education facilities dedicated to persons with disabilities. Educational institutions discriminated against children with disabilities. Essential services, including sign language interpreters, braille materials, and ramps, were not available and prevented children with disabilities from attending school. Many schools refused to accept children with certain disabilities. Schools that accepted students with disabilities offered very little in the way of nonacademic facilities for those accepted as compared with their counterparts without disabilities. Many urban children with disabilities obtained informal education through private institutions, but these options were generally unavailable for persons with disabilities in rural areas. Government programs, such as the basic education assistance module intended to benefit children with disabilities, failed to address adequately the root causes of their systematic exclusion.’⁹²

6.2.2 The DFAT report 2019 also noted: ‘NGOs report that three-quarters of children with disabilities have no access to education. Few government schools or education facilities are specifically equipped to cater for children with disabilities, and many refuse to accept them as students. Although some children with disabilities in urban areas are able to obtain informal education through private institutions, these options are generally unavailable for those in rural areas.’⁹³

7. NGO support and care services for disabled persons

7.1.1 A number of NGOs are active (April 2021) in Zimbabwe providing support services for persons with a wide variety of physical disabilities, such as the [Leonard Cheshire Disability Zimbabwe](#), [CBM-UK](#), [Zane](#), [Sightsavers](#), [National Association of Societies for the Care of the Handicapped](#), and the [National Council of Disabled Persons of Zimbabwe](#).

⁹² USSD, 2020 Human Rights Report, [Zimbabwe](#) (section 6), 30 March 2021

⁹³ DFAT, [‘Country Information Report - Zimbabwe’](#) (paragraph 3.107), 19 December 2019

Annex A: List of available medication according to MedCOI

A	abacavir ⁹⁴ (subject to supply problems in June 2020), amlodipine ⁹⁵ , atazanavir ⁹⁶ (subject to supply problems in June 2020), atazanavir + ritonavir ⁹⁷ (subject to supply problems in June 2020)
C	carboplatin ⁹⁸ , citalopram ⁹⁹ (subject to supply problems in May 2020), cobicistat ¹⁰⁰
D	darunavir ¹⁰¹ , dolutegravir ¹⁰²
E	emtricitabine ¹⁰³ , elvitegravir ¹⁰⁴ (subject to supply problems in November 2019), enalapril ¹⁰⁵ , entecavir ¹⁰⁶ (subject to supply problems in June 2020), epzicom ¹⁰⁷ (subject to supply problems in June 2020), escitalopram ¹⁰⁸
F	fluorouracil ¹⁰⁹ , fluoxetine ¹¹⁰ , fluvoxamine ¹¹¹ , folinic acid ¹¹²
G	genvoya ¹¹³ (subject to supply problems in November 2019)
L	lamivudine ¹¹⁴ (subject to supply problems in June 2020), levothyroxine ¹¹⁵ (subject to supply problems in November 2019) lidocaine ¹¹⁶ , liothyronine sodium ¹¹⁷ (subject to supply problems in November 2019)
M	morphine ¹¹⁸

⁹⁴ MedCOI, response to information request, 16 June 2020

⁹⁵ MedCOI, response to information request, 16 June 2020

⁹⁶ MedCOI, response to information request, 16 June 2020

⁹⁷ MedCOI, response to information request, 16 June 2020

⁹⁸ MedCOI, response to information request, 19 June 2020

⁹⁹ MedCOI, response to information request, 14 May 2020

¹⁰⁰ MedCOI, response to information request, 9 July 2020

¹⁰¹ MedCOI, response to information request, 9 July 2020

¹⁰² MedCOI, response to information request, 9 July 2020

¹⁰³ MedCOI, response to information request, 9 July 2020

¹⁰⁴ MedCOI, response to information request, 1 November 2019

¹⁰⁵ MedCOI, response to information request, 16 June 2020

¹⁰⁶ MedCOI, response to information request, 16 June 2020

¹⁰⁷ MedCOI, response to information request, 16 June 2020

¹⁰⁸ MedCOI, response to information request, 14 May 2020

¹⁰⁹ MedCOI, response to information request, 8 May 2019

¹¹⁰ MedCOI, response to information request, 14 May 2020

¹¹¹ MedCOI, response to information request, 14 May 2020

¹¹² MedCOI, response to information request, 8 May 2019

¹¹³ MedCOI, response to information request, 1 November 2019

¹¹⁴ MedCOI, response to information request, 16 June 2020

¹¹⁵ MedCOI, response to information request, 1 November 2019

¹¹⁶ MedCOI, response to information request, 16 June 2020

¹¹⁷ MedCOI, response to information request, 1 November 2019

¹¹⁸ MedCOI, response to information request, 4 February 2020

O	oxaliplatin ¹¹⁹
P	paclitaxel ¹²⁰ , paroxetine ¹²¹
R	ramipril ¹²² , rezolsta ¹²³ , ritonavir ¹²⁴
S	sertraline ¹²⁵
T	tenofovir alafenamide ¹²⁶ (subject to supply problems in June 2020), temofovir disoproxil ¹²⁷ (subject to supply problems in June 2020)

[Back to Contents](#)

¹¹⁹ MedCOI, response to information request, 8 May 2019

¹²⁰ MedCOI, response to information request, 19 June 2020

¹²¹ MedCOI, response to information request, 14 May 2020

¹²² MedCOI, response to information request, 16 June 2020

¹²³ MedCOI, response to information request, 9 July 2020

¹²⁴ MedCOI, response to information request, 3 February 2020

¹²⁵ MedCOI, response to information request, 14 May 2020

¹²⁶ MedCOI, response to information request, 16 June 2020

¹²⁷ MedCOI, response to information request, 16 June 2020

Terms of Reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Overview of the healthcare system
- Primary healthcare
 - Hospitals and clinics
 - Private sector healthcare
- Access to medical treatment and cost of medical care
- COVID-19 pandemic
- Treatment and medication for specific conditions
 - Tuberculosis
 - HIV/AIDS
 - Cancer
 - Eye diseases
 - Dental treatment
 - Kidney diseases
 - Liver diseases
 - Diabetes
 - Hypertension
 - Maternity services
 - Dermatological conditions
 - Thyroid conditions
 - Painkiller drugs
 - Drug dependency
 - Musculoskeletal conditions, physiotherapy, and orthopaedic treatment
- Paediatric healthcare
 - Ear, nose and throat conditions
 - Support and care for children with disabilities
- Mental healthcare
 - Overview of mental healthcare
 - Psychiatric hospital services

- Mental healthcare professionals
- Medication
- NGO support services for disabled persons

[Back to Contents](#)

Bibliography

Sources cited

Africa News, '[Coronavirus - Zimbabwe: COVID-19 update \(3 April 2021\)](#)', updated on 4 April 2021. Last accessed: 6 April 2021

Amnesty International, '[Zimbabwe: Lost Without Knowledge: Barriers to Sexual and Reproductive Health Information in Zimbabwe](#)', 26 January 2018. Last accessed: 31 December 2020

Avert, '[HIV and AIDS in Zimbabwe](#)', updated: 20 August 2020. Last accessed: 30 December 2020

[Borrowdale Dental Surgery](#), homepage, no date. Last accessed: 3 December 2020

China Daily, '[Zimbabwe authorizes Sinovac, Sinopharm vaccines for emergency use](#)', 10 March 2021. Last accessed: 6 April 2021

CITE, '[Lockdown: Diabetes patients struggle to access medication](#)', 12 May 2020. Last accessed: 6 April 2021

Community COP20 Zimbabwe, '[Community Priorities PEPFAR Country Operational Plan 2020](#)', no date. Last accessed: 4 March 2021

Department of Foreign Affairs and Trade (Australia), '[Country Information Report - Zimbabwe](#)', 19 December 2019. Last accessed: 6 April 2021

Eastend Dental Surgery, '[Our Services](#)', no date. Last accessed: 3 December 2020

Global Press Journal, '[Zimbabwe's Policy Ending Dialysis Fees Saves Lives But Strains Hospitals](#)', 1 February 2019. Last accessed: 30 December 2020

Health Times (Zimbabwe), '[60 Patients Removed Eye Cataracts At Harare Hospital](#)', 15 August 2019. Last accessed: 21 January 2021

Ingutsheni Central Hospital, '[History Of Ingutsheni Central Hospital](#)', no date. Last accessed: 6 April 2021

MedCOI database (restricted-access). Last accessed: 30 December 2020

Mywage.org, '[Medical Insurance in Zimbabwe](#)', no date. Last accessed: 4 December 2020

New Zimbabwe, '[Physicians battle paediatric diseases of ear, nose, throat in Zimbabwe](#)', 23 October 2018. Last accessed: 31 December 2020

Newsday, '[Relieve for insulin-dependent diabetics](#)', dated 21 May 2018. Last accessed: 31 December 2020

Oncocare, '[Breast Clinic](#)', Harare, no date. Last accessed: 4 December 2020

Parirenyatwa Hospital, Harare, '[Departments](#)', no date. Last accessed: 22 January 2021

ReBuild Consortium, '[Evidence and proposals for advancing equity and universal coverage of health services in Zimbabwe](#)', May 2015. Last accessed: 3 November 2020

The Eye Institute, '[About Us](#)', no date. Last accessed: 21 January 2021

The Globe and Mail, '[Despite shortages, Zimbabwe hesitates to take Chinese COVID-19 vaccines](#)', 26 March 2021. Last accessed: 6 April 2021

The Lancet – Psychiatry, '[Mental health in Zimbabwe: a health systems analysis](#)', volume 4, issue 11, November 2017. Last accessed: 6 April 2021

United Bulawayo Hospitals, '[Physiotherapy Department](#)', no date. Last accessed: 6 April 2021

United States Embassy, Harare, '[Physicians and Emergency Providers List](#)', 6 February 2020. Last accessed: 6 April 2021

United States State Department, '2020 Country Report on Human Rights Practices', '[Zimbabwe](#)', 30 March 2021. Last accessed: 6 April 2021

US News and World Report, '[Zimbabwe Receives 200,000 Doses of Sinopharm COVID-19 Vaccines](#)', 15 February 2021. Last accessed: 5 March 2021

TI International, '[Zimbabwe](#)', no date. Last accessed: 3 December 2020

Universal Health Care Partnership,

['Zimbabwe country profile'](#), no date. Last accessed: 6 April 2021

['Zimbabwe: Data-driven decisions maintain availability and access to essential health services during the COVID-19 response'](#), 31 March 2021. Last accessed: 6 April 2021

WHO,

['Mental Health Atlas 2017'](#), Zimbabwe, 2018. Last accessed: 6 April 2021

['Zimbabwe Launches Mental Health Strategy'](#), 2 April 2019. Last accessed: 6 April 2021

WHO Africa, '[Zimbabwe on track to achieve the 2020 Global End TB Strategy milestones](#)', 25 March 2020. Last accessed: 30 December 2020

Xinhuanet,

['Chinese hospital offers free cervical cancer treatment to Zimbabwean women'](#), 7 May 2019. Last accessed: 30 December 2020

['COVID-19 affects Zimbabwe's main radiotherapy center'](#), 15 January 2021. Last accessed: 6 April 2021

Zimbabwe Ministry of Health and Child Care, '[National Cancer Prevention and Control Strategy for Zimbabwe](#)', no date. Last accessed: 4 December 2020

[Back to Contents](#)

Sources consulted but not cited

World Health Organisation (WHO), '[Zimbabwe](#)', no date. Last accessed: 4 December 2020

[Back to Contents](#)

Version control

Clearance

Below is information on when this note was cleared:

- version **2**
- valid from **7 April 2021**

Changes from last version of this note

[Back to Contents](#)