**Country Policy and Information Note**

Zimbabwe: Medical and healthcare issues

Version 1.0

April 2019

Preface

Purpose and use

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)](http://www.refworld.org/docid/48493f7f2.html), 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](https://www.coi-training.net/content/). 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](#_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 in the country information section. Any event taking place or report/article published after this date 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 the 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](#_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.

Contents

[Analysis 6](#_Toc69294844)

[Country information 7](#_Toc69294845)

[1. Organisation of the healthcare system 7](#_Toc69294846)

[1.1 Organisation and personnel 7](#_Toc69294847)

[1.2 Funding of the healthcare system 7](#_Toc69294848)

[1.3 Private and public sector healthcare 8](#_Toc69294849)

[1.4 Cost and access to medical treatment and drugs 9](#_Toc69294850)

[2. Cancer 11](#_Toc69294851)

[2.1 Overview 11](#_Toc69294852)

[2.2 Screening services 11](#_Toc69294853)

[2.3 Diagnostic radiology 12](#_Toc69294854)

[2.4 Radiotherapy 12](#_Toc69294855)

[2.5 Chemotherapy 13](#_Toc69294856)

[2.6 Cervical cancer screening and treatment 13](#_Toc69294857)

[2.7 Breast cancer 15](#_Toc69294858)

[2.8 Leukaemia 15](#_Toc69294859)

[2.9 Prostate cancer 15](#_Toc69294860)

[3. Dental surgery and treatment 16](#_Toc69294861)

[4. Diabetes 16](#_Toc69294862)

[5. Ear, nose and throat conditions 18](#_Toc69294863)

[6. Eye conditions and diseases 18](#_Toc69294864)

[6.1 Glaucoma 18](#_Toc69294865)

[7. Heart disease and high blood pressure 18](#_Toc69294866)

[8. HIV/AIDs 20](#_Toc69294867)

[8.1 Overview 20](#_Toc69294868)

[8.2 Anti-retroviral (ARV) drugs 20](#_Toc69294869)

[9. Kidney diseases 22](#_Toc69294870)

[9.1 Kidney transplants 22](#_Toc69294871)

[9.2 Kidney dialysis 23](#_Toc69294872)

[10. Maternity medical services 24](#_Toc69294873)

[11. Mental health and psychiatric care 25](#_Toc69294874)

[12. Musculoskeletal conditions 28](#_Toc69294875)

[13. Neurological conditions 28](#_Toc69294876)

[14. Paediatric healthcare 28](#_Toc69294877)

[14.1 ENT, audiology and speech therapy 28](#_Toc69294878)

[14.2 Paediatric care for children with TB 29](#_Toc69294879)

[14.3 Support and care for children with disabilities 29](#_Toc69294880)

[15. Painkiller drugs 30](#_Toc69294881)

[16. Physiotherapy and rehabilitation 30](#_Toc69294882)

[17. Tuberculosis (TB) and other lung diseases 31](#_Toc69294883)

[17.1 Tuberculosis 31](#_Toc69294884)

[17.2 Drugs for the treatment of asthma 32](#_Toc69294885)

[Terms of reference 36](#_Toc69294886)

[Bibliography 37](#_Toc69294887)

[Sources cited 37](#_Toc69294888)

[Sources consulted but not cited 41](#_Toc69294889)

[Version control 42](#_Toc69294890)

# Analysis

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 Articles 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](https://www.gov.uk/government/publications/human-rights-claims-on-medical-grounds).

[Back to Contents](#BackContents)

# Country information

Updated: 1 April 2019

## Organisation of the healthcare system

###  Organisation and personnel

* + 1. A Zimfact article, Zimbabwe’s health delivery system, dated 15 March 2018, stated:

‘According to the [Zimbabwe Hospital Doctors] association, there are 300 junior doctors working in Zimbabwe’s health government institutions. Zimbabwe is a long way from the World Health Organisation’s recommendation of the minimum threshold of 23 doctors, nurses and midwives per 10 000 population. By 2015, Zimbabwe was at 1.6 physicians and 7.2 nurses per every 10 000.

‘According to the Zimbabwe National Health Strategy (2016-2020), currently every district has at least 2 doctors, every primary health care 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.

‘The Zimbabwe Service Availability and Readiness Assessment Report of 2015 says that health studies and surveys that have been carried out in the country all point towards inadequacies in the six World Health Organization (WHO) Health System Building Blocks – human resources, medical products, vaccines and technology including infrastructure, health financing, health information, service delivery, leadership and governance – that are prerequisites for a functional health delivery system…

‘The population is served by hospitals and primary health care facilities owned by government (inclusive of security sector – army, police and prisons health care centres), missions, private players and industry. The majority of the population is serviced by government, municipalities and mission care centres.

‘68% of the health care delivery in the rural areas is from mission hospitals and clinics. Nationally, the mission hospitals and clinics account for 35% of health care delivery…In Zimbabwe, 14% of the health facilities are located in urban areas while 86% are in rural areas. As of 2015, Zimbabwe had 1848 hospitals and primary health care facilities (NHS).’ [[1]](#footnote-2)

[Back to Contents](#BackContents)

###  Funding of the healthcare system

* + 1. The Amnesty International 2018 report, ‘Lost Without Knowledge’ – Barriers to Sexual and Reproductive Health Information in Zimbabwe, stated:

‘It is of particular concern that the MoHCC [Ministry of Health and Child Care] has consistently been underfunded. Despite calls from UN agencies and human rights treaty bodies that Zimbabwe substantially increase budget allocations in the areas of health, education and social services to adequate levels, Zimbabwe’s budget allocations have remained below the 2001 Abuja Declaration, where governments committed to allocating at least 15% of their annual budget to the improvement of the health sector…The health budget declined from US$331 million in 2016 to US$282 million in 2017…Approximately 80% of the health budget is allocated to employment costs, but vacancy rates remain high. Doctors’ and nurses’ associations have taken part in strikes over unpaid wages and benefits in 2016 and 2017. The MoHCC is reported to be over US$80 million in debt to hospitals, including for reimbursements to health facilities for maternity care user-fees, and health facilities are reported to be experiencing severe shortages of essential drugs…The MoHCC remains highly dependent on international assistance and external agencies. Despite efforts like Zimbabwe’s introduction of a tax on mobile phone airtime and data users to raise revenue for the purchase of “drugs and hospital equipment”, the Ministry acknowledges “98% of medicines [is] being procured by partners.” 85% of the national budget for HIV and AIDS health programmes is externally funded, including US$177 million from the Global Fund.’ [[2]](#footnote-3)

 [Back to Contents](#BackContents)

###  Private and public sector healthcare

* + 1. An undated Pacific Prime (private insurance advisers company) article, Zimbabwe Health Insurance, stated:

‘The Ministry of Health is responsible for the healthcare services in Zimbabwe and it provides 50% of the total healthcare expenditure in the public healthcare sector. Local authorities, mission churches, industrial organisations and private services fund the remaining 50% of healthcare spending. The public healthcare sector in Zimbabwe is the primary healthcare services provider for the country.

‘The public healthcare delivery services in Zimbabwe are decentralised and healthcare is provided at four levels namely primary, secondary, tertiary and quaternary. Healthcare programs in the country focuses mainly on Primary Healthcare services (PHC) which includes the provision of basic and essential preventive and curative care, maternal and child health services, health education, nutrition education, communicable diseases control and immunization, water and sanitation, and the nation’s essential drugs program. Every healthcare facility in Zimbabwe offers a full range of curative and preventive services.

‘In general, the infrastructure of the public healthcare sector in Zimbabwe is weak and unreliable. Medical facilities are limited and there is a lack of trained medical staff and shortage of necessary medicines. According to the World Health Organization’s rankings of the world's health systems, Zimbabwe ranked 155 out of 190 countries…

‘Private healthcare is also available in Zimbabwe, however, treatments in private clinics are normally expensive and Zimbabwean medical facilities often demand payment up-front before providing treatments to patients, and this often involves a large sum of money. Moreover, the standards of nursing care in private hospitals are inconsistent.’ [[3]](#footnote-4)

[Back to Contents](#BackContents)

###  Cost and access to medical treatment and drugs

* + 1. A Mywage.org article, Medical Insurance in Zimbabwe, undated, 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 Premier Service Medical Aid Society (PSMAS) is an example of a state health insurance system. Civil servants have access to state insurance only if they are government employees.

‘Premier Service Medical Aid Society is a state-funded scheme and is mainly prioritised for civil servants and low income persons. Employees with this insurance can access all government hospitals and clinics without having to spend large amounts of money upfront…

‘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 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…

‘These medical practitioners are popular in Zimbabwe and offer an alternative source for many Zimbabweans seeking medical treatment through the Zimbabawe [sic] National Traditional Healers Association (Zinatha).’ [[4]](#footnote-5)

* + 1. An undated Pacific Prime article, Zimbabwe Health Insurance, stated:

‘It is often that doctors, hospitals and air ambulance medical evacuation services require immediate cash payment before receiving health services.

‘Hospitals in the rural areas are only equipped with basic equipment and supplies, and they are unable to provide medical services for serious accidents or illnesses. Moreover, in case of an emergency, patients may have to make their own transportation to nearby medical facilities.’ [[5]](#footnote-6)

* + 1. A Guardian report, No cash, no cure: Zimbabwe’s hospitals buckle amid economic crisis, dated 14 July 2016, stated:

‘According to a local watchdog, Citizens Health Watch, 90% of healthcare institutions don’t have essential medicines in stock, and there have been sporadic shortages of antiretroviral (ARV) drugs, which are supposed to be free for HIV patients in public hospitals.

‘“Patients are [being] asked to buy from private pharmacies,” explains Mercy Bosha, programme manager at Citizens Health Watch. She estimates that most hospitals across the country are running at less than 30% capacity…

‘A yellow fever vaccination may cost $66 in Zimbabwe but only $24 in Kenya, according a recent parliamentary debate, and reports from local newspapers have suggested that Zimbabweans in the north of the country have to “run with cooler boxes” to Zambia to buy blood for sick relatives because it’s cheaper there. In Zimbabwe, fees vary and appear to be decided on in an ad hoc manner.

‘Bosha says a seven-day course of the commonly used antibiotic Amoxicillin can cost up to $7, and a monthly supply of ARVs between $40 and $50. An HIV viral load blood examination, which is needed to determine whether patients are responding well to ARVs, can cost up to $30 at a private laboratory. Most public healthcare institutions don’t offer this service.

‘The medical system is in such disarray that nearly two-thirds of sick Zimbabweans do not seek out the treatment they need because they can’t afford it, according to the Ministry of Finance and Economic Development.’ [[6]](#footnote-7)

* + 1. A Voice of America report, Zimbabwe Authorities Worried by Medical Drugs on Black Market, published in October 2018, noted that:

‘Authorities in Zimbabwe say the country's economic crisis has resulted in an acute shortage of essential medical drugs. Officials say the shortage has pushed some people to turn to the black market for medicines, some of which are not certified by the drug control authority…

‘Portifa Mwendera, president of the Pharmaceutical Society of Zimbabwe, acknowledges the health sector is failing to import enough antibiotics as well as drugs for ailments such as cancer, diabetes and hypertension.’ [[7]](#footnote-8)

* + 1. See also the US Embassy, Harare, [Duty Book](https://photos.state.gov/libraries/zimbabwe/231771/PDFs/Zim_Physicians_List_2015.pdf) for a list of physicians/emergency providers in Harare, Bulawayo, Gweru, Kariba, Mutare, and Victoria Falls.

[Back to Contents](#contents)

## Cancer

###  Overview

* + 1. A Newsday article, Cancer clinic opened in Harare, dated 17 August 2016, stated:

‘A $10 million cancer treatment clinic has been opened in Harare as the country seeks to find solutions to the silent killer which has affected thousands of Zimbabweans…

‘Oncocare Cancer Treatment Centre has equipment that can detect cancer, do chemotherapy, radiation treatment and a specialised cancer retail pharmacy to cater for the increasing number of patients who are diagnosed with the condition…

‘Due to high costs related to cancer treatment, many Zimbabweans often fly out of the country for treatment to countries such as India and South Africa…

‘Radiotherapy costs between $3 000 and $4 000 for a whole session. In addition, cancer drugs are expensive.’ [[8]](#footnote-9)

[Back to Contents](#BackContents)

###  Screening services

* + 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).

‘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.’ [[9]](#footnote-10)

[Back to Contents](#BackContents)

###  Diagnostic radiology

* + 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.’ [[10]](#footnote-11)

[Back to Contents](#BackContents)

###  Radiotherapy

* + 1. The NCPCSZ report stated:

‘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.’ [[11]](#footnote-12)

[Back to Contents](#BackContents)

###  Chemotherapy

* + 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.’ [[12]](#footnote-13)

[Back to Contents](#BackContents)

###  Cervical cancer screening and treatment

* + 1. A UNFPA (United Nations Population Fund) article, Why get checked for cervical cancer, dated 28 April 2016, stated:

‘In 2010 and 2011, UNFPA supported the Ministry of Health and Child Care (MoHCC) to set up pilot cervical cancer screening sites using Visual Inspection with Acetic Acid and Cervicography (VIAC) at United Bulawayo Hospitals (UBH) and Masvingo District Hospital. VIAC is a see and treat method that is cost effective and minimises delays and the number of visits between screening and treatment. The programme aims to increase the population coverage of cervical cancer screening in the public health sector. Using lessons learned and experience from the two pilot sites, the programme has since expanded and to date, 88 screening sites have been established and 164,103 women screened for cervical cancer.

‘UNFPA has supported the MoHCC to set up these screening and treatment centres through the procurement of equipment, medical supplies and training of health workers. To date about 294 workers have been trained. Other support has also included supporting the MoHCC to develop guidelines and training tools on screening and treating cervical cancer, development of a nationwide cancer register, among many other things…

‘Generally availability of treatment services (surgery, chemotherapy, radiotherapy) for advanced cervical cancer cases is very poor. Where services are available, the cost is a deterrent factor for women to access treatment. Additionally the referral system is weak making it difficult for women to access services at higher level of care…

‘These are some of the VIAC sites in each province in Zimbabwe:

‘Harare-Parirenyatwa and Harare Central hospital

‘Bulawayo-United Bulawayo Hospitals

‘Matabeleland South, Maphisa District Hospital and Gwanda Provincial Hospital

‘Matabeleland North, Victoria Falls Hospital and Tsholotsho District Hospital

‘Mashonaland Central-Bindura Provincial Hospital and Mt Darwin District Hospital

‘Mashonaland West-Chinhoyi Provincial Hospital and Karoi District Hospital

‘Mashonaland East- Murehwa and Mutoko District hospitals

‘Midlands-Gweru Provincial and Kwekwe District Hospitals

‘Manicaland- Mutare Provincial Hospital and Chipinge District Hospital

‘Masvingo- Masvingo Provincial Hospital and Silveira Mission Hospital.’ [[13]](#footnote-14)

* + 1. A Cervical Cancer News article, Doctors Without Borders Working in Zimbabwe to Prevent Cervical Cancer, dated 29 March 2017, stated:

‘In certain countries, including Zimbabwe, the few available radiography and laboratory services are situated only in larger metropolitan areas. Without health insurance, the high costs of biopsies, surgery, and treatment mean that many women, especially from rural areas, cannot afford proper care and end up dying from a disease that is now mostly preventable…

‘The MSF [Doctors Without Borders] is now supporting the health ministry in the rural Gutu District by offering cancer screenings and on-the-spot cryotherapy – a treatment for pre-cancerous lesions.

‘Since the program began, in 2015, MSF has screened more than 6,500 women, 558 of whom required cryotherapy. When women have more severe lesions, they are referred to the capital, Harare, for the Loop Electrosurgical Excision Procedure (LEEP), and the organization covers their transport and medical costs…

‘In the waiting areas, nurses run health education sessions and MSF health promoters travel to surrounding villages to increase awareness of the disease and how important prevention is.’ [[14]](#footnote-15)

* + 1. The NCPCSZ report stated:

‘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 in urban areas.’ [[15]](#footnote-16)

[Back to Contents](#BackContents)

###  Breast cancer

* + 1. A MedCOI response, dated 5 December 2017, stated that cancer specialists, chemotherapy, radiation therapy, MRI imaging and mammography diagnostic imaging, are all available in Zimbabwe for the treatment of breast cancer. Some of the chemotherapy drugs that are available are cyclophosphamide, docetaxel and epirubicin hydrochloride[[16]](#footnote-17).
		2. 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 cancer[[17]](#footnote-18).

[Back to Contents](#BackContents)

###  Leukaemia

* + 1. A MedCOI response, dated 4 May 2017, stated that blood count tests related to leukaemia, cancer specialists and hematologists are available to treat people with leukaemia. Ibrutinib, a chemotherapy drug, is available[[18]](#footnote-19).

[Back to Contents](#BackContents)

###  Prostate cancer

* + 1. A Newsday report, A tale of two prostate cancer survivors, dated 8 July 2015, stated:

‘According to Cancer Centre department of information, research and evaluation’s Lovemore Makurirofa, there has been a significant increase in men who are living with prostate cancer but most of the cases could be presently at advanced stages….

‘“Cancer diagnosis is also still costly and as a result the majority may fail to afford both the diagnostic and treatment costs.

‘The other problem is that both the diagnostic and treatment services are highly centralised mainly in Harare and Bulawayo, thereby forcing people to travel long distances to access the cancer services. This results in other hidden additional costs such as transport, food and accommodation,” he says.’ [[19]](#footnote-20)

[Back to Contents](#BackContents)

## Dental surgery and treatment

* + 1. The Borrowdale Dental Surgery in Harare provides a wide range of dental surgery and dental care services, including, ‘orthodontic treatments, dental implants, teeth whitening, child dentistry, crown and bridge procedures, root canal treatments, scale and polish of teeth, digital dental x-rays, wisdom tooth extraction, and bad breath, and many other cosmetic procedures.’ [[20]](#footnote-21) The Eastend Dental Surgery in Harare also provides a wide range of dental surgery and care services, including x-rays, scale and polishing, fillings, extractions, root canal treatment, dentures and implants[[21]](#footnote-22).
		2. A Patriot report, World Oral Health Day, dated 5 April 2018, stated:

‘Zimbabwe, through the Ministry of Health and Child Care (MoHCC), recently joined the rest of the world in commemorating World Oral Health Day with emphasis being placed on connecting oral health to general health…

‘Speaking at the event, Minister of Health and Child Care Dr David Parirenyatwa said good oral health often reflects good general health and well-being…

‘Dr Parirenyatwa said the country currently has 220 dentists in both public and private health institutions.

‘“There are 220 dentists in the country with most of them coming from private health institutions while Government’s institutions have less than 100. We expect to have more in our central district hospitals so that the elderly and marginalised can get dental care easily,”…

‘Speaking at the same event, Harare City Acting Health Director Dr Clemence Duri said there has been a rise in patients seeking dental treatment.’ [[22]](#footnote-23)

[Back to Contents](#BackContents)

## Diabetes

* + 1. The World Health Organisation Diabetes Country Profiles 2016 report stated that blood glucose measurement testing, urine strips for glucose measurement testing and ketone measurement testing are generally available. Insulin is generally available but metformin and sulphonylurea are not generally available. Retinal photocoagulation procedures are not generally available in Zimbabwe. Oral glucose tolerance testing, HbA1C tests, dilated fundus examinations, foot vibration perception testing, and foot vascular doppler status testing, are not generally available in Zimbabwe[[23]](#footnote-24).
		2. A Voice of America news report, Zimbabweans Struggling to Get Diabetes Drugs, dated 2 May 2016, stated:

‘Diabetic patients, especially those living in rural Zimbabwe, are finding it difficult to access drugs such as metformin, glibenclamide and insulin injections. The ongoing cash shortages have worsened the problem…

‘The Diabetic Association of Zimbabwe said a survey they carried out indicates that a diabetic patient needs at least [US]$302 a month for drugs and other related costs…

‘Dr. John Mangwiro, president of Zimbabwe Diabetic Association, said their members are struggling to survive…

‘“Strips just like glucometers are not readily available and are expensive. Sometimes they run short in hospitals. Those with diabetics are an unfortunate group because their drugs are quite expensive. They need a lot of expensive services including seeing the doctor, blood and urine tests that need to be done, they need to visit different doctors for eyes and feet which should be screened before they buy the drugs.

‘“On top of that they need to buy their medication, at one point we were calculating and we found that each patient needs about $302 per month to survive but Zimbabweans are getting much less than that. I have found that some patients end up not taking their medications because they do not have enough (money). Also the medications that are usually there are the old ones. The newer medicines are quite out of reach even for those earning above PDL (poverty datum line).”’ [[24]](#footnote-25)

* + 1. A Newsday report, Diabetes drugs priced out of reach, dated 14 November 2017, stated:

‘The Zimbabwe Diabetics Association (ZDA) has called on the government to urgently intervene and reverse the recent massive hike in the prices of key drugs such as insulin, which has been priced out of reach for most ordinary people.

‘Insulin is a requisite for type one diabetics, but with the price of a pen set of Actraphane, previously sold at $9, now going for $18, most underprivileged patients are struggling to secure the drugs.

‘The price of Lantus jumped from $21 to $36 per pen, while vials which used to $7 are now at $9 per vial depending with the type of insulin.’ [[25]](#footnote-26)

* + 1. A 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...

‘The target group is known as type 1 diabetes, which is commonly referred to as insulin-dependent diabetes and mostly affects those below 30 years.

‘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.

‘Jamanda said those outside PMSI areas can contact the association or visit its offices at number 10 Lawson Avenue in Milton Park, to make arrangements can be made to deliver their medication to the nearest hospital.’ [[26]](#footnote-27)

[Back to Contents](#BackContents)

## Ear, nose and throat conditions

* + 1. A MedCOI response, dated 7 June 2018, stated that there are ear, nose and throat (ENT) specialists in Zimbabwe who can treat people with ENT conditions, such as ear infections and perforated ear drums[[27]](#footnote-28).
		2. See also [Paediatric healthcare – ENT, audiology and speech therapy](#ENTAudioSpeech).

[Back to Contents](#BackContents)

## Eye conditions and diseases

###  Glaucoma

* + 1. A MedCOI response, dated 15 February 2018, stated that there are ophthalmologists in Zimbabwe who can treat people with eye conditions, including glaucoma. The following drugs, used to treat glaucoma, are available in Zimbabwe – bimatoprost (subject to supply problems), timolol and carteolol (subject to supply problems)[[28]](#footnote-29).

[Back to Contents](#BackContents)

## Heart disease and high blood pressure

* + 1. A Zimbabwe Broadcasting Corporation (ZBC) report, Open heart surgery resumption bears fruit, dated 22 February 2017, stated:

‘Nine children born with heart deformities have undergone successful corrective surgeries at Parirenyatwa Group of Hospitals this month following the resuscitation of open heart surgeries last year.

‘Ten children most of them born with heart deformities or a hole in the inner wall of the heart were operated at Parirenyatwa Hospital this month…

‘Minister Parirenyatwa commended the team for their dedication saying many people who could not afford to go outside the country for treatment are benefitting from the initiative.

‘Since the official resumption of open heart surgeries in Zimbabwe in February last year, a group of 23 patients underwent open heart surgeries and out of the 23 surgeries, one was unsuccessful.

‘In August, a group of 16 more patients comprising 13 adults and 3 children also underwent surgery and 15 were successful.’ [[29]](#footnote-30)

* + 1. Another Health24 report, Zimbabweans finally get access to heart surgeries, dated 14 August 2017, stated:

‘The Heart Foundation of Zimbabwe says “heart surgery is complex and very expensive” and costs about R70 000 (US $4,000) per operation for an adult and around R 90 000 (US $6,000) for a paediatric open heart surgery.

‘These costs are exclusive of other expenses such as those for drugs and sundries in an economy where an economic meltdown is forcing companies to shut down, retrench and cut salaries to manage…

‘There are about 400 people that are on the waiting list for cardiac surgery in Zimbabwe and they would have had to seek attention in India or South Africa.

‘However, Medtronic has undertaken to supply critical equipment needed in cardiac surgery, as well as ongoing training and sourcing of expertise to assist in complex surgeries at the Parirenyatwa Hospital and the College of Health Science…

‘The equipment that has now been availed for the resumption of heart surgery operations in Zimbabwe include a heart-lung machine, which temporarily takes over the function of the heart and lungs during surgery, a heater/cooler device for temperature control and an Activated Clotting Time (ACT) device to prevent blood clots.’ [[30]](#footnote-31)

* + 1. A MedCOI response, dated 2 September 2018, stated that diagnostic imaging with a Holter monitor/ambulatory ECG device, cardiologists, and electrical cardioversion for the treatment of supraventricular tachycardia, are all available in Zimbabwe[[31]](#footnote-32).
		2. MedCOI also reported the following about drugs used to treat high blood pressure:
* valsartan, bisoprolol, nebivolol, amlodipine, chlortalidone, hydrochlorothiazide, indapamide, and nifedipine are available in Zimbabwe[[32]](#footnote-33).
* Losartan and candesartan are available in Zimbabwe but felodipine and bendroflumethiazide are not available[[33]](#footnote-34).
* Lisinopril, captopril, and enalapril are available in Zimbabwe[[34]](#footnote-35).

[Back to Contents](#BackContents)

## HIV/AIDs

###  Overview

* + 1. A United Nations Development Programme report, Zimbabwe: 1 million people now on HIV treatment, $502 million additional healthcare funding announced, dated 30 November 2017, stated:

‘Zimbabwe, one of the countries most affected by the HIV epidemic, is now providing antiretroviral treatment to 1 million people living with HIV. This considerable achievement is the result of a determined effort to scale up the HIV response over the last decade and strong commitment from Government with support from development partners…

‘While HIV remains a major health challenge in Zimbabwe, with 1.3 million people living with HIV at the end of 2016, the dramatic scale up of the HIV response is remarkable. Due to access to antiretroviral treatment, there have been more than 49,000 deaths averted in 2016 alone and 393,000 deaths averted since 2006 in the country…

‘Out of the total funding, $426 million will focus on ensuring universal access to HIV prevention, treatment, care and support services, with an emphasis on eliminating mother-to-child transmission of HIV and ensuring prevention programmes are serving adolescents, youth and key populations at higher risk of HIV.’ [[35]](#footnote-36)

* + 1. An Avert report, HIV and AIDS in Zimbabwe, updated on 18 January 2019, stated:

‘Zimbabwe has one of the highest HIV prevalences in sub-Saharan Africa at 13.3%, with 1.3 million people living with HIV in 2017…

‘In 2017, new infections dropped to 41,000 from 79,000 in 2010, with behaviour change communication, high treatment coverage and prevention of mother-to-child transmission services thought to be responsible for this decline. Deaths from AIDS-related illnesses continue to fall – from 61,000 in 2013 to 22,000 in 2017.’ [[36]](#footnote-37)

[Back to Contents](#BackContents)

###  Anti-retroviral (ARV) drugs

* + 1. The Avert report, HIV and AIDS in Zimbabwe, updated on 18 January 2019, stated:

‘Zimbabwe is one of the sub-Saharan African countries with the greatest access to antiretroviral treatment (ART), with 84% of all people living with HIV on treatment.

‘In 2016, the country adopted a ‘treat all’ policy towards ART, meaning all people should be started on treatment immediately, regardless of their CD4 count. It is thought that 9,000 people are initiating treatment every month.

‘In 2015, it was estimated that 65% of women living with HIV were on treatment compared to 54% of men. This has resulted in Zimbabwean men being less likely than women to be virally suppressed.

‘In 2017, 89% of children (0-14 years) living with HIV had access to ART. It is hoped the introduction of specialised ARV pellets for children being piloted by Zimbabwe will increase treatment coverage for this age group further.’ [[37]](#footnote-38)

* + 1. A Standard report, Zim moves to end paediatric HIV, dated 9 April 2017, stated:

‘In 2011, government made elimination of paediatric HIV and Aids a national goal and renewed commitment to decrease the rate of new HIV infections among children. As a result, the government adopted the World Health Organisation antiretroviral therapy guidelines that recommended treatment for all to increase access to services in an effort to control the HIV epidemic by 2020 and end Aids by 2030.’ [[38]](#footnote-39)

* + 1. A MedCOI response, dated 7 June 2018, stated that there are HIV/AIDs specialists in Zimbabwe, and viral load testing and CD4 counts can be carried out[[39]](#footnote-40).
		2. MedCOI reported that the following ARV drugs, used in the treatment of HIV/AIDS, are available in Zimbabwe:
* darunavir[[40]](#footnote-41)
* emtricitabine[[41]](#footnote-42)
* tenofovir alafenamide[[42]](#footnote-43)

- Descovy[[43]](#footnote-44)

- tenofovir disoproxil[[44]](#footnote-45)

- efavirenz[[45]](#footnote-46)

- Atripla[[46]](#footnote-47)

- abacavir[[47]](#footnote-48)

- lamivudine[[48]](#footnote-49)

- ritonavir[[49]](#footnote-50)

- atazanavir[[50]](#footnote-51)

- Truvada[[51]](#footnote-52).

* + 1. MedCOI reported that the following ARV drugs, used in the treatment of HIV/AIDS, are not available in Zimbabwe:
* cobicistat[[52]](#footnote-53)
* Rezolta[[53]](#footnote-54)
* elvitegravir[[54]](#footnote-55)
* Stribild[[55]](#footnote-56)
* dolutegravir[[56]](#footnote-57)
* triumeq[[57]](#footnote-58).
	+ 1. See also [Annex A: List of available medication according to MedCOI](#AnnexA).

[Back to Contents](#BackContents)

## Kidney diseases

###  Kidney transplants

* + 1. The World Health Organisation Diabetes Country Profiles 2016 report stated that kidney transplants are not generally available in Zimbabwe[[58]](#footnote-59).
		2. A Sunday Mail report, Lack of funds stalls renal unit, dated 10 September 2017, stated:

‘Kidney transplants are not done in the country with patients travelling mostly to South Africa and India for the service…

‘Only two years ago, renal patients were overjoyed when it was announced that the Sally Mugabe Renal Institute at Chitungwiza Central Hospital (CCH) was set to install a kidney transplant unit… [however] the kidney transplant unit is yet to open its doors. Chitungwiza Central Hospital chief executive Dr Obadiah Moyo is not certain on the dates on which the transplant unit will be opened…

‘The reopening of the kidney transplant unit requires at least half a million dollars in equipment procurement besides other preparatory costs…

‘The resumption of kidney transplants will result in the country saving a lot of foreign currency since renal patients will no longer be required to travel to South Africa, India and Western countries for transplants…

‘Dr Muchemwa said local renal patients depend mostly on organ donations from relatives.’ [[59]](#footnote-60)

* + 1. A Newsday report, Rise in chronic kidney disease worries Health ministry, dated 9 March 2018, stated:

‘Speaking during the World Kidney Day 2018 commemorations, Health ministry principal director, Gibson Mhlanga, who spoke on behalf of minister David Parirenyatwa, said the risk of developing CKD [chronic kidney disease] is at least as high in women it is in men, and may even be higher…

‘“Transplant surgeons working together with kidney specialist can facilitate kidney transplant in the country and drastically cut the costs being suffered by patients when they go to countries like India,” he said.

‘Mhlanga said the Health ministry through the NDC department will formulate plans to develop programmes related to screening, diagnosis and treatment of kidney diseases.’ [[60]](#footnote-61)

[Back to Contents](#BackContents)

###  Kidney dialysis

* + 1. The World Health Organisation Diabetes Country Profiles 2016 report stated that kidney dialysis procedures are generally available in Zimbabwe[[61]](#footnote-62).
		2. A Zimbabwean Ministry of Health and Child Care article (undated), Renal Dialysis now free in Zimbabwe, stated:

‘The Minister of Health and Child Care Dr Pagwesese David Parirenyatwa announced on Saturday August 11, 2018 that renal dialysis is now free in the country…

‘As you are aware Government Policy recognizes that we are moving towards universal health coverage, which in fact is primary health care where critical health services should be made accessible to all people and this should be made accessible but should be of high quality and should be affordable we are therefore moving very systematically to make certain critical health services free to the patient” he said.

‘Minister Parirenyatwa indicated that free renal dialysis has started in all the Central Hospitals.

‘“We have started this roll out in the Central Hospitals; Parirenyatwa Group of hospitals, Harare Hospital and Mpilo Hospital. We will be rolling out this service to all our hospitals where there are dialysis machines.

‘Such services, such dialysis machines and these free services will not apply to patients who are on medical aid and those patients who can afford to pay if such people could honor their payments this would go a long way towards contributing into our health sector.” He said.

‘“As you may be aware or you now know that blood is free in all our institutions. We are using the health levy fund to pay for these services. We have now commenced rolling out free renal dialysis services to all our patients on dialysis machines in all our institutions,” Minister Parirenyatwa said.’ [[62]](#footnote-63)

[Back to Contents](#BackContents)

## Maternity medical services

* + 1. A One (advocacy organisation acting against poverty and disease) report, How these clinics are helping pregnant women in Zimbabwe, dated 14 September 2017, stated:

‘Expensive maternity fees in Zimbabwe are a nightmare for pregnant women. In state or church clinics, where the majority of the poor give birth, charges can rise to $50 USD per month until delivery, according to Chido Gama of the Zimbabwe Health Human Rights Forum, a local lobby network that monitors the rights of disadvantaged expectant mothers.

‘But organizations like the United Nations Population Fund — with support from foreign assistance provided by countries around the world, including the U.S., U.K., Canada, and more — are working to change that by building and supporting new “maternity waiting homes” in Zimbabwe.

‘The need for affordable maternity waiting homes in Zimbabwe is huge – but supply and cost are beyond the means of many women…

‘The program has already installed three maternity waiting homes in Zimbabwe’s Mashonaland province, home to the country’s capital city, Harare.’ [[63]](#footnote-64)

* + 1. A Newsdze Zimbabwe report, Mnangagwa Scraps Hosp Fees, dated 30 December 2017, stated:

‘Medical fees for infants, senior citizens and pregnant women/nursing mothers at State-run hospitals have been scrapped as part of measures to increase healthcare access…

‘In an interview with The Sunday Mail, Secretary for Health and Child Care Brigadier-General (Rtd) Dr. Gerald Gwinji said such measures were now possible following improvements in budgetary support.’ [[64]](#footnote-65)

* + 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 disproportionally 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 emphasied [sic] that fees should not be charged for maternity cases.’ [[65]](#footnote-66)

* + 1. A Zimbabwe Situation report, Free maternity services require solid funding, dated 23 October 2018, stated:

‘Harare and Parirenyatwa hospitals’ maternity wards, just like in most public health facilities across the country, are swamped with patients and many have resorted to sleeping on the floor.

‘This follows the scrapping of maternity user fees in accordance with the government policy…

‘Harare Hospital has a carrying capacity of around 100 women, but is currently being stretched to accommodate between 150 and 200 women. This also means pressure on the ablution facilities.

‘The government’s policy on free maternal health has seen a lot of women seeking help at the country’s major referral centres, Harare Central Hospital and Parirenyatwa.

‘Council clinics are still charging maternity fees and so many women will end up at government health facilities which are offering these for free.

‘A tour of Parirenyatwa also revealed the same problems. Maternity wards are full to capacity with many women using makeshifts beds.’

‘Since 2009, the Health ministry has not been allocating significant resources for maternal and child care services. This has created an over reliance on donor pools which are not sustainable.’ [[66]](#footnote-67)

[Back to Contents](#BackContents)

## Mental health and psychiatric care

* + 1. A Chronicle report, Zim in critical shortage of psychiatrists, dated 7 May 2016, stated:

‘Zimbabwe has a critical shortage of psychiatrists with only 12 specialists qualified to provide service to the whole country.

‘This came out when health advisor in the Office of the President and Cabinet, Dr Timothy Stamps, welcomed charity runner, Nell English, to Victoria Falls yesterday…

‘Dr Stamps said mental problems that are caused by among other factors poverty, unemployment and stress pose a great challenge for the country…

‘Dr Stamps launched a Trust for people living with chronic conditions three years ago.

‘“There are only 12 psychiatrists countrywide to save the whole population. As Hwange district we’ve 153 people on our register who are being monitored and that’s only reported cases otherwise there are many whose condition isn’t known and are not in the system,” said the District Medical Officer for Hwange Dr Wisdom Kurauone who accompanied Dr Stamps.’ [[67]](#footnote-68)

* + 1. A Zimbabwe Health Training Support article, 450 mental health workers, dated 13 June 2016, stated:

‘Zimbabwe National Association for Mental Health (ZIMNAMH) estimates that about 300,000 Zimbabweans suffer from various types of mental illness…

‘Despite the large burden of mental illness in the community, there is no government provision of psychological treatment in primary care across Zimbabwe and the country as a whole has only a handful of trained psychiatrists in government practice…

‘Nationally there are nine civilian Mental Health Institutions in Zimbabwe. However, the institutions have been hit by shortages ranging from food and fuel to drugs and the lack of specialised personnel due to a brain drain that has attracted many of Zimbabwe’s health professionals abroad – many of whom have come to the UK.

‘Providing mental health training as part of continuous professional development (CPD) to the remaining nurses helps to support an expert workforce, helping nurses keep up-to-date with knowledge, skills and attitudes clinically, managerially and professionally.’ [[68]](#footnote-69)

* + 1. A Newsday report, Zim lagging behind in mental health care, dated 10 October 2017, stated:

‘While other nations celebrate milestones in mitigating the impact of mental diseases, Zimbabwe is still grappling to address serious health gaps in the country’s psychiatric care system, especially at community level…

‘“We conducted a nationwide rapid assessment and noted that there were serious health gaps in the country’s psychiatric care system, including shortage of psychotropic drugs, human resources (specialists) and physical facilities, particularly at primary health care/community level,” Medecins Sans Frontieres/Doctors Without Borders (MSF) head of mission for Zimbabwe, Abi Kebra Belaye, said.

‘The international medical humanitarian organisation, in a bid to enhance the provision of mental health care in the community, has established an effective community mental health model of care in 12 polyclinics and one satellite clinic in Harare.

‘MSF piloted the community model after conducting research that revealed lack of mental health care at the community level, which had led to repeated hospitalisation and imprisonment of patients with mental illness…

‘As Zimbabwe today joins the rest of the world to commemorate World Mental Health Day, MSF yesterday handed over its community mental health project activities to the University of Zimbabwe’s Department of Psychiatry…

‘Preliminary results have shown a significant reduction in the number of people relapsing and having to be readmitted to hospital, from 38% before the community intervention down to 4% afterwards.’ [[69]](#footnote-70)

* + 1. A MedCOI response, dated 2 May 2018, stated that there are psychologists and psychiatrists in Zimbabwe who can treat people with psychiatric conditions. There are also psychiatric hospitals in Zimbabwe that have facilities to treat people with psychiatric conditions. Daycare, assisted living, and care at home services are available in Zimbabwe, but home visits by psychiatrists are not available. Family therapy and group therapy services are available in Zimbabwe. Psychiatric treatment in a closed ward setting is available and forced admittance can be carried out if necessary. Psychiatric treatment in the form of sheltered housing is also available[[70]](#footnote-71).
		2. A MedCOI response, dated 2 May 2018, also stated that the following anti-psychotic drugs are available – clozapine, olanzapine, paliperidone, quetiapine, and risperidone (subject to supply problems). The following anti-psychotic drugs are not available in Zimbabwe – aripiprazole and lurasidone[[71]](#footnote-72).
		3. A MedCOI response, dated 23 August 2017, stated that the following anti-depressant drugs are available in Zimbabwe - citalopram, fluoxetine, and paroxetine. The following anti-depressant drugs are not available in Zimbabwe – mirtazapine and sertraline[[72]](#footnote-73). Another MedCOI response (24 August 2017) stated that tramadol, clomipramine, and amitriptyline are available in Zimbabwe[[73]](#footnote-74).
		4. The United States State Department 2018 Human Rights Report stated:

‘Persons with mental disabilities also experienced inadequate medical care and a lack of health services. There were eight centralized mental health institutions in the country with a total capacity of more than 1,300 residents, in addition to the three special institutions run by the ZPCS for long-term residents and those considered dangerous to society. Residents in the eight centralized institutions received cursory screening, and most waited for at least one year for a full medical review.

‘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. They reported persons with mental disabilities suffered from extremely poor living conditions, due in part to shortages of food, water, clothing, and sanitation.’ [[74]](#footnote-75)

* + 1. See also the World Health Organisation [Mental Health Atlas 2017](https://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2017/en/).

[Back to Contents](#BackContents)

## Musculoskeletal conditions

* + 1. A MedCOI response, dated 11 December 2017, stated there are medical specialists in Zimbabwe who can provide treatment for people with arthritis and rheumatism[[75]](#footnote-76).
		2. The Parirenyatwa Hospital in Harare can provide assessments for people who need orthopaedic treatment, prosthetic services, and spinal and foot supports and crutches[[76]](#footnote-77).
		3. See also [Physiotherapy and rehabilitation](#Physiotherapy).

[Back to Contents](#contents)

## Neurological conditions

* + 1. A MedCOI response, dated 11 January 2018, stated that there are neurologists available in Zimbabwe who can treat people with neurological conditions, including neurological disorders caused by brain damage. Long-term institutional round-the-clock care for mentally disabled people with neurological disorders is also available in Zimbabwe[[77]](#footnote-78). Another MedCOI response to an information request, dated 25 August 2017, stated that the following drugs used to treat epilepsy are available in Zimbabwe – carbamazine and lamotrigine. The response also stated that levetiracetam, also used to treat epilepsy, is not available in Zimbabwe[[78]](#footnote-79).

[Back to Contents](#BackContents)

## Paediatric healthcare

###  ENT, audiology and speech therapy

* + 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. (The first was in neighbouring South 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…

‘Still, the clinic remains a work in progress. Plans are moving ahead to open two operating theatres adjacent to the clinic and dedicated to treating children with ENT problems.

‘Fundraising efforts have been amped up to fill gaps in care caused by the tripling of the patient load following the opening of the clinic. Due to constant funding shortfalls, much of the equipment considered essential at Stanford, such as MRI or CT machines, remains out-of-reach luxuries in Harare.’ [[79]](#footnote-80)

* + 1. See also [Ear, nose and throat conditions](#EarNoseThroat).

[Back to Contents](#contents)

###  Paediatric care for children with TB

* + 1. A May 2018 Unitaid press release, New project will dramatically increase pediatric TB prevention, diagnosis, and treatment in Zimbabwe, stated:

‘The Zimbabwe government in partnership with Unitaid and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) today launched a four-year project to fight tuberculosis among children, a long-underserved group that bears the burden of TB illness and death worldwide. TB, a preventable, curable disease, is the second biggest killer of children in Zimbabwe.

‘The project will scale up better diagnostic tests, easier to take, better-tasting medicines and new strategies for finding children with undiagnosed TB or in need of prevention.

‘Funded by Unitaid and carried out by EGPAF, the project expects to double diagnosis of pediatric TB in Zimbabwe, and greatly increase the number of children who receive appropriate treatment and prevention. The project is called CaP TB, which stands for “Catalyzing Pediatric Tuberculosis Innovation.’ [[80]](#footnote-81)

* + 1. See also [Tuberculosis (TB) and other lung diseases](#_Tuberculosis_(TB)_and).

[Back to Contents](#contents)

###  Support and care for children with disabilities

* + 1. A Bhekisisa report, Zimbabwe health workers fight the odds to provide free care to disabled children, dated 12 August 2016, stated:

‘When Portia’s three-year-old granddaughter was still struggling to walk, couldn’t grip anything and was hardly talking, she feared the rumours circulating in their village in Zimbabwe. Portia blamed herself and her daughter, Rumbidzai, for the child’s difficulties…

‘A year after the family arrived in Harare, a neighbour referred them to the Harare Central Hospital. There the child was seen by Greg Powell, a paediatrician who founded the Children’s Rehabilitation Unit at the hospital in 1986. Powell diagnosed her with cerebral palsy, telling Rumbidzai and Portia that her muscle tone and movement were affected...

‘The Situation Analysis of Children and Women in Zimbabwe Update (2011-2014) estimates there are 600 000 children with disabilities in Zimbabwe…

‘The Children’s Rehabilitation Unit has recorded a threefold increase in the number of cases of cerebral palsy in recent years...

‘“Underresourced and understaffed hospitals are struggling to maintain obstetric and neonatal services,” he says. This means mothers have delayed access to caesarean sections and other forms of emergency obstetric and postnatal care…

‘But the Children’s Rehabilitation Unit provides free diagnostic and treatment services for children with disabilities or developmental delays…The JF Kapnek Trust, a charitable organisation, supports the activities of the unit, and the ministry of health and childcare provides the doctors, therapists and facilities...

‘The therapists at the unit treat on average 25 children a day, most of them with cerebral palsy conditions, and the doctors see about 30 children each day.’ [[81]](#footnote-82)

* + 1. A Zimbabwean government national report about children, submitted to the United Nations Human Rights Council in 2016, stated:

‘Government is resuscitating rehabilitation centres in its administered hospitals and is training more rehabilitation technicians. Government has further developed a network of rehabilitation services throughout the country. All Central, Provincial and District Hospitals and some Mission Hospitals have purpose built facilities offering a wide range of rehabilitation services that include physical therapy, occupational therapy, communication therapy, audiology, prosthetic services and referral for necessary corrective surgery. Children who are not able to access institutional services are seen through outreach services or through community based rehabilitation.

‘These services are significant in enabling children with impairments, activity limitations and participation restrictions to live independently, remain in or return to their home or community and to participate in education and societal activities in general. They help increase potential for children with disability to enjoy the same opportunities as children without disabilities.’ [[82]](#footnote-83)

[Back to Contents](#contents)

## Painkiller drugs

* + 1. A MedCOI response, dated 24 August 2017, stated that the following painkiller drugs are available in Zimbabwe – codeine, paracetamol, paracetamol/codeine (in combination), paracetamol/tramadol (in combination), and morphine[[83]](#footnote-84).

[Back to Contents](#contents)

## Physiotherapy and rehabilitation

* + 1. The Parirenyatwa Group of Hospitals in Harare provides physiotherapy and rehabilitation services for people who have:
* 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 like bone fractures, joint replacements
* chest conditions, such as asthma, bronchitis, pneumonia, and TB
* burns and chronic wounds
* stress incontinence[[84]](#footnote-85).
	+ 1. See also [musculoskeletal conditions](#_Musculoskeletal_conditions).

[Back to Contents](#contents)

## Tuberculosis (TB) and other lung diseases

###  Tuberculosis

* + 1. A Sunday Mail article, Drug resistant TB treatment to be expanded, dated 6 March 2016, stated:

‘The treatment of drug-resistant tuberculosis (DR-TB) will soon be decentralised to all 10 provinces, the Health and Child Care Ministry has said…

 ‘DR-TB is mostly treated at Wilkins and Nazareth hospitals in Harare and Thorngrove Hospital in Bulawayo…

‘DR-TB is used to describe strains of TB that show resistance to one or more first-line TB drugs, and is an umbrella term encompassing MDR-TB and XDR-TB.

‘Deputy director for HIV/Aids and TB in the Health Ministry Dr Charles Sandy recently announced that Government had set aside US$400 000 to upgrade specialised DR-TB treatment sites.

‘Provinces will now identify the hospitals to be used as treatment sites/centres after considering issues such as accessibility.’ [[85]](#footnote-86)

* + 1. A Sunday Mail article, Shorter regimen for drug resistant TB, dated 28 August 2016, stated:

‘Being diagnosed with tuberculosis (TB) sounds like a death sentence to some due to the long period of treatment, which is between 18 and 24 months. The process becomes even more rigorous for those suffering from multi-drug resistant tuberculosis (MDR-TB). This has seen some TB patients developing treatment fatigue, hence opting out of the treatment process.

‘This move puts them at risk of developing Extensive Drug Resistant (XDR) TB. However, there is a ray of hope for the MDR-TB patients as the World Health Organisation (WHO) recently availed a shorter treatment regimen for the disease.

‘WHO also availed a rapid diagnostic test that will improve treatment and speed up detection. At a cost of less than US$1 000 per patient, the new treatment regimen can now be completed in nine and 12 months…

‘Health and Child Care ministry’s director for Aids and TB Unit Dr Owen Mugurungi said Government will adopt the new guidelines accordingly…

‘WHO estimates that Zimbabwe had 820 MDR cases among all TB cases recorded in 2014 basing on the 1994 survey which revealed that 1,9 percent of all new TB cases and 8,3 percent of previously treated cases were MDR.’[[86]](#footnote-87)

* + 1. A Zimbabwe Broadcasting Corporation (ZBC) report, Zim marks World TB Day, dated 24 March 2018, stated:

‘Zimbabwe today joined the rest of the world in commemorating World TB Day where they raised public awareness on the disease...

‘Many people underwent free screening of tuberculosis and implored the government to educate others about the disease…

‘More than 80 percent of TB patients in Zimbabwe are dually infected with HIV and these patients were urged to take advantage of the free TB treatment and antiretroviral treatment (ART) offered in the various health centres across the country.’ [[87]](#footnote-88)

* + 1. A Newsday report, Paediatric TB remains challenge in Zim, dated 29 May 2018, stated:

‘Addressing a media briefing in Harare yesterday, Tichaona Nyamundaya, a top official at the Elizabeth Glaser Pediatric Aids (Egpaf) said there were several challenges in cases involving children with TB…

‘Nyamundaya added that although the country had made strides in addressing the TB epidemic, major challenges in reaching all TB-susceptible populations, such as children, persist.’ [[88]](#footnote-89)

* + 1. A MedCOI response, dated 25 August 2017, stated that the following drugs used to treat TB are available in Zimbabwe – isoniazid, pyrazinamide and rifampicin[[89]](#footnote-90).

[Back to Contents](#BackContents)

###  Drugs for the treatment of asthma

* + 1. A MedCOI response, dated 29 August 2017, stated that the following drugs used to treat asthma are available in Zimbabwe – salbutamol, beclometasone, and budesonide+formoterol (combination). The same response stated that salmeterol and budesonide are not available in Zimbabwe[[90]](#footnote-91).
		2. See also [Physiotherapy and rehabilitation](#_Physiotherapy_and_rehabilitation), [HIV/AIDS](#_HIV/AIDs), [Paediatric care for children with TB](#PaediatricTB), and [Annex A: List of available medication according to MedCOI](#AnnexA).

[Back to Contents](#BackContents)

Annex A: List of available medication

according to MedCOI

|  |  |
| --- | --- |
| A | abacavir[[91]](#footnote-92), amitriptyline[[92]](#footnote-93), amlodipine[[93]](#footnote-94), atazanavir[[94]](#footnote-95), Atripla[[95]](#footnote-96)  |
| B | beclometasone[[96]](#footnote-97), bimatoprost[[97]](#footnote-98), bisoprolol[[98]](#footnote-99), budesonide+formoterol (combination)[[99]](#footnote-100) |
| C | candesartan[[100]](#footnote-101), captopril[[101]](#footnote-102), carbamazine[[102]](#footnote-103), carteolol[[103]](#footnote-104), chlortalidone[[104]](#footnote-105), citalopram[[105]](#footnote-106), clomipramine[[106]](#footnote-107), clozapine[[107]](#footnote-108), codeine[[108]](#footnote-109), cyclophosphamide[[109]](#footnote-110) |
| D | darunavir[[110]](#footnote-111), descovy[[111]](#footnote-112), docetaxel[[112]](#footnote-113) |
| E | efavirenz[[113]](#footnote-114), emtricitabine[[114]](#footnote-115), enalapril[[115]](#footnote-116), epirubicin hydrochloride[[116]](#footnote-117)  |
| F | fluoxetine[[117]](#footnote-118) |
| H | hydrochlorothiazide[[118]](#footnote-119) |
| I | ibrutinib[[119]](#footnote-120), indapamide[[120]](#footnote-121), isoniazid[[121]](#footnote-122)  |
| L | lamivudine[[122]](#footnote-123), lamotrigine[[123]](#footnote-124), lisinopril[[124]](#footnote-125), losartan[[125]](#footnote-126)  |
| M | morphine[[126]](#footnote-127) |
| N | nebivolol[[127]](#footnote-128), nifedipine[[128]](#footnote-129)  |
| O | olanzapine[[129]](#footnote-130)  |
| P | paliperidone[[130]](#footnote-131), paracetamol[[131]](#footnote-132), paracetamol/codeine (in combination)[[132]](#footnote-133), paracetamol/tramadol (in combination)[[133]](#footnote-134), paroxetine[[134]](#footnote-135), pyrazinamide[[135]](#footnote-136)  |
| Q | quetiapine[[136]](#footnote-137)  |
| R | rifampicin[[137]](#footnote-138), risperidone[[138]](#footnote-139), ritonavir[[139]](#footnote-140) |
| S | salbutamol[[140]](#footnote-141) |
| T | tenofovir alafenamide[[141]](#footnote-142), tenofovir disoproxil[[142]](#footnote-143), timolol[[143]](#footnote-144), tramadol[[144]](#footnote-145), Truvada[[145]](#footnote-146)  |
| V | valsartan[[146]](#footnote-147)  |

 [Back to Contents](#contents)

# 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](#_Country_information_2). 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:

* Organisation of the healthcare system
	+ Organisation and personnel
	+ Funding of the healthcare system
	+ Private and public sector healthcare
	+ Cost and access to medical treatment and drugs
* Medical conditions
	+ Cancer
	+ Dental surgery and treatment
	+ Diabetes
	+ Ear, nose and throat conditions
	+ Eye conditions and diseases
	+ Heart disease and high blood pressure
	+ HIV/AIDS
	+ Kidney diseases
	+ Maternity medical services
	+ Mental health and psychiatric care
	+ Musculoskeletal conditions
	+ Neurological conditions
	+ Paediatric healthcare
	+ Painkiller drugs
	+ Physiotherapy and rehabilitation
	+ Tuberculosis and other lung diseases
* List of available medication according to MedCOI

[Back to Contents](#contents)

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[Back to Contents](#contents)

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 [Back to Contents](#contents)

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Clearance

Below is information on when this note was cleared:

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First version.

###

###  [Back to Contents](#contents)

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