

ZIMBABWE DEMOCRACY INSTITUTE (ZDI) ACCESS TO PUBLIC HEALTH MONITORING REPORT

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HEALTH SECTOR BRAIN DRAIN: AN INDICATION OF SECTOR DECAY



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About the Zimbabwe Democracy Institute (ZDI)

The Zimbabwe Democracy Institute (ZDI) is a politically independent and not for profit public policy think-tank based in Zimbabwe. Founded and registered as a trust in terms of the laws of Zimbabwe in November 2012, ZDI serves to generate and disseminate innovative ideas, cutting-edge research and policy analysis to advance democracy, development, good governance and human rights in Zimbabwe. The institute also aims to promote open, informed and evidence-based debate by bringing together pro-democracy experts to platforms for debate. The idea is to offer new ideas to policy makers with the view to entrenching democratic practices in Zimbabwe. The ZDI researches, publishes and conducts national policy debates and conferences in democratization, good governance, public policy, human rights and transitional justice, media and democracy relations, electoral politics and international affairs.

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Summary

During the period under review, Zimbabwe faced a health sector brain drain that threatens sound service delivery. The problem of brain drain comes against a background of continued failure by the government to address grievances of the health industry personnel. The accessibility of health care in rural areas remains a challenge and the Covid-19 pandemic has worsened the situation. The polyclinics have also been hit by critical shortage of nurses as revealed by an investigation conducted by the ZDI around Harare. The failure by the two governments of Zimbabwe and India to ensure the delivery of a donation of 35 000 doses of the Indian Covaxin vaccine to the southern African country meant the recipients of the first and same quantity of donation had to restart the vaccination process.

Introduction

Good health and well-being as a third goal of the Sustainable Development Goals (SDGs) is an indispensable tool for the sustainable development of Zimbabwe and thus it must be accorded with the respect it deserves. The departure of doctors and nurses from public health institutions in Zimbabwe stands in the way of efficient delivery of health care to the public. The brain drain of personnel in the health sector appears to be hitting City Councils' run

polyclinics as these healthcare facilities are critically understaffed.

Health sector brain drain: An outcome of coercion of health workers

The welfare of health workers and their working conditions have since been neglected by the government of Zimbabwe¹. The outbreak of the Covid-19 pandemic in Zimbabwe in March 2019 has further deteriorated the well-being of doctors and nurses as they became vulnerable to the coronavirus due to poor working conditions characterised by lack of personal protective equipment (PPEs).² It is at this juncture that Zimbabwe begins to bear the brunt of government's negligence of the health sector as evidenced by the ongoing mass exodus of health workers from the country³ to other countries in search of greener pastures. It is imperative that the background of the ongoing brain drain in the health sector be understood in the context of the New Dispensation's power consolidation project.

¹ This is further elucidated by Makoni (2020). COVID-19 worsens Zimbabwe's health crisis. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31751-7/fulltext?utm_medium=social&utm_source=facebook&hash=d78276a1-ce55-43cb-8db1-8f8127176b1f](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31751-7/fulltext?utm_medium=social&utm_source=facebook&hash=d78276a1-ce55-43cb-8db1-8f8127176b1f)

² On 25 March 2021, the Anadolu Agency reported that doctors and nurses in Zimbabwe have gone on strike because they cannot get personal protective equipment (PPE) in the middle of the coronavirus pandemic. Available at: <https://www.aa.com.tr/en/africa/zimbabwe-health-workers-strike-amid-covid-19-pandemic/1779474>

³ The Herald newspaper edition of 12 October 2021 reported that health sector staff brain drain has seen critical numbers of doctors and nurses leaving Zimbabwe. Available at: <https://www.herald.co.zw/perks-to-stem-doctors-nurses-brain-drain/>

Following the continuous strike by doctors and nurses over genuine concerns, the government in July 2023 came up with a Health Service Amendment Bill seeking to bar members of the health industry from participating in strikes that last longer than three days, or more than 72 hours in a two-week period.⁴ The amendments were in clear violation of labour rights as stipulated in the Constitution of Zimbabwe under section 65 (3) which provides that:

Except for members of the security services, every employee has the right to participate in collective job action, including the right to strike, sit in, withdraw their labour and to take other similar concerted action, but a law may restrict the exercise of this right in order to maintain essential services.

The Health Service Amendment Bill was part of the manipulation of the legislature as an infrastructure for enabling the exercise of discretionary power by the Mnangagwa government. This coercion of members of the health industry by the government has now backfired as evidenced by the ongoing mass exodus of workers from the public health sector which further erodes service delivery

However and amid the brain drain, the President Mnangagwa-led government still appears to be more concerned by consolidating his power by cultivating a culture of dependency. Offering doctors and nurses with a range of non-monetary

⁴ For more details, see Bloomberg (2021). Zimbabwe Seeks to Limit Doctors, Nurses Striking Over Pay. Available at: <https://www.bloomberg.com/news/articles/2021-07-26/zimbabwe-seeks-to-limit-doctors-nurses-striking-over-pay>

incentives such as food, accommodation, Wi-Fi and vehicle loans is an attempt to engender a 'captured' health personnel with limited freedom to exercise their human rights.

The industrial action by nurses and doctors is and has always been premised on the need to pay all health workers a living wage and putting in place modern equipment that responds to the demands of diseases outbreaks, for example the Covid-19 pandemic.⁵ Reacting to the government's non-monetary incentives, the Zimbabwe Senior Doctors Association president Shingai Nyaguse highlighted that the salary issue remains behind the brain drain in the health sector.⁶ The exodus of the health personnel adds to the degeneration of the health sector particularly in the context of Covid-19 whereby the sector is suffering from political institutional designs and institutional weaknesses that inhibit quality service delivery.⁷

Access to health care in rural areas: A dream taking too long to become true

⁵ For more details, see news24. Zimbabwe nurses strike over virus equipment shortages. Available at: <https://www.news24.com/news24/africa/zimbabwe/zimbabwe-nurses-strike-over-virus-equipment-shortages-20210108>

⁶ The NewsDay newspaper edition of 16 October 2021 reported that health professionals turned down non-monetary incentives such as Wi-Fi and loans offered by the government. Available at: <https://www.newsday.co.zw/2021/10/we-want-better-salaries-not-wifi-health-workers/>

⁷ This was revealed in the ZDI research report on the state of human rights and accountability in the public health sector. Available at: <https://kubatana.net/2021/09/21/locking-down-democracy-in-zimbabwes-covid-19-era-the-state-of-human-rights-and-accountability-in-the-public-health-sector/>

Access to healthcare in rural areas continues to be very problematic and the Covid-19 pandemic has worsened the situation. A research by Mangundu *et al* (2020) revealed that accessibility of healthcare in rural areas is globally impeded by physical, material, human, financial and managerial resources and societal barriers in the healthcare system and Zimbabwe is significantly affected.⁸

In Matabeleland South province during the period under review, the suspension of doctors' clinic visits has made it very difficult for the rural folk to access health care services.⁹ The outbreak of Covid-19 in Zimbabwe led the government to channel resources such as the medical personnel and vehicles towards fighting the pandemic. This means government has neglected other health emergencies and placed its focus on Covid-19 and thereby leaving people exposed to other infections. The citizens now bear the burden of walking and travelling long distances to get access to health care facilities.

Staff shortages at Polyclinics

⁸ For more details, see Mangundu *et al* (2020). Accessibility of healthcare in rural Zimbabwe: The perspective of nurses and healthcare users. Available at: http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2071-29362020000100031

⁹ On 11 October 2021, The Chronicle reported that people in Matabeleland province are travelling long distances in search of health care services. Available at: <https://www.chronicle.co.zw/rural-patients-struggle-after-doctors-clinic-visits-suspended/>

The shortage of nurses in Zimbabwe is not only affecting major healthcare institutions but is also cascading down to polyclinics. At a Combined Harare Residents Association (CHRA) community meeting in Mufakose on 14 October 2021, the ZDI noted, from the participants' submissions that Mufakose Polyclinic is currently facing shortage of nurses which is disrupting health care service delivery to the local community.

Further investigations by the ZDI at Mufakose Polyclinic revealed that there are only 16 nurses out of the required 36 and the situation is as a result of many resignations by health care personnel over poor remuneration and dire working conditions.¹⁰ This translates to a 44% staff complement at Mufakose Polyclinic.

Conclusion

The period under review came in a context in which Zimbabwe's health sector is experiencing the migration of workers who are searching for better working conditions and remuneration elsewhere. Access to health care in the country's marginalised communities continues to be a dream to the locals as Covid-19 has made the situation worse. Efforts to achieve Covid-19 herd immunity seem to be out of reach.

Recommendations

¹⁰ This was elaborated by the President of Zimbabwe Urban and Rural Council Nurses Workers Union (ZURCNWU) Simbarashe Tafirenyika in a one on one interview with the ZDI.

Cognizance of a fundamental role played by an efficient public healthcare delivery system in advancing sustainable development, the ZDI in line with its aim to advance democracy, development, good governance and human rights in Zimbabwe recommends the following;

Government of Zimbabwe

- ✓ Dialogue with the health industry professionals to find long-lasting solutions to the challenges affecting health sector particularly an issue of remuneration.
- ✓ Ensuring accessibility and availability of health care services for other communicable and non-communicable diseases in the rural areas in the context of Covid-19.
- ✓ Working with local municipalities to ensure adequate staffing of all polyclinics.
- ✓ Ensuring uninterrupted procurement and distribution of Covid-19 vaccines across all vaccination centres.

- ✓ Deepen the watchdog role and continuously expose negative impacts brought by the health sector brain drain.
- ✓ Strengthen its advocacy role on the need to ensure access to health care services across rural areas in Zimbabwe.

Media

- ✓ Research and report on the trail of destruction caused by the health sector brain drain and its attendant effects.
- ✓ Report on the country's state of public healthcare accessibility and availability in the rural areas.

Civil Society