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MRT RESEARCH RESPONSE

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Questions
1. Please advise what level of medical care is available for type 1 diabetics in Zimbabwe? Is insulin widely available?
2. What is the unemployment rate in Zimbabwe in general and for someone who is a young white farmer with an ongoing medical condition?

RESPONSE

Executive Summary

A wide variety of sources share the view that Zimbabwe's public health system is in a critical state of dysfunction. These sources consistently characterise Zimbabwe's hospitals as being low on beds, supplies, medicine and staff. One source claims that as of March 2009 only 30 percent of medical positions were occupied in Zimbabwe. Staff shortages have been accentuated by the closure of the University of Zimbabwe's medical college in November 2008 and the mass exodus abroad of trained doctors and nurses. Consequently, a number of hospitals have closed in recent years, though there are reports that at least of some of these facilities reopening since the formation of the coalition government in 2009.

Sources indicate that medical supplies (including insulin and insulin-based drugs) are in critical short supply in Zimbabwe due to the collapse in the value of the Zimbabwean dollar and the subsequent expense of importing supplies using hard currencies. Sources conclude that this undersupply has made virtually all available medicines and paraphernalia prohibitively expensive for the majority of Zimbabweans.

Zimbabwe does have a private health system. However, sources indicate that it too suffers from chronic shortages of medicines and remains unaffordable for the majority of Zimbabweans. A number of sources report that a significant number of Zimbabweans of all social ethnic backgrounds now cross the border into South Africa for medical services.

The ZANU-PF government publicly claimed in 2008 that the unemployment rate in Zimbabwe was only 9 percent. However, credible sources estimate that the real rate of unemployment in Zimbabwe at the beginning of 2009 is somewhere between 85 and 95 percent. Prior to the year 2000, the largest employer of Zimbabwean agricultural workers of European background were the white-owned and operated farms that once constituted approximately 30 percent of all agricultural land in Zimbabwe. Sources state that of the approximately four thousand white-owned farms in Zimbabwe prior to 2000, less than 500

remain operational in 2009 due to seizures by 'war-veterans'. Consequently, opportunities for employment in the agricultural sector for white Zimbabweans have greatly diminished in recent years.

In early 2009 Zimbabwean courts have declared a number of farm seizures by war veterans illegal and have ordered the illegal occupants to vacate. In early 2009 an uneasy coalition government was formed between Robert Mugabe's ZANU-PF Party and the opposition Movement for Democratic Change (MDC), led by Morgan Tsvangirai. Prime Minister Tsvangirai has since called for an end to the seizure of white-owned farms. Despite this fact and the court decisions, a number of news outlets reported comments made by President Mugabe in early 2009 that the land seizures will continue and white farmers 'should leave both the land and Zimbabwe'.

- Medical Care in Zimbabwe for Type 1 Diabetes
- The Condition of the Health Care System in Zimbabwe
- Unemployment in Zimbabwe
- Ongoing Seizure of White Farms
- The Emergence of a White Underclass

1. Please advise what level of medical care is available for type 1 diabetics in Zimbabwe? Is insulin widely available?

Medical Care in Zimbabwe for Type 1 Diabetes
The following September 2008 UK Home Office report provides information on diabetes, the quality of medical treatment, and the availability of insulin in Zimbabwe:

> 29.62 A report from Zimdaily, dated 24 October 2005, noted that diabetes was the fourth largest cause of death in Zimbabwe. The article noted that around six per cent of the country's population has diabetes; however, the article noted that the prevalence of the disease may be even higher.
>
> 29.63 A report published by the government funded *Herald* newspaper, noted on 28 July 2007 that public dialysis facilities were available at a few hospitals across the country, although a shortage of foreign exchange had resulted in many machines not being installed. In addition, many of the machines had broken down causing a greater reliance on those that were still working. For example, patients who are supposed to receive dialysis four times a week were having to make do with only one treatment per week. Patients from Bulawayo, Matabeleland North, Matabeleland South, Midlands and Masvingo were the worst affected after dialysis machines broke down in hospitals in those provinces. **[23a]** *The Herald* had earlier reported (26 July 2007) that 10 dialysis machines at the Parirenyatwa Group of Hospitals in Harare had broken down and been out of action for a few weeks. The hospitals were reported to have a further eight machines, but again, heavy demand was causing considerable delays with dialysis sessions being reduced to dangers levels of only one hour per week. The report concluded that private haemodialysis centres were able to provide treatment, but a five hour treatment session would cost Z$3 million (UK Home Office 2008, *Country of Origin Information Report: Zimbabwe*, 29 September – Attachment 1).

The following 2006 article was published by *The Herald*, a newspaper funded by the Zimbabwean government. Despite this fact, the article acknowledges that both public and private health care facilities in Zimbabwe suffer from a “critical shortage” of insulin:

> Harare — A critical shortage of essential diabetic medicine has hit the country, forcing diabetics to run around looking for alternative drugs.
>
> Surveys conducted by The Herald showed that Actraphane, an insulin based drug that helps diabetics control their blood sugar levels, is not available in almost all pharmacies in Harare.
>
> Even major hospitals like Chitungwiza and Parirenyatwa do not have the drug in stock.
>
> Officials at Parirenyatwa Hospital sa
>
> id they had been frantically looking for the drug for several days without success.
>
> "Even our partners in the private sector whom we sometimes go to in instances like these do not have it.
>
> "If you should find it anywhere, even if it is out of town, please advise us for we need it," said an official at Parirenyatwa Hospital.
>
> Diabetes is a chronic condition and there are two types which are common. There is type one, also known as insulin dependent diabetes, which requires those with the condition to take daily dosages of insulin.
>
> Those with Type 2 diabetes, also known as non-insulin dependent diabetes, might not have to take daily dosages of insulin and control their blood sugar levels by observing a strict diet.
>
> A third type of diabetes develops during some pregnancies but usually disappears afterwards.
>
> Indications are that Actraphane, which is imported, is used by most diabetics in Zimbabwe.
>
> While other insulins such as Actrapid were selling in a few pharmacies, doctors said it was not advisable for diabetics who had been using Actraphane to switch to a new drug without consulting their doctors.
>
> "They need to see a doctor who will look at things like how long they have been on Actraphane before advising them to switch to something else.
>
> "Unless there are other factors, it should be possible to switch to something else, like Actrapid," said Dr Obadiah Moyo, a surgeon who is also the chief executive officer for Chitungwiza Hospital.
>
> In separate interviews, diabetics called on Government to ensure that all essential drugs are always readily available and at affordable prices.
>
> Mr Innocent Musana of Mufakose said people's lives were put at risk each time an essential drug ran out.
>
> Diabetics' lives are also put at risk each time prices of drugs shoot up to unimaginable levels.
>
> "Some pharmacies are selling these diabetic drugs for $10 million. Surely you do not expect everyone suffering from diabetes to be able to afford that.
>
> "After all, this is a chronic condition, which anyone can get, even children. No one chooses it, it just happens and Government has to look after our interests," he said.
>
> Others challenged the local drug manufacturers to start making the insulin locally, instead of importing.
>
> Diabetes, they said, had been there since time immemorial and there was no excuse for these companies to fail to produce the insulin.

> Efforts to get a comment from the Ministry of Health and Child Welfare were unsuccessful yesterday.
>
> It has always been the ministry's policy to keep its hospitals well stocked with essential drugs.
>
> At a recent annual general meeting for the Community Working Group on Health, a representative of the Zimbabwe Diabetics Association called on Government to establish levies similar to the National Aids Levy for other chronic diseases besides HIV and Aids or for the Aids levy to be shared among all chronic diseases, diabetes included.
>
> Common symptoms of type one diabetes include excessive thirst, frequent urination, sudden weight loss, extreme tiredness and blurred vision.
>
> Diabetes, being a chronic life-long condition, requires careful monitoring and control.
>
> Without proper management it can lead to hyperglycaemia, which is associated with long-term damage to the body and the failure of various organs and tissues ('Zimbabwe: Critical Diabetic Medicine Shortage Hits' 2006, 11 July, *All Africa Global Media*, source: The Herald – Attachment 2).

The following article also appeared in *The Herald* in 2006 and provides information on the average costs of insulin and needles in 2006 in Zimbabwean dollars:

> Harare — DIABETICS have called on the Government to regulate the price of essential drugs in both the private and public health sectors, saying that was the only way it could achieve the goal for health for all.
>
> In different interviews, people suffering from diabetes said only a few among them could afford to buy drugs and medicines for the condition. Diabetes is a chronic condition and diabetics have to inject themselves with insulin on a daily basis for the rest of their lives, as their bodies are unable to produce enough of the hormone. Failure to do this can result in fatalities. However, surveys conducted by The Herald show that everyday some diabetic patients were risking their lives because insulin drugs are now selling at between $1.5 million and $3 million for a month's supply in most private pharmacies while insulin needles are selling at around $130 000 each.
>
> For a month, a diabetic person now has to spend approximately $4 million on needles and insulin that is at least $6 million, which for most Zimbabweans is too high to spend on drugs considering that rentals and food also cost a lot. Mrs Sarah Hamanda of Mabelreign said life for a diabetic was slowly getting out of hand. "The price of insulin is unbelievable. For something so necessary for a chronic condition to be priced at such levels is madness. I have no choice but to buy the drugs or else I will die but surely the Government is aware of the plight we find ourselves in.
>
> "Quite recently most of us who are employed were able to buy insulin and needles on a monthly basis but now, we are feeling the pinch. I can just imagine how it is for the unemployed and those not on medical aid cover," she said. Another diabetic, Mr Innocent Moyo, said he had since stopped discarding needles after using them to pump insulin into his blood, as required. Instead, he was now using the same needle three to four times a week. "I do not know whether this puts me in any danger but I have no choice. There is no way I can buy 30 needles at more than $130 000 each every month. "Besides buying insulin, I have to take care of several other things like rent, school fees, food, transport and all this on an irregular income as I'm self-employed," he said.
>
> It was also not uncommon for some pharmacies to run out of insulin despite it being on the essential drugs list. In Zimbabwe, diabetes currently affects six percent of the population and is the fourth main cause of death ('Zimbabwe: Diabetics Urge State to Regulate Price of Essential Drugs', 2006, *All Africa Global Media*, source: The Herald, 10 May – Attachment 3).

The Condition of the Health Care System in Zimbabwe

The following extract from a March 2009 UK Home Office report provides useful information on the overall condition of health services in Zimbabwe. The report mentions the exodus of medical staff, as well as the closure of hospitals and the University of Zimbabwe's medical school:

28.01 Noting the collapse of health services across the country, various sources reported the closure of hospitals and wards as resources dried up and medical staff left to find employment in other countries. Amnesty International reported on 21 November 2008 that the health "… system is paralysed by shortages of drugs and medical supplies, a dilapidated infrastructure, equipment failures and a brain drain. As a result, ordinary Zimbabweans are unable to access basic health care." Cases of cholera increased significantly during the latter half of 2008 **[14h]** and the numbers of Zimbabweans dying from AIDS related illnesses increased to 3,000 per week (nearly 160,000 per year). (International Crisis Group, 16 December 2008) **[100g] (p8)**

28.02 Amnesty International went on to note in its report of 21 November 2008 that the country's main referral hospitals, "… including Harare Central, Parirenyatwa and United Bulawayo hospitals, are barely functioning and some wards have even been closed. Two government maternity hospitals in greater Harare have been closed. Many district hospitals and municipal clinics are either closed or operating at minimum capacity. The University of Zimbabwe Medical School closed indefinitely on 17 November." **[14h]** The University of Zimbabwe Medical School remained closed as of 8 January 2009 because of lack of teaching staff/materials and running water. (The Times (Zimbabwe), 8 January 2009) **[155d]**

28.03 Human Rights Watch noted in its report of 22 January 2009, that:

> "Many district hospitals and municipal clinics in Zimbabwe are currently either closed or operating at minimum capacity. Other aggravating factors include dilapidated infrastructure, equipment failures, and a 'brain drain' of medical professionals. As a result, ordinary Zimbabweans cannot access basic healthcare. The cholera outbreak has been aggravated by the closure in November [2008] of Harare's two main public hospitals, Parirenyatwa and Harare, and a shortage of drugs and medical personnel. The main victims of the health crisis are the elderly, children, women and the chronically ill, including people living with HIV/AIDS. The crisis is such that in November 2008, UNICEF moved into a 120-day emergency mode, focusing on the cholera outbreak and providing emergency health care to children." **[69g] (p19)**

28.04 As hospital wards closed across the country, the Zimbabwean Health Minister admitted that the country's hospitals were "… literally not working." (The Times, 12 December 2008) **[82e]** Other hospitals, such as Marondera hospital had only one ward still open when *The Times* reported on 21 December 2008. The hospital had "… no doctors and no medicines, just nurses who are only there because they are scared of being beaten but are not being paid so don't do anything. There's no electricity or water and it is very dirty …" **[82x]**

28.05 The lack of sanitation and running water caused the already existing cholera outbreak, which had been killing significant numbers since at least August 2007 (News 24, 20 August 2007) **[38i]**, to gain further ground. ZimOnline reported on 26

> September 2008 that a "… Zimbabwe doctors' organisation has warned of a looming health disaster in the country's cities …" as the lack of clean water increased the incidence of diarrhoea and cholera. "The Zimbabwe Association of Doctors for Human Rights (ZADHR) said in a statement this week that a government body charged with providing water in urban areas had failed to do so forcing many residents to rely on unclean water"(UK Home Office 2009, *Country of Origin Information Report: Zimbabwe*, 25 March, Paragraph 4.4.3 – Attachment 4).

A Department of Foreign Affairs and Trade travel advice for Zimbabwe, dated 18 August 2009, provides a cost estimate of private health care service in Zimbabwe in US dollars:

> Health services in Zimbabwe are extremely poor. Public hospitals in Harare and other towns are experiencing shortages of staff, water, power, medicines and equipment. They are unlikely to offer treatment of certain illnesses or offer assistance in an accident or emergency. Hygiene is very poor. The few private hospitals in Harare are also suffering from staff and resources limitations and are likely to require payments of up to US$2000 in cash notes before a patient is admitted.
>
> Medical facilities outside Harare and Bulawayo are limited. Medical supplies throughout Zimbabwe are very limited and some prescription medicines are not available (recently insulin) or are very expensive. In the event of a serious accident or illness, a medical evacuation to South Africa would be necessary, costing up to $A25,000.
>
> Essential public services, including medical services, have been disrupted due to the state of the economy (Department of Foreign Affairs and Trade 2009, 'Travel Advice: Zimbabwe', Smartraveller website, 18 August http://www.smartraveller.gov.au/zw-cgi/view/Advice/zimbabwe – Accessed 31 August 2009 – Attachment 5).

Médecins Sans Frontières discusses the consequences of the lack of adequate medical staff in Zimbabwe in its February 2009 publication Beyond Cholera: Zimbabwe's Worsening Crisis:

> During the latter half of 2008, public hospitals in Zimbabwe began closing their doors to patients due to a lack of supplies and wages. Patients are turned away, and those who cannot afford private medical facilities are left with no access to health care. MSF clinics in rural areas are seeing increasing numbers of patients coming from urban centers. This is unprecedented for the once exemplary health system in Zimbabwe's urban areas.
>
> There is currently an accelerated loss of key staff in health centers, especially nurses. The salary received by a nurse is not sufficient to survive due to the astronomical inflation and the increasing bartering and dollar based informal economy. Many health workers have turned to the informal sector or have fled to South Africa.
>
> There is also a widespread shortage of basic medical materials (syringes, gloves etc) and drugs. Patients are required to buy drugs in most government-run services. MSF is hearing increasing anecdotal evidence of ministry staff requesting that patients pay for medicines that are meant to be free in rural areas. In one hospital in Gweru, surgical patients have been turned away due to a lack of sterile gloves and suture material. Lack of supplies for health facilities also extend to laboratory equipment and laboratory reagents, as well as running water and electricity.

Although staff and drug shortages are not unique to Zimbabwe – and indeed the health structures have the appearance of normalcy - the empty beds and closed doors are indicative of a ruined system, which was once able to provide a high level of medical care, but which is no longer able to cope with the health consequences of the worsening political and economic crisis (Médecins Sans Frontières 2009, Beyond Cholera: Zimbabwe's worsening crisis, , MSF website, February, p.4 http://www.msf.org/source/countries/africa/zimbabwe/2009/Zimbabwe_Beyond_Cholera_Feb09.pdf – Accessed 31 August 2009 – Attachment 6).

The following August 2009 article published by the Integrated Regional Information Networks (IRIN) provides information on the phenomenon of 'medical migrants' fleeing Zimbabwe:

HARARE, 5 August 2009 (IRIN) - For almost a decade Zimbabwe's main international bus station, Roadport, in the capital, Harare, has been a bustling hive of people travelling to neighbouring South Africa: informal cross-border traders going to buy goods, others leaving in search of work and a better life. Now they have a new travelling companion - anyone in need of reliable, affordable medical attention.

"I'm going to deliver my first-born child in Pretoria [South Africa] because it is no longer possible to do it here," said Sophia Chibondo, 25, sitting on a bench next to her anxious husband.

"Being unemployed, and with my husband struggling to keep the family going, we found it wiser to go and seek help from a South African [public] hospital," she told IRIN. "Maternal costs at local clinics and hospitals are just too much, and we cannot afford them."

Thousands have fled Zimbabwe's economic meltdown, food insecurity and political turmoil, but the almost total collapse of the national health system has seen standards plummet and prices rocket, and the Chibondos are now part of a growing group of migrants looking for better, more affordable health care.

South Africa's Department of Home Affairs (DHA) announced in April 2009 that it would introduce a special dispensation permit allowing Zimbabwean nationals to remain in the country legally for up to 12 months, but this is still being considered by cabinet.

In the meantime, a 90-day 'visa-free entry' into South Africa for Zimbabweans is already in effect.

In June 2009 a report by international relief NGO Médecins Sans Frontières (MSF) warned that the adoption of a more "liberal immigration policy" for Zimbabweans was placing greater burdens on South Africa's already stretched health care system.

"Consultations in our Johannesburg clinic have almost tripled in the last year, a telling sign of the extent to which Zimbabweans are consistently denied access to even the most basic health care services necessary for their survival," Eric Goemaere, Medical Coordinator at MSF in South Africa, said at the launch of the report.

Overpriced and substandard

Private hospitals in Zimbabwe still maintain high standards, but at a premium: a pregnant woman would be expected to fork out well over US$3,500 for gynaecologists, paediatricians and anaesthetists, besides money for food, drugs and accommodation for mother and child.

> Government health institutions are far cheaper but lack trained staff, drugs and equipment. In South Africa, Chibondo said, she would pay less than US$70 for all the services up to delivery, and she could shop for baby care products and clothes at a fraction of what they cost in Zimbabwe.
>
> "Patients prefer to cross the border [to South Africa] because it is cheaper there, and there are higher levels of care," said Primrose Matambanadzo, director of the Zimbabwe Association of Doctors for Human Rights (ZADHR).
>
> "People also still don't have confidence in [Zimbabwean] public health institutions due to the health crisis that ... has affected the country for many years," she commented.
>
> "It is the responsibility of government to ensure a reliable health system, and as long as signs of the crisis linger, Zimbabweans will continue trekking to other countries to get medical attention; a situation that is regrettable."
>
> Most of Zimbabwe's public health centres closed last year as employees protested over poor salaries and working conditions during a severe cholera epidemic that began in August 2008 and claimed the lives of more than 4,200 people out of about 100,000 known cases.
>
> Public health facilities reopened in February 2009, when donors made money available for allowances that brought striking nurses and doctors back to work.
>
> Health minister Paul Madzore recently admitted that a lot needed to be done to kick-start a health system severely affected by the migration of thousands of doctors, nurses and other skilled personnel.
>
> "You often hear of doctors causing the deaths of patients due to negligence. It is therefore not surprising that our patients are avoiding local hospitals," said Matambanadzo.
>
> Chibondo had visited the facility where she would be having her baby several times for prenatal examinations. "I am encouraged by the quality of service at the hospital and the professionalism of the staff - rare things to find in Zimbabwe," she said. Her elder sister had also given birth there ('Zimbabwe: Medical migrants head south' 2009, *Integrated Regional Information Networks (IRIN)*, 5 August http://www.unhcr.org/refworld/docid/4a7fcc94c.html – Accessed 31 August 2009 – Attachment 7).

The International Crisis Group also highlights the staffing crisis in Zimbabwe's health system in an April 2009 document entitled Zimbabwe: Engaging the Inclusive Government. The document claims that only 30 percent of health staff positions were filled in March 2009:

> The health system has broken down, with doctors and nurses striking because of insufficient or unpaid salaries. Only around 30 per cent of the posts in the health sector were occupied in March. Most hospitals have turned patients away because drugs are unavailable or unaffordable for ordinary people. Following the collapse of the water supply, 95,997 cases of cholera, 4,166 of them fatal, have been announced between August 2008 and mid-April 2009. There is great risk that the epidemic will spread further in the region. Other preventable diseases such as malaria, AIDS and tuberculosis are also spreading across the country (International Crisis Group 2009, Zimbabwe: Engaging the Inclusive Government, Africa Briefing N°59, 20 April, ICG website http://www.crisisgroup.org/library/documents/africa/southern_africa/b59_zimbabwe___engaging_the_inclusive_government.pdf –Accessed 21 April 2009 – Attachment 8).

2. What is the unemployment rate in Zimbabwe in general and for someone who is a young white farmer with an ongoing medical condition?

Unemployment in Zimbabwe

No sources have been located that provide specific statistics on the level of unemployment among the white population in Zimbabwe. Numerous sources, however, provide similar estimates of the unemployment rate among the general population of Zimbabwe. Given that farming was once one of the largest sources of employment for Zimbabweans of European origin, sources have been provided discussing the ongoing practice of seizing white-owned farms by so-called war veterans in 2009.

The following article was published in *The Canberra Times* in January 2009 and states that employment in Zimbabwe is 6 percent. It also states that inflation reached 231 million percent in 2008:

> Zimbabwe sought to prop up its ailing economy with foreign currency on Thursday, as the United Nations warned that more than half the population needs emergency food aid.
>
> Grim estimates show that Zimbabwe's humanitarian situation is worse than anticipated with just six per cent of the population employed, while nearly seven million need emergency aid, UN agencies said.
>
> The latest stark illustration of the once-vibrant economy's collapse came hours before acting finance minister Patrick Chinamasa announced that Zimbabweans can now legally use foreign currencies alongside the local dollar.
>
> "These currencies include the South African rand, the United States dollar, Botswana pula, euro, pound sterling among others," he said, acknowledging the country's long-established parallel forex economy.
>
> Chinamasa was presenting a 66,500,000,000,000,000,000-Zimbabwean dollar ($A2.97 billion) government budget in both foreign currency and the local unit, amid world-record hyperinflation last officially set at 231 million per cent.
>
> Fees at state institutions such as hospitals and tertiary education facilities were listed in US dollars, while the country's power, water and state-run fuel utilities will also charge money in forex.
>
> A hospital visit for an adult will cost eight US dollars, a term at medicine school will cost 1,800 US dollars and a kilowatt of power is now charged at 98 US cents.
>
> The country's financial ruin adds to the chronic hunger and a runaway cholera epidemic, which has killed more than 3,000, faced by ordinary Zimbabweans
>
> Southern African leaders see a unity government as the best chance to rescue Zimbabwe and are pushing for Mugabe and rival Morgan Tsvangirai to share power by mid-February.
>
> But the opposition has yet to decide if it will join Mugabe who has ruled Zimbabwe since independence from Britain in 1980.
>
> Speaking on the sidelines of the World Economic Forum in Davos, Kenyan Prime Minister Raila Odinga suggested Thursday that the "dinosaur" 84-year-old should be offered a "golden handshake" to leave office.
>
> He also criticised fellow African leaders without the courage to tell Mugabe to leave and said the world should tell him "the time to go is now, we are ready to give you a golden handshake if you will quit."
>
> Mugabe has seen his reputation plummet from an African liberation hero to a despot who has ruined his once-prosperous country.

> The World Food Program in June estimated that 5.1 million Zimbabweans would need aid by January, but the actual figure has proved to be 35 per cent higher.
>
> "The economic situation has worsened more dramatically than we had anticipated," WFP regional spokesman Richard Lee told AFP.
>
> The agency is being forced to halve cereal rations given to hungry Zimbabweans so that all in need can receive aid, with food aid being distributed in every district in the country, Lee added.
>
> The UN's Office for the Coordination of Humanitarian Affairs (OCHA) also warned Thursday that, out of the country's 12 million people, only 480,000 have formal jobs, down from 3.6 million in 2003.
>
> "At close of 2008, only six per cent of the population was formally employed, down from 30 per cent in 2003," the agency said.
>
> Zimbabwe's economy has shrunk by more than 45 per cent over the past five years, leaving half of Zimbabwe's urban population relying on remittances from friends and family overseas, the report said (‘Zimbabwe's unemployment hits 94 per cent’ 2009, *The Canberra Times*, 30 January http://www.canberratimes.com.au/news/local/news/general/zimbabwes-unemployment-hits-94-per-cent/1420613.aspx – Accessed 1 September 2009 – Attachment 9).

Agence Presse France also reported in January 2009 that the unemployment rate in Zimbabwe at the end of 2008 was 94 percent:

> HARARE (AFP) — Zimbabwe's unemployment rate has spiked to 94 percent, meaning that fewer than half a million people in the country are formally employed, the UN's humanitarian arm said Thursday.
>
> "At close of 2008, only six percent of the population was formally employed, down from 30 percent in 2003," said a report from the UN's Office for the Coordination of Humanitarian Affairs (OCHA).
>
> Out of the country's 12 million people, only 480,000 have formal jobs, down from 3.6 million in 2003, the report said.
>
> "The most obvious indicator of the current decline is the staggering inflation rate," last estimated at 231 million percent in July, it said.
>
> The new data was contained in an appeal by OCHA for 35 agencies working in the country, seeking 550 million US dollars (420 million euros) to assist the 5.1 million Zimbabweans in need of food aid.
>
> The once-dynamic economy has shrunk by more than 45 percent over the past five years, leaving half of Zimbabwe's urban population relying on remittances from friends and family overseas, the report said.
>
> An estimated three million Zimbabweans have fled the country's economic and political instability, and are now supporting their families with both cash and food.
>
> "Importantly, in 2008 remittances from Zimbabweans in neighbouring countries -- South Africa, Botswana, Zambia, Namibia and Mozambique -- were in the form of food and essential household commodities, as well as cash," the report said.
>
> The economic collapse has also made it difficult for aid agencies to work in Zimbabwe, it added, citing high prices for supplies, troubles ensuring payment of salaries, spotty access to food for staff and fuel shortages.

> Adding to Zimbabwe's woes are consecutive years of drought and a land reform programme launched in 2000, in which some mostly 4,000 white-owned commercial farms were seized and redistributed to blacks.
>
> The scheme has punched a gapping hole in agricultural production, which once accounted for 40 percent of the economy, as most of the new beneficiaries lack both farming equipment and expertise ('Zimbabwe unemployment soars to 94%' 2009, *Google News*, source: AFP, 29 January http://www.google.com/hostednews/afp/article/ALeqM5imTkGEP84_3QTVcSGu_8W3YrP8wA – Accessed 31 August 2009 – Attachment 10).

According to the *New Zimbabwe* website, the then ZANU – PF government claimed in 2008 that unemployment was only 9%:

> ZIMBABWE'S Public Service, Labour and Social Welfare Minister stunned journalists at a press conference this week by declaring that unemployment in the country was 9 percent...and he was prepared to back it up!
>
> Paul Mangwana seemed to contradict all wisdom -- what economic commentators have predicted and what his colleagues in cabinet have accepted -- that Zimbabwe's unemployment rate is 70% and keeps going up.
>
> In fact, labour officials in the Zimbabwe Congress of Trade Unions (ZCTU) have in recent months been arguing that the rate of unemployment had surged to a record 80 percent.
>
> "Unemployment in Zimbabwe is pegged at 9 percent," claimed Mangwana. "These are the figures that were supplied to me by the Central Statistical Officer (CSO) and they are the same figures that I use.
>
> "It is an overstatement to say that unemployment in Zimbabwe is 70 percent. If that was the case then there could be no Zimbabwe to talk about. All the people would be dead because the 30 percent that is said to be employed cannot support the remaining 70 percent," Mangwana said.
>
> He added that the definition that is used when calculating unemployment only took into account those people who are formerly employed.
>
> He said Zimbabwe was now awash with self employed business people who would adjust the statistics downwards if they were taken into account.
>
> "In fact, a survey that is currently underway is revealing that there are employment opportunities in farming and do we need to go back to Malawi to look for migrant labour?" the minister confidently asked.
>
> The Central Statistical Office had for the past 4 years kept quiet when the 70 percent unemployment figure started doing the rounds and officials at the organisation were surprised that the minister had made such utterances at a time when evidence was clear that companies were winding up operations ('Zimbabwe fools no-one with 9% unemployment claim' 2008, *New Zimbabwe* website, 9 February http://www.newzimbabwe.com/pages/inflation23.12049.html – Accessed 1 September 2009 – Attachment 11).

The International Crisis Group discusses Zimbabwe's hyperinflation and the subsequent government decision to legally sanction the use of hard currencies in Zimbabwe:

> While formation of the inclusive government represents political progress, there is still a profound economic crisis that requires urgent measures. For several years, Zimbabwe had the highest annual inflation rate in the world, one that in 2008 had officially reached an inconceivable 231 million per cent. Hyperinflation wiped out savings, while falling production and inability to pay for imports have caused serious shortages of electricity, water, fuel and basic commodities. The Zimbabwean dollar became virtually worthless, and on 12 April 2009, the government announced that it had in effect replaced its use for at least a year, until the economy picks up, with the U.S. dollar and the South African rand. In January, it had already allowed foreign currencies to be legally used within the country, and it has itself been paying hard currency stipends to some civil servants. Until then, only licensed businesses had been allowed to deal in foreign currency, even though it had become common practice, and civil servants had been demanding payment in it for several months.
>
> These measures have had a profound effect. Inflation has been halted, and prices have declined slightly for several months. The IMF has commended the steps taken by the new government through Finance Minister Biti, including sounder fiscal and budget policies and the adoption of the multi-currency system. These developments have produced optimism across the political divide that the inclusive government is slowly setting the country on a long road towards economic recovery (International Crisis Group 2009, Zimbabwe: Engaging the Inclusive Government, Africa Briefing N°59, ICG website, 20 April, p.8 http://www.crisisgroup.org/library/documents/africa/southern_africa/b59_zimbabwe___engaging_the_inclusive_government.pdf – Accessed 21 April 2009 – Attachment 8).

Ongoing Seizure of White-Owned Farms

The Sydney Morning Herald reported in March 2009 that seizures of white-owned farms have continue, despite a Zimbabwean court ruling that such seizures were illegal. The report also states that Robert Mugabe has publicly supported the continuation of the seizures, in defiance of the courts:

> CHINHOYI: The Zimbabwean President, Robert Mugabe, has said that land seizures will continue, and the country's last white farmers should leave.
>
> Mr Mugabe was addressing supporters on Saturday at a celebration marking his 85th birthday in Chinhoyi, 100 kilometres north-west of Harare.
>
> "Land distribution will continue. It will not stop," Mr Mugabe said. "The few remaining white farmers should quickly vacate their farms as they have no place there."
>
> The party, which reportedly cost about $US250,000 ($390,000) - modest by Mr Mugabe's standards - was held as Zimbabwe's new unity government failed to secure financial aid to rescue the collapsed economy.
>
> Zimbabwe faces the world's highest official inflation rate, a hunger crisis and a cholera epidemic that has killed nearly 4000 people since August.
>
> Mr Mugabe, who turned 85 on February 21, has ruled Zimbabwe since independence from Britain in 1980. He was recently forced to enter a coalition government with his longtime rival, Morgan Tsvangirai, who was made prime minister.
>
> Mr Tsvangirai was a conspicuous no-show at Mr Mugabe's celebrations. Last week he had said he would attend in the spirit of national unity. However, a spokesman said on Saturday that Mr Tsvangirai had decided not to attend as he considered the event a "private" affair of Mr Mugabe's party.

> The early weeks of power-sharing have not been smooth. There have been squabbles over cabinet positions and the continued arrest of opposition political activists.
>
> "I am still in control and hold executive authority, so nothing much has changed," Mr Mugabe told a crowd of about 2000.
>
> There has been a recent surge in reported "invasions" of white-owned farms, with one support group saying at least 40 white farmers have been forced off their land since January.
>
> Last year, a regional court ruled that 78 white Zimbabweans could keep their farms, saying the Government's land grab policy was racially motivated.
>
> On Saturday, Mr Mugabe called the ruling "nonsense" and said it was of "no consequence". "We have our own laws which govern our own land issues," he said ('Go now, Mugabe tells white farmers' 2009, *The Sydney Morning Herald*, 2 March http://www.smh.com.au/articles/2009/03/01/1235842248376.html – Accessed 31 August 2009 – Attachment 12).

The Institute for War and Peace Reporting claims that the seizure of white-owned farms is likely to continue, despite Prime Minister Morgan Tsvangirai's publicly stated opposition to the seizures:

> The few white farmers who are still on their land in Zimbabwe are unlikely to feel any more secure under the new all-inclusive government if President Robert Mugabe and his followers have their way.
>
> The vexed question of land ownership is still at the forefront of Zimbabwean politics, with Mugabe and his prime minister, Morgan Tsvangirai, at odds over procedures, though evidently agree that British prime minister Gordon Brown should be pressed to "honour Britain's obligations" and fund land restitution.
>
> Mugabe, ignoring the so-called global political agreement, GPA, reached with Tsvangirai's opposition Movement for Democratic Change, MDC, which calls for an end to land seizures, has vowed that they will continue.
>
> Tsvangirai, by contrast, has demanded that land grabs be halted immediately and has called for an audit of the country's land to ascertain who owns what, to eliminate multiple ownership and ensure security of tenure for all farmers, black and white. Critics believe the land grab has benefited only the president's cronies and peasants who support Mugabe's ZANU-PF party.
>
> The ambiguities of the power-sharing deal gives the wily octogenarian plenty of scope for obstruction and for outmanoeuvring his tactically far less astute rival.
>
> In forging ahead with the land grab Mugabe argues that certain "salient principles" must be observed by the new coalition government, one of which is ownership of natural resources, which, he says, was the central issue of the liberation struggle which brought independence in 1980.
>
> "Zimbabwe belongs to Zimbabweans," the president said recently, a clear indication that he and his party will block any attempt to reverse the country's disastrous land reform programme. "Land distribution will continue," he told his supporters in the farming town of Chinhoyi on February 28.

Mugabe spoke as "veterans" of the 1970s war against white minority rule in the former Rhodesia continue to evict the remaining 250 of the country's original 4,500 commercial farmers. The veterans have demanded land they say was stolen by the British from their forefathers in the 1890s. In recent weeks, the government has bussed hundreds of families on to farms served with confiscation orders and there have been fresh invasions of other land. Mugabe says he plans to move more families on to the remaining expropriated farms, all of them white-owned commercial farming land.

"The few remaining white farmers should quickly vacate their farms, as they have no place there," Mugabe said. "I am still in control and hold executive authority," he added, making it clear that he is disinclined to compromise with his enemies over the land grab.

Tsvangirai has demanded a halt to what he calls the "wanton disruptions of productive farming activities", charging that they may cost the country more than 150 million US dollars in lost production.

"Those that believe that they can move onto a viable farm and steal the crops that are about to be harvested are wrong," Tsvangirai said.

"In our culture, as in our law, you cannot reap what you have not sown. In the GPA, we have committed ourselves and our parties to recognising that all land is used productively in the interests of all the people of Zimbabwe. A farm is a business that should provide food for our nation, revenue to our economy and employment for our people" (Sithole, C. 2009, 'No Respite for White Farmers', Institute for War and Peace Reporting, 19 March, http://www.unhcr.org/refworld/docid/49c745ae1e.html – Accessed 31 August 2009 – Attachment 13).

The Emergence of a White Underclass

The following report was also produced by the *Institute for War and Peace Reporting* and was sourced from a Namibian website. The extract discusses the growth of the phenomenon of a post-independence white underclass in Zimbabwe and its expansion since the land seizures began:

A University of Zimbabwe sociologist, who preferred not to be named, told IWPR, "In Rhodesia whites generally were a privileged class. It was impossible to see a poor white person because of a philosophy of 'esprit de corps'. If one white man hit hard times the others would come to the rescue. They had an elaborate set of homes for all sorts of people where the poor ones were either hidden or rehabilitated.

"Since independence this system has broken down, firstly because the new order saw it as discriminatory but, secondly, because the rich whites became fewer and fewer as they either emigrated or saw their fortunes wane as the Zimbabwean economy began to falter in the 1990s."

The number of poor whites began to increase at the turn of the millennium, mainly with the advent of Mugabe's land reform programme, in which vast swathes of commercial agricultural land were confiscated from white farmers.

"Most of the poor whites we are seeing on the streets of Harare used to live on farms where they were employed, [largely] to supervise black labour," said the sociologist. "Most of them are of limited education and therefore cannot stand on their own. So when the white commercial farmers who supported them were chucked off the farms these white guys found themselves destitute."

Indications are that there are more poor whites than are generally evident on the streets. "Most of them are fiercely proud and would rather remain destitute in their homes than be seen on the streets," continued the sociologist. But at a shopping centre in Eastlea, just outside Harare's central business district, the evidence is stark. Five destitute white men, aged between thirty and sixty, have thrown pride and caution to the wind and beg openly.

…"Every civilised country should have a sort of safety net for its poor, regardless of who they are," the Harare journalist told IWPR. "But Robert Mugabe has created a strong anti-white sentiment that is loudly-hailed everyday in the public media to the point where, in the end, it seems the only poor people are black."

He said that non-governmental organisations also tended to pander to the myth, continuing, "They think food aid should only be for blacks in rural areas or underprivileged black communities in working class suburbs. But we have a huge crisis in predominantly Coloured areas and areas formerly preserves of the white population (Unendoro, B. 2007, 'Poor Zimbabwean Whites Hit Hard Times', Institute for War & Peace Reporting, 16 January http://www.iwpr.net/?s=f&p=acr&o=e7c80cd1aea46f3ae3da62eae1741a57&apc_state=henl – Accessed 3 September 2009 – Attachment 14).

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