

# **Blood from Stones: Ali Mugabe and the 40(0)(0) Thieves**

## **Elites and the Destruction of Zimbabwe's Economy**

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*Comments invited. Not for quotation*

### **Introduction**

In mid-2009, Zimbabwe's economy has deteriorated from being one of Africa's strongest to one of the world's worst. It currently is in a condition where it can only be described by a set of stylised but unrivalled negative indicators:

- the world's worst rate of hyperinflation—estimated at more than 230 million per cent when the government last issued official figures in mid-2008, but even then knowledgeably reckoned to be nearer a quintillion per cent (*Business Day* August 22 2008)<sup>1</sup>;
- a currency, recently effectively abandoned, that declined in relative value by 13-15,000 per cent a day and where the largest banknote—100 trillion dollars—would purchase only a few loaves of bread, if any merchant would accept it;
- unemployment and poverty levels of more than 90 per cent, with a quarter of the population outside the country seeking work, food or healthcare;
- life expectancy, now the lowest in the world, has halved since independence in 1980;
- cholera, normally not an epidemic disease, is known to have infected some 100,000 people—with a reported death toll well above 4,000—probably only a third of the true number (Bell 2009a; GOZ/WHO, April 10, 2009);
- overt starvation is common<sup>2</sup> and up to 75 per cent of the population requires food aid (BBC, February 24, 2009);
- and the lowest real growth rate of GDP in any independent country not at war.

This list of indicators could be extended indefinitely if the full pathology of a country in deep distress were to be characterised. Practically every gauge of the health of an economy that was once so promising—the quality of education, coverage of health services, levels of agricultural production, exports, international debt, national security, supplies of fuel, food and power—reveals deep decline and points toward continuing deterioration.

The question that needs to be asked is: How did it come to this?

At one time it was said that Zimbabwe's cabinet had a higher proportion of PhDs among its members than any other country in the world. How, with all it had going for it, with such intellectual leadership, could Zimbabwe have sunk as far as it has? This paper attempts to

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<sup>1</sup> Inflation has subsequently been estimated at 5.77 trillion per cent (in October 2008), 89.7 sextillion per cent (in November 2008) and 6.5 quidecillion novemdecillion per cent (65 followed by 107 zeros) in January 2009, which implies the cost of living doubling every 24.7 hours. The data come from economist Steve Hanke, who has devised the HHIZ—the Hanke Hyperinflation Index for Zimbabwe (see [www.cato.org/zimbabwe](http://www.cato.org/zimbabwe)).

<sup>2</sup> Historian John Iliffe (1990) concluded that there was no evidence that there had ever been a death from starvation in Rhodesia prior to 1960. By late 2008, reports of deaths from starvation in hospitals, prisons and rural areas in Zimbabwe were commonplace. (See, for example, Maingire (2008), Muleya (2005), McGreal (2008a), *The Harare Tribune* (2008a, 2008b), *The Standard* August 9, 2008, and Sachikonye (2003).)

provide at least partial answers to these ‘how’ questions through an examination of, first, the expansion and extension of elite groups—through both intended and unintended mechanisms—over time and, second, the mutually interactive roles of these different elite groups in seeking sometimes disparate, sometimes similar—but always narrow—objectives.

It should be appreciated that any study of the elite in contemporary Zimbabwe is inevitably also a study of corruption. It thus follows that much of the argument is inherently difficult to support through systematic reference to concrete evidence. This difficulty is compounded by the fact that foreign journalists have been banned from Zimbabwe for some time, and there are far fewer academic researchers in the country now than in the past. I must therefore acknowledge that the reportage, personal information and anecdotes that shape my interpretation may or may not be representative.

### **Elites and Economic Decline in Zimbabwe**

Recent explanations of Zimbabwe’s downturn have tended to focus on one of two sets of factors.

The first of these is what might be considered the ‘official’ version. According to this perspective, articulated universally by politicians in the Zimbabwe African National Union—Patriotic Front (ZANU-PF), the party that ruled Zimbabwe for 28 years—and especially by the Governor of the Reserve Bank (Gono 2008)—all of Zimbabwe’s woes stem entirely from the sanctions imposed primarily by the United States and the European Union, plus a number of other countries. This view, however, ignores the fact that the sanctions imposed are selective, and targeted at some 40 companies (the first number in my title) linked to the political elite and some 400 individuals (the title’s second number) who are considered to have profited most from the misrule of the formerly dominant ZANU-PF. This perspective is in addition atemporal since it ignores the fact that economic decline was well under way before sanctions were imposed.

It also, as one reviewer of Gono’s book notes, requires the acceptance of some rather novel stretching of the concept of ‘sanctions’ (Robertson 2009a):

This word has to be redefined to mean any response from abroad that is not wholly supportive of ZANU PF-policy decisions, that does not respect the sovereign rights of the party's leadership to choose any policies they wish, or that shows an unwillingness to completely overlook Zimbabwe's failures to fulfil contractual obligations.

This means that if any government, donor agency, international bank or development institution finds that it is not in agreement with ZANU PF policy objectives, or is agitating for long-overdue debt repayments, or is dismayed by the conduct of party officials, that body can be accused of imposing sanctions.

And if any lender expresses concern that new loans to Zimbabwe might not be repaid, and therefore sets tough conditions or refuses to lend Zimbabwe the money, it too can be accurately accused of imposing sanctions.

These sanctions, Gono claims, are a form of economic terrorism, the purposes of which are to effect regime change and to sabotage ZANU-PF’s strenuous efforts to provide development and to overcome the evils of colonialism. According to Gono, Zimbabwe's state of collapse is nothing about which Zimbabweans should be embarrassed, as it is wholly the fault of those who imposed the sanctions.

There is also an ahistorical slant to Gono’s interpretations. The Rhodesian state experienced universal sanctions—except for support from South Africa—for many more years than

Zimbabwe's current selective sanctions, and yet it managed to build and sustain a strong economy. The question has then to be asked: What is ZANU-PF doing wrong? Zimbabwe still has the support of South Africa, as well as all her other neighbours. The borders are open, so trade is easy. Considerable amounts of aid have flowed in. Why then hasn't Zanu-PF built a strong economy? Why hasn't the government used import substitution to strengthen local manufacturing? Why aren't farm exports booming?

There are other threads to this official version of decline, apart from the claimed sanctions and their 'devastating' effects on the economy. For example, shortages that 'forced' people into rent-seeking behaviour and to search for opportunities that involved gambling on price, exchange rate and market movements are one of these; yet another is 'recurring droughts', which are also blamed for the low agricultural production figures.<sup>3</sup>

All of these elements of the official version share one common characteristic however—whatever problems beset Zimbabwe, they are not the responsibility of ZANU-PF. It is as if Zimbabwe's political elite are saying they were not in charge for the past 28 years. Instead, resort is made to the classical approach of apportioning blame for the country's woes on factors and forces beyond the party's control.

A second set of explanations for Zimbabwe's persistent descent centres on the mental and moral profile of a single man—the country's President, Robert Mugabe. Indeed, three volumes out in the past year (Holland 2008, Nemavhandu 2008, Norman 2008) seek to explain much of what has happened in Zimbabwe as the consequences of the twisted psyche of the country's president. Such interpretations undoubtedly sell books these days, as indeed does the mere act of putting Mugabe's name in a title. But such explanations place far too much emphasis on the central role of one individual and far too little attention to the supporting roles played by the body of elites that has flourished in the absence of almost any restrictions on their growing political and economic power.

Undoubtedly Mugabe has been a pivotal figure. His failure, for example, to ensure enforcement of the much-talked-about leadership code proposed in the early 1980s sent a clear message to elites, both existing and aspiring. Similarly, his silence in those cases where high government officials were charged or actually convicted of criminal offences involving corruption conveyed the same meaning. Nevertheless, relatively speaking, far too much media attention has been aimed at Mugabe the man, and at his wife Grace, and far too little systematic scrutiny has been directed to the small army of the elite—estimated at some 4000, the third number in my title—whose great interest has been in ensuring at any cost that Mugabe remains in power.<sup>4</sup>

Who, or what, are the *elite*? The Middle English/French origins of the word lie in democratic notions and point to individuals who have been elected to office, or *chosen*. Contemporary usage appears to have abandoned the democratic underpinnings and refers mainly to the choice or best of anything considered collectively, such as of a group or class of persons, or persons of the highest class. In the sphere of political economy, the term has come to be used

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<sup>3</sup> For a rebuttal of the argument that droughts are the cause of economic decline, see Richardson (2007).

<sup>4</sup> A recent interpretation in Harare has it that Mugabe is no longer in control. Propelled by the mood of desperation gripping the inner circle surrounding the President, there is said to be a parallel government, some say a 'third force', seeking to ensure that the elite do not lose the wealth they have acquired nor become accountable for the way they acquired it. A 'venerable' ZANU-PF politician recently interviewed surreptitiously by an Australian journalist, defined Mugabe's problem as the fact that he has indulged his cabal of supporters for 50 years: 'He cannot dump them and he cannot discipline them' (Skelton 2009).

to refer to a group of persons exercising the major share of authority or influence within a larger group. In this sense, sub-elites are often indicated by an adjective, such as in *the power elite* or *the economic elite*.<sup>5</sup>

It is widely recognised that elites play a crucial role in shaping development processes. Their influence in politics, business, government, the legal system, the media and intellectual communities strongly influences the direction of political, economic and social activities. Where the preferences of elites are closely aligned with the national interest, development outcomes can be very positive. The state may prosper, and the rising tide is likely to lift all boats. When the preferences of elites are defined in narrow, self-interested terms, however, extensive predation by elites—‘sucking blood from stones’—becomes the dominant behavioural mode, and one that is likely to lead to major development failures. It is argued that the alignment of preferences of Zimbabwe’s elites falls into the second case.

### **A Brief Sketch of the Evolution of Zimbabwe’s Contemporary Elite**

The first task of the paper is to outline the broad trajectory by which Zimbabwe’s contemporary elite rose to political and economic prominence.

The struggle for independence had already begun a process of radically restructuring the social relationships that had previously characterised black society in what was to become Zimbabwe. Whereas the first *chimurenga*<sup>6</sup> at the end of the 19<sup>th</sup> century had been led by respected elders, the second *chimurenga* in the 1960s and 1970s made major use of young guerrillas and incorporated the concept that the older generation was often the most resistant to revolutionary change. The civilian organizations established by the guerrillas to cater for their logistical needs were divided into separate wings for *youth* and for *parents*; and this divisional structure laid the basis for young people to challenge the authority of their elders (Kriger 1992).

Most guerrillas were young, single and of low social status, and young people in rural areas could easily identify with them. Importantly, these youth used the power they acquired through their support organizations to challenge parental authority and control over their lives. As Kriger (1992, 183) notes: ‘Youths’ challenge to the parents was summed up in their assertive claim: “We are not your children. We are the sons of Zimbabwe”.’

Those who served in these civilian youth organizations were known as *mujibas*, and it is difficult to imagine a group further from elite status. Indeed, one interpretation of the youth wing is that the members were anti-elite. While the youth organizations provided a role for the downtrodden and those of low status in Zimbabwean society, this role appears to have been frequently used to settle old grievances or exact retribution for a sense of relative deprivation. As a black civil servant quoted by Kriger (1992, 184) observed:

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<sup>5</sup> I am indebted to the electronic version of the Random House *Webster’s Unabridged Dictionary* (1999) for these clarifications.

<sup>6</sup> *Chimurenga* is the Shona term adopted for the stage of the liberation struggle characterised by armed conflict, literally fighting in which everyone joins. The third *chimurenga* was said to have begun with the invasions of white-owned farms in 2000. There are three different interpretations of what the fourth *chimurenga* might be. One is that it will do to mining, industry and the remaining private sector what the third did to agriculture—take them away from whites and give them to the black elite (Rushwaya 2004). Another is that the genuine war veterans being displaced from land given to them to make room for President Mugabe’s friends and family will refuse to accept this betrayal and rise up and take the land back from the usurpers (*The Daily News* 2003, Grundy 2004). A third interpretation is that destitute citizens are not so preoccupied with survival that their memory of—and sense of entitlement to—a better life is erased, and the country’s appalling conditions might stir a fourth *chimurenga*, which will bring down Mugabe and his ruling party (Power 2003).

The *mujibas* were very poor. They usually came from the fifth class in African society. They had no cattle or animals of any kind. They were essentially implementing vendettas against rich people in the community. Class one are businessmen; class two are employed people—teachers<sup>7</sup> and government officials; class three are people with cattle and a plough; class four are people with cattle but no plough; class five are people without any animals.

More than three decades later, youth are still being exploited for political ends. Now, however, the power bestowed upon the youth is being used not to promote revolutionary ideals, despite considerable rhetoric claiming it is, but rather to preserve the privileged position of the elite. In response to growing challenges from other political forces, the ruling ZANU-PF and its elite allies have commonly used violence as a tool since the country gained independence in 1980. The main perpetrators have been ZANU-PF supporters, the so called ‘war veterans’, youth militia and state security forces, including the police and the army (Human Rights Watch 2008). With the devastated economy, there are virtually no prospects for employment for young people who failed to finish, or never went to, school. Often induced by drugs, alcohol, and token payments, and trained in such socially useful skills as how to construct firebombs and set up roadblocks, the ‘Green Bombers’, as the youth militia came to be known (because of the colour of their uniforms) became notorious enforcers of party discipline and state authority.<sup>8</sup>

Outlining the measures taken by Mugabe that led to the destruction of the economy, Power (2003) remarks that he may be remembered less for his accomplishments in improving education in the 1980s than for creating the Green Bombers, the youth militia that emerged from the National Youth Service Programme. Introduced after the ruling party's weak showing in the 2000 parliamentary elections, more than 50,000 Zimbabweans aged 10 to 30 have passed through the training programme. The youth academies initially advertised themselves as offering training in job-related skills—agriculture, construction, and other occupations—that promised to elevate prospects of the young. They however quickly transformed into a paramilitary and indoctrination enterprise.

Many enrolled reluctantly, because they knew they had no chance of finding work otherwise. Preference was given for places at university, at teacher and nurse training schools, and in the civil service for those who could show they graduated from a youth academy. Clad in their green fatigues and red-and-green berets, those graduates who become Green Bombers vandalised opposition offices, harassed Zimbabweans waiting for food, seized whites' farms, confiscated newspapers, and intimidated voters and candidates. Above the law, they are also said to have killed, raped and assaulted at will (*The Zimbabwe Standard*, November 1, 2008).

And while their aspirations to join the political elite may not have been fully realised, evidence unearthed through questioning by opposition parliamentarians on the use of the youths by government during the 2008 elections shows that many of the Green Bombers were rewarded with the prize sought most by the elite—to be paid from public funds for doing nothing. Most of the youths in the militia had been promised jobs by ZANU-PF as a reward for enrolling. Uncharacteristically, in this case ZANU-PF appears to have kept some

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<sup>7</sup> Teachers are perhaps the one part of the old elite that has suffered most displacement in terms of status in recent years. The political elite deliberately sought to limit the influence of the trained and experienced corps of teachers, especially those identified as supporters of the opposition, and subjected them to violence and abuse, driving many from their schools and replacing them with untrained military personnel (IRIN 2009a).

<sup>8</sup> The National Youth Service Programme, according to the government, is aimed at training youths to be good citizens and to take part in community service initiatives (Human Rights Watch 2008).

of its promises. Two months into the new coalition government an estimated 29,000 youth militia members loyal to ZANU-PF were revealed to be still on the government payroll. Up to 14,000 youths were still listed under the Public Service Ministry, while another 15,000 fell under the Women's Affairs Ministry. With monthly allowances for civil servants set at US\$100, some three million US dollars is being spent monthly on paying youths whose prime mandate was to terrorise opposition activists (Guma 2009a). Many youth militia were also absorbed into the current police force.

The *mujibas* were at the bottom of the organizational hierarchy that was pursuing the goal of independence and escape from white minority rule. Immediately following independence in 1980, the country inherited a self-appointed political elite—the leadership of the revolutionary struggle, most of whom had been in exile in neighbouring states—or elsewhere—for many years. Thus the most politically visible elite status initially was attained through close association with a relatively small paramilitary clique that led the freedom fighters from outside the borders of what was then Rhodesia.<sup>9</sup> In later years, many were to lodge spurious claims to such an association simply because it was seen as providing the necessary entrée to the ranks of the elite or, a more direct benefit—access to a system of financial compensation available only to war veterans.

Since independence, Zimbabwe's war veterans have been both abused and abusers. For 17 years, the government ignored the plight of many veterans who had been impoverished or disabled by the war. Having served their purpose, they were simply forgotten by the political elite. The war veterans became a new political force in 1997, however, when they shouted Mugabe off a platform and forced monetary concessions from the President that the country could not afford. Arguably at this point the war veterans were merely seeking validation, some redress for their sense of grievance; but collectively they acquired a new identity as an instrument of the party-state. Having thus purchased their loyalty with public funds, ZANU-PF thereafter tended to use the war veterans as shock troops whenever intimidation was required. The war veterans, many of them not genuine fighters for the liberation of Zimbabwe, became a militant support base for President Mugabe. They have committed crimes and other acts of lawlessness with total impunity. They have invaded businesses and threatened to seize them for reallocation to blacks. They have also invaded courts, threatening those judges perceived to be sympathetic to their opponents.

Indeed, the 'war veteran' identity acquired a certain cachet when the party wanted actions carried out with a populist appearance. For example, many of the war veterans implicated in the political violence and abuses surrounding the 2008 elections were believed to be individuals hired by the government to commit abuses under the guise of 'war veterans'. Certainly many were too young to be genuine war veterans or to have fought during Zimbabwe's liberation struggle in the 1970s (Human Rights Watch 2008).

Similarly, the war veterans were mobilised for the invasion of white- (and black) owned farms beginning in 2000. One Joseph Chinotimba, a former municipal policeman in Harare, took advantage of the confusion and chaos of the farm invasions in 2000 to worm his way into the leadership of one faction of the war veteran community and to amass wealth for himself.<sup>10</sup> The self-proclaimed leader of the nine-year-old land invasions subsequently

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<sup>9</sup> Not that elite status was equitably distributed among the freedom fighters, either prior to or after independence; this theme is expanded below.

<sup>10</sup> Despite his position in the war veterans' association, however, Chinotimba is said not to have participated in Zimbabwe's war of liberation.

cemented his position among the elite by becoming a businessman. He has unsuccessfully attempted to build a political career on the basis of his claimed status as a war veteran but has twice been rejected at the polls in two different constituencies (in 2005 and in 2008) (*The Zimbabwe Times*, May 30, 2009).

Despite holding no elected political office, Chinotimba nevertheless asserts alleged positions of his association that intrude into the realm of national policy and invariably support ZANU-PF's position, indeed sometimes act as a crude spearhead for ZANU-PF's as-yet unstated stance.<sup>11</sup>

It was also possible to buy into the ranks of the elite. Essential to this route of entry was unswerving and frequently demonstrated loyalty to ZANU-PF and financial contributions to causes close to the party's heart. A history of service to the liberation struggle was not therefore absolutely essential.<sup>12</sup>

And entrance into the ranks of the elite brought with it opportunities to profit from membership in the club. Some of these opportunities arose, as they do everywhere in the business world, from valuable information gleaned from a wider and more knowledgeable network of 'connections'. Others came simply from the welcome removal of implicit or explicit racial barriers across the economy. Still other opportunities, however, surfaced solely in the context of chances to misappropriate resources—both public and private—and redistribute them within small, clandestine networks of elite.

Many of the practices that quickly emerged would be automatically defined as corruption in most societies. Zimbabwe's inveterate politicians, however, see them as the legitimate exercise of their given right to use their supremacy to retain power. But, while they demand recognition for releasing Zimbabwe's population from colonial oppression, for years they have shown complete indifference to accusations that they became much more severe oppressors. To them, their past efforts gave them an absolute right to be leaders in perpetuity and this entitled them to ensure their political survival by any means necessary (Robertson 2009b).

At independence, the leadership espoused the highest ideals, which they formalised in a much-vaunted leadership code; the same leaders made much of the inviolate civil rights they conferred upon the population. However, they soon began to display a severe disinclination to be subject to equitable distribution of wealth and equally reluctant to recognise the rights of others. As the party hierarchy became progressively more deeply entrenched in dubious activities, unwritten provisos became apparent: in the exercise of their own rights, the officials were answerable to nobody, and if a challenge seemed likely to undermine their absolute power, the challengers should expect to be ruthlessly put down (Robertson 2009b).

To appreciate how the elite system in Zimbabwe works, and the interaction between money and politics, one has to begin with the fact that ZANU-PF is more than just a political party. The party owns two holding companies, one set up even before independence in 1980 and the other immediately afterwards, through which the party has a vast range of interests. In effect,

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<sup>11</sup> For example, Chinotimba has threatened to renew the evictions of white farmers from their land if the Movement for Democratic Change (MDC) insists on the removal from office of the governor of the central bank.

<sup>12</sup> Indeed, one of Zimbabwe's largest property magnates, and a major supporter of ZANU-PF enterprises, actually served in the Rhodesian forces.

these companies allow the party to take a share in a whole range of enterprises set up in Zimbabwe. They also allow key members of the political elite access to its profits, though how much goes to whom is not a public fact. They are also believed to be particularly useful to ZANU-PF high-ups who want to move foreign exchange in or out of the country.<sup>13</sup> One dimension that is hard to evaluate at present is the extent of the ZANU-PF elite's involvement in the 'blood diamonds' currently being dug in the eastern part of the country.

The way in which Robert Mugabe and his inner circle have used state resources to accumulate massive personal wealth is also detailed in an investigation by Transparency International. On the one hand, they achieved this by siphoning public assets through one of the party's holding companies and its subsidiaries. On the other, the modus operandi involved a web of nepotism and British, South African, Persian Gulf, European and Israeli finance and companies, and the use of Zimbabwean political and military muscle, notably in the Democratic Republic of Congo (Nxumalo 2002).

As in most countries, Zimbabwe's political, social and economic structure can be conceptualised as a pyramid, albeit one with a very wide base. Extending the pyramid analogy, there is a single capstone at the top, but with each descent to a next lower tier, the number of supporting stones increases geometrically. Corruption in Zimbabwe appears at first to have been concentrated in the very small, top tiers of the pyramid, the *crème de la crème* of the elite, but there was little discretion in the lifestyles of this early group of elite to conceal the fact that they were reaping benefits far beyond those possible from their public or private sector salaries. Ostentatious consumption by those at the top led to cries from the larger group on the next tier down—'What about us?' With the goals of preserving access and the appearance of political coherence, such challenges were almost always met by an expansion in the opportunities for corruption and in the numbers benefiting.<sup>14</sup> Thus, over time, the original 40 thieves of the political elite grew to the 400, which included the corporate personifications of the first 40 as well as new ventures facilitated by changes in institutions and legal structures. More recently, as such changes have become more extensive and as farms have been widely expropriated and redistributed to the politically favoured, the 400 have become the 4,000.<sup>15</sup>

All those who could exploit their attachment to the elite aimed to become financially secure. Their hopes were that they would never actually have to work again. Those at the top who appeared to have succeeded however bred envy and greed in the others lower down. ZANU-PF thus had to keep looking for new expropriation possibilities to satisfy rising demands (Robertson 2009b).

The activities in which the politically well-connected could engage with impunity soon attracted increasing numbers of opportunists. Claiming equal rights to privileges because of their contributions to the liberation struggle or their close ties to party officials, they looked for ways to exploit the party's authority. At first, their numbers were manageable and so were

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<sup>13</sup> For a more detailed elaboration, see *Inside Zimbabwe Inc.* in *Focus* 19, September 2000 [published by the Helen Suzman Foundation].

<sup>14</sup> Transparency International notes that corruption was rife in the public sector in the early 1980s, and that it grew and expanded from there into the private sector and civil society as well (Transparency International 2007).

<sup>15</sup> There have recently been tensions between the political elite and the war veterans because the former have been ousting the latter from farms they had been given following the land invasions that began in 2000. (See, for example, *The Daily News* 2003.) But there have also been tensions within the elite, as those nearer the top of the pyramid have seized farms from the less-favoured further down (For one example, see Mafaro 2009).



their demands. They were soon linked to various financial transfer mechanisms and most appeared to be content with the recognition and their shares of the rewards. But their successes attracted more contenders, generating the need for more rewards. Politicians who could manipulate financial matters were pressured to see that claimants' demands were met and their successes developed into generalised claims that all loyal supporters deserved equally generous treatment (Robertson 2009b).

Considerable creativity was required to meet the growing demands. Transfer procedures had evolved into entitlements, and the corruption became institutionalised. As the first decade of independence passed into the 1990s, allocations of rationed foreign exchange, backed by import licences, were given to many favoured individuals, while others were authorised to charge for the use of their rubber-stamps as businesses were forced to comply increasingly with contrived regulations. Government contracts and valued sinecures were given to others, but as taxpayers were already being taxed to the point of diminishing returns, the party had to keep thinking up other schemes to bring in more revenue, or to collect it sooner. Early in this process, the party-state increased taxes, duties, fees, levies and licence charges in their efforts to keep pace, and it also drew heavily on donor support. However, it soon had to devise new ways to increase its revenue stream, so it chose to skim from corporate and personal incomes and savings to close the widening gap (Robertson 2009b).

Taxes on profits earned were converted into advance payments on expected profits and penalties for inaccurate profits forecasting were imposed, but hidden and more pernicious taxes took effect through exchange controls and the imposition of exchange rates that had no bearing on market rates. When decisions were made to intervene directly in the setting of interest rates, the party launched its campaign to blatantly siphon the nation's savings into its own coffers. By paying interest at a very small fraction of the rising inflation rate, the elite stripped away the bulk of the capital held by banks, pension funds and savings institution. They spent on consumption the capital on which development depended.

When, however, the import allocations that had sustained thousands of the elite were brought to an end, they responded with demands that ZANU-PF keep its liberation promises of free land. When the so-called land reform programme was launched in 2000, it became the most disruptive of the wealth-transfer processes; and it focused the most destructive forces directly on production. What followed was the confiscation and reallocation of commercial farmland in the name of sovereignty and birthright, but what actually happened was a set of multiple realities. On the one hand, enough land was redistributed to war veterans and aspiring small-scale farmers that Zimbabwe could claim to be addressing equity concerns through land reform. These endeavours however merely provided the camouflage behind which took place the asset-stripping and looting of the premises of more than 4,000 farming enterprises and the homes of their 350,000 employees. The land taken has produced very little ever since, which is the explanation why Zimbabwe has been a net recipient of food aid in every year since the start of the radical land redistribution. And the food aid programmes themselves were distorted into wealth-transfer processes and instruments of political control.

When vital tax and export revenues also became casualties of land reform, new rounds of increases in taxes, fees, licence charges and levies were needed, and government became a much more aggressive tax collector. But what was involved were Zimbabwe dollar sums and when things got really tough, more Zimbabwe dollars were simply printed. A far more serious problem was foreign exchange. For senior members of the elite, this problem was easily solved: they were given the exclusive privilege of highly attractive exchange rates. While ordinary citizens were paying a billion Zimbabwe dollars for a loaf of bread, senior

ZANU-PF officials could buy a US dollar for Z\$30,000. So, to them, a brand new, duty-free, luxury motorcar could be bought for the price of two loaves of bread (Robertson 2009b).

While the state could afford a certain amount of 'leakage' due to a small corrupt elite at a time when the national economy was strong, the simultaneous weakening of the economy while the number of predators among the elite was growing steadily would eventually prove to be unsustainable. Indeed, it can be argued that the capture of national resources by an expanding predatory elite has completely crippled Zimbabwe's economy.

With the transition to the so-called inclusive government in February 2009, the established elite have been doing everything in their capacity to retain their accustomed power and privileges. At the same time they are also making every effort to conceal the routes by which they acquired their wealth. For example, the director of Transparency International Zimbabwe (TIZ) reported recently that the organization is being threatened by powerful politicians and security agents who want to stop investigations in the public service, where tip-offs had been received pertaining to corrupt activities, including the issue of ghost workers (RadioVOP, April 3, 2009). TIZ was reported to have received numerous corruption reports, mainly from the Reserve Bank and the public service, indicating that the public service has thousands of ghost workers who are costing the bankrupt government huge sums of money.<sup>16</sup>

### **Framework and Sources**

There are numerous models that a paper on the Zimbabwean elite can build upon. Relevant concepts of elite behaviour, for example, can be drawn from Africa-wide perspectives (e.g., Herbst 2000) and the 'greed and grievance' literature (e.g., Collier & Hoeffler 2001; Chauvet, Collier & Hoeffler 2007) as well as a number of Zimbabwe-specific analyses of state-making and post-independence transformations including, among others, Campbell's (2003) examination of how the priorities of the political elite have led to political and economic retrogression, Dashwood's (2000) study of the elites' declining commitment to the welfare of the poor, and the studies in Raftopoulos and Savage's (2004) collection on social polarization and the reversion to coercion and authoritarianism in political life. Because the primary focus here is to flesh out the details of a case study, however, theoretical and comparative underpinnings are omitted in the interests of brevity.

As for empirical content, it will be appreciated that systematic reference to evidence is difficult to provide. Although details of corruption and abuse of position are inherently obscure and difficult to document, this does not mean that we should not talk about them. The paper attempts to trace the consequences of elite behaviour in Zimbabwe by providing necessarily crude estimates of selected social and economic costs of the current decline. In order to do so, heavy reliance is inevitably placed upon the mass media, ephemeral accounts and the growing body of reports emanating from human rights groups, nongovernmental organisations and similar bodies.

The vehicle chosen for the examination of the effects of elite behaviour is the current cholera pandemic. This particular facet of Zimbabwe's contemporary economy has been selected for several reasons. First, it provides a very revealing picture of the disintegration of the health system and of the state of social welfare. Second, it shows clearly the outcome of elite folly<sup>17</sup>

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<sup>16</sup> Donors are reported to have called for an audit in the public service if they are to fund civil servants salaries.

<sup>17</sup> I use *folly* in the same sense as historian Barbara Tuchman, who employed the term to characterise the stubborn continued pursuit by governments of a course of action when the adverse outcome, in terms of self-

and the indifference of the elite to any interests but their own. Third, because the pandemic stage of cholera spread so rapidly and so extensively, it temporarily blew the cover off the attempts of the government to repress what it considered information that would reflect negatively on its conduct.

In a paper of this scope it is impossible to address two other critical sectors where elite behaviour has had such adverse consequences—agriculture and mining/industry, but it is intended to incorporate these in a subsequent revision. A small comment is included later however to indicate something about the consequences of elite behaviour on the educational system.

### **The Cholera Pandemic**

Although the onset of the current cholera episode is dated from August 2008, Zimbabwe in fact has a long history of cholera outbreaks.<sup>18</sup> What is of significance here however is how isolated outbreaks snowballed over time, fuelled by the cumulative consequences of decisions and actions of the political elite, into what the UN called an ‘unprecedented’ pandemic.<sup>19</sup>

Cholera was no stranger to Zimbabwe before August 2008. In 1993, the World Health Organisation (WHO) reported 5,385 cases and 332 deaths from the waterborne disease. For nearly five years thereafter there were no reports of cholera, but 335 cases and 12 fatalities were recorded in 1998. The following year, 1999, 700 cases and 88 deaths were reported and attributed to unsafe water, poor sanitation facilities and the lack of information on how the disease spreads. There was then another outbreak-free period until 2002, when 3,125 cases and 192 deaths were recorded.

The year 2004 saw the beginning of annual outbreaks. In this year, interruptions to reticulated water supplies, burst sewage pipes and contaminated reservoirs were blamed for an outbreak that killed 40 people and infected 900 others.

In 2005, there were about 14 recorded deaths and a further 203 infected during the low-risk months from May to June. Shortages of medicines were reported to have hampered treatment. Because the opposition Movement for Democratic Change (MDC) won the municipal elections in all of Zimbabwe’s major cities in 2005, ZANU-PF stripped municipal authorities of control of urban water and sewage services and turned these over to the Zimbabwe National Water Authority (Zinwa), an organization created in 1998 to manage watersheds, bulk water supplies and water for irrigation. This action simultaneously not only deprived cities of a major source of revenue but it also diverted the funds to ZANU-PF’s control. Directed by central government, Zinwa was bankrupt almost from the start and had few skilled staff (Raath 2008b).

One of Harare’s two water works ceased operating in 2005, when Zinwa took over the management of the water services. Zinwa then began depositing raw sewage into the Mukuvisi and Manyame Rivers, from whence it flowed into Harare’s main reservoir—Lake Chivero. As a result, Harare’s water was heavily polluted. Zinwa then found it difficult to provide clean water to residents as treating the heavily polluted water was expensive. Eight

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interest, could be anticipated in advance (Tuchman 1984). For folly to occur, one or all of three things are always present: obliviousness to the disaffection of constituents, primacy of self-aggrandisement, and illusions of invulnerable status. Further, folly is always pursued by groups, rather than individuals, in circumstances where another, better course of action is available.

<sup>18</sup> Much of the chronological material that follows is based upon IRIN (2008c).

<sup>19</sup> And this categorization was made when there had been only 500 deaths.

different chemicals, some imported, were needed to purify the Harare water, while other cities like Mutare needed only one chemical for water treatment (CHRA 2009). Thus Zinwa became more reliant on foreign exchange for its operations, a resource that government failed to allocate. Water shortages set in very rapidly, and nearly every part of Harare, a modern city of about two million, suffers continual water cuts, from up to a few hours a day to years.

The first democratically elected mayor of Harare, Elias Mudzuri of the opposition MDC, had warned in 2002 that the city's water distribution and sewage systems were on the verge of collapse. He, along with the entire opposition-controlled city council, was then sacked by ZANU-PF one year after they were elected, and the party took over the city's affairs. Effective water management was becoming impossible as the city's water pumping works were breaking down regularly because little maintenance had been carried out for several years. Some parts of Harare had had no water into houses, or sewage waste removal for a year. Sewage flowed down the streets of several high density suburbs. In 2006, civic organizations in Harare warned of a 'cholera time-bomb' after an outbreak in March killed 27 people. Refuse collection had almost ceased, and burst sewage and water pipes remained unrepaired. Much of the city water that was pumped flowed in the gutters of urban streets day and night. The government, however, dismissed the concerns of civil society.

In February 2007, unreliable reticulated water supplies in Harare were blamed for a 'small' outbreak that killed three people and infected another 19.

Six months later, in August 2007, reports were received that Zinwa was pumping raw sewage into Lake Chivero, Harare's main water supply source. The private media reported the daily discharge of toxic effluent as a consequence of the authorities' poor administration, however the official media reported the events as spontaneous developments beyond government's control—and made no mention of any hazards to health (MMPZ 2007). Public clinics at the time reported they were treating some 900 cases of diarrhoea daily. Burst sewage and water pipes remained unrepaired.

The following month, September 2007, severe water shortages occurred in Zimbabwe's second city, Bulawayo, where some 400 people were treated for cholera and dysentery. About 40 cases of serious gastro-intestinal diseases were reported in Harare, and the high daily caseloads for diarrhoea continued (*The Cape Argus*, October 8, 2007). Residents were digging shallow wells as erratic water supplies failed to improve. Hygiene and sanitation became increasingly compromised.

By November 2007, severe water shortages resulted in over 3,000 cases of diarrhoea in Bulawayo. WHO and Unicef, the UN children's agency, and other humanitarian agencies assisted the increasingly dysfunctional health ministry in containing the outbreak.

In the first month of 2008, hundreds of cases of stomach ailments were reported in Harare, and at least 10 people died from dysentery and diarrhoea. There were also sporadic reports of cholera in Harare's working-class suburbs. Zinwa cut off water supplies to the entire city of Harare for a week (*The Sunday Mail*, January 13, 2008). Health workers had been warning about the risk of cholera for more than a year because parts of Harare and its outlying townships had been without water for long periods over the previous two years. Over the year, the health services became more and more stretched as doctors and nurses embarked on strike action for higher wages because of the country's extreme hyperinflation—a nurse's monthly salary would only cover the cost of commuting to work for one day.

The following month, February 2008, the Bulawayo municipality declared that it was bankrupt and could not deliver services or purify water. Water rationing was imposed. At the same time, cholera outbreaks in the rural areas of Mashonaland East and Central provinces claimed at least 11 lives. Hundreds of cases of diarrhoea were reported in Harare's poor suburbs of Mabvuku, Tafara, Hatcliffe and Chitungwiza.

The collapse of service delivery accelerated further in March 2008, the month of Zimbabwe's general election, when ZANU-PF had mobilised all government vehicles and fuel in support of the final stages of its campaign. Refuse remained uncollected, and there were more than 500 reported burst sewage pipes in Harare that remained unrepaired. Many city residents, despairing at continuing government inaction, stopped reporting burst pipes. At least 14 cases of cholera were reported, leading to four fatalities.

During Zimbabwe's winter months, June to September, there is no possibility of capturing rainfall for domestic consumption, yet cool, dry weather normally means that levels of disease, especially those caused by water-related vectors, are low. In August 2008, there was rising discontent over Zinwa's continuing failure to provide uninterrupted water supplies and the government's inability to collect refuse after another diarrhoea outbreak in Harare. At this time 19 cases of cholera were reported in the townships of Mbare, Kuwadzana, Highfields, Chikurubi and Mabvuku. These were to prove the onset of a public health disaster.

In September 2008, sewage was flowing in the streets everywhere. The independent press carried photographs of young children having to leap across streams of flowing sewage to get from their houses to the street. Children grew sick from the filth. Some died for lack of treatment. When cholera struck, it hit a hungry population struggling to secure one meal a day at best. 'We've gone from some of the best healthcare in Africa to people dying because they are living in their own sewage', one doctor at the major Harare hospital declared (McGreal 2008b). 'And the people who run this country act as if it has nothing to do with them or what they've done to this country.' This sewage tsunami, plus interrupted water supplies,<sup>20</sup> resulted in at least 11 fatalities from cholera.

By October 2008, some 120 cumulative cholera deaths had been reported over the previous seven months, and the recognition was slowly growing that cholera was becoming more difficult to contain as it spread from urban to rural areas. The UN reported it was battling cholera in three main areas: Chitungwiza, a dormitory town on the outskirts of Harare, where 144 cases and 15 deaths were reported as of mid-October; Mola, in Mashonaland West Province, where 22 cases were reported and one fatality recorded in early October; and Chinhoyi, also in Mashonaland West, where 15 cases and six deaths were reported in mid-October.

November 2008—During November, the spread of cholera escalated so dramatically that completely different estimates of prevalence and mortality could be obtained just by using statistics reported for one day rather than another.

The Beatrice Road Infectious Diseases Hospital was swamped with cholera patients as the disease outbreak spread to other areas of Harare. Ambulances and pushcarts were bringing in patients from Mbare, Kuwadzana and Waterfalls—areas that had previously been untouched by the outbreak. Nurses, joined by volunteer doctors and staff from organizations such as the

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<sup>20</sup> Merely for reference, at this time the author had not had a municipal water supply to his house for three years. Nevertheless, he had been billed for water consumption—on an 'estimated' basis—every month.

Red Cross and Unicef, worked over-time to try to bring the situation under control. An official at the hospital said the government had done nothing to help cholera victims at the clinic. ‘Everything here was donated by Unicef and the Red Cross Society’, he said. ‘They are the ones who have bought medication and food for the patients. The government has done nothing’ (*The Zimbabwe Standard*, November 8, 2008).

The Reserve Bank of Zimbabwe declared that it was giving to Zinwa SAR8.7 million and Z\$374.2 quadrillion (*sic*), vehicles and fuel to help normalise water supplies and bring the cholera outbreak under control. The Civil Protection Unit (CPU), usually deployed only in times of disaster, began to assist in water provision, established cholera clinics and conducted educational programmes. Ignoring reality, the government declared the CPU's deployment was not in response to a disaster, yet lack of equipment, drugs and poor salaries had precipitated a health worker strike that closed most hospitals for several months (IRIN 2008c). Unicef assisted in water provision, while Zinwa acknowledged that it had been pumping tons of raw sewage into Harare's main water source.

While government continued to deny that the unfolding situation deserved anything like a disaster label, the Zimbabwe Doctors for Human Rights said the epidemic surpassed even Africa's worst, which was in Angola in 2007 when 82,000 people had been infected with the water-borne disease and 3,204 died (Thornycroft 2008). Whereas the initial outbreak was almost certainly caused by contamination of the main water supply in high-density urban areas, the outbreak spread via population movement—including people returning to rural areas to seek treatment because urban hospitals were closed—and traditional funeral practices, including the washing of corpses. The outbreak was characterised by widespread geographic occurrence, with periodic spikes in caseload numbers in high-density urban and peri-urban areas for two to five days, when most cholera deaths occurred (USAID 2008). Slowing the spread of the outbreak was also made more problematical because of the presence in Zimbabwe of sizeable groups that will not, on the grounds of religious beliefs, utilise conventional medical facilities

In late 2008, WHO began to issue daily updates on the nature of the cholera epidemic which included statistics by locale showing the cholera death count relentlessly rising while the fatality rates for some cities, towns and districts were shockingly high in comparison with international norms for the disease.<sup>21</sup> For instance, in comparing the cumulative cholera fatality rates for more than 50 locales, the fatality rate in Chitungwiza, the Harare commuter suburb satellite town hit early on in the epidemic, was 17.5 per cent, compared with 3.3 per cent for Harare itself (Rusere 2008). In areas east of Harare, the fatality rate was above 20 per cent, but in Beitbridge, despite more than 3,700 cases reported, the fatality rate was only 3 per cent, perhaps because many residents of Beitbridge went to Musina in South Africa to seek emergency treatment.

Although available in full format, these daily updates were issued in a brief format that included the ‘highlights’ for each day: the number of cases and deaths added compared to the previous day, the proportion of districts affected and the proportion of these reporting, and the cumulative institutional case fatality rate (CFR) compared to the daily institutional CFR. The cumulative numbers of cases and fatalities however were not reported as a matter of course.

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<sup>21</sup> For two weeks, the source of the data was reported only as WHO. From January 12, the Government of Zimbabwe was also listed as a source.

As the situation grew progressively worse, a civic group, the Zimbabwe Doctors for Human Rights (ZDHR) spoke out to declare that President Robert Mugabe's government was to blame for the cholera sweeping Zimbabwe and further substantiated that the disease's spread was being dramatically underreported. 'This cholera epidemic is manmade,' said Dr Douglas Gwatidza, head of ZDHR. He said government programmes to monitor disease outbreaks were in 'disarray'. The few health facilities still open were trying to stop the spread of cholera but often at the expense of patients with other diseases (Jacobson 2008).

Health organisations warned that the onset of the rainy season would exacerbate an already precarious situation. Médecins Sans Frontières warned that 1.4 million people were at risk from cholera in Harare alone. The international aid group World Vision reported that 44 people, including one of its own staff, had died in the border town of Beitbridge.

At about this time, cholera crossed international borders, and fourteen cases and two fatalities in four days were reported in the South African border town of Musina. In Beitbridge, a Zimbabwean town on the border with South Africa, 445 cholera cases were reported and South Africa's Red Cross Society evacuated hundreds of patients from Zimbabwe for treatment in South Africa, where medical resources were more readily available.

With Zimbabwe's epidemic spreading across international borders, southern African governments convened to discuss a regional strategy for dealing with the growing threat. Observers noted, however, that regional political leaders needed to move beyond the 'mindset of a quick backroom political fix that leaves Mugabe running critical institutions that have caused the very policies which have led to Zimbabwe's food and health crisis' (Kasambala 2008). It was concluded that poor governance, state-sponsored violence, intimidation and corruption had not only prevented Zimbabwe's citizens from exercising their civil and political rights but had also denied them the right to satisfy the most basic social and economic needs—for food, health and clean water. Government indifference had both precipitated the health crisis and deliberately worsened it—by restricting access to food, thereby weakening the population and reducing resistance to disease. The state-sanctioned violence around the two elections during 2008 not only destroyed many granaries, but also led to extensive forced displacement, leaving much of the population dependent on food assistance.

Political interference in the operations of humanitarian agencies distributing food aid almost certainly deepened the crisis. The greatest assault on the work of aid organisations was the months-long ban on fieldwork during the 2008 election crisis that halted programmes across the country and contributed to the breakdown in health systems that made the cholera outbreak so hard to handle. When the government took over food distribution, there were widespread reports of supplies being denied to opposition supporters and channelled instead to the army and the ZANU-PF party militias (Philp 2008). The same has been the case in every food crisis and election since 1980.

Meanwhile, in Zimbabwe, in the absence of a coherent national health statistics reporting system, a confused picture was emerging of the severity of the crisis. Some humanitarian organizations reported 2,893 cases and at least 115 deaths from cholera from August to November. A WHO spokeswoman said that a total 6,072 cases, with 294 deaths, had been reported between the start of August and November 18, with an upsurge in cases in the second two weeks in November (Associated Press 2008). Reliefweb, the website of the UN Organisation for the Coordination of Humanitarian Affairs, reported 9,463 cases and 389 dead as of 27 November.

Finally, in late November, it was acknowledged that the cholera outbreak had rapidly spread to almost all of the country's ten provinces. Health minister David Parirenyatwa was quoted in the state-run *Herald* newspaper as saying that nine provinces had reported the presence of the disease. The township of Budiriro in Harare, the capital, was established as the epicentre of the epidemic. In the first official admission of the severity of the health crisis, Parirenyatwa said: 'I want to admit that the situation in government hospitals is bad' (Health News 2008).

With the continuing failure of Zinwa to deliver water, households in urban areas had resorted to digging wells to ensure their domestic supply. Because of the high costs of materials and shortages of cement, these wells were neither capped nor surrounded with aprons to deflect surface water. Then, in an ironic twist of nature, the 2008/09 rainy season developed into one of the best Zimbabwe has experienced in many years.<sup>22</sup> The heavy rains in urban areas, however, washed sewage into the wells families were now using for drinking water, resulting in a more rapid spread of cholera. Many deaths were also reported as a result of sewage washing into trenches people had dug in order to be able to tap into underground water pipes.

In December 2008, the waters of the Limpopo River, which delineates the border between South Africa and Zimbabwe before flowing through Mozambique to the Indian Ocean, tested positive for cholera. The UN reported in December that there had been 12,546 cases and 565 deaths since August, although civil society declared cholera deaths could be double this level.

On December 4, the Zimbabwean government finally declared the cholera outbreak a national emergency and called for international assistance. Britain, the country's former colonial power, pledged about US\$11 million. The government stated it required US\$4 million for water treatment and delivery alone. WHO reported the death rate among infected Zimbabweans as 4.5 per cent, and as high as 20-30 per cent in remote areas.<sup>23</sup>

By mid-December, the death toll from cholera had soared to 1,111. The figures released by the UN Office for the Coordination of Humanitarian Affairs (OCHA) in Geneva included a serious new outbreak in the small town of Chegutu, southwest of Harare, where more than 378 cases and 121 deaths had been recorded. OCHA also reported the cumulative number of cases since August as 20,580 (*The Mail and Guardian*, December 18, 2008).

As December waned came a reminder that, despite its growing severity, cholera was only one of several simultaneous crises in Zimbabwe. A report from Save the Children provided the information that Zimbabweans were continuing to die of hunger and disease, and that acute child malnutrition in parts of the country had increased by almost two-thirds compared with 2007. The agency's Zimbabwe director estimated 18,000 tons of food would be needed for January alone, with around five million people—half the population—in need of food aid (*The Observer*, December 28, 2008).

A separate report from WHO updated the cholera figures to show that 1,518 people had died of cholera, with 26,497 cases recorded, since the start of the outbreak in August. The percentage of cholera patients dying from the disease rose to 5.7 per cent in late December,

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<sup>22</sup> The ironic dimension was amplified because of the government's almost complete failure to provide most farmers with seeds, fertiliser or agricultural working capital.

<sup>23</sup> The 'normal' fatality rate, where clean water and medication are available, is around one per cent.



from 4 per cent at the beginning of the month—as against the norm of a one per cent fatality rate in large outbreaks.

The trajectory of the cholera outbreak during 2008 was summarised in a pair of end-of-year reports from WHO and the United States Agency for International Development (USAID). The first indicator was that the outbreak had become a true pandemic, spreading in some five months to all 10 provinces and 53 of Zimbabwe's 62 districts.<sup>24</sup> As of December 30, cholera had caused more than 1,550 deaths, with nearly 31,000 cases reported. The reported figures represented an approximate doubling of both cases and deaths during the previous three weeks. The UN health cluster was reported to be planning based on a worst-case scenario of 60,000 cases nationwide<sup>25</sup> (USAID 2008).

Citing WHO's second epidemiological report on Zimbabwe's cholera outbreak, dated December 20, USAID noted that cholera deaths outside cholera treatment centres and cholera treatment units in the week December 14-20 ranged from 22 per cent to 48 per cent of total cholera deaths, depending on the province. The figures were said to indicate significant difficulties in providing cholera-affected populations sufficient access to treatment (USAID 2009). What has not been satisfactorily explained to date, however, is how deaths that occurred away from a treatment facility were recorded. This omission, plus the fact that many suffering from cholera were refused admission to a health facility, has led some observers to conclude that the actual death toll is likely to be some three times the official figures.

On April 9 or 10, 2009, the government and WHO finally changed their brief reporting format to show as standard procedure the cumulative numbers of cases and deaths. In the first report available using this revised format, the cumulative number of cases was put at 95,738; the cumulative deaths were reported to be 4,154, of which 2,543 were said to be 'community deaths'<sup>26</sup> (GOZ & WHO, April 10, 2009).

The most recently available report (GOZ & WHO, May 13, 2009) updates the figures above to 98,114 cumulative cases and 4,274 cumulative deaths.

The full extent of the number of deaths will never be known, however, as most people died at home in the rural areas. The total collapse of the government health centres and hospitals meant that there was virtually no access to health care for the majority of Zimbabweans. Although international donors hurriedly put in place treatment centres, the collapsed economy meant that the poorest had no way of travelling to these centres. Moreover, many of those dying of dehydration from the ongoing epidemic also suffered from HIV/AIDS. Because so many people have damaged immune systems, and do not get enough to eat—because of food shortages, the high cost of foods and political interference in donor-provided food distribution programmes—they therefore have little resistance to enable them to recover from cholera (CHRA 2008).

### **Closure of Health Facilities**

The closure of the hospitals was emblematic of Zimbabwe's deep-seated malaise. Despite the growing cholera epidemic, people were turned away to die after medical staff had been driven out by appalling conditions and lack of food. Harare's major hospital, Parirenyatwa,

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<sup>24</sup> On December 26, cholera cases had been reported in the only province without any previously reported cases.

<sup>25</sup> On May 13, the number of cases was reported at more than 98,000 (GOZ & WHO 2009).

<sup>26</sup> This change is rather odd because deaths outside a clinical setting were not being attributed to cholera.

with 5,000 beds, lies at the centre of a complex of hospitals in central Harare. It was once among Africa's best with a large maternity hospital, a section specialising in eye surgery and extensive paediatric wards. Treatment was free. Zimbabwe's doctors and nurses were both well-trained and known for both their skills and professional dedication.

Describing the hospital in early December 2008, as cholera was declared a national emergency, journalist Chris McGreal observed (McGreal 2008b):

Today the Parirenyatwa's wards have an air of hurried abandonment. Water from a burst pipe drops through a ceiling in a darkened corridor and forms a small lake in the general surgery ward. There is no one to repair it or, apparently, even report it. The outpatient section's doors are locked. The operating theatres are darkened. The nurses' stations around them are abandoned. "A month ago this was overflowing with patients being wheeled in and out of the theatres. Now it is dead," said one of the few doctors still on duty, who did not want to be identified for fear of retribution for criticising the authorities.

"The staff just stopped coming to work because it was impossible to work and their pay simply isn't worth anything. Nurses earned less than the bus fare to get here. We've been subsidising the government for so long now. The nurses feel abused, misused. But I'm surprised that the situation is now where nobody cares. There are lots of people dying for lack of staff. People are hungry. Their sense of public service has gone. There is a loss of humanity."

The simmering resentment of the staff at Pariwenyatwa Hospital finally led to open rebellion over the gap between what they were expected to do and what they were given to do it. They had struggled along for years as the government's incompetence and greed bled the health service of funds, and hard currency was pocketed by the ruling elite, while hospitals struggled with growing shortages of medicine, nurses worked to maintain hygiene standards when the water was off for days, and surgeons operated in the midst of power cuts.

A walkout was led by doctors, complaining that it was impossible to work in such conditions. The trained nurses quickly followed, driven to the end of their endurance as their pay was consumed by hyperinflation while Zimbabwe's elite got rich on the back of the misery. The maternity hospital stopped doing caesarean sections and life-saving surgery. Women coming to hospitals to give birth were instructed to bring all their own supplies, including food, sutures, rubber gloves, towels, cotton pads and two candles—in case of a power cut during delivery. Most of the large paediatric ward was abandoned, with the few remaining children put together under the care of student nurses in their first year of training.<sup>27</sup> Every dialysis machine in the country except one was broken down.

The statistics reflected the decline in healthcare. The numbers of women dying in childbirth was said to have doubled, and the number of newborns surviving had halved in recent years. Indicative of the quality of maternal care, cerebral palsy births increased threefold in just three years (McGreal 2008b). While Parirenyatwa maintained a semblance of services, Harare General Hospital closed completely. Even before the hospitals closed, patients often had to buy their own anaesthetic and drugs if they required an operation. Pharmacies, however, charged what it cost to import them from abroad, far beyond the reach of most families.<sup>28</sup> Zimbabwe, which had perhaps the best state medical care in Africa for at least 10 years after independence in 1980, had sunk to a stage where only those who could afford

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<sup>27</sup> Personal communication, March 2009.

<sup>28</sup> Alternatively, patients could sometimes buy drugs from hospital staff, who took them from dwindling government stores and sold them as a way of supplementing the pittance they received as a salary.

private health care—the elite—could get medical treatment in the country. Doctors reported that most of the state's health centres around the country were closed.

Zimbabwe's health minister, Dr David Parirenyatwa, who had been highly regarded when he served as Harare's principal health officer in the past, but who today, as minister, is scorned as in service of a regime accused of killing its people through neglect and cynicism. When, in late 2008, doctors marched to present the minister with a petition,<sup>29</sup> Dr Parirenyatwa, who was in a meeting with foreign donors, responded by unleashing the police on the protesters. Some doctors were badly beaten (McGreal 2008b).

The government has blamed the hospital crisis, like the rest of the country's problems, on international sanctions. Although the cholera outbreak has added to the burden on the hospitals, it is a symptom, not a cause, of the disintegration of the medical system. Instead, the cholera is further evidence of the collapse of government's willingness and ability to support the health system. As extreme as they were, the hospital closures in 2008 were just further indications of a health system that had been in decline for years. Giving the lie to government claims that sanctions were to blame for the collapse of the medical system, hospital closures had begun at least five years earlier (IRIN 2003).

The financial problems encountered by those working in the government health sector are the direct result of the marked under-funding of health by the Mugabe regime.<sup>30</sup> Small budgetary allocations, however, are only part of the story. With the hyperinflation caused by the Reserve Bank's relentless printing of currency, whatever the size of the allocation it would have been valueless in a very short time. As one senior official reported (PHR 2009): 'The Ministry of Health budget was approved in January 2008. It is supposed to last the year, but was spent in the first month. This has been true for the past five years—it [the annual health budget] only lasts about a month'.

### **Elite 'Denialism'**

When the incidents of cholera in Zimbabwe were first reported, Robert Mugabe's government went into denial mode. It insisted that the disease was nowhere near reaching epidemic proportions and that there was no humanitarian crisis in the country (Bofelo 2009). On September 15 2008, the power-sharing agreement was signed which brought ZANU-PF and the MDC together in an arrangement intended to prepare the ground for economic recovery, political stability and a new constitution. It was hoped that the agreement would lead to the end of the government's abusive practices, the formation of a credible government of national unity and a gradual recovery in the country's economic and social conditions. But, with Robert Mugabe's refusal to cede any meaningful executive power to the MDC, political wrangling took centre stage, and the deadlock was said to be hampering the fight against cholera. And, as always, politics got in the way of health.

Later, in December when the epidemic was on the brink of tipping into a full-blown pandemic, Zimbabwe's information minister insisted that the cholera epidemic that had already killed nearly 800 people was 'under control', despite the concurrent grim assessments by WHO. 'The cholera situation (is) under control', Minister Sikhanyiso Ndlovu told

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<sup>29</sup> Among other things, the petition declared: 'We are forced to work without basic health institutional needs like drugs, adequate water and sanitation, safe clothing gear, medical equipment and basic support services' (McGreal 2008b)

<sup>30</sup> The Heads of States meeting in Abuja, Nigeria in 2001 recommended that the health sector should receive at least 15 per cent of total government budgetary allocations. From 2005 to 2008, Zimbabwe's percentage allocation for health averaged 9.5 per cent (PHM 2008).

reporters. ‘We have enough chemicals to purify the water.’<sup>31</sup> We have got enough foreign currency to buy pipes’ (to mend sanitation lines), he said (Dow Jones Newswires, December 9, 2008). No explanation was offered however as to why government had not made foreign currency available for these purposes earlier.

At about the same time, it was reported that the government had directed the state-controlled media to down play the cholera epidemic, which had claimed well over 700 lives at that point. The same minister, Sikhanyiso Ndlovu, reportedly sent a circular to all ZANU-PF-controlled publications, as well as Zimbabwe Broadcasting Holdings, ordering them to downplay the cholera epidemic, which he said had given ‘the country’s enemies a chance to exert more pressure on President Robert Mugabe to leave office’. The Minister instructed the state-controlled media to turn a blind eye to the number of people who had died or were infected with cholera, and instead focus on what the government and NGOs were doing to contain the epidemic (RadioVOP 2008).

The independent media and civil society reacted strongly to the suppression and distortion of information that could reveal the true extent of the cholera outbreak. Because so many donor agencies, each with its own epidemiological reporting system, were heavily involved in fighting cholera, there were abundant sources of information other than the state-controlled media. It thus became a relatively easy matter to compare different accounts of the extent of the epidemic and identify contradictions.

One media report, for example, noted that the official figures released by the Health Ministry in late November indicated that 120 people had died of cholera and 991 had been hospitalised since the disease struck in August. These figures were then contrasted with a United Nations report issued from Geneva, Switzerland at the same time which reported: ‘The cholera outbreak has taken a national dimension. Newer outbreaks are reported from all provinces. The total number of suspected cholera cases in the country stands at 6,072 cases and 294 deaths’ (Chenga 2008). The conclusion however was not so much that government was deliberately concealing data but rather that there was extensive under-reporting of cholera deaths due to the breakdown of the country’s infrastructure, particularly health, transport and telecommunications.

The same reporter went on to note from personal sources, citing a recent outbreak that reportedly claimed 59 lives, that cholera had for some time been ‘silently killing’ villagers on the border with Mozambique. In another instance, an unconfirmed 20 villagers had died and more than 60 were hospitalised after contracting cholera in a remote village in Mudzi District, close to the Mozambican border. It was speculated that these isolated catastrophes, nearly wiping out entire villages, were some of the many local outbreaks probably missing from the country’s official data, which were still to capture all the deaths caused by the

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<sup>31</sup> The difficulties in obtaining water treatment chemicals tend to be blamed on shortages of foreign exchange—rather than the way in which available exchange is allocated. Without access to foreign exchange, it was difficult to import the raw materials needed to produce chemicals for the treatment of effluent. And, with inflation at thousands of per cent in 2006 and 2007, Zimbabwean companies that produced water treatment chemicals had been forced to suspend production, and all chemicals had to be imported. A senior programmes officer for the Combined Harare Residents Association declared (*Cape Argus*, October 8, 2007): ‘... [W]e are in a crisis which has reached health menace status. This is certainly a national disaster which other people have made and are allowing to continue straight to the grave’. But the situation had been building for years. In 2000, the Harare city council was reported to have run out of some chemicals at a time when the foreign exchange import cover was said to have dwindled to a one-day supply—despite Mugabe’s assurances that there was three-weeks import cover (Muleya 2000).

waterborne disease (Chenga 2008) It was also noted that scores, mainly for religious reasons, were dying from cholera in the villages and no disinfection was taking place.

One civil society organisation, the Combined Harare Resident's Association (CHRA), was so incensed by the government's stopping health staff from talking to the media in a bid to keep the statistics under wrap that it undertook its own investigations. CHRA was convinced the government was only disclosing partial statistics and reported that some doctors believed several hundred people had died from cholera in the month from mid-October to mid-November alone (CHRA 2008).

In November, CHRA had received numerous reports from residents to the effect that more than 100 people had died in this period at the two centres treating the most patients—the Budiro Polyclinic and the Beatrice Infectious Diseases Hospital. The government however had never released this information in the state media. In an effort to learn what was happening, two members of the CHRA Secretariat therefore managed to gain access to the Beatrice Infectious Diseases Hospital, despite some drama in which some likely state agents confiscated their cameras and vehicle and momentarily illegally detained them.

The CHRA team then got a firsthand view of the conditions at the hospital and the rate at which people were dying (CHRA 2008):

At the time of arrival around mid-day of the 16th of November 2008, there were over 50 patients queuing at the hospital. Within less than an hour spent at the hospital six deaths (five adults and one child) had been recorded. During the three hours that the CHRA Secretariat was observing the goings-on at the Hospital, an average of five patients would be brought in at 20 minute intervals. The hospital had run out of admission beds and some patients who were considered to be seriously ill were made to lie down under trees upon which the water drips were then hung.

Furthermore, the hospital is heavily understaffed because of the general brain drain which has crippled the country's health and other sectors and because of the magnitude of the cholera scourge which has seen the hospital staff working over time. The nursing staff at the hospital is said to be largely nurse aides taken from other health centres. The City of Harare Director of Health, Stanley Mungofa was the only senior person there and he was busy writing prescriptions for the patients. Some nurse aides, whom our staff members managed to talk to, said that the hospital had run out of protective clothing and disinfectants thus they also risked contracting the disease. The toilets that are supposed to be used by patients at the hospital are also very dirty which makes the hope of reducing the cholera scourge very distant.

Despite these grim conditions, CHRA noted that the state media had reported only very conservative cholera statistics—a mere 37 deaths—in a bid to conceal the reality on the ground. The CHRA report concluded: 'The government continues to pretend that all is well in the country and cannot acknowledge failure. This only helps to further illuminate the Government and Zinwa's culpability of the cholera pandemic and deprives the victims and the nation of the desperately needed aid'.

Shortly after CHRA released its report, pressure grew for the government to admit that it had a problem it could not solve on its own. The Zimbabwe Doctors for Human Rights urged the government to 'declare the cholera outbreak a national disaster and solicit international support to bring it under control and restore supply of safe water and sanitation systems to Zimbabwe's population' (Chenga 2008). Even David Parirenyatwa, the Health Minister, had also described the cholera outbreak as a national disaster, but he had also echoed the ZANU-PF line and urged Zimbabweans to 'remain calm since we are on top of the situation'.

At this time, the rosy picture being painted by the Information Minister was so far from reality that cracks in the ZANU-PF government's bland, pollyannaish face were beginning to become more apparent. The Minister of Health, Parirenyatwa, finally backtracked in late November saying: 'Government should declare the current cholera outbreak a national disaster so as to galvanise all the resources necessary to get the outbreak under control' (Chenga 2008).

With an official death toll of almost 600, on December 3, 2008, Robert Mugabe's government partially abandoned its attempts to play down the epidemic and finally asked for urgent international help—medicine, equipment and funds—to tackle the outbreak. Health Minister David Parirenyatwa admitted: 'Our central hospitals are literally not functioning' (Thornycroft & Berger 2008).

Zimbabwe's plea for international help to halt the cholera epidemic was the most serious official admission yet of how grave the crisis had become. The ZANU-PF Health Minister had called on foreign donors to send millions in emergency aid funds. Moreover, he issued the unprecedented instruction that the money must be sent through United Nations channels, denying government officials their chance to profit (Philp 2008). Most of Zimbabwe's foreign aid in the past has been channelled through the state-controlled Reserve Bank of Zimbabwe, which the governor has systematically looted on behalf of Robert Mugabe and his cronies.

The concession from Dr Parirenyatwa, a senior member of Mr Mugabe's inner circle, was a sign that the government was 'desperate and broke,' according to one official from an international donor agency (Philp 2008). But those who hoped that the cry for international help would open a chink in the regime's political armour were being optimistic, the official added.

Even more astonishing, just days after his government called for international help in dealing with the crisis, President Mugabe was to proclaim that 'there is no cholera' in Zimbabwe anymore because the country's doctors had cured the outbreak. 'I am happy to say our doctors have been assisted by others and WHO... so now that there is no cholera,' said Mr Mugabe, in a speech screened on national television (Booth 2008). His statement was made in stark contradiction to the previous day's update on the state of Zimbabwe's cholera epidemic from WHO, which reported that at least 783 had died of the disease and 16,403 had been infected (Dzirutwe 2008). And, almost at the same time he was making his speech, South Africa declared its border with Zimbabwe a disaster zone because of the surge of people trying to cross the border, either fleeing the disease or seeking medical treatment, as Zimbabwe's economy and healthcare system had largely collapsed. At about the same time, cholera had also been reported spreading into neighbouring Mozambique, Zambia and Botswana.

Mugabe was reacting to international perceptions that he and his government were responsible for the cholera outbreak, which had prompted calls from Britain, France and the US for international humanitarian assistance to be sent into Zimbabwe. Western leaders and some African leaders had also called on Mugabe to resign. Zimbabwean government spokesmen repeatedly accused the West of using the cholera epidemic to try to oust Mugabe, who denounced calls by Gordon Brown, Nicolas Sarkozy of France and President Bush for him to step down. 'Because of cholera, Mr Brown, Mr Sarkozy and Mr Bush want military intervention. Now that there is no cholera, there is no need for war,' he said. 'The cholera

cause doesn't exist any more. Shall we also say that (because) there is mad cow disease, there must be war, Britain must be invaded?' (Booth 2008).

At one level, this was a trivializing response, typical of the reactions of the political establishment to crisis situations, was an effort to dismiss the view that the outbreak of cholera was a consequence of social policy failures and a result of the general decline of the Zimbabwean economy. It fits with the denial of social reality so common among Zimbabwe's elite by neglecting the systemic and structural factors behind problems. As Bofelo (2009) notes, 'Very often the easiest escape route is to blame it all on the ignorance and negligence of the poor or to find a scapegoat'.

At another level, President Mugabe's declaration that he had stopped the cholera epidemic in Zimbabwe might seem like the delusional remarks of an old tyrant. And, in a country where he controls almost all the media, persecutes the opposition and bans foreign journalists, there are few to challenge his absurd pronouncements. But, as Richard Beeston (2008) points out, it would be a mistake not to appreciate that his remarks were based on a perceptive assessment and reveal that he is more concerned than he appears. Ever since Mr Mugabe began to use violence and intimidation as a means to stay in power, he has been careful to apply force expertly. While the lives of non-elite Zimbabweans have been ruined, and millions have fled abroad, he has until now largely contained the problem within the country's borders. This has made it far more difficult for his opponents outside Zimbabwe to press for international intervention—an action usually justified because a country poses a threat to the security of an entire region. To date, no country has shown any appetite for intervening in Zimbabwe. The cholera epidemic changed all that. The disease quickly spread into all five neighbouring countries, including South Africa, where the new political leadership is unlikely to be as patient as the previous administration. Thus Mr Mugabe undoubtedly feared that his enemies could use the cholera epidemic to justify a humanitarian intervention in his country, possibly backed by troops covered by UN mandate (as they were in Bosnia). Thus his declaration: 'Now there is no cholera there is no need for war.'

Both the escape routes characterised by Bofelo were attempted. Efforts were made to counteract presumed ignorance or negligence. Zimbabweans, for example, were told not to shake hands so that they would not spread or contract cholera. This single educational message seemed to be the only one people in the street remembered.

But far more bizarre was the further attempt to divert blame by accusing the United States and Britain of biological warfare. *The Herald* of December 13, 2008 carried a story under the headline: 'US masterminded outbreak'. According to the paper, there were 'growing fears that there is more to the cholera outbreak than meets the eye' following revelations by the US State Department that it has been preparing for the outbreak for quite sometime.

Referring to a briefing in Washington held for disaster and aid officials, *The Herald* quoted a USAID administrator who said the US had been preparing for the epidemic: 'The United States, working alongside the international community, has been preparing for a cholera outbreak for quite some time. Before the disease was widespread, USAID began building contingencies into its ongoing emergency programmes, allowing us to quickly direct our assistance to specific targets for cholera outbreaks'. According to *The Herald*, these words 'raised fears' that the US may have launched biological warfare on Zimbabwe. The outbreak had only begun in August, but *The Herald* hinted that the statement suggested years of preparation.

*The Herald's* story then went on into wilder flights of blaming. It claimed that US attempts to use cholera as an excuse to mobilise military action against Zimbabwe had fuelled suspicions of biological warfare. It said: 'Despite assurances [fabricated] from the Ministry of Health that fatalities were going down, [a US official] predicted that the outbreak would intensify over the festive season'. This intensification could force the UN to invoke the responsibility-to-protect proviso to facilitate invasion. 'Invasion' was stated to be the hope of the US Ambassador to Zimbabwe, James McGee, and to reflect a resolution 'suspiciously made' by an opposition party's national council that had met in Harare the previous day.

Responding to the US 'campaign', the government's mouthpiece, Minister of Information and Publicity, Sikhanyiso Ndlovu, described the epidemic as 'a calculated attack on Zimbabwe':

The cholera epidemic in Zimbabwe is a serious biological chemical war force, a genocidal onslaught on the people of Zimbabwe by the British. Cholera is a calculated racist terrorist attack on Zimbabwe by the unrepentant former colonial power which has enlisted support from its American and Western allies so that they invade the country.

*The Herald* continued with the line that, ever since the cholera outbreak began in August, the American and British governments had led calls for military action against Zimbabwe to unseat the government, claiming it was failing to protect its people. Minister Ndlovu, however, was said to have dismissed claims that his government had abandoned the people saying the outbreak was a consequence of the 'illegal Western sanctions' and government was doing all it could to contain the outbreak.

In a more sinister development, clinics and other small health facilities were evidently instructed to stop admitting patients who appeared to be suffering from cholera. The reason for this directive was that the death rates from cholera were so much higher than are normally encountered that there was a reasonable probability that a patient admitted might well die even though under professional care; and thus the death would be recorded as one at a government health facility.<sup>32</sup> If on the other hand, the cholera sufferer were turned away, there was a good chance he would die at home, or at some other location, and thus would not be counted as a cholera death at all. And the health facility's record for helping patients recover would look better. In the deliberate attempt to doctor the statistics, health facilities stopped doctoring the patients.

Thus, despite Minister Parirenyatwa's candour, openness is not the norm for officials in Zimbabwe's capital. In Budiriro, the high-density western suburb described as the epicentre of the epidemic, and stronghold of the opposition MDC, there are hardly any teachers left—as is the case elsewhere as well. Health workers left for South Africa, Britain or Australia, or simply walked away from their jobs because of their insultingly low pay, which they could not in any case retrieve from their bank accounts. At the Budiriro Polyclinic, the fence was covered in plastic sheeting to conceal what was happening inside. Philp (2008) describes dozens of relatives waiting anxiously outside for news of their loved ones. The clinic's capacity had been trebled in two weeks, to almost 300 patients a day. Next to the building, a tent had been set up in which bare light bulbs hung over rows of stretchers, and Unicef had an outpost packed with drips, drugs and medical paraphernalia. But it was not going to be enough (Philp):

"No matter how much medicine they bring, they are not going to contain this cholera, because they are treating the symptoms rather than the disease," says Tongesai, a well-

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<sup>32</sup> Médecins Sans Frontières physicians, personal communication, February 7, 2009.



educated man in his mid-30s whose younger brother was admitted earlier in the day. "The cholera is coming from the water, which is contaminated. It is not the boreholes that are bringing in the contaminated water, but the water from the city. That water is now getting to the people without being treated, and that is how people get cholera. It is tantamount to drinking raw sewage." And this is why Mugabe's government bears ultimate responsibility for the suffering of its people.

The extent of the cholera infection was not the only secret the government was keeping. In their analysis of the decline of the health sector, Physicians for Human Rights (PHR) found evidence that the deterioration in maternal healthcare had been suppressed by the government. A former government physician reported: [The Ministry of Health] had 'suppressed the maternal mortality rate for the past two years' (PHR 2009, 38).

Similar reports have indicated that the government has systematically suppressed information on the prevalence of child undernutrition (Sokwanele 2006). It was also confirmed from several sources in the investigations carried out by PHR that the government intentionally tried to suppress information regarding a burgeoning caseload of undernutrition. PHR asked a nurse staffing a public-sector clinic in a rural district outside Harare if she had encountered cases of undernutrition and diseases like kwashiorkor in children. The nurse was reported to have become visibly anxious and then replied (PHR 2009, 23): 'Malnutrition is very political. We are not supposed to have hunger in Zimbabwe. So even though we do see it, we cannot report it.'

Throughout the cholera crisis, what the ZANU-PF government wanted most was financial resources and what it wanted least was personnel from outside government circles discovering exactly what was happening on the ground. This was true both for local staff and for foreign experts. The Zimbabwe Association of Doctors for Human Rights informed Physicians for Human Rights that when their member physicians had offered to the Harare City Council to volunteer as a response to the cholera epidemic in October 2008, the Council declined their offer and responded: 'We have the situation under control' (PHR 2009, 22).

Two months later, when it was clear to international health organizations that the epidemic, which had then killed at least 800 people, was still not under control, Zimbabwe denied visas to a French team, including specialists from the French foreign ministry's crisis centre, two epidemiologists, and a water treatment expert, who were standing by to help stem the cholera outbreak (Rohan 2008). A ministry spokesman commented: 'Contrary to what Mr Mugabe says, the cholera epidemic is not under control... France strongly regrets this decision and calls on Zimbabwe's authorities to allow aid to reach the population'.<sup>33</sup>

Robert Mugabe has long maintained the fiction that his country's dire situation is the fault of foreign sanctions—so successfully, in fact, that many outside Zimbabwe are unaware of the extent of international aid operations already there. While the European Union and United States imposed targeted sanctions on senior Zimbabwean officials because of authoritarianism and human rights abuses, international donors from these countries have been feeding nearly one-half of the population and in recent years have provided most of the drugs used in government health services (Thornycroft 2008).

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<sup>33</sup> Staff of the French Red Cross interviewed by the author in January 2009 said that they were not being allowed to do what they needed to do to stem the cholera; they said they were only being allowed to address the symptoms and not the underlying causes.

Mr Mugabe has been more than happy to take Western aid dollars for years, not least because of the millions he and his cronies have made looting aid funds from the Reserve Bank. But the economic and political environment that has seen aid funds diverted<sup>34</sup> has also witnessed the crumbling of Zimbabwe's basic infrastructure, so that the impact of what foreign aid is not stolen on the lives of the Zimbabwean people is compromised (Philp 2008).

### **The Reserve Bank of Zimbabwe: Eldorado of the Elite**

As half the government of national unity installed in February 2009 tries to find out what the other half was truly up to in the years when it was completely dominant, new revelations have emerged about the so-called 'quasi-fiscal activities' undertaken by the Reserve Bank. Astonishingly, some of the new details came from a 20-page supplement placed in the ZANU-PF-owned *Herald* newspaper (and paid for from public funds) by the Governor of the Reserve Bank of Zimbabwe (RBZ), Gideon Gono. In the supplement, Gono admitted raiding foreign exchange from accounts of NGOs and from the private sector, including US\$18 million from tobacco farmers, US\$2 million from wheat farmers, and US\$30 million from accounts belonging to the country's gold mines (Guma 2009b).<sup>35</sup>

Little factual information is available to indicate the criteria the Reserve Bank has used to allocate foreign currency and who the beneficiaries have been.<sup>36</sup> Much of its activities in recent years have the appearance of fire-fighting—covering up for widespread mismanagement and trying to repair the damage caused by ill-advised price controls on the public utilities. It is known, however, that the small amounts contributed to help fight the cholera outbreak came at the 11th hour, and long after warnings were given that a cholera outbreak was imminent. Similarly, the largest allocation to Zinwa came in 2008, only after it became obvious that persistent government under-funding had created an enormous public health hazard. It is also known that, as the cholera crisis was unfolding, the Reserve Bank was expending large sums of foreign currency to import luxury vehicles for its staff and parliamentarians, vehicles and flat-screen television sets for the judiciary, and large amounts of farm equipment for the ZANU-PF elite who had been given farms taken from white farmers.

The major problem was not so much an absolute shortage of foreign exchange, as the government repeatedly claimed—blaming the shortages on sanctions. Rather it was the priorities assigned to the available foreign exchange and the manner in which the currency was disbursed. To be sure, foreign currency had become increasingly scarce since the takeover of white-owned farms began in 2000 and agricultural production and exports plunged dramatically. But the government exacerbated the situation by diverting foreign currency to members of the elite and utilizing it in other ways that contributed nothing to the country's ability to export. For example, gold miners were required to sell their production through the RBZ, yet the export proceeds from the gold were not used to pay the miners. At the same time, miners faced increasing difficulties because government failed to invest in maintaining electricity generating capacity, and power cuts became more and more frequent.

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<sup>34</sup> See the following section.

<sup>35</sup> He did not admit to taking foreign currency from the University of Zimbabwe, which he did. And, in an astoundingly autocratic gesture, Gono promised to pay back the farmers in kind with bags of fertiliser, claiming this was 'the most direct way of supporting their current season's production activities' (Guma 2009b).

<sup>36</sup> In a highly self-serving statement presented to Parliament (Gono 2009), Gideon Gono defended his quasi-fiscal activities as being in the national interest and admitted in effect to taking foreign exchange from anyone in the economy who possessed it. More than US\$88 million alone was used to fund the 2008 elections. Aside from the allocations to the mismanaged parastatals, there was virtually no detail on the individual beneficiaries of RBZ's wide-ranging activities. Gono also managed, once again, to blame all Zimbabwe's woes on sanctions.

As a result, the average quantity of gold mined fell from 2,200kg a month in 1998 to only some 265kg in 2008, costing the nation some US\$54 million a month (Shaw 2008).

Other decisions were made that actually demanded an increased foreign currency expenditure for imports. For example, rather than providing support to the local fertiliser industry to maintain and expand its capacity, RBZ spent more than US\$243 million between 2006 and 2009 on direct imports of fertiliser (Gono 2009). The Ministry of Agriculture had calculated that an investment of US\$0.28 would be required for each tonne of locally manufactured fertiliser; instead the RBZ was funding fertiliser imports at a cost of US\$400 per tonne (Pazvakavambwa 2008). Most of this fertiliser, as it turned out, was substandard, at least in 2006 (Transparency International 2007).

One of the greatest abuses perpetrated by RBZ however was the creation of preferential exchange rates. Government elites had profited from preferential rates on foreign exchange, allowing them to obtain US dollars at rates that were a tiny fraction of the street value. The way this worked was that well-connected ruling party officials would buy foreign currency from the central bank at the preferential rates, and then sell it on the black market at nearly 400 times the price (Raath 2006). Or the elite were enabled to buy assets, such as luxury vehicles and materials to build enormous houses, for the same amount of money as ordinary people would spend on a loaf of bread (Thornycroft 2009).

At a time when official hard currency to import essentials such as antiretroviral drugs and water-purifying chemicals for cities was almost impossible to acquire, the RBZ agreed to fund a loan scheme for MPs and senators to import new cars, allocating US\$350,000 for the first tranche alone (Raath 2006). The number of imported luxury cars driving Harare's pot-holed streets is eye-catching. Parliament's car park glitters with scores of government-issued ministerial and privately owned Mercedes saloons and SUVs, BMWs, Toyota Landcruisers, Jeep Cherokees and the most expensive double-cab 4x4 pick-ups. The same shiny set of vehicles assembles outside Harare's exclusive private schools to collect pupils at the end of the day, as well as at the high-priced shopping centres at the weekend.

An annex to Gono's April statement listed hundreds of imported vehicles handed over to the ZANU-PF administration. He has also admitted taking, without permission, at least US\$1.5 billion from exporter's and humanitarian agency's foreign bank accounts held in Zimbabwe and claimed this was to keep the country going (Thornycroft 2009).

Raath (2006) quoted the manager of a well-known Harare car dealership: 'We are becoming like Nigerians. There are a very few people making big money because government policies leave a lot of loopholes where people can become billionaires overnight. The loopholes are there to make money by short cuts.'

The loopholes referred to were created by the ZANU-PF government's poor policy-making that led to yet more niches that could be exploited by the elite. The licensing system provides one example. Members of the ruling elite obtained milling licences that allowed them to buy the staple maize from the state grain monopoly, the Grain Marketing Board (GMB), and then sell it at the official price—50 times more than they paid. They could also make the same profit simply by transporting the maize and then selling it back to the GMB. Even that method could be short-circuited by getting one of the GMB clerks to do the paperwork and pay the 'miller' without bothering with the transport.

Official price controls on other commodities, such as fuel, sugar and fertiliser—intended to make them affordable to the poor—were exploited in the same way. When price controls were introduced, the controlled goods promptly disappeared from the market. They were sidelined cheaply to the political elite and then ended up on the black market at exorbitant prices.

A local economist explained the workings of the system as follows (Raath 2006): ‘The whole system of controlled prices and official perks for the party bigwigs is completely unworkable, but the system is maintained for the bigwigs to enrich themselves. They are stealing with the support of the authorities’.

The enrichment of the ruling party elite in the past few years has coincided with the emergence of dozens of other opportunistic ventures. Another lucrative source of income has come through the theft of tractors, combine harvesters, farm equipment, hundreds of miles of irrigation piping and anything else left behind on the farms seized when the white farmers were driven off. A corruption commission formed several years has never produced a single conviction—perhaps because of the threats it has received (Raath 2006).

Most of the central bank’s activities were shrouded in obscurity, but the cholera crisis moved too swiftly for Mr Gono to be able to wallpaper over his and his government’s responsibility for what was happening. The public perception, especially in urban areas, was that the entire government was indifferent to the suffering of the population and not only rotten to the core but incompetent as well.<sup>37</sup> A disclosure in late 2008 was to confirm these feelings for many people.

In early November, as the cholera outbreak was really starting to build, it was revealed that funds deposited with the Reserve Bank by the Global Fund to Fight Aids, Tuberculosis and Malaria, one of the world’s largest private organisations dedicated to helping poor countries to combat disease, had disappeared. Like all other international aid agencies operating in Zimbabwe, the Global Fund had deposited the cash in foreign currency accounts in commercial banks, but these were transferred into the custody of the central bank,<sup>38</sup> an institution judged to be ‘technically bankrupt’ according to the International Monetary Fund. Following an audit that revealed the disappearance, Global Fund officials cited internal correspondence from RBZ in which the bank governor declared that the money was used ‘for other national priorities.’<sup>39</sup> ‘It’s theft, plain and simple’, said one Western diplomatic source (Raath 2008a).

Suspensions were heightened by the fact that Gideon Gono, governor of the Reserve Bank, the custodian of the Global Fund’s money, had been spending large sums of foreign currency in

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<sup>37</sup> The government banned the work of international aid groups for almost three months during the election season early in 2008, accusing them of backing the political opposition. The ban was lifted on August 29, two months after Mugabe was declared the victor in a discredited presidential runoff election, but it took time for the aid groups to resume work. The Zimbabwe office of Unicef, which coordinates one of the world’s largest programmes for orphans, decided in early November that it could no longer pay the local groups it supported there by cheque, seriously hampering its ability to help the most vulnerable children and their mothers (Dugger 2008a).

<sup>38</sup> While aid agencies and NGOs can formally act independently, when the political climate becomes tense, as it did in the face of ‘smart sanctions’ and a governance crisis, the government often becomes more restrictive regarding the operations of international aid organizations. Government has also restricted the independence of agencies involved in activities it defines as ‘governance issues’. For example, the NGO Bill criminalized foreign funding to civil society organizations on issues of ‘governance’ (Transparency International 2007).

<sup>39</sup> Mr Gono had refused to meet the audit team while it was in the country to explain the shortfall.

2008 on a variety of nonessential imports. Mr. Gono gave the country's judges new vehicles, satellite dishes and plasma televisions and allocated 79 vehicles for the Information Ministry. He also announced the provision of large quantities of agricultural machinery. These items were handed out to Mr Mugabe's cronies, with cash used to bribe voters before the 2008 elections. 'We have never refused to acknowledge the liability,' Gideon Gono said. 'Only cheap minds would go as far as to suggest that the money was used to buy tractors and TV sets' (Dugger 2008a)

The revelation of the missing funds spurred action on several fronts. First, the Global Fund froze its disbursements to Zimbabwe. The breakdown of trust between the Global Fund and Zimbabwe's government came at a time of widening humanitarian crisis and also cast further doubt on the willingness of Western donors to invest in rebuilding the economically shattered nation as long as Mr Mugabe is in charge, even if a deadlock over a power-sharing government is resolved (Dugger 2008a).

Second, the Fund advised that further funding would be released only if it were held off-shore and not in the RBZ. 'We cannot safely leave foreign exchange in Zimbabwe,' a Fund representative said. 'The secretariat has to find some other means to safeguard our funds—to keep it offshore and drip-feed it into Zimbabwe. It can't be under the Reserve Bank or anyone influenced by the Reserve Bank' (Dugger 2008a). Similar problems were faced by many other organisations.<sup>40</sup>

The government requires that all foreign donations to non-governmental organizations in Zimbabwe be sent through the central bank. Donors have been taking steps to ensure that donor funding is held outside Zimbabwe and that NGOs be permitted to access it directly. More than 20 aid groups, donor countries and United Nations agencies had submitted a letter asking the Reserve Bank to give all NGOs operating in Zimbabwe the ability to access money from off-shore accounts (VOA 2008). Leading NGOs concurred that they could not do their jobs because the central bank restricts the amount they are able to withdraw from their bank accounts. The RBZ had also banned electronic transfer of money from NGOs to pay for goods and services needed to distribute emergency food to millions of hungry Zimbabweans, and aid agencies had asked that electronic banking be restored for humanitarian aid purposes and that they be allowed to pay service providers in foreign currency. If agencies are increasingly unable to pay for their field operations, they wrote, that inability will 'greatly increase the already substantial suffering of those Zimbabweans who are most in need of humanitarian response' (Dugger 2008a)

Third, the brazenness of the diversion of the money shocked health workers in Zimbabwe, and the revelation stirred a sense of public revulsion that Zimbabwe's government was taking money intended to serve the needs of those among the most disadvantaged in society. The Global Fund said the Zimbabwe government had damaged its efforts to fight AIDS, TB and malaria by diverting the money intended for that work. The actions by Zimbabwe deprived the Global Fund of resources it needed and damaged efforts to expand life-saving treatment, the Fund's inspector general, John Parsons, said. Mr. Parsons declined to speculate on how the US\$7.3 million it was seeking to be returned had been spent, except to say it was not on the intended purpose. But he offered an example of the human consequences of RBZ's

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<sup>40</sup> Hivos, a Dutch development organisation, is demanding repayment from the Reserve Bank of a total of €90,000 (US\$120,000) which it said has not been accounted for from a total of €300,000 taken from its account by the central bank. The organisation has since opened a new bank account in Botswana (University World News 2009).

failure to hand over the money for disease fighting. The Global Fund had imported large quantities of medicines that can cure malaria but had been able to finance the training of only 495 people to distribute them safely instead of the planned 27,000. According to WHO, there are 2.7 million cases of malaria among Zimbabwe's 12 million people. 'The drugs expire by the middle of next year [2009], and it would be criminal if we can't use them because of these problems,' Mr. Parsons said. 'They've got quite a short shelf life' (Dugger 2008a).

The country's economic crisis has been accompanied by famine, one of the highest rates of AIDS infection in the world and rampant TB and malaria. The country was also waking up to the growing threat of cholera as urban townships wallowed in rivers of raw sewage and mountains of uncollected garbage. Health Minister, David Parirenyatwa, tacitly admitted that the money had been misappropriated, but did not explain what had happened to it. Shortly before the elections in March 2008, the accounts of the aid agencies and thousands of private businesses had been systematically looted by the central bank.<sup>41</sup> (Raath 2008a)

Zimbabwe's AIDS organisations condemned the government for failing to account for the money provided by the Global Fund. The money held by the RBZ had been released 'erratically and only partially'. Executive director of the Fund, Prof Michel Kazatchkine, said the dribble of money released by the RBZ, along with Zimbabwe's wider economic crisis, had affected the implementation of programmes, 'including the supply and distribution of drugs' (IRIN 2008a).

The chairperson of the Zimbabwe Network of People Living with HIV/AIDS, Benjamin Mazhindu, said that he feared the cash-strapped government, which ordered in 2007 that all foreign exchange accounts be lodged with the RBZ, could have dipped into those funds (IRIN 2008a):

Our suspicions are that the RBZ was diverting money, meant for people and organisations fighting the spread of HIV/AIDS, towards buying fertiliser, seed and the national football team. That, for people living with HIV/AIDS, is unacceptable, evil and insensitive, as it means somebody is gambling with our lives.

The establishment response was mixed. Health Minister Dr David Parirenyatwa strongly urged that the Global Fund look at other means to disburse its grants and suggested that any future money go 'straight to programme implementers instead of through RBZ, so that we minimise the interferences' (IRIN 2008a).

But, as usual, most of the official establishment went into denial mode. The government mouthpiece, information minister Sikhanyiso Ndlovu, said in an interview that he was not aware of the particulars of the disagreement, but he defended what he described as the RBZ's good intentions and accused the Global Fund of politicising aid. 'They always want to put certain standards and concoct certain things to make us look bad and horrendous in international eyes,' he said. Mr Ndlovu said the RBZ had been getting foreign currency for imports of food and medicine. He also said the Global Fund had sided with Western nations that had restricted aid to Zimbabwe and imposed sanctions on it. 'The money from the Global Fund is nowhere near what the Reserve Bank has spent on health care for the country', he added (Dugger 2008a).

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<sup>41</sup> Officials, businessmen and aid personnel trying to withdraw their foreign currency were politely told the bank was 'unable to pay at this time', but that the cash would be released later. A senior commercial bank executive was quoted to the effect that he knew of not a single case where anyone had been repaid (Raath 2008a).

Consistent with ZANU-PF's blame-avoidance syndrome, information minister Ndlovu defended the good works of the Reserve Bank in a puppet-like statement attributed to him and published in the state-controlled press (*The Herald*, December 13, 2008): 'Because of sanctions we have not been able to import enough water purification chemicals and water restitution pipes. Government through the RBZ has provided the Zimbabwe National Water Authority with foreign currency to import chemicals'.<sup>42</sup>

*The Herald* also led with a story proclaiming that Zimbabwe would pay back US\$6.5 million to the Global Fund.<sup>43</sup> It quoted the RBZ as saying 'We have never refused to acknowledge the liability'. He said settling the obligations at a time when the country was facing serious foreign currency shortages did not mean that 'we are cash awash' but it was a situation which required 'extraordinary intervention'. At the same time, as if to demonstrate a recently acquired commitment to social welfare, Gono announced that the government would immediately start restocking hospitals with essential drugs to avert imminent closures (Kadzere 2008)

There is a major controversy in Zimbabwe's new inclusive government about the culpability of the RBZ in the collapse of the economy. The MDC party believes that the central bank mainly served the ZANU-PF party elite and abused its position as monetary authority. They accuse him of illegally usurping functions from the ministry of finance and squandering precious foreign currency on President Robert Mugabe's clique.<sup>44</sup> Mr Mugabe answers that the MDC's allegations about Gono are merely an attempt to review his administration's performance (Thornycroft 2009).

Since January, Zimbabwe has exclusively used foreign currency after abandoning the worthless Zimbabwe dollar. This pragmatic move, however, has created major problems for the banking sector, which has experienced a dramatic drop in business. The situation has gone from one where customers slept in long queues to be able to access their money and banks were packed all day to one where the banks are eerily quiet. They are now sending staff on unpaid leave, and it appears that a number of banks will not be able to continue in business.

The basic problem is a massive loss of confidence in the banking system. In addition to aid agencies, neither companies nor individuals are willing to risk their deposits in a system that the RBZ operated as an extension of itself. Offshore accounts and cash are the preferred options. As one banker explained, 'the governor of the RBZ used peoples' money without consulting them. Some of that money has yet to be returned to its rightful owners. [T]he central bank said to the banks, all forex balances are going to be operating under the reserve bank. So they opened what they call mirror accounts in the reserve bank and what we did as

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<sup>42</sup> The statement is characterised as puppet-like because, whether it came directly from the Minister or was embellished by *The Herald*, it is a reflection of a notice posted on the wall of *The Herald* newsroom instructing reporters to include reference to 'illegal sanctions' in every story they write.

<sup>43</sup> There was no explanation for why the amount the government was said to be paying back was nearly a million dollars less than what had been diverted.

<sup>44</sup> As if to confirm MDC's beliefs, the security and military heads added to the tensions by threatening to go to war if the RBZ governor were removed, claiming his removal would be the same as 'negating the struggle for independence' (Bell 2009b). Simultaneously, one war veterans' leader told the state-controlled television that war veterans would not stand by and watch the MDC pushing for Gono's removal. Claiming that the source of the calls for Gono's ouster is whites, he said they would respond by ejecting all white farmers who still remain on farms. 'As war veterans, we are saying those whites whom we had allowed to remain in the farms would leave with immediate effect - immediately!' (*The Zimbabwe Times* 2009).

banks is transfer all funds to the reserve bank. Those accounts are still there, those balances are still growing,' the banker explained (Mafundikwa 2009).

The dollarization of the economy, however, has wiped out the perks arising from preferential exchange rates. And the new government is working hard to separate Mr. Gono and Mr. Mugabe from their traditional control of the money flow. But when Gono's 5-year term expired in November 2008, President Mugabe immediately reappointed him. And ever since the ZANU-PF elite have called vociferously for him to remain in office. So far Mr. Gono has managed to keep his job. But the new government has eliminated or reduced a host of taxes and retail licence fees that were previously funnelled to the RBZ—including heavy taxes on retail turnover and export revenue (York 2009).

Zimbabwean economist John Robertson has said that he doubts whether Gono or others will ever be held responsible for what the RBZ has done. Robertson points out that where the RBZ excelled was in creating niches through which the ZANU-PF elite could profit. Moreover, the RBZ was seemingly careful always to ensure that the ZANU-PF-controlled parliament passed the statutes needed to legalise its activities. According to Robertson, 'The government or the reserve bank actually legalized the process that allowed them to transfer funds. So they would argue, I believe, that the legalities of these things are not to be questioned in that they gave them themselves the legal right to do them...' (Thornycroft 2009).

Further, according to Robertson (Thornycroft 2009):

Gono's contribution was that he lengthened the decline process by a couple of years. I think if had not done what he did, the country would have succumbed to the incredibly bad policy decisions some years ago. But he found ways of printing money. Now that it has collapsed we are totally bankrupt whereas before we would have least been in a position to bring about a recovery with what we had left.

### **A Snapshot of the Education Sector**

The bulk of this paper addresses a particular set of consequences of elite behaviour for the health sector. The material presented on this theme could easily be expanded two- or three-fold. Yet so pervasive have been the effects of predatory elitism in Zimbabwe that a better appreciation requires at least some attention to other areas of the economy. The material below sketches briefly some of the outcomes in the realm of education.

Both because of political harassment around elections since 2000 and the growing worthlessness of their salaries, more than 80,000 teachers are reported to have left the teaching profession over the last ten years (Shumba *et al* 2009). Many of these are thought to have emigrated to South Africa or the United Kingdom. Of the school teachers currently present in the primary and secondary systems, 85 per cent are reported to be temporary teachers, often Green Bombers, the unqualified youth militia, military personnel, or trainee teachers. Thus what was once an elite and respected profession for middle-class Zimbabweans has become a dead end.

During 2008, school children attended a total of only 27 days of the full academic year; the rest of the normal teaching days were lost either through strikes or other absences by teachers. Only about 20 per cent of school children attended any school in 2008, and 40 per cent of teachers also did not come to school last year.



The national examination results from 2008 were released only many months after the normal date, forcing schools and university campuses to devise ad hoc methods of deciding whether or not to offer places to those who had applied. This was the fourth year in a row that the Zimbabwe Schools Examination Council (ZIMSEC) had delayed examination results. In 2008/09 it repeatedly announced delays, blaming them on 'low turn-up by markers'—without viewing the problem as a symptom of decay in the country's education sector or admitting that ZIMSEC had failed to pay markers in the past (MMPZ 2009-2). ZIMSEC also implied that progress was being made in the marking process by saying it was still 'capturing' the results.<sup>45</sup> ZIMSEC did not resort, however, to the solution it pursued in 2007 of having unqualified army and police personnel take over the marking of primary and secondary school examinations (Makiwa 2007).

Examination pass rates at both primary and secondary schools are reported to have fallen dramatically. And ZIMSEC had already begun much earlier to elicit public criticism for its record of incompetence in executing its mandate after it issued results for subjects students had not sat for, or certificates reflecting incomplete numbers of subjects (IRIN 2005).

Colleges and universities were also closed several times during 2008, and the main University of Zimbabwe campus in Harare remains closed at the time of writing. There are multiple reasons for these closures, but all reduce to the same common denominator—government's failure to match the resources provided to the tasks needing to be done.<sup>46</sup> Underlining the failure of the government to support the universities, the vice-chancellor of the University of Zimbabwe in Harare said it was appealing for US\$3.2 million to enable the institution to reopen (University World News 2009).

As well as taking money from the accounts of businesses and NGOs, Zimbabwe's central bank also raided the foreign currency accounts of universities to prop up the government. RBZ withdrew money from a foreign currency account belonging to Africa University and did not reimburse the university. The same thing happened at the University of Zimbabwe, and three other universities have also stated that donor money for different projects had disappeared (University World News 2009).

The Governor of the Reserve Bank admitted to employing expropriated funds to purchase 29 vehicles for three state universities—Great Zimbabwe, Midlands State University and Chinhoyi University of Technology—using foreign currency for expenditures that were outside of the budget. He claimed this action was necessary to retain skilled staff, but what is unclear is why he chose a mechanism that looks very much like patronage rather than electing to pay academics decent salaries. At the same time he passed the responsibility for repayment of the looted funds to the MDC-controlled Ministry of Finance: 'It is hoped that those now in the relevant authorities play their reciprocal part in ensuring that all our creditors who are owed money are repaid' (University World News 2009).

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<sup>45</sup> There were also reported to be constraints on ZIMSEC's operations because the organization had in the past been known to employ 'ghost markers'.

<sup>46</sup> One egregious example underlying the under-funding of the university in Harare is the following. Every year a large number of so-called 'Presidential Scholarships' are awarded to secondary school graduates to allow them to attend university outside Zimbabwe. These awards, in foreign currency, go overwhelmingly to the children of the ZANU-PF elite. The author was told in 2008 that the cost of the some 60 Zimbabwean students studying at the University of KwaZulu/Natal was two-thirds of the entire annual budget of the University of Zimbabwe in Harare (UKZN academic, personal communication, June 2008).

Students in tertiary educational institutions have been on strike protesting against the dollarisation of education.<sup>47</sup> Teaching has now resumed at some of the university campuses, but students have been advised that their examination results will not be released until their fees have been fully paid in US dollars.

The abandonment of the Zimbabwe dollar is also having adverse consequences at both primary and secondary levels. In a desperate effort to compensate for years of government underfunding, schools have been setting fees and levies in foreign currency. In urban areas, the levy alone for one term set by some schools exceeds the US\$100 monthly 'allowance' now received by all civil servants (*The Herald* 2009). In rural areas, where parents have very limited opportunity to generate foreign currency, schools have resorted to charging fees and levies in kind—as maize, beans, groundnuts, chickens, or whatever the parents have (Zikhali 2009). Following a year characterised by extreme hunger, such moves have aroused much anger among the parents of schoolchildren. And, in both urban and rural areas, it is the pupils who are being penalised since they are sent home for failure to pay the fees and levies.

There are numerous parallels between what has happened in the health sector and what has happened in education. Both downward trajectories, however, began well before sanctions were imposed and both are the consequence of the elite appropriating for itself resources that should have gone to support general social welfare.

### **Conclusions**

The paper has focused on only one small aspect of the current crisis in the health sector as an illustration of the consequences of elite behaviour. A more comprehensive overview of the health sector as a whole (PHR 2009) spells out what has happened with other disease vectors: anthrax, multi-drug resistant tuberculosis, HIV/AIDS, maternal morbidity and mortality, protein-calorie undernutrition, as well as the state of deterioration in the facilities and services that support the health sector. The picture in each of these areas is equally grim.

Even with the limited scope of this analysis, it is clear that the consequences of elite predation go far beyond what can be documented. There has to be serious concern, for example, that unknown numbers of cholera deaths have gone unreported because people are forced to die at home: many public hospitals are closed, and those mission hospitals that are functioning are financially inaccessible to many of the rural poor. This is likely to be particularly true in more remote rural areas and among the many child-headed households in Zimbabwe, which has more than a million orphaned children, largely as a consequence of the ongoing HIV/AIDS epidemic (PHR 2009).

The paper has also included as another indicator of the current state of social welfare in Zimbabwe a snapshot of the extent of deterioration in the education sector.

It should be clear from the material presented that Zimbabwe exhibits some extreme social and economic pathology. As portrayed by *The Economist* in late 2008 (December 3, 2008):

The healthcare system has collapsed. Harare's two biggest hospitals have almost ceased to function. The water and sewerage system has broken down in many places, including Harare, where the authorities turned off the taps completely for a few days in a cack-handed attempt to stem the spread of the disease. Sick Zimbabweans are streaming into neighbouring South Africa.

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<sup>47</sup> The MBA programme at the university in Harare has 138 students enrolled. Of this total, only six had been able to pay their US dollar fees as of March 2009 (Personal communication, March 13, 2009).

At the same time, food is running out. The last harvest failed. Severe shortages will leave more than half the resident population of some 9m (it is unclear what the population is now) needing handouts by next month. The few Zimbabweans still formally employed, probably less than a fifth of the working-age population, earn only a pittance, their wages long ago squeezed almost into nothing by hyperinflation. Punitive cash-withdrawal limits imposed by the central bank mean that people anyway cannot get hold of more than a fraction of their earnings. Public-sector workers are staying away from work en masse. Few teachers ... now turn up. Dealing on the black market, barter, subsistence and foreign currency sent by friends and relatives abroad are the lifelines for most Zimbabweans.

As a result of the relentless deterioration of the health sector, coupled with serious food shortages and an epidemic of HIV/AIDS, Zimbabwe has been left with one of the lowest life expectancies in the world. The average life expectancy of Zimbabwean women has dropped from 61 to 34 years, which is the lowest in the world according to WHO (Meldrum 2009). The average life expectancy for men is 37 years. These figures do not, of course, yet take account of fatalities from the cholera pandemic. Adding to this grim profile, Zimbabwe has the highest number of orphans per capita; a death rate above 3,500 per week, exceeding Darfur, Iraq and Afghanistan; 90 percent plus unemployment; 80 per cent of the population below the poverty line; and more than 15,000 cases of organised torture and violence documented since 2001 (*The Guardian*, January 22, 2007).

Physicians for Human Rights (2009) asks a set of fundamental questions in the context of the recent course of events in Zimbabwe: What happens when a government presides over the dramatic reversal of its population's access to food, clean water, basic sanitation, and healthcare? When government policies lead directly to the shuttering of hospitals and clinics, the closing of its medical school, and the beatings of health workers, are we to consider the attendant deaths and injuries as any different from those resulting from a massacre of similar proportions? In other words, are the slow deaths resulting from elite predation in Zimbabwe to be regarded any differently from the compressed frenzy of the killings that took place in Rwanda?<sup>48</sup>

Still, no one expects a coup or a popular revolution in Zimbabwe any time soon. The population has been crushed by years of brutality, and in any event are fully occupied merely trying to survive. But even Mr Mugabe's machinery of repression is creaking under the strain of economic disintegration. Groups of uniformed soldiers have rioted several times in Harare in recent months, largely out of frustration at their inability to withdraw their wages. But the protests were quickly crushed by riot police. The disgruntled soldiers are low-ranking and disorganised, whereas the reliability of the riot police is ensured by their inclusion in the ranks of the elite—purchased through extra pay and privileges. The upper echelons of the military elite are also loyal members of the ZANU-PF network, with their own interests to protect—not least the risk of prosecution for gross violations of human rights under any effective new form of open government (Thornycroft & Berger 2008).

Nevertheless, it is plain that soldiers, the ultimate guarantor of Robert Mugabe's power, are no longer shielded from the economic devastation wrought by those further up the hierarchy. Inflation, running at hundreds of millions of per cent, hit the rank-and-file of the military just as hard as it did ordinary citizens. Thousands of soldiers have been told to work on farms.

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<sup>48</sup> Not that Zimbabwe has not experienced degrees of unrestrained homicidal behaviour. The *gukurahundi* episode in the early 1980s is said to have caused 20-30,000 deaths, while it is estimated that the politically motivated violence surrounding the 2008 elections cost some 200 lives (Catholic Commission for Justice and Peace & the Legal Resources Foundation 1997; Revesai 2009; Solidarity Peace Trust 2008a & 2008b).

Many are said to be deserting. Half of the army is on semi-permanent leave, with the government unable even to feed them, and finding the funds to pay the remainder is growing ever harder (Philp 2008). The senior ranks—colonels and upwards—still benefit from elite status and access to farms, mineral resources and other business privileges. They are probably still loyal to Mr Mugabe. But, confronted with the possibility that the new government will re-establish the rule of law, there is still a frantic scramble to seize assets before the door closes. And a question-mark may soon start to hang over junior officers, the next tier down the pyramid, who have not benefited from the transfer of assets and who may be wondering what will be left for them when the dust settles.

The paper has hopefully demonstrated that the three ingredients Tuchman regards as necessary for folly to occur—obliviousness to the disaffection of constituents, primacy of self-aggrandisement, and illusions of invulnerable status—have all been present in abundance in Zimbabwe. Further, it should be clear that in Zimbabwe folly has been pursued by groups of the elite, acting within a common framework. Finally, it should be obvious that other, better courses of action were available. The legacy of a failed state holds little promise even for the elite.

What is now uncertain is how strongly the illusion of invulnerability persists. One thing Mr Mugabe cannot now reverse, diplomats and analysts all agree, is the catastrophic economic slide down which Zimbabwe's elite have sent the country. It is this crisis which led to the first and most dangerous signs of disorder, with soldiers rioting in the streets of Harare after they were unable to draw their wages because banks had run out of money (Philp 2008). With nothing left to distribute, the bottom tiers of the pyramid are growing restless.

There is also a growing awareness of vulnerability among the top elite, as well as a mounting tension over who will be king-of-the-mountain when Mugabe is gone. ZANU-PF at present is so factionalised that Mr Mugabe remains essential to keeping it together. By playing off different groupings against one another, and refusing to create a succession plan, he has ensured that his chieftains would rather keep him in office than see any of their rivals take the presidency. Elite cohesion is also reinforced by common fears that their paths to wealth will be exposed and that prosecution could follow.

Now that, with a new government, the country should be moving forward quickly—but isn't—a long-standing theory is being confirmed: Zimbabwe has not been overwhelmed by economic mismanagement as much as it has by corruption. Deliberately chosen corrupt practices that were cultivated to ward off, deflect or neutralise threats to the ZANU-PF's elite power base appear to be still in place, and still very much in force (Robertson 2009b).

Zimbabwe's prolonged crisis illustrates the consequences of short-sighted, self-serving and inappropriate economic policies, as it continues to fail to realize its potential to become a strong, independent state. Triggered in part by the Mugabe government's decision to ignore fiscal constraints, and exacerbated by increasing social unrest and ballooning inflation, Zimbabwe's economic performance lags far behind that of her neighbours. Mr Mugabe's concern now is not so much for his own population, however, as it is for surrounding African countries. Tired of the messy overspill of Zimbabwe's multiple crises, South Africa and Botswana, in particular, may be moved to stronger action to force him to go, or at least to relinquish substantive power. Proving he could work with foreign donors to contain the cholera crisis, which spilled across all Zimbabwe's borders, was one way Mugabe sought to ease pressure on his neighbours to act (Philp 2008).

Miraculously, Zimbabwe has managed to avoid falling into complete collapse—the result of low but consistent levels of foreign direct investment, official development assistance, and strong Sino-Africa relations (Moyo & Besada 2008). Nevertheless, it is but one step short of being classed as a failed state. Economic policy changes are desperately and urgently needed to restore investment, production, trade and employment, and to establish stable exchange and interest rates. However, examined against the backdrop of deeply entrenched elite behaviour, the reasons for the determination of incumbent politicians to hold onto their privileges and not to be held to account for their obscene wealth become a little clearer. And so, too, do their attempts to slow the process of change (Robertson 2009b).

An added dimension to the paper would be a forward-looking assessment, assuming a unified political perspective, of the magnitude of the recovery task—both in financial terms and the time required for recovery—implicit in the damage done through elite predation. This task, however, remains a challenge for another time.

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