

Introduction

Before Zimbabwe gained independence in 1980, healthcare was reserved for the white colonial settlers and there were no policies in place to cater for the general population. After 1980, new strategies were implemented to try and bring about equity in the healthcare system. Medical management was decentralized and people received free healthcare with resource and infrastructure improvements in rural areas (Dixon et al, 2025). During this period, life expectancy and mortality rates significantly improved. Over the years, the quality of healthcare has significantly declined. This essay will discuss the effects of inequality on healthcare accessibility for Zimbabweans. Using Amartya Sen's theory of capabilities and Johan Galtung's positive peace theory I will discuss how the current system is causing harm and propose a peace initiative to bring justice and equality.

Literature Review

The collapse of the country's economy has largely influenced the decline in healthcare systems. Economic migration of skilled workers has been born as a result of this crisis. This exodus of skilled workers further contributed to an already crippled system (Nyazema, 2010). According to Abraham Maslow's hierarchy of needs, workers thrive when their work environment is comfortable and allows for growth. This has not been the case for most healthcare workers in Zimbabwe and their dissatisfaction has led to their migration. The RAD-AID country report of 2024 shows that there has been a decline in the nurse-patient ratio which is currently three times lower than the World Health Organisation's recommended ratio (McGinty, 2024).

In poorer societies, people have to rely on the little that the government can cover towards their medical expenses. The introduction of medical aid schemes that can be paid by individuals or companies has relieved the financial burden for some people although it mainly favours formally employed people (Ray, 2017). Most of the medical aid companies demand monthly

contributions with shortfalls paid out of pocket. There has been an emergence of private hospitals and clinics that very few can afford. Private medical care is very expensive and with the dying economy, very few people can afford it. The public hospitals and clinics lack adequate facilities and equipment therefore residents have to access private hospitals in order to receive appropriate quality medical interventions. This has led to increased mortality rates due to lack of proper medical attention (Njanike, 2021). In a thriving economy, quality healthcare should be easily accessible to everyone despite social class and Zimbabwe is still a long way from reaching those standards.

The COVID-19 pandemic increased the strain on the already struggling system. Majority of resources were directed towards the fight against the pandemic and the country was stretched beyond what it could bear. Other key areas of focus were side-lined and people could not get access to treatment for other conditions other than COVID-19, incapacitating the control and management of diseases (Midzi, 2025). Zimbabwe has really struggled to move forward and improve the system after this era as most of the resources have been used up.

Zimbabwe adheres to the Universal Health Coverage (UHC) system, in which healthcare access should be easily accessible to all citizens regardless of social status. This system has a deep emphasis on health equity which is a concept that is recognised throughout the world as a basis for health system development (Mhazo, 2022). The high costs of healthcare access has caused social exclusion which is a form of structural violence. Most people do not have the financial access to quality care which has restrained progress towards achieving Universal Health Coverage (Chipunza, 2023). Healthcare is considered to be a basic human right for citizens of any country. The current situation in Zimbabwe points out neglect and violation of human rights.

Currently, Zimbabwe`s healthcare system operates under a public-private system. According to the Zimbabwe Healthcare Report of 2025, the public system has very few workers and it is poorly funded with very few resources to cater for the growing population. On the other hand, the private system has top notch expertise and high quality technology providing excellent services. Most of the skilled workers are attracted to the private practices because of the promise of competitive salaries and good working conditions, further crippling the government funded hospitals.

Due to hyperinflation, most underprivileged people get financial aid to access hospitals through Non-Governmental Organisations (NGOs). The NGOs have helped the situation by providing medical aid schemes that low income citizens can benefit from and have built more affordable hospitals and clinics especially in the rural areas. Clearly, without the NGOs assisting in the crisis most people would not be able to have access to basic medical care. For more complex disease management, those who can afford have to fund for themselves to go outside the country in search of medical expertise that can cater for their needs. This route however is very expensive and very few medical aid schemes can fund the expenses.

Private hospitals and clinics are situated in serene urban areas dominated by upper class citizens. This strategic situation has deliberately led to the exclusion of poor citizens who reside in the outskirts of these affluent communities. The cost for doctor`s consultation is unreasonable and unaffordable. It seems that the value of life has been reduced to one`s ability to pay a lot of money in order to survive. Disadvantaged communities continue to suffer and have to rely on well-wishers and government aid to fund their healthcare. This is a humanitarian crisis and human rights violation. The system in place does not favour the poor and unemployed but instead favours upper class citizens.

Poverty is the leading cause of prevalence of disease in Zimbabwe. Cholera is one of the epidemic diseases in Zimbabwe which can be easily prevented by improved sanitation and clean water supply (Mashe et al, 2023). It is evident through studies that have been done that most communities affected by cholera are high density areas. In these locations, there is poor waste management and unsafe water supply, which are conditions for this disease to thrive. Citizens in Zimbabwe often share their experiences on social media where they face scarcity of drugs and basic equipment. Those in power do not seek medical care locally and opt to go outside of Zimbabwe because they know that their country is incapacitated to provide state of the art medical care (Nyambi, 2025).

People are forced to go without proper medical treatment and this reflects a serious case of structural violence. The structures and policies in place prevent people from fully flourishing, this is also known as structural othering. There are laws that directly influence distribution of resources in ways that have a negative impact on marginalised communities. This is the harsh reality of Zimbabweans today, they live in fear and a feeling of helplessness. The system continues on a downward spiral together with the hopes of a better life. Some have resorted to making their own home remedies as a solution to the impending doom. It is not that people do not prioritise their health but the system has forced them to seek other alternatives that they can afford.

Theoretical Framework

The injustice must be named and validated so as to give the people a voice and a sense of belonging. People`s experiences should be brought to light so that the world is aware of the consequences of structural violence that is born out of inequality. By shedding some light on this topic, the injustice can be traced back to its origins and this can be of good use in finding solutions. In Zimbabwe, health is viewed as something that can be bought and not as a basic

human right. Amartya Sen talks about the capabilities frameworks and defines capabilities as substantive freedoms that people need to develop the lives they desire. There is a proportional relationship between capacity and opportunity, which are the basis of capabilities. Capacities provide the ability and knowledge to do something while opportunities are the circumstances that make that possible. Capability deprivation produces conflict and it is viewed as a form of structural violence by reproducing exclusion and poverty. The structural violence seen in the healthcare sector deprives people of their capabilities. People cannot afford quality healthcare because they live in poverty and health facilities are situated in locations that most of the people cannot access especially in remote rural areas. These conditions inhibit the full flourishing and people cannot live the lives they value.

Johan Galtung talks about negative peace which is defined as the absence of physical violence. In this case, there is no physical violence in Zimbabwe but the country is ravaged by structural violence. Galtung introduces the idea of positive peace which does not simply overlook the absence of violence but carries a narrative of justice and equality. In most cases, these issues are overlooked because there is absence of physical violence which masks the full picture of the suffering people are subjected to. Peace is an ongoing process which cannot be fostered through violence but through changes in our systems that do not impede the full flourishing of communities. Instead of focusing solely on what is wrong with the system it is crucial to come up with ideas that foster positive changes and ideas in order for communities to thrive. I will propose a peace initiative that is centred around Galtung's theory of positive peace.

Discussion

History tells us that building more hospitals and clinics does not address the fact that healthcare in Zimbabwe is not easily accessible for all. We need to dig deeper into the root causes of the crisis and come up with solutions from there. The system needs to be called out for what it is

and it is time for people to know that access to basic healthcare is not a privilege but a basic human right. Citizens of Zimbabwe need to stand up for themselves and speak boldly about the health challenges they are facing. I propose that there should be a forum that allows for people to speak freely about their experiences and bring their needs forward. I believe that dialogue can be used as a form of healing so that people can know that their pain is valid to and there is a safe space to openly share experiences and ideas that bring change and transformation. The structural violence is being inflicted on the population and I believe that they should come up with their own form of justice collectively. The sole purpose of the forum is to acknowledge the harm and open space for dialogue and change, not to point fingers.

For this to happen effectively, the media and press will be involved for information dissemination and interpretation so that no one is left behind. Local activists play a crucial role in organising peaceful protests that call people to speak out and speak up. The healthcare workers are key stakeholders as well because they are the ones working in a broken system and their needs and grievances must be heard. This would be an opportunity for them to start working under a well-polished system that caters for their needs and needs of the patients. The community leaders would be needed to be in the forefront to offer support and give people the confidence to speak freely. The Ministry and Child Care will be equal partners since they are in charge of the system. They can come up with meaningful strategies from the kind of justice people expect and put policies in place that can address the structural violence.

There are Non-Profit Organisations in Zimbabwe whose key areas of interest are public health. They would be approached and this initiative would be shared with them. NGOs are valuable partners because they have access to the needed resources and the necessary connections to get the right people on board. However, it is crucial to partner with an organisation that focuses not only on healthcare but on social justice, equality and inclusion. A thorough homework be carried out in order to know if the organisation is reliable and trustworthy enough to deliver.

The Rotary International organisation would be a suitable partner for this project. Some of their mandates are to provide equitable healthcare and deliver social justice. The local clubs are made up of influential people in the community from business owners to professionals. The expertise within the clubs would come in handy in project design, monitoring and evaluation. The organisation has a good worldwide reputation in public health and community organising which would in turn legitimise the initiative. They also have access to financial aid from other rotary clubs worldwide and their contributions would give the necessary funding back up. Initiatives of Change would be a significant partner in facilitating sustainable dialogue in a safe space and building trust. The trauma genic experiences lead to a lack of trust in the system and this organisation can help to repair and foster that faith between the people and the system.

Limitations

This initiative has potential to change the lives of every Zimbabwean citizen currently facing this form of structural violence. However, it is necessary to mention the limitations and potential obstacles that could hinder the success of this venture. The government may view it as a threat to their reputation and an exposure of the system failures. Therefore, they could try to override the mission and take control of it. Zimbabwe. The private healthcare system could be resistant to change because it thrives on the inequality of the system by getting clients who evade the failing public healthcare system.

If the project is poorly funded it would lack the adequate thrust needed to see it through. The poor and under privileged have always had their voices silenced and it has become the norm. Breaking that silence and making people realise that they have a voice would be a challenge that has the potential to overthrow the initiative. Based on history and past experiences, people may not trust that this could actually work and bring the change they want to see.

I would propose starting small and doing a pilot program before taking it large scale. This would help in evaluating whether or not there is enough traction for the project to take off. Weaknesses and strengths can be measured from the pilot program to make room for adjustments. Considering the government as a unique and strategic partner would make them feel that they are part of the solution, in a bid to curb the resistance.

Conclusion

Despite all the pain and hurts of the past, Zimbabwe has a chance to make things right. Everyone has a pivotal role to turn this thought into reality. Challenges will be there in every direction but in solidarity, transformation is possible. People have the power to mould society in the way they desire. Drawing on my understanding of peace, it is a journey with no tangible destination but each step no matter how small it is brings us closer to the destination.

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