



The SAGE Encyclopedia of Cancer and Society

Zimbabwe

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The Republic of Zimbabwe is a southern African country located between the Zambezi and Limpopo rivers. It is bordered by South Africa to the south, Botswana to the southwest, Zambia to the northwest, and Mozambique to the east. Zimbabwe has 16 official languages, with English, Shona, and Ndebele being the most common. The history of Zimbabwe is one of European colonization and contemporary political turmoil. The United Kingdom annexed Southern Rhodesia from the British South Africa Company in 1923. A 1961 constitution was formulated that favored whites in power. In 1965, the government unilaterally declared its independence, but the United Kingdom did not recognize the act and demanded more complete voting rights for the black African majority in the country then called Rhodesia. UN sanctions and a guerrilla uprising finally led to free elections in 1979 and independence as Zimbabwe in 1980.

Robert Mugabe, the nation's first prime minister, has been in power since 1987 as president and has dominated the country's political system since independence with devastating effects. His chaotic land redistribution campaign, which began in 1997 and intensified after 2000, caused an exodus of white farmers, crippled the economy and ushered in widespread shortages of basic commodities. Ignoring international condemnation, President Mugabe rigged the 2002 presidential election to ensure his win. In April 2005, the capital city of Harare embarked on Operation Restore Order, which destroyed the homes or businesses of 700,000 mostly poor supporters of the opposition. President Mugabe in June 2007 instituted price controls on all basic commodities, which caused panic buying and left store shelves empty for months; a period of increasing hyperinflation ensued. General elections held in March 2008 contained irregularities but still amounted to a censure of the Zimbabwe African National Union

Patriotic Front-led government, with the opposition winning a majority of seats in parliament. Opposition leader Morgan Tsvangirai won the most votes in the presidential polls. In the lead up to a runoff election in late June 2008, considerable violence took place against opposition party members, which led to the withdrawal of Tsvangirai from the ballot. There was evidence of violence and intimidation, resulting in international condemnation of the election process. Difficult negotiations ensued over sharing power, control, and creating a truly unified government in which Mugabe remained president and Tsvangirai became prime minister. A settlement was reached in February 2009, although both men failed to agree upon several key governmental issues. Mugabe was reelected president in June 2013 in balloting that was severely flawed and once again internationally condemned.

Politics influence the human services provided in a country with a growing cancer burden, as government support is needed to provide the necessary resources. The population of Zimbabwe is estimated at approximately 14 million, with a life expectancy of 56 years. For every 100,000 people, there are 10 doctors and 130 nurses and midwives. These numbers decrease when medical specialization is factored in.

The Zimbabwe National Cancer Registry (ZNCR) was established in 1985 as a result of a collaborative agreement between the Zimbabwean Ministry of Health and the International Agency for Research on Cancer (IARC). Operations began in Harare in 1986, with complete coverage of the population of the city by 1990. Recognized as one of the few well-established registries in Africa, the ZNCR provides technical support to other registries in the region at the request of the IARC, the World Health Organization's African Regional Office (WHO/AFRO), and the International Network for Cancer Treatment and Research (INCTR).

The registry is strategically located in the Parirenyatwa Group of Hospitals complex, a large

government referral center that provides most of the specialized cancer management services for the country and is also one of the two teaching hospitals used by the University of Zimbabwe College of Health Sciences. The Ministry of Health and Child Welfare, the IARC, the INCTR, and other organizations support the registry.

Eric Chokunonga, the registrar of the ZNCR, along with other researchers completed a study that examined the incidence rates of different cancers in the black population of Harare over a 20-year period (1991 to 2010), along with social and lifestyle changes and the peak and subsequent wane of the HIV/AIDS epidemic. The results indicate that the overall risk of cancer increased in both sexes during the period, with rates of cervical and prostate cancers showing dramatic increases of 3.3 percent and 6.4 percent annually, respectively. By 2004, prostate cancer had become the most common cancer of men. The incidence of cancer of the esophagus, formerly the most common cancer of men, remained relatively constant, whereas rates of breast and cervical cancers, the most common malignancies of women, showed significant increases at 4.9 percent and 3.3 percent annually, respectively.

The incidence of Kaposi's sarcoma increased to a maximum around 1998 to 2000 and then declined in all age groups and in both sexes. The incidence of squamous cell cancers of the conjunctiva (eye) is relatively high, with temporal trends similar to those of Kaposi's sarcoma. Non-Hodgkin's lymphoma, the fifth most common cancer of men and fourth of women, showed a steady increase in incidence throughout the period (6.7 percent to 6.9 percent annually), although rates in young adults (aged 15 to 39) have decreased since 2001. Cancer control in Zimbabwe, as elsewhere in sub-Saharan Africa, involves meeting the challenge of emerging cancers associated with Westernization of lifestyles (large bowel, breast, and prostate), while the incidence of cancers associated with poverty and infection (liver, cervix, and esophagus) shows little decline, and the residual burden of the AIDS-associated cancers remains significant.

The National Cancer Prevention and Control Strategy for Zimbabwe 2013–2017 recognizes that cancer is a major cause of morbidity and mortality in Zimbabwe, with over 5,000 new diagnoses being made and over 1,000 deaths per year. The number of people developing cancer is expected to increase due to an increasingly aging population, HIV and AIDS, a Westernized diet, and other unhealthy lifestyle choices in the population. The Ministry of Health and Child Welfare and its partners in cancer control are prioritizing cancer policy and implementation of relevant advances, with the vision that Zimbabwe will have a system for cancer control that will reduce cancer incidence, morbidity, and mortality rates. The goal is for the people of Zimbabwe to practice health-promoting and cancer-prevention behaviors and have access to early cancer detection. This strategy ultimately seeks to enhance the range, capacity, and quality of cancer services comprising prevention, early detection, diagnosis, treatment, palliative care, rehabilitation, surveillance, and research.

See Also: [AIDS-Related Cancers](#); [South Africa](#); [Zambia](#).

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Further Readings

Central Intelligence Agency. "The World Factbook: Zimbabwe." <https://www.cia.gov/library/publications/the-world-factbook/geos/zi.html> (Accessed June 2014).

Chokunonga, Eric, et al. "Trends in the Incidence of Cancer in the Black Population of Harare,

Zimbabwe 1991–2010.” *International Journal of Cancer*, v.133 (August 2013).

The National Cancer Prevention and Control Strategy for Zimbabwe 2013–2017.

<http://www.iccpportal.org/sites/default/files/plans/CANCER%20STRATEGY%20FINAL%202013%202017.pdf> (Accessed June 2014).

World Health Organization. “Regional Office for Africa.” <http://www.afro.who.int> (Accessed July 2014).