Zimbabwe has recorded a total of 34 confirmed cases of COVID-19 and a total of 4 deaths. As of the 30th of April 2020, 8314 screening and diagnostic tests (Corona Virus (COVID-19) Update: 30 April 2020) had been carried out against a projected figure of 40,000 tests for the month. The COVID-19 pandemic continues to unfold globally and within the SADC region. ZADHR notes the extension of the lockdown and the programme of action as outlined by the Minister of Information and Broadcasting Services, Monica Mutsvangwa on the 3rd of May 2020.

ZADHR publishes this brief to audit the COVID-19 response in Zimbabwe and to provide recommendations to the government and health officials.

1. Lockdown

The lockdown imposed by the government five weeks ago expired on the 3rd of May 2020. With the issuance of Statutory Instrument 99 of 2020 the lockdown was further extended to the 17th of May 2020, albeit on a different level officially dubbed LEVEL 2 despite no prior indication of the COVID-19 response stratification. The lockdown was extended from a background of growth in the number of cases of COVID-19 in Zimbabwe, with more cases of local transmission being reported. ZADHR reiterates that without adequate screening, testing and isolation of existing cases, there is a huge possibility of a surge in incidences of local transmission of COVID-19. Widespread screening and testing must be conducted in all regions with local transmission of COVID-19. The Government of Zimbabwe needs to be encouraged to desist from a command approach and to include citizens in the prevention of disease spread, pandemics are brought under control by changing human behavior, if the citizens can trust the Ministry of Health chances of limiting the effects of this pandemic in our extremely resource poor setting are greater.
The following is a summary of *Level 2 Lockdown*;

1. All people must wear masks of any type, including home-made ones, outside their homes.

2. The re-opening of industry and commence, provided that companies must ensure mandatory Rapid Diagnostic Testing of all employees, social distancing in the workplace, sanitisation and that all employees wear masks.

3. Operating hours shall be from 8:00am to 3:00pm.

4. For the avoidance of doubt the informal sector remains closed, except the agriculture and food supply chains (markets). All those who are vulnerable should approach the Department of Social Welfare to register for assistance.

5. Public buses only, will be the mode of public transport. Omnibuses (kombis) and smaller taxis are still not permitted to operate. Bus operators must ensure that their buses are disinfected twice daily, and that commuters wear masks, have their temperatures checked and hands sanitised before boarding buses. Social distancing must also be maintained within all buses.

6. Industry, commerce and bus operators can only re-open and operate upon fulfilling the outlined requirements. Health inspection teams will immediately randomly check for compliance. Those who fail to comply will be stopped from operating.

7. The maintenance of mandatory and quarantine protocols in line with regional and international standards will continue. Returning residents and international travellers to the country will be put on a 21-day mandatory quarantine with full testing on Day 1, Day 8 and Day 21.

8. Churches, gyms, bottle stores, bars, beerhalls and other leisure and recreational facilities
remain closed.

9. Gatherings of less than 50 people are to be maintained.

(Source-Herald, 02 May 2020)

2. Quarantine Period and Facilities

ZADHR is deeply concerned by the government's decision to reduce the number of days for quarantining returning residents from 21 to 8 days. This decision is against the WHO recommended guidelines and provides a possibility of releasing COVID 19 infected individuals into the country whilst they are at their incubation period or before onset of symptoms. ZADHR strongly advises the government to reconsider this decision. Additionally, ZADHR calls for the testing of all returning residents using PCR diagnostic kits at arrival and at leaving the quarantine facilities.

Further, ZADHR has received reports of inhumane and degrading treatment of returning residents into Zimbabwe. According to the WHO, quarantine must be in accordance with Article 3 of the International Health Regulations of 2005 by respecting the dignity, human rights and fundamental freedoms of citizens. Furthermore, all tenets of the international health regulations on quarantine of persons as described in Article 30, 31 and 32 must be respected. Recently, there are credible reports of dilapidated quarantine facilities in Karoi at Vuti High School, Belvedere Teachers College and other centres across the country. ZADHR reiterates its commitment to seek justice for all citizens subjected to such human rights violations in these centres.

3. Decentralisation of COVID-19 Designated Centres

ZADHR notes and applauds the Government for its work to decentralise the COVID-19 response. In so doing we continue to urge authorities not to inhibit people from accessing clinics for routine check-ups, follow-ups, drugs, immunizations, ante and post-natal care among other services already being offered at the centres. We further call for the capacitation
of these facilities, especially those in remote and marginalised areas. Musami Hospital, Murehwa, a COVID-19 designated centre in Mashonaland East has been reported to be operating without infra-red thermometers.

4. Health Workforce Support: Personal Protective Equipment (PPE) and Psychosocial Support

ZADHR is extremely concerned with the continued exposure and infection of health workers to COVID 19. Most health workers countrywide continue to discharge their duties without adequate PPEs. The ILO decent work agenda provides for a safe working environment. Furthermore, the High Court of Zimbabwe in a landmark ruling has compelled the state to provide PPEs for health workers. Most health centres in the rural districts are operating without any PPEs. Febrile illness is caused by many diseases other than COVID-19, clinic and hospital staff need PPEs to enable them to provide services as many febrile patients are being turned away with malaria and other infections. ZADHR calls upon the government to urgently comply with the high court order and provide additional resources for the procurement of PPEs.

ZADHR applauds the frontline role of all health workers responding to COVID-19 in Zimbabwe despite the poor remuneration and extremely difficult working environment. ZADHR has received reports of health professionals who are developing anxiety and depression. This compromises health workers ability to deliver quality care and to adequately protect themselves. Despite this, it seems there is no clear government mental health support program to deal with such. ZADHR calls upon the Ministry of Health and Child Care, to institute a psychosocial support program that provides counselling, debriefing and mental health support to all health workers at the frontline in responding to COVID-19.

5. Screening and Testing

The introduction of the Rapid Diagnostic Test (RDT) kits in the screening and testing of COVID-19 has introduced some confusion and complexities in our testing for COVID-19. There are widespread reports of false positive results and cross reactivity with malaria.
antibodies from the RDT kits. Additionally, the Ministry of Health and Child Care has not been reporting on the actual number of PCR based diagnostic tests done per day. We challenge the government to provide accurate information on the number of diagnostic tests done per province daily. RDT kits must be used for surveillance only and the diagnostic PCR must be the mainstay of our testing system. Falsely assuring the nation that the number of COVID-19 tests has been increased whilst referring to RDT based tests is counter-productive and misleading. ZADHR therefore urges the Ministry to produce daily reports with more detail to enable all health care workers and the public to make informed decisions about risk and prevalence.

Further, we note that the institution of Level 2 has come about with the State outsourcing the burden of the COVID-19 testing to business and commerce. With a background of unreliable RDT kits currently available on the market in the country we contend that any mass testing of staff this week is essentially meaningless unless members of staff are symptomatic, and if they are asymptomatic they need the PCR test and not the RDT. Over and above we believe that there is a high likelihood of the violation of patients’ rights to privacy/confidentiality as the process and management of results will be solely in the hands of human resources department and has the potential to lead to stigma and discrimination. For those seeking services from private service providers in Harare, testing costs are going between USD20 and USD35, a cost beyond the reach of many. The Ministry should therefore establish affordable and reliable testing and not to put the burden of disease surveillance on industry and commerce.

6. Prisons

ZADHR notes that the Ministry of Health and Child Care and the Zimbabwe Prisons and Correctional Services (ZPCS) has an active surveillance system which is compounded by the testing of all new cases especially at remand facilities and of staff and selected inmates. We however lament the inadequacy of PPEs.

7. Donations

We have noted the donation from Sakunda Holdings of COVID-19 equipment and sundries delivered on the 20th of April 2020 and various forms of donations from other well-wishers such as Jack Ma. For the purposes of accountability, we believe it is in the public interest for the Ministry of Health and Child Care to share the exact figures on what has been donated.
(received), and the proposed distribution criterion. We commend the government for its intention to account and be transparent about the donations received to date through sharing with the public a consolidated inventory of all donations to date which clearly disaggregate the nature of donation. We further call the government to publicise where the donations were distributed and in cases where funding was provided, to clearly state what the funds were used for and where.

8. Human Rights Violations

ZADHR continues to receive reports of assaults, harassment and other forms of intimidation for those alleged to have breached the lockdown regulations. To date, ZADHR has provided medical care to patients who have been assaulted during the lockdown. We urge the state to ensure that those violating these must not be subjected to any form of violence or torture by state agents.