To date, over 5 million COVID-19 infections have been confirmed to the WHO, with the number of deaths globally currently standing at over 328,000. Zimbabwe has recorded a total of 48 confirmed cases of COVID-19 and a total of 4 deaths as at the 20th of May 2020 with the cumulative number of tests to date standing at 32,862 (18,244 RDT and 14,618 PCR) (MOHCC Corona Virus (COVID-19) Update: 20 May 2020). We also take cognisance of the indefinite extension of the lockdown period through the gazetting of Statutory Instrument 110 of 2020 (Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No.8).

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

1. Lockdown

ZADHR notes with concern the lack of evidence-based decision making in informing the extension of the national lockdown in Zimbabwe. The Zimbabwean government has shown a lethargic approach towards conducting widespread PCR diagnostic tests for COVID-19. In the absence of key epidemiological evidence on the true distribution of COVID-19 in Zimbabwe, it becomes difficult to ascertain the basis for extending the lockdown period. ZADHR stands out clear that the lockdown must not be extended as a cover up to curtail people’s civil and political rights but must be extended if evidence points that we have not yet met the World Health Organisation (WHO) Criteria of Lifting Lockdowns. The government of Zimbabwe on the 16th of May 2020 extended the 2nd Level lockdown indefinitely with a plea to conduct fortnightly reviews. Zimbabwe continues to lag behind in meeting its testing and health infrastructure strengthening targets due to inadequate allocation of fiscal support from the central government. There is also little attention being paid towards ensuring that the lockdown will not exacerbate socio-economic vulnerabilities to Zimbabweans. ZADHR is of the view that the lockdown extension must be benchmarked on clear targets, have a defined timeframe and must always be complemented by adequate support for vulnerable populations. The government of Zimbabwe must also start developing sector wide policy
guidelines that informs how the country will exit the lockdown.

2. Quarantine Period and Facilities

ZADHR has noted with concern the poor state of affairs in the quarantine facilities. We wish to remind the government that the quarantine facilities must be urgently upgraded to meet the minimum standards as demanded by the WHO and all returnees must be treated with dignity in accordance with the regulations. Government must conduct focused testing using PCR kits on entry and on exit of the quarantine facilities to curb the spread of COVID-19 within and after the quarantine period. Supportive infrastructure for psychosocial support, other communicable diseases screening and treatment, NCDs management, child and gender friendly services and educational support for minors must be urgently provided in the quarantine period. ZADHR will be actively monitoring the quality of care in the quarantine facilities and will seek available forms of recourse in all substandard facilities that violates the rights of returning residents. We note with sadness the tragic passing on of a female returning resident who died at Mkoba Teachers College, a quarantine facility. Further, we continue to reiterate that though COVID-19 is a pandemic of international concern, local citizens and returning residents must not be hindered from accessing healthcare for other ailments.

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

We note with concern the stock outs of PPEs in most government run health facilities in Zimbabwe. Unavailability of PPEs is a violation of the High Court ruling which directed government to provide adequate PPE to all health workers. Additionally, it is also against the tenets of the International Labour Organisation (ILO) Decent Work Agenda. We condemn in the strongest of terms the lack of political commitment in ensuring that health workers are protected from COVID-19 at the workplace. Without PPE the response to medical emergencies and the provision of other essential health care such as maternal and pediatric
services are curtailed. We have received credible and widespread reports of scaling down of maternal services and immunization activities in some health centres. Additionally, we are perturbed with the rising burden of malaria and malaria deaths. Health workers must have adequate PPEs in order to adequately examine and establish the diagnosis of COVID 19 and its differentials in a timely fashion in order to reduce mortality and morbidity.

ZADHR encourages the government to set up psychosocial support services for health workers responding to COVID 19. Debriefing activities, policy guidelines at the workplace that helps in combating stress and maximizing the wellness of the frontline workers and any form of targeted counselling for health workers diagnosed with COVID 19 must be instituted. We also note that there is a growing trend to stigmatize COVID 19. The Ministry of Health and Child Care must urgently come up with information campaigns that combat this scourge. Additionally, psychosocial support services must be availed to all patients and families living with a COVID 19 patient.

5. Access Health Care for other Conditions

We note the decline in access to services for individuals with pre-existing and other emerging health conditions. Patients with chronic illnesses are finding it difficult to get resupply of medication, and they cannot be properly followed up as outpatient clinics are closed in tertiary hospitals. Operating theatres are running on limp mode, and elective surgical cases have been postponed indefinitely. This has severely affected access to health care for the majority of Zimbabwean Citizens.

ZADHR wishes to pay its heartfelt condolences to the family, friends and colleagues of the late Sister-in-Charge at Parirenyatwa Hospital, Faith Chirisa who passed on at Parirenyatwa Group of hospitals on 18 May 2020. We appreciate the effort by ICU and Casualty staff to try and save the life of a co-worker. We urge the government and hospital management across the country to ensure that emergency medicines and basic equipment like laryngoscopes, chest drains and other life-saving equipment are readily available and functional in
emergency rooms to avoid unnecessary loss of lives. We call upon the government to ensure that as they focus on responding to COVID-19, provision of other health services must not be abandoned but instead be strengthened as well.

6. Human Rights Violations

ZADHR continue to receive reports of assaults, harassment and other forms of intimidation for those alleged to have breached the lockdown regulations. Of note is the recent flash demonstration by MDC Alliance youths in Warren Park and the subsequent arrest and abduction of 3 women demonstrators Hon. Joanah Mamombe, Cecilia Chimbiri and Netsai Marova. ZADHR objects to the use of brute force, torture, inhumane and degrading treatment to anyone perceived to have breached any laws related to the lockdown. The horrific experiences of the outlined trio are an act of cowardice and utter disregard of the law and human rights instruments such as the Convention Against Torture and the Convention of the Elimination of all forms of Discrimination Against Women. ZADHR calls for an urgent and independent investigation into the abduction of these three women. We call upon the United Nations, the World Health Organization and regional bodies such as SADC and the African Union to condemn these latest states of human rights violations in Zimbabwe. ZADHR maintains that the COVID-19 pandemic must not provide a breeding ground for perpetuating impunity, rights violations and a disguise for crushing political dissent.