COVID-19 Response in Zimbabwe:
Lessons Learnt

Dr. Agnes Mahomva (MBChB, MPH)
Chief Coordinator, National Response to COVID-19 Pandemic
Office of the President and Cabinet,
Zimbabwe

15 October 2020
Overview and Whole of Government Approach

• National Preparedness and Response Plan developed in Mar 2020
  ✓ Includes prevention, containment and mitigation strategies
  ✓ Structured around 8 Pillars consistent with WHO guidelines

• A Cabinet Inter-Ministerial Task Force (TF) with 8 Sub-Committees

• Sub-Committee inter-sectoral operational plans are guided by
  • 2 levels: Central level and Operational level for creating an enabling environment and for field activities respectively
  • 2 Focus areas: Direct COVID-19 areas covering COVID-19 specific activities such as manning quarantine centres and Indirect COVID-19 activities covering activities aimed at ameliorating the socio-economic impact of COVID-19 such as grain distribution and cash transfer to the most vulnerable groups

• Experts Advisory Committee for evidence-based advice and guidance to the national response
## Distribution of COVID-19 Cases and Deaths by Province, 09 October 2020, Zimbabwe

<table>
<thead>
<tr>
<th>Province</th>
<th>Cumulative confirmed cases</th>
<th>Cumulative Deaths, due to COVID-19</th>
<th>Proportion of Total National Cases (%)</th>
<th>Proportion of Total National Deaths (%)</th>
<th>Incidence risk (case per 100000 Pop)</th>
<th>CFR %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulawayo</td>
<td>1496</td>
<td>45</td>
<td>18.7</td>
<td>19.7</td>
<td>211</td>
<td>3.0</td>
</tr>
<tr>
<td>Harare</td>
<td>3274</td>
<td>121</td>
<td>41.0</td>
<td>52.8</td>
<td>142</td>
<td>3.7</td>
</tr>
<tr>
<td>Manicaland</td>
<td>488</td>
<td>22</td>
<td>6.1</td>
<td>9.6</td>
<td>26</td>
<td>4.5</td>
</tr>
<tr>
<td>Mashonaland Central</td>
<td>206</td>
<td>4</td>
<td>2.6</td>
<td>1.7</td>
<td>17</td>
<td>1.9</td>
</tr>
<tr>
<td>Mashonaland East</td>
<td>410</td>
<td>4</td>
<td>5.1</td>
<td>1.7</td>
<td>28</td>
<td>1.0</td>
</tr>
<tr>
<td>Mashonaland West</td>
<td>340</td>
<td>12</td>
<td>4.3</td>
<td>5.2</td>
<td>21</td>
<td>3.5</td>
</tr>
<tr>
<td>Midlands</td>
<td>631</td>
<td>9</td>
<td>7.9</td>
<td>3.9</td>
<td>36</td>
<td>1.4</td>
</tr>
<tr>
<td>Masvingo</td>
<td>232</td>
<td>2</td>
<td>2.9</td>
<td>0.9</td>
<td>14</td>
<td>0.9</td>
</tr>
<tr>
<td>Matabeleland North</td>
<td>139</td>
<td>3</td>
<td>1.7</td>
<td>1.3</td>
<td>17</td>
<td>2.2</td>
</tr>
<tr>
<td>Matabeleland South</td>
<td>778</td>
<td>7</td>
<td>9.7</td>
<td>3.1</td>
<td>105</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7994</strong></td>
<td><strong>229</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>57</strong></td>
<td><strong>2.9</strong></td>
</tr>
</tbody>
</table>
Distribution of COVID-19 Cases by age group, 09 October 2020, Zimbabwe
Capacities Built:
Laboratory, Case Management and Isolation Facilities

• Seven COVID-19 PCR confirmatory Laboratories including 2 private laboratories were introduced nation wide
• COVID-19 PCR Confirmatory testing was further expanded to all 52 District laboratories using GeneXpert machines.
• Case management and isolation facilities were initially designated at the two main national infections diseases hospitals (Wilkins in Harare and Thorngrove in Bulawayo) only.
• Additional case management and isolation facilities including some private facilities were identified in each of all 10 Provinces and major urban areas
Capacities Built: In-Country Manufacturing

• In line with government’s primary responsibility over the health of its citizens and its strategy and thrust towards self-sufficiency and import substitution, the national response built capacity for local production of COVID-19 commodities:
  ✓ Local universities set up units to produce PPE, hand sanitizers and some testing consumables such as viral transport media and swabs
  ✓ Local Pharmaceutical Companies set up production of registered medicines such as paracetamol and some antibiotics required for the supportive management of COVID-19 cases.
  ✓ Small to medium scale enterprises received support to produce reusable face masks and hand sanitizers for the public.
Lessons Learned

• Zimbabwe delayed COVID-19 epidemic through stringent Public Health and Social Measures (PHSMs) enacted very early

• Number of new COVID-19 infections is decreasing - An indication of an epidemic coming under control
  ✓ Implementation of PHSMs contributed to this decrease

• The need to follow science in addressing this pandemic whilst recognizing that it is a human socio-behavioral driven disease is key.

• Whole of Government and Whole of Society (public and private) approach strengthened the national response
Challenges

• Disruption of global supply chain resulting in shortages of PPE and testing consumables.

• A struggling economy, which had begun to grow following a raft of comprehensive system wide reforms before COVID-19, contributed to key challenges including:
  o Limited HR for the required Rapid Response Teams
  o Limited testing capacity (HR and consumables)
  o Porous boarders and limited quarantine facilities to contain imported cases
  o Limited infrastructure & equipment for management of severe /critically ill cases

• Negative impact of COVID-19 and response measures on the delivery of other essential health services

• Low risk perception at individual level contributing to limited adherence to recommended preventative measures

• “Fake news” on COVID-19 fuelled poor adherence to recommended preventative measures

• Difficult balance between Public Health and Social Measures