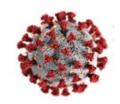


COVID-19 Response in Zimbabwe: Lessons Learnt

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

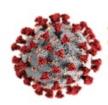






Overview and Whole of Government Approach

- 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



Zimbabwe COVID-19 Cabinet Inter-Ministerial Task Force

Command Centre
Including
Implementation M&E

Chief Coordinator,
Office of the President and Cabinet

Working Party of Permanent Secretaries for

Day to day Implementation and Production of Reports

Expert Advisory Committee

Evidence based Advice and guidance

(Team of Experts)

Health Strategy and Infrastructure Sub-Committee

Lead: Ministry of Health & Child Care

Focus:

- 1. Surveillance
- 2. Lab/Testing
- 3. Case Mn
- 4. IPC
- 5. Ports of Entry
- 6. Risk Communicate
- 7. Procurement

Provincial Public
Health EOC

Primary and Secondary Education

Sub-Committee

Oub-Oommille

Lead:

Ministry of Primary and Secondary

Focus: Reopening of schools

Resource Mobilization Sub-Committee

Lead: Ministry of Local Government, Public Works and National Housing

Focus:

Resource mobilization

Risk Communication Sub-Committee

Lead: Min istry of Information Publicity and Broadcasting

Focus:

Awareness
Community
engagement
Media Mn

Food, Water & Sustainability Sub-Committee

Lead: Ministry of Public Service, Labour Social Welfare

Focus:

- 1. Quarantine facilities;
- 2. Grain and Water distribution

distribution Social Welfare;

Materials Production Sub-Committee

Lead: Ministry of Industry & Commerce

Focus:

Local production of PPE and other COVID-19 consumables

Law and Order Sub-Committee

Lead:
Ministry of Home
Affairs and
Cultural Heritage

Lead:
Minis
Trans

Focus:

Enforcement of COVID-19 containment measures

Transport and Logistics Sub-Committee

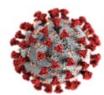
Lead:
Ministry of
Transport and
Infrastructural
Development

Focus:

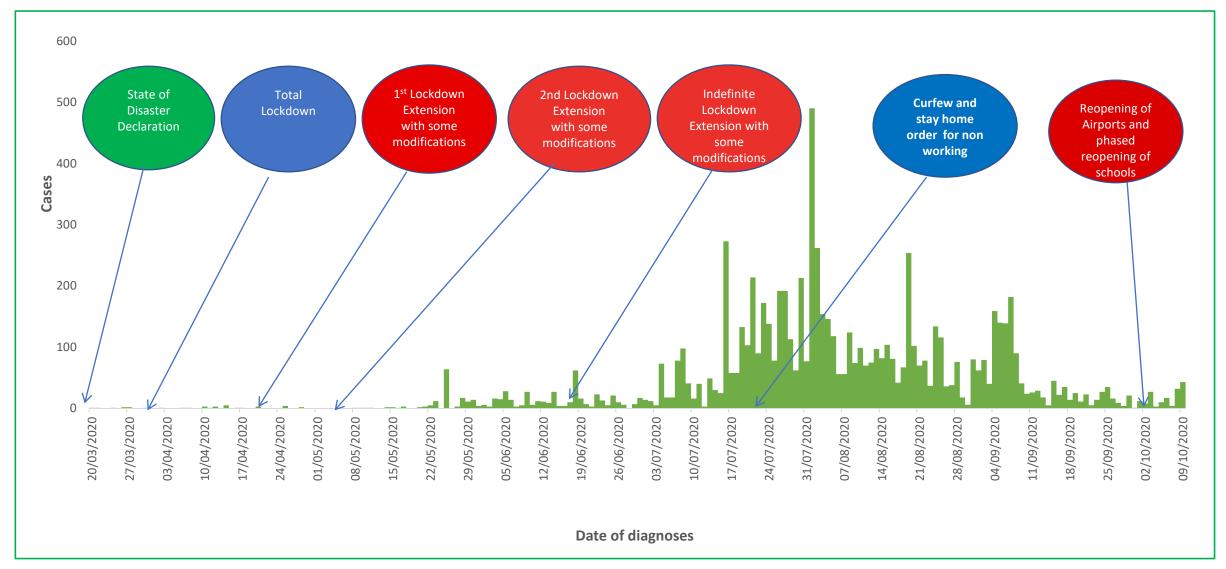
Transport and logistics

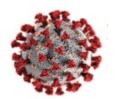


Zimbabwe National COVID-19 Management and Coordination Structure, 2020



Zimbabwe COVID-19 Epidemic Curve as of 09 October 2020





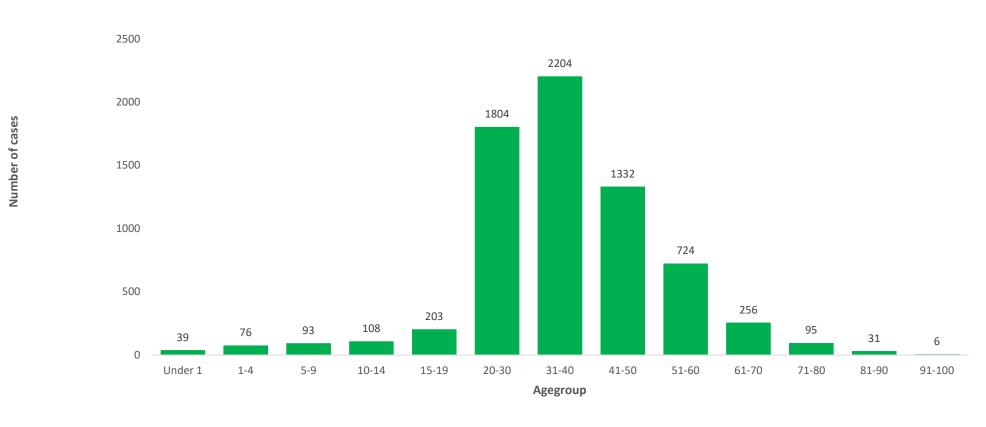
Distribution of COVID-19 Cases and Deaths by Province, 09 October 2020, Zimbabwe

Province	Cumulative	Cumulative	Proportion of	Proportion of	Incidence risk	CFR
	confirmed	Deaths, due to	Total National	Total National	(case per	%
	cases	COVID-19	Cases (%)	Deaths (%)	100000 Pop)	
Bulawayo	1496	45	18.7	19.7	211	3.0
Harare	3274	121	41.0	52.8	142	3.7
Manicaland	488	22	6.1	9.6	26	4.5
Mashonaland Central	206	4	2.6	1.7	17	1.9
Mashonaland East	410	4	5.1	1.7	28	1.0
Mashonaland West	340	12	4.3	5.2	21	3.5
Midlands	631	9	7.9	3.9	36	1.4
Masvingo	232	2	2.9	0.9	14	0.9
Matabeleland North	139	3	1.7	1.3	17	2.2
Matabeleland South	778	7	9.7	3.1	105	0.9
Total	7994	229	100	100	57	2.9

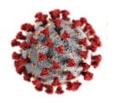




Distribution of COVID-19 Cases by age group, 09 October 2020, Zimbabwe

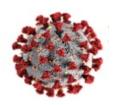






Capacities Built: Laboratory, Case Management and Isolation Facilities

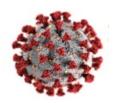
- Seven COVID-19 PCR confirmatory Laboratories including 2 private laboratories were introduced nation wide
- COVID-19 PCR Confirmatory testing was further expanded to all 52 District laboratories using GeneXpert machines.
- Case management and isolation facilities were initially designated at the two 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

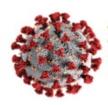
- In line with government's primary responsibility over the health of its citizens and its strategy and thrust towards self-sufficiency and import substitution, the national response built capacity for local production of COVID-19 commodities:
 - ✓ Local universities set up units to produce PPE, hand 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:
 - Limited HR for the required Rapid Response Teams
 - Limited testing capacity (HR and consumables)
 - 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