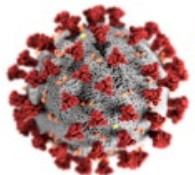


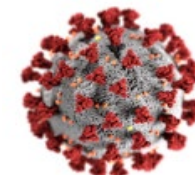


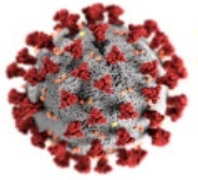
COVID-19 Response in Zimbabwe: Lessons Learnt

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



15 October 2020

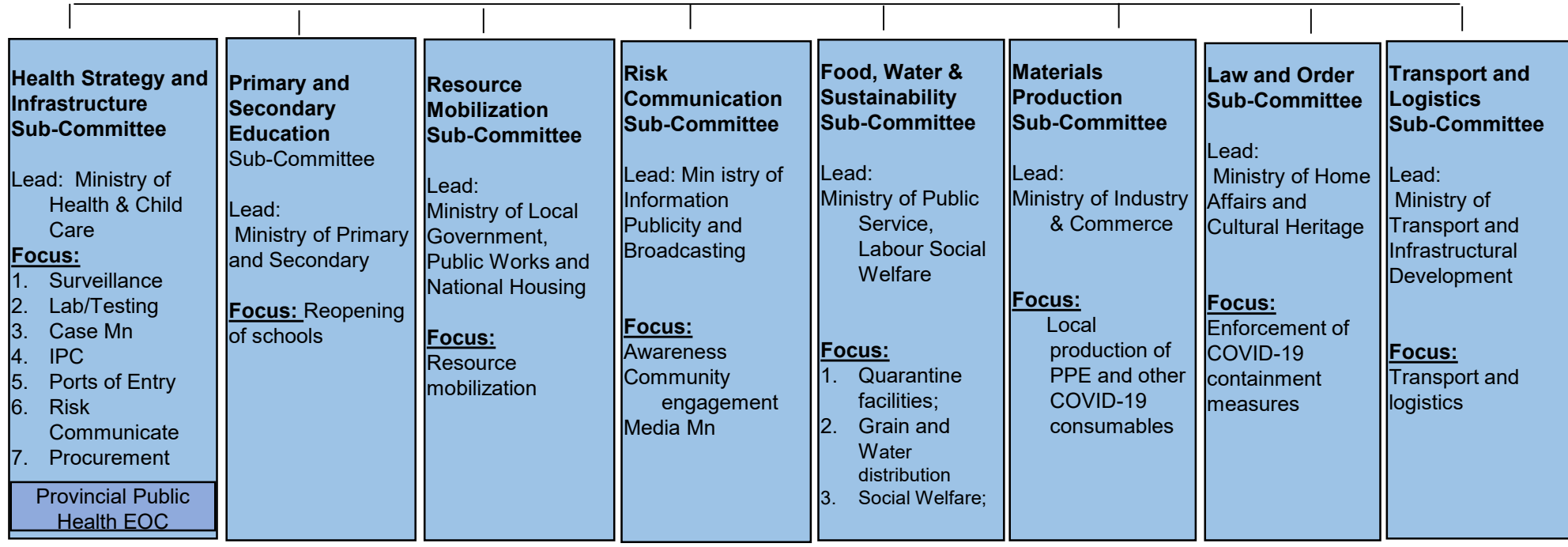
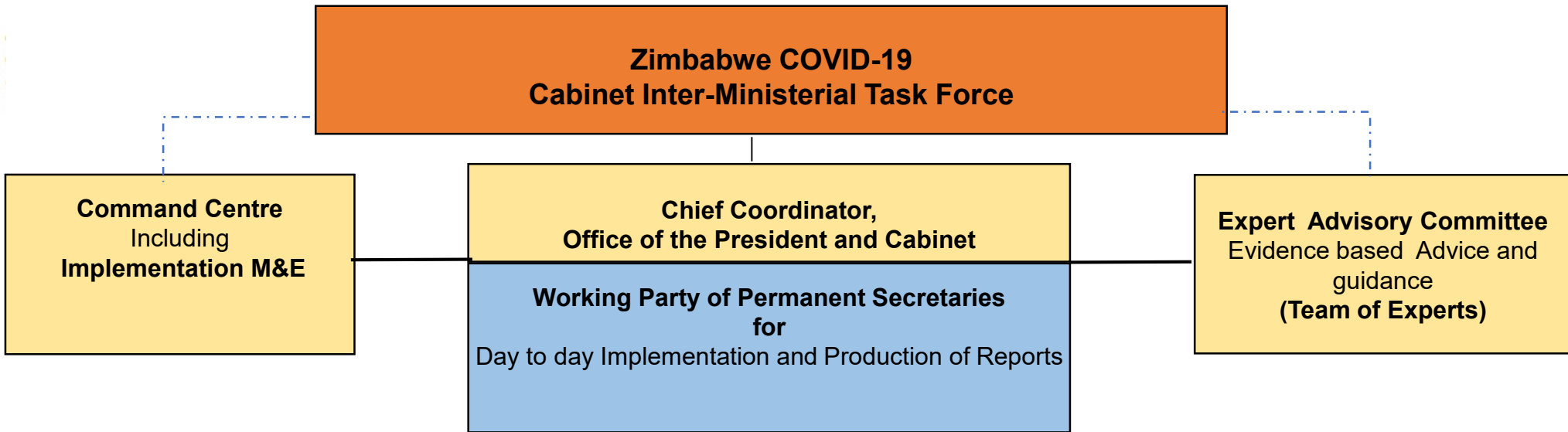
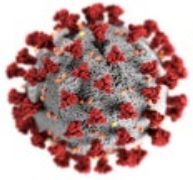




Overview and Whole of Government Approach

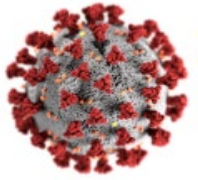
- National Preparedness and Response Plan developed in Mar 2020
 - ✓ Includes prevention, containment and mitigation strategies
 - ✓ Structured around 8 Pillars consistent with WHO guidelines
- A Cabinet Inter-Ministerial Task Force (TF) with 8 Sub-Committees
- Sub-Committee inter-sectoral operational 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



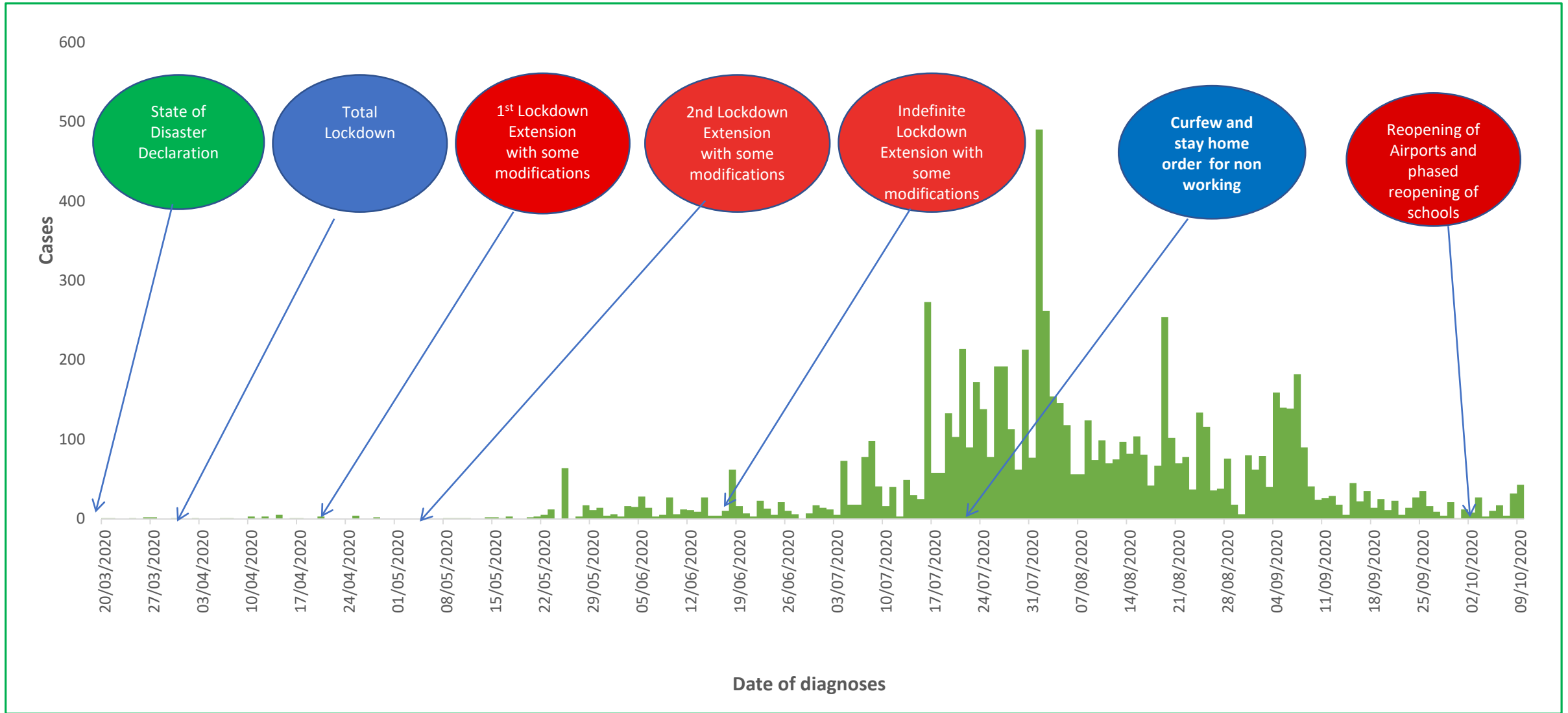


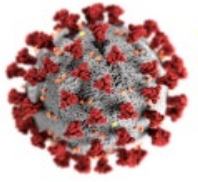
Zimbabwe National COVID-19 Management and Coordination Structure, 2020





Zimbabwe COVID-19 Epidemic Curve as of 09 October 2020

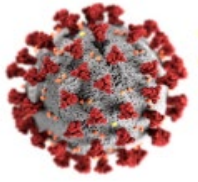




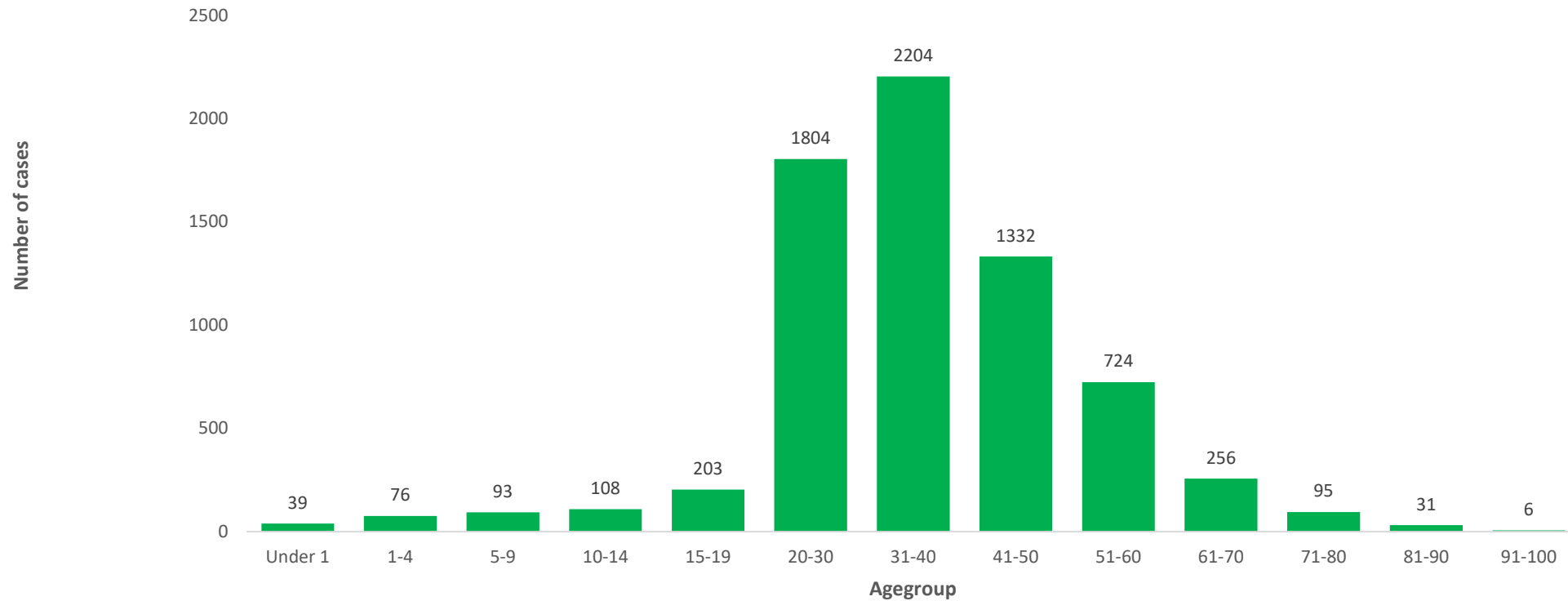
Distribution of COVID-19 Cases and Deaths by Province, 09 October 2020, Zimbabwe

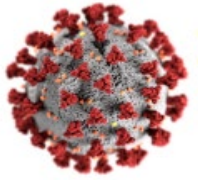
Province	Cumulative confirmed cases	Cumulative Deaths, due to COVID-19	Proportion of Total National Cases (%)	Proportion of Total National Deaths (%)	Incidence risk (case per 100000 Pop)	CFR %
Bulawayo	1496	45	18.7	19.7	211	3.0
Harare	3274	121	41.0	52.8	142	3.7
Manicaland	488	22	6.1	9.6	26	4.5
Mashonaland 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

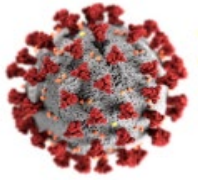




Capacities Built: Laboratory, Case Management and Isolation Facilities

- 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

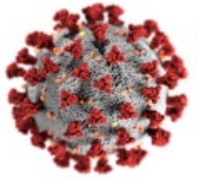




Capacities Built: In-Country Manufacturing

- 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.

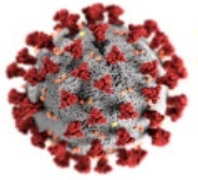




Lessons Learned

- 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 borders and limited quarantine facilities to contain imported cases
 - 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

