



RIGHTS IN CRISIS

A Human Rights Analysis of the COVID-19
Pandemic in Zimbabwe



W/O 3/93
Campaigners for Human Rights



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Pandemic in Zimbabwe
July 2020

This report and the work it builds on was made possible
with support from SIDA and IOM.



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Rights in Crisis: A Human Rights Analysis of the COVID-19 Pandemic in Zimbabwe
Email: publications@zimrights.org.zw
www.zimrights.org.zw

ISBN: 978-1-77925-286-9

Published in July 2020

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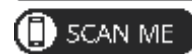


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Foreword

Following the outbreak of the COVID 19 pandemic in January 2020 and the entry into lockdown of Zimbabwe, the Zimbabwe Human Rights Association (ZimRights) immediately set into motion a three-pillar COVID 19 response strategy. The three pillars are:

- Human Rights Monitoring under which 7 reports were produced;
- Humanitarian Response Pillar under which 7 provinces received urgent humanitarian support; and
- the Policy Advocacy Pillar under which 2 reports were produced leading to a number of policy engagements with policy makers.

Through this strategy, ZimRights has interacted with a cross-section of responders to COVID 19 circumstances who include medical experts, policy experts, community leaders and activists, media practitioners, international experts, human rights activists, legal experts and most importantly victims and survivors who found themselves at the receiving end of the pandemic. 9 reports were produced between 30 March 2020 and 30 June 2020, capturing varied experiences of the Zimbabwean communities. Over 600 testimonies have been documented on ZimRights Digital Platforms.

These interactions, reports, testimonies and conversations represent a rich wealth of community knowledge and expert understanding of the COVID-19 pandemic. As the nation looks into the future, with far reaching global changes and the possibility that COVID-19 will be with us for longer than anticipated, ZimRights has sifted through these experiences, reports, testimonies and expert views, to produce what is probably the most comprehensive local appraisal of the COVID-19 situation from a human rights perspective.

This Report; “Rights in Crisis” captures the story of COVID-19 from its genesis in Wuhan Province in China, its journey into Zimbabwe and the devastating effect on livelihoods and transformative impact on the way we work, live and learn. Combining community voices, victim testimonies and expert input, the report analyses the country’s COVID 19 response, the state of preparedness and looks into the future with a number of suggestions meant to ensure that Zimbabwe emerges from the crisis better than it entered and that the voices of communities be prioritized.

ZimRights is grateful to the members of staff, friends and experts who took their time to analyse this crisis and share their views in this report. We hope you will find this information to be of help.

Dzikamai Bere
National Director
Zimbabwe Human Rights Association



Dzikamai Bere
National Director

*10 reports were produced between
30 March 2020 and 30 June 2020,
capturing varied experiences of the
Zimbabwean communities.*

Executive Summary

The COVID-19 Wake Up Call to Reform, Bridge Inequalities and Build More Resilient Communities

The report, *Rights in Crisis: A Human Rights Analysis of the COVID-19 Pandemic in Zimbabwe*, is a product of ZimRights' three-pillar COVID-19 Response Strategy activated on 30 March 2020. The three pillars are:

- human rights monitoring
- humanitarian response
- policy advocacy

A number of measures were taken under this strategy across the country's 10 provinces and ZimRights 11 provincial chapters.

From these interventions, ZimRights communities and experts have come together to document their experiences and extract key lessons for emerging from the disaster better and building a foundation for more resilient communities and more efficient institutions that are able to offer adequate protection for rights, especially for marginalized communities and weak sectors.

The seven chapters of the report track COVID-19 from its genesis in Wuhan in China to the villages of Zimbabwe where many families are still trying to come to terms with its impact. The report shapes a clear vision for emerging from the virus.

In the first Chapter, the report gives historical background on pandemics in general and tracks the outbreak of the virus from China to the world and to Zimbabwe. It documents how the World Health Organisation (WHO), the world powers and the third world were all caught unaware by the pandemic. Using data from various sources, the report gives the statistical progression of the virus in Zimbabwe between March 2020 and July 2020. It documents the tragic developments in the country from the death of Zororo Makamba until the numbers began to rise in July 2020 at the time the report is published.

In the second Chapter, the report gives an analysis of the crisis in Zimbabwe ahead of the COVID-19. Using insights from key experts like Dr. Madzorera, former Minister of Health, and Dr. Norman Matara, the Secretary General of the Zimbabwe Association of Doctors for Human Rights (ZADHR), as well as views from ZimRights community leaders, the report looks at Zimbabwe's health care system from both national perspective as well as community perspective. It looks at the failure of the *National Health Strategy 2016 to 2020*, unpacks reasons why the strategy failed to deliver. It looks at the *Zimbabwe Preparedness and Response Plan COVID 19*, a brilliant document by the Ministry of Health which unfortunately failed to take-off for a number of reasons. "The plan is as good as its execution." Says Dr. Madzorera. Experts interviewed reveal the sluggish approach by politicians whom Dr. Matara says they never believed that COVID-19 would reach Harare. As leaders took a relaxed approach, information never reached rural communities. ZimRights Mashonaland Central Chairperson Kelvin Nzimba reports that there was information blackout until it was very late. In any case, Dr. Matara notes in the report that 'you cannot build in weeks a system that you spent decades destroying'. The report documents how communities faced multiple challenges outside health care, like shortage of basic commodities. It finds that communities were caught unaware and that corruption and half-baked measures by government exacerbated the situation.

Chapter 3 of the report looks at Zimbabwe's disaster preparedness and response. It gives an overview of global practice, using case studies from West Africa at the outbreak of Ebola in 2014 and giving a comparative analysis. With insights from West African leaders like Ellen Johnson Sirleaf, the report emphasizes the importance of

collecting information and using evidence to prepare for disasters. The critical elements documented are; planning and preparedness, development of a collective approach to healthcare security and regional response and preparedness. The report concludes that learning from these experiences helps develop better strategies and enables communities to respond better, save lives and mitigate the socio-economic cost of the pandemic.

In Chapter 4, the report looks at human rights and rule of law amid COVID-10 crisis in Zimbabwe. It lays out the legal framework before COVID-19, and moves into a set of principles outlined by the United Nations at the outbreak of the virus. It also looks at the Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, and enforcement of emergency measures by the police and military. It looks at the deficit of information as a human right, and how this impacted negatively on the fight against COVID 19. The Chapter closes with the best practices in confronting COVID 19 which include the need for restraint on the use of state of emergency, the need to promote transparency and accountability, as well as inclusivity.

Chapter 5 of the report looks at the gendered approach including the disproportionate impact of COVID-19 on women and girls in Zimbabwe. It notes the increase in cases of gender-based violence, the rising national compassion burden on women, general susceptibility of women and girls, violence in the home and how some organisations like Zimbabwe Women Lawyers Association (ZWLA) have tried to assist in combatting gender-based violence during the COVID 19 crisis. The report maps out 9 pathways linking pandemics and violence against women and children according to the Centre for Global Development. It further looks at the burden of health care on women and analyses statistics on gender distribution of health workers across 104 countries. The report finds that there is need for

direct support towards women and girls to mitigate the impact of COVID-19 on families including recapitalizing women businesses.

Chapter 6 gives an overview on the general impact of COVID-19. It looks at the impact of the virus on the economy but also the effect of the measures by government like the cost of the '*lockdown without a plan*' a lost opportunity to scale up testing, tracking and isolation. The impact on food insecurity with already 7 million Zimbabweans being food insecure ahead of the virus. In a country where 60% of the economy is informal, the lockdown affected mainly small and informal businesses.

The report documents the heavy burden imposed on rural economies due to the urban-rural migration that happened on the eve of the lockdown. This was worsened by the decentralization of tobacco auction floors where the rural economies lost over 65% of projected income for the year owing to non-competitive pricing in the locality. The Chapter looks at the education sector as one of the major casualties of the virus especially on marginalized communities without access to online learning facilities. The report finds that there is need to level the playing field in the education sector to ensure that no one is left behind.

In the conclusion, the report introduces a '*Pro-future approach*' based on the UN Secretary General's Policy Brief on Human Rights and COVID 19 in which he stated as follows:

"In what world do we want to live when this is all over? The way in which we respond now can help to shape that future - for better or for worse. We must ensure that we do not do harm while we focus on the immediate crisis. It is critical to consider the long term whilst planning our short-term responses. The crisis is revealing weaknesses in the way public services are delivered and inequalities that impede access to them. Human rights help us to respond to the immediate

priorities and develop prevention strategies for the future, including our responsibilities to future generations.”

With this in mind, the report notes that Zimbabwe is in extraordinary times and it is important that its measures be grounded in pro-poor and pro-future approaches that build long-term resilience in communities.

“Instead of focusing only on patchwork and stop-gap measures, the government should engender lasting and sustainable solutions. Rather than it being only a time for repair, it should be a time for reform. It is a time to build the resilience of communities in Zimbabwe for them to be able to outlive the coronavirus outbreak and to strengthen national institutions to withstand any future pandemics.” says the report.

To achieve these, the report closes with recommendations for government. These include putting human rights at the centre, strengthening public health system, investing in evidence and data collection, investing in education technology and bridging the digital divide, promoting access to information and prioritizing disaster preparedness.

On recommendations for the private sector, the report encourages businesses to care about community development, to invest in collaborations with communities they work in, and raising awareness on workers' rights as they relate to COVID 19. On recommendations for non-profits and social movements, the report recommends using the crisis to push for genuine reforms, coordination among CSOs on common issues and embracing new technology and innovation.



The crisis is revealing weaknesses in the way public services are delivered and inequalities that impede access to them. Human rights help us to respond to the immediate priorities and develop prevention strategies for the future, including our responsibilities to future generations.

Background

COVID-19 has put the world in an unprecedented situation demanding a shift in the way we operate both at home and work. WHO has issued technical guidance to states and provided public advice on a raft of measures aimed at preventing the spread of the virus and effectively responding to active cases.

WHO's Strategic Preparedness and Response Plan for COVID-19 is predicated on global, regional and in-country coordination of measures aimed at slowing down the transmission of the virus and preventing associated illness and death. As such, the effective enforcement of measures to reduce the spread of the virus such as lockdowns, quarantines, social distancing, sanitization and use of personal protective equipment (PPE) require proper planning and leadership from the state. In the absence of a cure and vaccine for the virus, precautionary measures remain critical in curbing the spread of the pandemic and reducing fatalities.



The World Health Organisation (WHO) in its capacity as a specialized agency of the United Nations responsible for international public health has led the fight against this global pandemic.



"Matapi flats in Harare's Mbare township are an apt illustration of this challenge, where flats originally intended to house about 3000 bachelors currently accommodate approximately 28000 individuals including women and children."

However, it is important to note that, beyond sensitizing communities about COVID-19 and what can be done to curtail its spread, it is equally fundamental for the government to ensure that basic social amenities are available to enable communities to exercise the precautionary measures. In Zimbabwe, the coronavirus pandemic came at a time when the country is faced with

crippling economic challenges that are characterised by high levels of unemployment, according to the Zimbabwe National Statistics Agency (Zimstat), 76% of the population in Zimbabwe earn a living within the informal sector. To further compound this, the economic crisis in Zimbabwe has also resulted in 7 out of 10 Zimbabweans living below the poverty datum line

and in poor service delivery as several communities have gone for years without adequate water supply, proper sewage reticulation and waste management. In this context, most communities fail to comply with COVID-19 preventative measures such as lockdowns and quarantines as they have to go into the streets to vend their wares to eke a living.

Likewise, it is almost impossible to enforce social distancing in most of the country's high-density suburbs due to inadequate housing facilities. Matapi flats in Harare's Mbare township are an apt illustration of this challenge, where flats originally intended to house about 3000 bachelors currently accommodate approximately 28000 individuals including women and children.

Furthermore, without running water and with most poor families struggling to afford one decent meal per day, use of hand sanitizers or washing of hands with soap and water seem to be luxuries beyond the reach of the indigent. Consequently, the same communities which in previous years have been bedevilled by such epidemics as cholera and typhoid arising from overcrowding, absence Central to such interventions are the Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights (1985). Emergency powers have been invoked in most countries to extend executive powers. The invocation of the state's emergency powers is meant to expedite government interventions to curb the spread of COVID-19 which would otherwise be slowed down by the usual state bureaucracy. However, lurking in the shadows of this extension of state powers is an elevated risk of violation of human rights.

76%

*of the population in Zimbabwe
earn a living within the informal sector.*

In Zimbabwe, President Emmerson Mnangagwa declared the COVID-19 crisis a *"national disaster"* on Friday, March 27 and proclaimed a national lockdown which started on 30 March 2020 as a measure to counter the spread of the COVID-19 pandemic. This lockdown has been adjusted several times and has spanned beyond the 21 days as the president extended it indefinitely on May 16. In line with global standards, set by WHO, the government of Zimbabwe has mandated the public to exercise good personal hygiene, practise social distancing. It has made the wearing of face masks mandatory in all public spaces.

On 14 July 2020, following a spike in COVID 19 cases and deaths, the Government of Zimbabwe announced possible adjustments in lock-down measures for hotspots which are Harare and Bulawayo. Speaking during the post cabinet media briefing, Minister of Information, Publicity and Broadcasting Services, Monica Mutsvangwa stated that cabinet was disturbed by the spike in Covid-19 locally transmitted cases and the number of deaths recorded.

"To curb the increase in transmissions as well as deaths from Covid-19, the following measures were adopted:

(a) that the current lockdown restrictions will be tightened, while localised lockdowns are introduced in hotspot areas and further opening up of the economy is halted;

(b) that testing in communities with high cases of local transmission such as Bulawayo will be increased..."

Against the backdrop of these measures, there have been numerous cases of harassment and assault of citizens by state security agents seconded by the government to enforce the lockdown. Likewise, enforcement of the lockdown has also seen the arrest of thousands of people charged with various offences related to violating lockdown regulations. During the same lockdown period, the government has been accused of fuelling fissures and delving into the fight between

the opposition MDCT and MDC Alliance political parties. In the same vein, the government has been condemned for the alleged abduction, torture and continued judicial harassment of three female MDC Alliance party officials.

Also, as part of the government of Zimbabwe's lockdown measures, it has outlawed gatherings of more than 50 people. Even though this can be justified as a measure to prevent the spread of the COVID-19 pandemic, it can also be construed as the closure of civic spaces for public demonstrations and protests. This especially so if one takes into account that during the same period, the government has proceeded with public consultations concerning the Constitution Amendment (No. 2) Bill, 2019.

As the number of positive COVID-19 cases continues to rise, the country's health workers have downed tools in protest of deplorable working conditions including lack of PPE as well as inadequate remunerations. Whilst on the sidelines various pressure groups such as the Zimbabwe Congress of Trade Unions (ZCTU), Zimbabwe National Students Union (ZINASU) and the opposition MDC Alliance party have called for mass protests.

This report aims to unpack the complexity of the situation in Zimbabwe, by analysing the country's preparedness to fight the COVID-19 pandemic within the context of a floundering health service, beleaguered economy, and highly polarised political environment. This report examines not only the policies of the state but looks even more closely at how the pandemic and the resultant state responses have affected the daily lives of vulnerable communities. The report also uses human rights and the rule of law as benchmarks to assess the government of Zimbabwe's response to the COVID-19 crisis. Guided by the understanding that emergency measures should be necessary, proportionate and temporary, we assess the actions of the government and enforcement agencies in enforcing these emergency measures.

We further evaluate the place of human rights in the fight against COVID-19, the questions of leadership accountability on the state of the public health and service delivery. Based on three main themes, namely public health; the rule of law and human rights protection; and community experiences, this report seeks to reconstruct an accurate depiction of the prevailing situation in Zimbabwe concerning COVID-19.

The report also seeks to highlight blind spots in the state's response to COVID-19, which include a gendered approach to the pandemic, its effects and measures to address it. With the vantage point provided by ZimRights' strong community presence, this report is able to draw from members in the grassroots, to depict the lived realities of ordinary Zimbabweans who continue to feel the effects of COVID-19 and also have to contend with the government interventions meant to curb the spread of the pandemic.

This report brings to the fore the ignored voices of millions of ordinary Zimbabweans at home and in the diaspora, health experts and other civil society actors caught between the threat posed by the COVID-19 global pandemic and the measures adopted by government of Zimbabwe or lack thereof, to counter this threat.

ZimRights produces this report as part of its efforts to foster community advocacy and participation, as well as to promote transparency and accountability at all levels of government.

Community Voices on COVID 19

Expert Views on COVID 19 and State Measures

Victim Testimonies

Policy Recommendations

CHAPTER 1

THE WORLD TRAGEDY

The Tragedy of Pandemics

The mandate of the World Health Organisation (WHO) and its role in pandemics was summarized by the Director-General, Dr Tedros Adhanom Ghebreyesus as follows:

*"...WHO works all around the world to strengthen health systems, built on the foundation of people-centered primary health care that focuses on health promotion and disease prevention, with a strong focus on surveillance systems. Delivering on these priorities will cost money, of course, but only a fraction of what remaining unprepared will cost. In the end, prevention is not only better than cure; it's cheaper."*¹

DR TEDROS ADHANOM GHEBREYESUS

Dr Tedros asks a fundamental question, 'Can we create a pandemic-free world?' He highlights that there are actions that we can take, but there is no such thing as a guarantee. It is only with meticulous preparation and rapid response that we can prevent most outbreaks from getting out of control, and limit the impact of those that spread internationally.² H1N1, Yellow fever, SARS, Zika Virus, Influenza, Ebola in West Africa, are all pandemics that have rocked the world. These pandemics did not affect Zimbabwe much but in 2008-2009 Zimbabweans experienced a cholera epidemic which, as of July 2009, had taken at least 4288 lives and recorded 98 592 cases.³

In 2010, WHO described a pandemic as the worldwide spread of a new disease⁴ and an epidemic occurring worldwide, or over an extensive area, crossing international boundaries and usually affecting a large number of people.⁵

WHO notes that, typically, viruses that have caused past pandemics have generally originated from animal influenza viruses. This suspicion is also held for the coronavirus outbreak. There are suggestions that the virus could have originated from Wuhan's wet markets.

Pneumonia of unknown cause was detected in Wuhan, China and was first reported to the WHO Country Office in China on 31 December 2019.⁶ *"The Center for Disease Control (CDC) has said that some of the early case-patients had a history of visiting the Huanan Seafood Wholesale Market, where wildlife mammals are sold, suggesting a zoonotic origin. The causative agent was rapidly isolated from patients and identified to be a coronavirus, now designated as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses."*⁷

1. Dr Tedros Adhanom Ghebreyesus, 'Managing Epidemics.' World Health Organisation, 2018. [Online] Available at: <https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf?ua=1> [Accessed: 18 May 2020].

2. Kelly, Heath (2020) The classical definition of a pandemic is not elusive. Bulletin of the World Health Organisation. [Online] Available at: <http://www9.who.int/bulletin/volumes/89/7/11-088815/en/> [Accessed: 18 May 2020].

3. World Health Organization (2009) Global Task Force on Cholera Control Cholera Country Profile: Zimbabwe [Online] Available at: <https://www.who.int/cholera/countries/ZimbabweCountryProfileOct2009.pdf?ua=> [Accessed: 18 May 2020].

4. World Health Organisation (2010) What is a pandemic? Emergencies preparedness, response. [Online] Available at: https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/ [Accessed: 18 May 2020].

5. Kelly, Heath (2020) The classical definition of a pandemic is not elusive. Bulletin of the World Health Organisation. [Online] Available at: <http://www9.who.int/bulletin/volumes/89/7/11-088815/en/> [Accessed: 18 May 2020].

6. World Health Organisation (2020) Rolling updates on coronavirus disease (COVID-19) [Online] Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen> [Accessed 20 April 2020].

7. Lau, Susanna KP, et al. "Possible Bat Origin of Severe Acute Respiratory Syndrome Coronavirus 2." *Emerging infectious diseases* 26.7 (2020).

From China to the World

Like a raging flame in summer, the coronavirus moved past China's borders and beyond, catching the world unprepared. China is a global industrial hub and a central player in the world economy. Its strong linkages with the rest of the world could have fueled the rapid spread of the coronavirus to other countries. Africa, just like the rest of the world, has very active links with China. About 2 million Chinese nationals live and work on the African continent while Africans are also increasingly visiting China for business and study.⁸ The airline fleets operating between China and Africa are now capable of carrying at least 850,000 passengers annually. On average, eight direct flights a day operate between China and African nations, almost all of which are operated by Ethiopian Airlines.⁹ With other regions such as Europe and North America, the volume of Chinese traffic is even larger.



On 5 January 2020,¹⁰ WHO felt that there was no need for the international community to restrict interactions with China: *“WHO advises against the application of any travel or trade restrictions on China based on the current information available on this event.”*¹¹ WHO reported the clinical signs and symptoms of the ‘pneumonia’ as mainly fever, with a few patients having difficulty in breathing, and chest radiographs showing invasive lesions of both lungs.¹² WHO further praised China for the

preliminary identification of a novel virus in a short period and said that it was a notable achievement which demonstrated China’s increased capacity to manage new outbreaks. WHO was convinced that China was managing the virus, and noted that, *“China has strong public health capacities and resources to respond and manage respiratory disease outbreaks. In addition to treating the patients in care and isolating new cases as they may be identified, public health officials remain*

8. DW (2020) Africa has been spared so far from coronavirus. Why? [Online] Available at: <https://www.dw.com/en/africa-has-been-spared-so-far-from-coronavirus-why/a-52382666> [Accessed: 18 May 2020].

9. Mo Ibrahim Foundation (2020) COVID-19 IN AFRICA: A Call For Coordinated Governance, Improved Health Structures and Better Data: Data and analysis from the Mo Ibrahim Foundation. [Online] Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/2020%20COVID-19%20in%20Africa.pdf> [Accessed: 18 May 2020].

10. World Health Organisation (2020) Pneumonia of unknown cause – China. Emergencies preparedness, response [Online] Available at: <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/> [Accessed: 18 May 2020].

11. Hossack, Nick (2020) How the WHO managed to hang itself out to dry. [Online] Available at: <https://www.afr.com/policy/health-and-education/how-the-who-managed-to-hang-itself-out-to-dry-20200415-p54k1k> [Accessed on 21 April 2020].

12. World Health Organisation (2020) Pneumonia of unknown cause – China. Emergencies preparedness, response. [Online] Available at: <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/> [Accessed: 18 May 2020].

focused on continued contact tracing, conducting environmental assessments at the seafood market, and investigations to identify the pathogen causing the outbreak.”¹³

Despite this, there were information gaps, and on 14 January 2020, WHO officials gave conflicting signals about whether human-to-human transmission of the virus was possible or not. At a press conference in Geneva, Maria Van Kerkhove of WHO’s Emerging Diseases Unit reporter said:



“from the information that we have, it is possible that there is limited human-to-human transmission, potentially among families, but it is very clear right now that we have no sustained human-to-human transmission.”

However, on that same day WHO tweeted a different take, stating that *“Preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel coronavirus (2019-nCoV) identified in Wuhan, China”*.¹⁴

States did not envisage that the virus would spread outside of China. On 23 January 2020, WHO Director-General Tedros Adhanom Ghebreyesus said that it was too early to declare the coronavirus outbreak a public health emergency of international concern.¹⁵ The WHO boss added, rather ominously, *“we know that there is human-to-human transmission in China, but for now it appears limited to family groups and health workers caring for infected patients.”*¹⁶ The world related, and countries delayed closing their borders.

The world was caught napping when the spread of COVID-19 extended beyond China. On 29 January 2020 Dr Mike Ryan, head of the WHO’s Health Emergencies Programme, noted that, *“The whole world needs to be on alert now. The whole world needs to take action and be ready for any cases that come from the epicentre or other epicentre that becomes established.”*¹⁷

Input from other UN bodies showed growing concern, and at the end of January 2020, UNICEF Executive Director, Henrietta Fore noted that the coronavirus was spreading at a breakneck speed and that it was crucial to put all necessary resources into halting it.



WHO officials gave conflicting signals about whether human-to-human transmission of the virus was possible or not.

13. World Health Organisation (2020) WHO Statement regarding cluster of pneumonia cases in Wuhan, China. [Online] Available at: <https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china>. [Accessed 20 April 2020].

14. Keith, Tamara and Gharib, Malaka. The Coronavirus Crisis: A Timeline Of Coronavirus Comments From President Trump And WHO. [Online] Available at: <https://www.npr.org/sections/goatsandsoda/2020/04/15/835011346/a-timeline-of-coronavirus-comments-from-president-trump-and-who> [Accessed: 18 May 2020].

15. World Health Organisation (2020) WHO Director-General’s statement on the advice of the IHR Emergency Committee on Novel Coronavirus. [Online] Available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-statement-on-the-advice-of-the-ihc-emergency-committee-on-novel-coronavirus> [Accessed: 18 May 2020].

16. World Health Organisation (2020) WHO Director-General’s statement on the advice of the IHR Emergency Committee on Novel Coronavirus. [Online] Available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-statement-on-the-advice-of-the-ihc-emergency-committee-on-novel-coronavirus> [Accessed: 18 May 2020].

17. United Nations (2020) Coronavirus: First case confirmed in Gulf region, more than 6,000 worldwide. UN News. [Online] Available at: <https://news.un.org/en/story/2020/01/1056222> [Accessed: 18 May 2020].



Declaring the coronavirus a global pandemic on 30 January 2020, Dr Tedros said,

*"We don't know what sort of damage this virus could do if it were to spread in a country with a weaker health system. We must act now to help countries prepare for that possibility. For all of these reasons, I am declaring a public health emergency of international concern over the global outbreak of novel coronavirus. The main reason for this declaration is not because of what is happening in China, but because of what is happening in other countries. Our greatest concern is the potential for the virus to spread to countries with weaker health systems, and which are ill-prepared to deal with it. WHO has been assessing this outbreak around the clock and we're deeply concerned both by the alarming levels of spread and severity and the alarming levels of inaction. We have therefore made the assessment that COVID-19 can be characterized by 'pandemic', and all countries can still change the course of this pandemic."*¹⁸

When the pandemic was declared a public health emergency, the novel coronavirus had infected more than 120,000 people in more than 100 countries.

Health experts have warned that no country was adequately prepared for the pandemic that had resulted in 234 000 deaths globally by the end of April 2020,¹⁹ of which Zimbabwe is no exception.

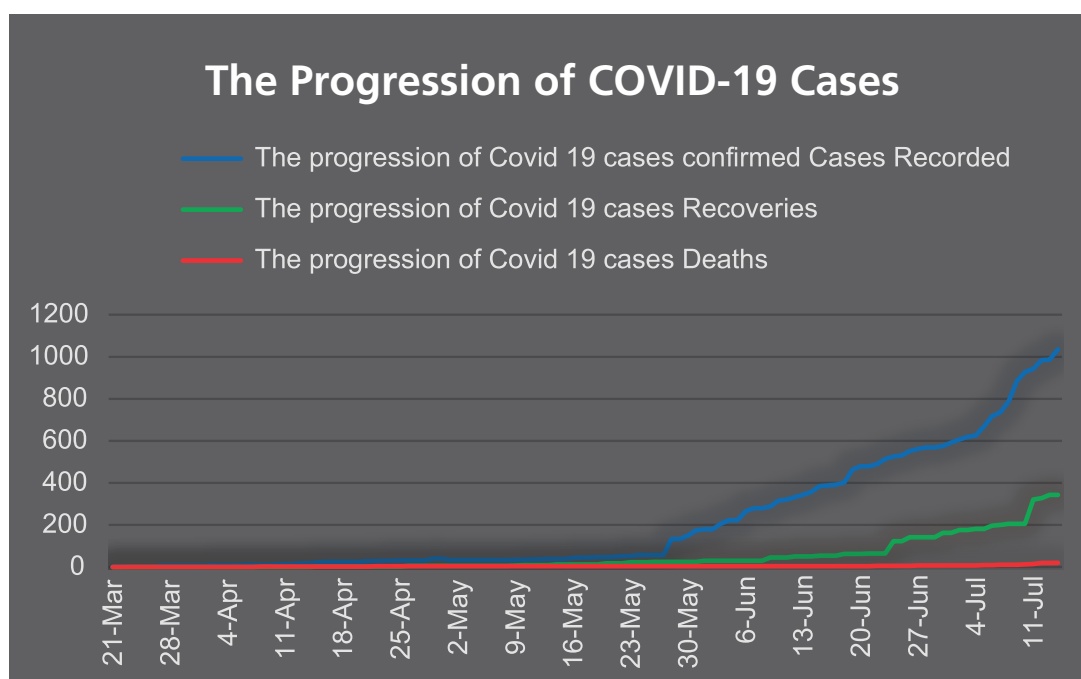
18. Vox News (2020) The WHO just declared the coronavirus a pandemic. Here's what that means. "All countries can still change the course of this pandemic." [Online] Available at: <https://www.vox.com/future-perfect/2020/3/11/21175061/who-declares-coronavirus-COVID-19-pandemic>. [Accessed: 18 May 2020].

19. John Hopkins University (2020) Coronavirus Resource Centre: COVID-19 Dashboard [Online] Available at: <https://coronavirus.jhu.edu/map.html> [Accessed 11 April 2020].

The Pandemic Comes to Zimbabwe

Zimbabwe recorded its first COVID-19 case on 20 March 2020 at the National Reference Laboratory at Sally Mugabe Central Hospital. The case involved a 38-year-old male returnee from the United Kingdom (UK) who was resident in the tourist town of Victoria Falls. A day later, on the 21 March 2020, Zimbabwe confirmed its second case. Over almost a month from 30 March 2020 to 27 April 2020, the cases were reported randomly until the country reached 40 confirmed cases from a total of 8 314 tests done in the country.

Graph for the progression of COVID-19 Cases



While the Ministry had reported 40 confirmed cases on 30 April 2020, on 1 May 2020, they revised the number down to 34 following what they termed as a 'quality assurance process'. As of 1 May 2020, Zimbabwe had recorded a total of 4 deaths and 5 recoveries. In response to the progression of cases, President Emmerson Mnangagwa declared a national lockdown for 21 days starting Monday 30 March 2020.

- Essential services and movement of goods were exempted from the lockdown.
- Only a maximum of 50 people was allowed at funerals.
- Only food stalls and retailers were to remain open at specific times.
- Motorists seeking to refuel were barred from leaving their cars at service stations.
- Commuter omnibuses were halted and only Zimbabwe United Passenger Company (ZUPCO) buses and Public Service Commission vehicles were allowed to operate.

The lockdown was then extended for a further two weeks at the end of the initial 21-day period.

On 16 May 2020, President Emmerson Mnangagwa announced an indefinite lockdown and stated that the country needed to ease out of the lockdown gradually. Between 16 May 2020 and 14 July 2020, a number of restrictions were lifted officially while in practice, ZimRights observed that no lockdown was actually in place. The police seemed to allow everyone to go around their activities with periodic tightening of restrictions whenever there were rumours of protests.

On 8 June 2020, the Parliament of Zimbabwe announced that it was convening public meetings on Constitution Amendment Bill. Despite protests from civil society that this was dangerous, Parliament still went on with public meetings.

Many other entities, under economic pressure, opened doors for business. Predictably, the COVID 19 cases shot up. By 14 July, Zimbabwe had 1064 cases, and 20 confirmed deaths.

On 14 July 2020, the government announced that it would review lockdown restrictions. Speaking during the post cabinet media briefing, Minister of

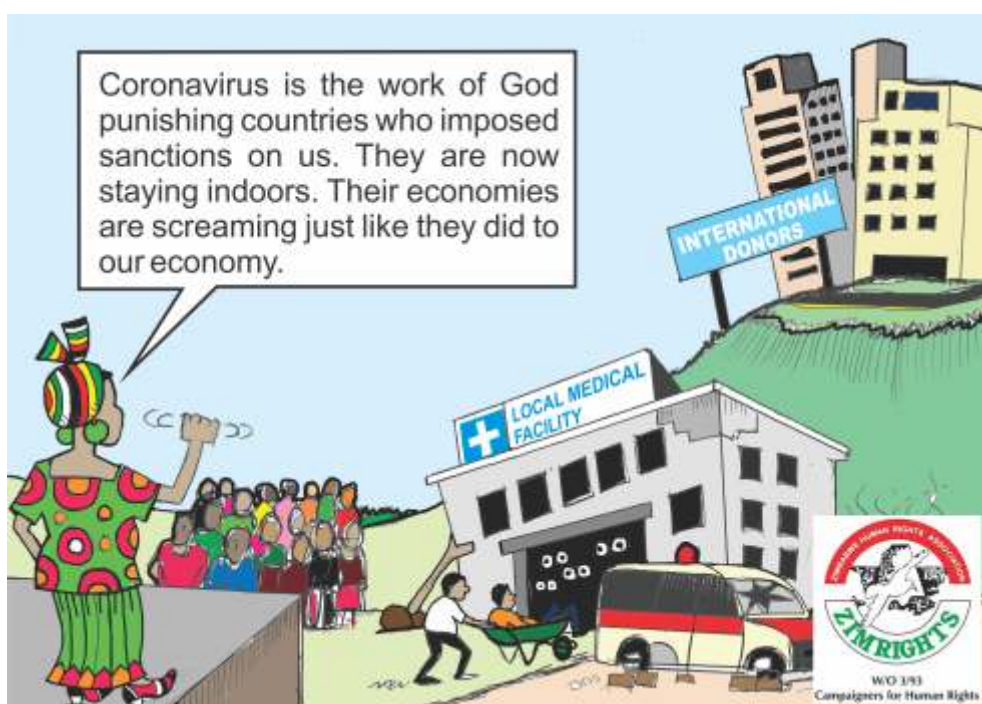
Information, Publicity and Broadcasting Services, Monica Mutsvangwa stated that cabinet was disturbed by the spike in Covid-19 locally transmitted cases and the number of deaths recorded.

“To curb the increase in transmissions as well as deaths from Covid-19, the following measures were adopted:

(a) that the current lockdown restrictions will be tightened, while localised lockdowns are introduced in hotspot areas and further opening up of the economy is halted;

(b) that testing in communities with high cases of local transmission such as Bulawayo will be increased...”

The deteriorating situation, coming at a time of great economic despair and rising civil discontent, created anxiety in government. A growing alliance protest, at the time of the compilation of this report, had threatened a series of protests against the government. The question to deal with as we unpack the situation: is COVID 19 the crisis for Zimbabwe or there is more.



“This is a global crisis, and it's up to all of us to solve it.”

UN Secretary General Antonio Guterres

CHAPTER 2

A CRISIS BEFORE THE CRISIS

Zimbabwe's Health Care System Ahead of COVID-19

In April 2020, the WHO estimated that there were around five intensive care beds available for every one million people in most African countries, compared with around 4,000 beds for every million people in Europe.²⁰ Zimbabwe found itself in a situation where it had to either fast-track the resuscitation of the health care system or deal with COVID-19 in a struggling health care system. Prior to the outbreak of the COVID-19, the public health care system was already reeling from decades of neglect. Dr Matara, speaking on behalf of the Zimbabwe Association of Doctors for Human Rights (ZADHR) aptly remarked that, *"it is difficult to restore the health system in a few weeks, when you have spent decades destroying it."*

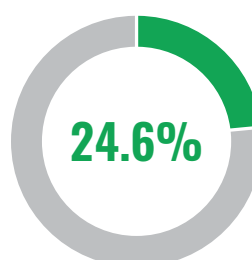
Former Minister of Health, Dr Henry Madzorera believes that the health care delivery system in Zimbabwe is at its weakest. He highlights that there has been no attempt to achieve Universal Health Coverage (UHC) in the country as by now Zimbabweans should not be paying for health services at the point of access.

Madzorera says the failure to conclude the Universal Health Coverage Plan drafted in 2009, which was meant to subsist until 2013 worsened the country's unpreparedness to deal with the coronavirus pandemic. The plan emphasized that equity and quality in health was a human right. If fully implemented the plan was supposed to strengthen the health system as it aimed to improve the overall availability of drugs, medical supplies and other consumables to 90%; to increase the availability of functional equipment to ensure delivery of effective curative and preventative services and increase access to safe water and sanitation.²¹

Brain-drain in the health care sector was one of the main challenges which already plagued the country. According to a study conducted by the

Scientific and Industrial Research and Development Centre (SIRDC), the health profession (doctors, nurses and pharmacists) combined constitutes 24.6% of the total number of Zimbabweans in the Diaspora.²²

To further compound this, the health infrastructure was dilapidated and there were no ambulances. The National Health Strategy for Zimbabwe 2016 -2020 acknowledges that, *"the working conditions for most of the health workers, as compared to regional conditions including salaries, have remained low creating, low motivation resulting in brain drain and failure to re-attract those who left the country."* The strategy does not give statistics of the brain drain but points out that the vacancy rate for specialists at all hospitals is at 65%.²³



The health profession combined constitutes 24.6% of the total number of Zimbabweans in the Diaspora.

20. <https://www.bbc.com/news/world-africa-52323375>

21. The National Health Strategy for Zimbabwe (2009-2013) A Summary - Equity and Quality in Health: A People's Right. [Online] Available at: https://www.who.int/workforcealliance/countries/zwe_healthStrategy.pdf?ua=1 [Accessed 20 April 2020].

22. https://sarpn.org/documents/d0000422/Zimbabwe_Brain_Drain.pdf

23. Ministry of Health and Child Care (2016) National Health Strategy for Zimbabwe (2016-2020). Zimbabwe. Equity and Quality in Health: Leaving No One Behind. [Online] Available at: <https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf> [Accessed 18 April 2020].

Dr Matara concurs that Zimbabwe was not ready for COVID-19 and that the pandemic has taught us that we need to have robust health systems in place. The pandemic came when the country's health system was severely weakened from years of neglect and underfunding. Disgruntled doctors and nurses were already protesting unfavourable working conditions, inadequate medical supplies and insufficient remuneration. Consequently, the emergence of the COVID-19 pandemic exerted more pressure on the public health system that was already bursting at the seams. Dr Matara believes that the Ministry and government of Zimbabwe did not prepare enough, *"I think they were thinking this disease may not reach Harare like what happened with MARS and SARS because you cannot explain why the isolation centre did not have ventilators when we had our first severe case."*

According to the Zimbabwe Preparedness and Response Plan Coronavirus Disease 2019 (COVID-19) which was published in March 2020, the overall goal of state interventions concerning COVID-19 was to *"minimize morbidity and mortality resulting from COVID-19 and associated adverse socio-economic impact in Zimbabwe while strengthening national core capacities. The government's plan includes prevention, containment and mitigation strategies in line with the different COVID-19 transmission scenarios."*

The plan, also for priority activities when implemented, will contribute to the strengthening of the public health system. The government of Zimbabwe's plan to combat COVID-19 also provides for the activation of Rapid Response Teams (RRTs) and, according to the government, ZWL\$2 million was availed to the Ministry of Health and Child Care (MOHCC) for implementation of the plan.

However, the plan is only as good as its execution. Besides the fact that the plan seems silent on the procurement of equipment and PPE for health facilities and frontline health workers, stop-gap

emergency measures, though necessary, are not adequate to rehabilitate a health system that is in need of overhaul and reform.

On the contrary, Ministry of Health officials have argued that they have adequately prepared for the epidemic based on the hanging threat of Ebola from DRC. Speaking during a Webinar meeting held on 22-23 April 2020 with journalists, Deputy Director, Epidemiology and Disease, Dr Isaac Phiri said,



"It is very important that countries have capacities to respond to pandemics, that they have a preparedness and response plan put in place, that there is a dedicated budget, that there is human resources in place to respond and that the healthcare system is strengthened in terms of responding to these calamities such as these infectious diseases. Zimbabwe has been for 2-3 years been putting preparedness plans for Ebola reported in DRC. There were plans that were there for the management of the Ebola virus and some of the thematic groups that were put in place, the trainings in terms of integrated disease surveillance and the rapid response team trainings for Ebola were also used for the response to Coronavirus."

Dr Phiri however agreed that the government was also learning from the pandemic. He indicated that the issue of dedicated budgets for the response or healthcare systems being strengthened so that they can respond to pandemics was a challenge. He also stated that they are learning through an epidemic. However, what is of concern is that while the government goes through its learning process, ordinary Zimbabweans have to bear the brunt of the devastating effects of the COVID-19 pandemic.



Kelvin Nzimba
ZimRights Mashonaland
Central Chairperson

“There is no information provided to rural communities that do not have access to radio. Villages rely on WhatsApp messages for information on the coronavirus, which is usually inaccurate, and they have no tools to verify such information.”

State of Zimbabwean Communities Ahead of COVID-19

Without water and adequate food, communities found it hard to follow the WHO and MOHCC advise to wash hands and maintain social distancing. Communities have said they were not prepared for the coronavirus pandemic both economically and socially. A water activist, Hardlife Mudzingwa, a member of the Community Water Alliance noted that the failure by the government to avail WASH facilities was disastrous. Mudzingwa argued that not enough had been done to prepare communities to deal with COVID-19, especially relating to water supply. He noted that in Harare between 190-208 megalitres of water are produced per day by the City of Harare whereas water demand hovers around 1 200 megalitres per day. In Bulawayo, the City Council had already written to the central government to declare a national disaster as most suburbs were going for days without water. Inadequate water supplies resulted in people queuing at boreholes in communities during the government-imposed lockdown. The gaps in terms of what is required for communities to wash hands regularly under running water and the absence of the water exposed the communities' unpreparedness.

Communities also said the cost of hand sanitizers was high with some being sold in US dollars which they could not afford.

There is evidence of neglect in the manner in which the government approached the lived-realities of communities. Top-down strategies formulated by the government to address the coronavirus pandemic are oblivious of the myriad of issues bedevilling local communities. A hyperinflationary and volatile economic environment has resulted in soaps and sanitizers being beyond the economic reach of many ordinary Zimbabweans. The economic challenges faced by vulnerable communities, together with inadequate service delivery have exposed citizens to COVID-19. This is in addition to other already looming health disasters arising from poor sanitation and lack of potable water. Shortage of basic commodities in the country have also forced communities to leave their homes and queue for essential products such as mealie-meal, making social distancing impossible.

A reverend in Zaka told ZimRights that in most people in Zaka did not even have soap to wash hands. He said there was no education to prepare

the community and funerals were going ahead as before without observing social distancing. The ZimRights Mashonaland Central Provincial Chairperson, Mr Nzimba, from Mt Darwin concurred and said there was no information provided to rural communities that do not have access to radio. Nzimba said residents relied on WhatsApp messages for information on the coronavirus, which is usually inaccurate and they have no tools to verify such information.

State of Preparedness in Zimbabwe

In March 2020, the then Minister of Health Obadiah Moyo, told journalists that Zimbabwe was ready for any coronavirus cases.²⁴ Health experts disputed the claim and the Zimbabwe Association of Doctors for Human Rights (ZADHR) also questioned the country's preparedness with Wilkins hospital being the only quarantine facility that had been designated by MOHCC to admit COVID-19 patients.



Zimbabwe had tested

7 642 People

as of 29 April 2020 compared to South Africa which had tested

197 127.²⁵

Dr Matara has noted that Zimbabwe still does not know its own hot spots.

Zimbabwe had its first case on 20 March 2020 when the pandemic had already wreaked havoc in other countries in Europe and USA. While Zimbabwe had about two months to prepare for the pandemic, the death of the second patient on 23 March 2020, after the case had been confirmed only two days before, revealed the extent of the government's unpreparedness. Dr Matara said, *"Zimbabwe's unpreparedness was laid bare when we had our first severe case, and there were no ventilators at Wilkins. We are still not ready as a nation."*

He explained, *"While there are efforts being made now by the government and councils, we wasted time in terms of preparations. We still have not trained enough health care workers. The testing is still minimal."*

"We have not put together a mechanism for testing, isolating and treating. We should have started quarantine in February. We can still avert a major disaster," he stressed. Zimbabwe had only identified Wilkins in Harare and Thorngrove in Bulawayo as isolation centres when the first cases were recorded and had not provided how cases in other parts of the country would be handled. However, the government says it now has facilities in all the provinces and some districts.

24. Mavunga, Columbus (2020) Zimbabwe Says '100 Percent' Prepared For Coronavirus [Online] Available at: <https://www.voanews.com/science-health/coronavirus-outbreak/zimbabwe-says-100-percent-prepared-coronavirus> [Accessed 15 May 2020].

25 Business Insider SA, (2020) COVID-19 update: SA has dropped below 1,000 new daily cases again, deaths now at 286 [Online] Available at: <https://www.businessinsider.co.za/coronavirus-in-south-africa-everything-we-know-about-COVID-19-in-sa-2020-3> [Accessed 15 May 2020].

Facilities in Zimbabwe designated for COVID-19. Source: MOHCC

Infectious Disease hospital	Provincial Hospitals	Critical patients that need ICU (1000 Beds, 47 ICU and HDU beds)
Wilkins Infectious Disease Hospital	Mutare General Hospital	Sally Mugabe central Hospital (30 ICU beds)
Beatrice Road Infectious Disease Hospital	Masvingo Provincial Hospital	St Annes Hospital (30 ICU Beds)
Thorngrove Infectious Disease Hospital (Bulawayo)	Chinhoyi Provincial Hospital	Thorngrove and Ekusileni Hospitals (25 ICU Beds)
Ekusileni Hospital	Bindura Provincial Hospital	All provincial Hospitals (3 beds each)
	Marondera Provincial Hospital	
	Gwanda Provincial Hospital	
	Victoria Falls Hospital	

According to media reports, Gweru Provincial Hospital had a tent to act as an isolation facility and that in Bindura, two small rooms were built for use isolating suspected COVID-19 patients.

Dr Madzorera says Zimbabwe will need extensive testing, isolating and treating.

WHO Zimbabwe Country Representative, Dr Alex Gasasira noted that “Zimbabwe, like a lot of Sub-Saharan Africa, had to do a lot to get prepared and that is the reason why we are having the need for lockdowns to scale up capacities for public health, testing, and isolation. All these Sub Saharan countries including Zimbabwe had to catch up.”

Gasasira explains that even before COVID-19 Zimbabwe had its health challenges. *“We know that the health systems we have in our part of the world have challenges. We have challenges with resources, with health workforce, supply system*

and labs. Even before COVID-19 we had challenges but the countries tried to respond and are responding and are trying to build capacities to respond to the threat.”

WHO says the government has a strong plan and commended it for roping in the private sector, local industry and academia. WHO says Zimbabwe is on the right track and needs to continue and intensify surveillance, ensure suspected cases are detected within the shortest time, are tested and isolated if found positive. In some provinces, the government had to run around to identify isolation centres, which resulted in some blunders in handling COVID-19 cases. This can be seen in the case involving the fourth recorded COVID-19 death, it concerned an 82-year-old woman from Mhondoro who was only tested after being brought to Harare. She died at a private hospital, which had not been designated for COVID-19 treatment.

Community Experiences with Preparations



People queueing for mealie-meal at OK Five Avenue in Harare, Source: Zimrights

The communities were not prepared and claim that they are still not prepared to deal with COVID-19. Dr Madzorera has observed that, *“Even if we are given six more months we can never be really prepared in Zimbabwe because of poverty, hunger, joblessness and hand to mouth economies. The government should provide everyone with food because that is the major problem. We still have people queuing up to get simple things such as mealie-meal. We can reduce people that need aid by simply making basic commodities available.”*



A ZimRights member in Bulawayo also noted that, “The critical shortage of basic commodities especially mealie-meal led to people defying the lockdown regulations particularly restrictions to movement and social distancing as residents scrambled for the subsidised mealie-meal.”

The same member also stated that as long as basic commodities are in short supply, communities will remain susceptible to COVID-19.

In addition to these issues, communities have also highlighted that the four-day lockdown notice was not sufficient for them to prepare. A Bulawayo resident said, *“In four days we were supposed to stock up essentials like food, medication and sanitary ware. Some had not received their salaries, and those in the informal sector live from hand to mouth.”* According to the Chronicle Newspaper, Bulawayo had the highest figures of people that had were arrested for defying the lockdown regulations, which is evidence that communities in that region were not prepared for the lockdown.

The exorbitant cost of medical grade face masks has led vulnerable communities to rely on makeshift masks, most of which do not meet the

WHO standards. The novelty of using masks in public places calls for communities to be sensitized on how to wear and discard or clean masks after use properly. In the absence of this training, most marginalized communities including those in rural areas remain ignorant, while those in densely populated suburbs hardly put on masks even when they queue for essential commodities or public transport. Also noteworthy is the irony that police officers deployed to enforce social distancing and the wearing of masks, during the first phase of the lockdown, did not have any PPE and were often crammed in police vans and lorries.

While the Ministry of Health has acknowledged that it is learning from the coronavirus pandemic, the government of Zimbabwe is yet to fully take heed to the advice and recommendations of local health experts aimed at improving the public health system and the nation's preparedness to deal with pandemics. The government should adequately finance the health-care system.

Dr Matara said that since Zimbabwe, together with other African countries, 19 years ago pledged to allocate at least 15 % of its annual budget to the health sector, it has not achieved this. Likewise, even though the Abuja Declaration also implores African governments to spend 15 % of their total annual expenditure on health, according to UNICEF, Zimbabwe allocated only 8.27% to health in 2016, 6.88% in 2017 and 8.25% in 2018.²⁶ Chitambara further notes that the 2019 health budget was 7% and 10.1% in 2020.²⁷



The government should adequately finance the health-care system.

In this regard, the government should at all times ensure that the health system is functioning well, including providing adequate equipment and human resources. Dr Madzorera said despite the government announcing that Wilkins Isolation Centre in Harare was ready to handle coronavirus cases, it only emerged after the first casualty that there were no ventilators and other essential equipment.

After the first official COVID-19 related death in Zimbabwe, the government pledged to acquire 135 ventilators but has since not managed to achieve this.

Even though the current health strategy for Zimbabwe (2016-2020) speaks on the need for equity and quality in Health and leaving no one behind, marginalized communities and the indigent have limited access to quality health facilities and services. Consequently, the national health strategy largely remains as a paper tiger as the state is yet to attain the highest possible level of health and quality life for all citizens as mandated by the plan.

What exacerbates the lack of government investment in the public health sector, is the lack of accountability and transparency in the administration of the public health system. Besides the lack of financial probity in public health management, murky procurement deals of COVID-19 related medical equipment have fuelled allegation of rampant corruption. Even further, as aptly noted by Dr Madzorera, the general populace does not trust the figures and statistics related to coronavirus produced by the government, which results in either public complacency concerning the potency of the virus or mass hysteria and stigma concerning COVID-19 positive patients.

26. UNICEF (2018) Health and Child Care 2018 Budget Brief. [Online] Available at: <https://www.unicef.org/esaro/UNICEF-Zimbabwe-2018-Health-Budget-Brief.pdf> [Accessed 20 April 2020].

27 Chitambara, Prosper (2019) A review of the 2020 national budget, The Independent. [Online] Available at: <https://www.theindependent.co.zw/2019/11/29/a-review-of-the-2020-national-budget/> [Accessed 20 April 2020].

As explained in ZimRights' publication, entitled *'Their Voices Matter: Community responses to COVID-19 Measures week 2'*, proper information management involves a clear communications plan; inclusion, to allow involvement of all stakeholders; expertise to design and implement the communication crisis plan properly; training to ensure that those who are supposed to communicate can play their role effectively; and resources to sustain the communication plan and support its execution for the right audience at the right time.

What exacerbates the lack of government investment in the public health sector, is the lack of accountability and transparency in the administration of the public health system.



"Covid-19 does not discriminate, but its impacts do ... the best response is one that responds proportionately to immediate threats while protecting human rights and the rule of law"

UN Secretary General Antonio Guterres

CHAPTER 3

DISASTER PREPAREDNESS AND RESPONSE

Global Overview

The absence of tools to predict when disasters such as Public Health Emergencies of International Concern (PHEIC) will happen has meant that such a threat is always looming. Prior to the COVID-19 outbreak, health experts had expressed great concerns, with some publishing evidence that a global pandemic caused by a novel coronavirus was imminent.²⁸

Disease outbreaks are not unusual but in most cases, epidemics do not reach pandemic levels. Various factors contribute to local outbreaks turning into pandemics, including global travel and trade, and weak health care systems. In as much as it is challenging to prepare for global pandemics, there are measures that international bodies such as the World Health Organisation (WHO) and governments can take towards ensuring a state of preparedness. Such measures include investing in emergency response measures through global health security.

Governments must invest in state-of-the-art and efficient national health care services as part of their strategies to ensure preparedness for public health emergencies. Besides investing in health infrastructure, states should also ensure that health professionals are well trained and remunerated so that they can discharge their duties properly. These measures should not only be seen as interventions to avert national health emergencies but as necessary steps for states to protect, promote and fulfil the human right to health.

Despite the irregularity with which epidemics and pandemics have occurred throughout history, they are a fact of life. In the 6th Century, the plague of the Justinian killed around 50 million people. In the 14th Century, the Black Death, which was likely caused by a similar pathogen that caused the plague of the Justinian, killed around 200 million people. In 1918, over a century ago, the Spanish Flu spread around the world and claimed the lives of an estimated 50 to 100 million people, as much as 5% of the world's population at the time.²⁹

The last century has seen the 1957–58 influenza pandemic, also known as Asian flu, which originated in Guizhou, China. The virus killed at least 1 million people worldwide. In 1968, the Hong Kong Flu killed around 1 million people. In 1977 an H1N1 influenza virus also known as the Russian Flu struck but did not cause significant infection and loss of life.

The last pandemic before the COVID-19 outbreak was the H1N1 swine flu, which occurred in 2009 and caused an estimated 575 000 deaths.³⁰

28. Rachel, Nuwer (2018) 'What if a deadly influenza pandemic broke out today?' BBC Future, 22 November 2018. [Online] Available at: <https://www.bbc.com/future/article/20181120-what-if-a-deadly-influenza-pandemic-broke-out-today> [Accessed 13 April 2020].

29. Centre for Disease Control and Prevention (2019) 1918 Pandemic (H1N1 Virus). [Online] Available at: <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html> [Accessed 13 April 2020].

30. Saunders-Hastings, P and Krewski D. (2016) 'Reviewing the History of Pandemic Influenza: Understanding Patterns of Emergence and Transmission.' *Pathogens*, 5(4) [Online] Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5198166/> [Accessed 13 April 2020].

Summary of the key characteristics of influenza pandemics from the past one hundred years

Pandemic Name	Year	Strain	Suspected Origin of Outbreak	Approximate Number of Deaths
Spanish flu	1918 - 1920	H1N1	China	40 - 50 Million
Asian flu	1957 - 1958	H2N2	China	1 - 2 Million
Hong Kong flu	1968 - 1970	H3N2	China	500,000 - 2 Million
Swine flu	2009 - 2010	H1N1	China	Up to 575,000

Source: National Center for Biotechnology Information

Following the Spanish Flu of 1918, the swiftest infectious disease that has been experienced in history is the 2014 Ebola epidemic in West Africa. Models suggested that 1.4 million people were likely to be infected but with the advanced international response, it caused an estimated 11,000 deaths and caused the sickness of more than 28,000 people.³¹ This is testament to how effective responses to an epidemic can work to counter what would otherwise become a global - pandemic with devastating health and socio-economic implications. The lessons learnt from the Ebola epidemic in West Africa can be instructive in dealing with the on-going COVID-19 pandemic, particularly in under-developed countries and territories that have almost similar economic and financing trajectories as Liberia, Sierra Leone, and Guinea.

Disaster Preparedness: Lessons learnt from the 2014 Ebola Outbreak in West Africa

The Ebola outbreak in West Africa between 2014-16 threatened to become a global pandemic after infecting huge populations in Liberia, Sierra Leone, and Guinea. It is reported that 11,325 people died in total, from the Ebola virus. Also, 4,810 people died in Liberia, 3,956 people died in Sierra Leone, and 2,544 people died in Guinea. Once the outbreak of Ebola was confirmed by blood testing on 23 March 2014, international responders from the WHO and Centers for Disease Control (CDC) mobilized immediately. At the forefront of the fight against Ebola in West Africa was Ellen

Johnson Sirleaf, the now-former President of Liberia. She has highlighted that lessons can be drawn from the Ebola to shape global responses to COVID-19.³² Her reflections together with past experiences of pandemics are evidence-based and provide models of global, regional and national systematic responses which can be applicable in the context of coronavirus. Below, are some of the lessons drawn from President Sirleaf, contextualised to be pertinent to the current pandemic.

31. Kirchhoff, Christoph (2016) Memorandum for Ambassador Susan. E. Rice - NSC Lessons Learned: Study on Ebola. [Online] Available at: <https://int.nyt.com/data/documenthelper/6823-national-security-council-ebola/05bd797500ea55be0724/optimized/full.pdf#page=1>. [Accessed on 14 April 2020].

32. Sirleaf, Ellen Johnson (2020) Coronavirus: What the world can learn from Ebola fight. BBC News. [Online] Available at: <https://www.bbc.co.uk/news/world-africa-52061547> [Accessed on 14 April 2020].



“
Every person, in every nation,
needs to do their part. This
realisation led to our turning
point of disease control in
West Africa

Ellen Johnson Sirleaf
President of Liberia, 2005-17

Planning and Preparedness

Planning for pandemics and epidemics has the positive effect of reducing both the human cost and socio-economic impacts. Although pandemics and epidemics occur infrequently, planning and preparedness remain the most efficient measures to deal with them. Lack of planning and preparedness results in the disease spreading exponentially as well as services such as healthcare institutions and the supply chain being overwhelmed.

Public health emergencies of international concern (PHEIC) are usually complex and in turn, the response and planning require adequate resources including time, financial and human resources. The efficiency and manner in which countries can respond to COVID-19 are also dependent on institutional capacity. In Italy, for instance, despite having an effective health care system, the country has suffered tremendously with high infection and COVID-19 related death rates. The challenges are even more pronounced in countries and territories where the healthcare system is inefficient and incapacitated, which is the case in most African countries including Zimbabwe. The COVID-19 outbreak has exposed the frailty of national health systems, states' lack of disaster preparedness and

highlighted the need for trauma training for healthcare professionals. It has also revealed intersectionality in public healthcare systems.

A Collective Approach to Healthcare Security

Public health emergencies of this scale affect us indiscriminately, and an uncontrolled disease anywhere in the world is a threat to all people around the world. Concrete national efforts and measures are paramount to ensuring that the disease is contained, people have access to health care services and that human rights are protected during such an unprecedented situation. However, to cement the efficiency of such efforts, there has to be a collective This collaboration resulted in the development of effective experimental vaccines and antivirals which saved a lot of lives.

In March 2020, UN Secretary-General António Guterres called for global solidarity, highlighting that national responses cannot, by themselves address the global scare and complexity of this pandemic.³³ It is only through collective and coordinated efforts that the world can recover from this pandemic. Mr. Guterres emphasised that there is a need to move from a country-by-country

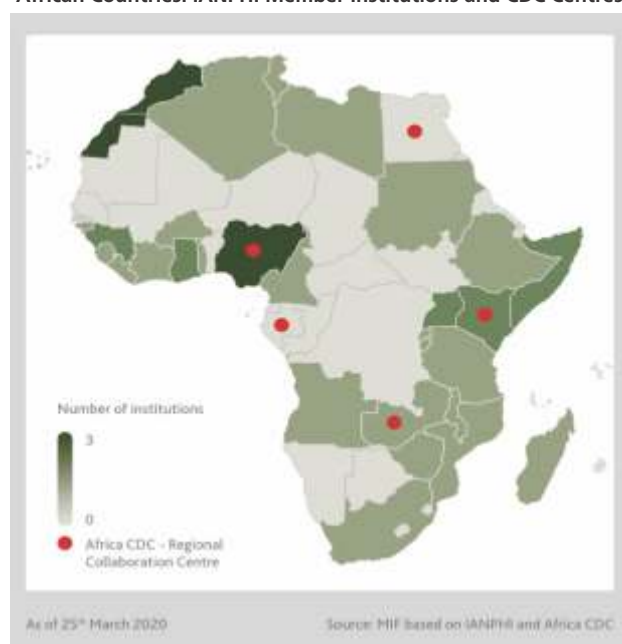
33. UN News (2020) Solidarity, hope' and coordinated global response needed to tackle COVID-19 pandemic, says UN Chief. UN News. [Online] Available at: <https://news.un.org/en/story/2020/03/1059752> [Accessed 18 May 2020].

strategy to a coordinated global response, including helping countries that are less prepared to tackle the crisis. It is therefore important, for all states to cooperate with the global community of nations, and also for governments to fund and support key multilateral organizations such as WHO that work to protect the most vulnerable in society.

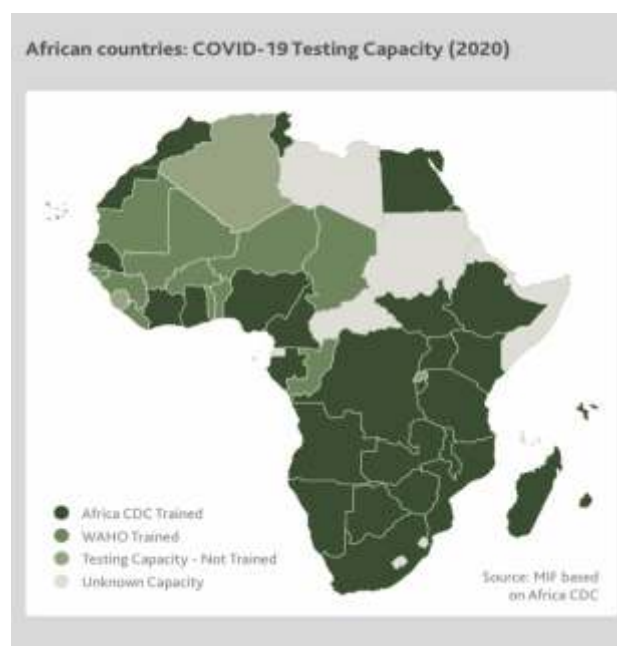
Regional Response and Preparedness

Past responses to the Ebola outbreak have highlighted the importance of regional coordination. The Africa Centre for Disease Control and Prevention (Africa CDC) created in January 2017 served as a regional body to coordinate responses to the Ebola outbreak. The Africa CDC still serves a critical role as a hub for infectious disease surveillance and control in Africa. To ensure its efficiency, the Africa CDC has established National Public Health Institutes (NPHIs) in many African countries. NPHIs ensure that there is compliance with international norms and standards with the support of the International Association of National Public Health Institutes.

African Countries: IANPHI Member Institutions and CDC Centres



Africa CDC, together with the African Union Commission, has established the Africa Taskforce for Coronavirus which has spearheaded the continent's efforts towards preparedness measures. It is notable that as of 7 March 2020, at least 43 laboratories in 43 African countries had been trained to diagnose the novel coronavirus.³⁴ Also, 22 AU member states have been trained to strengthen infection prevention and control capacities in healthcare facilities and the airline sector.



The continent has learned from the Ebola outbreak, and the hope is that African states are better prepared to design structures and strategies that are evidence-based. With National Public Health Institutes, there is the possibility of better management in terms of streamlining and coordinating outbreak response. There are also efforts to invest in infrastructure, human resources, information and surveillance capacities for effective detection and monitoring of the virus. These efforts at the regional level, supported by national strategies present an opportunity for Africa to respond better to the coronavirus outbreak, save lives and recover from the human and socio-economic costs of this pandemic.

34. Africa CDC (2020) Africa CDC leads continental response to COVID-19 outbreak in Africa: Statement by the Director of Africa CDC. [Online] Available at: <https://africacdc.org/news-item/africa-cdc-leads-continental-response-to-COVID-19-outbreak-in-africa-statement-by-the-director-of-africa-cdc/> [Accessed 20 April 2020].

CHAPTER 4

HUMAN RIGHTS AND RULE OF LAW AMID THE COVID-19 CRISIS IN ZIMBABWE

As already stated above, the UN has urged states to adopt a human rights-based approach in fighting COVID-19. Besides the right to health which is most apparent in relation to COVID-19, states should not abuse emergency powers to violate other fundamental rights and freedoms. In this regard, states must uphold the rule of law and human rights as they combat the spread of the coronavirus.

Zimbabwe is a member of the United Nations General Assembly and has ratified all the instruments which form the international bill of human rights, including the Universal Declaration of Human Rights (UDHR); the International Covenant on Economic, Social and Cultural Rights (ICESCR); and the International Covenant on Civil and Political Rights (ICCPR). It has also ratified other principal UN instruments such as the Convention on the Rights of the Child (CRC); and the Convention on the Elimination of Discrimination Against Women (CEDAW). Besides this, Zimbabwe is also a party to the African Charter on Human and Peoples' Rights (Banjul Charter), as well as other critical African human rights instruments such as the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on the Rights of

Women in Africa. Additionally, the Constitution of Zimbabwe also enshrines an elaborate Bill of Rights which recognises and protects civil and political rights as well as economic, social and cultural rights.

Zimbabwe's human rights record has for the past three decades been deplorable and it has since 2015 been ranked very lowly on the World Justice Project (WJP) Rule of Law Index. Sustainable Development Goal (SDG) 16 links the rule of law to development, as a crucial foundation for the creation and maintenance of "*just, inclusive and peaceful societies*."³⁵ It is, therefore, critical to monitor and analyse the government's COVID-19 response strategy and interventions through the lens of human rights and the rule of law.

Human Rights and Rule of Law Standards During the COVID-19 Crisis

Alive to the risk of state's abusing emergency powers invoked to address the coronavirus to justify human rights violations, the UN High Commissioner for Human Rights has called upon states to ensure that, "*the Lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19 [are] carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk.*"

Speaking in her capacity as head of a committee of chairpersons of 10 UN Treaty Bodies, Hilary Gbedemah underscored the UN's position concerning measures such as lockdowns and quarantines which result in the restriction of fundamental freedoms and rights. She stressed that "*a state of emergency, or any other security measures, should be guided by human rights principles and should not, in any circumstances, be an excuse to quash dissent.*"

35 United Nations (2017) UN. Sustainable Development Goals—peace, justice and strong institutions. New York. [Online] Available at: <http://www.un.org/sustainable-development/peace-justice/> [Accessed on 18 April 2020].

She also highlighted the need to ensure that state controls are based on the law as exceptional and temporary measures only when it is strictly necessary.

The implementation by states of extraordinary measures aimed at mitigating the spread of the coronavirus pandemic is not justification for derogation from the states' duty to protect and promote human rights. Even in countries where a state of emergency has been declared in response to the threat of COVID-19, Article 4 (2) of the International Covenant on Civil and Political Rights (ICCPR) underscores the non-derogability of fundamental rights that include, the right to life and the right to freedom from torture, cruel, inhuman and degrading treatment.

The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights (Siracusa Principles) were developed by the American Association for the International Commission of Jurists (AAICJ) in response to concerns about governments illegally or unjustifiably declaring martial law or a state of emergency to curtail fundamental rights and freedoms.³⁶ The Siracusa Principles guides states to strike a delicate balance between protecting liberties and securing the population's health.³⁷

According to the Saracusa Principles, any restriction of fundamental rights imposed by the government in the public interest must be

justifiable and legal; based on a legitimate objective; strictly necessary in a democratic society; the least restrictive and intrusive means available; and not arbitrary, unreasonable, or discriminatory.

The Siracusa Principles also provide that restrictions on human rights may be justifiable only when they are:

- provided for and carried out in accordance with the law;
- based on scientific evidence;
- directed toward a legitimate objective;
- strictly necessary in a democratic society;
- the least intrusive and restrictive means available;
- neither arbitrary nor discriminatory in application;
- of limited duration; and
- subject to review

Similar tenets are also echoed by the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Subcommittee), in its Advice to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic, wherein the Subcommittee also underscored the need to decongest prisons and other places of detention to curb the spread of COVID-19 among inmates.³⁸ Likewise, the International Commission of Jurists (ICJ) Geneva Declaration on Upholding the Rule of Law and the Role of Judges and Lawyers in Times of Crisis, also crucially articulates the need to guard against the erosion of the rule of law and human rights when countries go through a crisis.³⁹

Fundamental rights of all persons and groups ought to be protected by the state at all times, particularly so, during a crisis such as the one brought about by the COVID-19 pandemic. The rights of prisoners and accused persons should not

36. Ibid.

37. United Nations Economic and Social Council (1985) Principles on the limitation and derogation provisions in the International Covenant on Civil and Political Rights, 1985. [Online] Available at: <https://undocs.org/en/E/CN.4/1985/> [Accessed on 18 April 2020].

39. International Commission of Jurists (2011) Legal Commentary to the ICJ Geneva Declaration: Upholding The Rule Of Law And The Role Of Judges And Lawyers In Times Of Crisis. Human Rights and Rule of Law Series. No. 3. [Online] Available at: <https://www.icj.org/wp-content/uploads/2011/05/ICJ-genevadeclaration-publication-2011.pdf> [Accessed on 18 April 2020].

be held in abeyance but should be recognised and protected as provided for in the Mandela Rules.⁴⁰

For instance, following the extension of the national lockdown, the Chief Justice of Zimbabwe, Hon Malaba CJ, issued Practice Direction 2 of 2020 under which he remanded all the accused persons in absentia by extending the remand dates for those that were to appear in the courts in the next two weeks. This extension of remand dates, though necessitated by the COVID-19 outbreaks seems to be in violation of the fair trial rights of accused persons, who should be brought before the courts within 48 hours of their arrest. A better compromise between the need to protect the public from COVID-19 while also upholding the rights of accused persons can be seen in how in Kenya virtual court hearings through Skype and Zoom were used to expedite court proceedings, deal with petty crimes and help decongest prisons.⁴¹

The health crisis brought about by the COVID-19 pandemic has also exposed crisis in governance, human rights and the rule of law in Zimbabwe. The African Charter on Democracy, Elections, and Governance provides a framework that should serve as a yardstick in the promotion of a culture of democracy and good governance. Zimbabwe is a signatory to this instrument and the government's response to the epidemic exposes shortfalls in the structural cohesion of government institutions. Faced with the menacing threat of a health crisis, the government of Zimbabwe's commitment to protect the most vulnerable, respect and promote human rights and uphold the rule of law is put to the test. The COVID-19 pandemic also brings to the fore, what the priorities of the government of Zimbabwe really are. Beyond the policies, the state's practice reflected in how people are treated during this period by the government and its agencies is the acid test of the state's standing concerning human rights and the rule of law.

The health crisis brought about by the COVID-19 pandemic has also exposed crisis in governance, human rights and the rule of law in Zimbabwe.

Similarly, the amount of resources allocated towards addressing not only the health crisis but also livelihoods of ordinary Zimbabweans affected by the pandemic is particularly telling of the government of Zimbabwe's commitment to the realization of the right to health and the provision of an adequate standard of living for all its citizens. The conduct of enforcement agencies including the Zimbabwe Republic Police (ZRP) and the Zimbabwe National Army (ZNA) also reflects the extent to which the rule of law is respected and regarded in the country. The urgent need for states to respond to the COVID-19 health crisis means that the government and its agents are called upon to intervene in citizens' daily lives. However, it is the nature and extent of the government's intervention in civilian life that determines whether the state is adhering to the human rights and the rule of law standards articulated above.

Enforcement of Emergency measures by the Police and Military

As mentioned above, a common feature of the state of emergency or state of disaster is that it gives the state extensive powers. These powers allow for measures meant to address the pandemic through detection, containment, prevention of spreading and monitoring. Nonetheless, the design and implementation of policies and regulations have to be within the human rights protection mandate.

40. The United Nations (2015) Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) General Assembly resolution 70/175, annex, adopted on 17 December 2015.

41. Salaudeen, Aisha (2020) Kenya has freed nearly 5000 inmates via newly adopted Skype court sessions [Online] Available at: <https://edition.cnn.com/2020/04/02/africa/kenya-courts-on-skype/index.html?ofs=fbia> [Accessed on 20 April 2020].



Police brutality in Zimbabwe is not a novelty, instead the lockdown regulations signalled another opportunity for the use of coercive power and violence by an already belligerent state.

In Zimbabwe enforcement of measures aimed at curbing the spread of COVID-19 by the state has been characterised by heavy-handedness. The police have demonstrated lack of restraint almost bordering on brutality in the manner in which they have enforced the state-sanctioned lockdown. Force has been used by state agents not as a last resort but as the primary response to compel citizens to stay at home during the lockdown period. However, police brutality in Zimbabwe is not a novelty, instead the lockdown regulations signalled another opportunity for the use of coercive power and violence by an already belligerent state.

The lockdown announcement in Zimbabwe was made suddenly and caught most citizens off-guard. As already mentioned, the lockdown in Zimbabwe came at a time when the country was already facing unprecedented economic instability. Families were already facing a crisis to secure food and most informal workers were surviving from hand to mouth. There was already a crippling shortage of mealie meal which is the primary ingredient in the preparation of sadza, the country's staple food. All these factors make it practically impossible for people to remain in their homes for two weeks and set most citizens on a collision course with the police.

In response, the police and military personnel tasked with enforcement of the lock-down regulations have resort to violence against citizens whom they found or suspected to be in violation of the lockdown. Several cases of violence perpetrated by state security agents have been reported, including extra-judicial killings, torture and assault. There has also been numerous arrests and arbitrary detentions of those suspected to have breached lockdown regulations.

It has been difficult for those arbitrarily arrested and detained to seek legal services as most law firms are closed. However, non-governmental organizations offering legal support such as the Zimbabwe Lawyers for Human Rights, Zimbabwe NGO Forum and the Legal Resources Foundation have tried to assist. They too, however, faced difficulties attending to their clients as lawyers originally had not been included on the list of essential services exempted from the lockdown.

The Zimbabwe Lawyers for Human Rights (ZLHR) had to seek a court order compelling law enforcement agents to desist from perpetrating human rights violations as they enforce the national lockdown. Even though this order was granted by the High Court, compliance by law enforcement agents still remains to be seen.

Access to information and the Risk of an Infodemic

The health crisis precipitated by the COVID-19 outbreak has brought about an information crisis. Information concerning COVID-19 has been distributed in Zimbabwe disproportionately. Most of the information related to the coronavirus is mainly accessible online, which means marginalized communities and indigent persons unable to access the internet are at a disadvantage.

The government has tried to maintain an open channel of communication by disseminating daily COVID-19 statistics through the Ministry of Health and Child Care (MOHCC). The MOHCC has also shared information on the support that has been provided by the World Health Organisation and has set out a plan to build the capacity of health care workers on COVID-19 epidemic preparedness and response. As of 18 April 2020, 90 clinicians from Parirenyatwa Group of Hospitals, Chitungwiza Central Hospital, Sally Mugabe Central Hospital and the private sector in Harare completed training in COVID-19 case management at the Public Health Emergency Operations Centre.

This information is critical. However, information gaps still remain concerning the government's response to COVID-19. For instance, there is paucity of information concerning implementation of the government's strategies to combat the coronavirus. The government is yet to roll out a robust nationwide COVID-19 awareness campaign aimed at reaching to the most marginalised and rural communities in Zimbabwe. Conscientizing citizens about COVID-19 is critical in guarding against misinformation and disinformation, which will result in 'infor-demic'. An illustrative case is how some sections in the rural Karoi community were reported in the NewsDay newspaper of 14 April 2020, to erroneously think that the national lockdown regulations did not affect them, as they believed that COVID-19 only affected the urban dwellers and Europeans.



"We were not aware that the COVID-19 regulations were for everyone, including rural villagers like us. We thought it was an urban problem that was confined there."

Extracted from the Newsday, 14 April 2020

The provision of accurate information about COVID-19 is critical to dispel inaccurate information and conspiracy theories. Well informed communities are also better able to take precautionary steps to curb the spread of the coronavirus.

Besides mandating the ability to access accurate information, the right to access information also provides for citizens to be able to express and share their opinions freely. The COVID-19 crisis calls for the creation of civic space so that citizens can dialogue and engage debate about public policies. Zimbabweans should be able to freely critique government decisions and intervention.

Similarly, journalists also play a critical role in keeping communities informed about the COVID-19 crisis as well as state interventions to address it. The media also helps to highlight policy gaps and practice deficiencies.

Despite, the critical role of the media in the fight against the coronavirus, the government of Zimbabwe has perpetuated the harassment and persecution of journalists.

President Emmerson Mnangagwa has issued a threat that anyone convicted of spreading information on the coronavirus, which the government deems to be fake will be imprisoned

for 20 years.⁴² A request for remand (CRB No. 4797/20) was issued charging an individual, who for purposes of this report will be identified as 'LZ' for 'Publishing or communicating false statements prejudicial to the State as defined in section 31 (a) (i) of the Criminal Law (Codification and Reform) Act [Chapter 9:23]. The charges against LZ arise from the alleged publication by LZ of a false document purported that the President had been extended the national lockdown by 13 days. In as much as fake news should be discouraged and dispelled, there should be reasonable, legal and sustainable efforts to address this, including making available accurate information to the public promptly. The government is employing intimidation tactics aimed at thwarting free speech in Zimbabwe.

The government has an obligation to provide information on the decisions and actions that they are taking to combat COVID-19. There is also a gap in access to information for persons with disabilities. An application was filed in the High Court of Zimbabwe challenging the lack of accessible information on COVID-19 in a format friendly to visually impaired and deaf people. Deaf Zimbabwe Trust and Zimbabwe National League of the Blind argued that the rights of persons with disabilities have been infringed and continue to be violated by the government and the Zimbabwe Broadcasting Corporation.⁴³ The government should adopt an inclusive approach aimed at delivering information to all Zimbabweans, especially the most vulnerable. The current neglect of persons with disabilities in the state's communication strategies violates their right to access information and excludes them from contributing to the national debate.

There have also been cases of intimidation, harassment, and arbitrary arrest of journalists in Zimbabwe. Following this, the ZLHR and Media Institute of Southern Africa (MISA) challenged these actions in the High Court. On 20 April 2020, the High Court granted an interim order stating that the police and all state security agents must stop harassing, arresting and arbitrarily detaining journalists covering COVID-19 during the national lockdown.



The government should adopt an inclusive approach aimed at delivering information to all Zimbabweans, especially the most vulnerable.

42. Aljazeera News (2020) Zimbabwe president threatens fake news author with 20 years' jail.' Aljazeera, 14 April 2020. [Online] Available at: <https://www.aljazeera.com/news/2020/04/zimbabwe-president-threatens-fake-news-author-20-years-jail-200414150840843.html> [Accessed on 19 April 2020].

43. Zimbabwe Lawyers for Human Rights. (2020) ZBC, Govt Sued Over Lack of Accessible Information on Coronavirus in Format Friendly to Visually Impaired And Deaf People. [Online] Available at: <https://www.zlhr.org.zw/?p=2006> [Accessed on 20 April 2020].

Best Practices in Confronting the COVID-19 Pandemic

A State of Emergency/ Disaster does not justify government repression

The emergency powers invoked by the state should be used constructively and not to perpetuate repression. State repression is detrimental as it triggers civil unrest at a time when its ideal for citizens to stay at home to avert the COVID-19 pandemic in the country. The government's on building community resilience so that the nation can withstand and quickly recover from the negative effects of the coronavirus.

Protecting human rights and upholding the rule of law should be at the core of all government strategies to counter the COVID-19 outbreak. Pro-poor policies should be formulated and implemented with a view to protect the most vulnerable groups in society.

Maintain Transparency and Accountability

Transparency and accountability are not only in fostering good governance but are also critical in the fight against COVID-19. The government of Zimbabwe should ensure that its national administration, especially concerning the public health sector, is done in a transparency manner. Transparency in the management of the public health system allows for accountability which is critical in fostering civic trust. During the COVID-19 crisis, citizens need to be able to trust their government. The government must serve as a source of accurate information concerning COVID-19 and must exercise integrity in its handling of resources dedicated to addressing COVID-19.

Actively engaging all Constituencies

The government should realise that this is the best time to incorporate debate and scrutiny as this is constructive and will contribute to the progress of the country. The reality is that this is an unprecedented situation which calls for collective and participatory decision making. Instead of politicking and being in election-mode, the government should demonstrate sound leadership by stimulating communities to develop homegrown solutions and strategies to address the COVID-19 crisis. Broad consultations with all constituencies will ensure that the interests and concerns of all citizens are taken into account as the government designs and implements its interventions to curb the spread of the coronavirus.

Efforts should be made to engage all groups in Zimbabwe including men, women, youths, the elderly, people with disabilities, minorities, religious groups, and traditional leaders. Such an approach will ensure that the government does not adopt one-size-fits-all policies but remains alive to the lived-realities and different needs of the diverse groups which form the nation's tapestry. Active citizen's engagement should also be promoted through use of technologies including community radios around the country to give people the opportunity engage in informed debates on how to avert the COVID-19 crisis.

CHAPTER 5

A GENDERED APPROACH: THE DISPROPORTIONATE IMPACT OF COVID-19 ON WOMEN AND GIRLS IN ZIMBABWE

Gender-based violence generally refers to violence that is directed against a woman because she is a woman or that affects women disproportionately.⁴⁴ In Zimbabwe, gender-based violence thrives on societal and cultural practices that accept the domination of women by men, especially in the home. Intimate partner violence is the most common and is fuelled by practices entrenched in patriarchal societal relations.

Various factors contribute to the increase in violence cases, including stress arising from economic inequalities, stress resulting from poverty and being confined in the house for extended periods.

Gender-based violence (GBV) is a recurring challenge globally. Lockdowns imposed to contain COVID-19 have not only worsened the situation but have illuminated new approaches to addressing GBV. The UN has reported that, since the onset of the COVID-19 pandemic, Lebanon and Malaysia, for example, have seen the number of calls to helplines double, compared with the same month last year; in China, they have tripled; and in Australia, search engines such as Google see the highest magnitude of searches for domestic violence help in the past five years. The spike in GBV cases during the same period, has also been witnessed in Kenya and South Africa.⁴⁵



“Chegutu Pastors visit and pray for the expecting mothers at Chegutu Hospital Maternity Ward in April 2020 during COVID 19 Lockdown.”

44. General Recommendation Number 19 of the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW).

45. ‘UN chief calls for domestic violence ‘ceasefire’ amid ‘horrifying global surge’. Available at, <https://news.un.org/en/story/2020/04/1061052> [Accessed 22 May 2020].

GBV is a manifestation of the deep-rooted and pre-existing gender disparities in most patriarchal societies driven by toxic notions of masculinity. The UN Committee on Economic, Social and Cultural Rights has noted that the COVID-19 pandemic has exacerbated gender inequalities because *“the burden of caring for children at home and sick or older family members falls disproportionately on women.”*

GBV is common in Zimbabwe, with one in every three women having experienced some form of gender-based violence in their lifetime.⁴⁷ COVID-19 has affected every dimension of our society. Life as we know it has changed and our daily routines have become a thing of the past. The ‘new normal’ is that women and girls are locked indoors with abusers and potential abusers. The full import of the ‘new normal’ on women and girls should be explored further to understand the spaces that women and girls occupy and their experiences in the home.

Not only has productivity decreased due to adjustments such as working from home, the politics of social reproduction, gender inequalities and practices have also taken hold. The labour force of women has been affected, dwindling their productivity in paid labour as compared to their male counterparts.

Most societies, especially in low and middle-income countries, have retrogressed to a system of female unpaid work through childcare and household chores. The ontology of gender roles has been revived, with the only difference being that childcare and household chores are additional to women’s roles in paid labour. With COVID 19 on the scene, the burden on women has increased significantly.

In the *Week 2 edition of Their Voices Matter Report*, ZimRights documented that women in Zimbabwe are carrying the burden of national compassion as they find themselves at the forefront of the fight against COVID-19 both at the healthcare centres and at home.

ZimRights has interacted with women surviving on wild berry picking and caterpillar harvesting whose enterprise has now been affected as travelling is now restricted. In rural Zimbabwe, women are already burned with additional duties of child care, and now they are forced to travel long distances on foot as there is limited public transport to take them to health centres.

A number of women have complained that they have been turned away at roadblocks by mostly male police officers after telling the Police that they would want to go and buy sanitary pads. In Cowdray Park, in Bulawayo, women were tortured by the police and in the process were attacked with sexual insults. There are many such stories happening across the country in the interface with the law as well as in the silence of abusive homes.

The story of COVID 19 and women is a sad story of fighting both the pandemic and its impact. Women carry all this burden while fighting an already existing legacy of harmful power relations. If policy making does not pay special attention to these stories, a grave injustice continues uninterrupted against women.

The Susceptibility of Girls during the COVID-19 Crisis

In this part, we holistically consider the implications of COVID-19 on women and girls in Zimbabwe.

ZimRights also advocates the declaration of gender-based violence response services as essential services amongst other strategies that society and the government can implement.

47 World Bank. (2020) Gender-Based Violence (Violence Against Women and Girls). The World Bank. [Online] Available at: <https://www.worldbank.org/en/topic/socialdevelopment/brief/violence-against-women-and-girls> [Accessed on 10 May 2019].



“Every girl, no matter where she lives, no matter what her circumstance, has a right to learn. Every leader, no matter who he or she is or the resources available to him or her, has a duty to fulfil and protect this right”

Malala Yousafzai, Student, Nobel Peace Prize Laureate, and Co-Founder of the Malala Fund, in the foreword to the research report *‘What Works in Girls’ Education*

Source: Malala Fund

The right to education is provided in section 75 of the Constitution of Zimbabwe (2013). It is therefore vital to ensure that girls receive a quality education and participate fully in public life. Some of the benefits of quality education are that it reduces the risk of child and early marriages, empowers girls to be involved in decision-making positions, contributes to the sustainable development of their communities and it also has positive impacts on the country’s economic growth.

Responses to COVID-19 have resulted in the interruption of the education system with school closures around the world. Instead of spending their time in school, focusing on learning, girls are at home.

Due to entrenched gender stereotypes embedded in Zimbabwean patriarchal cultural practices, most

girls are expected to conduct house chores such as cooking, cleaning and taking care of the younger children. As a result, girls have limited time to engage in their school work. Girls are also at a greater risk than boys, of not being able to return to school once schools reopen. In a study conducted by the United Nations Development Programme (UNDP) on the effects of the Ebola outbreak, it found that teenage pregnancies in some communities in Sierra Leone increased by 65 percent as a result of school closures and that incidents of sexual assault of children increased during the epidemic.⁴⁸

The government should focus on investing in ICT infrastructure to ensure that girls have access to internet and electronic gadgets for use in e-learning. It is crucial for the government to take concrete measures to ensure that all children are able to do their studies during the lockdown and that the risk of girls, in particular, dropping out of school is mitigated.

Further, as more time is spent at home and in the community, there is a high risk of sexual abuse of girls. The current COVID-19 crisis has also heightened the risk of teen pregnancies during the lockdown period. Endemic poverty worsened by the coronavirus pandemic has increased the incentives for girls and young women to engage in transactional sexual relationships and sex work. It is therefore incumbent upon the government of Zimbabwe to put in place safety nets to protect women and girls as part of its COVID-19 relief interventions.

Organizations such as Roots, *Shamwari YeMwanasikana* and *Zimbabwe Women Lawyers Association* continue to engage with communities on the importance of protecting girls and young women during this pandemic. These organizations are also providing support for girls and women who experience sexual abuse by providing safe

48. UNDP (2015) Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone, UNDP. [Online] Available at: https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html [Accessed on 14 April 2020].

shelters where girls and women can get accommodation and food.

Violence in the Home

Due to the pervasiveness of GBV during the lockdown period, the government of Zimbabwe should declare GBV relief as essential services and also adopt gender-sensitive frameworks in response to the risks that the coronavirus poses. On 13 April 2020, The Herald newspaper reported that between March 30 when the lockdown began and April 9, the Musasa Project had received 764 GBV cases across all its platforms. This surge in reports of GBV cases is reflective of the plight of women and girls during the lockdown period.



Community Experiences:

The first blow on the face over delays in serving lunch was just like any other, the pain similar to what she had gotten used to for the past five years. It was the second blow, on the mouth that left blood gushing out of her lower lip and one tooth loose, which prompted her to make a report to the police. Since the complete lockdown began, Mary Murape (47) of Mbare, Harare (real name protected) endured episodes of violence perpetrated by Kudakwashe, her husband of 29 years. Since March 30, Murape

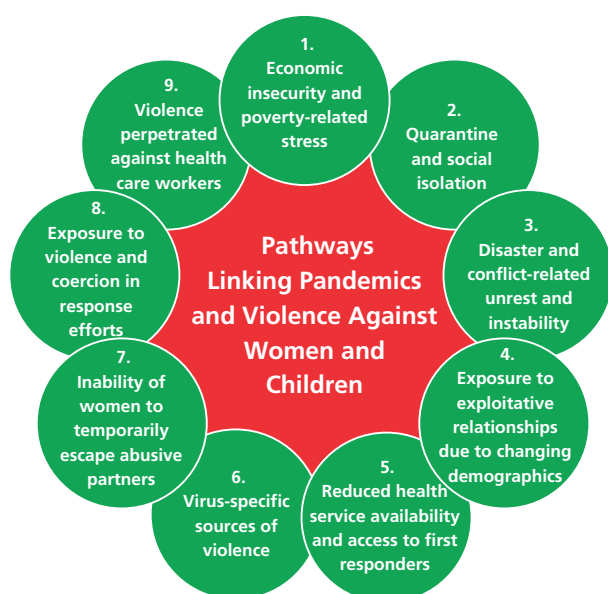
who has been sharing the same space, two rooms, with her husband, claims she has been assaulted eight times by him while their two teenage children watched.

Mercy Musandu (not real name), a 16-year old girl has been staying with her mother, two siblings, and father in their three rented rooms in Kuwadzana Extension. Since the lockdown, her father has been extremely depressed as he no longer has easy access to the illicit brew known as 'musombodiya' that he takes almost every day. He hits them, screams at them and throws furniture around the house over petty issues, she alleges. Mercy, her mother, and two brothers say they have since left their home. They are currently staying with their aunt and will only go back after the lockdown.

Source: Extract from the Herald Newspaper, 13 April 2020

The Centre for Global Development has identified at least nine ways in which the consequences of and responses to pandemics like COVID-19 can lead to or increase violence against women and they are as follows:⁴⁹

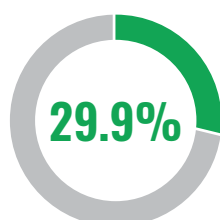
49 O'Donnell, Megan , Peterman Amber and Potts, Alina, (2020) A Gender Lens on COVID-19: Pandemics and Violence against Women and Children. Centre for Global Development. [Online] available at: <https://www.cgdev.org/blog/gender-lens-COVID-19-pandemics-and-violence-against-women-and-children> [Accessed on 14 April 2020].



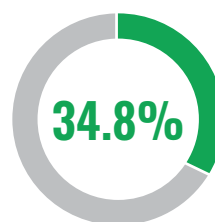
Source: Centre for Global Development

The Zimbabwe Demographic Health Survey of 2015 indicates that more than one in three women has experienced physical violence since the age of 15. The percentage of women who experienced violence was at 29.9% in 2010 and 34.8% in 2015).

The stories of Mary and Mercy above, are representative of the experiences of women in Zimbabwe. They tell a story of being trapped at home; a space that is supposed to be safe for them. It is therefore difficult for girls and women to comply with lockdown requirements to stay at home where they find themselves trapped in the same house as their abusers with nowhere to go.



The percentage of women who experienced violence in 2010



The percentage of women who experienced violence in 2015

Direct and Long-term Effects of COVID-19 on Women

Assessing policies and regulations to be put in place during national lockdowns should be done so in a gender-sensitive manner. Attention must be paid to the needs and challenges of women and girls in our society so as to protect their human rights and provide the services that they need. There is also great risk that resources which would ordinarily be dedicated to address the reproductive health of women will be diverted to the COVID-19 emergency response. Furthermore, the current lockdown regulations ignore the sexual and reproductive health rights (SRH) of women. In as much as SI 83 of 2020 includes hospital services as an essential service during the lockdown, this is curtailed by the restriction of peoples' movement within a 5km radius.⁵⁰ There are communities and villages which do not have hospitals and clinics within the 5km radius. Consequently, access to SRH services, including contraceptives and ARVs, is restricted. The long-term effects of such regulations are borne by women who, due to lack of access to contraceptives, will be forced to carry unplanned pregnancies. This suspension of SRH services will ultimately entrench poverty in communities by decreasing productivity while increasing reproduction.

Evidence also shows that women are shouldering the burden of COVID-19 as frontline health care workers. In an analysis of 104 countries, Boniol and others (2019) show that women form 67 percent of the health workforce (see graphs on the next page).⁵¹

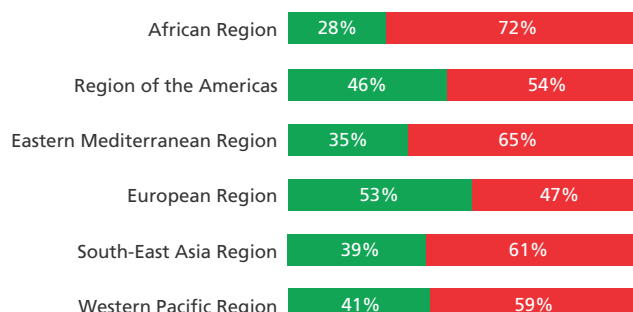
50. The Government of Zimbabwe (2020) Statutory Instrument 83 of 2020, Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020.

51. Boniol et al, (2019) 'Gender equity in the health workforce: Analysis of 104 countries.' Health Workforce Working Paper 1. World Health Organisation, Marc 2019. [Online] Available at: <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf> [Accessed on 14 April 2020].

Gender distribution of health workers across 104 countries

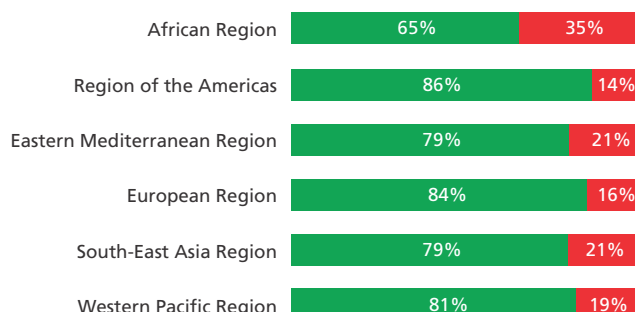
Physicians: Percentage of female and male

■ Female ■ Male



Nurses: Percentage of female and male

■ Female ■ Male



There are more female frontline health care professionals providing care and service during this pandemic than their male counterparts. The high rate of infection of COVID-19 makes it unsafe and Zimbabwe has not been spared. The brain-drain in Zimbabwe over the last three decades has resulted in Zimbabwean healthcare professionals emigrating to the diaspora, into some of the countries most affected by COVID-19, such as the United Kingdom and the United States of America. There have also been several deaths reported of female Zimbabwean healthcare professionals based in the diaspora.

In an article published on 17 April 2020 in the Guardian Newspaper, UK's National Health Service health care professionals who have succumbed to COVID-19 were remembered and among them was a Zimbabwean nurse, Gladys Nyemba, who died on 13 April 2020.⁵² She represents many Zimbabwean first responders who lost their lives due to the pandemic.

According to the IMF, the coronavirus pandemic will cause the worst economic slump since the Great Depression.⁵³ The result of this is that many

families will be pushed into poverty while many workers will experience pay cuts and layoffs. Zimbabwe has been economically unstable for over a decade, and families struggle to achieve a basic standard of living. This economic slump has been worsened by the COVID-19 pandemic. Currently, the government has not developed a financial strategy to revive the economy from further plummeting. This state of uncertainty, lack of preparedness and long-standing economic instability will most likely trigger an economic crisis in Zimbabwe.

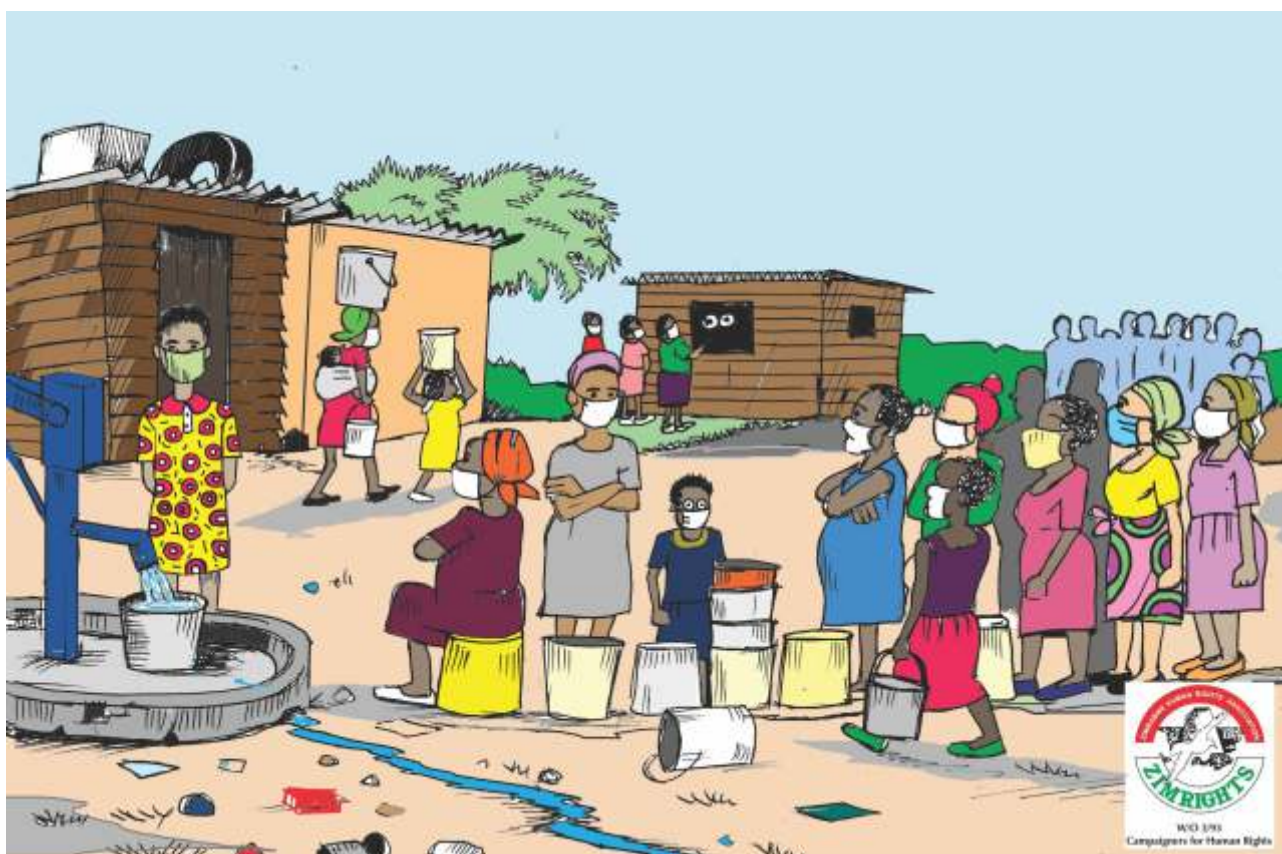
Such an economic crisis disproportionately affects women for the reasons already discussed in this report. Women who are in the informal sector such as vendors and cross border traders risk losing their businesses. Without support, the chances of these female entrepreneurs resuscitating their businesses are very low. It is therefore crucial for the government of Zimbabwe to provide grant and low-income loan facilities to recapitalize women-led businesses and Start-Ups in Zimbabwe. Such facilities should provide non-partisan and be administered in a transparent and accountable manner.

52. Marsh, Sarah (2020) Doctors, nurses, porters, volunteers: the UK health workers who have died from COVID-19. [Online] Available at: <https://www.theguardian.com/world/2020/apr/16/doctors-nurses-porters-volunteers-the-uk-health-workers-who-have-died-from-COVID-19> (Accessed on 14 April 2020).

53. Georgieva, Kristalina (2020) Confronting the COVID-19 Crisis. Finance and Development Magazine. [Online] Available at: <https://www.imf.org/en/News/Podcasts/All-Podcasts/2020/04/09/md-curtain-raiser-2020-sms> (Accessed on 14 April 2020).



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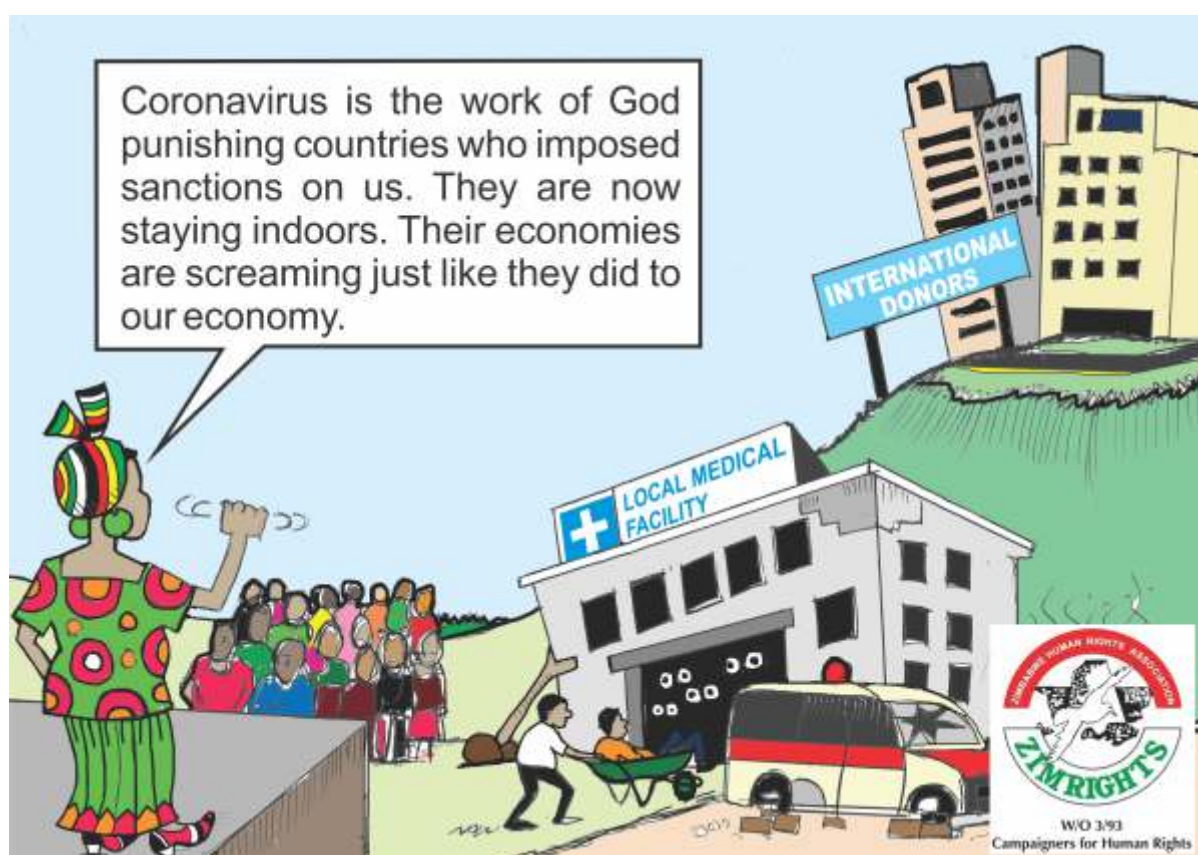
“Gender equality and women’s rights are essential to getting through this pandemic together, to recovering faster, and to building a better future for everyone.”

UN Secretary General Antonio Guterres

CHAPTER 6

THE IMPACT OF COVID-19 IN ZIMBABWE

The Zimbabwean economy is on a steep decline due to COVID-19 which will amplify societal inequalities and worsen political tensions in the country. The economies of most African countries are connected and the extension of lockdowns and precautionary measures economically affect the regional blocs collectively. High COVID-19 infection rates in neighbouring South Africa not only poses a health risk but also has adverse socio-economic and political effects on Zimbabwe.



"This is a global crisis, and its up to all of us to solve it."

UN Secretary General Antonio Guterres

The closure of borders by most countries in the SADC region has negatively affected regional trade and business and impoverished the millions of Zimbabweans working in these countries as well as their dependents.

Additionally, international remittance services by money transfer agencies were temporarily

suspended due to the Government lockdown which started on 30 March 2020. The effect of this suspension was that beneficiaries of these diaspora remittances were cut off from their source of income. Noting these detrimental effects, the remittance services were resumed on 8 April 2020.⁵⁴ Nonetheless, poverty remains a crisis that currently subsists within the COVID-19 crisis,

54. The Herald (2020) Money transfer agencies reopen. [Online] Available at: <https://www.herald.co.zw/money-transfer-agencies-reopen/> [Accessed 20 April 2020].

as ordinary Zimbabwean bear the brunt of the volatility of the Zimbabwean economy.

Zimbabwe's Lockdown Without a Plan

Zimbabwe joined most countries globally in adopting mitigatory and preventative measures recommended by WHO to curb the spread of COVID-19. On 30 March 2020, President Emmerson Mnangagwa declared a national lockdown in the country for three weeks. This lockdown exempted mining and manufacturing operations which were deemed to be critical in sustaining the country's economy. However, the government seemed to have lost sight of the fact that, over 76% of the population in Zimbabwe earn a living within the informal sector. In this regard, the government's focus ought not only to have been on the macroeconomics but also on managing its microeconomics as well.

Whether the national lockdown has been effective in terms of reducing the spread of the virus in Zimbabwe is yet to be seen. However, it is noteworthy that whereas lockdowns have been used as a reprieve for states to boost their health systems and step up COVID-19 testing, the government of Zimbabwe has not adequately capitalized on the prolonged lockdown to do the same.

The government has been criticised for failing to contextualise its COVID-19 interventions to match the lived-realities of Zimbabweans. It is beyond doubt that measures such as a national lockdown, social distancing and sanitisation are necessary. However, the effectiveness of all these measures cannot be fully realized in the context of dire poverty and over-crowding in markets, business centres, and residential areas. The yawning gap

between the government of Zimbabwe's COVID-19 interventions and the experiences of ordinary people has resulted in most people ignoring the state's call to be wary of the coronavirus, opting rather to be concerned about dying from hunger than from COVID-19.

As part of the strategy to respond to the coronavirus pandemic, the IMF Policy Responses to COVID-19 Tracker highlights that the government of Zimbabwe launched on 2 April 2020 a US\$2.2 billion domestic and international humanitarian appeal covering the period April 2020 to April 2021. Of this, US\$220 million is targeted at fighting COVID-19, US\$37 million for other critical health spending, and US\$34 million for water, sanitation, and hygiene (WASH). The government has also returned the multicurrency system, allowing both the Zimbabwean dollar and US dollar as legal tender. The bank policy rate has also been reduced from US\$1 for ZW\$35 to US\$1 for ZW\$25. The government has also increased private sector lending facility by the central bank from ZW\$1 billion to ZW\$2.5 billion.⁵⁵

These actions are to be measured and evaluated against the total amount required to fight COVID-19. As of 24 March 2020, this amount stood at USD26.4 million targeted at the prevention and control of the disease including awareness campaigns. To date, the government has availed over ZWL\$100 million and US\$2 million to fight against COVID-19. Also, there is a plan to administer a ZWL\$600 million cash transfer program that targets 1 million vulnerable households over the next

⁵⁵ International Monetary Fund (2020) Policy Response to COVID-19 Tracker. [Online] Available at: <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#Z> [Accessed on 20 April 2020].

3 months. The government has also indicated that they have begun to enlist small and medium-sized businesses and informal traders that are affected by the lockdown for a bailout by the government.⁵⁶ However, no amount has yet been allocated to this cushioning package.

Poverty and Food security

Hilal Elver, the UN Special Rapporteur on the Right to Food conducted a country visit to Zimbabwe in 2019. She highlighted that widespread poverty, limited employment opportunities, liquidity challenges, pervasive corruption, economic instability, mismanagement of funds, natural disasters, recurrent droughts, and economic sanctions and conditionalities by the US and the EU, all contribute to Zimbabwe's current crisis. She also observed that the food insecurity crisis was urgent in Zimbabwe with chronic malnutrition and stunting being endemic throughout the country, where 90 percent of children aged 6 to 24 months only consume the minimal diet to survive.⁵⁷ The World Food Programme notes that Zimbabwe is in a food deficit with more than 7.7 million people - half the population - facing food insecurity in 2020.⁵⁸ Widespread poverty, HIV/AIDS, limited employment opportunities, liquidity challenges, recurrent climate-induced shocks and economic instability all contribute to limiting adequate access to food. There has also been a reduction in the agricultural outputs from rural subsistence farmers which affects food security for various households.

Consequently, Zimbabwe is currently beset by a crisis whilst it is already steeped in crises. The spread of COVID-19 has coincided with erratic rains that fell in 2019/20 and adversely affected the agricultural sector resulting in widespread food shortages. Poverty and food insecurity in the country is likely to increase with the onset of the COVID-19 crisis.



7.7 Million People

The World Food Programme notes that Zimbabwe is in a food deficit with more than 7.7 million people

Small Businesses and the Informal sector

Africa's informal sector provides over 7% of employment and contributes over 50% of Gross Domestic Product (GDP).⁵⁹ According to a 2018 International Monetary Fund report, Zimbabwe's informal economy is the largest in Africa, and second only to Bolivia in the world. The sector accounts for at least 60% of all of Zimbabwe's economic activity.⁶⁰ This shows how the economy relies significantly on the informal sector. Zimbabwe has suffered from serious deindustrialisation, with the majority of formal businesses collapsing and deepening the informalisation of the economy.

The national lockdown closed down public markets, excluding those that sell food produce. Most small businesses that do not qualify as

56. Ibid.

57. OHCHR (2019) Preliminary observations of the United Nations Special Rapporteur on the right to food, Ms. Hilal Elver, on her Official visit to Zimbabwe from 18 - 28 November 2019. [Online] Available at:

<https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25348&LangID=E> (Accessed on 20 April 2020).

58. World Food Programme (2020) Zimbabwe. Available at: <https://www.wfp.org/countries/zimbabwe> [Accessed on 20 April 2020].

59. African Business Magazine (2020) COVID-19: African governments must support the informal sector. African Business Magazine. [Online] Available at: <https://africanbusinessmagazine.com/opinion/COVID-19-african-governments-must-support-the-informal-sector/> [Accessed 10 May 2020].

60. Chagonda, Tapiwa (2020) Zimbabwe's shattered economy poses a serious challenge to fighting COVID-19.' The Conversation. [Online] Available at: <https://theconversation.com/zimbabwes-shattered-economy-poses-a-serious-challenge-to-fighting-COVID-19-135066> [Accessed 10 May 2020].

providing essential services are also not operating during the national lockdown. As a result, small businesses and the informal sector have suffered tremendous losses. It is well-documented that most small businesses and informal sector workers in Zimbabwe live from hand to mouth. They aim each day to secure the next meal for their families. The informal sector in Zimbabwe is embedded in low-profit margins with the majority barely affording to maintain a basic standard of living.

Although the government has allowed farmers to continue with production, rural farmers have faced challenges. As part of the measures to combat COVID-19, the government decentralised the tobacco auction floors to provinces. Where farmers usually carry their tobacco to Harare, they are now supposed to go to local provincial market. It would appear that this measure would reduce congestion and allow farmers to save on transport. In practice, this is not the case.

“Decentralisation of tobacco auction floors has affected the price of the products as there less competition locally.” One ZimRights member from Hurungwe reported. He said Hurungwe tobacco is usually high grade and fetches more money in Harare, its decentralisation in Harare means the local farmers are competing against themselves leading to buyers short-changing them. Many people are now taking advantages of the crisis to offer very little.

Instead of providing relief to small businesses and the informal sector, the government of Zimbabwe has used the lockdown as an opportunity to demolish the operational structures of the informal sector. These structures included tuck shops and vending structures in Harare, Marondera, and Bulawayo. This operation to destroy informal business structures was reported to have been a decision made at the 9th Cabinet meeting as a means to clean up and renovate Small and Medium Enterprise (SMEs) and informal traders' workspaces for more conducive areas operate.

It is commendable that the authorities are seeking to renovate and develop more appropriate structures. However, this effort has taken a form akin to 'Operation Murambatsvina' which only saw destruction and not much renovations or alternatives. Most SMEs and informal traders who lost their property and wares during these government sanctioned 'clean-up' operations have not been compensated for their losses. To address the challenges that small businesses and the informal sectors are currently facing and will face after the epidemic, the government must provide support for small businesses and the informal sector. The absence of such help is counterproductive and sets up the country for disaster once the coronavirus is contained as most small businesses will collapse.

Similarly, many informal traders will not have the capital to re-inject into their businesses. Safety nets should be put in place to support small businesses and also protect workers from losing their jobs or excessive pay cuts.

Such safeguards can take the form of government-backed loans to support struggling businesses. These loans should be interest-free for a certain period to allow businesses to recover. To ensure that SMEs have the funds quickly, the criteria to secure government funding must be relaxed. Attention must also be paid to the recovery of women's businesses post-COVID-19. The interest-free loans should be designed to address the gender disparities worsened by the pandemic. Government bailouts should be administered in a transparent and accountable manner.

Education

As illustrated around the world, school closures are one strategy to contain and reduce the spread of the novel coronavirus. However, the cost of school closures is very high both for children and society. The government of Zimbabwe made the decision to close schools earlier than the official date and thus disrupted the school calendar. Just as in many

countries, disruption of education has presented new challenges in Zimbabwe which require the cooperation of both the government and communities.

In June 2020, the Amalgamates Rural Teachers Union of Zimbabwe (ARTUZ) President Mr. Obert Masaraure criticised the government's plan to open schools arguing that the government had not put in place measures to protect learners and teachers. Masaraure said that the measures to be taken needed to include reducing student - teacher ratio to 1:20 and ensuring adequate sanitisation of schools that were used as quarantine centres. The Union leader also called for the supply of PPEs, test kits, thermometers and sanitizers to all 10 000 schools. He added that the supplies should be adequate enough for 4.6 million students, 136 000 teachers, and ancillary staff. He also called on the government to ensure uninterrupted provision of safe running water for all schools, and to ensure through the line Ministry that every pupil has at least 3 washable and safe masks.

While the government went ahead to reopen schools, these conditions had not been met, placing many learners in danger. This comes in the face of the already bleeding education sector.

The World Economic Forum's 2016 Global Information Technology Report ranked Zimbabwe fourth in Africa, in terms of the quality of maths and science education. The Zimbabwe education system has, however, over the years suffered simultaneously with the economic decline in the country. There has not been much investment in improving the educational system and brain-drain has meant that education professionals have left the country for greener pastures. These deeply entrenched challenges in the education system have become severe with an unclear Covid-19 response strategy to ensure that children are not wholly separated from the curriculum during the national lockdown.

This interruption in the school system is detrimental as the majority of students from poor and disadvantaged backgrounds have no access to education during the lockdown. Provisional measures such as online learning have not been available to these students due to lack of infrastructure including access to affordable, fast, and reliable internet connectivity and electronic gadgets.



As illustrated around the world, school closures are one strategy to contain and reduce the spread of the novel coronavirus.

Quality education is an essential investment in the young and growing population of Africa. This also reinforces the need and importance of the adoption of the concept of 'internet as a human right.' Apart from strengthening the education system, tools such as internet connectivity should be prioritised ensuring that it is affordable, available, and efficient in all parts of the country and to all households.

There is, therefore, a need for the government of Zimbabwe to level the playing field for all students in Zimbabwe by ensuring equal access to educational materials and resources. Government plans to either transition to e-learning or conduct lessons via radio programs should not be blind to the existence of students who have neither access to the radio or the internet.

CHAPTER 7

CONCLUSION: THE PRO-FUTURE APPROACH

The COVID-19 crisis has magnified the pre-existing crises in Zimbabwe. The crises in the national economy, public health system, education and governance systems have become even more apparent. Unfortunately, it is the most vulnerable in society who, while grappling with our country's crises, have to yet again contend with the harsh reality of COVID-19.

These are exceptional times, and they call for a break from the usual. In as much as citizens have to adjust their lifestyles, likewise, the government ought to shift its focus. COVID-19 is indiscriminate and so should be the state's interventions to curb its spread. Politicking, self-aggrandisement and elitism have no place in the 'new normal' forced upon all nations by the COVID-19 pandemic. The only way one can remain safe from the pandemic is if their neighbours are also safe.

It is therefore incumbent upon the government of Zimbabwe to ensure that its COVID-19 interventions are not self-serving but are grounded on pro-poor policies which seek to leave no one behind. Instead of focusing only on patchwork and stopgap measures to avert the COVID-19 crisis, the government of Zimbabwe should engender lasting and sustainable solutions. Rather than it only being a time for repair it should be a time for reform. It is a time to build the resilience of communities in Zimbabwe for them to be able to outlive the coronavirus outbreak and to strengthen national institutions to withstand any future pandemics.

As it stands, government actions and responses to the pandemic have been insufficient and have not been in tandem with the plight and needs of ordinary Zimbabweans. This calls for the state to broaden its consultations to include the voices of marginalized citizens who have erstwhile been counted but never named. The government has to listen to the concerns of thousands of Zimbabweans in marginalized areas where there is no internet or radio coverage, the millions toiling in

the diaspora and the several million eking a living by vending and running small businesses in towns and high-density suburbs.

Zimbabwe has the opportunity to rebuild following this COVID-19 crisis. However, a holistic approach to addressing the challenges that the country has faced over the past decades is required. Factors that have crippled the economy, weakened institutions and impoverished citizens, must be identified and addressed. Good governance, anti-corruption, and institutional building are some of the key aspects that the country should focus on.

The government should also adopt a human rights approach to addressing the COVID-19 pandemic, design and implement evidence-based policies and mechanisms that seek to alleviate food insecurity and poverty.



*Politicking, self-aggrandisement
and elitism have no place in the
'new normal' forced upon all nations
by the COVID-19 pandemic.*

The best way to overcome the COVID-19 pandemic in Zimbabwe is to look beyond it and start planning, investing and working for a better future. In line with this, the following recommendations are suggested for the key stakeholders:

Recommendations for the Government of Zimbabwe



"Residents queuing for water."

Putting Human Rights at the Centre of the COVID 19 Response

Government interventions must reflect the fact that at the centre of the fight against COVID 19 are critical human rights issues. COVID 19 itself is a threat to the right to life and every other right in life. As the government puts in place various measures, it is important to pay attention to its human rights obligations and strive for the minimum possible disruption to the enjoyment of rights. These issues have been addressed by ZimRights in a number of policy briefs under COVID 19 Policy Advocacy. They touch the areas of:

- Law Enforcement
- Detention centres
- Protection of livelihoods
- Protection of the elderly
- Protection of persons living with disability
- Access to health care
- Access to basic needs like water and sanitation
- Protection of Women and Children

- Protection of the right to free assembly and association
- Citizen Participation
- Protection of democratic and civic space

Paying attention to these areas allows the community to emerge from the crisis better and more prepared for recovery and the aftermath.

Strengthen the Public Health System in Zimbabwe

The government should immediately prioritize the accessibility of essential public health services aimed at mitigating the spread of COVID-19, including, public awareness-raising, testing, surveillance, contact identification, and tracking. The focus of the government should also be on ensuring that citizens have universal, affordable and sustainable access to Water, Sanitation and Hygiene (WASH) services. Improving service delivery should be part of the government's strategy to counter the coronavirus and

strengthening of the public health system.

The state should recognise the citizens' right to health and take concrete steps for its fulfilment. The government should invest in improving health infrastructure in the country and the remuneration and working conditions of health personnel in public health institutions.

The state should also ensure that there is transparency and accountability in the management and administration of the public health policies system.

Invest in Evidence and Data Collection Models

Policymakers should act based on the lived-realities of community and address the challenges faced by citizens. Evidence and data collection models contribute to understanding the experiences of particular groups and their needs. During this epidemic, threats are confronting various communities and vulnerable groups as shown in this report. In the absence of data and evidence, it is highly unlikely that the government of Zimbabwe will be able to meet the needs of these communities and address the threats and challenges that they are facing. There should, therefore, be an effort to invest in evidence and data collection through community engagements. Evidence and data collection can be enhanced by creating synergies with non-state actors such as academia and civil society organizations.

Invest in Education Technology

The extended school closures will have far-reaching consequences on our society if left unchecked. Investing in education technologies allows the country to be better placed to implement online and distance learning. It is imperative to design and implement strategies aimed at building the necessary infrastructure to

sustain e-learning. Technological infrastructure, which supports virtual learning, facilitates fast and affordable internet connectivity and access to radio and television signals should be part of the government's educational strategy going forward.

Invest and Promote Access to information

The government should promote access to information. Some communities in rural areas said they did not have adequate information about the coronavirus. Kelvin Nzimba from Mt Darwin said, *"There was no education on COVID-19. We do not have radios and we also have no access to newspapers."* Information rights activists have noted that the government should see this as an opportunity to license community radio stations that would provide information in local languages to communities to raise awareness and educate communities.

Prioritise Disaster Preparedness in Zimbabwe

There is a need for the government to take charge during a crisis and move resources to address the emergency. The Department of Civil Protection launched a US\$2.2 billion domestic and international appeal for assistance. They appealed for humanitarian aid noting that COVID-19 had exacerbated the need for humanitarian aid in Zimbabwe.⁶¹ Some of the areas that were identified as needing urgent assistance in the appeal included, food insecurity, social protection, WASH, nutrition and health.

The fact that the Department of Civil Protection was caught flat-footed when the COVID-19 crisis started is indicative of the need for government to invest more in a 'rainy-day' fund administered by the Department of Civil Protection to respond effectively to disasters.

61. Toward Freedom (2020) Disaster Looms in Zimbabwe. [Online] Available at: <https://towardfreedom.org/story/disaster-looms-in-zimbabwe/> [Accessed on 15 May 2020].

Recommendations for the Private Sector

Foster Partnerships and Collaborations for Community Development

The private sector has been affected by the epidemic as it is not business as usual and has had to adapt to the new environment. Many companies have closed down and some are operating at half-capacity. The private sector has an opportunity to develop creative solutions and contribute to efforts to combat the epidemic in the country. Collaboration is also crucial in developing solutions and critical efforts to address imminent threats such as food insecurity in Zimbabwe. Through collaboration with civil society and the media, the private sector can close the gap on access to information through using traditional messaging service to share information on COVID-19 to reach to communities that have no access to the internet.

Partnerships with the government will also accelerate development and will promote

creativity in the initiatives that are being implemented to battle the pandemic. Such relationships will also pave ways for the recovery of Zimbabwe from the dire effects of the coronavirus.

Raise Awareness on Workers' Rights and COVID -19

The coronavirus pandemic has reinforced and proved the importance of workers and the contributions they make to the development of economies. It has also made us alive to the need for the protection of the rights and well being of workers. As such, the private sector should take this opportunity to develop competent human resources administration. This model will incorporate factors that have been neglected such as the well being and mental health of workers.

Companies should also champion educating workers on COVID-19 and also ensure the provision of personal protective equipment (PPE) for workers at risk.



Recommendations for Non-Profits and Social Movements

Leverage on the current crisis to advocate for reforms

The COVID-19 crisis has exposed the crises in Zimbabwe, such as human rights violations, police brutality, poor health care services and lack of access to water and sanitation services. During this unprecedented time, civil society organizations have the opportunity lobby for reforms in all sectors in Zimbabwe. Civil society organizations have an opportunity to call for good governance and the strengthening of public institutions in Zimbabwe.

Coordinate CSOs COVID-19 Response

The civil society space in Zimbabwe is very active and has over the years contributed to the promotion and protection of human rights. Various organizations are working on different vital human rights issues and are currently taking action and providing services to ensure that vulnerable and marginalised people are not left behind. These efforts are crucial as they fill in the gap where the government has not taken sufficient action. To ensure that there are concrete efforts, it is prudent that civil society organisations (CSOs) in Zimbabwe consolidate their efforts. Coordinated efforts will allow for the few resources that are available to assist those who are most vulnerable. This coordination may take the form of a CSO COVID-19 Response Coalition, or working groups. Improved coordination among CSOs will improve their geographical reach and efficiency in the provision of critical services.

Embrace and invest in technological innovations to enhance service delivery

The services that NGOs provide are required now more than ever. More people are left without any source of livelihoods and access to services during the lockdown and civil society can bridge this gap. However, to successfully provide these services business cannot be done as usual. Civil society organizations cannot be conducting field visits as they normally would while social distance is required.

There is, therefore, need to be creative by utilising technology to reach out to the most vulnerable and in need of support. Platforms such as hotlines are critical as they can be used to report abuses. Information dissemination is also critical and this can be done through radios instead of printing pamphlets and flyers to distribute. COVID-19 tests civil society to exhibit how best they can help communities in such an unprecedented situation, and emerging technologies should be embraced.

Further, civil society should also encourage communities to document human rights violations that they witness, so as to ensure that perpetrators are held accountable. Platforms such as the Forum's Ziso Platform allow for victims and witnesses to share their experiences and this goes a long way in monitoring human rights violations in the country as well efforts to ensure that justice is delivered.

RIGHTS IN CRISIS

A Human Rights Analysis of the COVID-19 Pandemic in Zimbabwe July 2020

Following the outbreak of the COVID 19 pandemic in January 2020 and the entry into lockdown of Zimbabwe, the Zimbabwe Human Rights Association (ZimRights) immediately set into motion a three pillar COVID 19 response strategy. The three pillars are: Human Rights Monitoring under which 7 reports were produced; Humanitarian Response under which 7 provinces received urgent humanitarian support; and the Policy Advocacy under which 2 reports were produced leading to a number of policy engagements with policy makers.

Through this strategy, ZimRights has interacted with a cross-section of responders to COVID 19 circumstances who include medical experts, policy experts, community leaders and activists, media practitioners, international experts, human rights activists, legal experts and most importantly victims and survivors who found themselves at the receiving end of the pandemic. 9 reports were produced between 30 March 2020 and 30 June 2020, capturing varied experiences of the Zimbabwean communities. Over 600 testimonies have been documented on ZimRights Digital Platforms. These interactions, reports, testimonies and conversations represent a rich wealth of community knowledge and expert understanding of the COVID-19 pandemic. As the nation looks into the future, with far reaching global changes and the possibility that COVID-19 will be with us for longer than anticipated, ZimRights has sifted through these experiences, reports, testimonies and expert views, to produce what is probably the most comprehensive local appraisal of the COVID-19 situation from a human rights perspective.

This Report; "Rights in Crisis" captures the story of COVID-19 from its genesis in Wuhan Province in China, its journey into Zimbabwe and the devastating effect on livelihoods and transformative impact on the way we work, live and learn. Combining community voices, victim testimonies and expert input, the report analyses the country's COVID 19 response, the state of preparedness and looks into the future with a number of suggestions meant to ensure that Zimbabwe emerges from the crisis better than it entered and that the voices of communities be prioritized. ZimRights is grateful to its partners, the members of staff, friends and experts who took their time to analyse this crisis and share their views in this report. We hope you will find this information to be of help.

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Campaigners for Human Rights

This report and the work it builds on was made possible
with support from SIDA and IOM.

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