



Zimbabwe

## Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in Zimbabwe to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

# Effective Implementation of Public Health and Social Measures in Zimbabwe: Situational Analysis

## Highlights<sup>1</sup>

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID-19 response measures.

- Zimbabwe has one of the lowest case counts of COVID-19 on the continent, with a total of 40 confirmed cases. The government reacted early, implementing a country-wide lockdown to prevent further spread of the virus. However, a high case-fatality rate and lack of information on testing suggest that cases may be underestimated.
- The lockdown order could place a significant burden on urban residents, with more than half indicating that they would run out of food and cash in less than a week. The government has announced a cash transfer program as well as food assistance to provide short-term support to vulnerable households.
- Almost all urban Zimbabweans know about COVID-19, but almost half want more information. Many misperceptions persist, including some that could offer a misplaced sense of protection or lead to stigma.
- Most Zimbabweans believe that COVID-19 will be a problem for their country, but less than half think they are personally at risk for infection.
- Most Zimbabweans are satisfied with the government's response to the pandemic and trust information coming from the government, but there is dissatisfaction/distrust among a substantial minority.
- There have been a number of reported incidents of police violence to enforce the lockdown, which could undermine trust in the response.

### ABOUT PERC

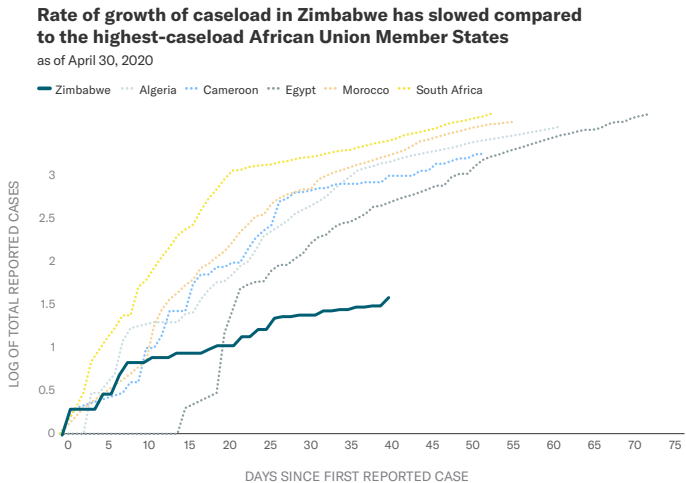
The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African Union Member States. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum. Ipsos and Novetta Mission Analytics bring market research expertise and years of data analytic support to the partnership.

<sup>1</sup> This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: <https://preventepidemics.org/coronavirus/perc/data>

# Disease Dynamics

THE NUMBER OF NEW REPORTED CASES IN ZIMBABWE HAS BEEN LOW SINCE THE BEGINNING OF THE OUTBREAK.

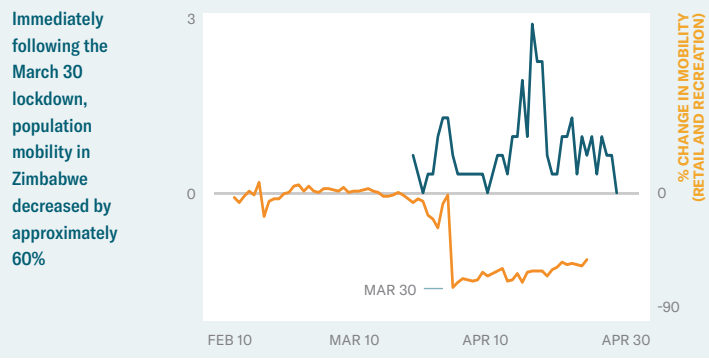
Total cases	Total deaths	Case-fatality rate (%)	Total # of days to double case count	Date of first reported case
40	4	10	15	March 21



- The epidemic in Zimbabwe, in comparison to the five African Union Member States with the highest caseloads, grew at the same pace as most of the others in the first 10 days, but since appears to be growing much more gradually.
- Because the number of reported new cases is so low, no real trend in the growth of the epidemic can be identified.
- In Zimbabwe, the most recent doubling time is 15 days. Doubling time is the number of days it took for cases to double to reach their current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic.
- Case-fatality rate (CFR) describes the proportion of reported deaths to reported cases. The CFR in Zimbabwe is high at 10%, most likely an overestimate due to undetected cases (mild, pre-symptomatic and asymptomatic).
- If testing is deemed to be sufficient or is increasing, then changes in case counts per day can also be used to assess COVID-19 transmission. As of April 29, a total of 6,834 screenings and diagnostic tests had been conducted by the ministry of health at national and provincial levels. The ministry is decentralizing testing for COVID-19, starting with the National TB Reference Lab in Bulawayo.

## Implementation of Key PHSMs

THE GOVERNMENT ACTED QUICKLY TO PREVENT FURTHER SPREAD OF THE VIRUS, WITH A LOCKDOWN IMPLEMENTED NINE DAYS AFTER THE FIRST REPORTED CASE.



### 3-day moving average of new cases and date of PHSM implementation

**March 17:**  
 National emergency declared

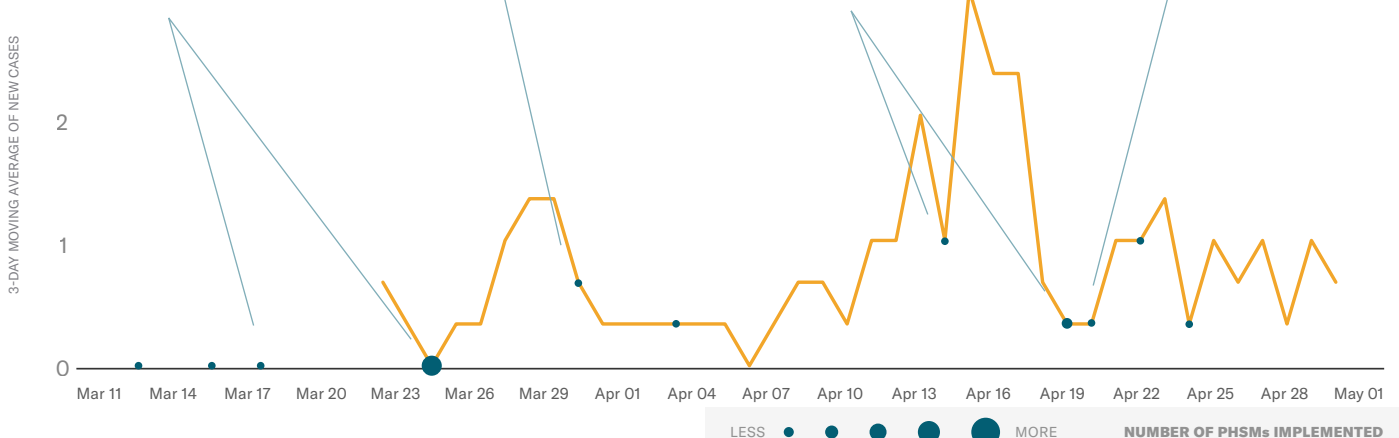
**March 24:**  
 Public gatherings of more than 50 people banned; schools closed; borders closed to non-essential travel; closure of bars, nightclubs, movie houses, swimming pools and sporting activities; restriction of hospital visits

**March 30:**  
 Three-week lockdown, with residents required to stay at home, except to secure food and health care; sale of alcohol banned (reversed on April 3)

**April 15:**  
 Mass testing with the aim to test at least 33,000 suspected COVID cases by the end of April

**April 19:**  
 Manufacturing sector can resume limited operations; mining sector allowed to scale up operations within parameters of physical distancing

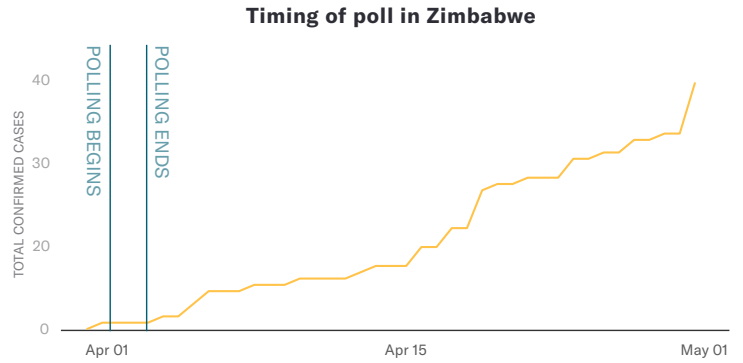
**April 20:**  
 Lockdown extended by two weeks



# Public Reactions to COVID-19 and Related PHSMs

## RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of 1,034 adults in Harare between April 1 and April 4, 2020. At the time of polling, Zimbabwe had eight to nine confirmed COVID-19 cases.

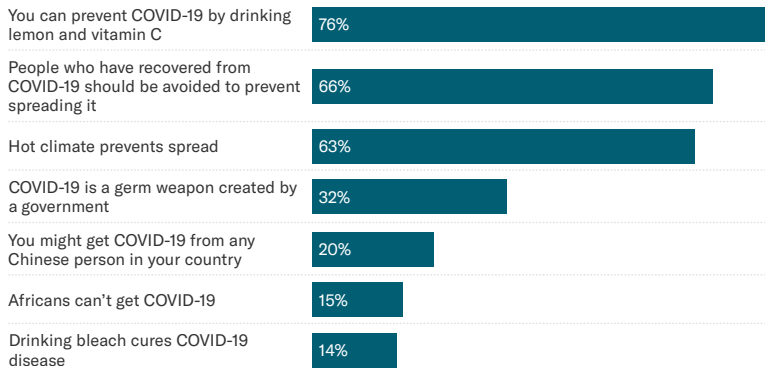


## Information on COVID-19

Urban Zimbabweans had high awareness of the epidemic (99%). However, many continued to hold misperceptions, including some that could offer a misplaced sense of protection or contribute to stigma. For example, 63% said that hot climate prevents spread and 66% said people who have recovered from the disease should be avoided to prevent spreading it. Half (50%) said they do not currently have enough information, particularly on prevention, transmission and causes.

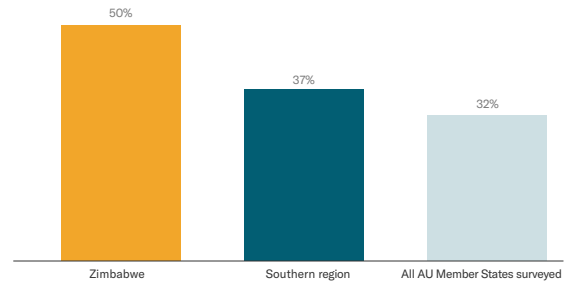
## Belief in Misinformation and Rumors

Percentage believing each false statement is probably or definitely true

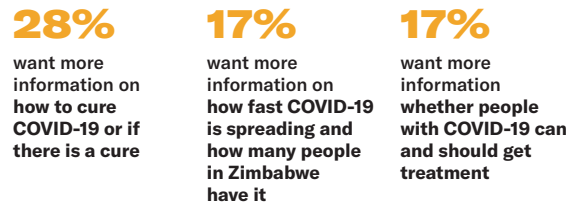


## Demand for Information

Percentage reporting they **do not** currently have enough information about COVID-19

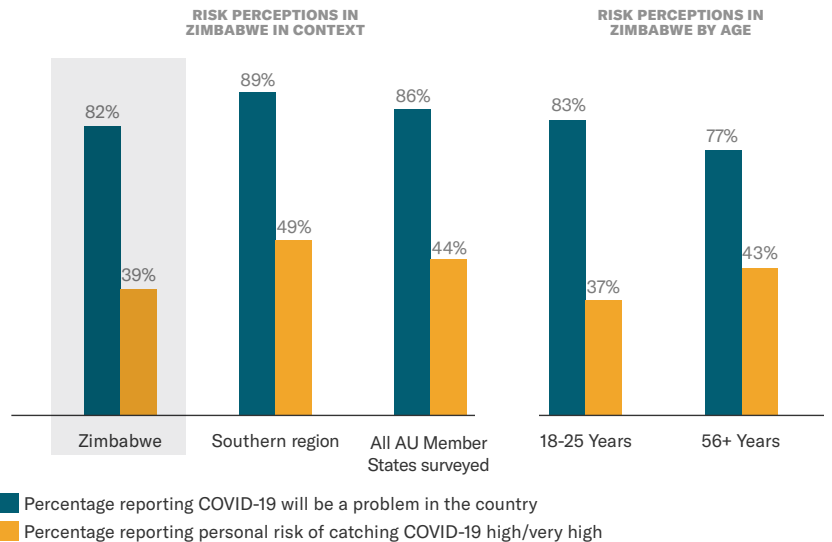


## Information Needs



## Risk Perceptions

While 82% of Zimbabweans said that the virus would be a problem for the country, only two in five (39%) said that they are at high risk of contracting COVID-19.



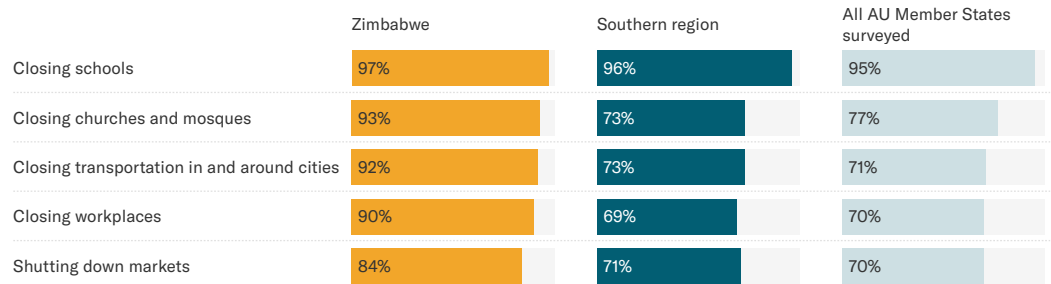
**Support for Government and PHSMs**

About two-thirds (66%) were satisfied with the government’s response to date and 61% trusted the information provided by the government on COVID-19. Most reported high levels of trust in doctors as a health information source (96%). Sixty-five percent (65%) reported trust in the presidency. Less than half (47%) of respondents felt confident they would get the help they needed immediately if they were to fall sick, a lower proportion than seen in other African Union Member States.

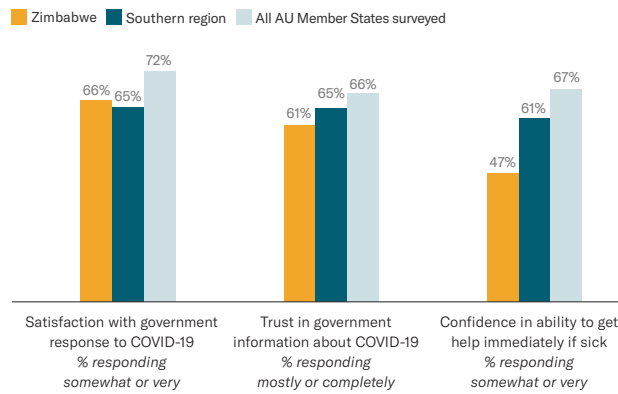
Urban Zimbabweans were strongly supportive of a wide range PHSMs to help limit the spread of COVID-19, including closing schools (97%), shutting down transport (92%); closing workplaces (90%); and closing markets (84%).

**Support for PHSMs**

Percentage of respondents that somewhat or strongly support

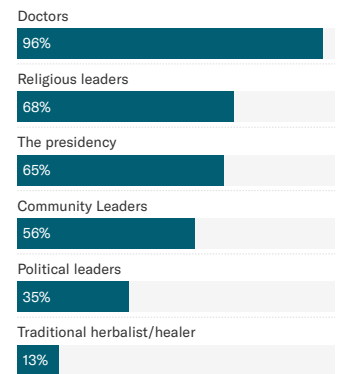


**Perceptions of Government & Health System**



**Trust in Information Sources**

Percentage that completely or mostly trust each source for health information



**Barriers to Adherence**

It may be difficult for households to adhere to stay-at-home orders, as more than half would run out of food (51%) and money (58%) within a week, particularly low-income households. Only about half (48%) of households had a separate room to isolate sick family members.

**48%**

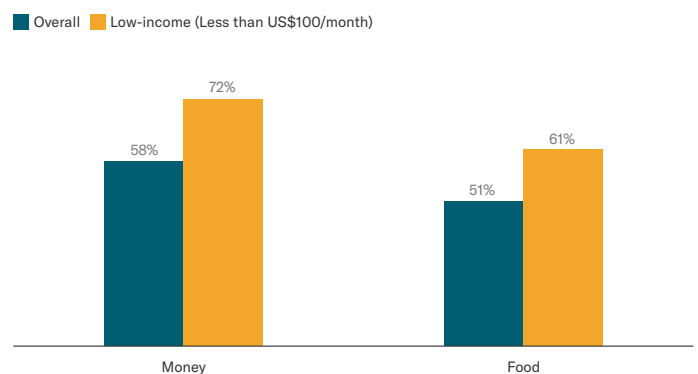
of respondents have a separate room in the home to isolate someone with COVID-19

**37%**

of respondents in families making less than US\$100 per month have a separate room in the home to isolate someone with COVID-19

**Supplies of Food & Money**

Percentage who expect to run out in 1 week or less



## Economic and Relief Measures

The COVID-19 crisis is hitting Zimbabwe during an existing crisis due to erratic rainfall that decreased agricultural production and led to electricity disruptions. The government has launched an appeal for US\$2.2 billion in economic support to address the crisis. Despite limited fiscal space, the government has announced a number of health care and economic assistance measures.

- **Health care:** The government's National Preparedness and Response Plan includes both local a local currency budget of ZWL\$100 million and a budget in U.S. dollars of US\$2 million to fight COVID-19, and the government has lifted a freeze on public sector hiring to recruit 4,000 additional health care workers. Taxes on various goods and services related to COVID-19 have been suspended, including on testing, protection, sterilization, and other medical supplies.
- **Food security:** Nearly half the population (7.7 million) need food assistance. In the government's appeal, US\$956 million is designated for food insecurity. With partners' support, about 750,000 people received food or cash assistance in April. Distributions were delayed due to the implementation of COVID-19 protection measures.
- **Social support:** Zimbabwe's government has allocated ZWL\$600 million (US\$1.6 million) for a cash transfer program that aims to reach 1 million vulnerable households for three months.

## Overview of Security Incidents Related to COVID-19

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on the population. A number of COVID-related security incidents have been reported in Zimbabwe since March, the majority of which relate to alleged police violence in enforcing the lockdown.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: [HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA](https://preventepidemics.org/coronavirus/perc/data)

