
Zimbabwe

Finding the Balance: Public Health and Social Measures in Zimbabwe

Data updated 19 August 2020



Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Zimbabwe that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Zimbabwe—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: Zimbabwe was able to delay the COVID-19 epidemic through stringent PHSMs enacted early on, but new cases accelerated in late June. Between 23 July and 19 August, newly reported cases increased by 8.9% on average each week. While testing capacity remains within recommended guidelines, with a ratio of 15 tests per confirmed case, capacity has been steadily declining, suggesting that many cases might be going undetected.

PHSM Implementation: The government enforced a strict lockdown beginning at the end of March. After gradually reopening from April to June, the government again announced stringent measures in July, including a nightly curfew and stay-at-home order for non-working people. These measures remain in place, although the curfew was later shortened, and schools and borders remain closed.

PHSM Support and Adherence: Survey respondents in Zimbabwe have stated high support for and adherence to PHSMs. Critical discussion of PHSMs in traditional news and social media contrasts with this high support and the high degree of satisfaction with the government response reported in the survey.

Risk Perceptions and Information: While most survey respondents expect that COVID-19 will affect many people in the country, only one in four sees themselves as personally at risk for catching the disease, and less than one in three thinks the disease would seriously affect their health. Many survey respondents hold misconceptions or believe rumors or myths that could undermine adherence to PHSMs.

Essential Health Services: A high proportion of Zimbabwean households that needed medical care during the COVID-19 crisis reported that they have delayed or skipped care (38%), citing mobility restrictions, overburdened facilities, and affordability concerns. Nearly two-thirds (65%) of households needing medicines found access more difficult.

Economic Burden and Food Security: Amidst a broader economic and food security crisis, the vast majority of Zimbabwean households are experiencing economic hardship, with nearly nine in 10 survey respondents reporting recent challenges accessing food, and three in four reporting that their income is lower than the previous year. Water security has also been a significant issue, widely discussed in traditional news and social media. Only a small share of households (12%) reported receiving additional support from the government in the previous month.

Security: More than two dozen security incidents directly related to COVID-19 have been reported, mostly related to violent enforcement of PHSMs or protests against the government response. More than 100,000 people have been arrested for violating COVID-19 restrictions.

Disease Dynamics and PHSM Implementation

Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
5,643 (33)	150	86,629 (15)	2.7%

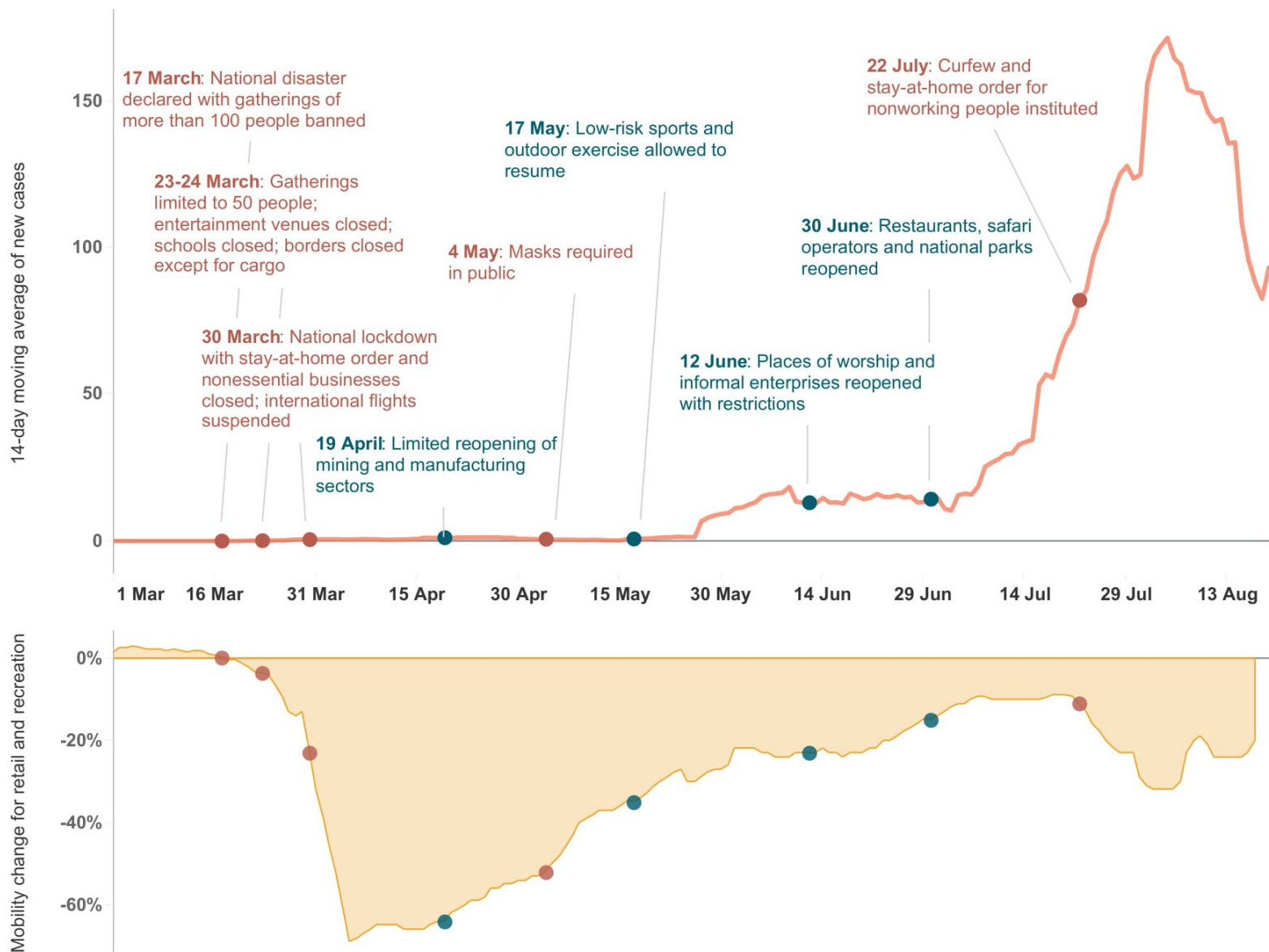
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

Zimbabwe reported few cases of COVID-19 until late June, when the epidemic began to rapidly accelerate. With new restrictions imposed in July, the epidemic appears to have stabilized.

- Zimbabwe's government imposed a strict lockdown beginning in late March, closing all nonessential businesses and requiring citizens to stay at home. This was a corresponding steep drop in population mobility.
- Although borders have been closed, Zimbabwean citizens have been allowed to return home from neighboring countries. Transmission among people returning from South Africa has been a major concern during the epidemic and an early driver of reported cases. Returnees are required to quarantine in state-run quarantine centers after reentering the country, but there have been many cases of people fleeing these centers due to unhygienic conditions, which could exacerbate virus transmission. The government has published names and attempted to arrest escapees, potentially putting them at risk of stigma and violence.
- With gradual reopening that began in April, population mobility slowly climbed toward pre-COVID-19 levels.
- As new reported cases surged in July, the government again imposed strict measures, including a curfew and requirement for citizens to stay at home unless going to work or making essential trips. Mobility again dropped and reported cases declined through early August. The new restrictions remain in place, although the curfew was later shortened; schools and borders remain closed.
- Testing capacity is within recommended guidelines for the cumulative tests per confirmed case ratio, although could be strained if the epidemic accelerates again.
- The health minister was removed on corruption allegations related to procurement for the COVID-19 response in July, and replaced with Vice President Constantino Chiwenga on 4 August.

Zimbabwe enacted a strict lockdown in March, but mobility rose with gradual reopening in April and May. With cases rising in July the government enacted new restrictions, leading to a slight decline in mobility.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGR Note: Mobility changes for retail and recreation shows the percent change compared to baseline (3 Jan-6 Feb) in visits to retail and recreation sites (e.g. restaurants, cafes, shopping centers, etc.) among Google users.

PHSM Support and Adherence

PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

A large majority of survey respondents in Zimbabwe support PHSMs, despite widespread criticism of the government response in traditional and social media coverage. Self-reported adherence to measures is also high; strict enforcement of government restrictions, including through arrests, is likely a factor.

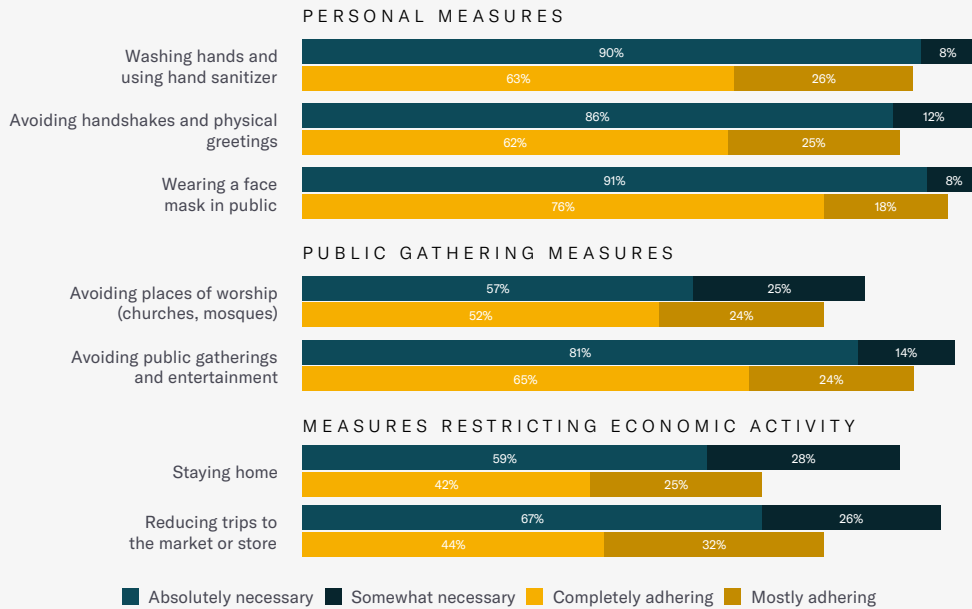
- According to survey findings, nearly all respondents have face masks and report using them in the past week, in line with the government's strict mask policy and enforcement strategy.
- Both support for and adherence to personal preventive measures (washing hands, wearing a mask, avoiding physical greetings) are high.
- Support for PHSMs that restrict public gathering is also high, but is slightly lower for avoiding places of worship. Given lower support and self-reported adherence for this measure, as well as media reports of non-compliance with restrictions on religious gatherings, engagement with religious leaders to find ways to continue religious gatherings safely will be important.
- Self-reported adherence is comparatively lower for measures that restrict economic activity; nonetheless, two-thirds of Zimbabwean respondents report completely or mostly staying home in the previous week, higher than any other African Union (AU) Member State surveyed except South Africa. Given the larger gap between stated support and self-reported adherence for measures that restrict economic activity, analysis of the environmental, economic or other barriers could inform strategies to increase adherence.
- Survey respondents are about evenly split between those who favor loosening restrictions to reduce economic burdens, and those that think the risk of reopening remains too high. Nearly six in 10 say that resuming normal activities makes them anxious.
- Satisfaction with the government response among survey respondents (73%) is similar to other AU Member States surveyed, and higher among those who

have received government support (86%).

- In contrast, narratives in traditional and social media discussions of PHSMs reflected significant distrust of the government response—including criticism of the government about perceived failures to protect and compensate health care workers, which led to health care worker strikes, as well as claims that PHSMs were being used to quell political opposition.

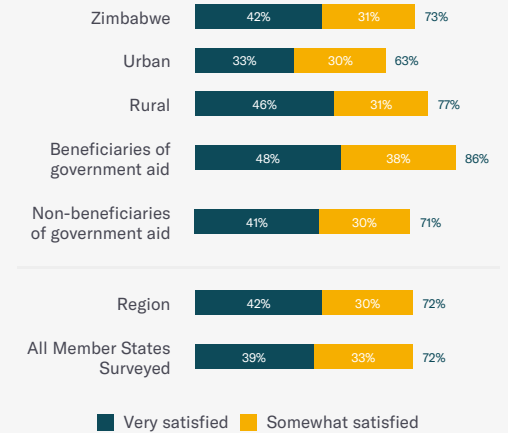
Support for preventive measures among survey respondents is high. Adherence is also high, but slightly lower for measures that restrict economic activity and for avoiding places of worship.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures



Satisfaction with the COVID-19 response is similar to the levels seen in other AU Member States surveyed.

% satisfied with government COVID-19 response, by country, subgroup and region



Data Source: Ipsos Survey

Face Masks

The Zimbabwean government has mandated use of face masks in all public spaces, enforced through fines and imprisonment.

100%

of survey respondents had a face mask ready to use

96%

recognized that wearing a mask could prevent spread

94%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

49%

favor waiting longer to loosen restrictions

47%

favor opening up to get the economy moving

Comfort with resuming activities:

58%

report that resuming normal activities makes them anxious

48%

would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

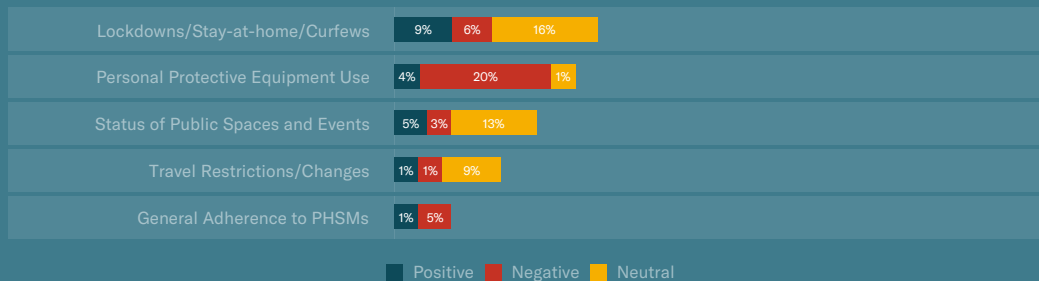
Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

From May to August, public narratives around PHSMs and the government response in Zimbabwe have been predominantly negative, with significant criticism of the Zimbabwean government and Zimbabwe African National Union – Patriotic Front (ZANU-PF) by social media users.

- Medical authorities and unions, opposition parties and journalists have criticized the government for failing to adequately protect health care workers by distributing personal protective equipment, and over eroding pay in the context of rapid inflation. There was significant coverage of strikes by public sector nurses and doctors and the implications of these strikes for health care capacity during the COVID-19 crisis.
- A corruption scandal over procurement of medical equipment, which led to the resignation of the health minister in July, contributed to criticism.
- Many traditional media outlets and social media users also denounced the curfew introduced on 22 July and claimed that it was motivated to prevent planned opposition rallies on 31 July.

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August



Data Source: Novetta Mission Analytics

The BBC quoted a Zimbabwean doctor on 29 July as saying, “There is a skeleton nursing staff –mostly senior matrons who cannot go on strike. But they’re not able to cope.”

A Tweet on 17 August read, “When Zimbabwe nurses protest that they do not have Covid19 protective equipment in hospitals, the Gvt arrests & harasses them. Zimbabwe authorities must acknowledge the crisis & fix it. #ZimbabweanLivesMatter”

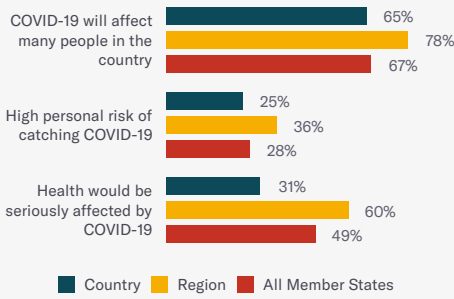
Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

Survey respondents in Zimbabwe largely agree that COVID-19 will affect many people in the country, but their personal risk perceptions are much lower. They are much less likely to think that COVID-19 would seriously affect their health compared to the average across all AU Member States surveyed. Many also hold misconceptions about the disease or believe in rumors that could undermine preventive behaviors.

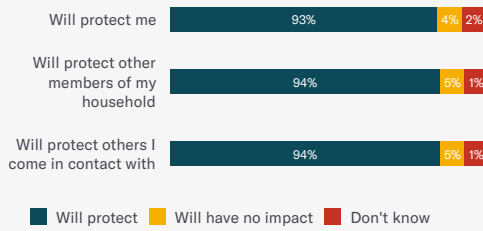
- Survey respondents in Zimbabwe have similar perceptions of risk of catching COVID-19 to the average across all AU Member States surveyed, but are much less likely to think that COVID-19 is a disease that would seriously affect their health if infected. Increased risk communication and community engagement could improve understanding of risk and severity to ensure continued adherence to preventive behaviors.
- A large majority of respondents are confident that adhering to preventive guidelines will help protect themselves and others.
- Many respondents hold misconceptions about how the virus is transmitted and believe rumors about foreign interference, including that foreigners are trying to test vaccines on Africans. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.

Survey respondents in Zimbabwe have similar perceptions of personal risk of catching COVID-19 as other AU Member States surveyed, but lower perceptions of disease severity.

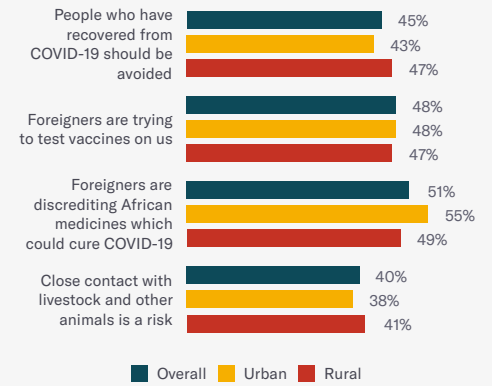


Respondents have high confidence that following public health guidelines can reduce risk to themselves and others.

Attitude toward following public health guidelines



Around half of survey respondents agreed with rumors or myths about foreign interference.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

While most recent social and traditional media coverage of COVID-19 reflects high perceptions of disease risk, a minority of Facebook users shared doubts about government information and claimed that risk and severity of COVID-19 were low in the country.

- The majority of messaging about low risk of COVID-19 was tied to anti-government sentiment, for example claims that the epidemic was being overstated by the government to distract from the protest movement.
- At the same time, most traditional news coverage and Twitter commentary focused on high risks due to the rising caseload.

On 8 August, a Facebook user commented, "There [are] no covid 19 cases in Zim. There is COVID ZANU—all those deaths are Zanu related."

On 5 August, a Facebook user wrote, "You just want to divert our attention from #ZimbabweanLivesMatter. We are fully aware there is no COVID in Zimbabwe, [the Minister of Defense Oppah Muchinguri] said [so]."

Data Source: Novetta Mission Analytics

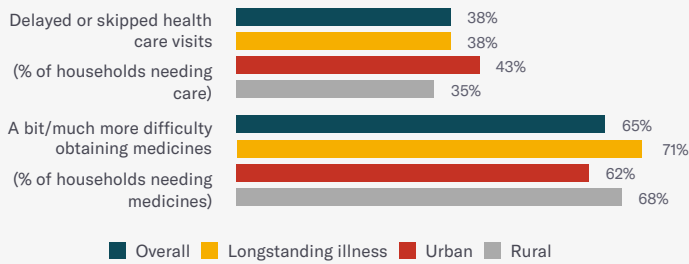
Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

The COVID-19 crisis is affecting Zimbabwe during a period of severe disruptions to the health care system; more than 15,000 public sector nurses have participated in strikes protesting the erosion of their wages by rampant inflation and lack of adequate infection control and personal protective equipment. Among the roughly half of households (53%) who have needed health care during the crisis, 38% reported that they skipped or delayed visits. Mobility restrictions and overcrowded facilities were the most common reasons cited, but affordability was also an issue for 17% of households that missed care. While more than a third of the visits skipped were for general or routine check-ups, there were also reported disruptions to care for chronic conditions (e.g. cardiovascular disease, 15% of missed visits; diabetes, 8%), care for children under 5 (9%), vaccinations (6%), and perinatal care/care for birth complications (6%). Five percent of missed services were for HIV treatment, which could have significant health consequences given that more than one in five Zimbabwean adults is living with HIV, according to the World Health Organization. Access to medicines was even more challenging. Among households needing medications, nearly two-thirds (65%) reported more difficulty accessing them during the COVID-19 crisis. The extent of the challenges in accessing medications likely reflects prior widespread drug shortages in Zimbabwe due to lack of foreign exchange and other issues, as well as the effects of the epidemic itself.

Among households that needed health care, more than a third had skipped or delayed visits, while nearly two-thirds of those who needed medicines had difficulty accessing them.



Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

- 27%** Couldn't get to facility due to mobility restrictions
- 18%** Facilities too busy
- 17%** Couldn't afford care

The most common self-reported reasons for missed visits were:

- 37%** General/routine check-up
- 15%** Cardiovascular issues
- 9%** Care for children under 5

Data Source: Ipsos Survey

Economic Burden and Food Security

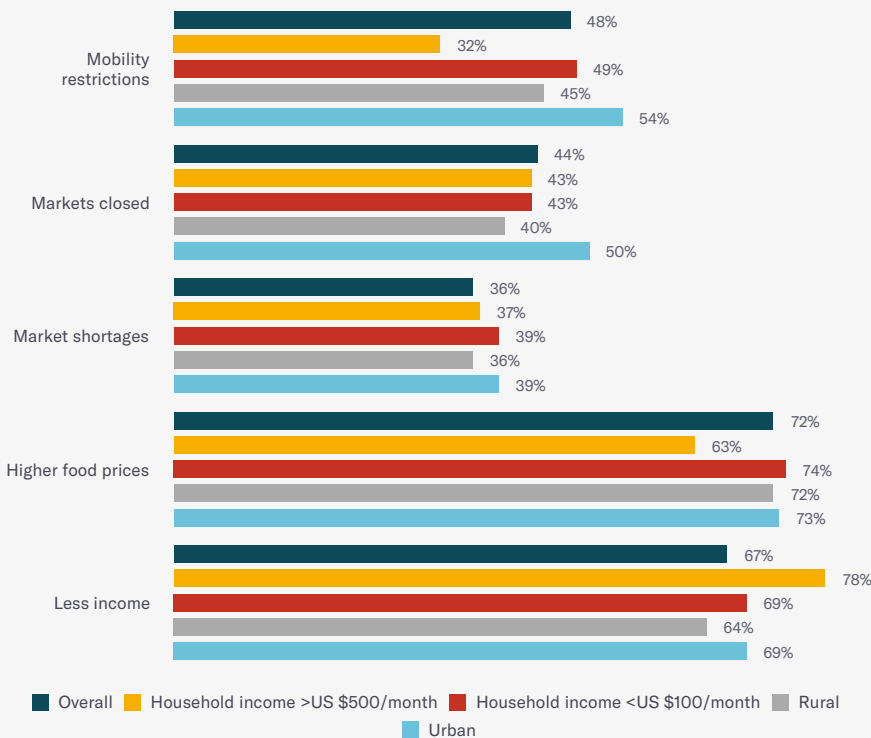
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

Zimbabwe's economy was in crisis prior to the pandemic, with hyperinflation eroding wages and disrupting business. Economic shocks from reduced trade and tourism during the COVID-19 crisis have worsened the situation, while stringent PHSMs have affected livelihoods. The World Food Programme estimates that more than half of the population (8 million people) have insufficient food intake. The country is also experiencing a severe drought which has afflicted crops and livestock and is forcing many people in Zimbabwe to use untreated water. The government has appealed to international donor agencies such as the World Bank and International Monetary Fund for assistance, but requests have been rejected due to the country's debt arrears. Survey results confirm that Zimbabwean households are facing severe hardship, with nearly eight in 10 (78%) reporting that their household income is lower than last year. Nearly nine in 10 households (87%) report facing one or more barriers to purchasing food in the past week, with higher food prices and lower incomes the most common barriers. To alleviate the economic burden on households, the government announced a three-month emergency cash transfer program to benefit one million vulnerable households, three months of additional payments to civil servants and pensioners, food distribution and a moratorium on evictions. The current implementation status and continued plans for the emergency cash transfer are unclear, and only 12% of households reported receiving any additional support from the government in the month leading up to the survey. Most of this support was in the form of food assistance (7% received food), with only 3% reporting that they received cash.

The vast majority of survey respondents in Zimbabwe (87%) report experiencing at least one barrier to food access within the previous week, with higher prices and falling incomes the most common barriers.

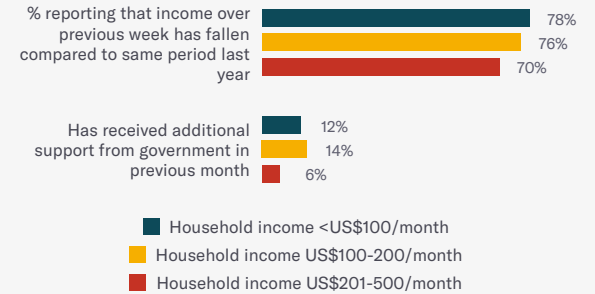
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)



Three in four respondents (76%) report their household income has fallen since last year, while only 12% have received any government support (Note: sample size for households earning >US\$100/month is small and data should be viewed as indicative.)

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.



Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

From May to August, nearly 25% of monitored coverage of COVID-19 in Zimbabwe focused on economic challenges and other burdens of PHSMs.

- Food security concerns have been widely and consistently shared by civil society organizations, private citizens, and opposition groups. There were widespread reports that the government was distributing food aid along partisan lines. Social media users claimed that food insecurity was forcing citizens to defy COVID-19 restrictions.
- Livelihoods have also been a focus of concern, including criticism of police raids on market vendors to enforce PHSMs, which destroyed their ability to earn an income.
- Water insecurity has been another topic of discussion, with NGOs and private citizens noting that lack of water access in urban areas prevented citizens from adhering to physical distancing and personal hygiene recommendations.

A local news outlet reported on 22 May, “[Street vendor, name retracted] said despite cat-and-mouse games with municipal and police officers, he had no other option but to return to the streets as it was the only way to raise money and feed his family.”

One Tweet read, “@CityofBulawayo must publicise investigations; 9 people have died from contaminated water in Bulawayo and we are not outraged enough. Covid 19 has killed 4 people the whole country and we have a lockdown. Government must institute an investigation to find out what happened to the water that killed people in [Bulawayo].”

Data Source: Novetta Mission Analytics

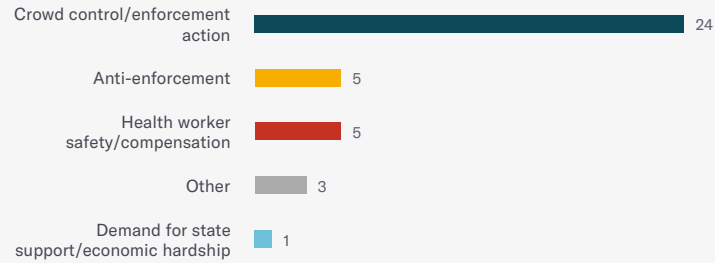
Security

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 people.

Nearly two dozen security incidents related to COVID-19 have been reported since March, mostly involving use of force by the government to enforce PHSMs, as well as a number of non-violent demonstrations protesting police enforcement and demanding government assistance. There have also been protests by health care workers, including strikes by nurses, to demand better pay and protections. The government has reportedly arrested large numbers of people for violations of PHSMs, such as violating stay-at-home orders, not wearing masks, or escaping quarantine centers.

Security incidents involving PHSM enforcement or anti-enforcement protests have been most frequent in Zimbabwe.

Number of reported events by category, March-July



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,333 adults (463 urban, 870 rural) in Zimbabwe between 7-17 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

Traditional News and Social Media: Research is conducted by Novetta Mission Analytics using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets.

Epidemiological Data: Provided by Africa Centres for Disease Control and Prevention.

Other Data: Drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness; limitations are discussed further at the link below.

For full details on data sources and methods see preventepidemics.org/covid19/perc/.