An Assessment of Zimbabwe's Response Level to Coronavirus Pandemic: A Case of Harare Metropolitan Province

Dear Editor,

Zimbabwe's coronavirus infections and deaths rates surged to a record high from March 2020 to July 2020,[1] with the end of July growth rate being an exponential growth of not less than a hundred infections per day while many people were infected and succumbed to coronavirus pandemic on the second wave,[2] leaving the Zimbabwean populace wondering whether there was any meaningful response to the coronavirus pandemic. As of the March 19, 2021, Zimbabwe's total number of coronavirus-infected people, death, and recoveries were 36,662, 1510, and 34,257, respectively.[3] The respondents were government directorate, local government directorate, hospital doctors, hospital and polyclinics nurses, other health workers, council workers, university staff, NGOs in the province, and residents. A convergent mixed method (quantitative and qualitative) with descriptive thematic analysis was used in this research with a total of 678 questionnaire responses, 42 interviews, and 10 observations. Questionnaires had an overall response rate of 89.7%, while all the intended interviews and observations were done.

The government's level of response to coronavirus pandemic was satisfactory,[4] though some of the required resources could not reach the intended place due to corruption. The effectiveness of the response measures in the controlling the impact of the pandemic was also satisfactory, that is, levels of infection and deaths due to coronavirus were hastily managed to very lower levels. The public also complied to the pandemic regulations and lock down measures as well as churches and other social groups like weddings, birthday parties, and funerals. People who wanted to be vaccinated were vaccinated.

However, health centers lacked adequate ambulances, oxygen, workforce, financial and sociopsychological support for the infected and affected people among other things,[2] though the government availing expensive cars for member of parliaments and political members. Poor remuneration and working condition were among other reasons causing the derailment of the coronavirus pandemic's response process; hence, the government needs to improve remuneration and workforce conditions of service for them to execute the work properly. If possible, the government should also introduce disaster and pandemic levy on workers and companies like what it did on AIDS by introduced AIDS levy to raise funds to assist the infected people. Furthermore, the government should provide early warnings and education to the public about the pandemic, so that the warning and education is not to taken over by the social media which spread lots of misconceptions, saturating people with by wrong information which is difficult to erase. The government also needs to improve the issue of transparency and accountability in the mobilization of resources to reduce corruption including establishing CCTV central data capturing center for all service providers to assist security personnel in managing crime and isolation and quarantine centers including areas with robots to easily track the escapers and criminals. In addition, the government needs to improve the public transport system, so that the buses and commuter omnibuses do not become spreading zones for the pandemic due to overcrowdings at terminuses. Most importantly, the City of Harare should revamp its water purification system to meet the city's population to ensure adequate safe water supply to its citizens to improve personnel hygiene during pandemics. In spite of people's gender, religion, or political affiliation, humanitarian aid should not be offered selectively.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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References

1. Zimbabwe Ministry of Health and Child Care, "COVID uptdate," Ministry of Health and Child Care, Harare, 2020.
2. Dzinamarira T, Mukwenha S, Eghtessadi R, Cuadros DF, Mhlanga G, Musuka G. Coronavirus disease 2019 (COVID-19) response in Zimbabwe: A call for urgent scale-up of testing to meet national capacity. Clin Infect Dis 2021;72:e667-74.

3. Ministry of Health and Child Care, "Zimbabwe Sitation Report," Ministryof Health and Child Care, 20 March 2021.
4. Makurumidze R. Coronavirus-19 disease (COVID-19): A case series of early suspected cases reported and the implications towards the response to the pandemic in Zimbabwe. J Microbiol Immunol Infect 2020;53:493-8.

Access this article online

Quick Response Code:

Website: https://journals.lww.com/IJPH

DOI: 10.4103/ijph.ijph_276_23

Submitted: 25-Feb-2023 **Revised:** 19-Jan-2024
Accepted: 21-Jan-2024 **Published:** 13-Dec-2024

How to cite this article: Chiwororo A, Maregedze L. An assessment of Zimbabwe's response level to coronavirus pandemic: A case of Harare metropolitan province. Indian J Public Health 2024;68:578-9.