

ZIMBABWE

Requirements
US\$ 13.79 million



Context

Zimbabwe urgently needs COVID-19 commodities, including oxygen concentrators, lab diagnostics (antigen rapid diagnostic test kits), and personal protective and other medical equipment to further enhance the management of COVID-19 cases and adherence to infection prevention and control, and to quell the spread of COVID-19.

As of 4 February 2022, the cumulative number of COVID-19 cases was 230 335, with 220 823 recoveries and 5 360 deaths since the onset of the outbreak in the country. Five provinces contributed 65.2% of the cumulative cases, namely: Harare (20.1%), Mashonaland East (12.6%), Mashonaland West (12.4%), Manicaland (11.2%), and Bulawayo (8.9%). The cumulative case fatality rate is 2.3%. The main challenges stem from inadequate genome sequencing, low access to and availability of case management equipment and supplies and insufficient surveillance and contact tracing.

After the first confirmed case of COVID-19 in March 2020, the Government of Zimbabwe, through the Ministry of Health and Child Care, put policies and mechanisms in place for a holistic, nationwide COVID-19 response. The response framework was guided by the National COVID-19 Preparedness and Response Plan, developed in February 2020, the COVID-19 Response Operational Plan (May – July 2020) and the COVID-19 Intersectoral Operational Plans (August – October 2020; March – August 2021). The Humanitarian Country Team in Zimbabwe also developed a COVID-19 addendum to the Humanitarian Response Plan 2020, which prioritized the most urgent and life-saving interventions to be carried out between April and September 2020 in support of the government-led COVID-19 response.

July 2021 – Millions of children in Zimbabwe have received a lifesaving new Typhoid Conjugate Vaccine. At the end of May 2021, Zimbabwe's Ministry of Health and Child Care embarked on a 10-day multi-antigen vaccination drive aimed at children aged between 9 months and 15 years. The campaign, which has since been expanded in a bid to reach a final target of almost 6 million children, is also an opportunity for children older than 6 months to access the Inactivated Polio Vaccine and a Vitamin A supplement. Girls aged between 10 and 15 years have also received the first and second doses of the Human Papillomavirus Vaccine. © WHO

Response strategy

WHO will support public health responses to contain the spread of the COVID-19 pandemic by decreasing morbidity, mortality and providing lifesaving humanitarian assistance and access to essential health services, prioritizing the most vulnerable. The response strategy includes case management support, risk communication and community engagement, and COVID-19 vaccination.

- **Case management support:** The response strategy for COVID-19 seeks to enable comprehensive COVID-19 response measures, especially in districts/communities currently experiencing increased transmission, mainly Bulawayo, Harare, Manicaland, Mashonaland East, and Mashonaland West provinces. The response aims to ensure continued support for ongoing epi surveillance activities as part of the COVID-19 response, in collaboration with the Ministry of Health and Child Care and health partners, by strengthening surveillance, laboratory testing, genome sequencing, case management, infection prevention and control, contact tracing, and the capacity of Rapid Response Teams. The main role of Rapid Response Teams is to examine the situation on the ground, and to propose appropriate strategies and control measures for COVID-19. This entails identifying risk communication activities, preparing detailed investigation reports, and contributing to the final evaluation of the COVID-19 response. The implemented case management activities are directly in line with the priorities set forth by the Government of Zimbabwe, demonstrated in the Zimbabwe COVID-19 Operational Plan and the COVID-19 Preparedness and Response Plan.

- **Risk communication and community engagement:** The response will continue to scale up effective risk communication and community engagement to comply with public health and social measures set forth by the Ministry of Health and Child Care. The main objective of risk communication and community engagement is to raise awareness about the use of face masks and other critical prevention and response measures in line with Zimbabwe's COVID-19 Emergency Response and Preparedness Strategy. This will be accomplished through mobile phone text messages, megaphones, social network services (Ministry of Health and Child Care and WHO Zimbabwe Country Office Twitter and Facebook accounts), and radio broadcasts. At the time of writing, the Ministry of Health and Child Care, in partnership with the Ministry of Primary and Secondary Education, started risk communication and community engagement initiatives to reduce transmission at academic institutions and increase compliance with COVID-19 prevention and response measures. Preliminary evidence indicates the campaign had a positive impact on behaviour change of the public, which led to a reduction in cases after the first wave in March 2020.
- **COVID-19 vaccination:** The Government of Zimbabwe successfully rolled out the national COVID-19 vaccination campaign. The response aims to further strengthen collaboration with health partners to achieve a vaccination rate of 60% by March 2022. WHO will continue to work with the Ministry of Health and Child Care to ensure the continued delivery of essential health services through collaborative efforts with health partners in the provision of medical supplies and equipment.

Country priorities

- Strengthen coordination, planning, and monitoring, as informed by the Intra-Action Review conducted in November 2021.
- Strengthen surveillance, genomic testing, and sequencing capacity.
- Strengthen case management, clinical operations, and therapeutics, including the national rollout of vaccination.
- Strengthen operational support, logistics and supply chains for all pillars of the response.
- Develop and deploy innovative approaches for risk communication and community engagement and infodemic management.
- Reduce morbidity and mortality due to COVID-19.
- Improve access to testing services for COVID-19 patients (at least 10 per 1 000 population).
- Strengthen early detection and response to COVID-19 cases.
- Improve access to essential health services especially for vulnerable populations.

Overall country funding requirements for COVID-19 by pillar (US\$ million)

Pillars	COVID-19/ACT-A
P1. Leadership, coordination, planning, and monitoring	0.73
P2. Risk communication and community engagement	0.54
P3. Surveillance, case investigation, and contact tracing	1.16
P4. Travel, trade, points of entry and mass gatherings	0.11
P5. Diagnostics and testing	0.61
P6. Infection prevention and control	2.61
P7. Case management and therapeutics	3.87
P8. Operational support and logistics	2.23
P9. Essential health systems and services	0.14
P10. Vaccination	1.68
P11. Research, innovation, and evidence	0.11
Total	13.79

For more information

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