

Responding To The Covid-19 Pandemic In Zimbabwe: Lessons From 2018 Cholera Outbreak

SAMUEL LISENGA SIMBINE¹

NOEL GARIKAI MURIDZO²

VICTOR CHIKADZI³

ITAI MAFA⁴

ABSTRACT

Zimbabwe has been affected by the outbreak of the COVID-19 pandemic like the rest of the world. In the last decade, Zimbabwe has also faced a number of disasters such typhoid, cholera and flooding. In this paper, we argue that Zimbabwe could tap into its past experiences of managing the 2018 cholera outbreak in the fight against the COVID-19 pandemic. The paper draws insights from a qualitative study that sought to understand the challenges and strategies associated with cholera disaster response that happened in 2018. We identify five strategies used by various stakeholders to combat the 2018 cholera outbreak. These strategies include; awareness campaigns, family and contact tracing, coordination meetings, food and non-food items distribution, and setting up treatment and isolation centres. The article juxtaposes the strategies used to combat cholera in 2018 with the World Health Organisation (WHO) recommended COVID-19 strategies and we come to the conclusion that the cholera management strategies could be useful in guiding Zimbabwe's COVID-19 and future pandemics' response strategies.

KEYWORDS: COVID-19, Cholera response, Outbreaks, Lessons, Social Work, Zimbabwe

¹Lecturer, School of social work, Midlands State University

²Acting Director, School of Social Work, Midlands State University

³Associate Professor, Department of Social Work, University of Namibia

⁴Lecture, School of Social Work, Midlands State University

Introduction and Background

Coronavirus disease (COVID-19) first emerged in December in Wuhan City of Hubei Province in China and spread across every sphere of the globe irrespective of the countries' economic, political and technological prowess (Gao, Tian & Yang, 2020; Raju & Ayeb-Karlsson, 2020; Chakraborty & Maity, 2020). The World Health Organisation (WHO) then named it COVID-19 on the 12th of February 2020 (Gao, et al., 2020). The COVID-19 pandemic has plunged the whole globe into economic, social and political turmoil which will have long lasting impact. The world in its quest to fend off the worst pandemic ever, has instituted various measures including travel restrictions, testing and screening among others (Keller & Wagner, 2020; Hopman, Allegranzi & Mehtar, 2020). The world order as we knew it before the pandemic has been completely altered. This has resulted in a “new normal” characterised by reliance on non-contact interactions such as online business transactions, online schooling, and online religious ceremonies among others. The deadly virus seems persistent with the bulk of the countries now experiencing a second wave with Europe and the Americas being the worst affected. At the onset of the outbreak, there were fears that once COVID-19 spread rapidly in Africa, most African countries were not going to cope due to the absence of testing capacity and a general broken down and under-funded public health system (Hopman, et al., 2020).

The global COVID-19 prevention and control strategies being deployed by countries are restrictions of mass gatherings, active community engagement to curtail the spread of the virus and use of various types of drugs for treatment and care (Abdelmagid, Checchi, Garry, Jarrett, Ratnayake & Warsame, 2020). In this paper, we rely on both primary data collected in Harare in 2019 and a review of literature to discuss the strategies used in Zimbabwe to combat the 2018 cholera outbreak in Harare's Budiriro Township.

Relying on very recent publications on the COVID-19, we draw lessons from Zimbabwe's strategies employed in fighting cholera for possible applications in fighting the COVID-19. The findings strongly indicate that strategies used in fighting cholera could indeed be utilised to fight COVID-19 and future pandemics. Hopman, et al., (2020) posit that it is possible for governments to contain the spread of COVID-19 in Africa if governments utilise tried and tested public health response strategies such as isolation, quarantine, social distancing and community based containment strategies.

Statement of the problem

Zimbabwe has been identified as one of the countries with a fragile health care system which compromises that nation's ability to effectively fight COVID-19 (Makurumidze, 2020). Amidst all the challenges, there has been limited research on the possibility of tapping into the past cholera response experiences to fight COVID-19 in Zimbabwe. This paper explores the strategies used in responding to the 2018 cholera epidemic and explores how these strategies can be adopted to arrest the current COVID-19 scourge.

Research Methodology

The paper relies on the findings of an empirical study done in 2019 in Harare's Budiro Township and mainly draws from this data set. The initial study used the qualitative research approach which allowed for the gathering of detailed data associated with descriptions and narrations of a phenomenon. A qualitative approach was used as it allowed the capturing of conversations, experiences, meanings, and words from research participants in their natural settings (Creswell and Creswell, 2018; Kumar, 2005; Williams, 2007). For this particular paper, we used secondary data analysis as our research method whereby we analysed the findings

of the 2019 study to establish commonalities between cholera and COVID-19 interventions. Secondary analysis of qualitative data sets still not as commonly used when compared to quantitative data sets and it is criticised by others as lacking rigor and having ethical dilemma issues (Long_Sutehall, Sque & Addington-Hall, 2010; Ruggiano & Perry, 2019). However, use of qualitative secondary data analysis is touted for allowing the researcher to use existing data to find answers to research questions that differ from the questions asked in the original research (Long-Sutehall et al., 2010).

Findings and Discussions

Based on the analysis of the findings of a bigger study which aimed at exploring the 2018 Cholera response and its implications to disaster management, we posit that the five strategies established to have worked in fighting the cholera outbreak in 2018 could be useful in fighting COVID-19. As such the following strategies: awareness campaigns, family and contact tracing, coordination of response, distribution of Food and Non Food Items as well as setting up of isolation and treatment centres dovetail with the COVID-19 strategies ensuring a cascade of care, prevention, screening, diagnosis, treatment, and prognosis (Makurumidze, 2020). The World Health Organisation's cocktail of measures released since the onset of the novel COVID-19 point to the adoption of strategies similar to the ones used in Zimbabwe to combat cholera. The measures largely focus around quarantine, isolation, treatment, raising awareness of the community to curb the spread of the disease, contact tracing, coherent coordinated response among others (WHO, 2019; WHO, 2020a; WHO, 2020b; WHO, 2020c). The five strategies are discussed below as follows:

Awareness campaigns

Awareness campaigns are one of the strategies used in combating

the 2018 cholera outbreak in Harare. Awareness campaigns took different forms which included distribution of Information Education Communication (IEC) materials, road shows designed to promote good health, hygiene and education practices. The awareness campaigns were tailor made to raise public awareness on issues of water and sanitation issues and ensuring that people do not eat contaminated food. The distribution of IEC material was found to be one of the most effective ways of getting information to the people in a fast and efficient way. Thus, when the participation of the affected communities is observed, awareness campaigns are vital in educating and informing the public on transmission, symptoms, and prevention of cholera and other diseases such as COVID-19.

Raising awareness on good hygiene practices and symptoms of cholera helped arrest the pandemic in 2018. Since the confirmation of the first COVID-19 case on the 21st of March 2020 in Zimbabwe, the authorities have launched several awareness-raising campaigns on radio, television, the print and digital press carrying messages of hand washing, signs and symptoms of COVID-19 among other important messages not divorced in design to the ones used to respond to cholera in 2018. Songs were penned largely under the sponsorship of the Ministry of Information, Publicity & Broadcasting services carrying messages of prevention measures and the disease's major signs and symptoms. Makurumidze (2020) noted earlier in March 2020 that the authorities had already started awareness-raising on the importance of hygiene practices with emphasis on the washing of hands and avoiding touching of the face. Dzobo, Chitungo & Dzinamarira (2020) similarly observed that awareness campaigns are one of the strategies being used by Zimbabwe to combat COVID-19. The World Health Organisation's interim guidance issued on the 7th of March 2020 placed risk communication and community engagement as the highest priority (WHO, 2020b). As

such nations were advised to amplify the implementation of national COVID-19 communication plans busting myths and wrong perceptions about COVID-19 through communication of correct prevention and control measures (WHO, 2020b). We therefore conclude that the use of awareness campaigns to respond to COVID-19 is not novel in Zimbabwe as it has been used to successfully fight other pandemics such as cholera and Human Immuno Virus (HIV). We find it beneficial, for social workers and the rest of the COVID-19 response teams to apply lessons from the 2018 cholera response strategies as they design and implement awareness-raising initiatives.

Family and contact tracing

Another strategy that was employed during the Budiriro Township 2018 cholera outbreak is family and contact tracing. In this context family and contact tracing is a process of establishing a cholera patient's family network for two major reasons; to screen and test the family to ensure their status as a network of the cholera patient. Second, to ensure that after treatment the patient is reunified with the family as some patients fall ill and get admitted at the treatment and isolation center without the knowledge of the family. Therefore, family and contact tracing involves establishing a patient's family networks and their physical address. These networks include one's workmates, family and church among other networks they may have come into contact with.

Family and contact tracing as one of the effective strategies used to combat the 2018 cholera outbreak is proving to be equally effective in combating COVID-19. The strategy is very important as a prevention measure as it militates against the spread of cholera from one person to all their network and contacts without check. Family tracing was touted for its ability to reunify and

reintegrate patients who might have been separated from their families due to cholera treatment. Most importantly, contact tracing was found to be crucial in case identification through expanded testing which also led to early identification of cases hence contributing to the containment of the infectious disease. However, the effectiveness of the strategy was said to have been hampered by the limited availability of resources. Family and contact tracing involves travelling hence vehicles and fuel is a key input to the success of family and contact tracing. In light of COVID-19, this strategy is already in use as guided by the WHO (2020a).

Reflecting on the findings of the study, we argue that contact tracing as used during the 2018 cholera outbreak could be adopted in fighting the novel COVID-19 disease of 2019. Both diseases (cholera and COVID-19) are infectious diseases that make contact tracing with the view of curbing further spread of the disease important. In Zimbabwe, contact tracing is one of the strategies being used to identify COVID-19 cases and curb further spread. Tracing and monitoring of contacts of those confirmed as positive cases for COVID 19 is one of the strategies recommended by the World Health Organisation (WHO, 2020c). Thus, Zimbabwe uses the index case testing approach whereby the contacts and network of the index case are subjected to screening and testing to curb further spread. Our findings on cholera response also indicated a similar approach whereby contacts and networks of cholera patients were also tracked for monitoring as well as screening. Thus, as the country continues to respond to COVID 19, it should consider reflecting on its past successes in dealing with pandemics such as cholera in a bid to draw lessons usable to arrest the current scourge of COVID-19.

Family and contact tracing in the case of the COVID- 19 pandemic

need to be emphasised alongside public awareness. Anecdotal evidence shows that some people may avoid revealing all their contacts. In developing nations where public health systems are under resourced, people would rather prefer to be at home than be confined in an under resourced and poorly equipped medical facility. Ever since people have established that the virus is not as lethal as initially feared, it seems that many people would rather continue with their day to day business activities to fight for their economic welfare and survival than having to be in self isolation or be confined to a treatment centre. In countries such as Zimbabwe where many people are operating in the informal sector, there seems to be an incentive for people to avoid revealing their contacts to avoid disruption of their business operations. These points to a situation where economic vulnerability could end exacerbating the spread of the disease as people weigh the cost benefit analysis of being in isolation to avoid spreading the disease versus economic survival to avoid hunger and starvation. Consequently, governments need to focus on economic development and strengthening of social protection systems to ensure that in future pandemics, people are not caught in between the need to comply with regulations versus securing their own livelihoods. We thus conclude that, countries with fragile economies may struggle to deal with more severe pandemics and will be more vulnerable.

Coordination structures for integrated service delivery

During the 2018 cholera outbreak, centralised structures and devolved structures were set up to coordinate responses. Coordination was done through various meetings held between the City Health Department, NGOs, private sector, and government departments. It was established that coordination meetings played a central role in containing the 2018 cholera outbreak. Coordination meetings provide strategic guidance,

advice, and technical backstopping to partners rolling out the cholera response. In addition, coordination meetings as aptly captured by the views of the participants also helped to eliminate mistrust amongst stakeholders and built a common understanding of what was transpiring. Furthermore, coordination meetings played an important role in providing role clarity for partners who may have not been very much aware of who was supposed to do what. The roles played by various entities in coordination were in sync with the Civil Protection Act of 1989 (Civil Protection Act [Chap 10:06]) which identifies multiple stakeholders for disaster response as including NGOs, local authority officials, local government officials, traditional leadership among others. There are many benefits to be gained from coordinated interventions. Muridzo (2018) recognise the importance of coordinated efforts in responding to social problems. Similarly, Muridzo and Chikadzi (2020) catalogue the benefits of coordinating approaches by arguing that it reduces costs and allows stakeholders to combine resources. Chikadzi and Mafetsa (2013) also argue that coordinated and integrated responses in service delivery lead to improved outcomes. Moylan, Lindhorst, and Tajima (2015) argue that coordination enables a holistic response to the needs. Finkelhor (2009) weighs into the debate arguing that coordination eliminates duplication of efforts and in some instances conflicts amongst stakeholders. Interventions can be an elitist affair that excludes representation of the affected people. It is therefore important to ensure that all coordinated responses must include affected peoples' representation through the appropriate structures. This calls for innovative ways to ensure participation of the community in these meetings where intervention concerning them would be discussed. In light of COVID-19, this strategy is equally singled out by the WHO (2020a) as a key COVID-19 mitigation strategy.

The response to COVID-19 as observed since the first case was

confirmed in March 2020 has also revolved around multiple-stakeholder coordination through working groups and task-forces from the national level down to the district level. The guidance from the WHO indicates the importance of coordination as on the 7th of March 2020 in its interim COVID-19 response guidance where it recommended the following;

“Enhance whole-of-society coordination mechanisms to support preparedness and response, including the health, transport, travel, trade, finance, security, and other sectors. Involve public health Emergency Operations Centres and other emergency response systems early.”

This guidance emphasising multiple-stakeholder engagement is not divorced from how Zimbabwe responded to the cholera outbreak of 2018 in Harare's Budiriro Township. Thus, the authorities responsible for the COVID-19 response may immensely benefit by reviewing response strategies used in past pandemics such as cholera with the view of tailor-making them into COVID-19 response strategies and for future disasters. We conclude that strategies recommended for use by the WHO to respond to COVID-19 are not novel hence countries may immensely benefit by fusing the proposed strategies with existing and ongoing disaster management mechanisms.

Distribution of Food and Non Food Items (FNFI)

The findings of the study show distribution of FNFI as one of the strategies that were adopted during the 2018 cholera outbreak. The findings established that the main items distributed to combat cholera included food parcels; buckets for water storage, water guard, sanitizers, soap, and IEC materials among other things. The distribution of FNFI comes from the realisation that disease outbreaks such as cholera do not only pose health challenges but

have a social dimension that includes the inability of those affected to provide for other equally important needs that include food and non-food items. Again the provision of FNFI recognises that for medication interventions to be effective there may be underlying challenges and problems that need to be addressed. We single out the FNFI strategy as a potential strategy for fighting COVID-19 in Zimbabwe.

The adoption of the distribution of Food and Non-Food Items (FNFI) as a strategy to respond to calamities has been evident in Zimbabwe's various disaster responses. In the past disasters, Food and Non Food Items were distributed during the various cholera outbreaks. Similar interventions are needed in fighting against the continued spread of the COVID-19 pandemic especially in poor countries where household food security has been threatened due to the economic shut down have been noted. During the current pandemic, Non Food Items distributed takes the form of Personal Protective Equipment (PPE) which includes materials such as masks, hand sanitises, disinfectants, surgical gowns among other materials. Distribution of Non Food Items (NFI) such as PPEs is a critical component of COVID-19 response; however Makurumidze (2020) decries the inadequate supply of PPEs into the response system. Food as a basic right amidst a drought currently obtaining in Zimbabwe has also taken centre stage during COVID-19 response. The outcry of food shortages and acute price increase amidst the COVID-19 pandemic was confirmed by a research report by the Heal Zimbabwe and the National Association of Social Workers which observed acute price increase of basic commodities such as sugar, cooking oil, and mealie-meal (Heal Zimbabwe & National Association of Social Workers, 2020). Dzobo et al. (2020) weigh in the debate by observing that prices of basic commodities have gone up and calls for the government of Zimbabwe to cushion the vulnerable

through welfare programmes. Thus, though the materials distributed during COVID-19 differ from those distributed during the 2018 cholera pandemic, the use of Food and Non Food Items as an intervention strategy is designed to achieve the same goals. This buttresses our argument that Zimbabwe needs to learn from its past experiences with cholera to effectively combat the current scourge of the COVID-19.

Isolation and treatment centres

It emerged from the data collected that as part of the 2018 cholera response, treatment and isolation centres were set up. Health disasters such as cholera are highly infectious diseases hence the treatment centres are meant to quarantine patients from the rest of the society to curb the further spread. The findings point to the establishment of isolation and treatment centre during epidemics as another key strategy. Isolation and treatment were touted as key in averting death among cholera patients. Similarly, in the 2008-2009 cholera outbreaks, isolation and treatment centres was a central intervention that helped to reduce deaths among cholera patients (Watyoka, 2016). Whereas, the strategy by its design is an effective strategy to combating outbreaks it can be weakened by socio-economic and political macro systems such as perennial shortages of drugs. In addition, setting up isolation and treatment centres amid an outbreak is an indicator that a country is still lagging in terms of disaster preparedness and has weak disaster preparedness mechanisms. However, reactionary responses are common during epidemics and when properly implemented are an effective strategy to contain outbreaks (WHO, 2009; WHO, 2017). Isolation and treatment centres as a response strategy have already been adopted as a strategy to fight COVID-19 in 2020 hence the argument that Zimbabwe is better off in employing strategies used in past crises than groping in pain for novel solutions.

Early detection, isolation, treatment, and care of COVID-19 cases are important to curb further spread (WHO, 2020c). While this recommended strategy was also effectively used to combat cholera, in responding to COVID-19 the strategy has exacerbated stigma and discrimination of COVID-19 patients. Those admitted for treatment once returned to their homes and locality they face stigma, discrimination, and name-calling. This call for increased awareness in communities to ensure that the use of isolation and treatment centres do not result in the stigmatisation of COVID-19 survivors.

Conclusion

COVID-19 continues to wreak havoc in the world in general and Zimbabwe in particular. In this discussion, we have discussed five key strategies employed to combat the 2018 cholera outbreak in Harare's Budiro Township. We further discussed in detail how these strategies can be utilised to combat COVID-19 as they meet the WHO guidelines on COVID-19 response. We conclude that as Zimbabwe designs its COVID-19 strategy for prevention, containment, and treatment, it can benefit immensely in considering strategies used in other past crises such as cholera. With its extensive experience in dealing with cholera outbreaks in the past two decades, we conclude that Zimbabwe should draw immense lessons from these experiences to fight the deadly COVID-19 and future pandemics.

References

- Abdelmagid, N., Favas, C., Checchi, F., Garry, S., Jarrett, P., Ratnayake, R. & Warsame, A. (2020). Guidance for the prevention of COVID-19 infections among high-risk individuals in camps and camp-like settings. Retrieved from online: <https://www.lshtm.ac.uk/sites/default/files/2020-04/Guidance%20for%20the%20prevention%20of%20COVID-19%20infections%20among%20high-risk%20individuals%20in%20camps%20and%20camp-like%20settings.pdf> (Accessed 25/09/2020).
- Chakraborty, I. & Maity, P. (2020). COVID-19 outbreak: Migration, effects on society, global environment and prevention. *Science of the Total Environment*, p.138882.
- Chikadzi, V. & Mafetsa, S.(2013). “Facilitating Integrated Service delivery via Networking Forums: Lessons from a case study.”*Social Work/Maatskaplike Werk*49 (4), pp.490 - 500. <http://dx.doi.org/10.15270/49-4-40> . (Accessed 16/05/19).
- Creswell, J.W. & Creswell, J.D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- Dzobo, M., Chitungo, I. & Dzinamarira, T. (2020). COVID-19: A perspective for lifting lockdown in Zimbabwe, *Pan African Medical Journal*, 35(2), pp. 1-3.
- Finkelhor, David. 2009. “The Prevention of Childhood Sexual Abuse.” *The Future of Children* 19 (2): 169 – 194. Accessed February 26, 2014 . http://www.princeton.edu/futureofchildren/publications/docs/19_02_08.pdf.
- Gao, J., Tian, Z. & Yang, X. (2020). Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. *Bioscience trends*, 14(1), pp. 72-73.

- Government of Zimbabwe. (1989). Civil Protection Act Chapter 10:06. Government of Zimbabwe: Zimbabwe.
- Hopman, J., Allegranzi, B. & Mehtar, S. (2020). Managing COVID-19 in low-and middle-income countries. *Jama*, 323(16), pp.1549-1550.
- Keller, A.S. & Wagner, B.D. (2020). COVID-19 and immigration detention in the USA: time to act. *The Lancet Public Health*, 5(5), pp.e245-e246.
- Kumar, R. (2005). *Research Methodology. A Step-by-Step Guide for Beginners* (2nd.ed.). Singapore: Pearson Education.
- Makurumidze, R. (2020). Coronavirus-19 Disease (COVID-19): A Case series of early suspected cases reported and the implications towards the response to the pandemic in Zimbabwe. *Journal of Microbiology, Immunology & Infection*, 2020(53), pp. 493-498.
- Moylan, Carrie.A., Taryn.Lindhorst. & Emiko. A. Tajima. (2015). “Sexual Assault Teams (SARTS): Mapping of Research Agenda that incorporates and organisational Perspective.” *Violence against Women* 21 (4), pp.516 -534. DOI: 10.1177/1077801215569607.
- Muridzo, N.G.(2018). “An exploration of the phenomenon of child sexual abuse in Zimbabwe.”PhD diss., University of the Witwatersrand, Johannesburg.
- Muridzo, N. G & Chikadzi, V. (2020). Using a Multisectoral Approach in Tackling Child Sexual Abuse: Lessons from a Zimbabwean Case Study. *Southern African Journal of Social Work and Social Development* 32 (1)
- Long-Suthehall, T., Sque, M. & Addington-Hall, J. (2011). Secondary analysis of qualitative data: a valuable method for exploring sensitive issues with an elusive population?. *Journal of Research in Nursing*, 16(4), pp.335-344.
- Raju, E. and Ayeb-Karlsson, S., (2020). COVID-19: How do

- you self-isolate in a refugee camp?. *International Journal of Public Health*, p.1.
- Ruggiano, N. and Perry, T.E., (2019). Conducting secondary analysis of qualitative data: Should we, can we, and how?. *Qualitative Social Work*, 18(1), pp.81-97.
- Watyoka, N.N. (2016). An Assessment of the Factors that Lead to Cholera Outbreak in Harare Central District: A Focus on International Non-Governmental Organisations and United Nations Personnel Perspective. *Global Journal of Advanced Research*. 3(3), pp 189-199.
- WHO. (2009). Zimbabwe health cluster. Weekly bulletin No. 8. 15 March [Online]. Available at: <http://ochaonline.un.org> (Accessed 03/02/19).
- W H O . (2 0 1 7) . C h o l e r a . A v a i l a b l e a t : <http://www.who.int/en/news-room/fact-sheets/detail/cholera> (15/02/19).
- WHO. (2020a). Water, sanitation, hygiene and waste management for the COVID-19 virus: Interim guidance. Available at: <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>(Accessed 10/08/2020).
- WHO. (2020b). Responding to community spread of COVID-19. Available at:<https://www.who.int/publications-detail/responding-to-community-spread-of-covid-19>(Accessed 10/08 2020).
- WHO. (2020c).Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19. Available at: <https://www.who.int/publications-detail/infection-prevention-and-control-for-long-term-care-facilities-in-the-context-of-covid-19>(Accessed 10/08/