

Is there any justification for a continued lockdown in Zimbabwe?

Dr Austin Jeans (author of *The Low-Carb Companion*)

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As I write this opinion piece, my third during the global COVID19 viral pandemic, on a day when Zimbabwe celebrates 40 years of Independence, I look back at my first piece written over a week ago at which time we were 12 days into the national 21 day lockdown. Today we are on day 19 and waiting to hear from our Government as to whether we continue in lockdown or start to ease up on restrictions. The goals for the (early) lockdown at the end of March were in line with the three key World Health Organisation (WHO) defined national COVID19 objectives:

1. Slow virus transmission
2. Save lives
3. Save the health system

I believe that in order to reach a thoughtful and rational decision on the next step, as opposed to a media driven distorted and panicked version, we need to critically examine where we were and where we are now in this COVID19 scenario. On April 10, Zimbabwe had carried out 371 tests, 11 positive cases had been identified and 2 COVID19 related deaths had been recorded. Today our national statistics stand at 1300 tests (more testing having been done), 24 positive cases identified and 3 deaths recorded. All but 1 of these positive cases have been either 'imported' in people returning from other countries or direct contacts of those individuals. It must be said and it is a very positive observation, THESE ARE NOT THE FIGURES (yet?) OF A VIRAL PANDEMIC!!whose very definition revolves around case counts doubling every 3–5 days and/or when growth is on track to overwhelm the health system's capacity. To gain some perspective, by comparison on average in Zimbabwe over 300 people die every day from various diseases or accidents and over 200 of these pass on from age related conditions.

So as our Government considers the way forward for Zimbabwe, as a sovereign nation with its own specific statistics & conditions, including young population age demographics and our significant economic challenges, we must bear in mind that Zimbabwe is not Italy, nor Spain or New York City for that matter. These places where heavy COVID19 burdens have been experienced but which have their own particular set of circumstances that have rendered them particularly vulnerable to the dreaded coronavirus. Globally this WHO declared viral 'super deadly' contagion has caused the death of not much more than 0.2% of the world's population to date (155,000 people out of 7.8 billion) and many of those significantly affected countries are seeing either plateaus or declines in their viral infections & mortality rates. Africa as a continent posts to date 19,000 cases with just over 1000 deaths spread across 52 countries. Again by comparison, New York City COVID19 cases alone are over 127,000 and nearly 9,000 have died!

For my beloved country Zimbabwe, I see no evidence based justification for the continuance of a total lockdown which at best has only been partial in nature and at times noticeably difficult for the authorities to enforce, like when mealie-meal (*our staple food which is in short supply*) deliveries take place at various outlets around the country. We need to sustain a focus that allows for 'flattening of the (COVID19) curve' but averts 'flattening the economy'. There is need for a cautious approach to lifting total lockdown by crafting a strategy around a **phased release of imposed restrictions** with clear parameters and timelines whilst maintaining measures directed at reducing virus transmission. This is in line with what other countries like China, Germany, Spain, Denmark and USA are currently contemplating or actually doing. Zimbabwe could consider a three phased strategy to ease the current lockdown which would look like this:

Phase One: a 14 day trial period

- commercial and informal businesses reopen
- restrict gatherings to <10 people
- restaurants reopen initially on a takeaway only basis
- public transport resumes but with restricted passenger numbers per vehicle (eg alternate seating)
- bars, cinemas, gyms, sports clubs, public parks and places of worship remain closed
- restrict non-essential urban travel and intercity / rural travel
- maintain closed borders to international travel

If the COVID19 situation remains stable at the end of Phase One then the country could progress to

Phase Two: a 14 day trial period

- schools reopen on 5 May but with no sporting activities
- restrict gatherings to <50 people
- restaurants have seated patrons only with tables set at social distancing
- public transport continues with restricted passenger numbers per vehicle (eg alternate seating)
- bars, cinemas, gyms, sports clubs, public parks and places of worship reopen with strict requirements for hand sanitising and social distancing (bars to have restrictions on nos. of standing patrons)
- ease restrictions on non-essential urban travel
- restrict non-essential intercity / rural travel
- **maintain closed borders to international travel**

If the COVID19 situation remains stable at the end of Phase One then the country could progress to

Phase Three: a 30 day trial period (and possibly thereafter for some time)

- schools resume sporting activities
- restrict gatherings to <100 people
- restaurants have seated patrons only with tables set at regulated social distancing parameters
- public transport continues with restricted passenger numbers per vehicle (eg alternate seating)
- bars, cinemas, gyms, sports clubs, public parks and places of worship reopen with strict requirements for hand sanitising and social distancing
- unrestricted non-essential urban travel
- controlled intercity / rural travel, avoiding any COVID19 'hotspots'
- **maintain closed borders to international travel where relevant to reducing risks of imported COVID19**

In all phases (and likely to varying degrees for the rest of 2020) it is critical that Zimbabwe continues with and pursues additional **Public Health Measures** to reduce viral spread & risk during the easing of lockdown restrictions:

1. **Public Health vigilance** – continued widespread testing, case identification, contact tracing and isolating the infected. It is encouraging to see the Ministry of Health setting a target of expanded testing to 30,000 tests by end of April.
2. **Education** on COVID19 so that everyone understands the importance of anti-COVID19 interventions.
3. **Widespread hand sanitising** facilities at all public places, shops, office buildings etc.
4. **The practice of social distancing** being consistently observed and enforced where people are likely to gather and/or queue.
5. **The wearing of face masks/covering** when people are out & about - to be encouraged if not mandated.
6. **Total lockdown aka ‘enhanced shielding’ of the vulnerable sectors** of society specifically old-age centres and frail-care centres until COVID19 threat is minimised.
7. **A vigorous lifestyle education program** on better lifestyle including exercise and nutrition/eating strategies to improve people’s metabolic health (to decrease obesity, prediabetes, diabetes & high blood pressure) which will in turn reduce critical risk factors for severe COVID19 disease.
8. **The provision of protective gear (PPE) to health care workers** and the continued renovation & re-equipping of health centres to upgrade their capacity.
9. **Government support for the economically disadvantaged** and improved distribution of food supplies nationwide to prevent large numbers of people queueing for food.

In conclusion, we know from the WHO that the coronavirus issue will likely be around for quite some time to come, but in the case of Zimbabwe and many other countries so too will the risk of social & economic devastation which may in the long run cost far more lives than the viral pandemic itself. We need pragmatic leadership and bold decisions balancing the acute threat versus chronic consequences. My thoughts and writings are intended to stimulate debate and encourage us all to contribute positively by way of strategic thinking, calculated actions and deeds of kindness to our fellow man whilst at this pivotal moment in our history we await our fate!