



## Access to Health Care and Zimbabwe’s COVID-19 Vaccine program

### 1. Introduction

Government through Statutory Instrument 10 of 2021 reintroduced level 4 lockdown for 30 days starting on January 5, 2021 following a surge in COVID-19 cases. According to the government, COVID 19 cases doubled in two months from 8374 at the start of November, to 14084 and 369 virus-related deaths at the time of the announcement of the lockdown. The cases continue to rise with Zimbabwe recording its highest number of coronavirus fatalities in a single day on Monday 18 January 2021 with 60 deaths and 1 112 new infections according to the Ministry of Health and Child Care. As at Wednesday 20 January 2021 the total cases are now at 29 408 including 19 253 recoveries and 879 deaths. There is no doubt, that the decision to revert to level 4 lockdown is the correct one. However, it is important that implementation is done differently informed by lessons from the previous lockdown.

### 2. Access to Health

Obtaining evidence shows that the advent of COVID 19 Pandemic significantly heightened barriers to health care access with increasing health care costs and difficulties to reach physical health facilities. Persons with Disabilities, women and the poor are among the most affected by the increased cost of healthcare. The exorbitant charges for COVID-19 related services is beyond the reach of most people and thus government must ensure that the most vulnerable in need of hospitalisation are taken care of by the government. A survey conducted by PRFT established that COVID 19 patients are finding it difficult to access health care treatment services in public hospitals which are understaffed and lack requisite medication and equipment to fight the symptoms of the virus. Unfortunately most of these vulnerable groups cannot resort to the private hospitals, most just resort to herbal remedies as only source of hope. The survey further revealed that the average costs for COVID 19 patients are exorbitant and far beyond the reach of the majority poor. Firstly, the prices are in USD\$ which are not easily accessible to the majority who have to convert their ZWL\$ incomes into USDs at unsustainable rates on the black market. Secondly, the cost is too high for most employees, for example an average government employee earns around ZWL\$ 18 000.00 which translates to USD\$ 180.00. Below is a summary of associated costs patients with COVID 19 have to fork out when fighting the virus.

Hospitalization Item	Average Costs
Testing	USD\$50-70
General costs for individuals not requiring hospitalization	USD\$ 70.00
Patient requiring hospitalization	USD\$ 200 - 1000 per day
Patients on ICU	USD \$2500 per day
Private home ICU services*	USD \$1000 per day

\*package includes hospital oxygen, ventilator, 1 doctor and 1 nurse per day

Given this scenario, Government should also look at ensuring the provision of affordable medicine as the cost of medicine has skyrocketed. The shortage of essential drugs including oxygen critical for the fight against COVID-19 is equally worrying leaving the poor woefully exposed.

The provision of personal protective equipment (PPE) to frontline health care workers is critical to deal with the increased reports of health workers contracting or succumbing to COVID-19. Anecdotal evidence shows that most health facilities are in short supply of the PPEs. There have been worrying reports of some health facilities suspending services because of shortage of staff. The most recent being the report by the Herald that Chitungwiza Municipality temporarily closed St Mary's clinic on Thursday 14 January 2021 due to shortage of health professionals having had 7 positive cases and one death of health frontline workers at the institution. With health experts warning about the possibility of cases further increasing, it is important that all health workers are equipped with the correct PPEs and incentivised to minimise further disruptions to the sector.

At a household level, nursing a highly infectious disease without resources and knowledge puts a high risk at the whole family. COVID-19 testing alone costs between USD\$50-70 per person. A family of five where one member has tested positive and all require testing would need to fork out almost USD\$350. Currently a box of gloves on average costs USD 10, while a masks cost USD5 per box and they do not last long. Sanitizers which are sold in small bottles at between-3-5 USD, not enough to sanitize the whole household if one member is infected. A family with an infected member would at least require 10 litres per week. Very few individuals can afford to buy the pulse oxymeter, which tells you when the patient's oxygen is compromised even before they feel breathless.

### **3. Zimbabwe COVID-19 Vaccine Program**

Health experts have identified the successful development of COVID-19 vaccination as an important tool to help stop the pandemic. According to the World Health Organisation (WHO), vaccines work by training and preparing the body's natural defences, the immune system to recognize and fight off the viruses and bacteria they target. Vaccines, wearing masks, social distancing, sanitising and washing hands among other health measures will increase the protection from COVID-19. The World Bank has also recommended that to sustain economic growth in 2021, countries will need to contain the virus and roll out vaccination programs among other programs.

The President of Zimbabwe announced on December 19, 2020, that preparations for the deployment of a vaccine, once approved, are in progress guided by two national preparedness assessments conducted in October and November 2020. Additionally, the President noted that Zimbabwe is part of the COVID-19 Vaccines Global Access (COVAX) Facility. COVAX was established by WHO in collaboration with the ACT-Accelerator vaccine partners the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Vaccine Alliance<sup>1</sup>. The facility plans to secure and distribute millions of doses of the vaccine to developing countries, once licensed and approved. The first phase will see COVAX countries initially receive vaccinations for 20% of the population, enough to immunize target groups that include health care workers, older adults and those with serious health conditions.

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<sup>1</sup> <https://www.who.int/news-room/feature-stories/detail/access-and-allocation-how-will-there-be-fair-and-equitable-allocation-of-limited-supplies>

According to a press statement on January 15, 2021 by the Vice President and Minister of Health and Child Care Hon C. Chiwenga, “Zimbabwe adopted a measured approach, with experts interrogating all safety concerns. As soon as all technical and administrative obligations are met, Zimbabweans can expect to be vaccinated. The vaccination is going to be voluntary”.

### **COVID-19 Vaccine Information Gaps**

The Acting Information Minister Jefferson Muswere noted that Zimbabwe could receive its first batch of the COVID-19 vaccine in February 2021, with the government now finalizing its national deployment plan and the training of health care workers. However, while plans for the vaccination program seem to be at an advanced stage there has not been much detailed information on the country’s vaccine programme. Regular and timely information shared with the general populace on the vaccines program is important for the success of the program particularly at a time where there are information gaps, myths and conspiracy theories related to the vaccine.

Some of the myths and concerns that ordinary citizens expressed about the COVID-19 vaccine include the fact that COVID-19 vaccine is not safe because it was rapidly developed. There have also been claims that there are severe side effects of the COVID-19 vaccines. Others have suggested that the COVID-19 vaccine will alter DNA while there were also claims that the COVID-19 vaccines were developed using fetal tissue. Another common myth is that the COVID-19 vaccine was developed as a way to control the general population either through microchip tracking or nano transducers in our brains. These and other claims have the potential of derailing Zimbabwe’s COVID-19 vaccination plan especially if they are coming from influential people in the country and the world. A snap survey done by PRFT on Twitter and Facebook shows that only 49 (53.9%) would take the vaccine if the government made it available in February 2021 while 42 (46.1%) out of 91 respondents said they would not based on several reasons including the myths and mis-information highlighted above. Although this is not representative of Zimbabwe’s population, this and other widely shared misgivings shared on social media is indicative of the need for more awareness to get more people on the program.

Government has commendably increased the information on COVID-19 in recent times through the National COVID-19 Taskforce awareness program. However, there is an opportunity for the awareness programmes to target the issue of vaccines in general, the COVID-19 vaccine development process, key risks and challenges in order to build public awareness and trust in the development and rollout process. Given that the program will be voluntary, it is important that simplified information reach all people including in hard to reach areas in time for the vaccine launch. This will enable people to make informed decisions and ensure that **“noone is left behind”** during the vaccination program. Information will also help deal with various factors including religious and traditional beliefs that have cost people lives in the past. In addition, there is also need for more information on herbal remedies and various COVID-19 treatment packages that are circulating on social media and other platforms.

## Transparency and Accountability

It is essential that the vaccination program is transparent and accountable with broad consultations including CSOs working in the health sector, traditional, religious and community leaders etc. Government must ensure that there is equitable access to vaccines, and that groups at increased risk of COVID-19 are the first to benefit from vaccination according to the WHO Guidelines (health workers, older people, people with underlying health conditions and other groups identified in the broad consultations). Given the resources constraints the country is facing and the limited global supply of vaccine, the government must ensure that program implementation is flawless and free from corruption. The Zimbabwe Anti-Corruption Commission (ZACC) and other institutions must put in place mechanisms to deal with leakages and corruption for the country to reap the full benefits of the vaccination program.

## 4. Conclusion

The COVID -19 has been with us now for almost 12 months. Within this period, many lessons were learnt, spotlight was put on gaps, system weaknesses etc. that should help us as a country to build forward better and address the current wave in a more fused manner. It is in this regard that there is need to plan ahead to ensure the health delivery system remains functional and accessible to everybody including the most vulnerable and the poor. There is need to ensure that there is continued access to health care and health services including reproductive health and for those suffering from chronic diseases during the lockdown. The government should be working on addressing the barriers to accessing health services including the increased cost of healthcare, reduced household income and increased challenges in physically reaching healthcare facilities. Information dissemination on the vaccine program should start now to deal with myths that may negatively affect the implementation of the vaccine program.

Government is commended for initiating the spotlight testing for motorists at selected roadblocks, albeit the concerns around the efficacy of the PCR tests. Notwithstanding the limitations, this initiative should not only be limited to a selected roadblocks but should be rolled-out nation-wide.

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