

Decision Making Conundrum as Zimbabwe Experiences a Harsh Third Wave of the COVID-19 Pandemic

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Zimbabwe is now in the third wave of the COVID-19 pandemic. Surprisingly, despite the current wave being the harshest, the government has shown a marked reluctance to impose strict restrictive measures on the largely unvaccinated population, with the potential for propagating widespread community transmission, and a protracted fight with the wave. Pandemic fatigue, the presence of more transmissible SARS-Cov-2 variants, increased population mobility, limited testing and treatment capacity, surveillance capacity and COVID-19 related myths, misconceptions and misinformation, and vaccine hesitancy remain important challenges to the control of the third wave.¹⁻³

The government was very swift in imposing tough restriction measures during the first and the second wave. Though there is no conclusive evidence, the rapid control of a potentially devastating second wave could be attributed to tough lockdown measures. The government has not imposed or enforced the tough lockdown measures noted previously, even 8 weeks after the onset of the third wave. Initial attempts to contain the spread of the delta variant was a localized lockdown of hotspot areas, this strategy did not seem to prevent the outbreaks from rapidly evolving into widespread community transmission.

The decision-making conundrum may be partly due to the need to allow the population to continue with regular socio-economic activities to avoid a degenerating social situation in a country where people are largely tired of restrictions when they live informally, with no

other forms of social support. Lockdowns have been described by others to be doing more harm to the population, especially in countries such as Zimbabwe where the burden of other infectious diseases such as HIV, tuberculosis and malaria seem to be much higher than that of COVID-19,⁴ a rapid analysis of all-cause and excess mortality is thus necessary.

The question of whether the government should continue locking down people during acute upsurges remains contentious. Periods of stability must be used to build capacity for testing, treating and isolating cases, and optimizing vaccination. Strategies for control must be aimed at protecting the population both from the negative impacts of COVID-19, from the indirect impacts to population health and the negative socioeconomic consequences of restrictive measures. It is therefore not surprising that the government has failed to decisively come up with concrete strategies as it attempts to strike a balance protective to the population at large.

A multi-sectoral intersection between different stakeholders in public health and economics is required to urgently come up with decisive strategies to deal with the current third wave and beyond. Various stakeholders involved in risk communication and community engagement need to come up with appropriate messages and information, education and communication (IEC) material to address issues around pandemic fatigue and complacency. Further, the need to invest more in testing, treating and isolating confirmed cases and quarantining of contacts cannot be overemphasized.

In conclusion, dealing with vaccine hesitancy and contributing factors, which are centered on confidence, convenience and complacency is necessary.⁵ This must be accompanied by an increase in vaccine supply to meet vaccine demand and increase convenience, prioritizing the most vulnerable populations.

Author contributions

All authors developed the concept and drafted the primary manuscript, edited and critically revised it, and finalized it for publication. All authors read and agreed on the submission of this final manuscript.

Conflict(s) of interest

None to declare.

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