

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Zimbabwe. For a category and indicator-level summary, please see the Country Profile for Zimbabwe.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 2

Zimbabwe has a national antimicrobial resistance (AMR) plan for the surveillance, detection and reporting of AMR pathogens. The Zimbabwe One Health antimicrobial resistance national action plan 2017-2021 (NAP) completed in September 2017, states, as a strategic objective, surveillance that will "Collect and test routine samples in all sectors" and that the National AMR focal point functions include "Ensuring regular data collection and information sharing by instituting effective communication and coordination mechanisms among all stakeholders." On analysis the report states that other specific objectives are to "Analyse and report surveillance data to support clinical and policy decision making in relevant sectors; Strengthen capacities for generating and analysing AMR/AMU (Antimicrobial use) data to inform policy development, better targeting of interventions and management decisions and to monitor progress." On reporting the NAP states that "A combined surveillance reporting system will be created to ensure the One Health approach to understanding the magnitude, patterns and dynamics of AMR." Human AMR surveillance will be combined into Integrated Disease Surveillance and Response (IDSR) reporting systems and AMR trends will be reported "to the National Health Information System (NHIS), WHO Global Antimicrobial Resistance Surveillance System (GLASS), Centre for Disease Dynamics, Economics & Policy (CDDEP), Lab surveillance Technical Working Group (TWG)." and a report on AMR, AMU "aimed at high-level policymakers, donors and relevant international organization reporting systems: World Health Organization (WHO), World Organization for Animal Health (OIE), Food and Agriculture Organization of the United Nations (FAO)." [1] The Joint External Evaluation report of 2018 states, however, that support is insufficient to fully implement the NAP. There are many challenges, including the lack of adequate awareness of AMR; inadequate funding; lack of ongoing research; nonparticipation of some laboratories in the network; limited participation in external quality assurance programs. "AMR surveillance has not yet formally begun; data is yet to be collected, analysed, interpreted, reported, and published." [2]

[1] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021. [https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 12 August 2020.

[2] World Health Organization (WHO). 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/bitstream/handle/10665/274307/WHO-WHE-CPI-REP-2018.24-eng.pdf?sequence=1&isAllowed=y]. Accessed 12 August 2020.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2, Yes, but not all 7+1 pathogens = 1, No = 0

Current Year Score: 1

There is evidence that the national laboratory system for Zimbabwe can test for at least some of the 7+1 priority AMR pathogens. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018 [1] states "The National Microbiology Reference laboratory serves as the National Coordinating Centre for the AMR surveillance network of 17 sentinel sites." However, due to "funding constraints, the sentinel sites are monitoring only two of the eight WHO priority pathogens - Salmonella spp. and Escherichia coli. The country has enrolled in the World Health Organization (WHO) Global Antimicrobial Resistance Surveillance System (GLASS) [2] but is yet to commence submission of surveillance data." The JEE report mentions Zimbabwe's national action plan on AMR, which is also logged on the WHO Library of National Action Plans [3], but the plan does not contain specific details on priority AMR pathogens. [4] No further information on AMR surveillance is available via the websites of the Ministries of Health or Agriculture or in the WHO antimicrobial resistance country self-assessment. [5,6,7]

[1] World Health Organization (WHO). 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 12 August 2020.

[2] World Health Organisation. "GLASS country profiles, 2016." [<http://apps.who.int/gho/tableau-public/tpc-frame.jsp?id=2004>]. Accessed 12 August 2020.

[3] WHO Library of National Action Plans. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en>]. Accessed 12 August 2020.

[4] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021. [https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 12 August 2020.

[5] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 12 August 2020.

[6] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 12 August 2020.

[7] WHO Global database for antimicrobial resistance country self-assessment. 2017. [<http://amrcountryprogress.org/>]. Accessed 12 August 2020.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe conducts environmental detection or surveillance activities for antimicrobial residues or AMR organisms. Although Zimbabwe is not listed in the World Health Organization (WHO) Library of National Action Plans, the country has published a "One Health antimicrobial resistance national action plan 2017-2021" which was endorsed by the three ministers of Health, Agriculture and Environment. The document states that these ministries "are responsible for implementing the 'One Health' approach in Zimbabwe, have committed themselves to investing resources in designing sound strategies and interventions to preserve the effectiveness of our antimicrobial agents." It also states "Environmental monitoring and surveillance for AMR needs to be mainstreamed within a general national strategy to scale down the rate of emergence of AMR." [1,2] The Zimbabwe Environmental Management Agency (EMA) states among its services; Monitoring of the environment and Soil testing. Within EMA the Environmental Management Services (EMS), is mandated to collect, produce and disseminate environmental information to society. [3] There is, however, no evidence that any of these activities have actually occurred, in the EMA website, or in the Joint External Evaluation report of 2018. [3,4] A Food and Agriculture Organisation (FAO) article of 2017 states "With the backing of Fleming Fund, FAO's Southern Africa and Zimbabwe arms are now implementing a plan to engage the food and agriculture sectors to assess and strengthen regulatory frameworks, improve laboratory capacities for surveillance of AMR and tracking of antimicrobial residues, and to help

implement good practices for appropriate use of existing antimicrobials to help protect their effectiveness for when they are most urgently needed". [5] There is, however, no further evidence in media sources of whether these measures have been physically installed. Nothing further could be found on the websites of the Ministries of Health, Agriculture or Environment, or in the WHO antimicrobial resistance country self-assessment. [6,7,8,9,10]

- [1] World Health Organization (WHO) Library of National Action Plans. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en>]. Accessed 12 August 2020.
- [2] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021. September 2017. [https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 12 August 2020.
- [3] Zimbabwe Environmental Management Agency. [<https://www.ema.co.zw/>]. Accessed 12 August 2020.
- [4] World Health Organization (WHO). 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 12 August 2020.
- [5] Food and Agriculture Organisation of the United Nations (FAO). 17 August 2017. 'Zimbabwe Faces the Challenge of Antimicrobial Resistance Head-On with Support from FAO and Fleming Fund'. [<http://www.fao.org/antimicrobial-resistance/news-and-events/news/news-details/en/c/1030075/>]. Accessed 12 August 2020.
- [6] Ministry of Health and Child Care (MOHCC). [https://twitter.com/MoHCCZim?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor]. Accessed 21 March 2021.
- [7] Veritas. [<http://www.veritaszim.net/node/657>]. Accessed 21 March 2021.
- [8] Ministry of Lands, Agriculture and Rural Resettlement (MOA), [www.moa.gov.zw/]. Accessed 12 August 2020.
- [9] Ministry of Environment, Tourism and Hospitality Industry. [<http://envirotourism.org.zw/>]. Accessed 21 March 2021.
- [10] WHO Global database for antimicrobial resistance country self-assessment. 2017. [<http://amrcountryprogress.org/>]. Accessed 12 August 2020.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 1

There is national legislation in place requiring prescriptions for antibiotic use for humans, but there is also evidence of gaps in enforcement of this legislation. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states, "There is a legal requirement to have a prescription for most antimicrobials used in human medicine." However, the report adds that "the mandatory requirement of a prescription for sale/purchase of antimicrobials is not enforced effectively." [1] No further evidence was found on the websites of the Ministry of Health or the Medicines Control Authority of Zimbabwe. [2,3,4] Neither the Zimbabwe National Medicines Policy or the Medicines and Allied Substances Control Act make specific mention of prescriptions for antibiotic use in humans. [5,6] A 'Take on Typhoid' article, dated November 2018, states "Despite legislation prohibiting the sale of antibiotics without a prescription, over-the-counter use of these medications remains a common practice: providers may give antibiotics when it is not medically appropriate, and fake antibiotics are too often available from private providers." [7]

- [1] World Health Organization (WHO). 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 13 August 2020.
- [2] Ministry of Health and Child Care (MOHCC). [https://twitter.com/MoHCCZim?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor]. Accessed 21 March 2021.

2021.

[3] Veritas. [<http://www.veritaszim.net/node/657>]. Accessed 21 March 2021.

[4] Medicines Control Authority of Zimbabwe (MCAZ). [www.mcaz.co.zw/]. Accessed 13 August 2020.

[5] The Zimbabwe National Medicines Policy. 2011.

[https://www.who.int/selection_medicines/country_lists/Zimbabwe_NMP_2011.pdf?ua=1#:~:text=The%20Zimbabwe%20National%20Medicines%20Policy%20is%20an%20integral%20part%20of,to%20health%20care%20for%20all.&text=The%20Policy%20recognizes%20the%20profession,of%20medicines%20and%20medicines%20dispensing.]. Accessed 13 August 2020.

[6] Medicines and Allied Substances Control Act. [faolex.fao.org/docs/pdf/zim24977.pdf]. Accessed 13 August 2020.

[7] Mooney, Jessica. 12 November 2018. 'Drug resistance and typhoid in Zimbabwe: Using TCVs for outbreak control'. Take on Typhoid. [<https://www.coalitionagainststtyphoid.org/drug-resistance-and-typhoid-in-zimbabwe-using-tcvs-for-outbreak-control/>]. Accessed 13 August 2020.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2, Yes, but there is evidence of gaps in enforcement = 1, No = 0

Current Year Score: 0

There is no evidence of national legislation or regulation in place requiring prescriptions for antibiotic use for animals. Nothing could be found on the websites of the Ministries of Agriculture or Health, the Medicines Control Authority of Zimbabwe, or on the Joint External Evaluation report of 2018 or in the Animal Health Act. [1,2,3,4,5] Neither the Zimbabwe National Medicines Policy or the Medicines and Allied Substances Control Act make specific mention of prescriptions for antibiotic use in animals. [6,7]

[1] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 13 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 13 August 2020.

[3] Medicines Control Authority of Zimbabwe (MCAZ). [www.mcaz.co.zw/]. Accessed 13 August 2020.

[4] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 13 August 2020.

[5] Animal Health Act (Chapter 19:01). [<https://www.ecolex.org/details/legislation/animal-health-act-chapter-1901-lex-faoc021477/>]. Accessed 13 August 2020.

[6] The Zimbabwe National Medicines Policy. 2011. [<http://apps.who.int/medicinedocs/documents/s20163en/s20163en.pdf>]. Accessed 13 August 2020.

[7] Medicines and Allied Substances Control Act. [faolex.fao.org/docs/pdf/zim24977.pdf]. Accessed 13 August 2020.

1.2 ZONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1, No = 0

Current Year Score: 1

There is a national law on zoonotic disease. The Joint External Evaluation report of 2018 states that all important zoonotic diseases have been listed as notifiable diseases in the Animal Health Act. "The reporting of all suspected and confirmed cases

for such diseases is mandatory. The Animal Health Act also provides for the gazetting of identified geographical areas where, for example, priority diseases such as rabies or anthrax appear to be entrenched." [1] The Act itself states that "Nothing in this Act shall be construed as precluding the Minister, in the exercise of the power conferred upon him by subsection (1), from making provision for the eradication and prevention of the occurrence or spread amongst human beings of - (a) a disease common to human beings and animals" which is, by definition, a zoonotic disease. [2]

[1] World Health Organization (WHO). 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 13 August 2020.

[2] Animal Health Act Chapter 19.01 1961 (2001). [<http://extwprlegs1.fao.org/docs/pdf/zim21477.pdf>]. Accessed 13 August 2020.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Zimbabwe has plans or equivalent strategy document(s) which include measures for risk identification and reduction for zoonotic disease spill-over events from animals to humans. There is no information on the websites of the Ministry of Health and Child Care (MOHCC) or the Centers for Disease Control and Prevention (CDC), One Health Program. [1,2] The Ministry of Lands, Agriculture and Rural Resettlement (MOA) has, amongst its Divisional functions: Producing and documenting information about animal health and disease risk and geographical spread; Controlling and preventing animal diseases of economic and zoonotic diseases and pests at source; Establishing and maintaining key infrastructure for animal disease control, but there are no details about what has actually been done. [3] The Dynamic Drivers of Disease in Africa Consortium was a research program funded by the Ecosystem Services for Poverty Alleviation (ESPA) programme. It ran from 2012 to 2016, and comprised 21 multinational partners including the Zimbabwe Ministry of Agriculture and the University of Zimbabwe. The team consisted of over 30 researchers from the environmental, biological, social, political, and human and animal health sciences. Evidence gathered was to provide "a base for informed and integrated 'One Health' approaches to disease control. The aim is to draw out new opportunities for policy, institutions and interventions." Situation Analysis Research was conducted on trypanosomiasis in Zimbabwe. Researchers made contact with a wide range of stakeholders in health, environment and development in Zimbabwe, at the local, national and international levels, in order to inform policy and practice. It was hoped that discussions would lead to "greater joined-up action across government departments and other relevant agencies, so that effective One Health policies can be pursued which will achieve optimal health for animals, people and the environment". There has been no indication of a plan or strategy document resulting from this from either the Ministry of Agriculture or the University of Zimbabwe. [4]

[1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 13 August 2020.

[2] Centers for Disease Control and Prevention (CDC). 2020. [<https://www.cdc.gov/onehealth/index.html>]. Accessed 13 August 2020.

[3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 13 August 2020.

[4] Steps Centre. 23 October 2016. Dynamic Drivers of Disease in Africa. [https://steps-centre.org/project/drivers_of_disease/]. Accessed 7 September 2020.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1, No = 0

Current Year Score: 0

There is presently no evidence of national plans, guidelines, or laws that account for the surveillance and control of multiple zoonotic pathogens of public health concern. Nothing could be found on the websites of the ministries of Health or Agriculture. [1,2] Although the Animal Health Act does deal with diseases common to human beings and animals, and there is legislation regarding surveillance, there is nothing specific on the control of multiple zoonotic pathogens of public health concern. [3] Zimbabwe does not have a World Organization for Animal Health Evaluation (OIE-PVS) (although it has requested one). [4] The Joint External Evaluation report (JEE) of 2018 recommends "Facilitate and expedite Parliament approval and enactment of the new Public Health Bill (2017), which includes provisions to support the implementation of IHR (2005)." [5] The Public Health Bill of 2017 includes the necessity for "epidemiological surveillance and monitoring of provincial trends with regard to major diseases and risk factors for disease", but there is no specific mention of zoonotic disease. [6]

[1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 13 August 2020.

[2] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 13 August 2020.

[3] Animal Health Act Chapter 19.01 1961 (2001). [http://extwprlegs1.fao.org/docs/pdf/zim21477.pdf]. Accessed 13 August 2020.

[4] World Organization for Animal Health OIE-PVS Evaluation. 26 February 2020. [http://www.oie.int/support-to-oie-members/pvs-evaluations/oie-pvs-evaluation-reports/]. Accessed 13 August 2020.

[5] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 13 August 2020.

[6] Public Health Bill 2017. [https://www.parlzim.gov.zw/component/k2/public-health-bill-2017]. Accessed 13 August 2020.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of a department, agency or similar unit dedicated to zoonotic disease that functions across ministries. The Ministry of Agriculture website states that amongst its divisional functions are: Controlling and preventing animal diseases of economic and zoonotic diseases and pests at source(sic); Establishing and maintaining key infrastructure for animal disease control. There is no mention of a special unit for zoonoses though. [1] The Joint External Evaluation report of 2018 states that "the ministries of Agriculture, Health, and Environment are jointly responsible for the management of zoonotic diseases using the One Health approach. This is done through the Zoonotic Committees at national, provincial, and district levels, that meet monthly to share information." Recommendations for priority actions include formalizing multisectoral collaboration on zoonotic diseases by developing "an MoU between the ministries of health, agriculture and environment that document a 'concept of operations' and specify actions necessary to promote the One Health approach." Also mentioned as an area that needs strengthening is "Consider establishing a "One Health Centre" and develop a comprehensive One Health policy and strategy to guide actions" [2] On the World Health Organization (WHO) 'Strategic Partnership for International Health Regulations' site, under Health Security Status, Zimbabwe scores 80% for 'Collaborative effort on activities to address zoonoses'. This score is from WHO's State Party Self Evaluation Annual Reporting (SPAR)

system, and indicates that 'The animal and public health sectors work in collaboration regularly on specific activities to prevent, detect and respond to the majority of priority zoonoses at national, intermediate and local levels.' [3,4] In a Healthtimes article, dated 28 January 2020, it was reported that Zimbabwe was all set to launch a Public Health Emergency Outbreak Operations Centre (PHEOC). There is no specific mention of a dedicated zoonose unit [5]

[1] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 13 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 13 August 2020.

[3] World Health Organization (WHO). 2020. 'Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)'. [https://extranet.who.int/sph/recipient/zimbabwe#ihrsar]. Accessed 13 August 2020.

[4] World Health Organization (WHO). 'International Health Regulations (2005)'. [https://apps.who.int/iris/bitstream/handle/10665/272432/WHO-WHE-CPI-2018.16-eng.pdf?sequence=1] Accessed 7 September 2020.

[5] Pembere, Kudakwashe. 28 January 2020. 'All set for Zim Public Health Emergency Outbreak Operations Centre launch'. Healthtimes. [https://healthtimes.co.zw/2020/01/28/all-set-for-zim-public-health-emergency-outbreak-operation-centre-launch/]. Accessed 13 August 2020.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Zimbabwe has a national mechanism for owners of livestock to conduct and report on disease surveillance to a central government agency. No information on this could be found on the websites of the Ministries of Health or Agriculture, or in the antimicrobial resistance national action plan 2017-2021. [1,2,3] The Joint External Evaluation report of 2018 does state that, under the Animal Health Act, the reporting of all suspected and confirmed cases of listed, notifiable zoonotic diseases is mandatory, although livestock owners are not specifically mentioned, and it is not made clear in the Act who such reporting should be made to [4,5]. Nothing further could be found on media sources.

[1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 14 August 2020.

[2] Ministry of Lands, Agriculture and Rural Resettlement (MOA), [www.moa.gov.zw/]. Accessed 14 August 2020.

[3] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021. September 2017. [https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 14 August 2020.

[4] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 14 August 2020.

[5] Animal Health Act, Chapter 19.01(2001). [http://extwprlegs1.fao.org/docs/pdf/zim21477.pdf]. Accessed 14 August 2020.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a law that specifically safeguards the confidentiality of information generated through surveillance activities for animals (for owners). The Cyber Security and Data Protection Bill was gazetted on 15 May 2020. The Bill comprehensively protects personal data, but there is no specific mention of surveillance of owned livestock, and it has not yet been signed into law in any case. [1,2] Zimbabwe is one of three countries in Africa which have enacted personal data protection legislation, the promulgation of which has not yet been made effective, as the laws are still in the form of bills. [3] A June 2018 report from a Zimbabwe law firm states that the existing Access to Information and Protection of Privacy Act Chapter 10:27 only deals with the prevention of unauthorized collection, use or disclosure of information by public bodies. It is thus clear that private institutions are not regulated. There remains a need for specific law on data collection, handling and disclosure." [4] Nothing on this confidentiality could be found in the Joint External Evaluation report of 2018 or on the websites of the ministries of Health or Agriculture. [5,6,7]

[1] Alt Advisory. 15 May 2020. 'Zimbabwe gazettes Cyber Security and Data Protection Bill'.

[<https://altadvisory.africa/2020/05/20/zimbabwe-gazettes-cyber-security-and-data-protection-bill/#:~:text=The%20Bill%20is%20intended%20to,the%20lawful%20use%20of%20technology.%E2%80%9D>]. Accessed 14 August 2020.

[2] Zimbabwe Cyber Security and Data Protection Bill 2019.

[https://www.veritaszim.net/sites/veritas_d/files/Cyber%20Security%20and%20Data%20Protection%20Bill.pdf]. Accessed 14 August 2020.

[3] Deloitte Touche Tohmatsu Ltd (DTTL). 2017. 'Privacy is Paramount - Personal Data Protection in Africa'.

[https://www2.deloitte.com/content/dam/Deloitte/za/Documents/risk/za_Privacy_is_Paramount-Personal_Data_Protection_in_Africa.pdf]. Accessed 14 August 2020.

[4] Muvingi Mugadza law firm. 13 June 2018. 'Privacy and Data Protection in Zimbabwe'.

[<https://www.mmmlawfirm.co.zw/blog/privacy-data-protection-in-zimbabwe/>]. Accessed 14 August 2020.

[5] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 14 August 2020.

[6] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 14 August 2020.

[7] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 14 August 2020.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Zimbabwe conducts surveillance of zoonotic disease in wildlife. No information could be found in the Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, or on the websites of the ministries of Health, Agriculture or Environment. [1,2,3,4] The Victoria Falls Wildlife Trust has established a Wildlife Disease Diagnostics and Forensics laboratory in Victoria Falls National Park. "The laboratory is a field station laboratory that aims to look at zoonotic and transboundary animal diseases. The Trust works together with the local wildlife authorities and the Department of Veterinary Services, Wildlife Unit, to routinely test wildlife for diseases; screening for those that have the ability to cause high rates of mortality and/or infection." So while it's clear the Trust works with the Department of Veterinary Services, there is no mention of government control or leadership of surveillance of zoonotic disease in wildlife. [5,6]

- [1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 14 August 2020.
- [2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 14 August 2020.
- [3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 14 August 2020.
- [4] Ministry of Environment, Tourism and Hospitality Industry. 2020. [<http://envirotourism.org.zw/about/>] Accessed 7 September 2020.
- [5] Victoria Falls Wildlife Trust. 2020. 'Projects - Disease Surveillance and Monitoring'. [<https://vicfallswildlifetrust.org/projects/disease-surveillance-and-monitoring/>]. Accessed 14 August 2020.
- [6] Department of Livestock and Veterinary Services. 2020. [<http://www.dlvs.gov.zw/>]. Accessed 14 August 2020.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1 , No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: 4.34

2018

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: 32.11

2018

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence of a national plan, or other legislation, regulation or plan which include mechanisms for working with the private sector in controlling or responding to zoonoses. The French National Research Institute for Sustainable Development (Institut de Recherche pour le Développement [IRD]) funds and manages 'Improve the Capacities of Zimbabwe for the Control of animal and zoonotic diseases' (CAZCOM). A May 2020 article states that "The main objective of the CAZCOM project is to build Zimbabwe's capacity to improve the surveillance and control of important animal and zoonotic diseases." Included in one of the components is "Develop technical partnerships with the private sector (farmers and private laboratories) and scientific collaborations with national and international research institutions." There is no evidence that this has resulted in inclusion of the private sector in the national plan, or other legislation, regulation or plan for controlling or responding to zoonoses. [1] No information on these could be found on the websites of the Ministry of Health or the Ministry of Agriculture. [2,3] Neither the national laboratory system nor the Zimbabwean Public Health Association (ZiPHA) has an online presence. A report of May 2017, by the UN body Capacity for Disaster Reduction Initiative (CADRI), states there are members of the (Zimbabwe) private sector in the Taskforce meeting on Epidemic Prone Diseases. "The information generated from this body feeds into the Inter Agency Coordination Committee on Health (IACCH) for resource mobilization and response." Also, the Department of Epidemiology and Disease Control (EDC) "coordinates disease outbreaks and emergencies in collaboration with UN, NGOs, other departments within the ministry and other government ministries including local authorities and the private sector." These do not constitute specific partnerships or programs, however. [4] The Joint External Evaluation report of 2018 states that Zimbabwe must ensure that private industry, along with other partners, is fully engaged in the IHR (2005) implementation process. [5]

[1] The French National Research Institute for Sustainable Development (Institut de Recherche pour le Développement [IRD]). 7 May 2020. 'Improve the Capacities of Zimbabwe for the Control of animal and zoonotic diseases - CAZCOM'. [<https://www.rp-pcp.org/projects/on-going/fspi-cazcom>]. Accessed 7 September 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 7 September 2020.

[3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 7 September 2021.

[4] Capacity for Disaster Reduction Initiative (CADRI). May 2017. 'Capacity Assessment of the Disaster Risk Management System in Zimbabwe'. [<https://www.cadri.net/sites/default/files/Zimbabwe-Report-May-2017.pdf>]. Accessed 7 September 2020.

[5] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 7 September.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has in place a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities. Recommendations from the Joint External Evaluation report of 2018 include involving security authorities "in aspects of biosecurity and biosafety, including development of an inventory of dangerous pathogens stored in the country." It also states that "The country does not have a Biosecurity Level 4 (BSL4) lab for either human or animal health. Pathogens that require Level 4 biosafety are referred to the Regional reference laboratory based at the National Institute of Communicable Diseases (NICD) in Johannesburg, South Africa." [1] Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [2] No information could be found on the websites of the ministries of Health, Defence, Agriculture or the Verification Research, Training and Information Centre (VERTIC). [3,4,5,6] The national laboratory system has no online presence. No further information could be found on media sources.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 14 August 2020.

[2] United Nations Office at Geneva (UNOG). 2018. 'Biological Weapons Convention (BWC) confidence building measures report'. [<https://bwc-ecbm.unog.ch/state/Zimbabwe>]. Accessed 14 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 14 August 2020.

[4] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 14 August 2020.

[5] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 14 August 2020.

[6] The Verification Research, Training and Information Centre (VERTIC). 2020.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Zimbabwe has in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that the National Biotechnology Authority (NBA) regulates only products and not dangerous pathogens. The report states "A national policy on biotechnology and biosafety exists, but Zimbabwe does not have a dedicated agency to deal with biosafety and biosecurity." and "There is no specific national regulation(s) for biosafety and biosecurity in Zimbabwe." It goes further to say "The draft emergency response plan has not yet been adopted and currently there is no specific action plan for biosecurity and biosafety control measures." [1,2] No information could be found in the Ministry of Health National Health Laboratory Strategic Plan 2017-2021, or on the websites of the ministries of Defence or Agriculture or the Verification Research, Training and Information Centre (VERTIC). [3,4,5,6] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and

therefore it is uncertain if it contains information on this subject. [7]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 14 August 2020.

[2] National Biotechnology Authority. 2020. [<https://www.nba.ac.zw/>]. Accessed 14 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 14 August 2020.

[4] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 14 August 2020.

[5] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 14 August 2020.

[6] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. ACCESSED 8 September 2020.

[7] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [<https://bwc-ecbm.unog.ch/state/zimbabwe>]. Accessed 14 August 2020.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of Zimbabwe having an established agency responsible for the enforcement of biosecurity legislation and regulations. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that the National Biotechnology Authority (NBA) regulates only products and not dangerous pathogens. "A national policy on biotechnology and biosafety exists, but Zimbabwe does not have a dedicated agency to deal with biosafety and biosecurity." and "There is no specific national regulation(s) for biosafety and biosecurity in Zimbabwe." [1,2] No information could be found on the websites of the ministries of Health, Defence or Agriculture or the Verification Research, Training and Information Centre (VERTIC). [3,4,5,6] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [7]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 14 August 2020.

[2] National Biotechnology Authority. 2020. [<https://www.nba.ac.zw/>]. Accessed 14 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 14 August 2020.

[4] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 14 August 2020.

[5] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 14 August 2020.

[6] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. ACCESSED 8 September 2020.

[7] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [<https://bwc-ecbm.unog.ch/state/zimbabwe>]. Accessed 14 August 2020.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, makes no mention of consolidation and includes as a recommendation the development of an inventory of dangerous pathogens stored in the country. [1] No information could be found on the websites of the ministries of Health, Defence or Agriculture or the Verification Research, Training and Information Centre (VERTIC). [2,3,4,5] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [6]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 14 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 14 August 2020.

[3] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 14 August 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 14 August 2020.

[5] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

[6] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [<https://bwc-ecbm.unog.ch/state/zimbabwe>]. Accessed 14 August 2020.

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen. In an August 2020 article on the Ministry of Health website states that "In an effort to increase the testing capacity, the Ministry of Health will procure four more Polymerase Chain Reaction (PCR) machines and related consumables." However, these are for COVID-19 testing, not anthrax or ebola. [1] The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "country utilizes diagnostic tests that eliminate the need for culturing dangerous pathogens e.g. rapid diagnostic test (influenza), gram stain (anthrax), and Gene Xpert (TB)." but there is no mention of PCR-based testing. [2] A 2012 Onderstepoort Journal of Veterinary Research article has details of PCR testing for Brucella in Zimbabwe, but makes no mention of PCR capabilities for other diseases. [3] No information could be found on the websites of the ministries of Defence or Agriculture. [4,5] The national laboratory system has no online presence.

[1] Ministry of Health and Child Care (MOHCC).). 4 August 2020. 'Ministry of Health to increase Covid-19 testing'.

[http://www.mohcc.gov.zw/index.php?option=com_content&view=article&id=300:ministry-of-health-to-increase-covid-19-testing&catid=84&Itemid=435]. Accessed 16 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[3] Onderstepoort Journal of Veterinary Research (OJVR). 7 December 2012. 'Detection of Brucella abortus in Chiredzi district in Zimbabwe'.

[[https://repository.up.ac.za/bitstream/handle/2263/21917/Gomo_Detection\(2012\).pdf?sequence=1&isAllowed=y](https://repository.up.ac.za/bitstream/handle/2263/21917/Gomo_Detection(2012).pdf?sequence=1&isAllowed=y)]. Accessed 15 August 2020.

[4] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 15 August 2020.

[5] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Zimbabwe requires biosecurity training, using a standardized, required approach for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. Although the Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "relevant training institutions have included modules on the issue of biosafety and biosecurity in their training curricula" and "trainings for PPE use, biosafety, and biosecurity is done by the safety officers," it also states that "there is no comprehensive training programme specifically on biosecurity and biosafety for facilities housing or working with dangerous pathogens." The report further notes that "a training needs assessment has not been conducted, and a programme for training of trainers needs to be developed." [1] No information could be found on the websites of the ministries of Health, Defence or Agriculture, or the Verification Research, Training and Information Centre (VERTIC), or in the National Biotechnology Authority Act. [2,3,4,5,6] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [7]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 15 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[3] Ministry of Defence and War Veterans Affairs. [http://www.defence.gov.zw/]. Accessed 15 August 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.

[5] National Biotechnology Authority Act [Chap. 14:31] of 2006. [http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf]. Accessed 15 August 2020.

[6] Verification Research, Training & Information Centre (VERTIC). 2020. [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/]. ACCESSED 8 September 2020.

[7] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [https://bwc-ecbm.unog.ch/state/zimbabwe]. Accessed 15 August 2020.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no evidence that Zimbabwe has a regulatory framework for biosecurity or that background checks are carried out on personnel with access to materials with epidemic potential. There is no evidence of biosecurity legislation in place in the country. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that the National Biotechnology Authority (NBA) regulates only products and not dangerous pathogens. The report states "A national policy on biotechnology and biosafety exists, but Zimbabwe does not have a dedicated agency to deal with biosafety and biosecurity" and that "there is no specific national regulation(s) for biosafety and biosecurity in Zimbabwe." The report also states that "the country conducts competency assessments and performance reviews to monitor the competencies of laboratory staff," but makes no mention on if personnel security checks are in place. [1] There is no indication that the situation has changed since the JEE assessment. No information could be found on the websites of the ministries of Health, Defence or Agriculture, or the Verification Research, Training and Information Centre (VERTIC), or in the National Biotechnology Authority Act. [2,3,4,5,6] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [7]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[3] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 15 August 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.

[5] National Biotechnology Authority Act [Chap. 14:31] of 2006. [<http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf>]. Accessed 15 August 2020.

[6] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

[7] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [<https://bwc-ecbm.unog.ch/state/zimbabwe>]. Accessed 15 August 2020.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has publicly available information on national regulations on the safe and secure transport of infectious substances (Categories A and B). The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that procedures for the safe and secure transportation of cultures, specimens, samples, and other contaminated materials, have been established and follow IATA regulations and the Lab Safety Manual guidelines, but there is no mention of national regulations, or Category A or B substances. [1] There is no evidence of Category A or B substance transport regulation on the websites of the ministries of Health, Defence or Agriculture, or the Verification Research, Training and Information Centre (VERTIC), or in the National Biotechnology Authority Act. [2,3,4,5,6] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is

restricted, and therefore it is uncertain if it contains information on this subject. [7]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[3] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. 15 August 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.

[5] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

[6] National Biotechnology Authority Act [Chap. 14.31] of 2006. [<http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf>]. Accessed 15 August 2020.

[7] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [<https://bwc-ecbm.unog.ch/state/zimbabwe>]. Accessed 15 August 2020.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has legislation or other guidance to oversee the cross-border transfer and end-user screening of especially dangerous materials with pandemic potential. The Joint External Evaluation report of 2018 states that " the National Biotechnology Authority regulates only products and not dangerous pathogens. A national policy on biotechnology and biosafety exists, but Zimbabwe does not have a dedicated agency to deal with biosafety and biosecurity." It also states, regarding national legislation and policy, that coordination is ensured through structures that include formal cross-border agreements and collaborations, but no mention is made of dangerous pathogens. [1] Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [2] There is no evidence in the web pages of the ministries of Health, Defence or Agriculture, or the Verification Research, Training and Information Centre (VERTIC), or in the National Biotechnology Authority Act or the Control of Goods Act about cross-border transfer of infectious substances. [3,4,5,6,7,8] No relevant information can be found from media reporting or other online sources.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] United Nations Office at Geneva (UNOG). 2018. 'Biological Weapons Convention (BWC) confidence building measures report'. [<https://bwc-ecbm.unog.ch/state/Zimbabwe>]. Accessed 15 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. 15 August 2020.

[4] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 15 August 2020.

[5] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.

[6] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

[7] National Biotechnology Authority Act [Chap. 14.31] of 2006. [<http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf>]. Accessed 15 August 2020.

[8] Control of Goods Act Chapter 14:05.

[http://www.vertic.org/media/National%20Legislation/Zimbabwe/ZW_Control_of_Goods_Act.pdf]. Accessed 15 August 2020.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has biosafety legislation or regulations in place. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "a national policy on biotechnology and biosafety exists, but Zimbabwe does not have a dedicated agency to deal with biosafety and biosecurity" and that "there is no specific national regulation(s) for biosafety and biosecurity in Zimbabwe." [1] There is no indication that the situation has changed since the JEE assessment. There is no evidence of biosafety legislation on the websites of the ministries of Health or Agriculture, or the Verification Research, Training and Information Centre (VERTIC), or in the National Biotechnology Authority Act. [2,3,4,5] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [6]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. 15 August 2020.

[4] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

[5] National Biotechnology Authority Act [Chap. 14:31] of 2006. [<http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf>]. Accessed 15 August 2020.

[6] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [<https://bwc-ecbm.unog.ch/state/zimbabwe>]. Accessed 15 August 2020.

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of Zimbabwe having an established agency responsible for the enforcement of biosafety legislation and regulations. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that the National Biotechnology Authority (NBA) regulates only products and not dangerous pathogens. The report states that "a national policy on biotechnology and biosafety exists, but Zimbabwe does not have a dedicated agency to deal with biosafety and biosecurity" and that "there is no specific national regulation(s) for biosafety and biosecurity in Zimbabwe." [1] There is no indication that the situation has changed since the JEE assessment. The NBA state on their website that the body is (in relation to dual-use) "responsible for ensuring that the necessary standards are made into law

and followed ensuring that the biosecurity of Zimbabwe is not compromised and that international agreements are not breached." It is not definitively stated, however that the NBA is the agency responsible for enforcement of biosafety legislation. [2] There is no evidence of biosafety legislation on the websites of the ministries of Health or Agriculture, or the Verification Research, Training and Information Centre (VERTIC), or in the National Biotechnology Authority Act. [3,4,5,6] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [7]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] National Biotechnology Authority. 2020. [<https://www.nba.ac.zw/>]. Accessed 15 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. 15 August 2020.

[5] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

[6] National Biotechnology Authority Act [Chap. 14.31] of 2006. [<http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf>]. Accessed 15 August 2020.

[7] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [<https://bwc-ecbm.unog.ch/state/zimbabwe>]. Accessed 15 August 2020.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Zimbabwe requires biosafety training, using a standardized, required approach for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. Although the Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "relevant training institutions have included modules on the issue of biosafety and biosecurity in their training curricula" and that "trainings for PPE use, biosafety, and biosecurity is done by the safety officers," it states that "There is no comprehensive training programme specifically on biosecurity and biosafety for facilities housing or working with dangerous pathogens." The report further notes that "a training needs assessment has not been conducted, and a programme for training of trainers needs to be developed." [1] No information could be found on the websites of the ministries of Health, Defence or Agriculture, or the Verification Research, Training and Information Centre (VERTIC), or in the National Biotechnology Authority Act. [2,3,4,5,6] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [7]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[3] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 15 August 2020.

- [4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.
- [5] Verification Research, Training & Information Centre (VERTIC). 2020. [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/]. Accessed 8 September 2020.
- [6] National Biotechnology Authority Act [Chap. 14:31] of 2006. [http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf]. Accessed 15 August 2020.
- [7] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [https://bwc-ecbm.unog.ch/state/zimbabwe]. Accessed 15 August 2020.

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Zimbabwe has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, and/or other dual use research. No information could be found on the websites of the ministries of Health, Defence or Agriculture or the Verification Research, Training and Information Centre (VERTIC). [1,2,3,4] The national laboratory system has no online presence. The Joint External Evaluation report of 2018 does state that "The National Biotechnology Authority (NBA) assesses safety aspects of imports and exports of biologically-derived materials and research activities in a bid to minimize impact of new and emerging technologies on national security. However, the Authority regulates only products and not dangerous pathogens. A national policy on biotechnology and biosafety exists, but Zimbabwe does not have a dedicated agency to deal with biosafety and biosecurity." Noted as a challenge was the lack of ongoing research to determine the drivers of AMR. [5] The NBA state on their website "The major concern with biosecurity being dual use, that is, the misuse of research intended for legitimate purposes in the production of bioweapons. The National Biotechnology Authority in this respect is responsible for ensuring that the necessary standards are made into law and followed ensuring that the biosecurity of Zimbabwe is not compromised and that international agreements are not breached." There is no specific mention, however, of assessments to determine whether ongoing research is occurring on dangerous pathogens. [6] A Belgian university working group paper on dual use lists Zimbabwe as a (sensitive) destination to which "the export of certain items is prohibited, and no authorisation can be acquired for these items." [7] Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [8]

- [1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.
- [2] Ministry of Defence and War Veterans Affairs. [http://www.defence.gov.zw/]. Accessed 15 August 2020.
- [3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.
- [4] Verification Research, Training & Information Centre (VERTIC). 2020. [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/]. Accessed 8 September 2020.
- [5] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 15 August 2020.
- [6] National Biotechnology Authority. 2020. [https://www.nba.ac.zw/]. Accessed 15 August 2020.

[7] Working Group Dual Use of the Flemish Interuniversity Council. October 2017. 'Guidelines for researchers on dual use and misuse of research'. [https://www.uhasselt.be/documents/DOC/2017VLIR003_FolderOnderzoek_EN_DEF_20180212.pdf]. Accessed 15 August 2020.

[8] United Nations Office at Geneva (UNOG). 2018. 'Biological Weapons Convention (BWC) confidence building measures report'. [<https://bwc-ecbm.unog.ch/state/Zimbabwe>]. Accessed 15 August 2020.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has a policy on dual-use research. The 2018 JEE assessment reported that a national policy on biotechnology and biosafety exists, but that there is no specific national regulation for biosafety and biosecurity. [1] While the National Biotechnology Authority Act (NBA) covers "all activities aimed at research into and the development, importation, exportation and use of biotechnological processes" it does not specifically mention the requirement for oversight of dual use research. [2] There is no further information on dual-use research on the websites of the ministries of health, defence and agriculture or the Verification Research, Training and Information Centre (VERTIC). [3,4,5,6] Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [7] The national laboratory system has no online presence. No further evidence related to dual-use research in Zimbabwe can be found in the media.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] National Biotechnology Authority Act [Chap. 14.31] 2006. [<http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf>]. Accessed 15 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[4] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 15 August 2020.

[5] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.

[6] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

[7] United Nations Office at Geneva (UNOG). 2018. 'Biological Weapons Convention (BWC) confidence building measures report'. [<https://bwc-ecbm.unog.ch/state/Zimbabwe>]. Accessed 15 August 2020.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence of an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, and/or other dual use research. Although the National Biotechnology Authority (NBA) states on their website "The major concern with biosecurity being dual use, that is, the misuse of research intended for legitimate purposes in the production of bioweapons. The National Biotechnology Authority in this respect is

responsible for ensuring that the necessary standards are made into law and followed ensuring that the biosecurity of Zimbabwe is not compromised and that international agreements are not breached." [1], the Joint External Evaluation report of 2018, however, states that the National Biotechnology Authority (NBA) regulates only products and not dangerous pathogens. "A national policy on biotechnology and biosafety exists, but Zimbabwe does not have a dedicated agency to deal with biosafety and biosecurity." and "There is no specific national regulation(s) for biosafety and biosecurity in Zimbabwe." [2] Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [3] The national laboratory system has no online presence, and nothing further could be found in media sources. No evidence is found via the or the Verification Research, Training and Information Centre (VERTIC) database. [4]

[1] National Biotechnology Authority. 2020. [<https://www.nba.ac.zw/>]. Accessed 9 September 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 9 September.

[3] United Nations Office at Geneva (UNOG). 2018. 'Biological Weapons Convention (BWC) confidence building measures report'. [<https://bwc-ecbm.unog.ch/state/Zimbabwe>]. Accessed 15 August 2020.

[4] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of national legislation, regulation, policy, or other guidance, requiring the screening of synthesized DNA before it is sold. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "a national policy on biotechnology and biosafety exists" but there is nothing further on synthesized DNA. [1] This policy, the National Biotechnology Authority Act, regulates "all measures aimed at minimising impact of biotechnological processes on national security, human health, animals, plants environment." This includes 'DNA-chip technology', but no mention is made of synthesized DNA screening. [2] There is no evidence of other legislation or regulations governing synthesized DNA screening on the websites of the ministries of Health, Defence or Agriculture, or the Verification Research, Training and Information Centre (VERTIC). [3,4,5,6] The national laboratory system has no online presence. Although Zimbabwe is party to the Biological Weapons Convention, it has not submitted Confidence Building Measures since 2012. Access to the 2012 report is restricted, and therefore it is uncertain if it contains information on this subject. [7]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] National Biotechnology Authority Act [Chap. 14.31] of 2006. [<http://extwprlegs1.fao.org/docs/pdf/zim80650.pdf>]. Accessed 15 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[4] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 15 August 2020.

[5] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 15 August 2020.

[6] Verification Research, Training & Information Centre (VERTIC). 2020. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/z/>]. Accessed 8 September 2020.

[7] Biological Weapons Convention. "Confidence Building Measures - Zimbabwe." [<https://bwc-ecbm.unog.ch/state/zimbabwe>]. Accessed 15 August 2020.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1, No = 0

Current Year Score: 1

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 1

The national laboratory system does have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests although the tests are not specified. The Joint External Evaluation report of 2018 states “ The laboratory services in Zimbabwe can conduct six core tests (of the 10 listed under the IHR). All six core tests can be done at national level, and four at the sub-national level.” There is no definitive information on which tests these are, [1,2] No further evidence could be found on the web sites of the Ministry of Health or the University of Zimbabwe College of Health Sciences (UZ-CHS) Research Support Centre (RSC). [3,4]

[1] WHO. 2018. ‘Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018’. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[2] Centres for Disease Control and prevention (CDC). July 2012. ‘Emerging infectious diseases’. [<https://wwwnc.cdc.gov/eid/article/18/7/12-0487-t2>]. Accessed 15 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[4] University of Zimbabwe College of Health Sciences (UZ-CHS) Research Support Centre (RSC). [<http://uzchsrc.ac.zw/>]. Accessed 15 August 2020.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 0

There is insufficient publicly available evidence that there is a national plan for conducting testing during a public health emergency, which includes considerations for scaling capacity and defining goals for testing. The Ministry of Health “Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)”, published in March 2020, does include, as a priority activity, to “Develop and implement surge plans to manage increased demand for testing”. However, neither the “Goal and Objectives” or “Roles and Responsibilities” sections make any reference to testing. [1] The Ministry of Health states, in an August 2020 article, that “In an effort to increase the testing capacity, the Ministry of Health will procure four more Polymerase Chain Reaction (PCR) machines and related consumables.” but this is specific to the COVID-19 pandemic and not part of any national emergency planning. [2] The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, makes no mention of any of these three criteria, and further states that “The national laboratory strategic plan and policy is yet to be implemented.” and “The laboratory data is not well integrated into the national disease surveillance program.” [3] The National Public Health Institute was established, as per the Government Gazette of Friday 3rd July 2020. Its functions include: conducting research into, and advising the Government on, all matters concerned with public health in Zimbabwe; facilitating and implementing the development of a comprehensive public health delivery system. However, there are substantive concerns about whether the Institute's establishment was legally permissible, and it has no online presence so its functions cannot be confirmed. [3] There is no further information on these three topics in any of the websites of the Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19), the One Health antimicrobial resistance national action plan 2017-2021 or the Ministry of Lands, Agriculture and Rural Resettlement (MOA). [5,6,7] The National Laboratory system has no online presence.

[1] Ministry of Health, March 2020. ‘Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)’. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 21 March 2021.

[2] Ministry of Health (MOHCC). 4 August 2020. ‘Ministry of Health to increase Covid-19 testing’.

[http://www.mohcc.gov.zw/index.php?option=com_content&view=article&id=300:ministry-of-health-to-increase-covid-19-testing&catid=84&Itemid=435]. Accessed 16 August 2020.

[3] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[4] The Zimbabwean. 9 July 2020. "SI Establishing National Public Health Institute: Is it Valid?".

[<https://www.thezimbabwean.co/2020/07/si-establishing-national-public-health-institute-is-it-valid/>]. Accessed 16 August 2020.

[5] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).

[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 16 August 2020.

[6] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021.

[https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 16 August 2020.

[7] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 16 August 2020.

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1 , No = 0

Current Year Score: 1

The national laboratory that serves as a reference facility is accredited. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "the National Microbiology Reference Laboratory (NMRL) and the Central Veterinary Laboratory (CVL) are ISO 15189 and ISO 17025 certified, respectively. The National Polio Laboratory (NPL) is WHO certified." However, there is no national body in charge of laboratory certification and accreditation, and many central, provincial, and district labs are not yet ISO-accredited. [1] The National Laboratories Association of Zimbabwe (NLAZ) does exist, but it has no online presence and, on 6 July 2016, voluntarily withdrew from the International Laboratory Accreditation Cooperation (ILAC), which is the international organisation for accreditation bodies operating in accordance with ISO/IEC 17011, ISO/IEC 17025 and ISO 15189. [2]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 16 August 2020.

[2] The International Laboratory Accreditation Cooperation (ILAC). 7 July 2016. [https://ilac.org/latest_ilac_news/nlaz-zimbabwe-membership-withdrawn/]. Accessed 16 August 2020.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that the national laboratory that serves as a reference facility is subject to external quality assurance review. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "the National Microbiology Reference Laboratory (NMRL) and the Central Veterinary Laboratory (CVL) are ISO 15189 and ISO 17025 certified, respectively. The National Polio Laboratory (NPL) is World Health Organisation (WHO) certified. " However,

there is no national body in charge of laboratory certification and accreditation, and many central, provincial, and district labs are not yet ISO-accredited. [1] ISO 15189 certification requires external quality assurance reviews. [2] The National Laboratories Association of Zimbabwe (NLAZ) does exist, but it has no online presence and, on 6 July 2016, voluntarily withdrew from the International Laboratory Accreditation Cooperation (ILAC), which is the international organisation for accreditation bodies operating in accordance with ISO/IEC 17011, ISO/IEC 17025 and ISO 15189. [3]

[1] World Health Organisation (WHO). 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 16 August 2020.

[2] World Health Organisation (WHO). "Content Sheet 10-1: Overview of External Quality Assessment (EQA)". [http://www.who.int/ihr/training/laboratory_quality/10_b_eqa_contents.pdf]. Accessed 16 August 2020.

[3] The International Laboratory Accreditation Cooperation (ILAC). 7 July 2016. [https://ilac.org/latest_ilac_news/nlaz-zimbabwe-membership-withdrawn/]. Accessed 16 August 2020.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 1

Zimbabwe does have a nationwide specimen transport system. The Joint External Evaluation report of 2018 scores Zimbabwe 4 for 'Specimen referral and transport system', which indicates there is a system in place to transport specimens to national laboratories from at least 80% of intermediate level/districts within the country for advanced diagnostics. The report also states that "procedures for the safe and secure transportation of cultures, specimens, samples, and other contaminated materials, have been established and follow IATA regulations and the Lab Safety Manual guidelines." Noted as a best practice is that there is a "Courier service contracted, funded, and paid by the government through a dedicated account". It also states "there are mechanisms for quicker transportation of lab samples in case of outbreaks using ambulances. Laboratory results are sent to recipient labs by phone and the courier system." The report does, however, also recommend establishing a sustainable funding mechanism for specimen transport. [1,2]

[1] Joint External Evaluation Tool 2005.

[https://apps.who.int/iris/bitstream/handle/10665/204368/9789241510172_eng.pdf;jsessionid=E29C5DD2EE26C769465CBFBC0198F1FC?sequence=1]. Accessed 16 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 16 August 2020.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that a plan is in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. Zimbabwe's 'Preparedness and Response Plan - Coronavirus disease 2019' states "The overall goal of Zimbabwe's nation preparedness and response plan is to minimize morbidity and mortality of COVID-19 in Zimbabwe and associated adverse socio-economic impact in a manner that would strengthen national core capacities under IHR (2005) and contribute to overall health system strengthening. It is very urgent that priority activities in this plan are implemented rapidly and effectively starting with the highest risk areas and then extending to ensure that every community in Zimbabwe is adequately protected. This will require a whole-of-government and whole-of-society approach." Speeded up authorizing and licensing of laboratories are not mentioned. [1] The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, makes no mention of rapid licensing or authorization of laboratories. [2] There is no further information on this on the websites of the Ministries of Health and Child Care (MOHCC), Lands, Agriculture and Rural Resettlement (MOA) or in the Zimbabwe One Health antimicrobial resistance national action plan 2017-2021. [3,4,5] The National Laboratory system has no online presence.

[1] Ministry of Health and Child Care (MOHCC). March 2020. Preparedness and Response Plan - Coronavirus disease 2019. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 16 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 15 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 15 August 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 16 August 2020.

[5] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021. September 2017. [https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 9 September 2020.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis
= 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease. The Preparedness and Response Plan - Coronavirus disease 2019 includes, as priority actions: initiating active case finding and event-based surveillance and assessing gaps in active case finding and event-based surveillance systems; training relevant health workers to conduct active case finding and event-based surveillance for influenza-like illness and severe acute respiratory infections (SARI). But these are all event specific actions and not ongoing. [1] The Joint External Evaluation report of 2018 states that no event-based system is in place yet. It does add, however, that "rumours and media reports, for example, sometimes lead to investigation of possible threats to public health. District authorities are contacted and asked to investigate rumours or media reports picked up at central level. A mobile phone application for event-based veterinary surveillance is to be piloted by FAO in the near future." [2] There is no evidence on the websites of the ministries of Health or Agriculture. [3,4] The national laboratory system has no online presence. An IntechOpen article actually hi-lights the lack of an events-based surveillance system as one of the reasons that the Zimbabwe cholera epidemic of 2008-2009

became so severe. [5]

[1] Ministry of Health and Child Care (MOHCC). March 2020. Preparedness and Response Plan - Coronavirus disease 2019. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 16 August 2020.

Accessed 16 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 16 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 16 August 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 16 August 2020.

[5] IntechOpen. 21 November 2018. Current issues in global health. [<https://www.intechopen.com/books/current-issues-in-global-health/responding-to-cholera-outbreaks-in-zimbabwe-building-resilience-over-time>]. Accessed 16 August 2020.

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1, No = 0

Current Year Score: 1

There is publicly available evidence that the country reported a potential public health emergency of international concern to the WHO within the last two years. The WHO Disease Outbreak News website states that Zimbabwe reported cholera to the WHO on the 20th September and 5th October 2018. [1] The Ministry of Health and Child Care (MoHCC) of Zimbabwe reported, as of 3 October 2018, 8535 cumulative cases (of cholera), including 163 laboratory-confirmed cases, and 50 deaths. [2] CDC Zimbabwe reported that between September and December 2018 more than 10,000 individuals were affected during the cholera outbreak. [3] Although there is no record on the WHO website yet, the Zimbabwe Health Minister Obadiah Moyo announced on state television, ZTV, that "The is the first case of Covid-19 in Zimbabwe" on the 20th March 2020. [4]

[1] WHO. 2019. Emergencies preparedness, response. [<https://www.who.int/csr/don/archive/year/2018/en/>]. Accessed 16 August 2020.

[2] WHO Disease outbreak news. 5 October 2018. Emergencies preparedness, response – Cholera Zimbabwe. [www.who.int/csr/don/05-october-2018-cholera-zimbabwe/en/]. Accessed 16 August 2020.

[3] Centres for Disease Control and prevention. 20 May 2019. 'Global Health – Zimbabwe'. [www.cdc.gov/globalhealth/countries/zimbabwe/default.htm]. Accessed 16 August 2020.

[4] Eyewitness News. 20 March 2020. 'Zimbabwe reports first coronavirus case'. [<https://ewn.co.za/2020/03/21/zimbabwe-reports-first-coronavirus-case>]. Accessed 16 August 2020.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Zimbabwe's electronic reporting surveillance system is effective at both the national and sub-national level. The Joint External Evaluation of 2018 does state that "Zimbabwe has developed an indicator-based human

disease surveillance system using the District Health Information Software version 2 (DHIS2)." The system integrates all reports from different programmes. Weekly epidemiological reports are produced at the central level and "reporting from the lowest level is done by Short Message Service (SMS, i.e. text messaging), which district level feeds into the DHIS2 and the data is aggregated. Routine reporting is done weekly. Immediate reporting, followed by district-level investigation, is mandatory if any listed outbreak-prone disease such as cholera is suspected". The report adds, however, that "The human disease surveillance system is only partly electronic and not real-time for the most part." and, as an area to improve on; "setting up electronic surveillance system for animal health, and making this interoperable with the system for human health." [1] A Strategic Focus Area in the WHO Country cooperation strategy 2016-2020 is "Strengthen health information systems to ensure availability of high-quality, timely and reliable data disaggregated by income, gender, age, rural-urban disparity". [2] The Ministry of Health (MOHCC) COVID-19 specific site makes several references to surveillance in the "Priority actions at national level" but none make specific mention of electronic reporting surveillance. [3] There is no further information in media sources. Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[2] WHO Country profile. 2016. Country cooperation strategy 2016-2020. [<https://www.who.int/countries/zwe/en/>]. Accessed 17 August 2020.

[3] Ministry of Health and Child Care (MOHCC).

[http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=23:surveillance-rapid-response-teams-case-investigation&Itemid=746]. Accessed 17 August 2020.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence to show that the District Health Information Software version 2 (DHIS2) system collects ongoing/real time laboratory data. Although the Joint External Evaluation report of 2018 states that the use of DHIS2 has enabled real-time reporting and improved the timeliness and completeness of reports by 80% and 90% respectively, it adds that "the human disease surveillance system is only partly electronic and not real-time for the most part." Unreliable connectivity across the country is also hampering real-time reporting. [1] There is no further information on the Ministry of Health web site. [2] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 0

There is no evidence that electronic health records (EHR) are commonly in use in Zimbabwe. A January 2020 article in StartupBiz Zimbabwe (a business research firm) stated "The Ministry of Health and Child welfare recently announced that plans are underway to digitize the country's medical records. The pilot phase of the project is supposed to be launched in six months' time". There is no publicly available information on whether this has occurred. [1] The National Health Strategy for Zimbabwe 2016-2020 states that "The hospital information systems need to be harmonised and fully computerised with all departments, equipment and patient flow properly linked electronically." Appropriate IT technologies need to be adopted for collection, collation of health information and medical records. [2] An October 2016 Techzim (an IT and business publication that promotes tech opportunities, particularly the internet, for individuals and businesses in Zimbabwe, and the greater African region) report states that the Ministry of Health is rolling out the SAP Healthcare application for its central hospitals. "However, EHR adoption and utilization is still low in the many GP practices, specialist rooms, clinics and hospitals in the private sector". [3] Another Techzim article, from June 2016, states that it was noted "that particularly in the private sector, many health care facilities had installed electronic Medical records systems but unfortunately these are not interlinked resulting in data silos. Moving forward, there is a need for standardization of systems enforced by some regulatory framework." [4] There is no information on EHR on the Ministry of Health website or in the Joint External Evaluation report of 2018. [5,6] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] Mabhena, Treasure Sibusiso. 29 Jan 2020. 'Zim to adopt Electronic Health Record keeping'. StartupBiz Zimbabwe. [https://startupbiz.co.zw/zim-to-adopt-electronic-health-record-keeping/]. Accessed 9 September 2020.

[2] The National Health Strategy for Zimbabwe 2016-2020. [https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf]. Accessed 17 August 2020.

[3] Techzim. October 2016. '10 things Zimbabwean startups need to consider when developing Electronic Health Record (EHR) solutions'. [https://www.techzim.co.zw/2016/10/10-things-zimbabwean-startups-need-consider-developing-electronic-health-record-ehr-solutions/]. Accessed 17 August 2020.

[4] Techzim. June 2016. 'e-Health gains momentum in Zimbabwe as doctors embrace tech to ensure basic service delivery'. [https://www.techzim.co.zw/2016/06/e-health-gains-momentum-zimbabwe-doctors-embrace-tech-ensure-basic-service-delivery/]. Accessed 17 August 2020.

[5] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

[6] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 17 August 2020.

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the national public health system has access to electronic health records (EHR) of individuals in Zimbabwe. A January 2020 article in StartupBiz Zimbabwe (a business research firm) stated "The Ministry of Health and Child welfare recently announced that plans are underway to digitize the country's medical records. The pilot phase of the project is supposed to be launched in six months' time". There is no publicly available information on whether this has occurred. [1] The National Health Strategy for Zimbabwe 2016-2020 states that "The hospital information systems need to be harmonised and fully computerised with all departments, equipment and patient flow properly linked electronically." Appropriate IT

technologies need to be adopted for collection, collation of health information and medical records. EHR are not mentioned. [2] There is no mention of EHR on the Ministry of Health website or in the Joint External Evaluation report of 2018 or in the 2017 Public Health Bill. [3,4,5] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] Mabhena, Treasure Sibusiso. 29 Jan 2020. 'Zim to adopt Electronic Health Record keeping'. StartupBiz Zimbabwe. [https://startupbiz.co.zw/zim-to-adopt-electronic-health-record-keeping/]. Accessed 9 September 2020.

[2] The National Health Strategy for Zimbabwe 2016-2020. [https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf]. Accessed 17 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

[4] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 17 August 2020.

[5] Public Health Bill 2017. [https://www.parlim.gov.zw/component/k2/public-health-bill-2017]. Accessed 17 August 2020.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of data standards to ensure data is comparable. Electronic health records (EHR) are not commonly in use in Zimbabwe. A January 2020 article in StartupBiz Zimbabwe (a business research firm) stated "The Ministry of Health and Child welfare recently announced that plans are underway to digitize the country's medical records. The pilot phase of the project is supposed to be launched in six months' time". There is no publicly available information on whether this has occurred. [1] The National Health Strategy for Zimbabwe 2016-2020 states that "The hospital information systems need to be harmonised and fully computerised." Appropriate IT technologies need to be adopted for collection, collation of health information and medical records. [2] A Techzim (an IT and business publication that promotes tech opportunities, particularly the internet, for individuals and businesses in Zimbabwe, and the greater African region) report from October 2016 states that the Ministry of Health is rolling out the SAP Healthcare application for its central hospitals. "However, EHR adoption and utilization is still low in the many GP practices, specialist rooms, clinics and hospitals in the private sector". [3] Another June 2016 Techzim article states that it was noted "that particularly in the private sector, many health care facilities had installed electronic Medical records systems but unfortunately these are not interlinked resulting in data silos. Moving forward, there is a need for standardization of systems enforced by some regulatory framework." [4] There is no information on EHR on the Ministry of Health website or in the Joint External Evaluation report of 2018. [5,6] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] Mabhena, Treasure Sibusiso. 29 Jan 2020. 'Zim to adopt Electronic Health Record keeping'. StartupBiz Zimbabwe. [https://startupbiz.co.zw/zim-to-adopt-electronic-health-record-keeping/]. Accessed 9 September 2020.

[2] The National Health Strategy for Zimbabwe 2016-2020. [https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf]. Accessed 17 August 2020.

[3] Techzim. October 2016. '10 things Zimbabwean startups need to consider when developing Electronic Health Record (EHR) solutions'. [https://www.techzim.co.zw/2016/10/10-things-zimbabwean-startups-need-consider-developing-electronic-health-record-ehr-solutions/]. Accessed 17 August 2020.

[4] Techzim. June 2016. 'e-Health gains momentum in Zimbabwe as doctors embrace tech to ensure basic service delivery'. [https://www.techzim.co.zw/2016/06/e-health-gains-momentum-zimbabwe-doctors-embrace-tech-ensure-basic-service-]. Accessed 17 August 2020.

delivery/]. Accessed 29 January 2019.

[5] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

[6] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 17 August 2020.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1, No = 0

Current Year Score: 1

There is sufficient publicly available evidence of established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data. The COVID-19 page on the Ministry of Health website states, in the Coordination Planning and Monitoring sub-section, states that "National public health emergency coordination mechanisms at national and the appropriate subnational levels should be activated with engagement of relevant multisectoral actors from relevant Government ministries, regulatory authorities" amongst others. [1] The Joint External Evaluation report of 2018 states "The ministries of Agriculture, Health, and Environment are jointly responsible for the management of zoonotic diseases using the One Health approach". However, "Although there is regular exchange of information between the Department of Livestock and Veterinary Services (DLVS) and the Ministry of Health and Child Care (MoHCC), there is need to make this more systematic and improve timeliness." Noted as needing strengthening is "Current coordination between various sectors is informal and based on personal relationships, with no formal MOUs or agreements between public health and other sectors at the national and sub-national levels." Also noted in the report is "The District Health Information Software version 2 (DHIS2) integrates all reports from different programmes and generates weekly epidemiological reports, health profiles, and situation reports during outbreaks", but "there is no linkage or interoperability between the animal and human health surveillance systems (within DHIS2)." The recently launched National Action Plan on Antimicrobial Resistance (AMR) calls for strong multi-sectoral coordination and implementation mechanisms, including the integration of animal, human, and environmental health surveillance systems. [2] There is no evidence of such sharing on the websites of the ministries of Agriculture or Environment. [3,4] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] Ministry of Health and Child Care (MOHCC).

[http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=25:coordination-planning-and-monitoring&Itemid=746]. Accessed 17 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 17 August 2020.

[3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 17 August 2020.

[4] Ministry of Environment, Tourism and Hospitality Industry. [http://envirotourism.org.zw/about/]. Accessed 9 September 2020.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Zimbabwe makes de-identified health surveillance data on disease outbreaks publicly available via reports on government websites. Although the Ministry of Health has a COVID-19 specific page on their website which has daily reports on the pandemic, this is pandemic specific and not part of standard procedure. [1] The Joint External Evaluation report of 2018 states that Zimbabwe now uses the District Health Information Software version 2 (DHIS2). The system integrates reports and "has the capacity to share information through pivot tables, charts and maps which are used to generate weekly epidemiological reports, health profiles, and situation reports during outbreaks." Reports are shared with stakeholders at all levels. [2] An Information Technologies & International Development article, written in 2016, on the use of DHIS2 in Zimbabwe, makes no mention of de-identified data on publicly available sites, and there is no more recent information that this has changed. [3] There is no evidence of surveillance data on disease outbreaks on the Ministry of Agriculture website. [4]

[1] Ministry of Health and Child Care (MOHCC).

[http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=15&Itemid=742]. Accessed 17 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[3] Matavire, R. (2016). 'Health information systems development: Producing a new agora in Zimbabwe'. Information Technologies & International Development, 12[1], 35-50.

[<https://itidjournal.org/index.php/itid/article/download/1474/539>]. Accessed 9 September 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 17 August 2020.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 1

There is publicly available evidence that Zimbabwe makes de-identified health surveillance data on COVID-19 publicly available via daily reports on a government website. The Ministry of Health website has a COVID-19 specific page on which daily updates are posted. [1]

[1] Ministry of Health. 2020. 'COVID-19, Daily updates'.

[http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=15&Itemid=742]. Accessed 17 August 2020.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1 , No = 0

Current Year Score: 1

There is law that safeguards the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. The Access to Information and Protection of Privacy Act 2008 , which includes in its definition of personal information "information about a person's health care history", states that "The head of a public body shall not disclose personal information to an applicant if the disclosure will result in the unreasonable invasion of a third party's personal privacy." [1] The draft Data Protection Bill of 2013 affords comprehensive confidentiality to individuals in sections 19 and 20, the latter being specific to "Genetic data, biometric data and health data". [2] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] Access to Information and Protection of Privacy Act 2008.

[https://publicofficialsfinancialdisclosure.worldbank.org/sites/fdl/files/assets/law-library-files/Zimbabwe_Access%20to%20Information%20Law_2008_en.pdf]. Accessed 17 August 2020.

[2] Data Protection Bill of 2013. [<http://www.techzim.co.zw/wp-content/uploads/2016/08/Zimbabwes-Draft-Data-Protection-Bill-v-1-June-2013.pdf>]. Accessed 9 September 2020.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of protection from cyber attacks, such as ransomware, in t he Access to Information and Protection of Privacy Act 2008, the Data Protection Bill of 2013 or on the website of the Ministry of Health. [1,2,3] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] Access to Information and Protection of Privacy Act 2008.

[https://publicofficialsfinancialdisclosure.worldbank.org/sites/fdl/files/assets/law-library-files/Zimbabwe_Access%20to%20Information%20Law_2008_en.pdf]. Accessed 17 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

[3] Data Protection Bill of 2013. [<http://www.techzim.co.zw/wp-content/uploads/2016/08/Zimbabwes-Draft-Data-Protection-Bill-v-1-June-2013.pdf>]. Accessed 17 August 2020.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that the government of Zimbabwe has made a commitment via public statements and a cooperative agreement to share surveillance data during a public health emergency, for one or more diseases, with other countries in the region. The Joint External Evaluation report of 2018 states that although Zimbabwe has enrolled in the WHO Global Antimicrobial Resistance Surveillance System (GLASS), it has yet to commence submission of surveillance data. [1] The World Health Organization (WHO) Global Antimicrobial Resistance and Use Surveillance System (GLASS) Report of 2020 states that Zimbabwe has not yet reported any antimicrobial resistance data. [2] Although the Ministry of Health published the Preparedness and Response Plan - Coronavirus disease 2019, of which one of the goals and objectives is to rapidly share information as required under IHR (2005), this is COVID-19 specific, and there is no other information on standard operating procedure regarding data sharing.' [3,4] Zimbabwe has committed, via the African Union, to participate in the Southern Africa Regional Collaborating Centre (RCC) of the Africa Centres for Disease Control and Prevention (Africa CDC). Surveillance data is shared through a Regional Integrated Surveillance and Laboratory Network. The website states that "Africa CDC strengthens the capacity and capability of Africa's public health institutions as well as partnerships to detect and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions and programmes". The role of the RCCs is to improve surveillance, emergency response and prevention of infectious and non-communicable diseases. This, however, does constitute a public statement by the government. [5] Zimbabwe is not a member of African Public Health Laboratories Network (APHLN). [6] Neither the national laboratory system nor the National Public Health Institute has an online presence.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[2] WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) Report. 2020 [<https://apps.who.int/iris/bitstream/handle/10665/332081/9789240005587-eng.pdf?ua=1>]. Accessed 10 September 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 10 September 2020.

[4] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19). [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 17 August 2020.

[5] African Union/Africa CDC. "Regional Collaborating Centres." [<https://africacdc.org/regional-collaborating-centres/>]. Accessed 7 August 2020.

[6] African Public Health Laboratories Network (APHLN). "What We Do." [<http://www.aslm.org/what-we-do/aphln/>]. Accessed 7 August 2020.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no public evidence of a national system in place to provide support at the sub-national level to conduct contact tracing in the event of a public health emergency, either for future events or active ones. There is frequent reference to contact tracing in the Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 document, but there is no specific mention of how this function will be scaled up or supported. No further information could be found on the website of the Ministry of Health. [1,2] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).

[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>].

Accessed 17 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Zimbabwe provides wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention. There is no information on such support in the Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 or on the website of the Ministry of Health. [1,2] None of the Ministry of Public Service, Labour and Social Welfare, the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

[1] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).

[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>].

Accessed 17 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Zimbabwe makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites. Although the Ministry of Health published the Preparedness and Response Plan - Coronavirus disease 2019, of which one of the goals and objectives is to rapidly share information as required under IHR (2005), there is no information on contact tracing. [1,2] The (global law firm) Norton Rose Fulbright website has an article on contact tracing which includes a 'Contact tracing global snapshot'. Zimbabwe is not shown as using, developing or considering contact tracing apps. [3]

Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

- [1] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).
[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>].
Accessed 17 August 2020.
- [2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.
- [3] Norton Rose Fulbright. July 2020. 'Contact tracing apps: A new world for data privacy'.
[<https://www.nortonrosefulbright.com/en-zw/knowledge/publications/d7a9a296/contact-tracing-apps-a-new-world-for-data-privacy>]. Accessed 17 August 2020.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no publicly available evidence of a joint plan or cooperative agreement between the public health system and border control authorities to monitor suspected and potential cases for international travellers in the event of a public health emergency, for either active or future events. There is no information on this on any of the websites of the Ministry of Health, the Department of Immigration or the Zimbabwe Republic Police (both the latter two fall under the Ministry of Home Affairs), or in the Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019. [1,2,3,4] Neither the national laboratory system nor the Zimbabwean Public Health Association has an online presence.

- [1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.
- [2] The Department of Immigration. [<http://www.zimimmigration.gov.zw/>]. Accessed 17 August 2020.
- [3] Zimbabwe Republic Police. [<http://www.zrp.gov.zw/>]. Accessed 17 August 2020.
- [4] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).
[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>].
Accessed 17 August 2020.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

Applied epidemiology training is available in Zimbabwe. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that an advanced Field Epidemiology Training Programme (FETP) is available in Zimbabwe, which is accredited by the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). Participants are from multiple ministries, including Health, Agriculture, and Defence. A basic FETP course and short-course field epidemiology training at the district level were discontinued due to lack of funding. There are Master's in Public Health (MPH) training programs, but these are all independent and do not have common competencies or curricula across institutions. [1,2] There is no evidence of resources provided by the government for sending citizens to another country for applied epidemiology training programs. No information on this could be found on the Ministry of Health website, in the JEE report, or in the media. [1,3]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[2] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). 2020. 'Zimbabwe Field Epidemiology Training Program'. [<https://www.tephinet.org/training-programs/zimbabwe-field-epidemiology-training-program>]. Accessed 17 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that available field epidemiology training programs are explicitly inclusive of animal health professionals. There is evidence of a specific animal health field epidemiology training program. The University of Zimbabwe Faculty of Veterinary Science offers a Master of Veterinary Science in Veterinary Epidemiology degree. [1] The Joint External Evaluation report of 2018 states that the available FETP includes participants from the Ministry of Agriculture, but it is not explicit on whether any of these are, or have been, animal health professionals. [2] The Training Programs in Epidemiology & Public Health Interventions Network (TEPHINET) article on Zimbabwe Field Epidemiology Training Program makes no mention of the inclusion of animal health professionals. [3] No further information could be found on the websites of the ministries of Health or Agriculture or in the media. [4,5]

[1] University of Zimbabwe Faculty of Veterinary Science. 2020. Master of Veterinary Science in Veterinary Epidemiology. [<https://www.uz.ac.zw/index.php/vet-degree-programmes>]. Accessed 17 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[3] Training Programs in Epidemiology & Public Health Interventions Network (TEPHINET). 2018. Zimbabwe Field Epidemiology Training Program. [<https://www.tephinet.org/training-programs/zimbabwe-field-epidemiology-training-program>]. Accessed 17 August 2020.

[4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

[5] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 17 August 2020.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1, No = 0

Current Year Score: 1

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 1

There is no evidence that Zimbabwe has a national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential, but there is evidence of disease-specific plans. The Zimbabwe One Health Antimicrobial Resistance National Action Plan 2017-2021 does not address planning for multiple communicable diseases. [1] Zimbabwe has a Preparedness and Response Plan - Coronavirus disease 2019, but this is disease specific. [2] The Joint External Evaluation (JEE) report, completed in February 2018, states that "Zimbabwe does not yet have a documented and approved national public health emergency preparedness and response plan that meets the core capacity requirements under Annex 1A, Article of the International Health Regulations (IHR) (2005)." The report goes on to say, however, that a "multisectoral and multidisciplinary Inter-Agency Coordination Committee on Health (IACCH), chaired by the Minister of Health, has been established for coordinating resource mobilization and response to public health events" and there are "Rapid Response Teams (RRTs), who are responsible for responding to all public health emergencies." In addition to these "Zimbabwe has developed disease-specific guidelines for typhoid, yellow fever, cholera, rabies, and anthrax. Preparedness and response plans were also prepared for Ebola Virus Disease (EVD) and Pandemic Influenza." [3] No further information could be found on the website of the Ministry of Health. [4]

[1] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021.

[https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 17 August 2020.

[2] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).

[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>].

Accessed 17 August 2020.

[3] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no publicly available evidence that the multi-hazard public health emergency preparedness and response plan has been updated in the last 3 years. Neither the Zimbabwe One Health Antimicrobial Resistance National Action Plan 2017-2021 or the Preparedness and Response Plan - Coronavirus disease 2019 are for multi-hazard public health emergencies. [1,2] The Joint External Evaluation (JEE) report, completed in February 2018, states that “Zimbabwe does not yet have a documented and approved national public health emergency preparedness and response plan that meets the core capacity requirements under Annex 1A, Article of the IHR (2005).” [3] No further information could be found on the website of the Ministry of Health. [4]

[1] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021.

[https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 17 August 2020.

[2] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).

[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>].

Accessed 17 August 2020.

[3] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no publicly available evidence that the draft of the multi-hazard public health emergency preparedness and response plan includes considerations for paediatric and other vulnerable populations. Neither the Zimbabwe One Health Antimicrobial Resistance National Action Plan 2017-2021 or the Preparedness and Response Plan - Coronavirus disease 2019 are for multi-hazard public health emergencies. [1,2] The Joint External Evaluation (JEE) report, completed in February 2018, states that “Zimbabwe does not yet have a documented and approved national public health emergency preparedness and response plan that meets the core capacity requirements under Annex 1A, Article of the IHR (2005).” [3] No further information could be found on the website of the Ministry of Health. [4]

[1] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021.

[https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 17 August 2020.

[2] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).

[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 17 August 2020.

[3] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Zimbabwe has specific mechanisms for engaging with the private sector to assist with outbreak emergency preparedness and response. The Joint External Evaluation report of 2018 states that although there is a history of good coordination with the private sector, this is now suffering from shortages of funding, personnel and equipment. A recommendation is that private sector participation in disease surveillance and reporting needs to be substantially enhanced, because presently no reports are being received from private sector institutions. [1] The National Health Strategy 2016-20 strategy recognizes the need for partnerships with the private sector, amongst others, who either fund and or contribute to the delivery of health producing services. [2] The Ministry of Health and Child Care (MOHCC) website states on its COVID-19 page that priority activities include; "Engage with existing public health and community-based networks, media, local NGOs, schools, local authorities, relevant Government line ministries, private sector", and the Preparedness and Response Plan - Coronavirus disease 2019 makes frequent reference to working with and the contributions of the private sector. These are both COVID-19 pandemic specific, however, are not permanent mechanisms. [3,4]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 17 August 2020.

[2] National Health Strategy 2016-2020. [<https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf>]. Accessed 17 August 2020.

[3] Ministry of Health and Child Care (MOHCC). 2020. 'COVID-19; Risk Communication & Community engagement.' [http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=24:risk-communication-community-engagement&Itemid=746]. Accessed 17 August 2020.

[4] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).

[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>].
Accessed 17 August 2020.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease = 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Zimbabwe has a plan and guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic, although there is some reference to NPIS for one disease - Covid-19. The Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19) contains some guidance on NPIs. Under "Public Health measures", the plan mentions promotion of hand hygiene, respiratory etiquette and social distancing but no further detail is provided [1]The One Health antimicrobial resistance national action plan 2017-2021 makes frequent mention of Infection Prevention and Control (IPC) procedures, but does not mention NPIs. [2] The Ministry of Health website COVID-19 page also makes frequent mention of IPC procedures, but not NPIs. [3] There is no further information on this on the websites of the Ministry of Health, the Department of Immigration or the Zimbabwe Republic Police (both the latter two fall under the Ministry of Home Affairs). [4,5,6]

[1] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 22 March 2021.

[2] Zimbabwe One Health antimicrobial resistance national action plan 2017-2021. [https://www.ed.ac.uk/files/atoms/files/zimbabwe_nap_2_1.pdf]. Accessed 17 August 2020.

[3] Ministry of Health and Child Care (MOHCC). 2020. 'COVID-19; Infection prevention & control.' [http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=20:infection-prevention-control&Itemid=746]. Accessed 17 August 2020.

[4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 17 August 2020.

[5] The Department of Immigration. [<http://www.zimimmigration.gov.zw/>]. Accessed 17 August 2020.

[6] Zimbabwe Republic Police. [<http://www.zrp.gov.zw/>]. Accessed 17 August 2020.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year, and also that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year. The Government of Zimbabwe, through the Ministry of Health and Child Care, activated their national emergency response plan for an infectious disease outbreak on 24 January 2020, in response to the recommendations of the 23 January 2020 IHR (2005) Emergency Committee meeting. These activities included the development of a national preparedness and response plan for COVID-19. [1] The World Health Organization (WHO) website mentions an exercise planned for 4 and 5 December 2019 in which Zimbabwe was to be one of the participants. [2] This exercise is referred to in the 'background' section of the National Preparedness and Response Plan for COVID-19 [1]

[1] Ministry of Health and Child Care. 19 March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 17 August 2020.

[2] WHO. 4 December 2019. 'Seventeen African Countries Conducting Exercise to Test Readiness of Public Health Emergency Operations Centres'. [<https://www.afro.who.int/news/seventeen-african-countries-conducting-exercise-test-readiness-public-health-emergency>]. Accessed 10 September 2020.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Zimbabwe has, in the past year, identified a list of gaps and best practices in response, either through an infectious disease response or a biological-threat focused exercise, and developed a plan to improve response capabilities. The World Health Organization (WHO) website mentions an exercise planned for 4 and 5 December 2019 in which Zimbabwe was to be one of the participants. [1] This exercise is referred to in the 'background' section of the National Preparedness and Response Plan for COVID-19, however there is no specific mention of a list of gaps and best practices identified, or a plan having been developed.

There is no further information on this on the websites of the Ministry of Health, WHO Strategic Partnership portal or WHO country pages. [2,3,4] The National Preparedness and Response Plan for COVID-19 was activated on 24 January 2020, in response to the recommendations of the 23 January 2020 International Health Regulations (IHR) (2005) Emergency Committee meeting. These activities included the development of a national preparedness and response plan for COVID-19. Response to the pandemic is still ongoing so there is no after-action summary yet. [5]

[1] The World Health Organization (WHO). 4 December 2019. 'Seventeen African Countries Conducting Exercise to Test Readiness of Public Health Emergency Operations Centres'. [<https://www.afro.who.int/news/seventeen-african-countries-conducting-exercise-test-readiness-public-health-emergency>]. Accessed 10 September 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 16 September 2020.

[3] WHO Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). [<https://extranet.who.int/sph>]. Accessed 16 September 2020.

[4] WHO Country page. [<https://www.who.int/countries/zwe/en/>]. Accessed 16 September 2020.

[5] Ministry of Health and Child Care. 19 March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease

2019'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 17 August 2020.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the country, in the past year, has undergone a national-level biological threat-focused exercise that has included private sector representatives. The World Health Organization (WHO) website mentions an exercise planned for 4 and 5 December 2019 in which Zimbabwe was to be one of the participants. [1] This exercise is referred to in the 'background' section of the National Preparedness and Response Plan for COVID-19, however there is no specific mention of the inclusion of private sector representatives. The main body of the plan includes multiple references to the inclusion of and involvement with the private sector, but this is for a real event, not an exercise. [2] This inclusion is also indicated in the Ministry of Health COVID-19 page on their website. [3] There is no further evidence on the websites of the Ministry of Agriculture and Ministry of Defence or the WHO Simulation Exercise page. [4, 5, 6]

[1] WHO. 4 December 2019. 'Seventeen African Countries Conducting Exercise to Test Readiness of Public Health Emergency Operations Centres'. [<https://www.afro.who.int/news/seventeen-african-countries-conducting-exercise-test-readiness-public-health-emergency>]. Accessed 10 September 2020.

[2] Ministry of Health and Child Care. 19 March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019'. Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19).

[<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 17 August 2020.

[3] Ministry of Health and Child Care (MOHCC). 2020. 'COVID-19; Risk Communication & Community engagement.' [http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=24:risk-communication-community-engagement&Itemid=746]. Accessed 17 August 2020.

[4] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 10 September 2020. Ministry of Defence. [<http://www.defence.gov.zw/>] Accessed 16 September 2020.

[6] World Health Organization (WHO). Simulation Exercise. [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 16 September 2020.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1 , No = 0

Current Year Score: 1

Zimbabwe does have in place an Emergency Operations Center (EOC). The Joint External Evaluation report of 2018 states that Zimbabwe's Ministry of Health has established "a Public Health Emergency Operations Centre (PHEOC) that provides

overall coordination for responding to disease outbreaks in the country." A physical space for an EOC capable of seating a dozen people has been established. A senior Ministry of Health and Child Care (MoHCC) staff member activates and presides over most of the EOC activities. It convenes personnel within the MoHCC and involves people from other Ministries on an ad hoc basis. The EOC organizes and empowers Rapid Response Teams and relates to the wider national Civil Defence EOC. [1] In the 'background' section of the National Preparedness and Response Plan for COVID-19 it mentions that assessment and simulation exercises were run, with the support of partners, by the Ministry of Health and Child Care in November-December 2019. These were "to enhance Zimbabwe's core capacities under the International Health Regulations (2005). These included the Public Health Emergency Operations Centre simulation exercise (Dec 2019)". "The relevant recommendations from these important activities have been included in the preparation of the national preparedness and response plan to COVID-19." [2] A Ministry of Health 'sitrep' (situation report), dated 3 April 2020, states that "The Call Centre, situated at Parirenyatwa Hospital Grounds, the Public Health Emergency Operations Center, (PHEOC) has been operational as from 28th March to 1 April 2020." [3]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[2] Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19). [http://kubatana.net/wp-content/uploads/2020/03/Zim-CoVID-19-Preparedness-Plan_LaunchedCopy.pdf]. Accessed 10 September 2020.

[3] Ministry of Health and Child Care. 3 April 2020. '03042020 Issue No 13 Zimbabwe COVID-19 Sitrep'. [http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&download=86:03042020-issue-no-13-zimbabwe-covid-19-sitrep-shared&id=13:situation-reports&Itemid=744]. Accessed 17 August 2020.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Emergency Operations Centre (EOC) is required to conduct a drill at least once per year nor that it has conducted a drill annually. The Joint External Evaluation report of 2018 recommends the planning of after-action reviews and simulation exercises to sharpen operational skills and response times. [1] No evidence of annual drills could be found on the websites of the Ministry of Health or WHO - Emergencies preparedness, response. [2,3] The EOC has no online presence.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[3] WHO. 2019. Emergencies preparedness, response. [<https://www.who.int/csr/alertresponse/en/>]. Accessed 18 August 2020.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence to show that the EOC can conduct, or has conducted within the last year, a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. There is no information on the websites of the Ministry of Health or WHO - Emergencies preparedness, response. [1,2] The Joint External Evaluation report of 2018 only mentions that “Zimbabwe can mobilize rapidly, often within 24 hours, but the procedures to do so are not well established .” [3] The EOC has no online presence.

[1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[2] WHO. 2019. Emergencies preparedness, response. [https://www.who.int/csr/alertresponse/en/]. Accessed 18 August 2020.

[3] WHO. 2018. ‘Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018’. [https://apps.who.int/iris/handle/10665/274307]. Accessed 18 August 2020.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e. bioterrorism attack). Neither is there evidence of standard operating procedures, guidelines, MOUs or other agreements between the public health and security authorities to respond to a potential deliberate biological event. No information on these could be found on the Ministry of Health website, or WHO - Emergencies preparedness, response. [1,2] The Joint External Evaluation report of 2018 states military personnel participate “in joint investigations and trainings with MoHCC staff on integrated disease surveillance and response (IDSR)” and “in the Inter-Agency Coordination Committee for Health (IACCH).” Also “the security and military services provide surge personnel during outbreaks and support city authorities in implementing disease control measures during public health emergencies.” However, “there have been no specific training or joint simulation exercises on the intentional or accidental release of dangerous pathogens; there is a paucity of written protocols, MoUs, or other agreements, between human health, animal health, and the security authorities; at present there are no formal written agreements of cooperation and collaboration between the sectors.” [3]

[1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[2] WHO. 2019. Emergencies preparedness, response. [https://www.who.int/csr/alertresponse/en/]. Accessed 18 August 2020.

[3] WHO. 2018. ‘Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February

2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has in place, either in the national public health emergency response plan or in other legislation, regulation or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency, and that outlines how messages will reach populations and sectors with different communications needs. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "there is no national plan for risk communication but there are multiple entities in the Ministry of Health and Child Care (MoHCC) that lead elements of risk communication." Recommendations include developing "an 'all-hazards' risk communication strategy and plan to be operationalized through the Emergency Operations Centre (EOC) and the other units dealing with communications in the MoHCC." [1] No information on risk communication (generic, not COVID-19 specific) could be found on the MoHCC website. The Ministry did, in March 2020, publish the 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)', which has a 'Risk Communication and community engagement' sub-section within the Priority Activities section. [2,3] There is no relevant content on risk communication in the National Health Strategy 2016-2020 or the Public Health Bill 2017. [4,5] The EOC has no online presence.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. 10 September 2020.

[3] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 10 September 2020.

[4] National Health Strategy 2016-2020. [<https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf>]. Accessed 10 September 2020.

[5] Public Health Bill 2017. [<https://www.parlim.gov.zw/component/k2/public-health-bill-2017>]. 10 September 2020.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Zimbabwe has in place, either in the national public health emergency response plan or in other legislation, regulation or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that "there is no national plan for risk communication but there are multiple entities in the Ministry of Health and Child Care (MoHCC) that lead elements of risk communication." Recommendations include developing "an 'all-hazards' risk communication strategy and plan to be operationalized through the Emergency Operations Centre (EOC) and the other units dealing with communications in the MoHCC." [1] The Ministry did, in March 2020, publish the 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)', which has a 'Risk Communication and community engagement' sub-section within the Priority Activities section. The plan outlines engaging community influences, networks and stakeholders in the prevention and control of COVID-19 and providing risk communication messages on COVID-19 to health service providers at all levels including at points of entry among the goals. It also mentions "Establish and utilize hotlines and other 2-way communication channels such as radio talk shows, U report/rural WASH report and appropriate social media channels" as a goal. [2,3] There is no relevant content on risk communication in the National Health Strategy 2016-2020 or the Public Health Bill 2017. [4,5] The EOC has no online presence.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. 10 September 2020.

[3] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 10 September 2020.

[4] National Health Strategy 2016-2020. [<https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf>]. Accessed 10 September 2020.

[5] Public Health Bill 2017. [<https://www.parlzim.gov.zw/component/k2/public-health-bill-2017>]. 10 September 2020.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that the risk communication plan designates a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. A priority of the Preparedness and Response Plan is to "Identify, train and designate COVID-19 response spokesperson", no specific position within the government is delegated for this duty. [1] There is nothing further about spokespersons on the Ministry of Health website. [2] The Emergency Operations Center does not have an online presence.

[1] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

[2] Ministry of Health and Child Care (MOHCC). 2020. [www.mohcc.gov.zw/]. Accessed 18 August 2020.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 1

There is evidence that, in the past year, the Zimbabwe government has utilized media platforms, including the Ministry of Health Twitter account and Facebook page, to inform the public about public health concerns and dispel rumours and misinformation. There are notices on both platforms concerning the COVID-19 pandemic, and previously about the cholera outbreak between September and November 2018. [1,2] The Ministry of Health website has a dedicated COVID-19 page, and also a general news page. [3] The Joint External Evaluation report of 2018 states that “public communications primarily consist of statements to the press and social media by the Minister of Health. Assessment of the impact or even reach of these communications is rare.” [4]

[1] Ministry of Health and Child Care (MOHCC). Twitter account: [<https://twitter.com/MoHCCZim>]. Accessed 18 August 2020.

[2] Ministry of Health and Child Care (MOHCC). Facebook page: [<https://www.facebook.com/pages/category/Government-Organization/Ministry-of-Health-and-Child-Care-148565931913609/>]. Accessed 18 August 2020.

[3] Ministry of Health and Child Care (MOHCC). Website: [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[4] WHO. 2018. ‘Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018’. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is insufficient publicly available evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years. A June 2020 article in The Jurist argues that the government may be guilty, by default, of misinformation or disinformation, merely by failing to keep the public informed timeously, and not including experts in decision making. The article claims that "Four incidents from Zimbabwe's COVID-19 response illustrate disinformation and misinformation driven by shortcomings in the policy communication and participation scheme." However, there is no clear or direct evidence that the president or any of his ministers were involved in either of these practises. [1] No further information could be found on the websites of the Ministry of Health and Child Care or the Ministry of Information, Publicity and Broadcasting Services [2,3] or in the media.

[1] Chadambuka, Zvikomborero. 2 June 2020. ‘Communication and Participation Deficits in Zimbabwe's COVID-19 Response’. [<https://www.jurist.org/commentary/2020/06/zvikomborero-chadambuka-disinformation-covid19/>]. Accessed 18 August 2020.

[2] Ministry of Health and Child Care (MOHCC). Website: [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[3] Ministry of Information, Publicity and Broadcasting Services. 2020. [<http://www.zim.gov.zw/index.php/en/my->

government/government-ministries/information,-publicity-and-broadcasting-services]. Accessed 18 August 2020.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 27.06

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 90.1

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 5.0

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

There is evidence that Zimbabwe has issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak in the past year. The World Trade Organisation's "COVID-19: Measures affecting trade in goods" list confirms that Zimbabwe issued "Temporary export ban on medical supplies used in the treatment of COVID-19. The legislation permits export of excess Covid-19 medical supplies with proof of the Minister's authority" effective 30 March 2020. [1]

[1] World Trade Organisation. June 4, 2021. "COVID-19: Measures affecting trade in goods".

[https://www.wto.org/english/tratop_e/covid19_e/trade_related_goods_measure_e.htm] Accessed June 24, 2021.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

There is insufficient publicly available evidence to indicate that Zimbabwe issued a restriction, in the past year, without international/bilateral support, on the export/import of non-medical goods (eg: food, textiles, etc) due to an infectious disease outbreak. No details on this could be found in the websites of the Ministries of Health and Child Care (MOHCC), Ministry of Lands, Agriculture and Rural Resettlement (MOA) and Foreign Affairs and International Trade or the Medicines Control Authority of Zimbabwe (MCAZ). [1,2,3,4] No further information could be found in the media.

[1] Ministry of Health and Child Care (MOHCC). Website: [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[2] Ministry of Lands, Agriculture and Rural Resettlement (MOA). 2020. [www.moa.gov.zw/]. Accessed 18 August 2020.

[3] Ministry of Foreign Affairs and International Trade. 2020. [www.zimfa.gov.zw]. Accessed 18 August 2020.

[4] Medicines Control Authority of Zimbabwe (MCAZ). 2020. [www.mcaz.co.zw/]. Accessed 18 August 2020.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

There is publicly available evidence that Zimbabwe has, in the past year, implemented a ban, without international/bilateral support, on travellers arriving from a specific country or countries due to an infectious disease outbreak. Zimbabwe shut all borders to foreign nationals (without residence permits) on 23 March (2020) after their first coronavirus death was confirmed. [1] There is no evidence that this ban had international/bilateral support via the websites of the Ministry of Health, the Ministry of Agriculture, the Ministry of Foreign Affairs and the World Health Organisation Disease Outbreak News portal. [2,3,4,5]

[1] GardaWorld Crisis24. 24 March 2020. 'Zimbabwe: Authorities shut borders as of March 23'.

[<https://www.garda.com/crisis24/news-alerts/325916/zimbabwe-authorities-shut-borders-as-of-march-23-update-2>].

Accessed 10 September 2020.

[2] Ministry of Health and Child Care (MOHCC). 2020. [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). 2020. [www.moa.gov.zw/]. Accessed 18 August 2020.

[4] Ministry of Foreign Affairs and International Trade. 2020. [www.zimfa.gov.zw/]. Accessed 18 August 2020.

[5] World Health Organisation. 2020. "Disease Outbreak News (DONs)". [<http://www.who.int/csr/don/en/>]. Accessed 18 August 2020.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 20.96

2018

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 193.46

2018

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has a public workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that there is a Human Resources for Health (HRH) strategy that was updated in 2017, but it is still in draft form and has not been officially approved yet. The report highlights as areas needing attention: the need for organized, regulated, and continuous professional development training; poor incentives and low motivation of the workforce encourage staff attrition; high vacancy rates throughout the system; posts cannot be filled due to the hiring freeze. [1,2] The WHO Country Office report of 2017 notes “The findings of the national Workload Indicator of Staffing Needs (WISN) study clearly showed that there was a huge gap in human resources for health (HRH) that needed to be filled in order to cope with current workloads in almost all health workforce categories.” [3] The 2016-2020 National Health Strategy for Zimbabwe states that current challenges are “compounded by health systems constraints related to shortages of critical health workforce. The working conditions for most of the health workers, as compared to regional conditions including salaries, have remained low creating low motivation resulting in brain drain and failure to re-attract those who left back into the country.” [4] There was no relevant information, either that the 2017 strategy has been approved, or of another strategy on the websites of the ministries of Health or Higher Education. [5,6] The website for the Ministry of Public Service, Labour and Social Welfare is locked. [7]

[1] WHO. 2018. ‘Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018’. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.

[2] Human Resources for Health Strategy Zimbabwe. 2017. [<http://hsb.co.zw/wp-content/uploads/2018/05/HRH-POLICY.docx>]. Accessed 18 August 2020.

[3] WHO Zimbabwe Country Office 2017 Annual Report. 2017. [<https://afro.who.int/sites/default/files/2018-06/WCO%20Zimbabwe%20Annual%20Report%202017.pdf>]. Accessed 18 August 2020.

[4] National Health Strategy 2016-2020. [<https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf>]. Accessed 18 August 2020.

[5] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[6] Ministry of Higher and Tertiary Education, Science and Technology Development. [<http://www.mhtestd.gov.zw/>]. Accessed 18 August 2020.

[7] Ministry of Public Service, Labour and Social Welfare. [<http://www.mpslsw.gov.zw/>]. Accessed 18 August 2020.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 170

2011

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Zimbabwe has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation facility located within the country. Although the Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that the "majority of health facilities have Infection Prevention and Control (IPC) committees and isolation units" it is not clear whether these isolation units are suitable for patients with highly communicable diseases. It further states "There is no adequate equipment, media, reagents, and consumables for isolation." [1] Articles on the progressive and now severe lack of even basic medical facilities, equipment and skills to handle adequate isolation include those in the BBC News, after Zimbabwe's first COVID-19 death in March 2020, and the Lancet in August 2020. [2,3] No further information could be found on the websites of the Ministry of Health or the Harare Central hospital. [4,5] The National Microbiology Reference Laboratory has no detail on its Facebook page. [6] The Mpilo Central Hospital has no online presence.

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[2] The Lancet. 15 August 2020. 'COVID-19 worsens Zimbabwe health crisis.

[<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736>

[20] 31751-7/fulltext]. Accessed 10 September 2020.

[3] BBC News. 29 March 2020. 'Coronavirus: Zimbabwean broadcaster Zororo Makamba died 'alone and scared'.

[<https://www.bbc.com/news/world-africa-52061697>]. Accessed 10 September 2020. Ministry of Health and Child Care

(MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[4] Harare Central Hospital. [<http://www.hararehospital.gov.zw/>]. Accessed 18 August 2020.

[5] National Microbiology Reference Laboratory (NMRL), Harare Central Hospital

[<https://www.facebook.com/pages/National-Microbiology-Reference-Laboratory/212484635579395>]. Accessed 18 August 2020.

4.1.2c

Does the country meet one of the following criteria?

- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?

- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that Zimbabwe has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years. The Ministry of Health (MOHCC) 2020 ‘Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)’ states that isolation facilities had been set up at hospitals in Harare and Bulawayo and that the MOHCC “is in the process of strategically setting up other isolation centers in Mutema, Masvingo, Kadoma and Gweru.” [1] There is no evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years. No evidence could be found through the Ministry of Health and Child Care (MOHCC) or the 2018 Joint External Evaluation report. [2,3] The Department of Civil Protection has no online presence.

[1] Ministry of Health, March 2020. ‘Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)’. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 22 March 2021.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[3] WHO. 2018. ‘Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018’. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 0

There is no publicly available evidence of a national procurement protocol in place which can be utilized by the Ministries of Health or Agriculture for the acquisition of laboratory or medical supplies for routine needs. The Ministry of Health and Child Care website indicates that the Department of Finance and Administration co-ordinates tendering and procurement processes within the ministry and its departments, but there is no further information on procurement protocol. [1] The Ministry of Agriculture website has no details of procurement. [2] The Joint External Evaluation report of 2018 states there are inadequate reagents, media, consumables, and other lab equipment, and that resupply is not secured. Funding is also lacking. It also states that insufficient allocation of financial and human resources “negatively impacts proper and timely maintenance of facilities and equipment, including the stock and availability of PPEs which tend to run out.” [3] There is no further evidence about procurement of laboratory or medical supplies on either of the websites of the ministry of Agriculture, or the Procurement Regulatory Authority of Zimbabwe (PRAZ). [2,4] The national laboratory system has no online presence. There is no media reporting suggesting a new procurement system has been introduced.

- [1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.
- [2] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 18 August 2020.
- [3] World Health Organization (WHO). 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.
- [4] Procurement Regulatory Authority of Zimbabwe (PRAZ). [<http://www.praz.gov.zw/index.php?lang=en>]. Accessed 18 August 2020.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 2

There is publicly available evidence that Zimbabwe has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency. There are cholera specific stockpiles, and stockpiling is part of current COVID-19 planning, but these do not appear to be part of regular national planning. The Joint External Evaluation report of 2018 (JEE) states "Insufficient allocation of resources (financial and human) negatively impacts proper and timely maintenance of facilities and equipment, including the stock and availability of PPEs which tend to run out." The report also makes a recommendation to "Conduct a national strategic resource mapping exercise which includes stockpiles." Also stated is "Quarterly supplies of medicines and commodities from NatPharm are prepositioned at the district level." and "Domestically, there are dedicated facilities and staff for tracking and distribution of both human and animal health countermeasures, but limited resources available. There is currently a stockpile of medical countermeasures available for national use for an outbreak of cholera only." The report recommends conducting "a national strategic resource mapping exercise which includes stockpiles." [1] The Ministry of Health Preparedness and Response Plan, released in March 2020, includes in its Procurement and Supply Management section "Procure PPEs, IPC commodities, diagnostic equipment and reagents, essential medicines and other sundries for COVID-19 preparedness and response; Develop a central stock reserve for COVID-19 case management" [2] No further information on stockpiling was available on the websites of the Procurement Regulatory Authority of Zimbabwe (PRAZ), the Ministry of Health, the Ministry of Defence or the Medicines Control Authority of Zimbabwe (MCAZ). [3,4,5,6]

- [1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.
- [2] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.
- [3] Procurement Regulatory Authority of Zimbabwe (PRAZ). [<http://www.praz.gov.zw/index.php?lang=en>]. Accessed 18 August 2020.
- [4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.
- [5] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 18 August 2020.
- [6] Medicines Control Authority of Zimbabwe (MCAZ). [www.mcaz.co.zw/]. Accessed 18 August 2020.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Zimbabwe has a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency. Stockpiling is part of current COVID-19 planning, but these do not appear to be part of regular national planning. The Joint External Evaluation report of 2018 (JEE) states that "Insufficient allocation of resources (financial and human) negatively impacts proper and timely maintenance of facilities and equipment" and recommends that Zimbabwe "Conduct a national strategic resource mapping exercise which includes stockpiles." [1] The Ministry of Health Preparedness and Response Plan, released in March 2020, includes in its Procurement and Supply Management section "Procure PPEs, IPC commodities, diagnostic equipment and reagents, essential medicines and other sundries for COVID-19 preparedness and response; Develop a central stock reserve for COVID-19 case management" [2] No further information on stockpiling was available on the websites of the Procurement Regulatory Authority of Zimbabwe (PRAZ), the Ministry of Health, the Ministry of Defence or the Medicines Control Authority of Zimbabwe (MCAZ). [3,4,5,6]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[2] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

[3] Procurement Regulatory Authority of Zimbabwe (PRAZ). [<http://www.praz.gov.zw/index.php?lang=en>]. Accessed 18 August 2020.

[4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[5] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 18 August 2020.

[6] Medicines Control Authority of Zimbabwe (MCAZ). [www.mcaz.co.zw/]. Accessed 18 August 2020.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Zimbabwe conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. The Ministry of Health 2020 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)' includes among its Specific Objectives "To provide operational/logistics support and supply management and maintain adequate stocks, equipment and supplies for COVID-19 preparedness and response activities. Develop and implement plan to monitor PPE stocks" and further, in 'Pillar 8: Logistics, Procurement and Supply Management' it outlines "Review supply chain control and management system (stockpiling, storage, security, transportation and distribution arrangements) for medical and other essential supplies including COVID-19 DCP and patient kit reserve in country". These activities, however, are both disease and event specific, and annual reviews are not specifically mentioned. [1] There is no further information on annual reviews through any of; the Ministry of Health, the Ministry of Defence, the Medicines Control Authority of Zimbabwe (MCAZ) or the 2018 Joint External Evaluation. [2,3,4,5]

- [1] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 22 March 2021.
- [2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/] or [<https://twitter.com/MoHCCZim>] or [<https://m.facebook.com/Ministry-of-Health-and-Child-Care-148565931913609/>]. Accessed 22 March 2021.
- [3] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 22 March 2021.
- [4] Medicines Control Authority of Zimbabwe (MCAZ). [www.mcaz.co.zw/]. Accessed 22 March 2021.
- [5] World Health Organization (WHO). 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 22 March 2021.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient publicly available evidence of agreements to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency, or of a plan/mechanism to procure these supplies for national use during a public health emergency. Those that exist are COVID-19 specific, and do not appear to be generic for other public health emergencies. A Quartz Africa article, dated 1 April 2020, is headed 'Zimbabwe's universities are manufacturing masks, gloves and hand sanitizers to beat coronavirus', but there is no evidence of an agreement with the government. [1] Although Zimbabwe can source diagnostic kits from the newly formed Africa Medical Supplies Platform (AMSP), this is COVID-19 specific and not generic. The AMSP, an online portal, is an AU continental strategy "to address the growing need for personal protective equipment (PPE). It enables all 55 AU member states to purchase in-demand supplies, such as PPEs, clinical management devices, hand sanitisers and diagnostic kits, to name a few." [2] The 2018 Joint External Evaluation report (JEE) states that medical countermeasure capacities are limited and "there are no regional or international agreements for procurement, sharing, and distributing countermeasures during public health emergencies." The report recommends developing or joining regional and/or international partnerships, such as the Global Outbreak and Alert Response Network - GOARN, for procurement, sharing and distribution of medical countermeasures and sharing of personnel during emergencies. [3] No further information on this could be found on the websites of the Ministry of Health, the Ministry of Defence, the Medicines Control Authority of Zimbabwe (MCAZ) or any specific mention in the Zimbabwe Preparedness and Response Plan. [4,5,6,7] The Emergency Operations Centre (EOC) has no online presence.

[1] Matiashe, Farai Shawn. 1 April 2020. 'Zimbabwe's universities are manufacturing masks, gloves and hand sanitizers to beat coronavirus.' Quartz Africa. [<https://qz.com/africa/1830380/coronavirus-zimbabwe-universities-making-face-masks-gloves/>]. Accessed 19 August 2020.

[2] United Nations Economic Commission for Africa (UNECA). 18 August 2020. 'Showcasing the African Medical Supplies Platform (AMSP): Engaging the Inter-Governmental Authority on Development (IGAD)'. [<https://www.uneca.org/showcasing-african->

amsp#:~:text=The%20African%20Medical%20Supplies%20Platform%20(AMSP)%20is%20a%20joint%20initiative,Union%20Sp

ecial%20Envoy%2C%20Strive%20Masiyiwa.] Accessed 10 September 2020.

[3] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 10 September 2020.

[5] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 10 September 2020.

[6] Medicines Control Authority of Zimbabwe (MCAZ). [www.mcaz.co.zw/]. Accessed 18 August 2020.

[7] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

Accessed 18 August 2020.

4.2.3b

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no publicly available evidence of Zimbabwe procuring laboratory supplies (e.g. reagents, media) from external suppliers, or of leveraging domestic manufacturing capacity to produce these laboratory supplies, for national use during a public health emergency. The Joint External Evaluation report of February 2018 states that there is "Inadequate funding for reagents, media, consumables, and other lab equipment." and "Within the country, there is no capacity to produce antibiotics, vaccines, and other countermeasures, so there would likely be a delay in getting them into the country during an emergency." [1] No information on this could be found on the websites of the Ministry of Health, the Ministry of Defence or any specific mention in the Zimbabwe Preparedness and Response Plan. [2,3,4]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[3] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 18 August 2020.

[4] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has a plan, program, or guidelines in place for dispensing medical countermeasures for national use during a public health emergency. The Joint External Evaluation report of 2018 states that Zimbabwe’s medical countermeasures capacities are limited, primarily due to the lack of formal plans and procedures for sending and receiving medical countermeasures during a public health emergency. [1] There is no evidence of such plans on the websites of the ministries of Health or Defence or in the WHO Country Cooperation Strategy. 2016-20 or the COVID-19 Preparedness and Response Plan of March 2020. [2,3,4,5] The Emergency Operations Centre (EOC) has no online presence.

[1] WHO. 2018. ‘Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018’. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[3] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 18 August 2020.

[4] WHO Country Cooperation Strategy. 2016-20. [<https://apps.who.int/iris/bitstream/handle/10665/254405/ccs-zwe-2016-2020-en.pdf;jsessionid=6CD090008C9AC9E249DAEE91B9DA42D4?sequence=1>]. Accessed 19 August 2020.

[5] Ministry of Health, March 2020. ‘Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)’. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence of a public plan in place to receive health personnel from other countries to respond to a public health emergency. The Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018, states that Zimbabwe does not have a formal plan to address regulatory and licensure concerns related to sending and receiving health personnel during a public health emergency. Despite there being no formal procedures in place for acceptance and orientation of health personnel the report states “There is a general understanding that health personnel can be moved between different levels of government and requested from local and international organizations when needed to respond to emergencies, which has been utilized to respond to recent outbreaks of cholera and typhoid. The country is not part of any regional/international personnel deployment agreement such as the Global Outbreak and Alert Response Network (GOARN).” [1] There is no evidence of a plan on the websites of the ministries of Health or Defence or in the 2020 Preparedness and Response Plan. [2,3,4] The Emergency Operations Centre (EOC) has no online presence.

[1] WHO. 2018. ‘Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018’. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 18 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 18 August 2020.

[3] Ministry of Defence and War Veterans Affairs. [<http://www.defence.gov.zw/>]. Accessed 18 August 2020.

[4] Ministry of Health, March 2020. ‘Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)’. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 3

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 78.1

2015

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international \$)

Input number

Current Year Score: 41.46

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has issued legislation, a policy or a public statement committing to provide prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. Although the COVID-19 Preparedness and Response Plan of March 2020 states "Ensuring safety of all front-line health workers to ensure that they can continue delivering essential health services while at the same time implementing priority actions to prevent and/or contain COVID-19 is a very high priority in this plan." this is COVID-19 specific. [1] There is no mention of such prioritized health care in the Joint External Evaluation report of 2018 or on the websites of the Ministry of Health or the UN Disaster Risk Reduction. [2,3,4]

[1] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 10 September 2020.

[4] United Nations Disaster Risk Reduction (UNISDR). 2018. [<https://www.unisdr.org/partners/countries/zwe>]. Accessed 10 September 2020.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of a system in place for public health officials and healthcare workers to communicate during a public health emergency. Although the March 2020 COVID-19 Preparedness and Response Plan makes frequent reference to risk communication between a wide variety of groups, and a priority activity is to "Engage with existing public health and community-based networks, media, local NGOs, schools, local authorities, relevant Government line ministries, private sector etc...", this is COVID-19 specific, not generic. In addition, there is no clarity on whether it is two-way communication. [1] The Joint External Evaluation report of 2018 states that there is no national plan for risk communication. Recommendations include developing standard operating procedures to facilitate and guide communication, among other facets [2] There is no mention of such communication on the website of the Ministry of Health or in the Zimbabwe National Contingency Plan 2012-2013. [3,4] The Emergency Operations Centre (EOC) has no online presence. The multi-hazard public health emergency

preparedness and response plan (developed in 2012) is not publicly available.

[1] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 10 September 2020.

[4] Zimbabwe National Contingency Plan 2012-2013.

[<https://www.ifrc.org/docs/IDRL/Zimbabwe%20National%20Contingency%20Plan%202012-2013.pdf>] Accessed 10 September 2020.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of a system in place for public health officials and healthcare workers to communicate during a public health emergency, and that includes healthcare workers in both the public and private sector. Although the March 2020 COVID-19 Preparedness and Response Plan makes frequent reference to risk communication between a wide variety of groups, and a priority activity is to "Engage with existing public health and community-based networks, media, local NGOs, schools, local authorities, relevant Government line ministries, private sector etc....", this is COVID-19 specific, not generic [1] The Joint External Evaluation report of 2018 states that there is no national plan for risk communication. Recommendations include developing standard operating procedures to facilitate and guide communication, among other facets [2] There is no mention of such communication on the website of the Ministry of Health or in the Zimbabwe National Contingency Plan 2012-2013. [3,4] The Emergency Operations Centre (EOC) has no online presence. The multi-hazard public health emergency preparedness and response plan (developed in 2012) is not publicly available.

[1] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 10 September 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 10 September 2020.

[4] Zimbabwe National Contingency Plan 2012-2013.

[<https://www.ifrc.org/docs/IDRL/Zimbabwe%20National%20Contingency%20Plan%202012-2013.pdf>] Accessed 10 September 2020.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the national public health system monitors and tracks the number of health care associated infections that take place in healthcare facilities in Zimbabwe. The Joint External Evaluation report of 2018 states "Antimicrobial stewardship and healthcare associated infection (HCAI) surveillance programs are not operational in Zimbabwe's health facilities." [1] No information on this could be found in the March 2020 COVID-19 Zimbabwe Preparedness and Response Plan, the WHO library of national action plans, the National Health Strategy 2016-2020, or on the website of the Ministry of Health. [2,3,4,5]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 19 August 2020.

[2] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 19 August 2020.

[3] WHO. 'Library of national action plans'. [<http://www.who.int/drugresistance/action-plans/library/en/>]. Accessed 19 August 2020.

[4] National Health Strategy 2016-2020. [<https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf>]. Accessed 19 August 2020.

[5] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 19 August 2020.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of a national requirement for ethical review before beginning a clinical trial in Zimbabwe. No information could be found on the website of the Ministry of Health. [1] Although Zimbabwe scored full marks on four

questions relating to national ethics review committees (NEC) in a 2015 survey by the National Centre for Biotechnology Information (NCBI), ethical review before clinical trials is not specifically mentioned. [2] Likewise on the websites of the Medical Research Council of Zimbabwe (MRCZ) (which is responsible for providing guidance and oversight, including ethical, for the protection of human research participants), and the Medicines Control Authority of Zimbabwe (MCAZ). [3,4] There is no further information in media sources.

[1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 19 August 2020.

[2] The National Center for Biotechnology Information (NCBI). December 2015. 'Readiness of ethics review systems for a changing public health landscape in the WHO African Region'. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4667412/]. Accessed 19 August 2020.

[3] Medical Research Council of Zimbabwe. [http://www.mrcz.org.zw/our-services/]. Accessed 19 August 2020.

[4] Medicines Control Authority of Zimbabwe (MCAZ). 'Guidelines for good clinical trial practise in Zimbabwe 2012'. [http://www.rrfa.co.za/wp-content/uploads/2012/11/2.-Guidelines-on-GCP-Zimbabwe-2012.pdf]. Accessed 19 August 2020.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. No evidence of such a process was found on the websites of the Ministry of Health or the Medical Research Council of Zimbabwe, or in the March 2020 COVID-19 Preparedness and Response Plan, the National Health Strategy for 2016-2020, the Public Health Bill 2017 or the Joint External Evaluation (JEE) report for the Republic of Zimbabwe, completed in February 2018. [1,2,3,4,5,6]

[1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 19 August 2020.

[2] Medical Research Council of Zimbabwe. [http://www.mrcz.org.zw/our-services/]. Accessed 19 August 2020.

[3] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/]. Accessed 18 August 2020.

[4] National Health Strategy 2016-2020. [https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf]. Accessed 19 August 2020.

[5] Public Health Bill 2017. [https://www.parl.zim.gov.zw/component/k2/public-health-bill-2017]. Accessed 19 August 2020.

[6] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 19 August 2020.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 1

There is a government agency responsible for approving new medical countermeasures for humans in Zimbabwe. In order to market, sell and distribute a medicinal product either for human or animal use in Zimbabwe, registration or approval from the Medicines Control Authority of Zimbabwe (MCAZ) is required. The Evaluations and Registrations (EVR) division of the MCAZ has been designated to assess applications for medicinal products. The EVR Division reviews safety, quality and efficacy of medicines intended for marketing, sale and distribution in Zimbabwe. [1] There is no further information in media sources.

[1] Medicines Control Authority of Zimbabwe (MCAZ). [<https://www.mcaz.co.zw/index.php/introduction>]. Accessed 19 August 2020.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of an expedited process for approving medical countermeasures for human use during public health emergencies. No evidence of such a process was found in the COVID Preparedness and Response Plan, on the websites of the Medicines Control Authority of Zimbabwe (MCAZ), the Ministry of Health, the Medical Research Council of Zimbabwe , or in the National Health Strategy for 2016-2020, the Public Health Bill 2017 or the Joint External Evaluation report of 2018 . [1,2,3,4,5,6,7]

[1] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

[2] Medicines Control Authority of Zimbabwe (MCAZ). [<https://www.mcaz.co.zw/index.php/introduction>]. Accessed 19 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 19 August 2020.

[4] Medical Research Council of Zimbabwe. [<http://www.mrcz.org.zw/our-services/>]. Accessed 19 August 2020.

[5] National Health Strategy 2016-2020. [<https://malariaelimination8.org/wp-content/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf>]. Accessed 19 August 2020.

[6] Public Health Bill 2017. [<https://www.parlzim.gov.zw/component/k2/public-health-bill-2017>]. Accessed 19 August 2020.

[7] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 19 August 2020.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that pandemics are integrated into the national risk reduction strategy or that there is a standalone national disaster risk reduction strategy for pandemics. The Joint External Evaluation report of 2018 states that "Zimbabwe does not yet have a documented and approved national public health emergency preparedness and response plan that meets the core capacity requirements under Annex 1A, Article of the International Health Regulations (IHR) (2005)" [1,2] A UN Capacity for Disaster Reduction Initiative (CADRI) report states that there is an institutional framework for Disaster Risk Management (DRM) in Zimbabwe which includes a National Epidemics and Zoonotic Crisis Subcommittee, but there is nothing further on the role of this subcommittee. It also states that there is a taskforce meeting on epidemic prone diseases, which feeds information into the Inter Agency Coordination Committee on Health (IACCH) for resource mobilization and response. This cannot however be considered an integrated pandemic risk reduction strategy. [3] Nothing further could be found on the websites of the Ministry of Health or the United Nations Office for Disaster Risk Reduction (UNISDR). [4,5]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 19 August 2020.

[2] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 19 August 2020.

[3] UN Capacity for Disaster Reduction Initiative (CADRI). May 2017. 'Capacity Assessment of the Disaster Risk Management System in Zimbabwe'. [<https://www.cadri.net/sites/default/files/Zimbabwe-Report-May-2017.pdf>]. Accessed 19 August 2020.

[4] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 19 August 2020.

[5] The United Nations Office for Disaster Risk Reduction (UNISDR). 2018. [https://www.unisdr.org/partners/countries/zwe]. Accessed 19 August 2020.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 1

There is evidence that Zimbabwe has cross-border agreements with neighboring countries, or as part of a regional group, with regards to public health emergencies.

Zimbabwe has signed in 1999 the Southern African Development Community (SADC) Protocol on Health that includes several health-related issues, including public health emergencies. The Protocol calls for cooperation among all signatory members in the realm of health related issues, including public health emergencies, such as facilitation of mechanisms across member states and promotion of laboratory research across borders. [1]

The Joint External Evaluation report of 2018 states “The country does have cross border agreements regarding public health emergencies.” [2] One such is the SADC Ministers of Health Communique on Ebola (Zimbabwe, Mozambique and Malawi), which “urges member states to escalate preparedness activities, including intensified surveillance, designating isolation facilities for case management, comprehensive risk assessment, placing rapid response teams on alert, resource mobilization, stockpiling of personal protective equipment (PPE), laboratory and medical supplies and other commodities.” [3]

Similar MOUs include the Southern African Development Community (SADC) Protocols on Health, Communicable Diseases, and the Sanitary and Phytosanitary Agreement; Joint Communique of Ministers of Health of Mozambique, Malawi and Zimbabwe on Communicable Diseases; Joint Cholera Initiative for Southern Africa (JCISA); the Zambia, Zimbabwe, Botswana, and Namibia (ZAZIBONA) Collaborative Registration Process; the Zambia-Zimbabwe (ZAMZIM) Malaria Cross-border Agreement; the Basel, Rotterdam, and Stockholm Conventions and finally the Trans-Limpopo Malaria Initiative (TLMi). [2]

[1] Southern African Development Community (SADC). 1999. "Protocol on Health in the Southern African Development Community". [https://www.sadc.int/files/7413/5292/8365/Protocol_on_Health1999.pdf]. Accessed 6 September 2020.

[2] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [https://apps.who.int/iris/handle/10665/274307]. Accessed 19 August 2020.

[3] SADEC News. 29th May 2018. 'Virus alert – Ebola'. [https://www.sadc.int/news-events/news/sadc-health-ministers-discuss-regional-response-2018-ebola-outbreak-and-support-democratic-republic-congo/]. Accessed 19 August 2020.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no evidence that Zimbabwe has cross-border agreements, protocols or MOUs with neighbouring countries, or as part of a regional group, with regards to animal health emergencies. The Joint External Evaluation report of 2018 has a list of cross-border agreements regarding public health emergencies, but there's no evidence they include animal health dimensions. [1] No evidence of such agreements could be found on the websites of the ministries of Health or Agriculture or in the 2017 UN Capacity for Disaster Reduction Initiative (CADRI) disaster risk management assessment. [2,3,4]

[1] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 19 August 2020. [2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 19 August 2020.

[3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 19 August 2020.

[4] UN Capacity for Disaster Reduction Initiative (CADRI). May 2017. 'Capacity Assessment of the Disaster Risk Management System in Zimbabwe'. [<https://www.cadri.net/sites/default/files/Zimbabwe-Report-May-2017.pdf>]. Accessed 19 August 2020.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1, No = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1, No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Zimbabwe has allocated national funds to improve capacity to address epidemic threats within the past 3 years. The 2020 mid-term Budget and Economic review shows that funding was provided in various directions for COVID-19 control and financial relief, but there is no evidence that any funding was committed to improve capacity for future threats. [1] Nothing further on this could be found on the websites of the ministries of Health, Agriculture or Finance. [2,3,4]

[1] Zimbabwe Treasury. 16 July 2020. 'The 2020 mid-term Budget and Economic review'.

[http://www.zimtreasury.gov.zw/index.php?option=com_phocadownload&view=category&download=289:2020-mid-year-budget-review-and-economic-review&id=53:mid-term-reviews&Itemid=787]. Accessed 19 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 19 August 2020.

[3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 19 August 2020.

[4] Ministry of Finance and Economic Planning. [<http://www.zimtreasury.gov.zw/>]. Accessed 19 August 2020.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1, No = 0

Current Year Score: 1

There are funds which Zimbabwe can access in the face of a public health emergency. As an IDA eligible borrowing country, Zimbabwe is eligible for the World Bank Pandemic Emergency Financing Facility. [1,2] The Joint External Evaluation report of 2018 states that there currently exists government funding for a number of health related issues, but there are references, in virtually every aspect of the evaluation, to funding constraints, and none of these issues have specific funding from the national budget allocated to them for the future [3]

[1] The International Development Association (IDA). 2018. Borrowing countries. [<http://ida.worldbank.org/about/borrowing-countries>]. Accessed 19 August 2020.

[2] World Bank Pandemic Emergency Financing Facility (PEF). December 2017. 'Operational Brief for Eligible Countries'. [<http://pubdocs.worldbank.org/en/119961516647620597/PEF-Operational-Brief-Dec-2017.pdf>]. Accessed 19 August 2020.

[3] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 19 August 2020.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that senior leaders (president or ministers) in Zimbabwe have, in the last 3 years, made a public commitment to improve its own capacity by expanding domestic funding or seeking foreign funding. There is no evidence that senior leaders have offered financing or other support to other countries to improve their capacity to address epidemic threats. Although the Minister of Finance and Economic Development, in a Treasury bulletin of 30 March 2020, stated that government would be allocating ZWL\$550 million towards preparedness for COVID-19, this was not generic preparedness.

[1] No evidence of offers of financing or other support can be found on the web pages of the Ministry of Health or Ministry of Foreign Affairs or The World Health Organization (WHO). [2,3,4] The Joint External Evaluation report of 2018 states

"Resources and expertise for technical support to strengthen capacities in all the above six thematic areas are available to Zimbabwe from WHO, World Organization for Animal Health (OIE), Food and Agriculture Organization of the United Nations (FAO), Centers for Disease Control and Prevention (CDC), and several other key international partners." and "Zimbabwe has received international medical personnel in emergency situations previously, but there are no formal procedures in place for acceptance and orientation of these staff. The country is not part of any regional/international personnel deployment agreement such as the Global Outbreak and Alert Response Network (GOARN)" [5]

[1] Minister of Finance and Economic Development. 30 March 2020. Fiscal mitigatory measures to contain the impact of coronavirus 2019. [<https://www.tralac.org/documents/resources/covid-19/countries/3274-zimbabwe-minister-of-finance-and-economic-development-press-statement-on-economic-mitigatory-measures-to-contain-the-impact-of-covid-19-30-march-2020/file.html>]. Accessed 20 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 20 August 2020.

[3] Ministry of Foreign Affairs and International Trade. [www.zimfa.gov.zw]. Accessed 20 August 2020.

[4] The World Health Organization (WHO). 2019. Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). [<https://extranet.who.int/sph/country/1293>]. Accessed 20 August 2020.

[5] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 20 August 2020.

5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?

- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

While there is no publicly available evidence that Zimbabwe has provided financing or other support to other countries to improve their capacity to address epidemic threats in the last three years, there is evidence that the country has invested donor finance to improve its own domestic capacity to address epidemic threats. The Global Health Security Tracking Dashboard maps the flow of committed and disbursed funds for global health security. 2.94 billion US dollars was disbursed to Zimbabwe between 2014 – 2020. [1] The Minister of Finance and Economic Development, in a Treasury bulletin of 30 March 2020, refers to support, both material and financial, received from development partners. [2] There is no evidence of relevant statements on the web pages of the Ministry of Health or Ministry of Foreign Affairs or The World Health Organization (WHO) or the Joint External Evaluation report of 2018 regarding support provided to other countries. [3,4,5,6] No relevant information can be found in media reporting.

[1] Talus Analytics - GHS Tracking Dashboard. [<https://tracking.ghscosting.org/#analysis/ZW/r>]. Accessed 20 August 2020.

[2] Minister of Finance and Economic Development. 30 March 2020. Fiscal mitigatory measures to contain the impact of coronavirus 2019. [<https://www.tralac.org/documents/resources/covid-19/countries/3274-zimbabwe-minister-of-finance-and-economic-development-press-statement-on-economic-mitigatory-measures-to-contain-the-impact-of-covid-19-30-march-2020/file.html>]. Accessed 20 August 2020.

[3] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 20 August 2020.

[4] Ministry of Foreign Affairs and International Trade. [www.zimfa.gov.zw]. Accessed 20 August 2020.

[5] The World Health Organization (WHO). 2019. Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). [<https://extranet.who.int/sph/country/1293>]. Accessed 20 August 2020.

[6] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February

2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 20 August 2020.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1 , No = 0

Current Year Score: 0

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Zimbabwe has a publicly available plan for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza. Although the March 2020 COVID Zimbabwe Preparedness and Response Plan states as one of its priority activities; "Share genetic sequence data and virus materials according to established protocols for COVID-19," this is disease specific and not a generic plan. [1] There is no further evidence of these on the websites of the Ministries of Health or Agriculture or in the Joint External Evaluation (JEE) report of February 2018, or media sources. [2,3,4]

[1] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 19 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 2 February 2019.

[3] Ministry of Lands, Agriculture and Rural Resettlement (MOA). [www.moa.gov.zw/]. Accessed 2 February 2019.

[4] WHO. 2018. 'Joint External Evaluation of IHR Core capacities of the Republic of Zimbabwe Mission report, 19-23 February 2018'. [<https://apps.who.int/iris/handle/10665/274307>]. Accessed 2 February 2019.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no publicly available evidence that Zimbabwe has not shared samples in accordance with the PIP framework in the past two years. The WHO website on status of influenza plans makes no mention of Zimbabwe defaulting. [1] There is no further evidence of not sharing on the website of the Ministry of Health or in media sources. [2]

[1] WHO. 2019. Influenza Plan – Zimbabwe. [<https://extranet.who.int/sph/influenza-plan-zimbabwe>]. Accessed 20 August 2020.

[2] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 20 August 2020.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Zimbabwe has not shared pandemic pathogen samples during an outbreak in the past two years. There is no evidence of non-sharing on the website of the Ministry of Health. [1] The March 2020 Zimbabwe Preparedness and Response Plan states, as one of its priority activities "Share genetic sequence data and virus materials according to established protocols for COVID-19" [2] There is no further evidence of not sharing in media sources.

[1] Ministry of Health and Child Care (MOHCC). [www.mohcc.gov.zw/]. Accessed 20 August 2020.

[2] Ministry of Health, March 2020. 'Zimbabwe Preparedness and Response Plan - Coronavirus disease 2019 (COVID-19)'. [<http://kubatana.net/2020/03/19/zimbabwe-preparedness-and-response-plan-coronavirus-disease-2019-covid-19/>]. Accessed 18 August 2020.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 24

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 0

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 0

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 3

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 88.7

2014

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO);
The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.47

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 9.3

2017

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 2

Zimbabwe's informal sector, according to the International Labour Organization Statistics (ILOSTAT) website, was 79,9% for 'Share of informal employment' in 2019. [1] The Labour and Economic Development Research Institute of Zimbabwe (LEDRI) estimates that, in September 2019, the informal sector was 93% of the workforce. [2] There are no informal employment percentages shown on the World Bank website. [3] Current statistics are difficult to come by, and this one cannot be found on the Zimbabwe's National Statistical Office (Zimstat) website [4]

[1] News24. 25 September 2019. Millennials eke out a living in informal sector as Zimbabwe's economy founders. [<https://www.news24.com/news24/africa/zimbabwe/millennials-eke-out-a-living-in-informal-sector-as-zimbabwes-economy-founders-20190925>]. Accessed 20 August 2020.

[2] International Labour Organization (ILO). 2020. [<https://ilostat.ilo.org/topics/informality/>]. Accessed 20 August 2020.

[3] The World Bank. 2020. Country profile - Zimbabwe. [<https://data.worldbank.org/country/zimbabwe?view=chart>]. Accessed 10 September 2020.

[4] Zimbabwe's National Statistical Office (Zimstat). [<http://www.zimstat.co.zw/>]. Accessed 20 August 2020.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 0

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: 0.5

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 32.21

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: -1.19

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 61.2

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 735

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 2.98

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 13.9

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 15.5

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 64.05

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 36.22

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international \$)

Input number

Current Year Score: 55.39

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 2

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 2

2018

Wellcome Trust Global Monitor 2018