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Email: healthtimeszim@gmail.com, Land: 08644 289 599, Cell: +263 776 280 754, +263 772 679 680, Twitter: @healthtimeszim, FB:healthtimesZW



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Scramble For Ivermectin

...As COVID-19 Wrecks Havoc

By Michael Gwarisa

IVERMECTIN, the human oral formulation has suddenly become gold, as citizens stampede to buy the drug which has been touted as the ideal treatment and preventive medication for severe COVID-19 symptoms such as inflation, amongst a host of other severe symptoms.

This comes in the wake of a COVID-19 Third Wave that has seen infections and deaths quadrupling in Zimbabwe, leaving citizens shocked and desperate for a quick fix solution and remedy to the coronavirus scourge that has stalked the country for more than a year.

Investigations carried out by this publication in Harare gathered that majority of Pharmacies were already dispensing the drug in the absence of prescriptions even though the Medicines Control Authority of Zimbabwe (MCAZ) is yet to approved blanket use of the drug to treat and prevent COVID-19.

To access the drug, all a patient needs to do is walk into a pharmacy, explain symptoms and get the new local COVID-19 starter pack which comprises of Ivermectin (the human formulation), Zinc, and Vitamin tablets.

A retail pharmacy operator who spoke to this paper on condition of anonymity said, "Demand for ivermectin is very high suddenly. However, in as much as people are walking in requesting for Ivermectin, they are not getting prescriptions for it. We are also getting numerous enquiries from pharmacists who are not sure of the dosage for treatment or prophylaxis."

In an interview with HealthTimes, Retail Pharmacists Association of Zimbabwe (RPAZ) Secretary General, Mr Luckmore Bunu said the provisional approval for use of Ivermectin was given by MCAZ only on the basis that...To Page 5

Zim Vaccination Figures Improve



By Staff Reporter

ZIMBABWE'S national vaccination numbers are on an upward trend at the back of improved availability and supply of vaccines backed by a scaled-up vaccination strategy targeting COVID-19 hotspots countrywide.

To date, the Ministry of Health and Child Care (MoHCC) has classified Kariba, Magunje, Karoi, Chinhoyi, Bindura, Mt Darwin, Kwekwe, Masvingo Province, Chiredzi, Harare, Marondera, Nkulumani and Emakhandeni in Bulawayo as COVID-19 hotspots.

According to the MoHCC Daily Situation Report (Sitrep of 08 July 2021), a total 29 750 people received their first dose yesterday, July 09, 2021 bringing the cumulative figures for the first dose to 848 808 while 5 071 received their second dose ringing the cumulative for second dose to 584 770.

Speaking soon after arrival of a new shipment of vaccines, Health Ministry Deputy Minister, Dr John Mangwiro said the arrival of the 2 million will go a long way in boosting vaccination numbers.

"The arrival of these two million will see the roll out going into top gear...To Page 15



No Science To Back That Double Masking Prevents COVID Infection

By Patricia Mashiri

THE World Health Organization (WHO) says despite raging social media debate on double masking, there was no scientific evidence to support the notion that wearing more than one mask offers double protection against COVID-19 infection.

Speaking to HealthTimes Dr Lincoln Charimari, the World Health Organization (WHO) Zimbabwe COVID-19 Response Manager said there was no scientific proof yet which shows that double masking was effective in the prevention of COVID-19.

"Double masking has not been shown to have additional protective effect against all variants of SARS-COV-2. It is important to use masks correctly as recommended by the World Health Organization which is covering both the mouth and nose.

"Use mask in indoor settings for example shops, Shared work spaces, schools, public transport or whenever you are outdoors or your residence especially in the area of high community transmission such as in Zimbabwe right now. Proper use of mask is effective against all SARS-COV-2 variants," Dr Charimari said.

Covid numbers have not been looking good of late with the country having recorded its highest number in new cases this week. On 07 July 2020 the country recorded 2264 new cases which are all local transmissions and 34 deaths which gives a cumulative number of 60 227 cases, 42 330 recoveries and 1973 deaths.



United States Vice President Kamala Harris wears double masks

ZRP Rubishes Vaccination Roadblocks Reports



HealthTimes Reporter

THE Zimbabwe Republic Police (ZRP) has refuted social media claims that people without COVID-19 certificates are being blocked from getting into Harare Central Business District.

Assistant Commissioner Paul Nyathi, ZRP Spokesperson said this was false information has they were not received such directive from the government.

"We haven't received such directive from the government. We urge the public to stay home if they are nit essential service providers.

ZRP also appeals to the public to be patient with the officers at road blocks because the vehicles will be too many," Nyathi said.

Social media reports has claimed that police were demanding vaccination cards at Mutoko and Mazoe roads. Failure to produce the cards motorists were not allowed to pass.

Nick Mangwana, Permanent Secretary in the Ministry of Information and Broadcasting Services said only essential service workers were allowed to travel.

"On reports of long queues of vehicles bottle-necked at roadblocks trying to get in Harare. Mazoe and Mutoko roads are cases in point. The short responses is that, intercity is banned fellow citizens. Very few people who are providing essential services should be traveling," Mangwana said.

Strict lockdown measures are slowly gathering momentum with the cabinet having announced that it was now mandatory for all citizens to have letters from their employees for them to go to town.



2 Million Vaccine Dosses Arrive

A total 2 million more doses of the Sinovac vaccine have arrived from China.

Speaking soon after arrival of vaccines, Finance and Economic Development Minister, Professor Mthuli Ncube said over 4 Million doses of vaccines have been received in the country every since the Vaccination program commenced in February this year.

The latest batch signifies our commitment to order more vaccines for the benefit of the nation," said Minister Ncube.

The Deputy Minister of Health and Child Care Dr John Mangwiro said, " We are aware about the rising cases however it is our hope the new vaccinations will spell hope."

More than 800 000 people have received the first jab of the vaccines to date, while slightly above 500 000 have also received the second dose. Owing to growing demand for Vaccination in Zimbabwe, most health facilities have been struggling to serve the numbers visiting their facilitaties to be inoculated.



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OPINION

Open Room For Other Vaccine Types

ZIMBABWE is currently being celebrated the world over for putting up a spirited fight against COVID-19. The country has been described as an early mover with regards to implementing COVID-19 prevention measures such as Lockdowns and other restrictions.

However, the prevailing third wave might snatch away our yesteryear's glory of being the best, judging by the rate at which the new B167.2 variant that was dominant in India is spreading in the country. It's literally spreading like a wildfire and it's not surprising that now more than ever, we might be having majority of people infected but just don't know it yet.

Another worrying trend is the fact that even fully vaccinated people are falling to the virus, raising suspicions around the safety and efficacy of the vaccine types we are using. Zimbabwe has to date received more than 4 million doses of vaccines mainly from China. The two main vaccines are currently in circulation are the Sinopharm and Sinovac both from China.

Even though Russia and India donated doses of the Sputnik-V and the COVAXIN respectively, the two Chinese vaccines still enjoy market monopoly and it appears we are staying that way for a while. A few weeks ago, the government of Zimbabwe spurned the Johnson & Johsnon vaccine citing storage issues, even though experts have dismissed the reasons as unscientific since the country also received a vaccine from the same family of Viral Vector vaccines (Sputnik-V) recently.

Going full Sino on the national vaccination drive takes away the independence citizens have of choosing a vaccine of their choice. In other countries, they have adopted vaccine mixing as strategy to boost a vaccine's effectiveness. We could try it here in Zimbabwe by allowing other Vaccine platforms and types under the COVAX facility to distribute and inoculate citizens.

The other reason we are having this high vaccine hesitancy is at times due to trust issues. It is natural that other people prefer products from a certain country as compared to others.

Even though the country has imported more than 4 million doses to date, the inoculation numbers are not moving in a manner that was anticipated. Administering double doses is a bit cumbersome and expensive, why not also give a single dose with a good efficacy rating the opportunity to vaccinate people and see if our numbers won't move faster than they are currently doing.

At the end of the day, its about saving lives. Nothing more and nothing less!

Letters To The Editor

Shut The Park Street Weekend Market Please

Dear Editor

It is with a heavy heart that I write to you given the times that we are in. It is sad to note that there are some people who still believe COVID-19 is a fairy tale. I was heartbroken last weekend when I went into town.

What I saw at the weekend market along Park Street made me cringe. People are busy as usual and some were not even wearing masks to prevent infection. Please do something. Maybe close it briefly and open it up when cases would have subsided.

Concerned Citizen

Majory Muvhayi

Mt Pleasant

I am Enjoying The E-Paper

Dear Editor

I just wrote to tell you that you are doing a splendid job with your E-Paper. Honestly I never thought health news would be interesting but you and your team have packaged health news in manner that makes me wait eagerly for the next issue every week. Keep up the good work.

Favorite Reader

Bonface Chawatama

Masvingo

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Marketing:

Call 08644289599
Email: healthtimeszim@gmail.com

Editorial

Editor
Michael Gwarisa

Call: +263 776 280 274, _263 772 679 680
Email: editorial@healthtimes.co.zw

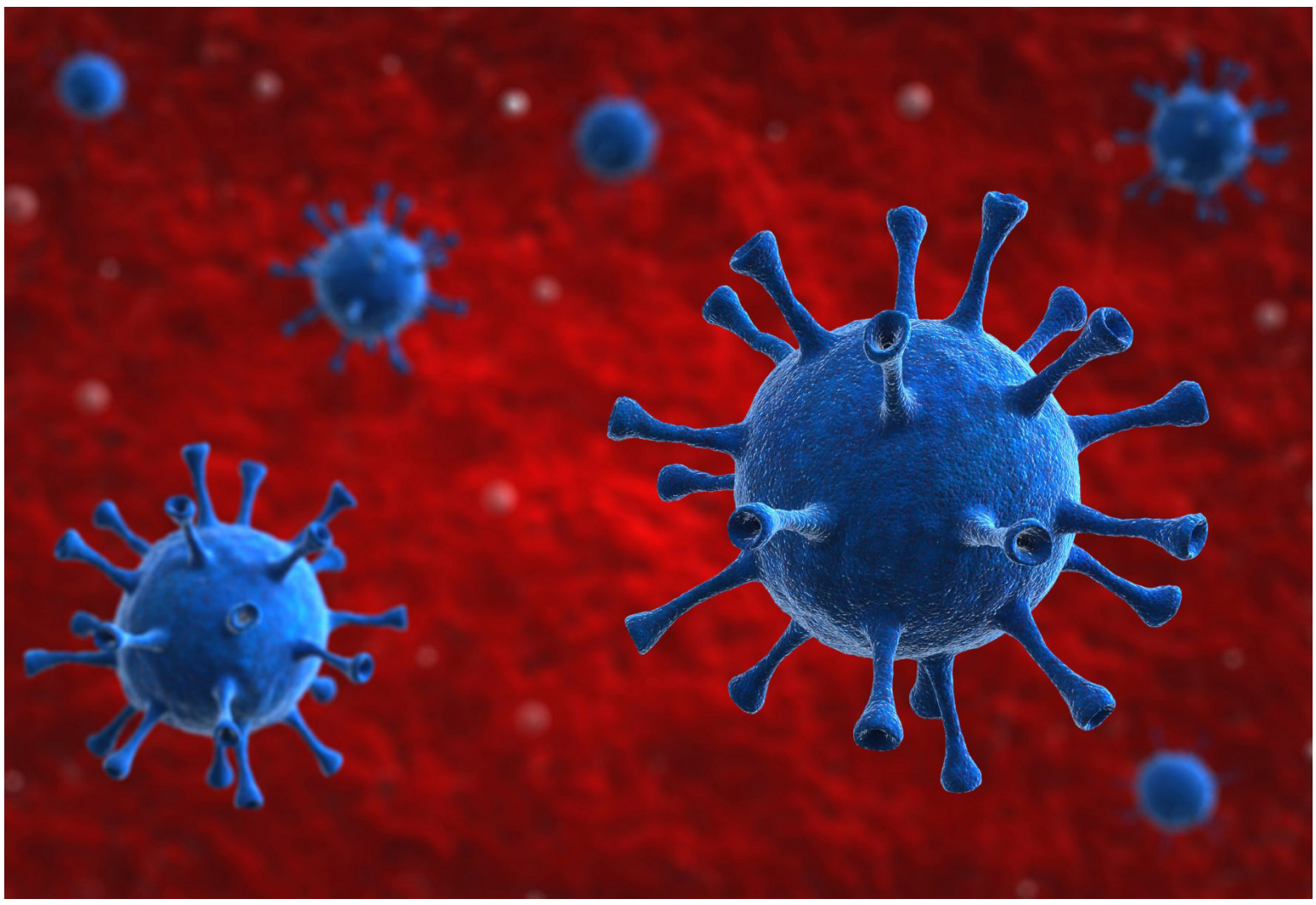
Reporters:
Patricia Mashiri
Tanaka Moyo

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No Lambda COVID Variant In Zim

By Michael Gwarisa



New COVID-19 Variants have been emerging since last year

THE Ministry of Health and Child Care (MoHCC) says Zimbabwean scientists have not detected the Lambda variant as yet, a highly infectious coronavirus strain which was first reported in Peru.

The reaction comes as a response remarks by South Africa's National Institute for Communicable Diseases (NICD) executive director, Adrian Puren where he said the variant was circulating in other countries in Africa including Zimbabwe but was yet to be detected in South Africa.

In an interview with HealthTimes, the Ministry of Health and Child Care (MoHCC) spokesperson, Mr Donald Mujiri said the Lambda variant was yet to be confirmed by local scientists and they were still carrying out genomic sequencing to determine the number of variants present in Zimbabwe.

"What happens in that our scientists go on the ground whenever we classify a place as a COVID-19 hotspot. They go and take samples and run tests to determine which variants will be dominating that particular area. At the moment the strain that is more dominant in the country is the B167.2 that was dominant in India," said Mr Mujiri.

He added that local scientists don't take samples from other countries but only those from the areas that would have been affected and reported high cases.

"We trust your Genomic Sequencing. When that case was reported in Kwekwe from a returnee who had arrived from India, our team of scientist went there and confirmed that indeed it was the variant from India. There is not something we can to hide, this is COVID-19 and if we detected a new variant detected we will announce so as to ensure that our people know what they are dealing with."

The World Health Organization (WHO) added the Lambda, another COVID strain to its list of coronavirus variants to keep an eye on. This particular variant has so far spread to more than two dozen countries, with a heavy concentration in South America.

Originally identified in Peru last year, the Lambda variant is responsible for 82% of new COVID cases in Peru over the past two months. About a third of cases in Chile over the same time frame were also caused by the Lambda strain, and the U.K. is among the countries that have seen a smattering of cases. In mid-June, it was first deemed a variant of interest by the WHO—a designation given to a variant which may be more transmissible than the original strain, has caused.

Scramble For Ivermectin

that it would be under clinical trial setting and currently, there were no known clinical trials underway in Zimbabwe that involve Ivermectin.

"As you are aware that the MCAZ issued a press release to clarify the misconception that the public had initially when they had heard about the provisional approval of Ivermectin in the management of COVID-19.

"The first point to make is that there is no known treatment for COVID-19. Even the World Health Organization (WHO) reiterated that statement that there is no known cure for COVID-19 and that is quite important to take note. So what happens is that, the provisional approval only under clinical trial setting that has been given by MCAZ is actually in force," said Bunu.

He however bemoaned the lack of active clinical trials in the country that involve Ivermectin saying it opens up room and space for underhand dealings.

"They might be protocols that are being introduced, I don't know but I don't know of any clinical trials. You can also follow that the probability of getting legit prescriptions that conform to the directive of the medicines regulator is very low since there no known clinical trials so far that are taking place."

In a statement recently, the MCAZ Acting Director General, Mr Richard Rukwata said there procedure that needed to be followed before a pharmaceutical retailer can dispense Ivermectin.

"In an effort to add more options to the list of medicines with potential evidence based therapeutic value in prevention, and or treatment of COVID-19, the Authority sought approval from the Secretary for health and child care to establish a framework that would provide guidance on the use of Ivermectin in COVID-19, in the form of operational research.

"The Authority therefore advises that the human formulations must only be used in accordance with the developed framework for use in Ivermectin in COVID-19 whose objectives are to authorize procurement of quality assured human formulations of Ivermectin for use in COVID-19 cases," said Mr Rukwata.

He also said the other objectives of the framework included ensuring that qualified and suitably experienced healthcare providers have access to the Ivermectin as well as gather information on whether patients were benefiting from using Ivermectin and monitor and report side effects related to taking the medication.

"Only authorized pharmaceutical wholesale dealers will be allowed to import and supply ivermectin to authorized institutions such as healthcare facilities with qualified medical practitioners, nurses, pharmacists, patients wards and licensed hospital pharmacy that seek authorization and commit to comply with requirements of the MCAZ framework."

Shamwari yeMwanasikana Responds To Health Minister

Staff Reporter



Shamwari yeMwanasikana, a Non- Governmental Organization that provides support for and supports the empowerment and emancipation of the girl child in Zimbabwe has vowed to continue fighting for adolescents and girls to access Sexual Reproductive Health Rights Services (SRHS) without any restrictions.

The development comes at the back of media reports that the ministry of health had shot down a request by the Parliamentary Portfolio Committee on Health and the Thematic Committee on HIV and AIDS to have Section 35 of the country's Public Health Act amended to allow young people to access health services even in the absence of an adult or guardian.

In a statement, Shamwari yeMwanasikana said the rising of teenage pregnancies in the country were cause for concern and his could only be reduced if these adolescents were allowed access to SRH services.

"In a nutshell, the portfolio committee recommended that parental consent should no longer be sought when accessing sexual reproductive health services. In a ministerial report presented by Minister Sithembiso Nyoni in parliament as reported by Zimbabwe Standard on the 7th of March 2021, she stated that about 5000 teenage pregnancies had been recorded in January and February.

"This is a worrisome number. There is a high possibility that the number could be more than the recorded taking into consideration non recorded or documented cases. We acknowledge the standpoint of the Honorable Minister of Health and Child Care, Constantino Chiwenga on rejecting the recommendations made by the Parliamentary Committee. It is however, that the rejection comes at a time when the escalation of teenage pregnancies has become a pandemic on its own," said Shamwari Yemwanasikana.

They added that the right to access SRH services should be upheld to those who seek information on it and necessary policy changes and amendments should be made to ensure that the life of the girl child is preserved.

"There is need to develop policies that set out the benefits of SRH services, accessing information and services on SRH does not mean that we are moving away from morals and cultural values and stakeholders should work together in making sure that teenage pregnancy statistics do not continue to escalate, that we do no continue losing daughters and sisters to backyard abortions and that those who are sexually active are able to make informed decisions. Therefore, age of consent should be based on the adolescent's sufficient maturity to understand the risks, benefits and consequences of the information being availed to them."

Shamwari yeMwanasikana added that they acknowledge that culture and morals are Zimbabwe's founding values but times and culture has evolved and evidence on the ground points to devastating facts that now more than ever, adolescents and young people are engaging in Sex and unprotected sex leading to a spike in new HIV infections, Sexually Transmitted Infections and Early Unintended Pregnancies (EUPs).

The amendment of the Health Public Act has been a topical issue with many Civil Society Organizations that supports girl child empowerment supporting it.



Vaccination, Adherence To Covid-19 Regulations Key To Ending COVID

By Itai Rusike

ENDING the ravaging Covid-19 pandemic in Zimbabwe requires communities, whether in rural areas or cities,
to religiously adhere to regulations pronounced by the government, getting vaccinated as well as following guidelines issued by WHO on the disease, which has claimed over 3 million lives globally.

Following recent upsurge of Covid-19 cases in some parts of the country and the subsequent localized lockdowns, the government introduced new level measures. But such measures, though important, are not enough when people lack adequate information about the virus. Lack of information has resulted in vaccine hesitancy in most areas.

The Community Working Group on Health (CWGH) notes with concern that the current scenario, where most people no longer wear masks, stopped regularly washing hands or sanitizing as well as ceased practising social distancing is untenable in the wake the Covid-19 third wave outbreak that is claiming lives and causing unnecessary suffering among the people.

There is a false assumption among some Zimbabweans that Covid19 is past us or was never there in the first place, creating a sense of false security and complacency among
ordinary people. The general public should appreciate that they have a collective responsibility to address this
global health pandemic.
In reality, the lockdown announced by government in the country is now only on paper as communities are operating normally oblivious of the threat of this wave. None adherence of Covid-19 regulations and WHO
guidelines is most pronounced in public places such as markets, funeral gatherings, public transport, water
points, banks queues, liquor points, and other places where people acquire basic commodities such as supermarkets. The informal sector, where most Zimbabweans now rely on, has also thrown caution to the wind.
In the wake of the current outbreak of variant Covid-19, CWGH applauds the government for introducing stricter lockdown measures such as enforcing social distancing, the wearing of face masks, limiting gatherings and prohibition intercity travel, among others, to curb the spread of the infectious disease.

However, given the rising cases of Covid-19, widely-held myths and misconceptions about the disease, CWGH urges the government and other stakeholders need to increase and strengthen their awareness programmes to convince "Doubting Thomases" across the country that the disease is real and it kills fast.

The radio, television, newspapers and social media must be inundated with clear and convincing messages to encourage eligible community members to take up vaccines willingly and to follow the stipulated guidelines.

The CWGH commends the government of Zimbabwe for the good progress with the COVID-19 vaccination. But there is urgent need to ensure continued supply of vaccines in the country. There is need to make vaccines readily available as the current vaccine supply is not matching up with high demand of people willing to take up the vaccine. There is also need to address vaccine equity in making sure that vaccines trickle down to the rural communities as they are now some of our COVID-19 hot spots.

As part of its mandate to promote health literacy among communities, CWGH has partnered with the Chitungwiza Municipality and supported by the Embassy of France to train school health coordinators and community health workers so that they could further raise awareness on, and strengthen the response to Covid-19 in schools and surrounding communities.

Initially, CWGH noted that there was vaccine hesitancy in Chitungwiza as people feared perceived side effects that were being peddled through social media. However, equipped with correct information and assurance there was a rush for vaccination resulting in increased uptake of Covid-19 vaccines in the town.

We would like to emphasise the importance of raising awareness and putting in place adequate precautionary measures to ensure the safety of every Zimbabwean. We also urge individuals to ensure personal hygiene to minimize the spread of the infectious disease. The is need to equip the enforcement forces manning the numerous police check points with COVID-19 Literacy and better interpretation of the lockdown guidelines in order to uphold human rights.

It is the duty of any responsible community or communities to protect themselves from the deadly disease and not to lower their guard as the third wave seems deadlier than the first two. Health is a right and a responsibility. Protect yourselves and your communities.

Itai Josh Rusike Is the Executive
Director for CWGH



People With Active COVID Cannot Be Vaccinated

By Patricia Mashiri

PERSONS with active COVID-19 cases should pause getting vaccinated and wait until they would have recovered as the vaccine will not likely boost one's immune response against a current infection, a Medical Expert has said.

Speaking to HealthTimes, Zimbabwe Association for Doctors for Human Rights (ZADR) president, Dr Norman Matara said even though with with active cases cant be vaccinated, those who would have previously tested positive for COVID-19 should not get vaccinated.

“People who got infected with COVID-19 can still get still get vaccinated because we have seen that the antibodies were getting low after several months and people were getting reinfection so you still need to get vaccinated even though you had COVID-19 previously but when you get COVID-19 and you have current infection it is not advisable for you to get vaccinated.

"If You have COVID-19 currently and you have active infection it is better for you to get well first, get treated and then once you recover from that infection you can get vaccinated later on. You cannot get vaccinated once you have current infection," said Dr Matara.

He added that vaccines work by training the body’s immune system to respond to infections and once vaccinated the body produces antibodies which target the infection that one would have been vaccinated against in this case COVID-19.

"In the event that you get COVID-19 virus you already have the anti-bodies that will neutralize that infection in that case you won’t get seriously ill and chances of dying for the infection are low."

He however dispelled a myth making rounds on social media suggesting that vaccinated people were super the biggest spreaders since they were asymptomatic.



“Vaccinated people cannot be called super spreaders mainly because vaccination in itself actually decreases the chance of you spreading the infection but have a lower chance of spreading the infection than an unvaccinated person,” he said.

Dr Matara added that there was need to educate and raise more awareness on vaccines that vaccines work by preventing people from getting infections although it is not 100% and it differs with the efficacy of each vaccine.

"Some may prevent from getting infections totally and some are called breakthrough infections who gets COVID-19 even after vaccination the disease in not as severe as in those who are unvaccinated. vaccinations work in three ways reduce the chances of a person getting infected, reduce chances of hospitalization and they also reduce of dying with the infection."

Funerals Now COVID-19 Super Spreaders

Staff Reporter

GOVERNMENT has noted with concern that funerals have been one of the causes why COVID-19 new cases have been rising lately.

Speaking to Journalist, Minister of Information and Broadcasting Services Senator Monica Mutsvangwa said the government was working flat out reduce the COVID-19 burden on citizens.

Funerals have become major spreaders within the Provinces, the Environmental Health Workers and Police are upping their game in the enforcement of the mandatory numbers. While Village Health Workers are playing their part in educating villagers, we implore traditional leaders to be more visible and forceful in the enforcement of lockdown regulations.

“Shortage of some PPE; misinformation on vaccines about their alleged negative effects; and shortage of health care workers at some stations. Some District Hospitals, such as Nyanga and Chipinge require bulk oxygen tanks, while some like Zvimba in Mashonaland West, Plumtree and Gwanda in Matabeleland South require functional Isolation Centres. Construction works at Mvurwi Hospital in Mashonaland Central Province should be expeditiously completed to meet the current rising demand,” Mutsvangwa said.

Senator Mutsvangwa added that the preparations were ongoing to ensure smooth opening of the second term for both primary and secondary schools.

“With regard to primary and secondary education, the nation is advised that in preparation for the opening of schools for the Second Term, the Ministry of Primary and Secondary Education, in collaboration with the Ministry of Health and Child Care, has instituted the following contingency measures.

“Inspection visits being carried out to assess the state of preparedness at all boarding schools, high enrolment day schools and schools with very limited infrastructure ensuring adequate WASH provisions at every school, completion of COVID-19 Infection Prevention and Control training workshops for teaching and non-teaching staff and confirmation of COVID-19 essential supplies in all districts.

“The Ministry of Primary and Secondary Education is working on modalities to enable a blend of face-to-face classroom learning, remote learning at home



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Zim COVID-19 Restrictions Revert To Factory Settings

Staff Reporter

CITIZENS and employees will with immediate effect be required to produce exemption letters from their employers at security checkpoints for them to be granted passage into town.

Briefing Journalists during a Post Cabinet Media Briefing, Information, Publicity and Broadcasting Services minister, Senator Monica Mutsvangwa said the COVID-19 situation in the country had moved to another level and required stern measures.

“Given the above challenges, Cabinet has directed that Treasury urgently releases the first tranche of ZW$368.2 million it had committed towards funding the enforcement of Level 4 lockdown measures. This will reinforce the current efforts of containing the spread of COVID-19.

"The nation is advised that the exemption mechanism which were used during the first lockdown in 2020 will be reactivated with immediate effect. Stiffer penalties will be imposed for violations of COVID-19 restrictions, including the withdrawal of business operating licences," said Minister Mutsvangwa.

She added as at 4 July, 2021, Zimbabwe's cumulative COVID-19 cases stood at 54 474, with 40 239 recoveries and 1 878 deaths. The recovery rate stands at 74%, with 97% of COVID-19 positive cases being attributable to local transmission. The number of active cases stands at 12 357.

"The nation is informed that the surge reported the previous week continued, with a total of 8 042 cases recorded during the period under review, compared to 3 882 reported the previous week. This represents a 107% increase. As you might be aware the entire country is now under Level 4 lockdown, following the surge in COVID-19 cases. The worst affected provinces are Mashonaland West (2 114), Mashonaland Central (2 957); Harare Metropolitan (1 041) Mashonaland East (847), and Midlands (848)."

Regarding case management, infection, prevention and control, she said the Ministry of Health and Child Care remains seized with managing COVID-19 cases detected in different parts of the country. Companies and Universities have enough raw materials to increase production of PPE stocks and medicines which are used to manage COVID-19 symptoms.

Meanwhile, Minister Mutsvangwa said preparations for reopening of schools for the second term were ongoing.

"With regard to primary and secondary education, the nation is advised that in preparation for the opening of schools for the Second Term, the Ministry of Primary and Secondary Education, in collaboration with the Ministry of Health and Child Care, has instituted the following contingency measures :



"a) Inspection visits being carried out to assess the state of preparedness at all boarding schools, high enrolment day schools and schools with very limited infrastructure;
b) Ensuring adequate WASH provisions at every school;
c) Completion of COVID-19 Infection Prevention and Control training workshops for teaching and non-teaching staff;
d) Confirmation of COVID-19 essential supplies in all districts.

The Ministry of Primary and Secondary Education is working on modalities to enable a blend of face-to-face classroom learning, remote learning at home and in communities, as well as alternative learning platforms, such as e-learning, radio and television."



Parirenyatwa Hospital Develops Vaccination Booking System

By Michael Gwarisa

PARIRENYATWA Group of Hospitals has come up with a booking system to accommodate citizens intending to get vaccinated against COVID-19, a move that is set to minimize queuing and crowing under the prevailing COVID times.

In an Interview with HealthTimes, Parirenyatwa Hospital Spokesperson, Mr Linos Dire said they were now vaccinating close to 1000 people daily for both the first and second doses of the Sinopharm and Sinovac vaccines.

"We start inoculating at 9:00 am everyday and currently we have the Sinopharm and Sinovac vaccines. We have Sinopharm for first dose and Sinovac for second doses. In a day we are vaccinating 500 people for the first dose and 400 for the second dose," said Mr Dire.

He added that they have developed a booking system whereby those who who would have come and failed to be vaccinated on a particular day because of the overwhelming numbers can book for a later date.

"This is meant to manage the huge numbers of people coming to be vaccinated. Currently, vaccination at our hospital is open to the public."

He however added that there was no preferential treatment and anyone wishing to be vaccinated is supposed to go through the normal channels and queue.

"If we attend to companies, we certainly prejudice the multitudes of people who come for vaccination. As such, we expect everyone to follow the Queue. We also expect the public who come for vaccination to put on their masks properly and observe physical distancing," said Mr Dire.

Meanwhile, Zimbabwe has vaccinated a cumulative 793 077 for the first dose and 568 133. The country recently procured an additional 500 000 doses of vaccines from China and is expecting a shipment of 2 million dosses soon.

In other parts of the country, Manicaland is currently offering vaccinations at all council clinics in Mutare. Centres offering vaccination in Manicaland include Chikanga, Dangamvura, town clinics, Florida, Mutare provincial hospitals, Queens, Sakubva Hospital. In Masvingo, the Masvingo General Hospital is vaccinating.





THE G20 FACES THREE BIG TESTS

SINCE the start of the COVID-19 pandemic, we've heard a lot about global solidarity. Unfortunately, words by themselves will not end the pandemic – or curb the impact of the climate crisis. Now is the moment to show what solidarity means in practice. As G20 Finance Ministers meet in Venice, they face three crucial solidarity tests: on vaccines, on extending an economic lifeline to the developing world, and on climate.

First, vaccines. A global vaccination gap threatens us all. While COVID-19 circulates among unvaccinated people, it continues to mutate into variants that could be more transmissible, more deadly, or both. We are in a race between vaccines and variants; if the variants win, the pandemic could kill millions more people and delay a global recovery for years.

But while 70 percent of people in some developed countries are vaccinated, that figure stands at less than 1 per cent for low-income countries. Solidarity means delivering on access to vaccines for everyone – fast.

Pledges of doses and funds are welcome. But let's get real. We need not one billion, but at least eleven billion doses to vaccinate 70 percent of the world and end this pandemic. Donations and good intentions will not get us there. This calls for the greatest global public health effort in history.

The G20, backed by major producing countries and international financial institutions, must put in place a global vaccination plan to reach everybody, everywhere, sooner rather than later.

The second test of solidarity is extending an economic lifeline to countries teetering on the verge of debt default.

Rich countries have poured the equivalent of 28 percent of their GDP into weathering the COVID-19 crisis. In middle-income countries, this figure drops to 6.5 percent; in least developed countries, to less than 2 percent.

Many developing countries now face crippling debt service costs, at a time when their domestic budgets are stretched and their ability to raise taxes is reduced. The pandemic is set to increase the number of extremely poor people by some 120 million around the world; more than three-quarters of these 'new poor' are in middle-income countries.

These countries need a helping hand to avoid financial catastrophe, and to invest in a strong recovery.

The International Monetary Fund has stepped in to allocate $650 billion in Special Drawing Rights – the best way to increase the funds available to cash-strapped economies. Richer countries should channel their unused shares of these funds to low and middle-income countries. That is a meaningful measure of solidarity.

I welcome steps the G20 has already taken, including the Debt Service Suspension Initiative and Common Framework for Debt Treatment. But they are not sufficient. Debt relief must be extended to all middle-income countries that need it. And private lenders must also be brought into the equation.

The third test of solidarity concerns climate change. Most major economies have pledged to cut their emissions to net zero by mid-century, in line with the 1.5 degree target of the Paris Agreement. If COP26 in Glasgow is to be a turning point, we need the same promise from all G20 countries, and from the developing world.

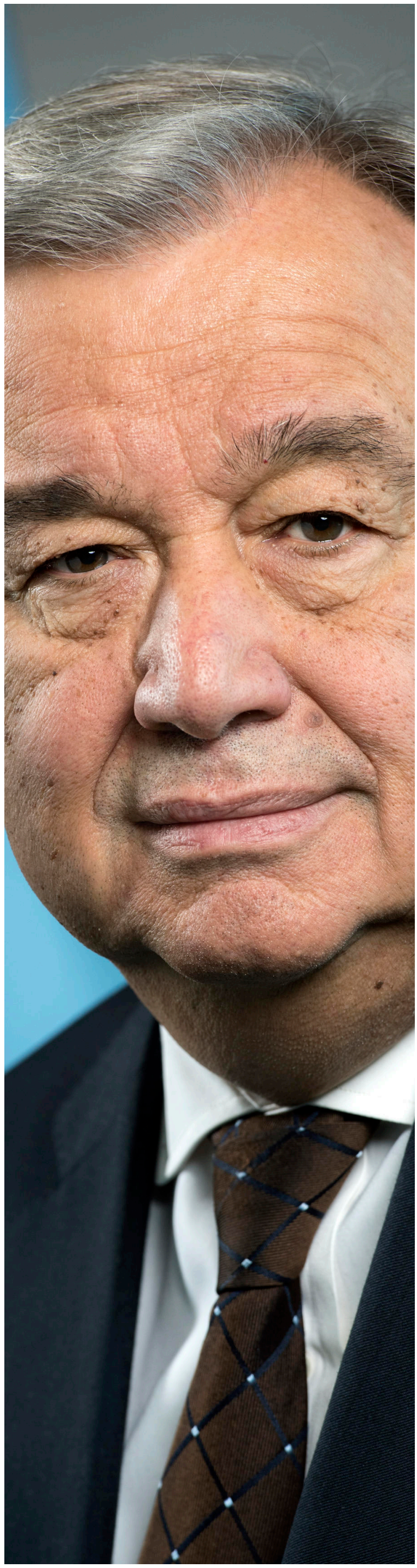
But developing countries need reassurance that their ambition will be met with financial and technical support, including $100 billion in annual climate finance that was promised to them by developed countries over a decade ago. This is entirely reasonable. From the Caribbean to the Pacific, developing economies have been landed with enormous infrastructure bills because of a century of greenhouse gas emissions they had no part in.

Solidarity begins with delivering on the $100 billion. It should extend to allocating 50 percent of all climate finance to adaptation, including resilient housing, elevated roads and efficient early warning systems that can withstand storms, droughts and other extreme weather events.

All countries have suffered during the pandemic. But nationalist approaches to global public goods like vaccines, sustainability and climate action are a road to ruin.

Instead, the G20 can set us on the road to recovery. The next six months will show whether global solidarity extends beyond words to meaningful action. By meeting these three critical tests with political will and principled leadership, G20 leaders can end the pandemic, strengthen the foundations of the global economy, and prevent climate catastrophe.

Antonio Gutteres is the UN SECRETARY-GENERAL



How A Fitness Routine Profits All the Other Areas of Life

By Taku Muzzo

From your stress levels to your sleep, a compact workout routine comes with a lot of rewards.

Creating and sticking to a solid, consistent fitness routine takes work, but as your trainer i can make it easier for you. While a fit body is a major benefit of regular exercise, it's only part of the equation. Many of the rewards of a healthy lifestyle go well beyond a sculpted bod.



Taku Muzzo

HOW fitness benefits other aspects of your life?

Managing Stressful situations better.

With fitness routine, stressful state of affairs are less stressful. It is the daily sessions & workouts that profit us with the capacity to handle stressful situations. Exercise, of almost any kind, reduces stress hormones and stimulates the production of endorphins—meaning a calmer and more relaxed you. Endorphins calms fear and anxiety, thereby making you feel more tranquil and at peace with yourself. So, whether you're having a hectic day or some form of unfortunate situation, exercise will make it easier for you to handle your problems. Sometimes that means fitting in a full workout before or after work. And sometimes it's as simple as a jogging or walking first thing in the morning or in the evening.

Fitness improves mood.

Regular exercise makes you healthier. Since your health is everything, this improves your life as a whole. Exercise reduces blood pressure, ensures a healthier heart, and reduces your risk of major diseases, meaning you can perform at your highest level for longer periods without major breaks. You are not always sick. And really, a healthier life is a happier one. When you're feeling your best, you're more likely to enjoy your personal and professional life.

You'll perform better at work.

Working out is a way to developing mental strength. There's a reason school kids do sports, have gym class and recess. Exercise improves the performance of our brains; naturally, a health body is a health mind. Along with added mental clarity, exercise slows cognitive decline, improves your memory, and boosts your creativity. So yes, crushing that run also means crushing that new project you've been working on forever. Managing to finish a workout mostly is the mind-set that is carried to tackle anything outside gym.

You'll (probably) have a better sex life.

This is a good enough reason to exercise, right? Whether it's because you look better or feel more confident, or both, regular exercise equals a healthier sex life. For men, regular exercise is a great way to prevent or help treat erectile dysfunction. This doesn't mean you have to max out on the weights every day—even walking is beneficial. Increased blood flow plus those endorphins we talked about earlier put your body in prime sexy mode. And let's face it, if you're exercising regularly, that most like means you have more strength and stamina.

Better Sleep.

Exercise is a natural medicine for insomnia. Therefore, a regular workout routine means better sleep, consistently. Science has confirmed that your quality of sleep increases with regular exercise. Better yet, there's a cyclical effect here: regular exercise means better sleep, and better sleep means a higher quality workout the next day. If you're having trouble getting sleepy despite exercise, make sure that you're setting yourself up for success at night—you want to create a calm environment to take over where that workout left off.

Help Kick Bad Habits

Once you have experienced even a few major fitness benefits, you'll feel encouraged & motivated to keep up the good work. That could mean that you're making healthier decisions when it comes to diet, getting up early, or keeping your house cleaner- anything to complement your fitness goals. Likewise, it's a super confidence boost knowing that you've reached a goal (weight loss, muscle gain, whatever), and that will carry over. If you've lost 3 kg, surely you can quit smoking or stop drinking soda. Although dedicating time to work-out on a regular basis isn't easy or always convenient, it really will pay off in dividends. And we're not just saying that because we like to work out.

Taku Muzzo is a Fitness & Human Development Coach. He can be contacted on Calls/ WhatsApp: 0713097391. FBN& IG Live Learn Love Wellness

UNFPA supports establishment of National GBV Information Management System

The United Nations Population Fund (UNFPA) is supporting the Ministry of Women Affairs, Community and Small and Medium Enterprises Development (MoWACSMED) and the Zimbabwe National Statistics Agency (Zimstat) to establish a Gender Based Violence (GBV) Information Management System that will result in the synchronisation of data collection by GBV multi-sectoral stakeholders.

UNFPA, under the Spotlight Initiative to eliminate violence against women and girls, recently organised and facilitated a consultative and validation meeting on uniform data collection by all stakeholders involved in GBV service provision, and to enable the relevant classification of GBV types. The validation meeting in Harare was attended by 48 participants drawn from the protection, education, social, health, and judicial services sectors. These included attendees from the Ministries of Women Affairs, Community, Small and Medium Enterprises Development; Home Affairs and Cultural Heritage; Primary and Secondary Education Higher and Tertiary Education, Innovation, Science and Technology Development; Public Service, Labour and Social Welfare; Health and Child Care; Justice, Legal and Parliamentary Affairs; as well as Civic Society Organisations, religious groups among others, being represented.

A UNFPA consultant working with MoWACSMED, Admire Chiwamba, says the establishment of the Information Management System was informed by a comprehensive GBVIM systems' assessment that was conducted in 2020, which revealed that, without an appropriate IMS framework, Zimbabwe's efforts to have quality, accurate, and available GBV data will not sustain.

"The overall aim of this assessment was to explore most effective ways to link development of data collection instruments with the development of the GBV IMS, so that it generates data that can be of use, multi-sectoral, reduces duplicative processes, limits the amount of data that is collected and allows multiple stakeholders to interact with a common data set," Chiwamba said.

"The main purpose of having a central database with information coming from different sectors in a uniform way is to be able to generate a true picture of GBV prevalence in the country. It is difficult to use and compare data that is collected in different ways. For comparability, data has to be collected and analysed in the same manner for it to make sense."

Currently, the main sources of GBV data are population based censuses and surveys– the national population census, the Zimbabwe Demographic and Health Survey (ZDHS) and Multiple Indicator Cluster Survey (MICS), which give prevalence of GBV data at national population level.

UNFPA's Programme Specialist, Piason Mlambo, speaking on the side-lines of the training workshop indicated that in addition to national censuses, there is administrative and routine data that is obtained from service providers who collect information during the discharge of their duties for management purposes – this is information that can be turned into statistics.



"The idea of this consultation and validation meeting, therefore, is to get a common understanding as well as to standardise the concept and classification of the different types of GBV across the sectors so that the data becomes shareable across the sectors and can also be analysed for decision making," Mlambo said.

Similar validation meetings have since been held in Matebeleland South, Manicaland, Mashonaland West and Mashonaland Central.

According to the assessment report, quality data on reported violence could contribute to more informed decision making on programmes, advocacy and resource mobilization, including in development and humanitarian contexts.

A situation analysis of this outcome area during the development of the Spotlight CP, identified gaps and challenges in the generation, storage, analysis, dissemination, and use of GBV survey and administrative (service-based) data. There was a noted lack of standardization or harmonization of GBV tools and methodology used and a lack of interoperability amongst systems, which erodes the ability to compare data and effectively use analyzed data, limiting dissemination and understanding of trends. There was also a noted gap in consistent and sustained reporting systems, and fragmented coordination efforts.

The new IMS framework is expected to support Zimstat to document 'complete' GBV data because, as Zimstat, Tinashe Mwadiwa, Gender Statistics Acting Manager says, "the national surveys that have been used in the past have focused on GBV prevalence in the 15 – 49 age group while in the proposed IMS framework, all data regardless of age group will be recorded."

"This is an opportunity to harmonise data collection to generate comprehensive national figures which can be reported nationally, regionally and globally."

The establishment of the GBV IMS framework is being supported under Spotlight Initiative to end Violence against women and girls, a global, multi-year partnership between the European Union (EU) and the United Nations (UN) to eliminate all forms of violence against women and girls by 2030.

The validation of the framework is the starting point for the development of data collection tools and e-tools, which will be administered by the different sectors during the GBVIMS testing and implementation phases, starting in the second half of 2021.

This article was first published in the Spotlight Initiative bi-weekly newsletter.



Are Chinese COVID Vaccines Underperforming?

Svět Lustig Vijay

From Indonesia and the Seychelles, to Chile and China itself, there are some worrisome indications that the Chinese Sinopharm and Sinovac COVID vaccines sold by the hundreds of millions to vaccine-strapped low- and middle-income countries may not be performing as well as expected – particularly against rapidly spreading variants of SARS-CoV-2.

At the same time, it is too early to draw any conclusions, cautioned WHO's Chief Scientist, Soumya Swaminathan on Friday – because there is a dearth of well-designed, real-life studies on the massive COVID vaccine rollout underway at either global or national levels.

"We need more data, again from well designed studies on the efficacy of the different vaccines that are in use in different countries against the different variants," said Swaminathan, speaking at a biweekly WHO press conference on Friday.
WHO Chief Scientist Soumya Swaminathan

She was responding to growing concerns that rapidly advancing vaccination drives are not necessarily leading to the hoped-for sharp reductions in new infections, hospitalizations, and deaths – possibly because some vaccines, including the Sinopharm and Sinovac vaccines from China, are weaker than other front-runners like Pfizer, Moderna, AstraZeneca, or even Russia's Sputnik V.

Said Swaminathan, WHO has "actually compiled and provided on its website different study designs, to see what happens when people have one dose of the vaccine, two doses of the vaccine".

Such studies would compare COVID illness among those who get vaccines – as compared to those who do not, as the vaccines are rolled out.

However, the overwhelming focus of WHO so far, has been getting any approved vaccines to low- and middle-income countries. Comparing how well different vaccine formulations are working once they arrive and get into peoples' arms has received little attention from the global health agency so far.

Spate of COVID Surges In Countries Dependent on Sinovac & Sinopharm

Against that background, a spate of recent COVID surges in Latin American and Asian countries that have relied heavily on either the Chinese Sinovac or the Sinopharm vaccines are prompting more questions about the efficacy of those vaccines, in particular.

This includes recent reports that over 350 Indonesian healthcare workers who were vaccinated with Sinovac, were reinfected with COVID in mid-June – although only a dozen of those required hospitalization.

The Seychelles has seen a significant recent surge of COVID-19 despite almost 70% of the population having been vaccinated, mostly with the Sinopharm vaccine. Of those who were infected, a third reportedly received both shots – but none of them died, according to the country's health minister.

Chile is another country that has scientists scratching their heads. Initially lauded for quickly vaccinating 62% of the population with at least one jab and almost 50% with both jabs, the country went into lockdown last week to contain an outbreak that is triggering 70,000 new cases a day – a caseload that is on par with the heights of the first wave seen last year.

About 87% of the vaccines administered in Chile were procured from Sinovac in a deal that is to include procurement of some 60 million doses over three years – making Chile among the largest buyers of Chinese vaccines in Latin America, along with Brazil and Mexico.

Together, Latin America and the Asia-Pacific region have bought up some 80% of the 759 million doses of Chinese vaccines sold until now. Most of those doses, about 511 million, were sold by Sinovac, with Sinopharm's vaccine accounting for the bulk of the remainder of sales so far.

Vaccine Efficacy Ratings For Sinovac And Sinopharm

According to the WHO, which recently granted both vaccines "Emergency Use Listings", Sinovac's vaccine efficacy stands at 51% against symptomatic disease and 100% against severe disease, while Sinopharm's efficacy seems to fare slightly better, at 79% against mild and hospitalized disease.

But that data fails to include efficacy estimates for older people, one of the main COVID risk groups, as too few took part in large-scale clinical trials.

The WHO EUL's for those two vaccines were unique in that unlike the Pfizer, AstraZeneca, Moderna, and Jonhson & Johonson vaccines that it had also approved, neither had undergone review and approval by a strict national or regional regulatory authority such as the US Food and Drug Administration or the European Medicines Agency. Nor have Phase 3 results of the Sinopharm and Sinovac trials been published in a peer-reviewed medical journal.

More to the point, post-approval, any large-scale tracking of the efficacy of the Sinovac and Sinopharm vaccine rollouts by WHO or national authorities seems to be missing.

In contrast, rollouts of other vaccines have seen careful monitoring and assessment by the regulatory agencies of the US, UK, Europe, as well as independent researchers. The massive Israeli rollout of Pfizer's vaccine by countries, for instance, saw the detailed reporting of data on illness, hospitalizations, and among hundreds of thousands of people who were vaccinated as compared to similar groups of people who had not received their jabs.

The massive tracking of outcomes, including peer reviewed publication of results, helped boost confidence in the mRNA vaccines. But outside of developed countries, such tracking appears to be much weaker – or non-existent.

One exception is a report by the Uruguayan government this week on a study of some 800,000 people who received two Sinovac vaccine shots – representing some 35% of the population.

The study, which so far has not been published in a peer-reviewed journal, concluded that deaths among people immunized with the Sinovac vaccine had been cut by 95%, intensive care admissions by 92% and infections by 61%.

At the same time, Uruguay has also recently seen one of the largest COVID spikes in the world – with over 766 cases per million on 17 June, as compared to 50 per million in India and just 36 in the United States on the same day.

Soumya Swaminathan is the WHO Chief Scientist

To Continue Next Week...

Vaccine Uptake Improves

....From Page 1
The minister of Finance has assured us more vaccines are coming and we would like to encourage Zimbabweans to continue going for vaccination."
Epidemiologist and Independent Public Health Expert, Dr Grant Murewanhema applauded for making more vaccines available.
"Vaccine flows have started to improve (and a just released study from Chile confirms the effectiveness of the Chinese vaccines in reducing disease severity and mortality, corroborating evidence from earlier studies). Once vaccines are available in our areas let's take advantage, but let's avoid stampeding.
"In the meantime, lets continue to wear masks, physically distance and wash hands. Too many reports of people with confirmed COVID-19 refusing to self-isolate; this is selfish, dangerous and irresponsible. Self-isolation is for public protection, and lasts 10 days if you are asymptomatic, and 3 days after disappearance if symptomatic. Not abiding by self-isolation rules is a reason for one to be institutionalized if reported. Let's all our part in breaking chains of transmission and protecting our communities," said Dr Grant.
Meanwhile, the Community Working Group on Health (CWGH) Executive Director, Mr Itai Rusike also commended the government of Zimbabwe for the good progress with the COVID-19 vaccination but said there was urgent need to ensure continued supply of vaccines in the country to match the growing demand.
"There is need to make vaccines readily available as the current vaccine supply is not matching up with high demand of people willing to take up the vaccine. There is also need to address vaccine equity in making sure that vaccines trickle down to the rural communities as they are now some of our COVID-19 hot spots
"As part of its mandate to promote health literacy among communities, CWGH has partnered with the Chitungwiza Municipality and supported by the Embassy of France to train school health coordinators and community health workers so that they could further raise awareness on, and strengthen the response to Covid-19 in schools and surrounding communities."