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# Zim In 1 Million Vaccination Milestone

Staff Reporter

**A** TOTAL 47 506 received their first vaccine dose yesterday, bringing the total number of those who have received the first dose since the vaccination program started in March to 1 036 252.

The milestone comes at the back of increased availability of vaccines in the country following a recent procurement of 2 million doses of vaccines from China and another donation of the Sputnik-V from a Russian diamond mining firm, Alrosa.

Through their Situation Report update of July, 15 2021, the Ministry of Health and Child Care (MoHCC) said, “Zimbabwe reaches 1 million first dose vaccinations. 47 506 received their first dose, bringing the cumulative for the first dose to 1036252 while 5 716 received their second dose bringing cumulative for second dose to 630 610.”

Vaccination around the country had been slowed

down by human resources issues as most nurses and healthcare workers from local authority clinics have left for greener pastures over the past few months. However, cabinet recently announced that it would rope in the services of security forces to beef up vaccinating staff and clear the backlog.

Even government health institutions have also been struggling to vaccinate huge numbers owing to staff shortages. Parirenyatwa Hospital had adopted a booking system to allow people to book for a later date. However, they have since suspended the booking system.

Permanent Secretary in the MoHCC has given a directive to all Provincial Medical Officers (PMDs) everyone who would have turned up for vaccination, gets the jab.

“The ministry has noted some challenges which members of the public are facing while trying to access vaccines and wishes to advise as follows. All people in a queue for vaccination

before 17:00 hours shall be vaccinated.

“All those who present themselves for vaccination without National Identification Cards or Passport

shall be vaccinated upon producing a letter from the headman, local councilor or Member of Parliament confirming them as ordinarily resident in the area.”

#StaySafe

#GetVaccinated

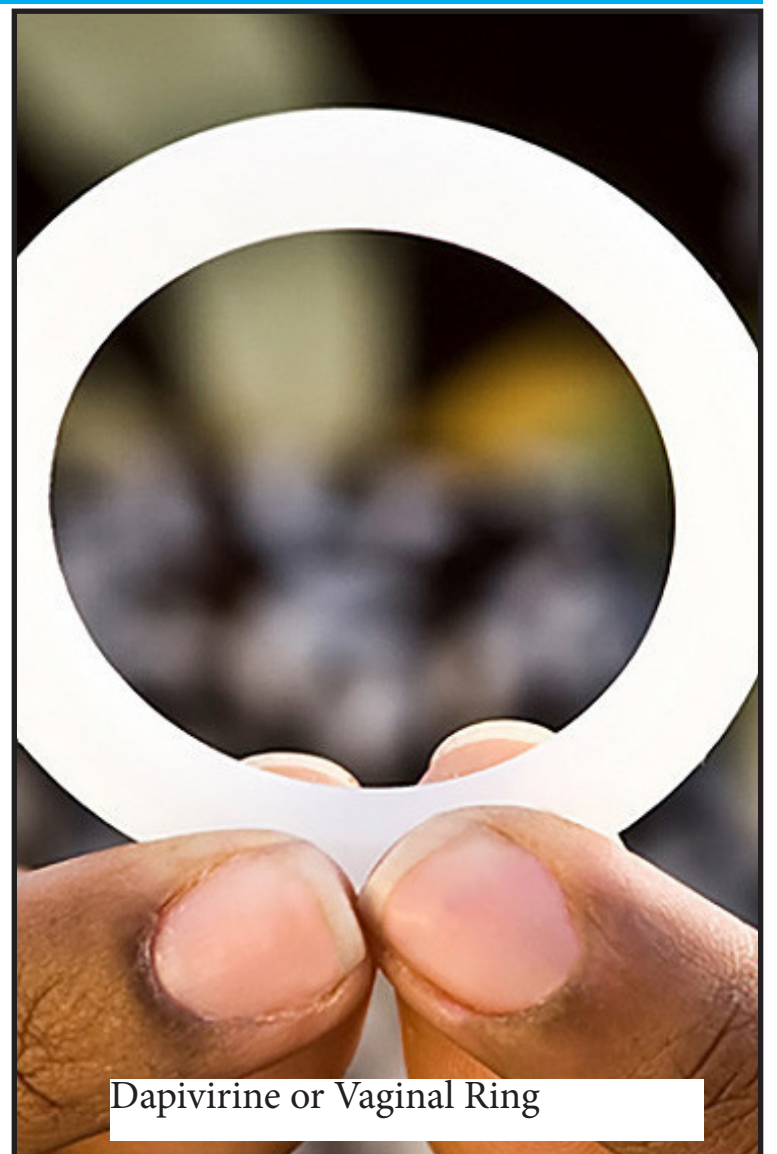
#VaccinesWork

## Vaginal Ring Approved For Use In Zim

By Michael Gwarisa

**I**N what is likely to be a major breakthrough for Zimbabwe’s HIV response, the Dapivirine or Vaginal Ring, a tool meant to expand HIV prevention options for women has been approved for use in Zimbabwe, **HealthTimes** has learnt.

The Vaginal ring was submitted to the Medicines Control Authority of Zimbabwe (MCAZ) for review on March, 5 2021 and according to MCAZ procedures, approval for a medical drug or innovation usually takes between three... [To Page 5](#)



Dapivirine or Vaginal Ring

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## Zim Receives 25 000 Doses From Russia



By Patricia Mashiri

ZIMBABWE has received more 25 000 doses of Sputnik-V COVID-19 vaccines from Russia donated by a group by a diamond miner called Alosa Group.

Dr John Mangwiro, the Deputy Minister of Health and Child Care advised the general public to get vaccinated before its too late.

“I want to urge fellow Zimbabweans that COVID-19 disease is real. Once you feel unusual symptoms like headache, vomiting, difficult in breathing, or anything else, please go to

the hospital as early as you can. The disease gets worse over hours or days people will be in bad shape. I want to emphasize that people should go to hospitals and other registered formal places where they can be helped.

“At times people present late at health facilities and we end up losing them. Most of these cases that succumb would have in seeking professional healthcare. These 25000 doses are the second doses of the 25 000 vaccines we received about three weeks ago and those vaccinated will now be able to be vaccinated in time for their second doses so that they ate fully vaccinated,” Dr

Mangwiro said.

He expressed gratitude at the organisations gesture which says has come at a time demand for vaccines has gone up.

“We really appreciate the donation which is going to go a long way in trying to alleviate this COVID-19 pandemic which has ravaged the world. We encourage everybody to be vaccinated, because this is a serious pandemic.”

The cumulative number of people who have received their first dose is 988 746 and 624 894 for the second dose as at 13 July 2021.

## Hospitalized Cases Shoot Through The Roof



THE number of COVID-19 patients admitted in health institutions in Zimbabwe has ballooned in the past few weeks owing to the high infectiousness of the new Delta variant that is currently dominant in the country.

According to the ministry of health and child care (MoHCC) daily situation report of July 12, 2021, a total 753 COVID-19 patients are currently under institutional admission.

As of 11 July, 2021, there were 753 hospitalized cases. New admissions 90, Asymptomatic 209 mild to moderate 439, severe 77 and 28 in Intensive Care Units (ICUs),” said the Ministry of Health.

“A total 2 661 new COVID cases were reported yesterday including 51 deaths. A total 30 332 received their first vaccine dose yesterday bringing the cumulative for first dose to 926 312 while 10 139 received their second dose.

Even though the number of vaccinated people is going up, Dr Grant Murewanhema a local Epidemiologist and Public Health Expert however said the number of admissions were cause for concern.

“Over 30000 received their first dose of the vaccine today. Worrisome numbers of hospitalized patients. See how the numbers are going up across all the provinces and we are expecting a very cold spell this week.”

## Pari Suspends Jabs Booking System

Parirenyatwa group of hospitals announced that they have stopped the booking system which had been introduced to manage large numbers of people who were coming in for vaccination.

In a statement addressed to the general public Parirenyatwa Group of Hospitals indicated that the booking system was posing a number of challenges.

We would like to inform the public that we have stopped the booking system which the hospital had introduced to manage huge numbers of people who came to be vaccinated. Prior to the 9th July 2021, Parirenyatwa Group of Hospitals was one of the only 2 vaccination centres in the Greater Harare. This posed a number of challenges especially in the management of crowds.

“Following the decentralization of the vaccination program to local clinics under the City of Harare, we are now administering the jabs on a first come, first serve basis. We now expect reasonable numbers of people to come to our hospital and encourage the public to get vaccinated at their local clinics,” said the

facility.

They also poured water on reports that their security staffers were taking bribes from people and making them skip queues to get jabbed.

“We have also come across some media articles claiming that our security personnel are getting paid by some members of the public in return for preferential treatment.

“We would like to reiterate that the hospital is against any form of corruption and notices to that effect are all over the hospital urging members of the public to report any form of corruption by any of our staff members. We have not received any report of corruption against our security personnel controlling queues at the vaccination centre”

They however called on anyone who might have encountered such unscrupulous behaviour to report to the police or to the hospital management.

“Parirenyatwa Group of Hospitals has zero tolerance to corruption and remains committed to providing professional services to our clients and stakeholders.”



# PSMAS Pioneers Wellness Wearable Devices

Own Correspondant

**P**remier Service Medical Aid Society (PSMAS), fresh from a rebranding exercise, has unveiled a pilot wearable health devices programme as it step up its wellness programme.

The initiative is being rolled out under the PSMAS wellness program “Premier Lifestyle”, in partnership with local technology company Astro-Tech Africa through their Pulse health platform. The pilot involves over 1 000 PSMAS members who are at high risk of developing non-communicable conditions due to sedentary lifestyles, making use of the wellness devices in the form of smart watches.

Non communicable diseases include Diabetes, Hypertension, heart disease, cancer among others Members found to be at high risk of developing any of the conditions through health risk identification and risk profiling are enrolled onto targeted, evidence based management programmes depending on their vulnerabilities for further health risk management.

In an interview, an excited Population Health and Wellness Coordinator Dr Tapiwa Chiworeka said the wearable device, is used by members requiring physical activity.

“The devices are expected to incentivize individuals to participate in physical activity so as to attain their healthy lifestyle goals. The devices monitor number of steps walked or run, distance covered, calories burned and heart rate/pulse and are linked to the Pulse platform for additional health coaching and provision of rewards .The success of the pilot phase will lead to full rollout to all PSMAS members requiring health risk management and coaching”. Should this be successful, this programme would be the first of its kind in the medical aid field in Zimbabwe” said Dr Chiworeka.

He said this was part of the Society’s new way of caring



as it strives to improve services to its members. A number of other programmes are also lined up to ensure all PSMAS members are taken care of in leading healthy lifestyles.

In recent years, cases of non-communicable diseases are on the increase in Zimbabwe, a majority of which have since been attributed to sedentary lifestyles, unhealthy diets and abuse of tobacco and alcohol among other reasons.

Health experts have been encouraging Zimbabweans to consider regular exercises, healthy and desisting from unhealthy behaviors to reduce their risk of developing these lifestyle conditions.

According to the World Health Organisation, NCDs kill 41 million people each year, equivalent to 71 percent of all deaths globally. Each year, over 15 million people between the ages of 30 and 69 years die from an NCD. About 85 percent of these “premature” deaths occur in low and middle-income countries such as Zimbabwe.

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## OPINION

### Zim Needs Total Lockdown Now!!!

ZIMBABWE is at a very difficult time in as far as COVID-19 infections are concerned. Now more than ever, we have more sick people amongst us and unfortunately, because some cannot afford testing, they are walking around unknowingly infecting others in the communities.

The number of hospitalized cases have skyrocket and so have the number of patients in the Intensive Care Units (ICU) and those with severe symptoms. The Delta variant which currently makes up 80 percent for the country's infections has infected so many people than can be imagined.

Variants and flu strains by nature have a way of beating the system and this time around, the Delta variant unlike the first COVID-19 bug, seem to be a bit lighter and can spread faster and easier. This means the more we continue to meet and congregate, the more chances the infections spread.

Even though government moved in to announce a lockdown level 4, it appears the restrictions are not doing enough to address the ever-growing burden of new infections. Our health facilities are already overwhelmed and soon they will be encouraging people to manage patients from home.

A total lockdown for the next two weeks would go along way in cutting the channel of transmission. The virus doesn't move, people move it. Its sad that we have a relaxed lockdown in place at a time the nation is facing one of its highest COVID-19 burdens both in terms of daily cases and the death rate.

What the country needs right now is a Total Lockdown just for about two weeks. As it stands, the current restrictions are not working, the infections are going up on a daily basis. This just shows that something is wrong somewhere.

Yes, livelihoods are at stake but we need to break for a while and save more lives. The virus is out for blood.

## Letters To The Editor

### We Need More Vaccination Centres

Dear Editor

I'm frustrated by the long queues at vaccination centres they are taking much of our time despite the fact that we will be having other commitments to attend to. We have accepted that vaccination is the way to go but government should do something about the availability of vaccines and add more centres.

Long queues should be avoided at all costs. It is also sad to note that some people without some form of identification are being turned away without being vaccinated

Elliot Dananai

Kadoma

### Investigate Corruption At Vaccination Centres

Dear Editor

I went for my COVID-19 vaccination jab and I was told they have taken in enough for the day. I later realized i was turned away because i didn't pay to have my jab.

Most people are paying an amount equivalent to five United states dollars or more to jump the queue and get vaccinated. This is corruption and should not happen at all cost. Harare City Council should do something before it gets out of hand.

Nelia

Ruwaa

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## Harare Clinics Struggle To Clear Vaccination Queues

By Michael Gwarisa

**H**ARARE local authority Clinics are finding it difficult to clear long winding queues of citizens who are coming forward daily to get inoculated.

In most cases, the facilities are just serving 30 or less people, telling the remaining hundreds to consider a later date for vaccination. Even though the City has published a list of centers conducting vaccinations, it appears some centers have not been living up to their promise.

A tour of the vaccination centers around the city show a grim picture characterized by long winding queues with little or no physical and social distancing at all, making the queues potential super spreader sources.

Through their official micro-blogging platform, the City of Harare confirmed that they were in a tight spot as many nursing staffers left the organization to join other organizations and this had compromised their capacity to vaccinate more people.

Vaccination ongoing at Belvedere Polyclinic. Long queues characterize the vaccination exercise. Council is short staffed. Over 240 nurses have left to join other organizations,” said the City of Harare.

However, government has since sourced more vaccine doses from China with the latest consignment being the delivery of 2 million vaccine doses from China, City council clinics are struggling to meet demand mainly due to under staffing. The country is also expecting another delivery of the Sputnik-V vaccine from Russia.

Briefing Journalists during a Post Media Briefing, Information, Publicity and Broadcasting Services Minister, Senator Monica Mutsvangwa said government would rope in the services of medical staff from the police and defence forces to augment vaccination teams from the Ministry of Health and Child Welfare and local authorities

Over a fortnight ago 500 000 Sinopharm vaccines arrived with the first dose portion having been distributed and now 600 000 doses of the 2 million Sinovac doses received last week from China has already been assigned to the provinces and the rest being distributed this week to ensure a continuous supply.

“Cabinet is pleased to note that citizens across the country continue to present themselves for vaccination in large numbers. In order to minimise the time spent in queues, extra personnel from security and defence forces have been harnessed to increase the numbers of personnel at the vaccination centres,” she said.

“Furthermore, the Ministry of Health and Child Care, working with relevant Government departments, is taking measures to ensure that vaccination, rapid response and case management teams are supported with vehicles, fuel and subsistence allowances to ensure that the country achieves herd immunity.”



Long Queue At Belvedere Clinic in Harare

## Dapivirine, Vaginal Ring Approved For Use In Zim

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months or a few years, depending on the completeness of the technical information that would have been submitted to the authority.

In an interview with this publication, MCAZ Projects and Public Relations Officer, Mr Shingai Gwatidzo confirmed that the ring has been granted the green light and use would be continuously monitored for safety purposes.

“The Dapivirine Ring was approved by MCAZ on the 6th of July 2021. The Dapivirine Ring has just recently been approved for use in Zimbabwe,” said Mr Gwatidzo.

“The Authority will continue to monitor the product as it is being used in Zimbabwe and relies on the

public to report to their healthcare providers if they have any issues with the ring. This would help the authority to continuously ensure the public are protected and have access to safe, effective and good quality products.”

Zimbabwe becomes the first country in the world to approve use of the Dapivirine Ring. Other countries pursuing the Ring method include Uganda, South Africa, Rwanda and others.

“The time review also depends on the time it takes for the applicant to address some of the queries raised during the review process. An application for registration is submitted together with application fees. This application is in the form of a dossier that contains technical information on the product including information on the clinical studies conducted, the detailed

drug development and manufacturing process, the stability studies conducted as well as information on packaging etc.

“Assessment of information submitted is then conducted by the technical officers at MCAZ in line with standard guidelines. Verification of the suitability of the manufacturing premises is also conducted by the MCAZ inspectorate team to assess compliance to Good Manufacturing Practices requirements.”

In other instances, testing of products prior to approval is also conducted in the MCAZ Laboratory. The information is then presented before the Registration Committee comprised of various experts such as medical doctors, pharmacists, academics, biotechnologists which determines whether or not, a product can be approved for use in

Zimbabwe.

The Dapivirine vaginal ring is a flexible, silicone ring that a woman can insert in the vagina for monthly protection against HIV. The ring is designed to provide women with a discreet and long-acting option for HIV prevention. It contains the anti-retroviral drug dapivirine, which is released slowly to reduce the risk of HIV infection locally in the vagina with few effects elsewhere in the body.

Dr Nyaradzo Mgodzi, who is the Chairperson on the Dapivirine Ring studies in Africa said all the study phases have indicated that the ring was safe and the Phase III clinical trials did not indicate ARV resistance associated with use of the dapivirine ring, or interference with antiretroviral therapy (ART) effectiveness in those women who became HIV-positive while

participating in the trials.

“No safety concerns related to dapivirine ring use have been identified in previous and ongoing trials. The ring delivers dapivirine in the location where infection is likely to occur, so less of the drug is absorbed in the rest of the body.

“The ring is clinically shown to reduce the risk of HIV-1 infection by about 30%. In addition, recent open label studies suggest that HIV risk is reduced by about 50% with consistent use of the ring. No safety concerns related to Dapivirine ring use have been identified in previous and ongoing trials,” said Dr Mgodzi.

# 20 000 Active Landslides Identified In Chipinge and Chimanimani

By Michael Gwarisa

An ongoing assessment by the United Nations Educational Scientific and Cultural Organization (UNESCO-ROSA) together with its local and international partners indicates that Chipinge and Chimanimani Districts in Manicaland province are amongst the most flood prone areas in Southern Africa, making them highly susceptible to devastating landslides.

This comes at the back of revelations by the Catholic University of Leuven which has already mapped out about 20,000 active landslides in the two districts (mainly connected to the cyclone Idai event) using remote sensing data. The field assessment includes a general assessment from 5 to 13 July and further field research measurements until the end of July 2021.

Representing the UNESCO ROSA Regional Director, Professor Hubert Gijzen during a virtual meeting media briefing on Landslides Project In Chimanimani And Chipinge Districts, Professor Martiale Zebaze Kana, Programme Specialist, UNESCO Regional Office for Southern Africa said UNESCO has engaged local and international experts to develop landslide susceptibility maps that indicate landslides hazards in the two districts as a first step.

I would like to start by extending my appreciation to the Zimbabwe Idai Recovery Project (ZIRP) team who are leading the Cyclone Idai Recovery efforts, funded by the World Bank and managed by UNOPS.

“It is through this project that UNESCO has been mandated to implement an initiative on Comprehensive Resilience Building in Chimanimani and Chipinge districts. This project focusses on reducing the vulnerability of communities to natural disasters, such as floods, droughts and landslides; and to enhance water resource management as well as ecosystem services

in response to the uncertainty of future climate change,” said Prof Kana.

He added that UNESCO assists countries to build their capacities in managing disaster and climate risk through supporting their efforts in preventing, mitigating the effect of and coping with disasters and it was against this background that UNESCO is carrying out the landslides assessments in Zimbabwe, and in Chimanimani and Chipinge in particular.

According to UNESCO, Zimbabwe is currently exposed to multiple weather-related hazards, suffering from frequent periodic cyclones, droughts, floods, and related epidemics and landslides. However, under the World Bank Funded Zimbabwe Idai Recovery Project (ZIRP), UNESCO Regional Office for Southern Africa (ROSA) is implementing the project ‘Comprehensive Resilience Building in the Chimanimani and Chipinge Districts’ with the objective of reducing the vulnerability of communities in the Chimanimani and Chipinge Districts to natural disasters,

Nicholas Callender the World Bank (WB) Disaster Risk Management Specialist and Task Team Leader of Zimbabwe Idai Recovery Project said they are providing funding to the boost resilience and improve livelihoods of the people in the affected areas.

“As the World Bank, we are guided by three priorities in all the work that we do - Helping create sustainable economic growth, investing in people and building resilience to shocks and threats that can roll back decades of progress. The Zimbabwe Idai Recovery Project, which we have funded to the tune of \$72 million is proving to be a successful model for resilience building and addressing these priority areas.

“The Zimbabwe Idai Recovery Project (ZIRP) has brought together 8 specialist UN agencies under one project leveraging on their



comparative advantage. This is the first time that UN agencies have worked together under one grant in this manner.

“Secondly, ZIRP has been able to transverse the humanitarian-development nexus through a surge of high-impact, immediate interventions for enhancing the coping capacity of affected communities,

transition towards medium-term recovery, such as the restoration of community productive capacities and rehabilitation of critical community infrastructure, across multiple sectors; and, now interventions to reduce community hazard risk vulnerability through community level structural and non-structural rehabilitation development,” said Callender.

The ZIRP is the first UN joint effort that integrates eight agency’s activities and leverages each other’s comparative advantage. Translating to multiplied and more significant impact for Cyclone affected communities.

## Save-A-Life Promotion

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COVID-19 RESPONSE EQUIPMENT OFFER

ProChoice is a rapidly growing player in the hospital equipment space, ProChoice is offering support to the Corporate Sector companies that are setting up COVID-19 structures for their staff members or are donating to assist communities in times of acute need that has arisen. The offer has also been designed to directly support Government Departments and Local Authorities as their response effort in developing and locally producing relevant medical equipment and offering it at a discounted rate.

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**3. Pop-Up Clinic Deployment**

The Pop-Up clinic concept-mobile clinics and medical work camps involves physically setting up a movable medical facility in communities where the need is greatest at the time. The pop up clinic is an opportunity for Government, the corporate sector and local authorities to complement physical hospital structures which evidently are in dire space constraints.



**3. Pop-Up Clinic Deployment (cont'd)**

The clinic will be a mobile unit built on either a car or container which ideally is made to the capacity of detain emergencies such as COVID-19. The Clinic will comprise main components, i.e the Clinic Unit and the Admission Unit

**Clinic Unit**  
The Clinic unit is the main component whose interior is built from our Ambulance model experience. Using this framework, client specifications can always be adopted depending on specific function

**Admission Unit**  
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# PSMAS Moves To Reduce Claims Processing Turn-around Time



## Own Correspondant

Newly rebranded Premier Service Medical Aid Society (PSMAS) has moved to reduce claims processing turn-around times by adopting an electronic claims processing platform in line with its digitalisation programme.

Introduced in partnership with a local company Health 263, the platform enables service providers to submit claims for services rendered to members in real-time to the Society electronically, a progression from manual submissions. The move addresses both a migration towards technology and a clear support for local entrepreneurship efforts.

Previously, patients would be required to complete hard copy claim forms upon presenting at a health facility. These forms would then be compiled and submitted to the health insurer at a later stage for reimbursements. Upon receipt, the health insurer would first capture details on the claim forms in their system, a process that would sometimes take time before the claim is eligible for payment.

This new process not only speeds up the claim submission process, but also reduces errors associated with manual processes as it brings less manual claims thereby offering convenience to service providers. In addition, the platform provides for biometric member verifications. This enables enrolled members to verify their credentials electronically without necessarily presenting a membership card at point of care. Furthermore, enrolled members would not need to complete sets of claim forms when they present for treatment, a process that sometimes becomes cumbersome when one is not feeling well.

On the other hand, service providers can attach pre-

scriptions, laboratory and radiology request.

The electronic system also fits very well in the current operating environment, where minimal contact is encouraged to reduce risk of Covid-19 transmission.

PSMAS said, in conformity with the “new normal” it is therefore calling upon its various service providers and members to embrace the electronic claim switching and biometric member authentication platform and enjoy this convenience. Members can enrol from service providers who have since incorporated this platform as part of their administrative and operational process while health care service provider can enrolling from any PSMAS branch.

Implementation of the Health 263 platform is part of PSMAS’s broader strategy to improve service delivery to members as well as enhancing relationships with healthcare service providers through reducing delays in reimbursements. PSMAS spokesperson Ms Paidamwoyo Chipunza said this milestone was one of the initiatives the Society has put in place in its quest to digitalise a majority of its services.

She said this was also part of the Society’s rebranding exercise, which sought to improve services and relationships between PSMAS and key stakeholders. “PSMAS rebranding was a combination of internal and external processes hence, as we changed our corporate identity, we also endeavoured to improve our service offerings in tandem with the new norm, which is technologically inclined. “The electronic claims processing and biometric member verification platform is therefore one of the initiatives we will be rolling,” said Ms Chipunza. She said the Society will continue exploring other functionalities for this plat-

form for extra convenience. Some of the innovations, already launched to the public include the PSMAS 24/7 Mobile Application. The Mobile App is downloadable on both Google Play and App Store and allows members to get

responses to frequently asked questions, payment of subscriptions via multiple platforms, registration of new members, location of service providers and PSMAS branches among others.

The Society is also piloting

a wellness wearable smart watch through its Premier Lifestyle programme. The device is meant to assist PSMAS members in better managing their health.

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# COVID-19 Reverses Childhood Vaccinations

Staff Reporter

**2**3 million children missed out on basic vaccines through routine immunization services in 2020 – 3.7 million more than in 2019 – according to official data published today by WHO and UNICEF.

This latest set of comprehensive worldwide childhood immunization figures, the first official figures to reflect global service disruptions due to COVID-19, show a majority of countries last year experienced drops in childhood vaccination rates.

Concerningly, most of these – up to 17 million children – likely did not receive a single vaccine during the year, widening already immense inequities in vaccine access. Most of these children live in communities affected by conflict, in under-served remote places, or in informal or slum settings where they face multiple deprivations

including limited access to basic health and key social services.

“Even as countries clamour to get their hands on COVID-19 vaccines, we have gone backwards on other vaccinations, leaving children at risk from devastating but preventable diseases like measles, polio or meningitis,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “Multiple disease outbreaks would be catastrophic for communities and health systems already battling COVID-19, making it more urgent than ever to invest in childhood vaccination and ensure every child is reached.”

In all regions, rising numbers of children miss vital first vaccine doses in 2020; millions more miss later vaccines

Disruptions in immunization services were widespread in 2020, with the WHO Southeast Asian and



Eastern Mediterranean Regions most affected. As access to health services and immunization outreach were curtailed, the number of children not receiving even their very first vaccinations increased in all regions. As compared with 2019, 3.5 million more children missed their first dose of diphtheria, tetanus and pertussis vaccine (DTP-1) while 3 million more children missed their first measles dose.

“This evidence should

be a clear warning – the COVID-19 pandemic and related disruptions cost us valuable ground we cannot afford to lose – and the consequences will be paid in the lives and wellbeing of the most vulnerable,” said Henrietta Fore, UNICEF Executive Director. “Even before the pandemic, there were worrying signs that we were beginning to lose ground in the fight to immunize children against preventable child illness, including with the widespread measles outbreaks

two years ago. The pandemic has made a bad situation worse. With the equitable distribution of COVID-19 vaccines at the forefront of everyone’s minds, we must remember that vaccine distribution has always been inequitable, but it does not have to be.”

## Faith Based Organizations Key In Addressing HIV Information Gaps and GBV

By Michael Gwarisa

**R**ELIGIOUS and Faith based Organisations (FBOs) have been identified as a key partner in addressing some of the information gaps rampant in the male population which has seen them lagging behind in terms of access to health information and services.

Speaking during a virtual meeting for FBOs, UNAIDS Country Director, Sophia Mukasa Monico said Faith Based Organizations were deeply rooted in communities and they were better placed to address some of the inequalities with regards to access to essential health information, Gender Based Violence (GBV) and other harmful practices.

The faith-based constituency could be the pathfinder in Zimbabwe that would expand secondary education, with a focus on rural areas, strengthen the implementation of comprehensive sexuality education, introduce vocation-

al and technical streams to strengthen school-to-work transitions and work with parents and communities to reduce sexual and gender-based violence against adolescents and young people.

“Your constituency should advocate for gender-responsive reforms in policies, laws and practices to guarantee the education, health and other social and economic rights of adolescents and young people. This includes changes in parental consent requirements and eliminating user fees for adolescents to access basic HIV and other sexual and reproductive health services, supporting pregnant adolescents and young mothers to complete their education and tackling gender-based violence, menstrual hygiene management and mental health, among others,” said Ms Monico.

She added that in order to bring about mental health awareness, HIV prevention, economic empowerment and gender

equality, there was need to empower the minds of adolescent girls, boys and young women and men now more than ever.

“With your mandate and reach You are better placed to do that. This workshop is timely as it will equip the religious leaders and programme teams with skills and information to address some of the inequalities by promoting access to Comprehensive Sexuality Education (CSE) and implementing the existing promising practices, strategies and skills for male engagement programming for HIV/SRHR/SGBV.”

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and information to address some of the inequalities by promoting access to Comprehensive Sexuality Education (CSE) and implementing the existing promising practices, strategies and skills for male engagement programming for HIV/SRHR/SGBV.”

Meanwhile, speaking on behalf of Faith Based Organisations, Professor Ezra Chitando said there was need for unity from all sectors of society in order to end AIDS by 2030 and rid society of the increasing cases of Gender Based Violence.

“I would like to acknowledge all the participants for your commitment. On behalf of the Interfaith Network, I would like to express our profound appreciation to the UN family, the NAC and all other partners for coming up with this highly strategic workshop. The Interfaith Network is a transformative movement that seeks to mobilise the faith community in Zimbabwe for joint action.

“We are inspired by African proverbs that place emphasis on collaboration. From Ethiopia, we learn that, “When the webs of a spider unite, they trap a lion.” From Kenya, he heard that, “Sticks in a bundle are unbreakable,” said Prof Chitando.

He added that the COVID-19 pandemic had proven that now more than ever, there is need to work together as one.

“We see this with COVID-19. There might be different variants, but these are not on the basis of religion. There is no variant for the Bahai Faith, or for Hindus, Muslims, Christians or traditionalists. We are all, equally vulnerable. Hence, we must work collaboratively in our response to COVID-19 and other challenges.”

He also said engaging men and boys was key to ending AIDS since most men and boys shun seeking health services/....TO PAGE 17

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# CWGH, HealthTimes Vaccination Campaign Pays Dividends

Staff Reporter

**A**N online media vaccination awareness campaign being run by HealthTimes through support from the Community Working Group on Health (CWGH) has reduced vaccine hesitancy and seen more people taking vaccination over the past two months.

The campaign running under the theme “Help Stop The COVID-19 Pandemic, Get Vaccinated Today” is being run mainly through the HealthTimes WhatsApp platforms and other HealthTimes media platform such as the Twitter, Facebook and the news website, has taken the market by storm and generated interest across the social divide.

In an interview with HealthTimes, CWGH Executive Director, Mr Itai Rusike said the partnership which started two months ago has been amazing and has drawn more Zimbabwean citizens towards getting vaccinated.

Given that the campaign is not one of those big budget campaigns, i can say the impact for this partnership has been huge. We get all sorts of queries because of the information that being shared everyday especially on vaccine availability and access to vaccines. We hope this is just the beginning but there is always a start and I hope our collaboration will eventually be consolidated.

“Its amazing juts how this partnership has really caught the attention of so many stakeholders. Almost every day, I get calls from high offices inquiring about the vaccine situation the same with some donor agencies. Most importantly, it has been the impact at community level where we share through our various network platforms and it has generated a lot of interest and people are now keen to get vaccinated,” said Mr Rusike.

Since the campaign started a number of Zimbabwean citizens have joined the numerous HealthTimes WhatsApp groups where

the daily and updated information about centers offering vaccines is updated every morning.

Speaking on the partnership, Mr Michael Gwarisa, the HealthTimes Editor said the campaign was their way of complementing government vaccination efforts through providing timely updates on the vaccination situation in the country as well as demystify some of the myths around vaccines.

“First of all, we must appreciate that WhatsApp has become the biggest media and source of information. The world over, Billions of people are on WhatsApp and at the click of a button, someone in the United Kingdom can access information from Zimbabwe or anywhere in



Mr Itai Josh Rusike

the world.

“During these pandemic times, we also note that information gaps are still prevalent and by taking part in these daily updates on vaccination, we are playing our part in ensuring people take vaccination and they don’t struggle or spend time moving from one place to another in search of centers offer-

ing jabs,” said Mr Gwarisa.

He also paid tribute to the CWGH for agreeing to partner HealthTimes on the campaign which he says has not only reached many, but has saved lives through pointing people towards vaccination.

Meanwhile, As part of its mandate to promote health literacy among communi-

ties, 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.

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# Should We Trust Big Tech With Our Health Data?

Split-second images flash in front of me, and I'm supposed to indicate with my thumbs whether I'd seen an animal or something else. It's fun, and over in just 60 seconds. But there's a serious intention here.

"It's a kind of early warning system for cognitive impairment," says Dr Thomas Sawyer. He is the chief operating officer of Cognition Neurosciences, the Anglo-Canadian firm that developed the app.

"The tool solves a global problem. Early impairment is just not detected. This could have a huge impact on outcomes for patients, and healthcare systems, because late diagnosis costs trillions of dollars every year in global healthcare."

Designed as a simple, quick, and easy test to spot the earliest signs of dementia, the app's algorithms are powered by artificial intelligence (AI) - software that can "learn" and adapt by itself.

They can automatically detect if a person has some signs of slow reaction, or poor visual recognition skills, irrespective of the language they speak.

As the app is rolled out, anyone susceptible can be tested whenever they visit their doctor's surgery. A digital red flag would lead to an in-person consultation with a specialist. Specific lifestyle advice could then be given, Dr Sawyer says, potentially delaying the onset of dementia by years.

An elderly woman seeing her GP image copyright Getty Images  
The idea for the app is that people can be tested whenever they visit their GP

Digital diagnostic tools such as this that use AI, are springing up to help tackle all kinds of health conditions. Such as pattern-recognition technology assisting the detection of cancers, or analysing the brain scans of acute stroke patients.

GP data sharing: What is

it and can I opt out?

At the same time, AI software systems can now rapidly sift through multiple people's medical records to help drive the development of new drugs and treatments. This area is more controversial.

"Taking in data... an enormous amount of [research] could theoretically be done more accurately, with better information, prognosis and recommendation, by AI," says Robert Wachter a professor of medicine at the University of California, San Francisco.

He's the author of a best-selling book on the field called the "The Digital Doctor". He says that the UK's National Health Service, with its large and diverse datasets, is especially well-positioned to benefit from this AI healthcare revolution.

"If you combine a very large, very diverse population, with the ability to take data from all over the system and computerise it and make sense of it, I can't see any place that has an advantage over the NHS in doing that."

A computer chip and circuit board image copyright Getty Images  
AI software systems run on high-powered computers can sort through vast amounts of data very quickly

To try to put all the available data within the NHS to such use, the UK government announced earlier this year that it intended to create a central NHS digital database of all GP records in England.

For more information, GP data sharing: What is it and can I opt out?

The idea is that health researchers, be it from within the NHS, or private research groups and firms, could then access the pool of data.

However, the creation of the database was delayed last month, amid concerns that patients needed more time to be reassured about the use of their facts and

figures.

As the BBC reported at the time, NHS Digital (the organisation that runs the IT system for NHS England) said that the information would only be made available to organisations that "will legitimately use the data for healthcare planning and research purposes, and they will only get the specific data that is required".

Yet the Labour Party responded that the plan to sell NHS health data "to unknown commercial interests for purposes unknown, has no legitimacy".

Dr Allyson Pollock, a consultant in public health medicine based in Newcastle, says it is a thorny issue. "There's no doubt that using public health data is really important, but all the surveys of the public show they want their data used only for public benefit," she says.

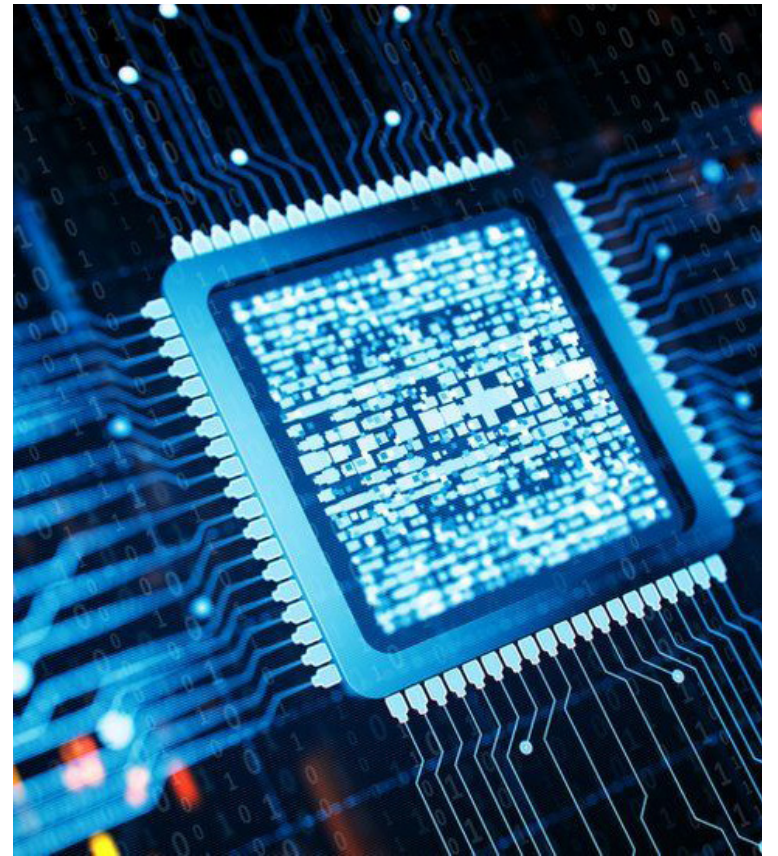
"They have very serious concerns about the commercialisation of their data, and if it's being exploited for profit."

Dr Allyson Pollock image copyright Allyson Pollock  
Dr Allyson Pollock says that patients don't want their medical data used for profit

Dr Sarah Deany, from the UK charity The Health Foundation, adds that if, and when, NHS data is shared with outside organisations, strict anonymity rules must be in place. "Health data often has very private things that people want to keep to themselves," she says, for example, mental health issues, or heart problems that could affect someone's chance of getting insurance cover.

These concerns come as four of the biggest tech firms - Google, Apple, Amazon and Facebook - are taking a growing interest in the field of data medicine.

Google's Deepmind subsidiary is continuing to develop AI applications for the healthcare sector, while Apple has a growing healthcare division. Meanwhile, both Facebook and Amazon have recently launched



online healthcare sites in the US.

All four companies have shown an interest in partnering with the NHS to access its data. That they might want to monetise people's sensitive health information as part of their other commercial activities, for instance, in advertising, has raised alarm. A woman wearing an Apple Watch image copyright Getty Images  
Apple, and other tech firms, now make "wearables" that can monitor aspects of a person's health

"I don't particularly want to see an advertisement on my Facebook feed that is born of my private healthcare data that happens to be being mined by a company that I didn't even know talked to Facebook," says Dr Wachter.

Dr Pollock agrees: "Data can be used for marketing and for selling. But it can also be used to discriminate."

"For example, it could be linked to your mortgage applications, to insurance applications, or indeed, even to your ability to cross borders. This risks becoming increasingly discriminatory".  
Presentational grey line  
New Tech Economy

New Tech Economy is a series exploring how technological innovation is set to shape the new emerging economic landscape.

Presentational grey line

Health experts point out that if these concerns are not addressed, the loss of trust could lead to patients withholding health information from their doctors, with potentially disastrous consequences.

Only one of the four tech giants in question spoke to the BBC with regard to these concerns. Google said in a statement: "We're committed to treating data responsibly and protecting privacy with strict protocols and innovative privacy technologies."

While many people will continue to voice opposition to their medical data being shared with private firms, ageing populations across the developed world, and the costs of their healthcare provision, will only increase the pressure to give access in the face of the privacy concerns.

Nicholson Price, an assistant professor of law at the University of Michigan, has written widely on the subject as part of his specialism in health law. He is in favour of increased data sharing.

"The potential social benefits of sharing lots of data about healthcare and helping us live longer, happier, healthier lives, is frankly, a much larger benefit than the idea that I'll receive an ad for a product that I'm slightly more likely to buy," he says. **BBC**

## Social Media Influencers, Religious Leaders Should Share COVID Information Responsibly

By Dr Grant Murewanhema

ZIMBABWE and most of Africa are currently in their third wave of the COVID-19 pandemic. Unlike the first two, the current wave has had a very rapid spread across Africa, and also seems to be having a higher fatality rate. Zimbabwe has seen the highest numbers ever reported this week, reporting a record high of over 2600 cases in the past 24 hours, with 55 deaths.

There has also been widespread community transmission, with all 10 provinces reporting quite significant numbers of cases. Unlike in the past, other provinces other than Harare, Bulawayo and Manicaland have been severely affected, with Mashonaland West, Mashonaland East and the Midlands reporting hundreds of new cases every day.

The third wave came after a relatively stable period from February to May 2021, where very few daily cases and fatalities were being reported, and the population had largely become complacent to prevention protocols as activities of life were slowly returning to normal. The onset of winter saw the beginning of the third wave, with the cold spell commencing around the last week of May to early January seeing the beginning of the third wave.

Previously, the Indian delta variant which is one of the dominant strains across Africa had been detected in the Midlands, leading to a localised lockdown. Increased human movement, local and international, failure to observe adequate prevention protocols, more transmissible variants such as the delta, and surveillance failures are some of the reasons why we may have had widespread community transmission even before we detected it.

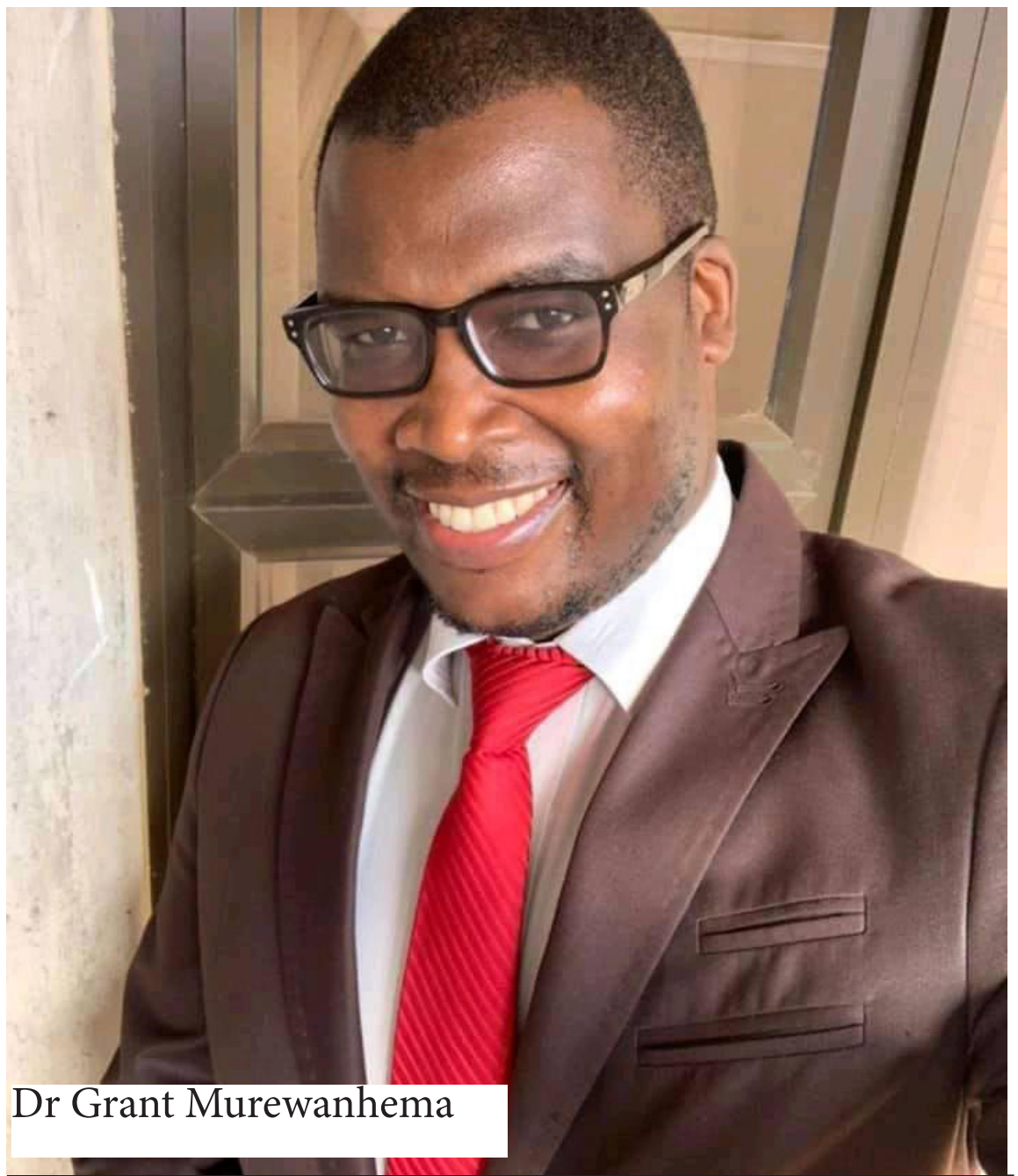
Tobacco sales floors, increased travels to Kariba and Zambia, and increased in-country moved across Mashonaland West possibly resulted in the wide-

spread transmission in that area. The third wave came at a time when Zambia, which had been relatively spared previously, was also seeing the harsh side of the pandemic. Now, South Africa which is usually the African epicenter, has also been reporting massive numbers of new infections, reporting on some days over 20000 new cases.

As the virus continues to spread in Zimbabwe and across Africa, and we lose more people, chances are very high that our public health facilities are slowly becoming overwhelmed and failing to cope with demands for hospitalisation and supportive treatments. The third wave in Zimbabwe is coming at a time when the country is suffering a massive brain drain, having lost thousands of healthcare workers to greener pastures over the past few months. The shortage of consumables and sundries has continued as the hyperinflationary environment continues. Whilst other countries have started seeing marked declines in new cases and fatalities, largely owing to successful mass vaccination campaigns, COVID-19 may in the future remain an African problem.

An urgent intersection of all public health stakeholders is required urgently to find long lasting solutions to the COVID-19 pandemic. We know that governments cannot continue to impose lockdowns on their populations, more-so in countries with very high unemployment rates, where populations live from hand-to-mouth and there is no social support. Children have also been academically affected for quite a while, and school and college activities must be restored to normalcy.

The WHO approved the emergency use of vaccines starting in December 2020. Zimbabwe, though not a part of the COVAX agreement, and had no access to the vaccines that were a part of the arrangement, swiftly moved in to source vaccines from China, India and lately Russia, and re-



Dr Grant Murewanhema

markably, by the end of the first three months of the programme, had administered over one million doses to its population, with over 600 000 people fully vaccinated. Whilst this is grossly inadequate, we applaud the government for such significant strides, making it a leader among the African countries in terms of COVID-19 vaccination, despite the several economic challenges.

Unfortunately, despite the efforts, the population initially remained largely vaccine hesitant, thanks to successful false information dissemination by influential religious leaders, prominent journalists and other famous members of the society. If we had scrambled for vaccines early enough, there is a possibility the huge demand would have forced the government to increase access and supplies. Whilst vaccines don't necessarily prevent new infections, studies have continued proving their beneficial effect in terms of reducing hospitalisations, severe disease and death from COVID-19.

This includes results from

a huge prospective cohort study published in the New England Journal of Medicine two days ago. All the same, the government has once again made significant strides, securing two million doses of vaccines in the past week. Vaccines are useless in fridges, and effective in people's arms. We therefore have to accelerate the vaccination programme, to make sure more citizens are protected.

At this point, responsible information dissemination is critical, and is the crux of successful prevention programmes. Religious leaders, prominent journalists and other prominent and trusted people, including healthcare workers, must make sure they are spreading accurate and verified information, including that regarding treatments of COVID-19. There have been false rumours of prophylactic packs circulating directly in the social media, which could give people a false sense of protection from COVID-19, and lead to irresponsible behaviour.

As we move forward, let's call on all stakeholders

involved in public health to make sure that they are educating the public correctly and appropriately, and the Risk Communication and Community Engagement Pillar in the Ministry of Health and Child Care must step up to the challenge. If we are to flatten the curve and reduce mortality from COVID-19, we have to accelerate the dissemination of accurate messages, and upscale our vaccination efforts. Meanwhile, let's educate our people that vaccination will not confer immediate protection, and there is great need to continue observing all prevention protocols as recommended by the WHO and MOHCC.

(Dr Grant Murewanhema, is an Epidemiologist, Public and Reproductive Health Specialist and Obstetrician and Gynaecologist who writes independently in his own capacity. All opinions expressed are personal)

# Wellness/Fitness & Mental Health

By Taku Muzzo

**E**XERCISE is heart healthy and good for your physique but it also has the power to impact the health of another vital organ – your brain. It can do so in a variety of ways. When you work out, your body releases a variety of hormones and brain chemicals that help build a healthier brain. These brain chemicals are: Serotonin, Norepinephrine, Dopamine, endorphins & Brain-derived Neurotrophic. In fact, studies show that regular physical activity may improve memory, mood, and, possibly, ward off brain diseases like Alzheimer's disease.

**Wellness:** is the active pursuit of activities, choices and lifestyles that lead to a state of holistic health. It is being in good physical and mental health. Wellness is not a passive or static state but rather an active pursuit that is associated with intentions, choices and actions as we work toward an optimal state of health and wellbeing. Second, wellness is linked to holistic health that extends beyond physical health (Global Institute of Wellness).

**Mental health:** is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. Mental health refers to cognitive, behavioural, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term “mental health” to mean the absence of a mental disorder (Medical News Today April 2020).

## The Connection between Mental Health with Fitness

**Five Brain-Boosting Chemicals released more during exercise and how they impact Mental Health.**

Serotonin Working up a sweat tells your body to increase production of a mood-boosting brain chemical called serotonin.

People who are depressed often have low levels of serotonin. Millions of people take anti-depressant medications to raise their serotonin level but exercise is a natural serotonin booster. This explains why exercise lowers the risk of depression. Forcing yourself to do a workout can lift your energy level and your spirits and interestingly, studies show exercise is as effective as prescription antidepressants for easing depression.

### What does serotonin do?

Serotonin impacts every part of your body, from your emotions to your motor skills. It is the chemical that helps with sleeping, eating, and digesting. Serotonin also helps: reduce depression, regulate anxiety, heal wounds, stimulate nausea, and maintain bone health.

### Serotonin and mental health

Serotonin helps regulate your mood naturally. When your serotonin levels are normal, you feel: happier, calmer, more focused, less anxious, more emotionally stable hence one enjoys a health state of mind.

### Norepinephrine

During a high-intensity workout, your two small adrenal glands above your kidneys as well as your brain rise up production of norepinephrine. It is a substance that's both a hormone and a brain chemical. When more norepinephrine flows into your bloodstream during exercise, you become more alert and focused. Norepinephrine also boosts memory retrieval, so you become better at retrieving information stored in your brain. This finding certainly makes a case for working out before a big exam or presentation at work, right. Therefore, exercise improves focus, attention, and the ability to

concentrate. Immediately after a workout, your brain is better at accomplishing tasks and resisting distractions. If you're easily distracted, exercise is your ticket to getting more done. As a hormone, norepinephrine is released into the bloodstream by the adrenal glands and works alongside adrenaline (also known as epinephrine) to give the body sudden energy in times of stress, known as



“fight or flight” response. Immediately after a workout, your brain is better at accomplishing tasks and resisting distractions. If you're easily distracted, exercise is your ticket to getting more done. As a hormone, norepinephrine is released into the bloodstream by the adrenal glands and works alongside adrenaline (also known as epinephrine) to give the body sudden energy in times of stress, known as

“reward” brain chemical. Dopamine is a neurotransmitter made in the brain. Basically, it acts as a chemical messenger between neurons. Dopamine is released when your brain is expecting a reward. On a given day, if you feel motivated and ready to tackle the day's list of projects after a workout, you can thank dopamine. It's dopamine that gives us the motivation to achieve comes after running a while. Endorphins are the reason why, although some researchers believe other brain chemicals, like serotonin and dopamine, play a role too. Endorphins help to relieve pain. Once you start pumping out endorphins, exercise no longer feels as hard. Finally, endorphins help to calm fear and anxiety, thereby making you feel more tranquil and at peace with yourself. No wonder studies show exercise helps to boost self-esteem and sense of well-being. The word endorphin comes from putting together the words “endogenous,” meaning from within the body, and “morphine,” which is an opiate pain reliever. In other words, endorphins got their name because they are natural pain relievers. Endorphins are released in response to pain or stress, but they're also released during other activities, like eating, exercise, or sex. They promote an overall sense of well-being; endorphins have many benefits, including: Alleviating depression, Reducing stress and anxiety, boosting your self-esteem, reducing your weight & helping you deal with pain during childbirth.

### The Bottom Line

The combination of these five hormones and brain chemicals explain many of the health benefits exercise has on your brain. Most brain health benefits come from aerobic exercise, although one study showed light resistance training may help prevent the loss of brain volume that happens with age. In addition, weight training builds self-esteem and confidence – and that's good for you and your brain. All in all, physical activity improves cognitive function, elevates mood, and helps your brain become more “plastic,” meaning it's more resilient and adaptable. Exercise also has an anti-inflammatory effect. That's important since inflammation is a factor in brain aging.

**Wellness & human development coach,  
Taku Muzzo /0713097391**

something of value or that makes us feel rewarded. Without enough dopamine, you probably wouldn't feel like putting forth the effort to do the things you need to do and that make you feel good. People who are depressed typically have a low dopamine level. The fact that exercise boosts the release of dopamine and serotonin explains why exercise is a natural mood lifter antidepressant. The right amount of dopamine usually goes along with a pretty good mood. It's ideal for learning, planning, and productivity. Dopamine contributes to feelings of: alertness, focus, motivation & happiness. A flood of dopamine can produce temporary feelings of euphoria.

### Brain-derived Neurotrophic (BDNF)

It may be the most important chemical released during exercise since it fosters long-term brain health. BDNF acts as a growth factor and promotes the formation of new connections between nerve cells, or neurons. It also helps repair nerve cells that are damaged. BDNF is most active in regions of the brain involved in memory, particularly an area called the hippocampus. The good news is exercise increases brain production of BDNF by up to three times. You may not get an immediate boost in brain function from BDNF but it helps protect your brain against injury as it preserves cognitive function.

### Dopamine

Dopamine is the “motiva-

tion” and “reward” brain chemical. Dopamine is a neurotransmitter made in the brain. Basically, it acts as a chemical messenger between neurons. Dopamine is released when your brain is expecting a reward. On a given day, if you feel motivated and ready to tackle the day's list of projects after a workout, you can thank dopamine. It's dopamine that gives us the motivation to achieve

### Endorphins

Endorphins are the ultimate “feel good” chemicals. You've heard people talk about “runner's high,” the feeling of bliss and oneness with the world that

# UNFPA Calls For Investment In SRH and GBV Services

HealthTimes Reporter

**T**HE United Nations Population Fund (UNFPA) has called for continued investment in the provision of Sexual Reproductive Health (SRH) and Gender Based Violence (GBV) services for women and young people in the context of COVID-19 that has caused serious gaps and challenges in the provision of sexual and reproductive health information and services.

Additionally, the reallocation of resources away from these services towards Covid19 response may affect the health of many women and girls. In her World Population Day message, UNFPA Executive Director, Dr Natalia Kanem said, "COVID-19 has laid bare stark inequalities and weaknesses in healthcare systems within and among countries. The crisis has caused many overstretched health systems to scale back sexual and reproductive health services, which are often not deemed essential."

While these services are a human right, they have been shunted aside in favor of more "pressing" concerns. Amid economic pressures and budget cuts, there is a real risk that some countries may fail to restore these services. On World Population Day, let us take action to close these gaps, because sexual and reproductive health services are essential. Even if health systems are understandably strained, these services cannot wait. Any further delays will curtail the health and well-being of women and girls, consequences that can last a lifetime."

World Population Day is commemorated each year on the 11th of July. The theme for this year: Rights and Choices are the Answer: Whether baby boom or bust, the solution lies in prioritizing the reproductive health and rights of all people points to the need to continue focusing on the rights and choices of women and young people, particularly girls.

The ongoing COVID-19 pandemic has put a strain on health care systems globally and nationally, disrupting the provision of sexual and reproductive health information and services. At the same time, COVID-19 has exacerbated gender inequities and gender-based violence, with increased incidences of violence under lockdowns.

In Zimbabwe the pandemic posed unprecedented challenges for UNFPA programming and it became necessary to relook at interventions and become more innovative to continue delivering critical SRH and GBV services for women and young people especially in light of COVID19 lockdown restrictions. Such innovation included partnership between UNFPA and World Food Programme to utilise its food distribution points and logistics to deliver GBV and SRHR information and services. Through this network, male and female condoms were distributed as well as sexual reproductive health information which was shared with communities during these food distribution outreaches.

Community health workers such as Behaviour Change Facilitators, Village Health Workers and young condom promoters, provided information on SRHR such as family planning, HIV, male and female condom usage and GBV at the food distribution points.

During the COVID-19 lockdown, the country witnessed an upsurge in cases of GBV. To ensure access to information on prevention of GBV and access to services, UNFPA supported GBV risk mitigation initiatives such as provision of psychosocial support to women and girls through safe spaces. GBV service delivery was scaled up through mobile One Stop Centres in remote areas – all this to ensure continuity of essential service provision during the COVID-19 movement restrictions phase, including the lockdown. A shuttle service was also availed in hotspots to support transportation of GBV services to health facilities at any hour.

"These are some examples of how COVID-19 challenged us to continue delivering GBV response as well as SRHR services with innovation. We were able to continue supporting the delivery of services for women and young people to access contraceptives, obtain cervical cancer screening and access to GBV services for survivors," said UNFPA Zimbabwe Country Representative Dr. Esther Muia.

"Although progress has been made, even with the challenges presented we are still alive to the fact



Dr Natalia Kanem  
the  
UNFPA  
Executive Director

that COVID-19 remains a huge challenge to our programming and to women and girls and we still have much more work to do. We must continue to ensure universal access to sexual and reproductive health, leaving no one behind. We call on all our partners to continue supporting and believing in our mandate."

In many marginalised and rural communities, women and young people still struggle to access reproductive health services, especially preventive services with family planning, cervical cancer screening and treatment standing out. In addition, the number of maternal deaths in the country remains unacceptably high.

In addition, GBV remains a huge problem in Zimbabwe affecting at least 1 in 3 women and girls, according to the latest Zimbabwe Demographic and Health Survey. The problem has worsened because of COVID19 and its impact on several dimensions of life.

"On this World Population Day, UNFPA extends its gratitude to the Government of Zimbabwe for the trust in the UNFPA mandate and mission," said Dr Muia. "Our gratitude goes to Governments of Britain, Ireland, Sweden, Switzerland, European Union, Japan, China as well as the World Bank who continue to support our work in Zimbabwe and our various implementing partners

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# Children Have Lasting Mental Health Effects From Pandemics

By Patricia Mashiri

**M**ENTAL health experts have urged parents to look out for signs and symptoms of stress and distress in children during the pandemic that usually manifest themselves as aggressive behavior in Children amongst a host of other signs.

In an interview with HealthTimes, Dr Kudakwashe Muchena a leading Psychologist said The COVID-19 pandemic just like any other pandemics such as HIV/AIDS exert pressure on the mental health of children leading to a lot of anxiety and panic amongst children usually when people who sit around them get sick and eventually die.

“With COVID-19 it is even more shocking if it shocks adults what about children because if you realize that people who die from COVID-19 just get ill for a very short space of time and they are gone and usually they are not cared for like any other diseases. The chance to explain to a child what is going on is

very minimum.

“Our society seems to push away children in terms of how they understand how they feel about their relationship with a person who is very ill and in that case it makes them even more difficult for them to appreciate what is going on it gives a lot of panic and anxiety,” said Dr Muchena.

He added that when a person dies, adults do not take time to explain to children what could have transpired, in the process not giving children enough room for closure and that time to say goodbyes with their loved ones.

“It’s something we really need to think about and see how we can help children let them understand but our challenge is we do not have chance to explain to them in terms of what has to be done. We realize that whilst we might think that things are normal around our children at the moment, anxiety starts building up in their minds and when it starts exploding with the outward behaviour it will



be more severe than what we think.”

He added that there was need to have a serious conversation with kids about the stress, anxiety and how they feel about the pandemic because most people who are passing on are the adults who are bread winners, parents, siblings and relatives to these children.

Meanwhile, Psychologist, Dr Lynn Zata said parents should be on a look out for a number of symptoms in their kids and they should pay attention to everything

their kids do in the pandemic.

“Signs to look out for include changes in behaviour, pay attention to eating habits either eating less or eating more, decreased interest in previously enjoyed activities, isolation, lack of motivation and sometimes negative coping strategies such as turning to drugs and lashing out.

“Parents should be supportive during this difficult time, encourage open communication and build

better relationships with your children. Remember children learn how to cope with distress from their parents. So it’s important to model the kind of behaviour you want to see in your kids,” Dr Zata said.

Research shows that most children suffer distress and at most times break down because of the continued grief and misery in hiding.

## What Is Mental Health?

What is mental health?

Definition  
Risk factors  
Common disorders  
Early signs  
Treatment

Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term “mental health” to mean the absence of a mental disorder.

Mental health can affect daily living, relationships, and physical health.

However, this link also works in the other direction. Factors in people’s lives, interpersonal connections, and physical factors can all contribute to mental health disruptions.

Looking after mental health can preserve a person’s ability to enjoy life. Doing this involves reaching a balance between life activities, responsibilities, and efforts to achieve psychological resilience.

Conditions such as stress, depression, and anxiety can all affect mental health and disrupt a person’s routine.

Although the term mental health is in common use, many conditions that doctors recognize as psychological disorders have physical roots.

In this article, we explain what people mean by mental health and mental illness. We also describe the most common types of mental disorders, including their early signs and how to treat them.

What is mental health? Mental health disorders are one of the leading causes of

disability in the U.S.

According to the World Health Organization (WHO) Trusted Source:

“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.”

The WHO stress that mental health is “more than just the absence of mental disorders or disabilities.” Peak mental health is about not only avoiding active conditions but also looking after ongoing wellness and happiness.

They also emphasize that preserving and restoring mental health is crucial on an individual basis, as well as throughout different communities and societies

the world over.

In the United States, the National Alliance on Mental Illness estimate that almost 1 in 5 adults experience mental health problems each year.

In 2017, an estimated 11.2 million adults in the U.S., or about 4.5% of adults, had a severe psychological condition, according to the National Institute of Mental Health (NIMH). Risk factors for mental health conditions

Everyone has some risk of developing a mental health disorder, no matter their age, sex, income, or ethnicity.

In the U.S. and much of the developed world, mental disorders are one of the leading causes of disability.

Social and financial circumstances, biological factors,

and lifestyle choices can all shape a person’s mental health.

A large proportion of people with a mental health disorder have more than one condition at a time.

It is important to note that good mental health depends on a delicate balance of factors and that several elements of life and the world at large can work together to contribute to disorders.

The following factors may contribute to mental health disruptions.

# UNICEF Signs Supply Agreement For Sinopharm

By Staff Reporter

**I**N an effort to improve access to quality-assured COVID-19 vaccines, enabling the protection of frontline health care and social workers, as well as other high-risk and vulnerable groups the United Nations International Childrens Emmergency Fund(UNICEF) has supply agreement of the supply of Sinopharm COVID-19 vaccine.

In a press release UNICEF said UNICEF and Sinopharm have signed a long-term agreement for the supply of the BBIBP-CorV inactivated virus vaccine against COVID-19 on behalf of the COVAX Facility.

“Through the agreement, UNICEF will have access to up to 120 million doses of the vaccine by the end of 2021 to supply participating countries and territories in the COVAX

Facility’s Advance Market Commitment (AMC), as well as self-financing participants.

“This is the 7th supply agreement UNICEF has signed for COVID-19 vaccines on behalf of COVAX. Previous agreements have been announced with the Serum Institute of India, Pfizer, AstraZeneca, Human Vaccine, Moderna and Janssen Pharmaceutica NV.”

The Sinopharm COVID-19 vaccine received a WHO Emergency Use Listing (EUL) in May. On 12 July, Gavi, the Vaccine Alliance announced that it had signed an Advance Purchase Agreement with Sinopharm on behalf of the COVAX Facility for the purchase of up to 60 million doses to be made available from July through October 2021.

“The agreement also includes an option to pur-



chase a further 60 million doses in Q4 2021 and 50 million more doses in the first half of 2022, if necessary. This totals a potential 170 million doses of the Sinopharm vaccine available to COVAX participants,” reads the statement.

“UNICEF highlighted that deliveries could start as early as August providing countries are ready to receive them. The COVAX

Allocation Framework will determine the dose allocations to COVAX participants taking into consideration access, country readiness, vaccine supply through COVAX to date, operating and supply aspects, and other parameters.”

UNICEF added that “The goal of the COVAX Facility is to help address the acute phase of the global

pandemic by the end of 2021 by providing rapid, fair and equitable access to safe and effective vaccines for all participating countries and territories regardless of income level.”

## Faith Orgs Key In HIV Fight

...from pg 8



“We acknowledge the significance of working with men and boys, both in the faith community and beyond. This is because, as our facilitators will elaborate, (i) Boys and men continue to be left behind in most programmes, (ii) Men are significant when addressing issues such as HIV prevention, child marriage, gender-based violence and others, (iii) Due to the patriarchal nature of our cultures and religions, men continue to wield a lot

of power in both the private and public spheres and (iv) Working with adolescent boys and young men is wise. It is an investment in winning the future.”

As the Interfaith Network, Prof Chitando said they were committed towards joining hands and minds to achieve national, continental and global development goals. We will have plans for engaging men and CSE and move from rhetoric to action.

## Wash your hands

Wash your hands with soap and running water when hands are visibly dirty



If your hands are not visibly dirty, frequently clean them by using alcohol-based hand rub or soap and water



# What You Need To Know About The COVID-19 Delta Variant In Zim

What is the Delta variant and why was it classified as a variant of concern (VOC)?

Variants are viruses that have changed or mutated. Variants are common with coronaviruses; however, a SARS-CoV-2 variant becomes a variant of concern (VOC) when its changes have a clinical or public health significance that affects one or more of:

transmissibility (spread) OR virulence (severity of disease) or change in clinical disease presentation OR vaccine effectiveness OR diagnostic testing or therapeutics. The Delta variant meets the definition of a variant of concern (VOC) as we know that where the Delta variant is identified, it really rapidly takes off and spreads between people more easily than other variants identified earlier on. As of 6th July 2021, the Delta variant had been reported in 104 countries worldwide including Zimbabwe. While it has been shown to have increased transmissibility, more studies are still under way to determine whether it causes more severe disease (virulent) or has any impact on public health and social measures (PHSM).

2. How is the delta variant different from other variants we have experienced before?

The Delta variant has shown higher transmissibility (infects people more efficiently than other variants). Currently data on effectiveness of public health and social measures (PHSM) is still being studied. PHSMs are measures or actions by individuals, institutions, communities, local and national governments and international bodies to slow or stop the spread of an infectious disease, such as COVID-19.

3. What are the signs and symptoms of the Delta variant?

Currently the symptoms and signs of the Delta Var-

iant are not that different from other known variants that cause COVID-19 such as fever, cough, tiredness, runny nose, sore throat, diarrhea, headache, loss of taste or smell, difficulty breathing or shortness of breath, chest pain or pressure

4. Can the current COVID-19 testing methods detect the delta variant?

The current PCR methods are able to detect the Delta variant. We in Zimbabwe were able to detect the positive samples from Kwekwe and on sequencing they were all Delta positive. The reason is most diagnostic kits can detect 2 or 3 of gene proteins that are part of the virus. Most of the kits detect what is called the S protein, so for as long as the S protein is there the PCR kit currently in use in the country can detect the Delta variant. However, there are PCR kits which are being manufactured which detect specific variants of concern, directly from PCR without need for sequencing. But currently we do not have these in the country.

5. Is prevention of delta variant different from the methods we have been using all along?

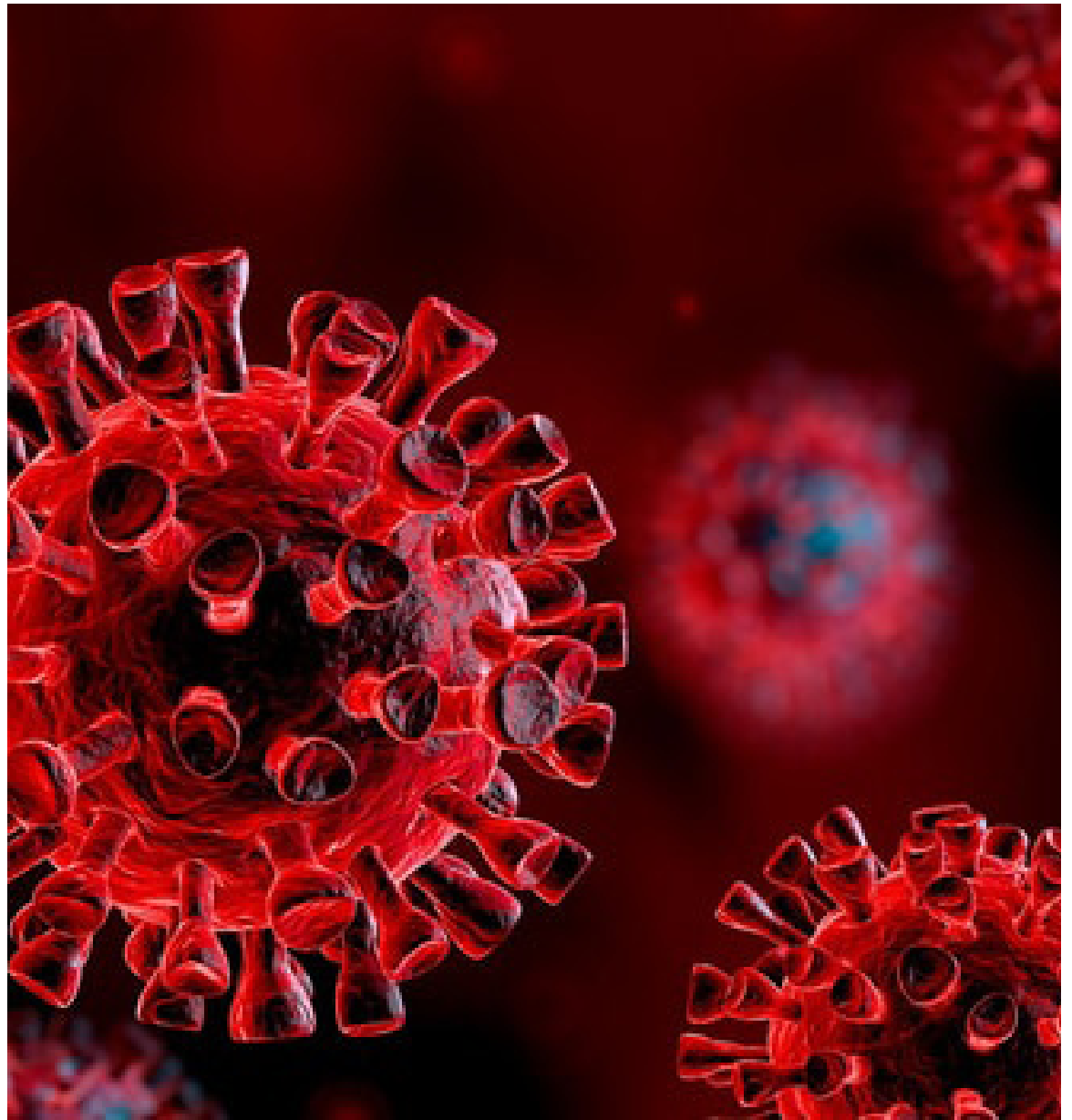
NO, stay safe by taking some simple precautions, such as physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds, cleaning your hands, covering sneezes and coughs, and more.

6. Are the current vaccines effective against the delta variant?

Vaccines do offer protection against severe disease by the Delta variant; possible reduced protection against symptomatic disease and infection. Protection offered against severe disease also means protection against hospitalization and significantly reduced risk of deaths.

7. Why should a person continue observing other preventive measures when they have been vaccinated?

A person who is fully vacci-



nated may still get infected, and get mild or moderate disease and they need to protect themselves from the disease.

A person who is fully vaccinated may also get the virus even though they may not get the disease.

Whether they get the disease or not the presence of virus in them may pose a hazard to other unprotected persons around them if they do not practice public health and social measures.

8. How do you manage COVID-19 at home?

If the test result confirms that you have COVID-19

Continue to strictly observe self-isolation if the health workers who diagnosed you tell you that you do not need to be admitted to hospital.

If you are not able to effectively observe self-isolation standards, inform your Village Health Worker/ Community Health Worker, or health worker who will advise an alternative isolation centre where you can stay to safeguard your household from risk of getting infected.

You will have to stay in isolation for 10 days from the day you test positive if you do not have any symptoms.

You will have to stay in isolation for 10 days plus an additional 3 days of no symptoms if you have shown some symptoms on testing.

Continue to take your other medicines as usual if you have other conditions and get monitored e.g. for blood pressure control or diabetes control. If you develop worsening or new symptoms e.g. fever, persistent dry cough, fatigue, sore throat, difficulty breathing, diarrhea /vomiting, immediately call 2019, or alert your Village Health Worker/ Community Health Worker / health worker for re-assessment and possible transfer to a health facility.

Currently there are no specific medicines for curing COVID-19.

Try and sleep on your stomach most of the time. This may help you breathe better.

9. Is steaming recommended for management of COVID-19?

Steaming is NOT a recommended method to manage COVID-19. However, you are free to do whatever you believe makes you feel better. You can use remedies such as paracetamol for fever or

pain. Make sure you eat a balanced diet and drink enough fluids.

10. Should you wear double masks for delta variant prevention?

Double masking is not recommended as it has not been shown to offer added protection against any of the SARS-COV-2 variants.

You can get correct information from trustworthy sources such as health workers, public health officials, WHO, AFRICA CDC and UNICEF. You can also use the following platforms to get more information:

Whatsapp hub: Send Hi to +263 714 734 593

Toll free hotlines: 2019 or your local COVID-19 hotline

Ministry of Health and Child Care website, Twitter handle, Facebook page Zimbabwe COVID-19 Resources:

<https://drive.google.com/drive/folders/1RIYh-h89lmJJxNvILFSE-oKhF-BRt0gY5T?usp=sharing>

This factsheet was produced by MoHCC Health Promotion Unit with support from WHO Zimbabwe.

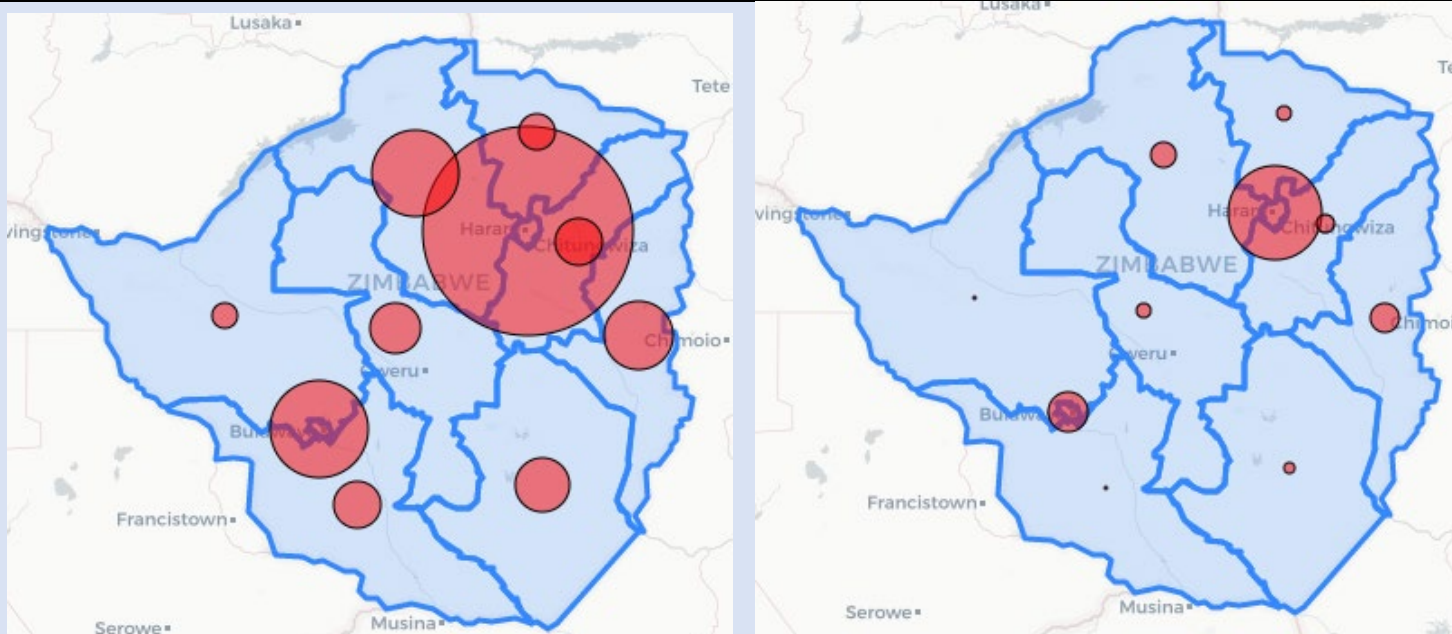


**Zimbabwe Covid-19 SitRep 14/07/2021**

**HIGHLIGHTS TODAY**

- **2 491** New Cases(*All Local*) and **86\*** Deaths reported today.(7 day rolling average\* for new cases rises to **2355** today from **2307** yesterday)\*Of the **27** deaths reported by Harare **20** occurred in the community between **9 and 13 July** and had not been reported
- Zimbabwe reaches 1 million first dose vaccinations
- Hotspots:Kariba(24),Hurungwe(95),Chegutu(94),Sanyati(61){MashWest},Mazowe(61),Centenary(70){MashCent}Marondera(85)Seke(59){MashEast},Chiredzi(12),Mwenezi(15){MasvingoProv},Harare(457)
- NorthernSuburbs(86),Nkulumane(35),Emakhandeni(56){Bulawayo},Kwekwe(15){Midlands}
- Vaccination Update:**47 506** received their **1st** dose today bringing cumulative for 1st dose to **1 036 252**
- while **5 716** received their **2nd** dose bringing cumulative for 2nd dose to **630 610**.(as at 1600hrs)
- As of 14 July 2021, @1500hrs there were **705** hospitalised cases: New Admissions **183**,Asymptomatic **223**,mild to moderate **401**,severe **52** and **29** in Intensive Care Units.(Inyathi Hospital and Parirenyatwa did not report today)
- **20 631** tests done today (Positivity today was **12.1%**)
- **721** new recoveries: National Recovery rate stands at **63%** & Active cases go up to **26 680**
- As of 15 July 2021, Zimbabwe has recorded **78 872** Cases **49 774** recoveries& **2 418** Deaths.

**CASES AND DEATHS DISTRIBUTION**



Province	PCR Tests + Ag	Cum Cases (New)	Recovered Cases (New)	Active Cases	Deaths (New)
Bulawayo	988	9 109(177)	6762(109)	1967	380(14)
Harare	6351	18 638(457)	14005(244)	3815	818(27)
Manicaland	2418	7 401(262)	4058(0)	3100	243(11)
Mash Cent	1433	5 164(322)	2710(119)	2322	132(7)
Mash East	786	7 002(344)	3303(4)	3540	159(15)
Mash West	2815	11 078(423)	6526(21)	4258	294(5)
Midlands	1154	5 770(91)	2862(0)	2712	196(4)
Masvingo	1081	5 955(91)	3507(0)	2356	92(0)
Mat North	1686	3 608(190)	1930(6)	1643	35(0)
Mat South	1919	5 147(134)	4111(218)	967	69(3)
<b>Total</b>	<b>20 631</b>	<b>78 872(2491)</b>	<b>49 774(721)</b>	<b>26 680</b>	<b>2 418(86)</b>

\*Provinces with new cases but zero PCR tests conducted respectively received results from NMRL,NTBRL&Pvt Labs.

# The importance Of Sanitisation and Disinfection During COVID-19

All businesses have a similar goal — to earn a profit while keeping staff and customers comfortable and safe. During the coronavirus pandemic, businesses must adapt quickly so that they can open and operate safely again. However, very few people have received the right training in how to address issues presented by the pandemic. To offer support while businesses prepare to open, Local Government and Public Health England have issued guidance that covers almost every conceivable situation.

Dr Neal Langerman Here, Dr. Neal Langerman Ph.D., a chemist with over 40 years' industry experience and a freelance writer at Kolabtree, a freelance platform for scientists, explores how businesses can fill this gap in guidance.

All guidance includes information on sanitising and disinfecting the workplace and frequent hand washing to improve hand hygiene of customers and staff. However, few bodies offer guidance on selecting and using the correct disinfecting chemicals and methods or what regulatory framework businesses should follow.

Businesses are currently doing what is required to keep staff and the public safe in as efficient a manner as possible. This includes efficient sanitising and disinfecting techniques to limit the spread of the virus. While these two terms have different definitions, the nuanced differences are irrelevant to operating a business. For clarity, this article will use the word "sanitising" (or its derivatives) to mean both sanitising and disinfecting and the term "employees" will refer to both employees and customers.

SARS-CoV-2, the virus that causes COVID-19 is spread as a bio-aerosol. Depending on the mechanism of generation – breathing, talking, cough, sneezing, etc – the bio-aerosols settle out of the air column in less than two metres and in 15 minutes. While reports exist that claim exceptions to these figures, they provide a good frame of reference

for creating a safe business workspace.

While the virus is quite fragile, reports suggest that it can persist on hard surfaces, both porous and non-porous, from minutes to hours, increasing the opportunity for it to transfer from hand to body and therefore increase the risk of infection. However, the lipids that coat the genetic material of the virus is easy to disrupt, so sanitising surfaces can easily kill the virus. Businesses must select the right sanitising product, understand where, how and how often to apply the product, and how often employees need to wash their hands.

To support business operators and help them understand sanitising requirements, Public Health England has published guidance for Cleaning and Disinfecting Public Spaces. Cleaning an area with hot, soapy water and normal household disinfectant can reduce the level of virus on the surface and reduce the risk of passing any infection. Implementing a regular janitorial program to clean all areas, remove waste and restocking personal protective equipment (PPE) such as face masks, can also reduce infection.

High contact surfaces disinfectant

Businesses should also take care to regularly sanitise and disinfect high contact surfaces, such as door handles, counter tops and switches, by using agents approved by the Health & Safety Executive (HSE). If possible, they can reduce the number of high contact areas by using self-opening doors or imposing controls to stop contact with counter tops. Outdoor surfaces, such as sidewalks or railings, will not need sanitising agents — routine cleaning with hot water and soap is adequate.

Employees and customers will touch some high contact surfaces frequently and routine sanitising is required to reduce the risk of infection. These surfaces are items such as:

- Tables;
- Doorknobs;
- Keyboards;
- Toilets;
- Light switches;
- Countertops;
- Handles;
- Desks Phones;
- Faucets and sinks;
- Gas pump handles;
- Touch screens;
- ATM machines and many more.

Cleaning teams should perform routine cleaning procedures at least once per shift or once daily and depending on the occu-

pancy of the space, sanitise high contact areas more frequently. For example, businesses can provide an aerosol sanitising spray in a public bathroom and request that each person uses the spray on all surfaces as they leave the facility. A larger public bathroom may also require regular sanitisation from a cleaner to further reduce risk of infection.

Regular hand washing is one of the easiest and most effective methods of reducing infection risk. Employees should wash their hands

when arriving and leaving work, as well as several times during a shift. Hand washing is particularly important because employees may be handling money or items from customers and touching many surfaces.

All employees should follow guidance to wash hands with soap and water for 20 seconds and dry them thoroughly. If washing hands is not always possible, businesses should provide hand sanitiser that contains at least 60 per cent alcohol.



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# South Africans Loot Blood Bank ‘15 of my relatives have died’

A blood bank at a Durban mall was looted on Monday evening with looters making off with valuable equipment as President Cyril Ramaphosa was addressing the nation on the unrest in Gauteng and KwaZulu-Natal.

“While we were watching President Ramaphosa addressing the nation on TV, we saw people coming to our donor centre in Queensmead Mall in Durban.

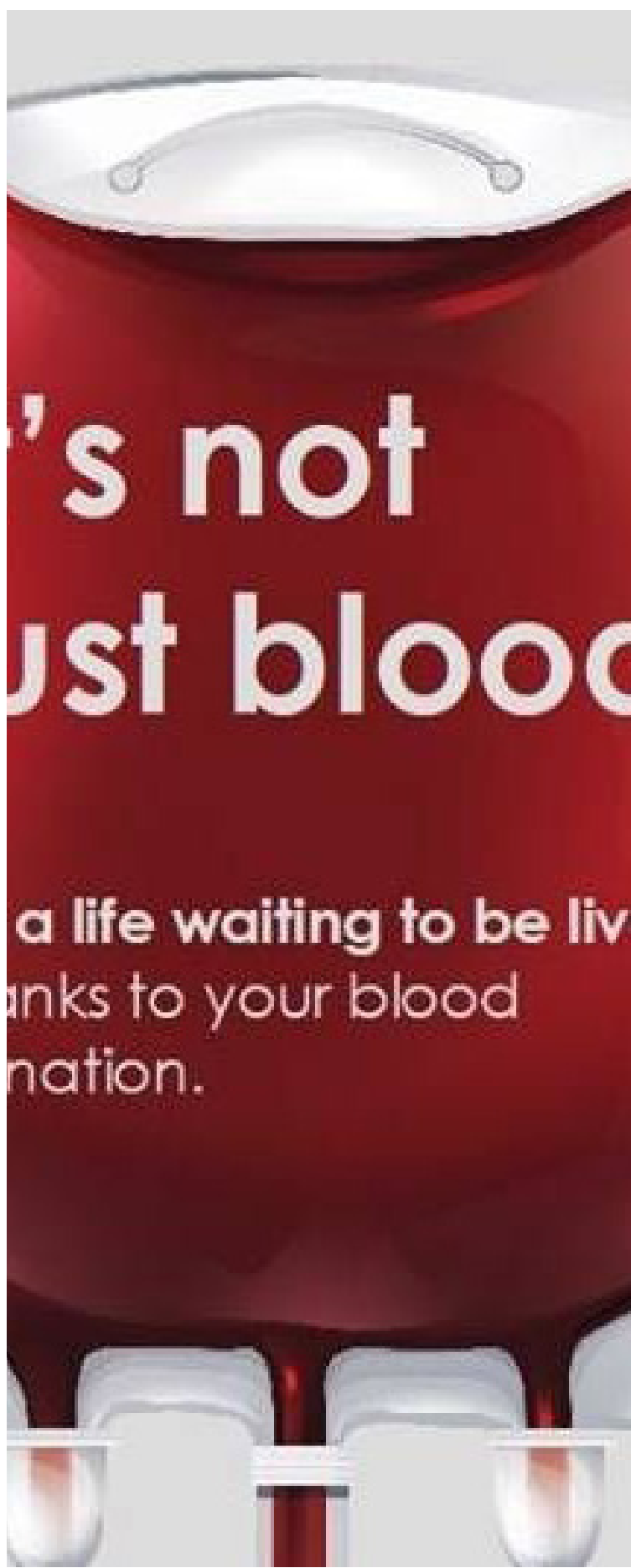
“They broke in and took some valuables,” regional marketing manager at the SA National Blood Service Simphiwe Cele said.

He said the looters took computers, laptops, test tubes and equipment used for blood collection.

Cele said the looting was a worrying development.

“People are going to be scared to visit our centre. We have been struggling to collect blood because of Covid-19 and this looting is amplifying our challenges,” Cele said.

SA has deployed soldiers to aide police to quell violence that erupted over the weekend.



“You do not know whether the world is ending,” says the 42-year-old, who played for Namibia at the 2008 Africa Cup of Nations.

“You can compare it to a tsunami, you can compare this to a volcano, you can compare it to genocide. I don’t know. It’s like there is poison in the water, and every drop you take might have it, or might not have it.”

Namibia, which has a population of 2.5 million, currently has the world’s highest daily death rate, at 22 per million people, according to Our World in Data. Tunisia has the second worst rate at 13 and Suriname the third at 10.

To help cope with the continuing rise in cases, the government has built makeshift hospitals to accommodate patients. But even with those, health facilities and healthcare workers cannot keep up.

Not only are the number of sick Namibians rising, but so are the number who need to be treated in hospital.

The new isolation centre at the main hospital in the capital, Windhoek, is an unassuming building.

It looks like it was dropped into the middle of the car park.

### Oxygen shortage

Before they enter the ward, the nurses have to put on full protective equipment, with multiple layers of masks and gloves, and special boots. It takes 15 minutes.

The nurses are constantly going through this procedure so that they are able to monitor the the oxygen levels of patients, most of whom are sleeping or are in a semi-conscious state. image captionDonnovan Soresbeb says it is emotionally exhausting to see so many patients die

Donnovan Soresbeb says this wave has been physically and emotionally exhausting for him and his

fellow nurses, adding that it was scary how quickly the condition of a patient could deteriorate.

“You lose patients that were okay a few minutes ago. You turn your back, and then they’re gone,” the nurse tells the BBC.

“Some are [staying] so long in hospital, that you kind of give up on them, and it is hard, but you keep hoping for the best.”

Hospitals across Namibia are at capacity and there is not enough oxygen for patients. Marley’s father Family

Mr Ngarizemo’s father passed away less than 24 hours after the oxygen was removed”

Samantha Granville  
Journalist

Doctors have described having to make decisions “for the greater good”, in which they take sick patients off oxygen to save the supply for a patient who is more likely to survive.

Mr Marley’s father was a victim of the lack of oxygen.

When he took a turn for the worse, doctors immediately put him on oxygen. But once his numbers improved, the oxygen was removed.

Less than 24 hours later, Mr Marley’s father had passed away.

Namibia was unprepared for the third wave, due to a perfect storm of government complacency, misinformation regarding vaccines and a deep case of fatigue with measures to control the spread of the virus.

Social media has been flooded with fake posts criticising the safety and efficacy of the vaccines.

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