HEALTHTIMES
Health News For A Healthy Nation

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TelOne Sends Unvaccinated Employees On Leave

…Health Policy Experts Respond

By Michael Gwarisa

ZIMBABWE'S leading Telecommunications operator TelOne, yesterday announced that it would send its unvaccinated staff on leave until the country's COVID-19 situation subsides.

This decision has been met with mixed reactions, with some sections of the Civil Society sector and activists expressing their disgruntlement at the move while some believe it is in the best interest of the public and employees. In a staff COVID-19 Management Escalation circular, TelOne said they had granted immediate leave for all unvaccinated staff members.

TelOne Corporate Communications, Melody Harry told HealthTimes that the move was meant to decongest the workplace in line with COVID-19 prevention protocols as well as encourage their employees to take up vaccination.

"TelOne acknowledges the seriousness the of the COVID-19 situation in the country at the moment. As such, we have taken a position to encourage our staff to be vaccinated. To date, we have at least 60% of our staff members who have taken up the vaccine under the national vaccination programme," said Harry.

She added that the risk that those that have elected not be vaccinated face was high hence the move to also protect them given the prevailing circumstances.

"So to reduce their exposure and the consequent risk to all others, we have requested that they take vacation leave until such a time the situation eases. This has further been necessitated by the reduction in productive hours following the slow down of business due to the lockdown measures taken by both the Private and sector."

....Go To Page 11 For Full Analysis:

Zim Removed From TB High Burden Countries List

By Patricia Mashiri

THE World Health Organisation (WHO), has removed Zimbabwe from the list of Tuberculosis (TB) high burden countries in its recent global updated list of high burden countries.

The new lists are for 2021–2025 and replace those previously used between 2016 and 2020. Zimbabwe together with other high TB burden countries such as Cambodia, the Russian Federation transitioned out of the list.

Speaking to HealthTimes, Dr Charles Sandy, the Deputy Director, TB and HIV Services in the Ministry of Health and Child Care (MoHCC) said there was some great progress which the country had achieved so far in TB management.

"We have made some progress in terms of containing and raising awareness on TB.The status does not mean we no longer have the burden but it has reduced. Its just that when comparing with other countries we have improved.

"We still have a mandate and a goal of ending TB,reducing deaths and intensify efforts in trying to curb new infections and with the coming in of COVID-19 it has been hard. COVID-19 had a major impact in accessing health services.It also brought stigma for TB patients who are at times labelled as they have COVID," Dr Sandy said.


Dr Sandy

WHO officially communicated with the ministers of health of Cambodia, the Russian Federation and Zimbabwe, to inform them about their country's transition out of the list of 30 high TB burden countries and to recognize their success in reducing the burden of TB disease in recent years. Between 2015 and 2019, incidence (per 100 000 population per year) fell by an estimated 22%, 25% and 18%, respectively, in the three countries.

WHO is also establishing a "global TB watchlist". This consists of the three countries transitioning out the global list of 30 high TB burden countries, since they still warrant continued attention and will remain a priority in terms of support from WHO. In future, other countries may be considered for inclusion on this watchlist – for example, based on evidence about the impact of the COVID-19 pandemic on TB services and disease burden. According to WHO, it is crucial that countries on the watchlist as well as mid- to low-incidence countries continue on their pathway to the 2030 targets, and then to pre-elimination and elimination.

Dr Christopher Zishiri, The Union Zimbabwe Country Director said they are very happy that Zimbabwe has been removed for the TB high burden countries....To Page 8

Diabetic People Should Get Vaccinated Says Experts

By Patricia Mashiri

DIABETES specialist and Health and Child Care Deputy Minister, Dr John Mangwiro has urged people with the diabetic condition to embrace vaccination so as to prevent COVID-19 infection as well as avoid critical illness and even death.

His call comes as a response to growing concerns by people with diabetes and other chronic ailments on whether they should take up vaccination or not.

In an interview with HealthTimes, Dr Mangwiro said people with diabetes can be vaccinated just as should any other persons with chronic diseases such as high blood pressure, Asthma and cancer among others.

"People with diabetes can be vaccinated when the diabetes is well controlled. When Diabetes patients are not sure they must first check in their doctors. I have diabetes and I have been vaccinated long back and I have not experienced any side effects. The vaccines that we use that is the Sinopharm, Sinovac and Sputnik-V are safe and efficient.

"People with diabetes are at a higher risk of developing complications of COVID-19, making it all the more important that they are vaccinated against the disease as soon as possible. So far we have not experienced an adverse effect of the vaccine. If there there is any it should be localized pains and reactions which are not serious. Therefore, I advise everyone to get vaccine. WHO advised that everyone can get vaccinated including pregnant women and lactating mothers," Dr Mangwiro said.

According to the ministry of health statistics, in Zimbabwe, it is estimated that 10 in 100 people have diabetes and currently, diabetes statistics represent over 100 000 visits or consultations at outpatients departments per year.

Dr Gojka Rojka from the World Health Organization (WHO) said the pandemic has shown that people with diabetes are at higher risk than people without the disease having a severe illness of COVID-19 and also dying of COVID.

"The two main types of diabetes are type 1 and type 2. Type 2 is much more common. Type 1 seems to also have a higher risk than type 2 of a COVID-19 illness and death. Vaccination is recommended for people with diabetes as a priority group for vaccinating. Vaccinations are encouraged and they have been proven to be safe and effective.

"Given that people with diabetes are considers a vulnerable group because of the higher risk of death than people without diabetes , we strongly recommend all the measures for containing the pandemic and for protecting ourselves as individuals such as hand washing, wearing masks, ventilating indoor habitats, socializing with people preferably outdoors whenever possible, and keeping the safe physical distance," Dr Roglic.

The Centres for Disease Control and Prevention (CDC) notes that it is important for people with type 1 or type 2 diabetes to receive vaccinations for COVID-19 because they are at increased risk for severe illness and death from novel corona virus.

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OPINION

Don't Be Selfish, Stay At Home!

THE prevailing third wave is threatening to bring Zimbabwe's healthcare sector to its knees. The growing number of hospitalisations and severe cases currently admitted in our health institutions is worrisome.

To date, a total 882 cases are admitted in our health facilities and from that number, 71 are showing severe symptoms and 30 are under intensive care (ICU). The good thing is that majority of the cases (526) are showing mild to moderate symptoms while 25 are asymptomatic.

However, there is a growing trend out there whereby individuals who would have tested positive are actually roaming around the streets, knowingly spreading the virus. Things are tough out there and we need to hustle but be that as it may, there is no justification for deliberately infecting innocent citizens all in the name of hustling.

Even if you have not been tested but showing symptoms that resemble COVID-19, please stay at home and get the remedies and medications currently being used to manage COVID from home. Your hustle is certainly not important than the next life you are putting in danger.

Over the past week or two, we have seen elderly folks succumbing to the virus. We have also witnessed young people dying at the hands of this new variant. This bug is unrelentless and is not a respecter of man. We need to be vigilant and act responsibly on a daily basis. Let's make it a religion to mask up, sanitise, physical distance and most importantly stay at home if we have symptoms.

Rural Funerals Need Regulation

Dear Editor

Firstly I would like to extend my deepest condolences to families that lost their relatives during this pandemic. Its indeed a hard time we are in but I think people should know how to conduct pandemic funerals.

I'm worried some people are still hosting funerals night vigils and doing body viewing at this point in time. We need to observe the WHO and the national guidelines that were put into place so that we fight this deadly pandemic together.

We need to put this to an end and go back to our normal lives.

Chenai Wakatamana

Gutu, Mpandawana

Saved By Vaccination

Dear Editor

I would like to advice the general public to get vaccinated.I was among the first people to be vaccinated.I got the Sinopharm vaccine.

I recently caught COVID-19 but i am happy to say I had mild symptoms because I had been vaccinated. I didnt even need medical attention during the sickness.I just wanted to let others know that the vaccines work and it's the only way to go.

Excited

Pamela Chimusoro

Gweru

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Introducing The PSMAS Contact Centre

Own Correspondent

Premier Service Medical Aid Society has launched a new Contact Centre meant to provide an additional platform for efficient and effective support to its members.

The Contact Centre, which started operating this month will provide personalised experience to the members by executing inbound and outbound communication with PSMAS members as well as prospective members. It comes with various interactive platforms that include the Web Chat accessed via the PSMAS website, Facebook, WhatsApp and E-mail.

Stakeholders can also contact PSMAS Contact Centre through their telephone lines.

Through operationalisation of the Contact Centre, the Society has also brought convenience to its members as they can now contact the Society from anywhere.

The Contact Centre is also designed to offer customers an effective communication channel to accumulate information on PSMAS services and products which means members now have the luxury of enquiring about PSMAS services and products from the comfort of their homes.

PSMAS call centre agents can further forward calls in certain cases to more qualified personnel for a more detailed and personal experience.

The PSMAS Call Centre also comes with an Interactive Voice Response system that answers calls and harnesses technologies to resolve the queries of the customers with installing automated messages.

PSMAS' Contact Centre will also assist members to abide by the national lockdown restrictions involving limited movements and physical interaction.

PSMAS Communications and Stakeholder Relations Manager Ms Paidamwoyo Chipunza had this to say about the newly established Contact Centre: "We have committed well-trained agents who are ready to attend to our members and offer quality service and information regarding various aspects.

"In addition to offering a positive experience, the call center agents are also involved in follow up phone calls to monitor member experience and solve issues that might come up with regards to our services or products.

"Our members can now interact with us without physically visiting our offices, which is good in that it serves their precious time and mobility costs. We thank our valued stakeholders for the continued support over the many years in existence and we would like to assure you of our unrelenting commitment to offer excellent service to you," she said.

Government Allows Private Sector To Vaccinate People In Hotspots At A Fee

By Staff Reporter

IN a bid to scale up vaccination programme the government has extended its national vaccination programme to the private sector.

In a letter addressed to provincial medical doctors, city health directors and chief executive officers of central hospital the Permanent Secretary of the Ministry of Health and Child Care , Air Commodore, Dr Jasper Chimedza said it was extending its vaccination programme to the private sector starting with private hospitals, clinics and private medicals aid societies.

"Zimbabwe started the roll out of vaccines on the 22nd February 2021 for the response to COVID-19. The vaccination programme was implemented in phases starting with the frontline workers, elderly and people with co-morbidities.

"The government has procured additional vaccines for response to COVID-19 outbreak in the country and the campaign is now being extended to the rest of the population throughout the country with emphasis on hospots through out the country, boarder towns, towns and cities, rural communities, learning institutions, Market places, prisons, mining and farming communities," said Dr Chimedza.

He added that the implementation of the vaccination programme which was being done mainly by the public sector was now being extended to private health facilities starting with private hospitals, clinics and private medical aid societies.

"The COVID-19 vaccination remains free in public institutions and private sector. However, the private sector is allowed to charge a nominal administration free of injection by doctor using AHFoZ claim number 90070 ZW$434.35 an injection by a nurse 90072 ZW220.64. At no point should the private sector charge more than the above stipulated administration fee.

"The private sector will access the vaccines, syringes and registers and vaccination cards from the Provincial Medical Directors and City Health Directors who will be monitoring the implementation of the programme. The recruitment of the private sector into this COVID-19 vaccination programme is subject to the participants not charging for the vaccines, daily reporting of statistics to the next level through the PMDs and City Health Directors and reporting of adverse events following immunization if any," Dr Chimedza said.

Zim Launches Special Initiative For Mental Health

By Patricia Mashiri

ZIMBABWE has introduced a national program for Mental Health and the Zimbabwe Mental Health Investment Case with the aim of improving policy, advocacy, financing and the upholding of human rights, as well as scale up evidence-based interventions and services for people living with mental health disorders.

Mental health disorders include substance abuse disorders and neurological diseases. The strength of the special initiative is based on establishment of evidenced based mental health treatment packages mainly for the treatment of substance use disorders, decentralization of mental health services, establishment of child psychiatry units and increase in mental health funding.

Speaking during the launch, ice President and Minister of Health and Child Care (MoHCC), Dr Constantino Chiwenga said this initiative was launched in other other five countries namely Bangladesh, Jordan, Paraguay, Ukraine and the Philippines.

"This special initiative for Mental Health entails conducting a mental health investment case. In essence, mental health investment provides quantification of the costs of mental health conditions to the health sector and the national economy, as well as benefits of scaled up action.

"It includes return-on investment analysis that compares the current costs of mental health conditions in the country with the estimated health and economic returns that implementing a set of cost-effective interventions in the short to medium term," said Minister Chiwenga.

He added that mental health investment case also involves an assessment of the current national mental health system, which

enables to identify the most appropriate feasible mechanisms for scaling up mental health promotion, prevention, and care in the country.

"It is common cause that, the special initiative has coincided with the worldwide increase of mental health problems due to COVID-19 pandemic.

Zimbabwe has not been spared by this pandemic. Moreover, the repercussions of the Cyclone Idai are still having a significant impact on Zimbabwe. The negative mental health effects of Cyclone Idai are still with us, where more than 270 000 people were affected by the cyclone, 341 people killed and many more missing.

"Excessive grief, depression and anxiety were among the most frequently reported mental health problems in the cyclone aftermath. There is the therefore an increased need to reach out to these people with the ever-needed mental .

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People With HIV Affected By Covid Vaccine Shortages

THE Joint United Nations Programme on HIV/AIDS (UNAIDS) said the limited access to COVID-19 vaccines for developing countries will have a negative impact on people living with HIV.

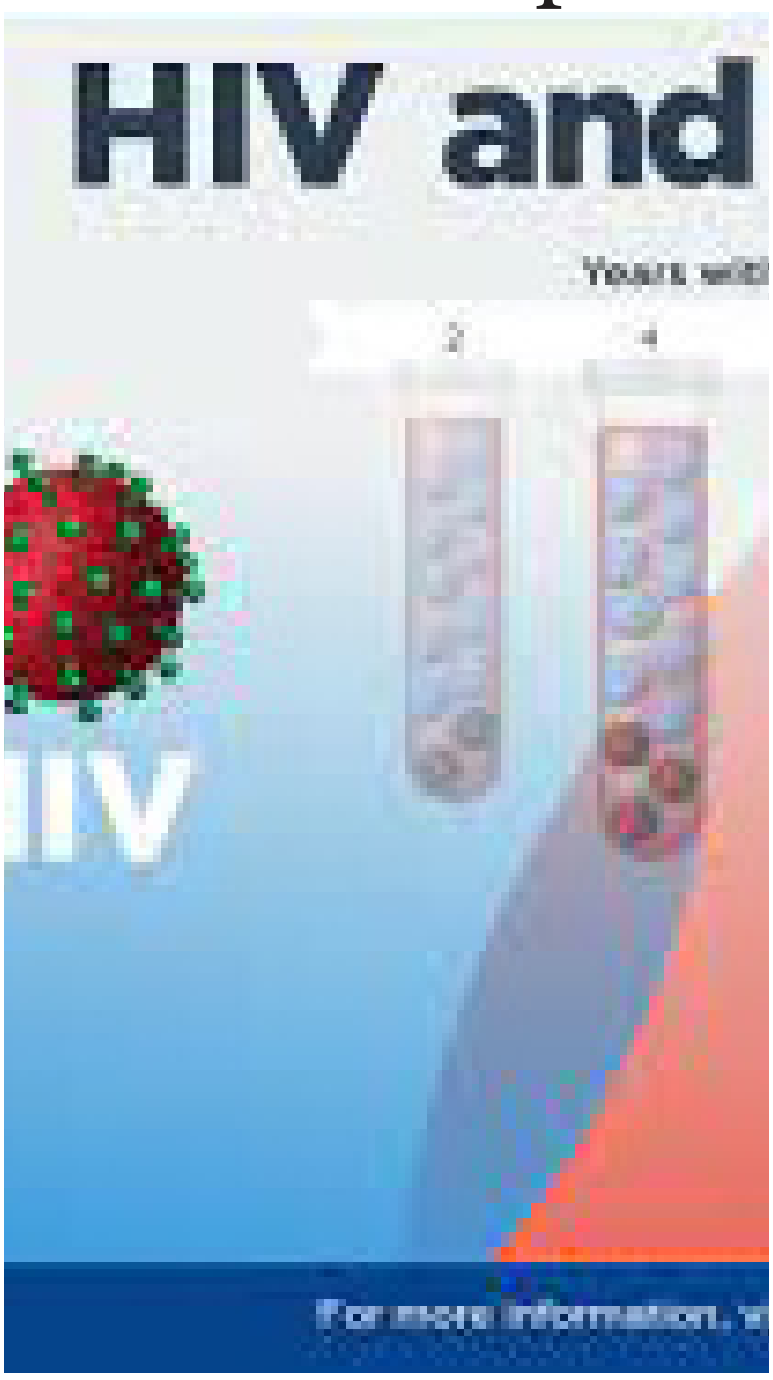
In a report titled 'Confronting Inequalities developing countries have been at a disadvantage over access to COVID-19 vaccines compared to rich countries which have monopolised access.

"COVID-19 vaccines that could save millions of lives trickle into developing countries as new waves of infections threaten to overwhelm their under-financed health systems. At the end of June 2021, just 1% of people in low-income countries and 11% in lower-middle-income countries had received at least one dose of a potentially life-saving COVID-19 vaccine, compared to 46% in high income countries,"reads the statement.

This affects a huge population of people living with HIV. This includes low-income and lower middle-income countries are home to a majority of the world's people living with HIV, and an increasing body of evidence indicates that people living with HIV who acquire SARS-CoV-2 infection are at heightened risk of severe COVID-19 illness and death.

"In sub-Saharan Africa, where two thirds (67%) of people living with HIV resided in 2020, the highest rates of one-dose COVID-19 vaccination coverage in June 2021 were in Equatorial Guinea (19%), Botswana and Zimbabwe (9% each), and Namibia (6%). No other countries in the region exceeded 5%.
"After spending decades fighting for access to the HIV medicines available in rich countries, people living with HIV in the developing world are once again being denied their right to health by an international system that puts profits over people,".

Covid-19 Impacts HIV Programming In Zim



By Patricia Mashiri

THE National AIDS Council (NAC) and Zimbabwe National Network of People Living with HIV's (ZNNP+) programs have not been spared by the ravaging COVID-19 pandemic.

Speaking during a virtual meeting on the impact of COVID-19 on HIV programming Dr Bernard Madzima, Chief Executive Officer NAC said the COVID-19 pandemic brought negative affected HIV and AIDS programs in a negative way.

“COVID-19 was associated with the lockdowns, there was lots of uncertainty and misinformation that really impacted on programming as most HIV programs happen either at a health facility or communities so the restricted movement meant that most of our clients could not access services. They could not go to get their medications. In the southern part of the country, we have clients who get their supplies through amalaicha and it was all disrupted.

“We still have to measure the impact of what happened in the beginning of last year. But through continued engagement with relevant sectors of Ministries of the government, we were able to continue accessing drugs in hospitals and sensitizing health workers because it was a scary time but now people have learnt to live with the disease, the situation has improved," said Dr Madzima.

He added programs such as male circumcision and other outreach initiatives have suffered.

"On global level it was the global supply chain where drugs and equipment suffered. This are the things we need to address to make sure that the HIV program does not regress in the COVID-19."

Zimbabwe has made strides in terms of procuring drugs, hospitalization and curbing the spread of new HIV/AIDS infections in the country.

Meanwhile, Tonderi Mwareka, ZNNP+ Programme Officer said the pandemic made realize that there was need to adjust and adopt new ways of doing business.

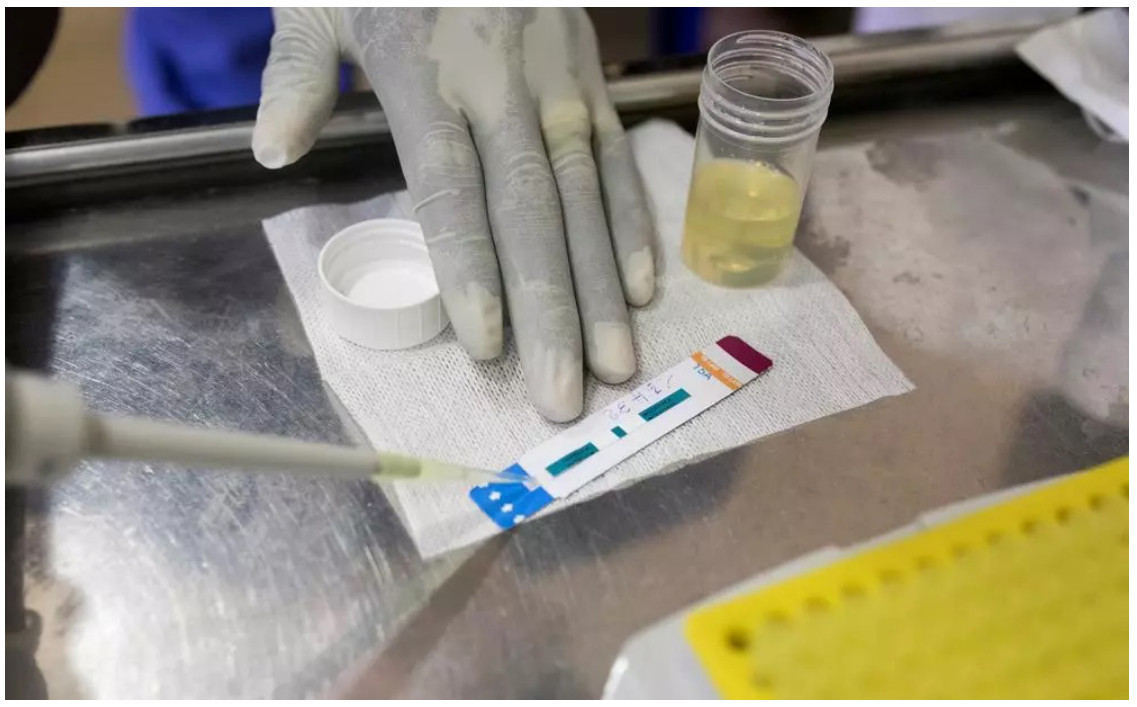
“The issue of forced disclosure of HIV status because usually they could not have exemption letter to travel to health facilities was a major challenge.

“Another major challenge was the access itself of services. Some staff members did not have enough PPEs, there were job actions which took place and some health facilities closed down. The major concern was if people do not adhere to treatment, we may end up reversing the gains that we have achieved to date,” Mwareka said.

Breakthrough Treatment For HIV-Related Meningitis

Today, as preliminary AMBITION trial results demonstrated a breakthrough in the treatment of HIV-related cryptococcal meningitis, simplifying and shortening treatment by using a single dose of liposomal amphotericin B (L-AmB) in combination with existing oral therapy, Doctors Without Borders (MSF) called on the US pharmaceutical corporation Gilead Sciences, the world's key supplier of quality-assured L-AmB, to immediately ensure an adequate global supply of this lifesaving drug and expand its "access" price to all low- and middle-income countries (LMICs).

In 2018, Gilead promised to reduce the price per vial of L-AmB to the "access" price of R236.28 (US$16.25) for 116 LMICs. However, despite Gilead's pledge of this lower price, it has been applied in just 48 of the 116 countries, of which only 22 have the product registered and available.



MSF, Doctors Without Borders, IAS, ending Cryptococcal Meningitis, HIV,AIDS
An MSF nurse performs a TB LAM test using a patients' urine to test the presence of TB in a severely ill AIDS patient.
Albert Masias/MSF

"Cryptococcal meningitis is one of the main causes of death of people living with HIV, and while diagnostic tests and medicines for prevention and treatment exist, access in low- and middle-income countries is extremely limited," said Dr Gilles van Cutsem, HIV/TB adviser with MSF in South Africa. "The results of the AMBITION trial make ending cryptococcal meningitis deaths by 2030 an achievable goal, but it is one we risk sacrificing if our patients can't access L-AmB. Gilead must put lives before profits, implement its "access" price for L-AmB and do everything it can to secure global supply of this lifesaving drug."

L-AmB is an essential medicine for the treatment of neglected tropical diseases such as visceral leishmaniasis and fungal infections including cryptococcal meningitis, the second-leading killer of people living with HIV after tuberculosis. Although it is the least toxic treatment available to treat cryptococcal meningitis, access to L-AmB in LMICs is extremely limited. This is primarily due to a reluctance to adopt the drug in treatment protocols because of Gilead's high prices and limited registration, both of which fail to assure countries that Gilead will sustain a secured supply of L-AmB. In light of its recent increased use in the treatment of mucormycosis (black fungus) in patients with COVID-19, access to L-AmB has become even more difficult.

""It is shameful that people living with HIV in low- and middle-income countries have been waiting almost three years for Gilead to implement their promise to lower the price of the lifesaving drug L-AmB," " Raef Makar, HIV Pharmacist, MSF Access Campaign

Quality-assured generic versions of L-AmB are urgently needed to increase treatment supply, and to lower prices through competition. Generic companies have been working for years to develop L-AmB and face multiple hurdles. Gilead has long hidden their liposomal technology – a key component of manufacturing L-AmB – as a trade secret, which combined with limitations on availability of raw materials and challenging regulatory pathways has significantly delayed generic competition.

Today's preliminary AMBITION trial results add further evidence for the need to scale up access to L-AmB and could be a gamechanger in the treatment of cryptococcal meningitis. Moving from a 7-day IV regimen to single high-dose of L-AmB, in combination with oral flucytosine and fluconazole, would make treating cryptococcal meningitis easier, whilst also reducing the major cost driver of hospitalisation.

In addition, the single dose of L-AmB shows non-inferiority and reduced toxicity when compared with the current 7-day treatment. This simplification of treatment may also contribute to achieving the global goal of ending cryptococcal meningitis deaths by 2030. If WHO recommends this shortened treatment as the preferred first-line treatment for cryptococcal meningitis, this will require a significant increase in the supply of affordable L-AmB for the estimated annual 108,000 cases of cryptococcal meningitis globally.

MSF, Doctors Without Borders, IAS, ending Cryptococcal Meningitis, HIV,AIDS
"It is shameful that people living with HIV in low- and middle-income countries have been waiting almost three years for Gilead to implement their promise to lower the price of the lifesaving drug L-AmB," said Raef Makar, HIV Pharmacist, MSF Access Campaign. "Gilead must urgently implement its "access" price for every country in need. In addition, we urge Gilead to share publicly their calculations behind the "access" price, their drug registration footprint, and their manufacturing and supply capacities so to verify that they, as the key supplier of quality-assured L-AmB, are indeed able to fulfil the global demands for L-AmB for all diseases. People living with HIV and others who are in urgent need of this lifesaving drug cannot afford to spend any more time waiting on Gilead's empty promises."

Zim Makes Inroads In TB Management

...From Page 2

"We still have a long way to go. However, this is a demonstration of the working health system we have. In Zimbabwe we have access to free services which included diagnosis, free medicines and free education on TB. It is an excellent approach we have made. We have fought the battle although it is not yet over. We still need to prevent and fighting it. We are providing technical expertise, treatment and prevention ideas. We conduct community awareness campaigns so that communities will get the knowledge of what TB is, how to manage and prevent it."

Dr Zishiri added that the COVID-19 pandemic has affected the treatment of TB but they have found a way to deal with the situation.

"Now that the COVID-19 is here. It's a big issue screening for both TB and COVID-19. Our community campaigns have been affected and now the Ministry of Health has been giving medications for longer periods and monitoring patients from home to avoid travelling. We have learnt this from the first wave," Dr Zishiri said.

Meanwhile, Dr Donald Tobaiwa, the Directorof Jointed hands welfare Organisation said Zimbabwe through the National TB Program has been doing well with support from funding Partners ,especially USAID and Global Fund , that is why we have been removed from the high TB burden list of countries.

"As indicated by WHO ,the country however remains being supported. Our concern as a Civil Society Organisation is that WHO used 2019 data yet COVID-19 had a great impact in retrogressing the gains in TB programming since its onset. The 2020 decrease was too sharp and it could be attributable to compromised quality, limited access due to COVID-19 restrictions.

"Jointed Hands Welfare Organization will continue to work with Government, thanks to various funding partners to create demand , do active case finding , and provide Lab and sputum transportation support and Human resources in Districts where we are present. As a host to the Stop TB Partnership Zimbabwe, advocacy will continue on the National Platform reaching out to Private companies , Celebrities and policy makers to ensure Zimbabwe delivers on its commitment to the UNHLM declaration in a bid to achieve the global UNHLM Targets," Dr Tobaiwa said

Centers Offering COVID-19 Vaccines In Zim

Harare:

Braeside FHS Clinic, Hatfield Satellite Clinic, Mbare Poly Clinic, Sunningdale Satellite Clinic, Waterfalls Satellite Clinic, Tariro Satellite Clinic, Rutsanana Polyclinic, Western Triangle Satellite Clinic, Highfields Polyclinic, Glen Norah Satellite Clinic, Geln View Polyclinic, Glenview Satellite Clinic, Budiriro Satellite Satellite Clinic, Budiriro Polyclinic, Mufakose FHS Clinic, Kambuzuma Poly Clinic, Kuwadzana Poly Clinic, Kuwadzana Satellite Clinic, Warren Park Polyclinic, Rujeko Polyclinic, Belvedere Satellite Clinic, Malbereign Satellite Clinic, Marlbrough Satellite Clinic, Avondale Satellite Clinic, Mt Pleasant Satellite Clinic, Hatcliff Polyclinic, Borrowdale Satellite Clinic, Highlands FHS Clinic, Eastlea FHS Clinic Greendale FHS Clinic, Mabvuku Satellite Clinic.

NB// Even though most council clinics are offering jabs, their capacity is currently stretched due to human resources shortages

Central Hospitals

(1.) Parirenyatwa Central Hospital
(2.) Sally Mugabe (Harare Hospital)

Private Hospitals

(1.) CIMAS Borrowdale Clinic
(2.) Health Point

Bulawayo:

All municipal Clinics in Bulawayo are offering vaccines:

Northern Suburbs, Entumbane, E.F Watson, Mzilikazi, Princess Margaret Rose, Emakhandeni, Cowdry Park, Luveve, Njube, Nketa, Pumula, Magwegwe, Dr Shennan, Pelandaba, Khmi Road Clinic, Mzilikazi, Nkulumane, Nketa, Tsabalala, Pumula South, Maqhawe

Central Hospitals

1. United Bulawayo Hospital, (Sinopharm dose 1 and dose 2 Sinovac)
2 Mpilo Central Hospital (Both doses)
3. Ingutsheni (both doses)

Masvingo

Runyararo Clinic, Masvingo Teachers Clinic, Masvingo Tech Clinic: Chishave Clinic (Chivi), Ngomahuru Hospital, Mapanzure Clinic, Muchibwa Clinic.

Masvingo General Hospital

Kwekwe

Civic Center, Works Yard, Amveni Housing, Amaveni Shopping Centre, Famers Market, Kombi Rank, Messina Complex, Roasting Plant Complex, Msasa Shopping Centre, Mupostori, Ivine Hoe Mine, Alarm Mine, B.D Mine, Globe and Phoenix Clinic, Dread Compound, Plot 21, Plot 19. Water Works, Mbizo Housing, ME Market, Mbizo 4 Shopping Center, Black Tuck-shop (For more verify with the Kwekwe City vaccination schedule)

Mutare

All City Clinics offering vaccines:
Chikanga, Dangamvura Town, Florida, Queens Hall, Sakubva Hospital. Mutare Provincial Hospital,

Kadoma

Rimuka Adult, Rimuka High School, Ngezi, Chemukute, Waverly Clinic
Note that Chemukute has some challenges a few days ago rafter vaccines had run out but the situation is being resolved.

Central Hospitals

Kadoma General Hospital: Please note that Kadoma General has moved nurses from FCH to beef up staff and support Covid vaccination.

Chegutu

Chegutu general hospital: We are still waiting for updates from council clinics and other parts of Mashonalnd West

Ruwa

Ruwa Poly Clinic is offering vaccines

The message is proudly sponsored by the Community Working Group on Health (CWGH):

Vaccine Inequity Undermining Global Economic Recovery

Health Reporter

New Global Dashboard on COVID-19 Vaccine Equity finds low-income countries would add $38 billion to their GDP forecast for 2021 if they had the same vaccination rate as high-income countries. Global economic recovery at risk if vaccines are not equitably manufactured, scaled up and distributed.

COVID-19 vaccine inequity will have a lasting and profound impact on socio-economic recovery in low- and lower-middle income countries without urgent action to boost supply and assure equitable access for every country, including through dose sharing, according to new data released today by the United Nations Development Programme (UNDP), the World Health Organization (WHO) and the University of Oxford.

An acceleration in scaling up manufacturing and sharing enough vaccine doses with low-income countries could have added $38 billion to their GDP forecast for 2021 if they had similar vaccination rates as high income countries. At a time when richer countries have paid trillions in stimulus to prop up flagging economies, now is the moment to ensure vaccine doses are shared quickly, all barriers to increasing vaccine manufacturing are removed and financing support is secured so vaccines are distributed equitably and a truly global economic recovery can take place.

A high price per COVID-19 vaccine dose relative to other vaccines and delivery costs – including for the health workforce surge – could put a huge strain on fragile health systems and undermine routine immunization and essential health services and could cause alarming spikes in measles, pneumonia and diarrhea. There is also a clear risk in terms of foregone opportunities for the expansion of other immunization services, for example the safe and effective rollout of HPV vaccines. Lower income countries need timely access to sustainably priced vaccines and timely financial support.

These insights come from the Global Dashboard for COVID-19 Vaccine Equity, a joint initiative from UNDP, WHO and the University of Oxford's Blavatnik School of Government, which combines the latest information on COVID-19 vaccination with the most recent socio-economic data to illustrate why accelerating vaccine equity is not only critical to saving lives but also to driving a faster and fairer recovery from the pandemic with benefits for all.

"In some low- and middle-income countries, less than 1 per cent of the population is vaccinated – this is contributing to a two-track recovery from the COVID-19 pandemic", said UNDP Administrator, Achim Steiner. "It's time for swift, collective action – this new COVID-19 Vaccine Equity Dashboard will provide Governments, policymakers and international organisations with unique insights to accelerate the global delivery of vaccines and mitigate the devastating socio-economic impacts of the pandemic."

According to the new Dashboard, which builds on data from multiple entities including the IMF, World Bank, UNICEF and Gavi, and analysis on per capita GDP growth rates from the World Economic Outlook, richer countries are projected to vaccinate quicker and recover economically quicker from COVID-19, while poorer countries haven't even been able to vaccinate their health workers and most at-risk population and may not achieve pre-COVID-19 levels of growth until 2024. Meanwhile, Delta and other variants are driving some countries to reinstate strict public health social measures. This is further worsening the social, economic and health impact, especially for the most vulnerable and marginalised people. Vaccine inequity threatens all countries and risks reversing hard won progress on the Sustainable Development Goals.

"Vaccine inequity is the world's biggest obstacle to ending this pandemic and recovering from COVID-19," said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. "Economically, epidemiologically and morally, it is in all countries' best interest to use the latest available data to make lifesaving vaccines available to all."

Designed to empower policy makers and development partners to take urgent action to reduce vaccine inequity, the Global Dashboard breaks down the impact of accessibility against a target for countries to vaccinate their at-risk populations first to reduce mortality and protect the health system and then move on to vaccinating larger shares of the population to reduce disease burden and re-open socio-economic activity.

Is TelOne Offside?

By Nigel James

YESTERDAY, TelOne joined a list of other organisations that appear to be going the mandatory vaccination route.

Early this week, we witnessed other organisations such as the Grain Marketing Board (GMB) and the Public Service Commission issuing communications inclined towards a No jab, No Job or service framework.

The analysis below will give us an insight on whether the instruction from Telone constitutes a reasonable and lawful instructions to their employees:

Reasonable

Given the nature of the workers that interact with great numbers of public and visit different locations per day to attend to installations and faults on the face of it may look like preventive approaches to a public health emergency is justifiable to curb the spread of Covid. The question becomes whether such measures are reasonable, justifiable and not discriminatory to those who want vaccine but cannot access it. This move can be supported by reasons such as fighting the formidable epidemic of COVID 19 but needs a level headedness and a rights based approach to manage workplace safety.

Closely linked to practicable which hinges on public availability and accessibility of the vaccines and whether or not Telone has provide a reasonable timeframe to enable employees to gather information for informed consent or refusal after weighing the pros and cons.

Whether the instructions from Telone are lawful:

Whether or not the position is lawful requires other considerations altogether. As a starting point it must be appreciated that this instruction has been issued while the country is under a National Disaster Declaration. This is because the Government of Zimbabwe declared a state of Public Disaster on 17 March 2020 in terms of the Civil Protection Act in response to the declaration by World Health organization of Covid 19 an infectious disease as a global pandemic on the 11th March, 2020.

What are the rights that one has in respect of this Declaration of National Disaster?

- The Constitution provides rights which are binding to: State and every person, including juristic persons, and every institution and agency of the government at every level must respect, protect, promote and fulfil the rights and freedoms set out (in the Bill of Rights Chapter 4)
- The rights contained in the Bill of Rights can however be subjected to limitations. an example of an affected rights which may be relied on to refuse mandatory vaccination include:

✓ Section 52 of the Constitution of Zimbabwe provides under subsection c) that,
Every person has the right to bodily and psychological integrity, which includes the right--

c. not to be subjected to medical or scientific experiments, or to the extraction or use of their bodily tissue, without their informed consent.

✓ Section 60 has a correlated right is the freedom of conscience which is exercised with a reasonable expectation that in enjoying this freedom one is free to publicly practice and propagate their thought, opinion, religion or belief.

✓ In section 63(b) the Constitution provides for the right to participate in the cultural life of their choice.

✓ A practical implementation of these rights andrespect for the choice of a human being when it comes to their healthcare the primary legislation on public health in Zimbabwe, the Public Health Act which mandates health practitioners to inform a user of health services of their right to refuse health services and explain the implications, risks, obligations of such refusal. See Section 34(1)(d) of the Public Health Act.

Are there specific laws on immunaisation in Zimbabwe?

- Specific laws on immunization are contained in the Public Health Act which contains general principles of public health including the respect for human rights and adherence to both rights and responsibilities in terms of Section 31(1)(a) of The Public Health Act [Chapter 15:17].
- Another underlying principle on provision of healthcare services in Zimbabwe is that informed consent must be sought before any procedure or medication is administered Section 35 of the Public Health Act. HOWEVER when it comes to consent for the provision of a specified health service given by a person with legal capacity to do so. There are however exception where consent may not be sought and these instances are where:

✓ The provision of a health service without informed consent is authorized in terms of any law or court order:
✓ failure to treat the user, or group of people which includes the user will, in the reasonable opinion of the health practitioner, result in a serious risk to public health (Section 35(2)(c); (d) of the Public Health Act)

Whether compulsory vaccination is even lawful in Zimbabwe?

- In Zimbabwe compulsory immunization is provided for in respect of children see Section 42 of the Public Health Act. There is therefore no explicit provision on compulsory immunization for adults. BUT it can however be inferred in other provisions of the Public Health Act.
- Based on the state's obligation to the general well-being and healthcare of the public there can be a justifiable limitation on one's right to choose whether or not to be vaccinated in response to a formidable epidemic disease.
- It is important to distinction between vaccination of people as a "medical necessity" and "practical necessity." Those vaccines classified as "medically necessary" would be those that are the only known viable defenses against diseases taking hold in a community.
- "Practically necessary" vaccines are those to which there are alternatives, but which alternatives are, in practice, not used by a significant number of people.
- t is important to indicate whether the COVID 19 vaccine is classified as being medically necessary to fight the virus.

Nigel James, is the Director Health Law Policy Consortium

Need To Strengthen Health Sector Capacity Beyond 3rd Wave

By Dr Grant Murewanhema

THE past week or two have particularly been rough for Zimbabwe. 20 people were lost in a horrific road traffic accident, and hundreds more succumbed to COVID-19. Unfortunately, all-cause mortality is probably much higher.

Our focus has been so much on COVID-19 over the past 18 months and we seem to have forgotten about our high burden of HIV, malaria and other infectious diseases. Good news is Zimbabwe was removed from the list of high tuberculosis burden countries in the past week; congratulations to the AIDS and TB unit, their supporting partners and other relevant stakeholders for their sterling work.

We have had an increasing burden of non-communicable diseases over the past decade to two, including a high prevalence of diabetes, hypertension, obesity, cancers and a whole range of lifestyle diseases, with our increasingly fancy and sedentary lifestyles, and lack of access to regular quality medical check ups.

On the hand, we have a significant proportion of the population now living in extreme poverty as defined by the World Bank, and recent WB releases show that the country has taken a deep plunge, sinking into an economic pit we will struggle to get out of, despite pronouncements of a huge surplus.

Malnutrition, a common disorder among children in our marginalized communities, is likely to worsen over the next few years, and will increase the odds of under-fives dying from respiratory infections, diarrhoea and other illnesses.

There is a huge need to take status of the current status quo regarding our health indices, as the focus on controlling COVID-19 might have likely created other serious challenges in other essential aspects of healthcare. Unfortunately, disruptions in other aspects of healthcare may have far reaching consequences in the long run.

At the beginning of the pandemic, scholarly mathematical projections estimated that the disruption to HIV care and treatment programmes could bring in excess of half a million additional deaths in Sub-Saharan Africa. Similarly, disruptions in sexual and reproductive health services could potentially result in hundreds of thousands of excess maternal mortality due to failure to access contraceptive services, abortion services and other essential aspects of this area.

Despite having gone through the first and second waves however, we still seem not to have learnt any significant lessons regarding the need to build health sector capacity and resilience, not just during the COVID-19 era but beyond. This seems to be a recurring problem not just in Zimbabwe, but across Sub-Saharan Africa.

A continent that has previously been plagued by other natural and man-made disasters, must understand the importance of this, to preserve lives. Thousands of lives have been lost in West Africa during and beyond ebola viral disease outbreaks, but from the indirect effects of these. We seem to have a similar pattern during the COVID-19 era, but with very poor surveillance and notification, the actual extent of the indirect damage will always be difficult to estimate.

During the second wave of the COVID-19 pandemic in Zimbabwe, the public health sector was rapidly overwhelmed with cases, hospital beds were quickly filled-up, and there was a shortage of oxygen and consumables. This partly would explain why the general public lost confidence in the public health delivery system and turned to complementary and other alternative sources of medical relief.

Its no wonder steaming, which can be dangerous, became popular, and there was a scramble for chloroquine, ivermectin and other treatments. The failure to protect the public by the responsible authorities has led to the emergence of unscrupulous exploitation by some unethical individuals as they seek to quickly profiteer over the masses' suffering. As attention is shifted to COVID-19 responses activities, delays emerge in seeking treatments for other conditions, reaching health facilities, and accessing treatment within health facilities, leading to avoidable excess morbidity and mortality.

As we move into the future, governments must set the right priorities and get their acts right. The usual reactive rather than proactive approaches show poor disaster preparedness. When President Barack Obama was still sitting, he warned about this. The COVID-19 pandemic is not going to be the last, but one of many, as the world continues to undergo intense globalization and climate change. There is a strong need to build and maintain public health capacity and resilience, to deal with outbreaks whilst maintaining all other aspects of healthcare.

Preserving human life is and must always be the priority of governments. To this end, there is a serious need to invest heavily in health infrastructure, human resources, research, training and manufacturing. Four decades post independence, a country must have built sufficient expertise and capacity to produce basics such as personal protective equipment and basic medicines such as paracetamol and cough syrups.

Critical to all this is maintaining a healthy and happy workforce. Governments all over must learn that no pieces of prohibitive legislation can prevent brain drains. Instead, they must work on adequately and satisfactorily remunerating and insuring essential healthcare workers, otherwise the costly loss of experienced critical service providers continues.

(Dr Grant Murewanhema is an independent Epidemiologist, Public Health Physician and Obstetrician and Gynaecologist. He writes in his own personal capacity and his views don't represent those of any organisation or affiliation.)

You Are What You Eat

...Eat your food as your medicine or you will eat the medicine as your food

By Taku Muzzo

Why Nutrition Is the Most Important Part of Fitness?

The food we eat plays a vital role in how we look and feel. Regular exercise is important but according to research, nutrition has the largest impact on our fitness. To gain muscle or to lose weight all depends on what we eat. The trend is now to focus on healthy food intake as a primary fitness goal. When healthy eating habits become a lifestyle, we are healthier and happier.

Eating right can help us reduce body fat, lose a few pounds, feel more confident, and reduce our risk of illness. Using food as our medicine has become a popular theme for health improvement.

What to look for:

Nutrient-dense foods, or superfoods, include lean proteins, healthy carbohydrates, and fats essential to our health. Superfoods are a rich source of vitamins, minerals, and antioxidants relative to the amount of calories that they contain. Antioxidants are shown to reduce inflammation in our body helping us fight disease and illness.

Inflammation is said to be the leading cause of many diseases. Powerful antioxidants in leafy greens and vegetables, for example, help protect out cells from potential free radical damage.

Some superfoods contain compounds that increase our metabolism for more efficient fat burning. Red peppers contain a molecule called capsaicin shown to enhance the rate we burn body fat.

What Are Fitness Foods?

The term fitness food is often used interchangeably with superfoods. Eating a diet rich in fitness foods is essential to our health. Incorporating healthy nutrition and knowing what that means is vital to achieving a lean and healthy body.

The following is a list of foods favored by fitness enthusiasts:

Oats (high in fiber, improves digestion/increases metabolism)

Eggs (protein source, muscle building)

Greens (antioxidants, reduces inflammation)

Apples (antioxidants, reduces inflammation/increases metabolism)

Lean meats/fish (amino acids, protein source, muscle building)

Blueberries (antioxidants, reduces inflammation, cancer-fighting)

Green tea (antioxidants, increases metabolism, weight loss)

Broccoli (antioxidants, cancer-fighting, detox)

Yogurt (calcium, probiotic, improved digestion, bone health)

Olive oil (monounsaturated fatty acids (MUFAs)/heart health)

Beans (high in fiber, antioxidants, improved brain function)

Cinnamon (antioxidants, detox, healing spice)

When it comes to eating foods to fuel your exercise performance, it's not as simple as choosing vegetables over doughnuts. You need to eat the right types of food at the right times of the day.

Pack protein into your snacks and meals:

Protein is needed to help keep your body growing, maintained, and repaired. For example, the University of Rochester Medical Center reports that red blood cells die after about 120 days.

Protein is also essential for building and repairing muscles, helping you enjoy the benefits of your workout. It can be a source of energy when carbohydrates are in short supply, but it's not a major source of fuel during exercise.

Adults need to eat about 0.8 grams of protein per day for every kilogram of their body weight, reports Harvard Health Blog. That's equal to about 0.36 grams of protein for every pound of body weight. Exercisers and older adults may need even more.

Protein can come from:

- Poultry, such as chicken and turkey
- Red meat, such as beef and lamb
- Fish, such as salmon and tuna
- Dairy, such as milk and yogurt
- Legumes, such as beans and lentils
- Eggs

For the healthiest options, choose lean proteins that are low in saturated and trans-fats. Limit the amount of red meat and processed meats that you eat.

Research by,
Taku Muzzo

DO NOT IGNORE A CRY FOR HELP!

Help is nearby.
It is a call or SMS or WhatsApp away.
Take action if you or someone near you or someone you know is suffering any of these abuses;

1. **Physical abuse including assaults and acts of bullying**
2. **Emotional abuse-verbal abuse, being denied food, being denied entry into a home or house**
3. **Sexual abuse, such as;**
   - **Rape**
   - **Indecent touches**
   - **Indecent exposure**
   - **Being shown pornographic material**
   - **Being forced to witness acts of sexual activity**
   - **Being forced to perform uncomfortable sexual acts**
4. **Economic abuse or being deprived of food, money or any other material support by a responsible person**
5. **Child being married off against her will or allowing a child to elope and not do anything about it**
6. **Threats or intimidation of any kind**

Call any of these numbers for free assistance in Zimbabwe

Help needed	Who can help?	Their Contact details
Counseling/emotional support	1. Ministry of women affairs 2. Department of Social Development 3. Childline 4. Musasa 5. Shamwari Yemwanasikana 6. Padare/Men's Forum	1. District office near you 2. District office near you and Ward Child Care Workers 3. Helpline 116 4. Toll Free 08080074 5. Toll Free 08011034 Helpline 0777851120 6. Male Helpline 0776027290
Reporting violence	1. ZRP Victim Friendly Unit 2. Zimbabwe Gender Commission 3. Childline 4. Saywhat Helpline 5. Shamwari Yemwanasikana 6. Issues/Pane Nyaya	1. Near you 2. Toll Free 08004379 3. Helpline 116 4. 08677008743` 5. Toll free 08011034 Helpline 0777851120 6. Helpline 9773910095
Place of safety/Fostering	1. Department of Social Development 2. Ministry of women affairs 3. Musasa 4. Child Protection Society	1. Any district office near you and also a CCW in your Ward 2. Any district office near you 3. Toll Free 08080074 4. Helpline 0772971583
Health support	1. Your local clinic or hospital 2. Adult RAPE Clinic 3. Family Support Trust/Clinics	1. Your clinic or hospital near you 2. Toll Free 08080472 3. Toll Free 08080501
Disability support	1. Deaf Zimbabwe Trust 2. J F Kapnek Trust 3. WizEar	1. Helpline 0785392698 2. Helpline 0773467203 3. Helpline 0718557506
Court Help Desk Support in; a. criminal cases b. civil matters such as maintenance , application for a Protection Order and general advice	1. Legal Resources Foundation 2. Women and Law in Southern Africa 3. Zimbabwe Women Lawyers Association 4. Justice For Children 5. CATCH 6. Christian Legal Society 7. Zimbabwe Lawyers for Human Rights	1. Toll free 08080402 2. Toll Free 080804079 3. Toll Free 08080131 Helpline 0782900900 4. Helpline 0772983944 5. Helpline 0717068529 6. Helpline 0776177331 7. Hotline 0772257247
Court case follow up and support	All the court help supporters above	All the court help desk supporters above

WHO Warns Of "Long Term" Covid Impact On Mental Health

Athens, Greece:

The mental health impact of the pandemic will be "long-term and far-reaching", the World Health Organization said Thursday, as experts and leaders called for action on Covid-linked anxiety and stress.

"Everyone is affected in one way or another," the WHO said in a statement at the start of a two-day meeting in Athens with health ministers from dozens of countries.

It said "anxieties around virus transmission, the psychological impact of lockdowns and self-isolation" had contributed to a mental health crisis, along with stresses linked to unemployment, financial worries and social alienation.

"The mental health impacts of the pandemic will be long term and far-reaching," the statement added.

The WHO's regional director for Europe Hans Kluge said mental health should be considered a "fundamental human right", stressing how the virus had torn lives apart.

"The pandemic has shaken the world," he told the conference.

"More than four million lives lost globally, livelihoods ruined, families and communities forced apart, businesses bankrupted, and people deprived of opportunities."

The WHO called for the strengthening of mental health services in general and the improvement of access to care via technology.

It also urged better psychological support services in schools, universities, workplaces and for people on the front line of the fight against Covid-19.

The ministers heard from a 38-year-old Greek woman called Katerina who told them how she had been receiving treatment for a psychiatric disorder since 2002 and had been coping well until the pandemic hit.

She was no longer able to attend in-person support groups and could not see her father, forcing her to boost her treatment.

"The pressure of social isolation led to increased anxiety," she said.

Mental Health Initiative Launched

...From Page 6

and psychological support."

He also said that drug abuse among the youths was an issue which needed to be addressed as it acts as a deterrent to life as well as a factor affecting mental health.

Ms Maria Ribeiro, the United Nations Resident Coordinator for Zimbabwe said the country has played a great role in achieving and scaling up universal coverage for mental health.

"The COVID-19 pandemic contributed to an increase in the mental health issues because a lot of people lost employment, fear of dying, deaths and a rise in gender-based violence. This launch is a positive to note. We would like to appreciate generous support of donors," Ribeiro said.

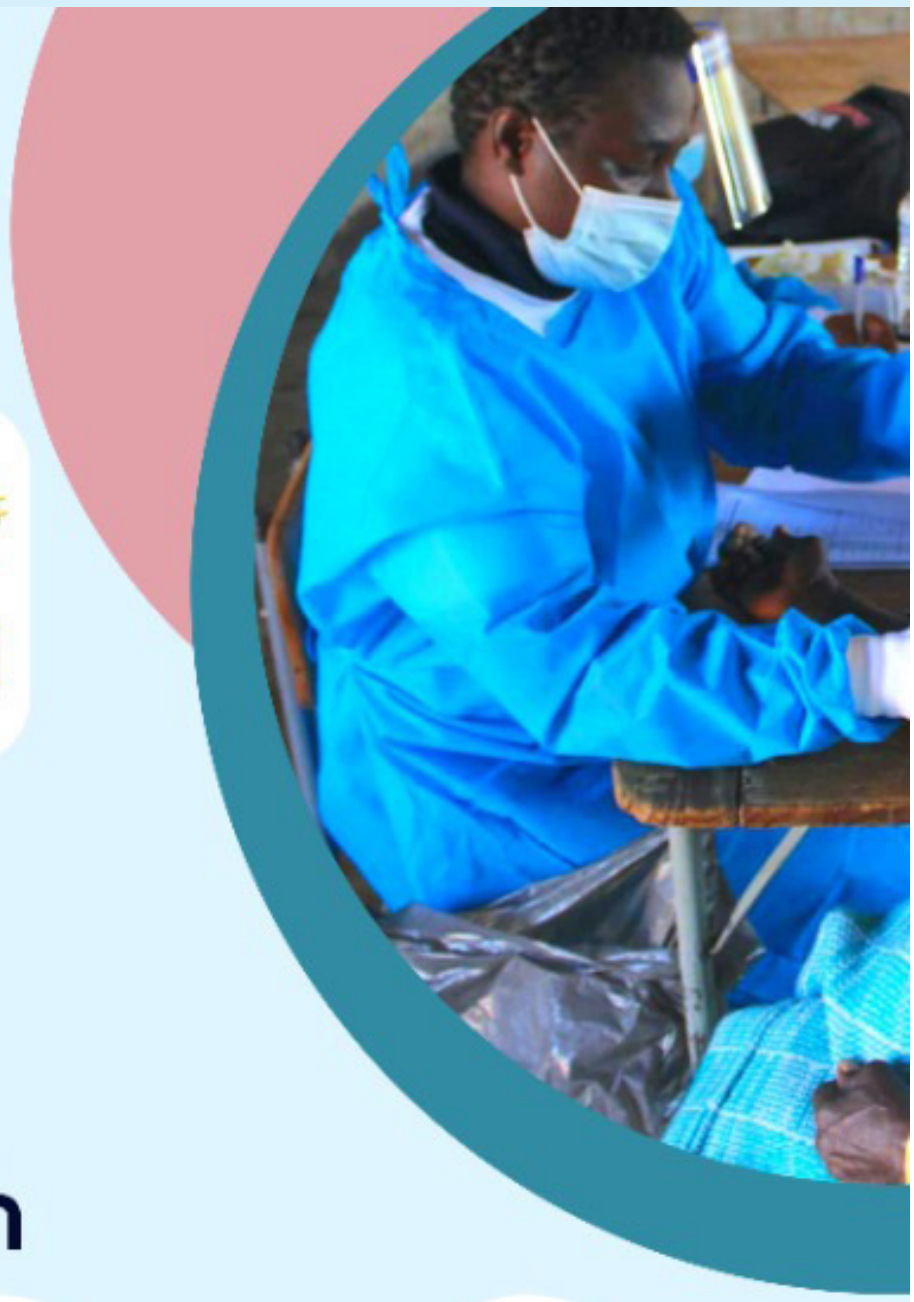
Meanwhile Dr Alex Gasasira, the World Health Organization Representative praised the Zimbabwean government for such a great initiative.

"The Ministry of Health and Child Care have taken inclusive participatory role in investment in mental health. They are the champions of Non-Communicable Disease (NCDs). The donors have contributed greatly in these initiatives," said Dr Alex Gasasira.

Doctors & Nurses on a mission

Angels Foundation
Bringing hope to those in need

In Partnership With:



PRESENT:

Goromonzi Medical and Dental Outreach

Where

Chinyika Clinic, Goromonzi

When

28 Aug 2021
9am-5pm

Also

Free Covid Testing at Chinyika ZAOGA Church

STRICT COVID-19 PROTOCOL TO BE OBSERVED

CONTACT DETAILS

EDDIE: 0772379041
VANESSA: 0782217146
JOYCE: 0779520700

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DELIVERING HEALTH

World Drowning Prevention Day 2021 Webinar

28 July 2021 12:30 – 14:00 CET

estimated 236,000 people drown every year, and drowning is among the ten leading causes of death for children and youth aged 1-24 years. More than 90% of drowning deaths occur in rivers, lakes, wells and domestic water storage vessels in low- and middle-income countries, with children and adolescents in rural areas disproportionately affected.

Join us in marking the first World Drowning Prevention Day with a virtual commemoration entitled “Global, national and local reflections on World Drowning Prevention Day 2021” to highlight celebrations around the world, explore priority actions in the field and generate momentum for drowning prevention to save lives.

The event will be held on 28 July, 12:30 – 14:00 Geneva time.

To view the programme and register, visit: https://bit.ly/3z9VB2w

World Hepatitis Day 2021 - Hepatitis can’t wait

World Hepatitis Day is observed each year on 28 July to raise awareness of viral hepatitis, an inflammation of the liver that causes severe liver disease and hepatocellular cancer. This year’s theme is “Hepatitis can’t wait”, conveying the urgency of efforts needed to eliminate hepatitis as a public health threat by 2030. With a person dying every 30 seconds from a hepatitis related illness – even in the current COVID-19 crisis – we can’t wait to act on viral hepatitis.

High level Global talk show
Hepatitis can’t wait
Wednesday, 28th July 2021, 14:00-15:30 CET

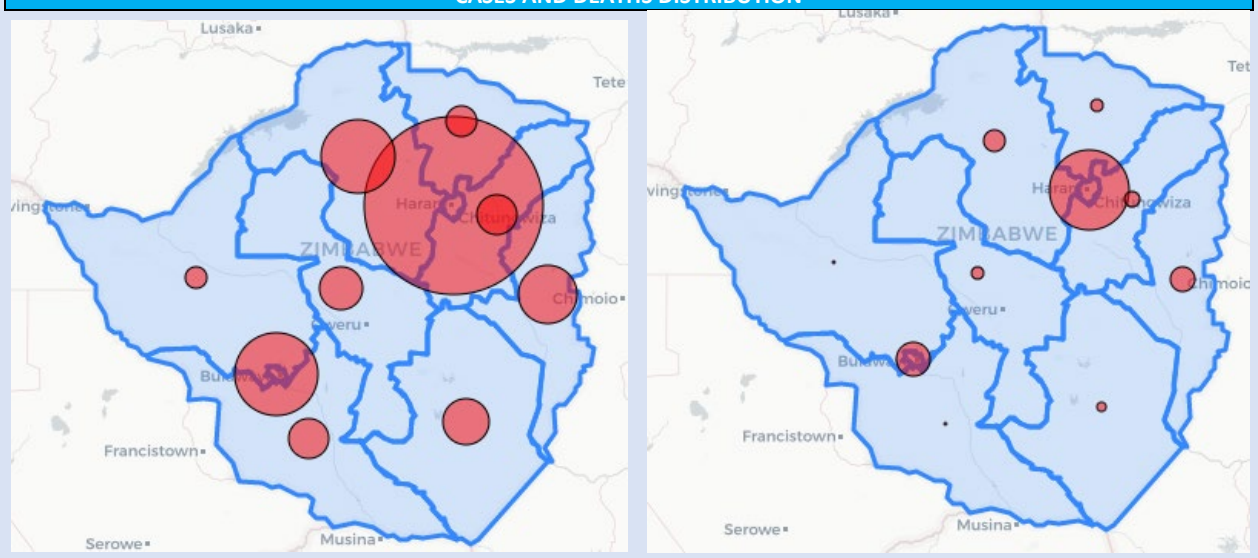
To mark the day, WHO is hosting a Global talk show providing a platform for global, regional and national leaders, policy makers, communities and other stakeholders to discuss opportunities for accelerating the hepatitis response to achieve elimination by 2030. Contributions and stories from countries from different WHO regions will be showcased at the event. More information on speakers and registration/connectivity information will be made available shortly.

Zimbabwe Covid-19 SitRep 22/07/2021

HIGHLIGHTS TODAY

- **2 301 New Cases*(All Local)* and 61 Deaths reported today.(*7 day rolling average* for new cases falls to 2078 today from 2105 yesterday)**
- **Lockdown Update: Level 4 Lockdown in place**
- **Hotspots:Hurungwe(43),Kariba(14),Chegutu(68){MashWest},Bindura(44),Mt Darwin(32){MashCent} Mutoko(65)Goromonzi(63){MashEast},Chiredzi(29),Masvingo(78){MasvingoProv},Harare(583)**
- **NorthernSurburbs(55),Nkulumane(26),Emakhandeni(48){Bulawayo},Kwekwe(27){Midlands}**
- ***VaccinationUpdate:59 872 received the 1st dose today bringing cumulative for 1st dose to 1 352 514 while 7 757 received their 2nd dose bringing cumulative for 2nd dose to 664 587.as at 1600hrs.***
- ***As of 21 July 2021, @1500hrs there were 882 hospitalised cases: New Admissions 112,Asymptomatic 255,mild to moderate 526,severe 71 and 30 in Intensive Care Units.(All Centres reported today)***
- **14 987 tests done today *(Positivity today was 15.4%)***
- **2 096 new recoveries:National Recovery rate stands at 66%&Active cases go up to 28 828**
- **As of 22 July 2021, Zimbabwe has recorded 93 421 Cases 61 723 recoveries& 2 870 Deaths.**

CASES AND DEATHS DISTRIBUTION



Province	PCR Tests + Ag	Cum Cases (New)	Recovered Cases (New)	Active Cases	Deaths (New)
Bulawayo	944	10 255(129)	7705(225)	2114	436(6)
Harare	3977	21 173(583)	15702(307)	4535	936(10)
Manicaland	779	8 980(225)	4522(37)	4164	294(22)*
Mash Cent	737	6 365(185)	3569(139)	2638	158(4)
Mash East	1256	8 948(340)	5118(945)	3621	209(11)
Mash West	2968	13 226(292)	8889(0)	3990	347(3)
Midlands	939	6 570(91)	4253(0)	2065	252(4)
Masvingo	479	7 089(203)	4831(313)	2158	100(0)
Mat North	1483	4 689(156)	2488(130)	2150	51(0)
Mat South	1425	6 126(97)	4646(0)	1393	87(1)
Total	**14 987**	**93 421(2301)**	**61 723(2096)**	**28 828**	**2 870(61)**

Provinces with new cases but zero PCR tests conducted respectively received results from NMRL,NTBRL&Pvt Labs.***14 of the 22 deaths reported by Manicaland occurred yesterday and had not been included in yesterday's report***

No More Mandatory Masks In Britain

As of Monday, wearing a face covering in public spaces in England is voluntary. On 12 July, Boris Johnson confirmed that his plans to lift the remainder of social restrictions would go ahead. Under the changes, the legal requirement to wear a face mask in shops, restaurants, and on public transport no longer applies, but the prime minister said he "expects and recommends" that people still wear a face covering in "crowded and enclosed" spaces.

The announcement, which had been anticipated for some months now, since Mr Johnson laid out the roadmap for England easing out of lockdown, was met with mixed reaction. Some medical experts have insisted that they will continue to wear face coverings once the mandate has lifted, while others have argued that the lift is long overdue, with Chancellor Rishi Sunak and Environment Secretary George Eustice both stating that they plan to stop wearing face coverings as soon as rules are lifted.

Earlier this month, the British Medical Association (BMA) called on the government to keep certain coronavirus measures beyond 19 July, including the wearing of face masks in public areas such as in shops and on public transport. "As case numbers continue to rise at an alarming rate due to the rapid transmission of the Delta variant and an increase in people mixing with one another, it makes no sense to remove restrictions in their entirety in just over two weeks' time," the BMA council's chair, Dr Chaand Nagpaul, said in its statement.

The messaging regarding face coverings has changed numerous times since the start of the coronavirus outbreak. While it has been compulsory to wear them on public transport in England since 15 June 2020 (and later in all indoor settings from 24 July), the World Health Organisation initially stated that masks weren't necessary unless people were sick with Covid themselves, or caring for someone who was infected.

"There is no specific evidence to suggest that the wearing of masks by the mass population has any potential benefit. In fact, there's some evidence to suggest the opposite in the misuse of wearing a mask properly or fitting it properly," Dr. Mike Ryan, executive director of the WHO health emergencies program, said at a media briefing in Geneva, Switzerland in March 2020.

Recommended

UK weather: The latest Met Office forecast

UK weather: The latest Met Office forecast

Supermarkets and mask rules: Which stores still require face coverings?

Supermarkets and mask rules: Which stores still require face coverings?

What is 'hygiene theatre' and why does it matter?

What is 'hygiene theatre' and why does it matter?

However, three months later, the WHO updated its guidance to recommend that governments ask everyone to wear face masks in public areas where there is a risk of transmission of the Covid-19 coronavirus to help reduce the spread of the disease.

The reason for the change was down to "evolving evidence", with WHO's technical lead expert on Covid-19, Maria van Kerkhove, stating that they'd seen evidence that, if worn properly, masks "can provide a barrier... for potentially infectious droplets".

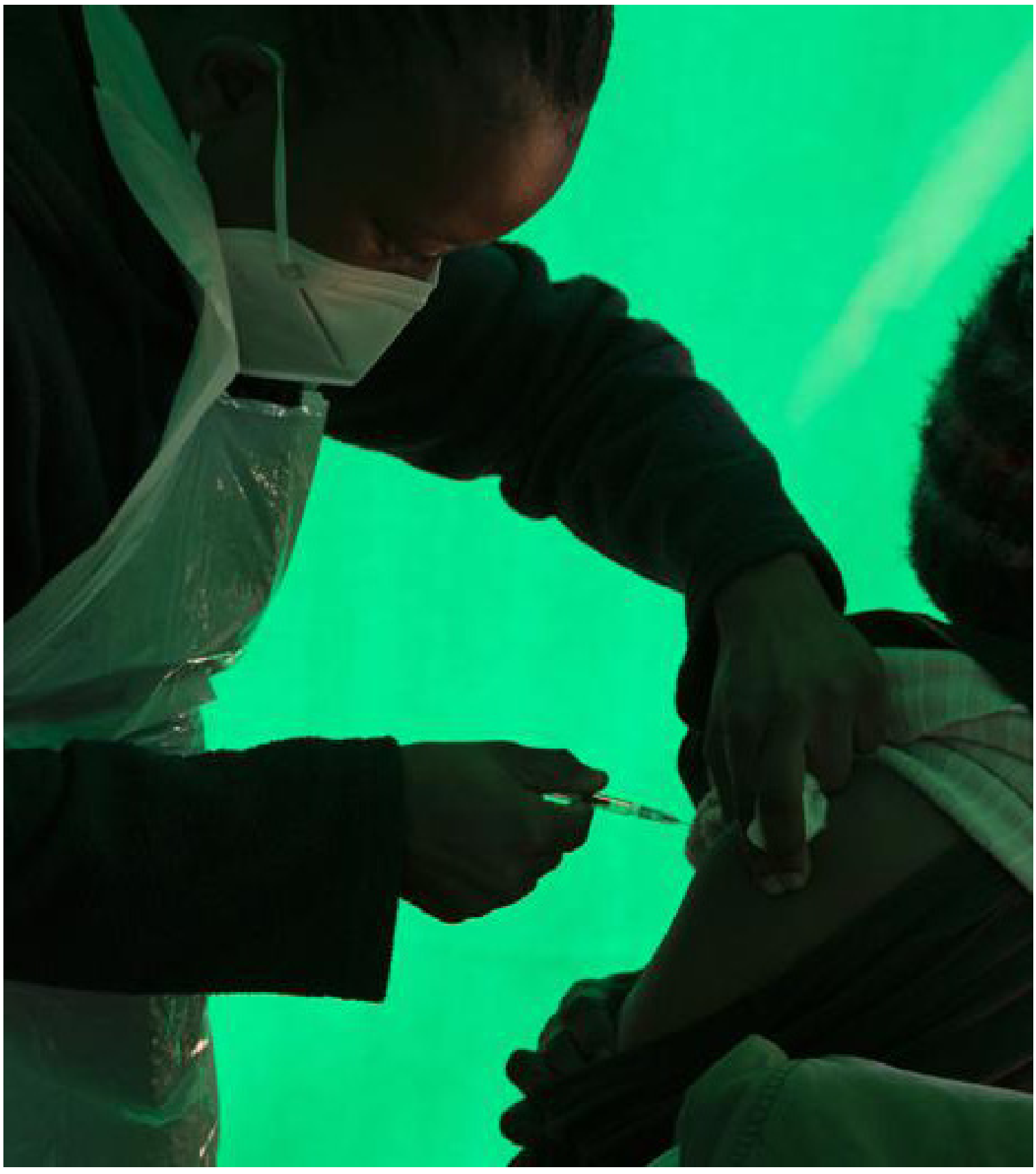
Mask wearing as it happens currently in the UK is a community activity, not an act of personal protection

Dr Robert White, lecturer in virology at Imperial College London

Now, the advantages of wearing a face covering are well-documented. On the government website, it explains that coronavirus usually spreads by droplets from coughs, sneezes and speaking. "These droplets can also be picked up from surfaces, if you touch a surface and then your face without washing your hands first," it adds. "This is why social distancing, regular hand hygiene, and covering coughs and sneezes is so important in controlling the spread of the virus."

The government adds that the "best available scientific evidence" is that, when used correctly, wearing a face covering may reduce the spread of coronavirus droplets in certain circumstances, which helps to protect others.

South African firm to make Pfizer vaccine, first in Africa



JOHANNESBURG (AP) — A South African firm will begin producing the Pfizer-BioNTech coronavirus vaccine, the first time that the shot will be produced in Africa, Pfizer announced Wednesday.

The Biovac Institute based in Cape Town will manufacture the vaccine for distribution across Africa, a move that should help address the continent's desperate need for more vaccine doses amid a recent surge of cases.

Biovac will receive large batch ingredients for the vaccine from Europe and will blend the components, put them in vials and package them for distribution. The production will begin in 2022 with a goal of reaching more than 100 million finished doses annually. Biovac's production of doses will be distributed among the 54 countries of Africa.

The development is "a critical step" in increasing African's access to an effective COVID-19 vaccine, Biovac chief executive Dr. Morena Makhoana said.

Lara Dovifat of the international medical humanitarian organization Doctors Without Borders, also known as Médecins Sans Frontières, called the agreement "a first step" but said it is "clearly not enough to achieve vaccine independence on the African continent."

She criticized the agreement's failure to share Pfizer-BioNTech's technology and know-how to independently manufacture vaccines with the South African company.

Pfizer's goal is to provide access to its vaccine to people everywhere, CEO Albert Bourla said. But the vast majority of its vaccine doses have been sold in bilateral deals to rich countries and only a small amount was made available to the U.N.-backed effort to share COVID-19 vaccines fairly.

For its mass inoculation drive, South Africa is relying on the Pfizer vaccine and has purchased 40 million doses, which are arriving in weekly deliveries.

The Johnson & Johnson vaccine is already being produced in South Africa. Aspen Pharmacare's factory in Gqeberha, formerly Port Elizabeth, is making the J&J vaccine in the same "fill and finish" process and has the capacity to make more than 200 million doses of the vaccine annually. The J&J vaccines made in South Africa are also being distributed across the African continent.

South Africa's vaccination drive is ramping up, with more than 220,000 people getting shots on weekdays. More than 5.5 million of South Africa's 60 million people have received at least one jab, with more than 1.4 million fully vaccinated, according to official figures Wednesday.

South Africa's goal is to vaccinate about 67% of its population by February 2022.

Vaccination levels are low across Africa, with less than 2% of the continent's population of 1.3 billion having received at least one shot, according to the Africa Centers for Disease Control and Prevention.

To help alleviate the vaccine shortage on the continent, the U.S. is delivering in the coming weeks the first batches of 25 million doses of vaccines it is sharing with the African Union.

Senegal, Burkina Faso and Gambia have received about 151,200 doses of the Janssen jab as part of a first delivery that will be increased in coming weeks. Ethiopia and Djibouti are also receiving doses.

Gayle Smith, the U.S. Global COVID-19 Response Coordinator, said the U.S. is working with African partners to move the vaccines out as quickly as possible.

"We are doing this with no strings attached," she said. "We want to see Africa defeat this pandemic. We want to see Africa be resilient and thrive."

Currently, Africa is 99% dependent on imports for its vaccines, she said. The U.S. is investing in both South Africa and Senegal to help increase the speed and ability of Africa to produce its own vaccines, she said.

Senegal, the European Union and the U.S. recently signed an investment agreement to build a new vaccine manufacturing plant in Dakar, which will lead to the production of COVID-19 vaccines in Senegal.

Many African countries depending on vaccines from the U.N.-backed effort known as COVAX, have been left waiting for months. The effort has delivered only 200 million vaccines globally since February, while the U.S. alone has administered more than 338 million doses. After COVAX's biggest supplier — the Serum Institute of India — halted exports in March to deal with an explosive surge on the subcontinent, the agencies behind COVAX, including the World Health Organization, resorted to begging rich countries for donations.

Most of the promised doses won't arrive until next year and although Group of Seven countries pledged to donate a billion COVID-19 vaccines, that is far short of the 11 billion WHO says are needed to protect the world.