

Politicising the COVID-19 Pandemic in Zimbabwe: Implications for Public Health and Governance

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Abstract

The Coronavirus Disease 2019 (COVID-19) emerged in Wuhan, China in December 2019. As it spread its tentacles beyond national frontiers, its devastating effects, both as a public health threat and a development challenge, had extensive socio-economic and political ramifications on a global scale. Zimbabwe, a less economically developed country (LEDC), with a severely incapacitated and fragile public healthcare system, responded to the threat of this novel epidemic in a myriad of ways, such as enforcing a national lockdown and vigorous health education. This qualitative study elicited the views of selected Zimbabweans who commented on the governments' response to the pandemic through Twitter. These views were analysed using critical discourse analysis. The researchers selected tweets posted over a period of one week (14-21 March 2020), following a controversial remark by Zimbabwe's Defence Minister, Oppah Muchinguri, characterising COVID-19 as God's punitive response to the West for imposing economic sanctions on Zimbabwe. Although the Minister's remark was condemned by many for its alleged insensitivity, it emerged that this anti-United States propaganda inadvertently awakened the government of Zimbabwe from an extraordinary slumber characterised by sheer rhetoric and inactivity. From the public health promotion perspective, this article reflects on the implications of such a hurried and ill-conceived response on public health. It exposes the glaring policy disjuncture in the Zimbabwean context. Overall, it advocates genuine political will and commitment in the promotion of public health in Zimbabwe.

Key words: COVID-19, governance, politicise, public health, Twitter



Introduction

Recently, the world grappled with a number of viruses such as the Severe Acute Respiratory Syndrome (SARS) between 2002 and 2004, the Ebola outbreak in West Africa in 2014 and in the Democratic Republic of Congo in 2018. In 2016, the Zika virus (ZIKV) was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) (Gorshkov et al., 2019). The Coronavirus, which broke out in 2019, is the latest to be reported. The Coronavirus, officially SARS-CoV-2, is a virus, not a disease, and it causes the COVID-19 disease (or coronavirus disease), deriving from CO(rona) VI(rus) D(isease)-(20)19. Unlike other coronaviruses, COVID-19 has a much larger global spread and has infected more individuals than SARS and Middle East respiratory syndrome (MERS) combined (Petersen et al., 2020). More than 10 million cases and more than 500, 000 deaths were reported worldwide by end of June 2020. During the same period, Zimbabwe recorded almost 600 cases and six deaths (Worldometer, 2020a).

For a continent still grappling with entrenched poverty, conflict zones, and poorly served by over-stretched health services, Africa was the last continent to confirm its first case of COVID-19 (WHO, 2020). Undeniably, however, the entire continent had an opportunity to prepare for the impending pandemic. COVID-19 is thought to have originated in Wuhan, Hubei Province, China, and spread to various parts of the globe, and on the 11th of March 2020, it was characterised as a global pandemic by the global health watchdog, the World Health Organization (WHO, 2020).

By 15 May, African countries such as Egypt, Uganda, Ghana, Kenya, South Sudan, South Africa, and Zimbabwe had recorded cases of COVID-19 (Worldometer, 2020a). Most of the cases reported in Africa involved foreign nationals or locals who had travelled abroad, especially to China and the West (Rodríguez-Morales, MacGregor, Kanagarajah, Patel, & Schlagenhauf, 2020). Zimbabwe is one of the few African countries that had reported confirmed cases of COVID-19 by the 20th of March 2020, with some commentators speculating that the absence of confirmed cases in the country could possibly be attributed to poor reporting in a crippled public healthcare system (eNCA, 2020a).

A top-ranking government official and ruling ZANU (PF) National Chairperson, Defence Minister, Oppah Muchinguri sparked controversy after claiming that COVID-19 was God's punishment on Western countries that include the United States of America for imposing sanctions on Zimbabwe. The Minister was addressing a political rally in Chinhoyi, a city located 116 kilometres northwest of Harare, at a time when Zimbabwe had not officially registered any COVID-19 case (Ndebele, 2020). Such misinformation and conspiracy theories advanced by a respected figure of authority can potentially generate complacency and mistrust, thereby derailing health initiatives towards curbing the inevitable outbreak



of the pandemic in Zimbabwe. This pronouncement made by an influential figure may have a significant impact on public health policy and the country's response to COVID-19. This mirrors President Thabo Mbeki's HIV/AIDS denialism from 1999 to 2008, leading to countless deaths (McGreal, 2001). Therefore, this paper advances the argument that the challenge posed by such misinformation is that the citizenry may not respond to the threat of COVID-19 with the seriousness it deserves, given the way the pandemic was framed by Minister Muchinguri. The process of "othering" the COVID-19 pandemic may have implications on attitudes and health-seeking behaviours of Zimbabweans as the "us" versus "them" dichotomy may promote a false sense of immunity. This paper presents the background of the study, describes the study context and methodology, and presents the findings and discussion of findings.

Study Context

Post-independence Zimbabwe enjoyed a vibrant primary healthcare system characterised by a motivated and highly trained workforce (Kidia, 2018). However, this once strong healthcare system was, from the late 1990s, severely incapacitated owing to several factors that include general mismanagement of the economy by the regime of former President Robert Mugabe, coupled with targeted sanctions imposed by the West, following the chaotic and controversial Land Reform Programme (Bond & Manyanaya, 2002). Most Western policy documents maintain that the sanctions imposed on Zimbabwe were targeted and largely entailed an arms embargo, financial and travel restrictions to European destinations (Chingono, 2010). However, the Zimbabwean Government argues that the sanctions are "economic", as their impact has affected the country's economy. The alleged sanctions are believed to have contributed to the dilapidation of the healthcare infrastructure, with little or no medical supplies, demotivated healthcare workers and high staff attrition as experienced and qualified personnel left the country for greener pastures (Mutizwa-Mangiza, 2018). Consequently, Zimbabwe's healthcare system battled to contain the treatable cholera epidemic in 2008, resulting in about 4 000 preventable deaths (Mason, 2009). The absence of cholera is among the key indicators of social development (WHO, 2020); hence, such a high cholera-induced mortality is an indubitable marker of a crippled healthcare system and poor sanitation. Against this background, Zimbabwe faces a mammoth task in terms of managing the COVID-19 pandemic.

Methods

This study adopted a qualitative approach in its exploration of the Zimbabwean government's response to the COVID-19 pandemic and the responses of the citizenry on Twitter, a social media platform and real-time communication service. Tweets and replies were purposively selected for analysis. These tweets were reflecting on the global



outbreak of the COVID-19 pandemic vis-à-vis the Zimbabwean government's response to it.

The recent years have witnessed the preponderance of social media platforms such as Facebook, Instagram, LinkedIn and Twitter. By 2020, Twitter had 1.3 billion accounts and 336 million active users who post 500 million tweets daily (Ahlgren, 2020). Due to its increasing popularity and its ability to provide an easy way of accessing and downloading published posts, many researchers analyse Twitter data for different reasons such as detecting users' emotions (Mohammad, 2012). The researchers chose Twitter because it constitutes the largest datasets of user-generated content which provides a good source of public opinion (Giachanou & Crestani, 2016). Twitter users actively engage in topics of interest through tweets.

Twitter data are a diverse and salient data source for researchers (Sarker, DeRoos, & Perrone, 2020) and policymakers (Aladwani, 2015). Thus, among other social media platforms, Twitter serves as the dominant discursive space (Munoriyarwa & Chambwera, 2020). The researchers selected tweets and their replies from 14 March to 21 March 2020. This period is significant because it coincided with Minister Muchinguri's statement, averring that COVID-19 is a wrath from God against the West for imposing economic sanctions on Zimbabwe. Through an iterative process, the final sample comprised 67 tweets. The researchers thematically analysed the tweets as described by Braun and Clarke (2006). The authors (KS, PN, and VPN) coded the data and generated themes. To further harmonise the analysis and minimise bias, AM reviewed all the themes and a consensus was reached after extensive discussions and revisions.

Findings

Data analysis yielded three main themes: health and religion; COVID-19 and the healthcare system in Zimbabwe; gender and COVID-19. These themes are reflective of Zimbabwe's responses to COVID-19 through Twitter.

The Religiosity of COVID-19

Religious beliefs, particularly the Christian ones, informed the perceptions of some people regarding COVID-19. As articulated in Psalm 140:12, "I know that the LORD upholds justice for the poor and defends the cause of the needy", most Zimbabweans believe in the concept of retribution whereby, for every misdeed against the weak, the Lord will avenge in His own time and way. The outbreak of COVID-19 was conceived as God's punishment on the West for imposing what the ruling ZANU-PF party terms illegal sanctions imposed on Zimbabwe. However, the pandemic is non-selective and ironically, this alleged instrument of Zimbabwean justice (COVID-19) originated from China, Zimbabwe's all-weather friend. This contradicts the Minister's claims that, "Coronavirus is the work of God punishing countries who have imposed sanctions on us...They are now staying indoors.



Their economies are screaming just like they did to our economy” (EWN, 2020). In response, Jacob tweeted;

Zimbabwe’s Defence Minister Oppah Muchinguri celebrates the outbreak of COVID-19 as a punishment on the Western countries for imposing sanctions on Zimbabwe.

The Minister’s sentiments were supported by some people irrespective of the fact that these comments occurred after the WHO’s declaration of COVID-19 as a global pandemic affecting several countries at the time and continues to do so. This shows a clear contest between faith and science. According to Ron;

The media have twisted everything that Minister Muchinguri has said; I can stand with her message over and over. No human being should make another suffer deliberately because up above there, is a God that has power and dominion over us all.

However, the Minister’s view was widely criticised, with many critics questioning the quality of Zimbabwe’s political leadership and the country’s preparedness to curb the spread of the virus. Often, it is difficult to separate the views expressed by individual political figures from the Government’s position regarding matters of public interest. Therefore, the Minister’s stance on COVID-19 was not only detrimental in terms of its potential to mislead ordinary citizens, which could result in them shunning the adoption of preventative measures such as maintaining the stipulated social distance guidelines and hand sanitisation, but could also negatively influence national response to the COVID-19 pandemic. Max tweeted;

I urge the Zimbabwean Government to act decisively and withdraw the irresponsible statements uttered by its Minister of Defence, Oppah Muchinguri. God isn’t punishing anyone through COVID-19 and there isn’t any nexus between COVID-19 and the sanctions imposed by the United States of America on Zimbabwe.

Another criticism of the Minister’s comment highlighted the discrepancy between government efforts to open Zimbabwe’s economy to international businesses and investors. Chademunhu tweeted that;

The Honourable Minister should consider a public apology. Such utterances undermine the ‘Zimbabwe is Open for Business’ mantra.

Some tweets indicated that the outbreak of COVID-19 signalled the end of the world as explained in the book of Revelations 15:6-7, “Out of the temple came the seven angels with the seven plagues. They were dressed in clean, shining linen and wore golden sashes

around their chests. ⁷ Then one of the four living creatures gave to the seven angels seven golden bowls filled with the wrath of God, who lives forever and ever". The virus was perceived as an opportunity for people to see the greatness of God, repent and seek God's mercy before the second coming of Jesus Christ. This is evidenced in the following tweets;

I believe it is a God-given chance for people to repent (Sibangilizwe).

Nobody is prepared; even here in the United Kingdom, we are at the mercy of God Himself. Everywhere, there is ill-preparedness! (Ash).

COVID-19 and the Healthcare System in Zimbabwe

There was concern over the Zimbabwean Government's capability to manage the COVID-19 pandemic, as some people feared that there was no transparency in the manner in which confirmed COVID-19 cases were reported in Zimbabwe. It was argued that dishonesty was not uncommon in Zimbabwe's response to pandemics. Ras tweeted, thus;

One wonders which world you live in. People are desperate because you lie a lot. Even at the advent of HIV/AIDS you denied the prevalence of the pandemic in Zimbabwe whilst people were spreading it more. Why do you want us to believe you now?

Many people on Twitter seemed to believe that the Government was concealing the actual numbers of people infected with COVID-19. A lack of trust was noted by Thandie in the tweet below;

You need to respect people Nick. Nobody's craving coronavirus. People just don't trust you. It doesn't help that you guys were hiding information about the Victoria Falls case (The Government denied rumour of a COVID-19 case, a male resident of Victoria Falls who had travelled back from the UK via South Africa on 15 March) and deliberately misnamed the Chinese woman a 'Mutare woman'. Few people believe anything you say... #ZanuPFMustGo.

In addition to the suppression of the figures of COVID-19 cases in Zimbabwe, some people were also concerned about the apparent lack of infrastructure and medical equipment required to manage the virus. This is indicated in the tweets below;

Stop boasting around when you do not have enough machinery to detect COVID-19 (Chihwa).

Do you even have the right equipment to test for the virus with this non-existent healthcare system? If South Africa has it [COVID-19], what makes Zimbabwe immune to it? (Leah).



Some people were advocating increased investment in healthcare facilities and equipment, especially in the face of the COVID-19 pandemic. This was pertinent, given that of the three isolation centres in Zimbabwe, only one (Wilkins Infectious Diseases Hospital, in Harare) was reportedly the most supported and developed in terms of the necessary equipment and infrastructure (Makurumidze, 2020). Additionally, all the isolation centres lacked intensive care unit beds, personal protective equipment (PPE) and none had a functioning ventilator. Given the struggling healthcare system in Zimbabwe, the country is likely to be overwhelmed by the extra-burden posed by COVID-19. Phillip commented that;

Surely, we are being ruled by our inferiors. Why not being bold and open five new 100-bed fully equipped COVID-19 hospitals within one month? Calling COVID-19 a curse while busy buying cars instead of ventilators and masks?

Some of the tweets highlighted the inconsistencies characterising the measures adopted by the Government of Zimbabwe to curb COVID-19. In line with the principle of maintaining social distance, President Emmerson Mnangagwa banned gatherings exceeding 100 people, but he proceeded to hold a political rally in Nyanga, Manicaland Province, on March 18; the rally was attended by more than 100 people. Jonso noted that;

Mnangagwa, in partisan regalia, irresponsibly addressed a partisan political rally yesterday, when every other responsible person around the world is shunning such gatherings, and promoting social distancing to fight the #Coronavirus pandemic to save lives!

Furthermore, there were concerns that it was difficult to comply with the prescribed COVID-19 measures such as maintaining social distance and practising hand-washing hygiene, as Zimbabwe is currently facing macro-economic challenges. The shortage of basic commodities has precipitated long queues as citizens scramble to purchase limited goods available. Robert noted;

Your boss banned public gatherings yet there are more than 1000 people queuing for mealie meal, 5000 queuing for public transport, and another 2000 queuing for petrol. Zeal without knowledge is folly.

Some critics have claimed that the Government has failed to uphold the basic human rights, especially the right to safe and readily available water. Thus, COVID-19 has exposed the Government's failure to improve the quality of life for its citizens. Ndevu commented that;

What can this incompetent ZANU-PF-led government do to protect citizens! There's barely running water, which is "first defence", public transportation packs people like sardine fish, there is no public safety education as ZANU media is busy spreading propaganda.

However, some tweets perceived the Government of Zimbabwe as being unfairly judged. They argued that the Government's move to set aside Wilkins Hospital to deal specifically with COVID-19 cases was a sign of goodwill. Ghost argued that;

Why can't you simply appreciate that Government has set aside Wilkins Hospital for COVID-19? Also commendable was the setting up of sanitation basins at public transport points.

Some people blamed the Government for failure to devise a proper plan to mitigate the COVID-19 pandemic. There were also fears that the Government would misuse funds and resources meant for COVID-19 relief. Fadzai commented that;

No economic plan; no public health plan; no plan for workers; no plan for the homeless, no food security plan, but they are receiving money from NGOs. Where is this money going?

Gender and COVID-19

Lessons learnt from the West demonstrated that preventing, controlling, and mitigating the COVID-19 pandemic would be difficult especially in resource constrained settings (Coburn et al., 2020). Zimbabwe faces macro-economic challenges, in the context of a largely informal economy dominated by women (Oosterom, 2019). For example, of the informal cross-border traders between Zimbabwe and South Africa, over 65% are women (Bouët, Pace, & Glauber, 2018). Zimbabwe is believed to have the largest informal sector in Africa, where it represents approximately 60% of the country's economy (Ruwisi, 2020). Given that many people live from hand to mouth, concerns regarding the sustainability of livelihoods during the lockdown period were pertinent. Zanda claimed that;

It's very sad to realise that the bulk of employment in Zimbabwe is informal. How do they expect people to survive?

Evidently, women were more vulnerable to the economic challenges during the lockdown in Zimbabwe than their male counterparts. This pattern has been noted in previous disasters that occurred in Zimbabwe where women suffered the most (Bwerinofa & Chiweshe, 2017). This assertion was supported by Jackie;

Good observation. Women face more economic challenges after disasters; I saw this in Chimanimani after Cyclone Idai. Now, the situation will be dire for women in informal employment.

Furthermore, some observers suggested that responses to disasters should be gender sensitive;

The COVID-19 pandemic and subsequent lockdowns in Zimbabwe and beyond have a huge burden on women, exacerbating their vulnerability to it when they go about vending. Gender responsive measures must be a priority! (Zabe)



During the COVID-19-induced lockdown, many municipalities in Zimbabwe embarked on clean-up exercises, destroying vending infrastructure in urban spaces. Most of the structures were 'illegal' and posed a public health hazard. However, in the context of a largely informal economy, the destruction of these structures inadvertently compromised the livelihoods of many urban dwellers.

We are aware that our cabins were illegally built, but these were our source of income. We are not formally employed, and we earn our living through informal trading. Now that our source of income has been destroyed, we have nowhere to turn to for survival (Mai Machipisa).

The destruction of vending structures meant that even in the post-lockdown period, vending would still be considered illegal, further exacerbating the vulnerability of women in the informal sector. Some participants suggested that municipal authorities should consider legalising vending in designated spaces.

Council should ensure that these women have proper vending licences when they return to their trade. Not just Harare City Council, but all local authorities. How about measures for Government to collect taxes from them after COVID-19? (Taka)

Zimbabwe is currently facing a twin burden of food insecurity and disease (the COVID-19 pandemic). The two have direct and indirect implications for women. Traditionally, women gathered food and ensured household food security (Galiè et al., 2019), and they provided primary care for the sick (Agyemang-Duah et al., 2019). As part of enforcing the lockdown regulations, the Zimbabwean police destroyed vendors' wares (Nyabunze & Siavhundu, 2020). Regarding this reality, Fatso commented that;

This is the most disgusting thing I have ever seen. Destroying food when the entire nation is starving is weird. You didn't have to destroy that food.

Globally, women do almost 2.5 times as much unpaid care and domestic work as men, and are more likely to face additional care-giving responsibilities than men during this pandemic-induced lockdown period (Kubatana.net).

Enforcing compliance with COVID-19 lockdown regulations has been characterised by disproportionate use of force by law enforcement agents (Davies, 2020; Burger, 2020). This violated human rights, particularly the rights of women who comprise the majority of informal traders. Regarding the destruction of wares by the police, Chimuti stated that;

This was unnecessary, considering that the masses are suffering. The police should have told the people to vacate with their goods. Being cruel and brutal to citizens won't, and will never, resuscitate the economy.

During the COVID-19-induced movement restrictions and the prevailing economic challenges in Zimbabwe, women have been struggling to provide for their families.

Government intervention in the form of social grants or social relief can mitigate hunger and poverty. Such strategies may increase compliance with lockdown regulations as noted by Shero;

There should be provision of social security and meaningful cash transfers as women cannot fend for themselves through informal trading.

Commercial sex work constitutes an important income stream that sustains livelihoods (Vearey, Richter, Núñez, & Moyo, 2011). In Zimbabwe, sex work is illegal (Busza et al., 2017); nonetheless, many women continue to engage in it as they attempt to circumvent poverty and unemployment. Due to the movement restrictions imposed by the COVID-19 pandemic, women in this trade experienced loss of income. One tweet stated that;

The lockdown has been biting on our work as sex workers. Clients are no longer coming. It's difficult. Women should be looked after in these difficult times (Suku).

Discussion

This article has been motivated by the comment by a high-profile political figure in Zimbabwe, who claimed that COVID-19 was God's vengeance on the West for imposing 'illegal' economic sanctions on Zimbabwe. The findings of the study show people's divergent views regarding COVID-19. Most people perceived COVID-19 as a disease with its roots in biology whilst others interpreted the virus as a divine instrument. The Bible plays a crucial role not only in the church but also in socio-economic and political matters (Vengeyi, 2012). In a country where an estimated 86% of the population ascribes to Christianity (DHS, 2015), the minister's comment is misleading and may compromise health education on COVID-19. Moreover, these utterances may hinder Zimbabwe's response to the pandemic. Given that some biblical verses (*Deuteronomy 3:22; Do not be afraid of them, for the LORD your God Himself will fight for you*) suggest that God fights battles on behalf of "His children"; thus, it is not surprising that some people ascribed to the minister's sentiments.

The findings suggest that in the initial stages of the pandemic, there was no transparency in the reporting of Covid-19 cases in Zimbabwe. Similarly, the Zimbabwean government was accused of actively concealing the extent of the spread of COVID-19 in China where it originated (Corera, 2020). In 2009, during the cholera outbreak, the Government was accused of massively underreporting the statistics of the numerous preventable deaths (Masakure, 2018). Underreporting mainly results from a weak surveillance system (Legros, 2018). Notwithstanding the incapacitation characteristic of Zimbabwe's healthcare system, the Government has a history of denialism firmly entrenched in its reaction to issues of national interest (Masakure, 2018). In the early 1980s "there was so much denial by the government until 1990 when HIV/AIDS issues were debated in the public domain" (Duri, Stray-Pedersen, & Muller, 2013, p.17). The above pattern exposes the dramaturgical architecture of pandemics where authorities often respond to disease outbreaks through



denialism, which has individual and public health consequences. For example, at individual level, denialism promotes complacency and a sense of false immunity to the disease. At public health level, it often results in delayed responses to the spread of the virus, thereby missing the opportunity to mitigate the spread of the virus.

Perspectives from the tweets suggest that Zimbabwe's healthcare system lacks the capacity and confidence to control the spread of COVID-19. The country faces a unique set of challenges emanating from a political and economic crisis (Chagonda, 2020). Given that Zimbabwe's healthcare system is severely incapacitated (Mutizwa-Mangiza, 2018), many feared that the healthcare system was unprepared to deal with a pandemic of this magnitude as it was ill-equipped to treat large numbers of COVID-19 patients with only one fully-functional testing centre (Muronzi, 2020).

Zimbabwe has received nearly R1.4 billion worth of aid and medical supplies from the architectures of sanctions to help fight COVID-19 (eNCA, 2020b). This gesture from the West invalidates the Minister's comments on COVID-19 as a punishment from the West as the Zimbabwean Government was more than willing to accept aid from its foes. The misuse and abuse of public funds has resulted in the Government's failure to deliver on the fundamental rights, particularly access to the highest standard of healthcare in the country (The Herald, 2015). The findings suggest that the country's history of abuse of both government funds and external aid induces the fear that the money and supplies may not reach the intended beneficiaries. Narratives relating to relief aid meant for the victims of the recent Cyclone Idai were characterised by allegations of politicisation and partisan distribution of emergency aid (Zenda, 2019). This precedence underscores the need for oversight and accountability on funds and aid distribution.

Public health measures implemented to mitigate the spread of COVID-19 have exacerbated the economic crisis in Zimbabwe, severely impacting the livelihoods of many people. Most Zimbabweans are informally employed and survive from hand to mouth (Chirisa, 2018). The researchers argue that the abrupt closures of businesses (formal and informal) and in some instances, the destruction of wares (Kubatana.net, 2020) resulted in sudden loss of incomes, with household food security being threatened. Prior to the emergence of COVID-19, the World Food Programme (WFP) had predicted that more than 7.7 million people, half of Zimbabwe's population, would face food insecurity at the peak of the lean season (WFP, 2019). Although necessary, the lockdown measures were not accompanied by meaningful social programmes meant to assist the needy (Zamchiya, Mavhinga, Gwinji, Chamunogwa, & Madhuku, 2020). Further, in a country where people are faced with imminent danger from hunger, a government-sanctioned lockdown is ineffective if enforced only through the law, without ensuring the provision of basic needs to the most vulnerable populations. Reducing the impact of loss of income in lower income households through allocation of cash transfers and large-scale roll-out of food assistance programmes can ease the burden of food insecurity in both urban and rural areas.



The use of excessive force by global governments in enforcing citizens' compliance with COVID-19 regulations to mitigate the spread of the virus has become a global phenomenon (Miller, 2020). The perpetration of violence against citizens was a recurring theme. Globally, the breach of human rights during the lockdown period in various contexts sparked an outcry from human rights defenders and several interest groups (Burger, 2020). For example, in South Africa, the Independent Police Investigative Directorate (IPID) had received 376 cases related to Covid-19 operations by 5 May 2020 and was investigating 11 deaths related to police brutality (Retief, Nicolson, & Haffajee, 2020). In Zimbabwe, a country with a tainted human rights record and an alleged preference for governing through violence (Benyera & Nyere, 2015), critics expected the worst during the national lockdown induced by COVID-19 (Marima, 2020). It is not surprising that there were numerous incidences of violence reported in Zimbabwe during the lockdown period (Tsonga, Mazarura, & Heywood, 2020). The Government heavily responded to demonstrations against the poor handling of resources meant to mitigate COVID-19 and the failure to ensure food security during the lockdown period, with organisers of the protests allegedly being abducted and tortured (Chibamu, 2020). Further, the manner in which those who failed to comply with COVID-19 regulations were transported and detained undermined social distance rules. In Zimbabwe, the use of violence as an instrument of governance dates back to the colonial era (Benyera & Nyere, 2015). Therefore, the culture of violence is a relic of the past, inherited and perpetuated by the post-independence Government in Zimbabwe.

Destroying 'illegal' vending structures in Zimbabwe's urban spaces in the name of restoring sanity in the city during COVID-19 lockdown conjured harsh memories of the infamous 2005 Operation *Murambatsvina* (*Operation Restore Order*) that displaced many people and disrupted livelihoods (Vambe, 2008; Benyera & Nyere, 2015). By destroying vending stalls, Zimbabwean authorities undermined the economic rights of informal traders (Vambe, 2008), who are mostly women (Chirisa, 2018). In a country with over 90% of employment being generated by the informal sector (Mukeredzi, 2020); disrupting alternative sources of income has far-reaching consequences, such as engaging in commercial sex for survival (Vambe, 2008). Sex for survival heightens women's exposure to HIV/AIDS and several forms of patriarchal dominance (Jewkes, 2009). The researchers argue that the commodification of the Black female's body (Forbes, 2009), as a result of having been economically emasculated by the system of governance, constitutes the structural violence of the highest order. Hammond (1994) avers that "Black women's bodies are always already colonized" (Forbes, 2009, p. 3). Therefore, any policies that disregard the plight of women and children, and trample on their rights, are unquestionably retrogressive. However, the destruction of 'illegal' vending structures can be perceived as a blessing in disguise, as it restored social order and sanity in urban spaces.



Conclusion

This paper argued that viewing the outbreak of COVID-19 as an instrument of retributive justice is detrimental to the public health agenda since the public may not comply with preventative measures, mistakenly believing that they are immune to the pandemic. The COVID-19 pandemic has exposed crevices in Zimbabwe's public healthcare system already characterised by a weak healthcare infrastructure and limited healthcare facilities. The implementation of various strategies to curb the spread of the virus, though necessary, culminated in several socio-economic challenges that include, but are not limited to, violation of human rights, economic emasculation and increased vulnerability to the COVID-19 pandemic. Women constitute a greater percentage of the informal sector and were mostly affected by lockdown regulations as they lost a source of income and were victims of police brutality, particularly those involved in sex work. To mitigate public health challenges such as the COVID-19 pandemic, political will, accountability and transparency should characterise government policies.

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