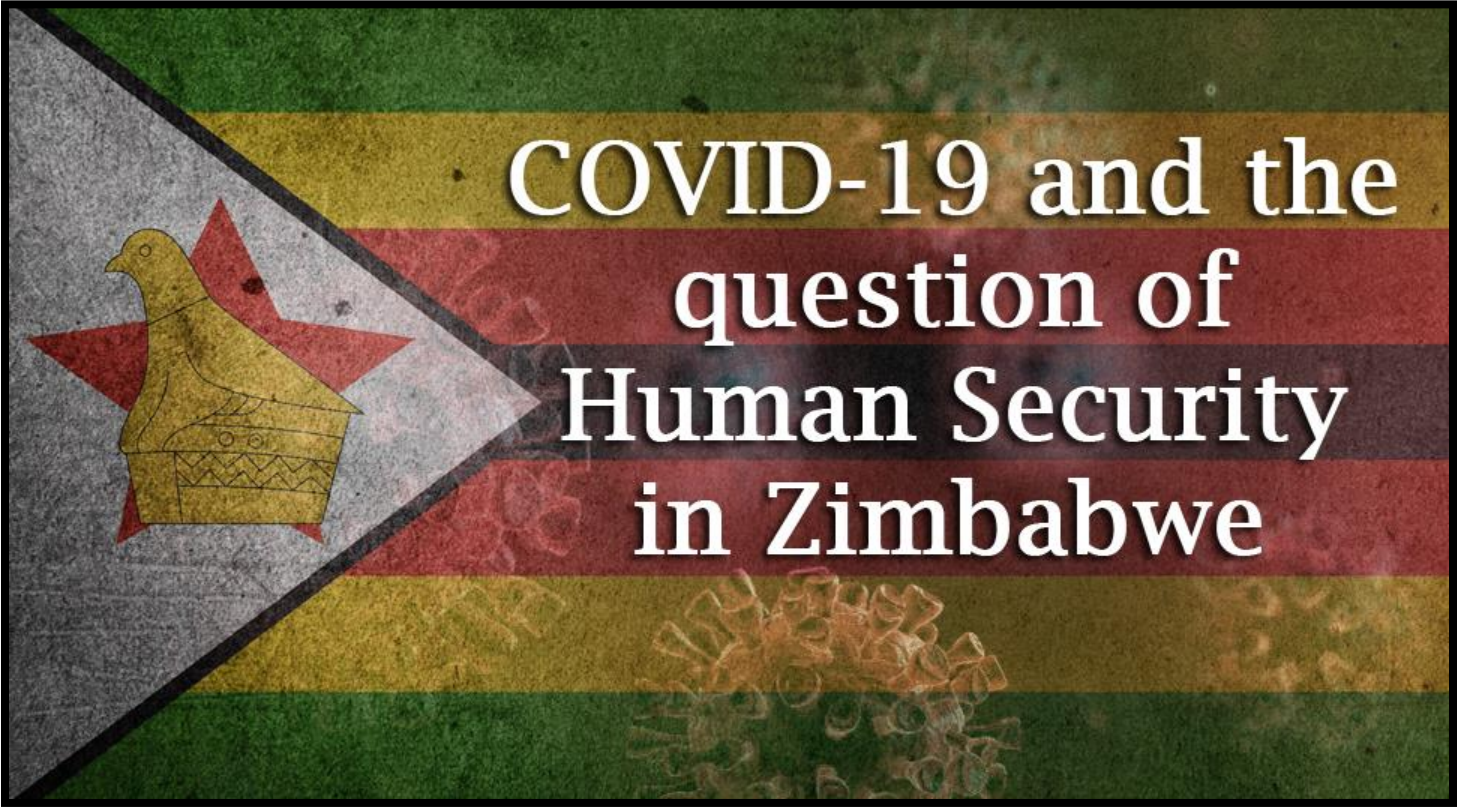




Dialogue Online

"The elders sit under the big tree and talk until they agree... talking until you agree (or agree to disagree) is the essential (essence) of the traditional African concept of democracy..."
Julius Nyerere



COVID-19 and the question of Human Security in Zimbabwe

Context

Last year (2019) marked the 25th Anniversary of the Human Security concept; it was also a year that highlighted the increasing salience of the adverse impacts of climate change on various communities throughout the world (especially in the Global South). These aspects posed a critical query for governments and civil society (as well as broader society) across the world: how well states are prepared to fight or combat the ‘existential’ threats to our common safety and survival such as effects of climate change (noting natural disasters) and disease. In particular, as advocated by the human security framework: it is clear that there has to be a fundamental shift in terms of how states define the notion of ‘security’. The devastation wrought by the Corona Virus (COVID-19) has necessitated a reorientation of security policy. COVID-19 is transforming how states define and implement security-related policies. The current context is profoundly unique and historical in that it may mark the first time in human history all societies (denoted by nation-states) might have to formally and actively cooperate in terms of combatting a common threat to global security. The 2014 Ebola outbreak in West Africa set a precedent for possible multilateral cooperation in terms of virus-based threats to global security. Svicevic in a recent post on the European Journal of International Law’s blog (EJIL:Talk!) notes:

*“[w]hile the SARS outbreak went largely unnoticed (at least not formally) the Security Council, in 2014, it designated the Ebola outbreak in West Africa as a threat to international peace and security. [UNSCR] Resolution 2177 (2014) was **the first time** the Security Council had considered and subsequently determined a public health issue a threat to international peace and security in line with Article 39 of the UN Charter” (Svicevic, 2020).*

Svicevic argues that the UN Security Council has not formally declared COVID-19 as a threat to international peace and security, and part of the hesitation may be due to the political implications that might underpin such a declaration (especially as it will affect UNSC P5 members such as the USA and China), thereby highlighting how states generally tend to prioritise sovereignty with regards to multilateral initiatives that might impinge on it. Such a position raises the issue that lies at the heart of the human security perspective: the need to equate security with citizens instead of juridical sovereignty which emphasises territorial security.

Dr Achim Steiner, Administrator of the United Nations Development Programme (UNDP), in his keynote speech to commemorate the 25th Anniversary of the Human Security concept hosted by UN’s Human Security Unit, on the invitation of the Norwegian, South African, Japanese and Thai governments, asserted: “[t]he [UNDP’s 1994 Human Development Report] introduced a

new concept of human security, which ***equates security with people rather than territories***, with development rather than arms” (UNDP, 2019).

In relation to Zimbabwe

Although African countries have noted the crisis and danger posed by COVID-19, and taken initial steps to combat the virus, there is great concern in terms of the ability of many African states to successfully combat COVID-19. This is because of the various underlying structural challenges that afflict the majority of African states (largely related to inadequate governance, political conflict, socio-economic crisis, and low developmental indicators). Zimbabwe is a key example of how these structural challenges can severely compromise a state’s ability to counter and combat COVID-19.

Zimbabwe has been mired in crisis for over a decade, and the hope that the removal of former president Mugabe would fundamentally change Zimbabwe’s fortunes has drastically dissipated. As things stand in Zimbabwe:

- There is on-going antagonism and tension between the ruling party (Zanu-PF) and key opposition (Nelson Chamisa-led MDC), which continues to hamper efforts at true national reconciliation and progressive (as well as representative) political engagement
- The Zimbabwean governments’ inability to actively promote and implement far-reaching economic and political reforms in line with timelines tacitly agreed to with key donor nations (particularly the EU and USA) is likely to complicate Zimbabwe’s access to multilateral aid and development funding. In early May (2020), it was announced that Zimbabwe would receive financial aid from the World Bank totaling \$7 million despite its long-standing indebtedness to the institution. A ***Bloomberg*** report notes:

“[the \$7 million financial assistance package] will come from...trust funds and partners because Zimbabwe [is not up to date] on its debt-service obligations with the institution and therefore can’t access funds through its regular financing channels, the lender said” (Naidoo, 2020).

- There is an energy and infrastructure crisis, in terms of lack of capacity with regards to energy generation (i.e. inadequate electricity and fuel supply), compounded by water shortages
- The health sector is imploding due to a long-standing crisis within the sector. Zimbabwe’s health sector is largely donor-funded (mainly from Western support). Furthermore, public hospital doctors, nurses and other medical staff in Zimbabwe have repeatedly gone on

strike, citing the lack of adequate protection measures and equipment in light of the threats posed by COVID-19. The Zimbabwe Hospital Doctors Association through its president stated: “[r]ight now we are exposed and no one seems to care” (*Independent, 2020*). Zimbabwe’s first COVID-19-related death earlier this year (March 2020) at a medical facility, Wilkins Hospital, supposedly equipped to deal with COVID-19 medical cases, exposed the inadequacy of Zimbabwe’s health infrastructure in relation to COVID-19 incidents. The official state paper, *The Herald* (27th March) noted “[t]he death of Zororo Makamba (a prominent journalist) early this week at the hospital highlighted the need for the main isolation hospital to be fully prepared and equipped” (*Herald, 2020*). It is not clear how many ventilators are available in Zimbabwe, but it is likely that the number is critically inadequate (also noting the excessively high global demand for ventilators).

In April (2020) the government evoked the “Civil Protection Act” which essentially “allows it to take charge of all council run hospitals as part of its ongoing measures to coordinate efforts meant to contain the COVID-19 outbreak” (*NewZimbabwe, 2020*). Vice President, Kembo Mohadi, Chair of the Ministerial Task Force on COVID-19, stated that government had initially underestimated the pressure and strain the pandemic would place on Zimbabwe’s already fragile local medical hospitals. The Vice President asserted:

“[i]nitially, we thought that maybe the City of Harare and its institutions will [be able to adequately deal with COVID-19 cases], but we found that it is not possible...We have invoked the statutory instrument, the Civil Protection Act to take over all those local authority-run institutions that deal with health until this pandemic is over because as government, we are better resourced than local authorities to get these institutions running” (DailyNews, 2020).

The preparedness of intensive care units (ICU) at public hospitals to deal with COVID-19 emergency cases is also cause for concern. In a late March (2020) address to Parliament, parliamentarian and medical doctor Dr Tichinni Matevera explained:

“[o]ur central hospital at Parirenyatwa ICU for the whole of this region has got four working ventilators and [COVID-19 patients] will need life support. I think when we talk about prevention and readiness, we have to be comprehensive but I do not think we are ready. We are only ready in terms of saying it has not come but when it comes [COVID-19] it will be a disaster. The health workers will run away and that is actually what they are saying...We need to improve on our screening tools. Our screening tool which we are

using at our port of entry is not sensitive enough to pick all the potential people who are going to bring in infection into Zimbabwe” (Mail and Guardian, 2020:16)

The failure of the Zimbabwean government to effectively deal with a cholera outbreak in 2008, provides a grim and haunting precedent in terms of the gross inability of the country’s policymakers to formulate and implement effective, responsive and well-funded public health policy measures to deal with health crises. The cholera outbreak was undoubtedly exacerbated by the severe political and economic crisis afflicting Zimbabwe in 2008. Circa 2020, Zimbabwe is once again mired in a debilitating and persistent crisis.

- There appears to be no consensus-based formal approach to the COVID-19 crisis in Zimbabwe. The Zimbabwe government appears to be struggling to facilitate a unified broad-based approach with input from key stakeholders, relating to effectively combatting COVID-19. This is worrying as Corona virus cases are due to increase over the next few months, thereby indicating that the Zimbabwe government is still trying to formulate a national policy on COVID-19. However, in a crisis-afflicted country such as Zimbabwe, it is evident that the government cannot deal with COVID-19 on its own. Government spokesperson, Nick Mangwana’s late March (2020) tweet indicated that the government might be overwhelmed by the looming crisis posed by COVID-19. Mangwana tweeted: “

“[p]eople are rightly expressing concern over our capacity to fight #Covid19Zim. We can win the fight if we take a national approach. This means Govt, City, private sector and civil society. We need private sector facilities to augment Govt efforts. Let’s embrace free enterprise” (March 2019).

- The recent “Covidgate” scandal which resulted in the arrest of Health Minister, Obadiah Moyo (in June 2019) on corruption charges relating to the irregular and opaque procurement of COVID-19 testing kits from a Hungarian company under investigation by Interpol, has brought into question government’s ability to uphold transparency and due diligence with regards to service-related processes corresponding to COVID-19.

Zimbabwe’s current predicament is largely a legacy of a state that has been dominated by an authoritarian leader and his political party. Since 1980, the Zimbabwean state has largely been an extension of former president Mugabe and Zanu-PF. This has been made clear by the explicit assertions by the Zimbabwean Armed Forces over the years that their allegiance is to the party of liberation and the furtherance of the liberation struggle against ‘imperialism’ in terms of protecting Zimbabwe’s sovereignty.

A number of Zimbabwean scholars have researched the impact of state-sanctioned violence on Zimbabwean society, during both the colonial and post-independence eras. As recently as January 2019, the use of the armed forces and security institutions to subdue popular protest (largely justifiable), viewed as a threat to the 'state' as underpinned by Zanu-PF power, could be observed.

The tragedy of the Zimbabwean context is that security has never been explicitly equated with Zimbabwean citizens, thereby framing it as human security. This means that Zimbabwe's security sector has never been comprehensively trained and equipped to deal with "non-traditional" threats to national security such as disease outbreaks or the impact of natural disasters.

Even highly centralised one-party socialist states, such as Cuba and Vietnam, have ensured that their armed forces and security clusters are able to be responsive to the respective needs of their citizens, especially in the event of security threats such as natural disasters or disease outbreaks. It may be argued that this may due to the respective historical and even cultural contexts of both states. However, the progressive response of both states to the COVID-19 outbreak provides key lessons for developing and resource-constrained states in the Global South (including Zimbabwe). A major lesson to be gleaned from the aforementioned states, may be the urgent need to reformulate and refocus the role of armed forces in a 21st century context, which necessitates a revised notion of security and the role of the state in protecting and assisting citizens. The cholera crisis of 2008 and devastation of Cyclone Idai (a context in which the Zimbabwean army was commended for its assistance and rescue response) in 2019, both provided an opportunity to generate a policy-focused dialogue on human security in Zimbabwe, however these opportunities were missed. The appearance of COVID-19 necessitates the initiation of such a dialogue, especially as it is a matter of "life and death", as exemplified by the framing of national security and the current role of the security forces in neighboring South Africa (albeit with tentative concerns).

Professor Maru in a recent **Mail and Guardian** (24th March) piece argues:

*"[t]he reality is that markets will not salvage societies during calamities such as this one [COVID-19 global outbreak]. **States that have human security as their central mission might.** But, largely thanks to the misguided prescriptions of dominant powers, some African states have been reduced to 'police states', which are strong only when it comes to securing and maintaining their own power"* (Maru, 2020:17).

There are valid fears that if the country's political and socio-economic crises are to deepen due to the adverse effects of COVID-19, Zimbabwe could begin to dangerously resemble the "police

state” described above by Professor Maru. The Zimbabwean government’s approach to the COVID-19 crisis has been largely top-down, as a result there has been widespread grievance and protestation about the nature and form of government’s interventions (although this is not unique to Zimbabwe, as highlighted by the South African context). Particularly worrying have been the reported cases of physical and sexual abuse by a number of Zimbabwean women at the hands of security personnel (noting the harrowing case relating to the abduction of three young women associated the MDC Alliance youth body). The vicious assault on two Bulawayo based sisters and mothers, Nokuthula and Ntombizodwa Mporu, by police officers in April (2020) highlights the dangerous confluence of state-based violence and stricter COVID-era security measures. The swift apprehension of the perpetrators of the attack on the sisters is to be commended, as is the response by the National Peace and Reconciliation Commission (NPRC), who assisted the Mporu sisters with filing a criminal report. Speaking on the case National Police spokesperson, Assistant Commissioner Paul Nyathi stated:

“[police officers] should not get carried away when they perform their duties. They should stick to the mandate which the police have in terms of the constitution of the country, in terms of the deployment which would have been done by their commanders. So, anyone who goes outside the deployment order and does their own things will face the full the wrath of the law” (Tshili, 2020).

Assistant Commissioner Nyathi’s comments were echoed by NPRC Commissioner, Leslie Ncube who oversees the commission’s work in three Matabeleland provinces. Commissioner Ncube asserted:

“[t]he police are supposed to be the custodians of law and are supposed to protect the lives of the vulnerable in our society. We condemn the behaviour of the [perpetrating] police officers. The victims were allegedly insulted. Such actions are not expected from the police officers especially in an independent Zimbabwe” (Tshili, 2020).

The current Zimbabwean government has a historic opportunity to completely break with the Mugabe-era precedent of resolutely prioritising state-centered (territorial) security, at the expense of its long-suffering citizens. Hopefully such a historic opportunity will not be missed.

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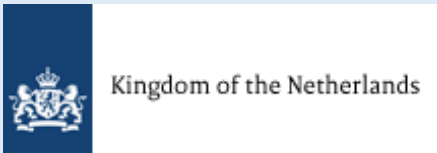
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