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Covidisation of oppression: COVID-19 and human rights violations in Zimbabwe

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ARTICLE INFO

Keywords: COVID-19, Coronavirus, Pandemic, Health, Covidisation, Human rights, Abuse, Oppression, Violation, Zimbabwe

ABSTRACT

Restrictive measures implemented in Zimbabwe since March 30, 2020 were instigated by the outbreak of the coronavirus disease (COVID-19) pandemic in China and its subsequent spread to other countries around the world. However, public concerns about preparedness, especially the government’s response to the pandemic, were raised early when the coronavirus started to wreak havoc elsewhere around the world in late 2019. These concerns were particularly emphatic and palpable given that Zimbabwe has been having a health crisis for a long time well before the worldwide outbreak of the COVID-19 pandemic. This paper is a critique of Zimbabwe’s human rights record since the onset of the COVID-19 pandemic. Madhukar Pai’s idea of covidisation is used to conceptualise through description and explanation how the Zimbabwean government took advantage of the COVID-19 pandemic to further human rights abuses, hence the covidisation of oppression. I use a multipronged approach starting with a historical account detailing how the Zimbabwean government has been flagrantly violating the human rights of citizens. Documentary evidence is the main source of information for this paper coupled with the empirical observation of developments in the political arena and using critical discourse analysis (CDA) as the main analytical tool. The Zimbabwean government has failed to balance the imperatives of saving lives by building a robust health system in conjunction with the creation and implementation of a comprehensive COVID-19 strategy while addressing the livelihood needs of its people.

1. Introduction

In January 2021, Zimbabwe experienced a spike in cases, due to the second wave, of the novel coronavirus disease (COVID-19), far more than what had been the experience in the previous months since the outbreak of the pandemic in Africa in February 2020. Four top political figures allegedly died of the disease within a short period one after the other. These included Sibusiso Moyo, then Minister of Foreign Affairs and International Trade, Joel Biggie Matiza, then Minister of Transport, Retired Major General Paradzai Zimondi, who had served as the Commissioner of the Zimbabwe Prison and Correctional Services and Retired Lieutenant-General Douglas Nyikayaramba, who was serving as the Ambassador to Mozambique. The government’s reaction was to drastically implement lockdown measures and a new curfew from 6:00 a.m. to 6:00 p.m. again.

This had been the case since various restrictive measures started to be implemented from March 30, 2020 following the institution of a Statutory Instrument, the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order (SI 83 of 2020) on March 28, 2020 (Magocha, 2021). This Statutory Instrument had the effect of a lockdown, a ban on any public gathering greater than two people, shut down of airports beside those in the major cities of Harare, Bulawayo and Victoria Falls, closure of borders to ordinary traffic, and an order for the provision of isolation and quarantine facilities by local government (Magocha, 2021). At least 15 amendments were made to this original Statutory Instrument due to changing circumstances and conditions stipulated in the restrictive measures associated with the COVID-19 pandemic. For example, Statutory Instrument 200 of 2020, which is the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (No. 2) Order, 2020 specified that the lockdown was “to an indefinite date subject to fortnightly review from the 31st May 2020, onwards.”

These measures followed a worldwide trend of lockdowns to stop the spread of the coronavirus since the first quarter of 2020. The measures were instigated by the outbreak of the COVID-19 pandemic in China and its subsequent spread to other countries around the world. The reality of what was feared long ago about the pandemic then gripped the nation of Zimbabwe. However, public concerns about preparedness especially the
government’s response to the pandemic had been raised early when the coronavirus started to wreak havoc elsewhere around the world in late 2019. These concerns were particularly emphatic and palpable given that Zimbabwe has been having a health crisis for a long time well before the worldwide outbreak of the COVID-19 pandemic. The question then was what would happen to the country concerning the pandemic when the health sector is already on its knees. The handling of the COVID-19 pandemic as a health issue in Zimbabwe has been barely minimal, as the government has been indifferent, but instead used the guise of fighting the pandemic on a tangent by furthering a different agenda, thus politicking and weaponising it. For the two decades since 2000, Zimbabwe has been in a tailspin politically and this has had far-reaching socio-economic consequences. The collapse of Zimbabwe’s health sector is one of those devastating consequences of bad governance as the capacity and efficiency of public health facilities declined.

This paper contextualises the human rights abuses in Zimbabwe that were entrenched by the onset of the COVID-19 pandemic which can be argued as the ‘covidisation’ of oppression. The covidisation of oppression involves taking advantage of the pandemic by denying people their fundamental freedoms and rights to further an ulterior agenda of maintaining a stronghold on power and stifling dissent. The aim is to describe and explain the government’s response to the COVID-19 pandemic, in light of the human rights abuses that followed that response. Zimbabwe is an independent African country but with a chequered human rights record, for instance, that of ironically having political prisoners. This is so ironic for a government that prides itself in waging a war of liberation against colonialism and imperialism for the total emancipation of its people. Some of the people who have been detained include those who were arrested during the lockdown due to their advocacy against poor governance, including corruption related to the government’s approach to the COVID-19 pandemic. The heavy-handedness of the state security machinery since the onset of the lockdown has been unreasonable and flagrantly violating human rights and, as shall be seen, proves that it has been done beyond the premise of fighting against the epidemic. The paper proceeds with the next section that deals with an understanding of basic human rights which paves the way to the background of human rights abuses in Zimbabwe. The idea is to show that it was business as usual, that is continuing with the wretched politics of the past while putting some context into the unique way through which human rights abuses were wrought through the guise of fighting against the spread of COVID-19, hence covidisation of oppression by the new dispensation of the government that was installed from November 2017 after a coup. I put into context the idea of the conceptual framework of coidisation followed by the methodological approach. The way through which the government took advantage of COVID-19 to the detriment of the citizens is a core argument in this paper. This will be followed by examples of how the government violated the socio-economic, political and civil rights of the citizens. Next will be the discussion of the covidisation of oppression to reflect on the Zimbabwean experience followed by the concluding remarks.

The idea of human rights gained international acclaim following the adoption of the Universal Declaration of Human Rights by the United Nations General Assembly on the December 10, 1948 (Henkin, 2000) wherein short according to Power and Graham (2000, p. XIII):

Individuals are entitled to life, liberty and personal security, including freedom from torture and arbitrary arrest, freedom of speech and religion, and equality before the law. Individuals are also entitled to adequate living standards, including basic education, food and shelter.

This is an understanding of basic human rights through which the Universal Declaration of Human Rights helped to set internationally as a basis and ideal of human dignity (Henkin, 2000). The African Charter on Human and People’s Rights which took effect on October 21, 1986 set a broad benchmark for the observation of basic human rights on the African continent through member states of the then Organisation of African Unity (now African Union) (Mutua, 2000). The idea that “the modern African state is in many respects the colonial state in a different guise” which “has been such an egregious human rights violator” (Mutua, 2000, p. 144) is palpable as one of those African states where gross human rights violations have been recorded. These basic human rights have been further consolidated through the establishment of supporting institutions at different governance levels and the participation of a wide range of human rights organisations to bring accountability (Goldstone, 2000; Roth, 2000). Thus, so much progress has been achieved in realising these human rights, but there is so much that needs to be done from one government to the other including the current focus on Zimbabwe. Therefore, there is a critical link between human rights and democracy, with the view that, for example, “by executing a policy that promotes democracy, therefore, a government simultaneously furthers the cause of human rights” (Halperin, 2000, p. 249).

2. Background to human rights abuses in Zimbabwe

Following a protracted war of liberation, Zimbabweans would have thought that finally, they are free since independence and majority rule in 1980 but the politics of the country under the Zimbabwe African National Union-Patriotic Front (ZANU-PF) government has been wretched. The country has experienced cyclical phases of tranquillity and chaos characterised by political violence, especially during election seasons, the breakdown in the rule of law and disregard for human rights. The lack of tolerance has been the bane of Zimbabwean politics as people who have been vocal against poor governance have been on the receiving end of state-sponsored harassment, persecution, and various extrajudicial measures to silence them temporarily or forever. Even within the ZANU-PF party itself, internal ructions have been rife as some of their members have been summarily suspended and expelled and most conspicuously some have died under mysterious circumstances. Now with the sudden death of top ZANU-PF politicians, there was speculation that COVID-19 is being used in the party’s internal disputes (Moyo, 2021). The greatest onslaught against citizens in the newly independent Zimbabwean state was mainly in the Midlands, Matabeleland South and North Provinces in the fight against ‘dissidents’ in a covert operation codenamed Gukurahundi (clear up the chaff) (Chitimira & Mokone, 2017). Eventually, tens of thousands of innocent citizens were massacred, while those who lived to tell the tale were raped and/or tortured during the period 1982–1987. The people who were directly affected and their descendants are still living with the traumatic consequences and disadvantages of those brutal experiences as the same government has not taken proactive measures to bring justice and seek closure.

The tumultuous period of the so-called Third Chimurenga (war of liberation) since 2000 was characterised by violence against white farmers and opposition party members or anyone suspected to be against the forced takeover of white-owned land without compensation. The breakdown in the rule of law, especially the lack of respect for property rights, further eroded investor confidence, capital flight, and subsequent low foreign direct investment (Neube et al., 2022). This had spiral effects on the economy as agricultural production plummeted, thus undermining the agricultural value chain and eventually contributing to the economic downturn. Land reform was imperative and overdue, but the means used to achieve that goal were not agreeable. People were also persecuted for not belonging to ZANU-PF after people rejected the new Constitution in the referendum of 2000, followed by parliamentary elections in the same year where the newly formed opposition party, the Movement for Democratic Change (MDC), put up a strong showing and performance. Zimbabwe earned the bane of the breakdown in the rule of law, thus reducing the country to a pariah state. More violence also followed in the 2002 presidential election whose results were contested for being unfair, not free, and not credible, which cast aspersions on the legitimacy of the ZAN-PF government. Western countries ended up introducing what they called targeted sanctions and
The wretched politics has also been associated with poor economic policies that have led to the decline of the economy since the late 1990s. Corruption and wasteful expenditure coupled with fickle economic measures contributed to the loss of confidence in the economy which has been attributed to dwindling investment, hence the slide in economic growth to levels below par in some years. Hyperinflation also hit the country since the new millennium (Nhuta, 2014) and this has been the greatest sign of macro-economic instability. For example, to placate the jittery war veterans, the government gave them gratuitous money, the greatest sign of macro-economic instability. For example, to placate the jittery war veterans, the government gave them gratuitous money, which was not budgeted for, that contributed to the devaluation of the local currency and propped up inflation. The country also participated in the conflict in the Democratic Republic of the Congo in 1998, an unwarranted venture that bled the fiscus and also cost the country countless human lives. The high levels of unemployment led many people into the informal sector such that around “June 2005, nearly 3 million Zimbabweans earned their living through informal sector employment, supporting another 5 million people, while the formal sector employed only about 1.3 million people” (Coltart, 2008, p. 5). Persecution of members of the opposition, media, and civil society has been rife since independence with a lot of people being detained without trial for extended periods beyond constitutional and legal provisions, thus violating their human rights. In Harare, there was the shooting in broad daylight by the army at protestors who were demanding the immediate announcement of presidential results on August 1, 2018 following the general election. Six people 6 people were killed while several others were injured in the mayhem that ensued. This was a first of such an incident by the security forces to be unleashed against unarmed citizens in the central business district of the capital city since independence in April 1980. A second shootout with increased atrocity (17 people died) happened again in January 2019 when protests broke up against the arbitrary and unjustified fuel price increase that was announced by the president before he embarked on an international trip.

There is much to say in this section, but this snapshot gives a glimpse of the seriousness of the perpetration of human rights abuses that have gone on for a long time in independent Zimbabwe. Thus, this background shows what is tantamount to the oppression of the Zimbabwean masses by the ruling party ZANU-PF and its twisted state machinery which has been in place and now well entrenched since independence in 1980. This behaviour has continued but has taken a new turn since the COVID-19 pandemic hit the country. Oppression has been the hallmark of the ZANU-PF regime since 1980 and I argue that the onset of the COVID-19 pandemic has been a convenient excuse for the new dispensation to curtail freedoms and violate human rights to entrench its stronghold on power. The level of the heavy-handedness of the state continues to increase as wanton abuse of citizens is rampant.

3. Covidisation of oppression: A conceptual framework

The idea of covidisation was inspired by an opinion piece in Nature Research by Madhukar Pai, who is a Canada Research Chair of Epidemiology and Global Health at McGill University, Montreal, where he is also an Associate Director of the McGill International Tuberculosis Centre. Pai expresses his concerns about the covidisation of academic research. He notes the widespread effect of the COVID-19 scourge on individual life on world health. The concern then is “the risk of extreme ‘securitization’ of global public health” where “the pandemic will force countries, funders, health agencies, and researchers to focus too much on infectious threats of pandemic significance, and reframe global public health as a ‘national security’ issue.” (Pai, 2020). Pai goes on to argue that health is a basic human right which needs prioritisation, whether there are or no outbreaks of diseases. The readiness to deal with pandemics becomes a result of “universal health coverage (UHC)” and a good health system is determined by issues such as attention to social causes of poor health, efforts to reduce the strain of noncommunicable diseases and taking care of climate change (Pai, 2020). Pai cautions about the proverbial missing the forest for the trees that is, paying attention to narrow issues such as the spread of COVID-19 while losing sight of the holistic focus of universal health provision. Therefore, the pressure to deal with emergency issues like the COVID-19 pandemic, elicits reactionary responses such that in academia there has been a flurry of outputs that have made spurious claims which are counterproductive, hence the covidisation of academic research.

Therefore, this paper takes Pai’s idea of covidisation and extends it to describe and explain how the Zimbabwean government has capitalised on the COVID-19 pandemic to further oppression of the citizens, hence the covidisation of oppression. Firstly, despite health being a fundamental human right, the healthcare system in Zimbabwe has been in a free fall due to government neglect over the last two decades, so some citizens who need medical attention have suffered further, including some who have even been dying of preventable diseases and conditions. So, the government was not ready at all to respond with good intentions and careful planning to protect citizens against the outbreak of the COVID-19 pandemic. The lack of preparedness due to a dysfunctional healthcare system has also been the case during cholera and typhoid outbreaks in the recent past. Cholera and typhoid outbreaks would also have been prevented if people had good living conditions, pointing to the systemic failure to provide other necessities that are inherently linked to healthcare. The government’s response to the COVID-19 outbreak was therefore reactionary rather than proactive because it had all the time to prepare before the first case was reported. Secondly, the government put more attention on the ‘securitization’ of the COVID-19 pandemic thus becoming narrowly focused in its responses instead of having a holistic approach which required a re­look at the broad healthcare system and restructuring it to gear it towards providing universal healthcare (as part of the 2018 electoral pledge by ZANU-PF, the ruling party). For example, since there is no cure for COVID-19, the government was supposed to come up with a comprehensive strategy from the start to decisively address the spread of the pandemic following the World Health Organisation (WHO) guidelines.

4. Methodological approach

In this critique, the paper uses a multipronged approach. The historical development of political and socioeconomic crises that critically affected health issues has been presented and also detailed how the Zimbabwean government has been flagrantly violating the human rights of its citizens. This historical focus is divided into two significant periods based on the long-drawn background of oppression and how recently the covidisation of oppression fits into that matrix. The 40-year period since independence in 1980 up to early 2020 represents the former, while the time since lockdown measures were implemented to stem the tide of COVID-19 from March 30, 2020 onwards marks the latter. So, the previous sections dealing with the background of human rights abuses in Zimbabwe have already covered the historical presentation of the first crisis period. This first phase has presented the context which leads into the lens through which one can view the recent intense developments of the core focus period of covidisation of oppression. In this analysis, there is vast information available in the public domain, for example, reports in the media, from which this paper has drawn, to make the argument that the Zimbabwean state politicised and
weaponised the fight against COVID-19 to disguise its tradition of human rights abuses. This has involved delving into the relevant literature broadly covering Zimbabwean politics and economics where the issues of human rights (political and socio-economic) are subsumed. So documentary evidence was the main source of information for this paper coupled with the empirical observation of developments in the political arena when they unfolded as the author was in Harare, Zimbabwe since the period leading to and during the institution of the lockdown from March 30, 2020. This documentary evidence includes among others, scientific publications, grey literature, policy documents and pieces of legislation, coupled with the author’s assessment of the situation.

Then, critical discourse analysis (CDA) is the main analytical tool in scrutinising important issues that have been identified to build a case of the commodisation of oppression in Zimbabwe. Politics is an arena where players contest power through their ideas and practices to govern society at various levels. The players communicate through various kinds of media where they use discourses that project themselves to be in good stead of leadership. So language is very important in politics, as politicians continually seek to close the gap between the ideal and the real to gain public confidence and support as people are the source of power (Wodak, 2009). We live in a complex world where power is exercised in intricate ways (Williams, 2020). Discourse is one of the ways through which power is exercised as language is used by those with the agency to drive a particular meaning in the pursuit of their agenda. As critical social inquiry seeks to intervene in contemporary challenges, such as unfairness, inequity, or abuse, with the idea of tracing their origin, understanding what triggers them, countering them and even solving them, CDA comes in handy (Fairclough, 2010). The various ways through which power is manipulated is the reason why “CDA is particularly interested in analysing processes of inclusion and exclusion, of access to relevant domains of our societies” as actors with competing discourses seek to be entrenched in society (Wodak, 2009, p. 35). The abuse of human rights in Zimbabwe is a phenomenon that needs to be critically analysed to challenge the dominant discourses associated with the manipulation of power against citizens. The article then uses CDA to examine the discourses that have been dominant in the government’s crackdown on human rights ever since its response to COVID-19 became reality.

5. COVID-19 as the Government’s timely gift

The president announced a “total” local lockdown for 21 days starting from March 30, 2020 which had the effect of “curtailing movement within the country” for instance, as roadblocks were set up to prohibit people from entering the city centres and stopping people from moving from one city to the other (Africa Research Bulletin, 2020). The declaration of a state of emergency under any political circumstances in independent Zimbabwe would have been unimaginable but COVID-19 was a convenient factor for the government as it was justifiable and somewhat acceptable by the majority of citizens who cooperated. However, the heavy-handedness in implementing restrictive measures associated with the lockdown without adequate supportive provisions raised concerns as to what the government exactly wanted to achieve. The government response was far from its mandate of fighting against the pandemic. The jointly manned roadblocks by the police and the military followed by the abuse and harassment of the citizens at those checkpoints sent a signal that the state was not only about implementing measures to stem the spread of COVID-19. People who worked in essential services were allowed to move, but the issuing of authorisation to do so was not well coordinated and hence prone to manipulation. Corruption was rife as some returning residents either escaped or never entered quarantine facilities set around the country’s borders, thereby endangering the lives of others, especially their loved ones, who would hide them once they got home. Some people who had spent the mandatory quarantine period were not even tested before they were released. Some new entrants into quarantine centres were allowed to interact with those who already resided there, defeating the aim of quarantine. The quarantine period was reduced from 14 to 8 days.

The WHO guidelines have broad provisions for “preparing for an outbreak”, “living through an outbreak”, “managing and ending an outbreak”, and “resuming activities during and after an outbreak” (WHO, 2020). These guidelines have been continually upgraded, and they are so detailed to comprehensively cover various cases and scenarios of the outbreak of the pandemic, such that even countries that are not well-resourced can modify them to suit their context. For example, the WHO even reiterates that there would be a “… need to make difficult decisions to balance the demands of responding to COVID-19 with the demands of maintaining the delivery of health services for sufferers of other illnesses” (WHO, 2020). Unfortunately, within the coterie of measures to fight the spread of COVID-19 in line with the WHO guidelines, some measures curtail fundamental human rights and freedoms that are enshrined in the Constitution. The government was supposed to strike a balance in its choices of measures and their implementation, especially with an emphasis on the side of caution not to violate fundamental human rights. These restrictive measures are those that came as a gift to the ruling party and its government as they went overboard in adopting a heavy-handed stance beyond the premise of fighting the spread of COVID-19. The implementation of such government measures has had the de facto effect of violating human rights by curtailting those fundamental human rights and freedoms under the pretext of stemming the spread of COVID-19 while also serving political leaders to entrench their power. These rights and freedoms are well enshrined in the country’s Constitution which was hailed as being progressive after the protracted negotiations and widespread consultation and participation of the citizens (within the period of the consummation of the GNU referred to earlier in Section 2). This Constitution went on to be amended under the lockdown in 2021 using unscrupulous means since the amendment was done beyond the provisions of a legitimate constitutional amendment. In implementing the WHO guidelines, which admittedly limit these fundamental rights and freedoms, the government was supposed to be measured and restrained in its approach, but this was not the case. Heavy handedness and selective application of the law in general and COVID-19 regulations, in particular, have been widespread, and overall, this has been an assault against the rule of law and eventually against the tenets of democracy.

There is a need to emphasise that lockdown measures do not effectively work in isolation to stem the COVID-19 tide because it is absolutely difficult and not possible to stop human interaction. The government was supposed to implement the lockdown in conjunction with other measures as a holistic approach in the letter and spirit of providing universal healthcare based on health as a fundamental human right. The medical facilities must be fully equipped and well-stocked with medicines. Health professionals needed to be well taken care of in terms of their working conditions and living wages. There was a need for the rollout of massive testing to detect hotspots, monitor the spread of COVID-19, and implement contingent local measures. Social welfare measures needed to be extended to all citizens who are vulnerable because many people lost jobs and various sources of income due to the impact of the COVID-19 outbreak, while lockdown restrictions deprived people of a chance to earn income and eke a living. While vaccines were not yet available worldwide, the government was supposed to have mobilised resources and made orders for vaccines like what has happened in other African countries rather than adopting a wait-and-see attitude and just expecting to receive donations of vaccines from abroad.

In the Zimbabwean case, all these requirements to stem the COVID-19 tide were found wanting except measures that entrench the limitation of basic freedoms and violate human rights. For example, the government was supposed to provide isolation centres and increase testing facilities countrywide. Except for the renovations of a few facilities, tents were pitched in some district hospitals with barely any capacity to accommodate a large number of patients in case of the rapid spread of COVID-19. There was chaos in quarantine facilities close to the
country’s land borders meant to house returning residents and visitors as people complained of hunger, poor sanitation, and conditions that ruined the purpose of quarantine. The response of the Zimbabwean government has simply been the perpetuation of authoritarianism, albeit under the guise of fighting the spread of COVID-19. The public function of the state has been reduced to merely implementing authoritarian measures upon vulnerable citizens through the wrath of the oppressive state machinery. So, citizens are suffering not only through the denial of health as a basic human right through a dysfunctional healthcare system but they have also suffered other human rights abuses through the extreme implementation of reactionary COVID-19 measures. The preceding situation has thus been the codification of oppression in Zimbabwe.

Other governments implemented lockdown measures in tandem with mass testing, contact tracing, and isolation of infected people. This was not the case in Zimbabwe where “the COVID-19 pandemic has irrevocably shed light on the double standards, hubris, and despotic dispositions of many African leaders” (Amadou, 2020, p. 1). Government measures were not necessarily addressing the COVID-19 challenge at hand. The lockdown was widely accepted and generally observed as people would mainly move to visit their local centres for buying basic necessities and access essential services. However, concerns about the lack of supportive infrastructure and processes to deal with the pandemic were raised. For example, the chairman of the Zimbabwe Association of Doctors for Human Rights, Fortune Nyamande, embraced the lockdown but was quoted around March 30, 2020 saying:

Lockdown on its own is not a panacea to solving the COVID19 pandemic. The lockdown needs to be supplemented by additional measures such as increased case detection, increased community surveillance and as you are aware only less than 200 have been tested for coronavirus in Zimbabwe. These are very low and pathetic figures. So for us to contain this outbreak, during the lockdown let’s test more people (Mavhunga, 2020a).

The government was also exposed as health personnel went on strike, not only citing their poor salaries but poor working conditions, for instance, the lack of personal protective equipment.

Concerning the dire need for support of the healthcare system, the author agrees with the idea that “countries should not be judged by the words written in their Constitutions but by their annual budgets (Tri-continental, 2021). Zimbabwe is a signatory to the Abuja Declaration, which provides for a country’s pledge to allocate 15% of its annual budget to the health sector. The proportion of funds provided to the health sector concerning the country’s total budget for 2019, 2020, and 2021 has been 7%, 10% and 12.74% respectively which has been progressive but still below the Abuja target (Chakamba, 2021). Questions about the prioritisation of the health budget still linger because members of the Health Services Board have been accused of putting their personal needs before the public good. The protracted strike in 2020 by health personnel pointed at the government’s indifference to the plight of workers as issues of their low levels of remuneration, poor working conditions due to lack of personal protective equipment, and inadequate working equipment and medicines, were raised. The strike compromised health service delivery which impacts negatively citizens to meet their healthcare needs as basic human rights. This situation was now aggravated because another strike for the same reasons had occurred in 2019 well before the onset of the COVID-19 pandemic, which shows the lack of government support for the country’s healthcare system. It is therefore agreeable to say that “investing in health is investing in the economy” (Pai, 2020) since, for example, a healthy nation enjoys economic prosperity as it benefits from a productive labour force. The lack of a comprehensive COVID-19 strategy has led analysts to conclude that “the government has no strategy beyond lockdown” (Chingono, 2021).

6. The lockdown and socio-economic rights

The country is already saddled with a high unemployment rate. Macroeconomic fundamentals going southwards (for an economy that has shrunk in the past two decades) characterised by low economic growth, rising inflation, shortage of currency, and high cost of living have all made life unbearable for the ordinary citizen. The Zimbabwean economy is highly informal, with people living from hand to mouth due to low to non-existent savings, lack of economic and social safety nets associated with formal employment like unemployment, health insurance and pension, and lack of government support for the vulnerable. The loss of employment or means to earn an income associated with measures related to fighting the lockdown cannot be ascertained, but it is huge with devastating consequences for the affected people. Vegetable and fruit growers, traders, and vendors who supplied these goods and services within rural and urban centres suffered huge losses as market access was barred. Scenes of farmers from the eastern Highlands talking about and showing their rotting produce were so depressing. To make matters worse, for example, the police in Mutare City destroyed fruits and vegetables they confiscated from vendors, which showed unnecessary heavy-handedness. People started selling wares within their neighbourhoods, as the city centres were ring-fenced and people were no longer allowed to trade as they did before the lockdown. The initial total lockdown destroyed the short, decentralised but effective value chains that served the majority population in favour of the centralised, long, formal value chains of established retailers. Therefore, due to the need for social distancing and short operating hours per day, people would often find themselves in long queues waiting to enter and be served in retail shops. There is no doubt that the lockdown would disrupt and slow down business in general (Devereux, 2021), but the implementation of the restrictive measures was not steeped in ameliorating the negative socioeconomic effects of the lockdown but rather in suppressing a presumed restive population. Nkosana Moyo, the leader of the opposition party, the Alliance for People’s Agenda (APA), is reported to have expressed his misgivings about how the government failed to intervene in the short term and to improve the situation of vulnerable families (Moyo, 2021).

In terms of movement, the state’s public transport system in Zimbabwe started to deteriorate in the early 1990s with rampant corruption and mismanagement at the parastatal company, the Zimbabwe United Passenger Company (ZUPCO) which had a monopoly for urban public transport. The informal and private sectors were brought in to fill the gap that led to a break in ZUPCO’s monopoly and thus to a boom in commuter omnibus transport, which to some extent was a form of empowerment as entry into the sector was widespread. During the lockdown, commuter omnibuses were summarily, unilaterally and effectively banned from the roads (through exclusion by Statutory Instrument 200 of 2020) under the pretext that they would spread COVID-19. In the meantime, the government had been trying to resuscitate ZUPCO in a crooked way, given the nepotism associated with the procurement of busses for the state-owned company. This action of banning commuter omnibuses had the effect of cutting competition for ZUPCO which had barely reached the levels of capacity it had when it declined since the late 1990s. Ironically, one of the reasons why the company broke down was because of inefficiencies associated with its monopoly, a question of history repeating itself. However, the effect of the ban on commuter omnibuses to stop COVID-19 spread was worse than what could have happened if commuter omnibuses were allowed to operate, but under new modalities. Due to the lack of capacity that results in a slow turnaround, ZUPCO has not been able to carry passengers on time. Thus, one could see passengers cramped in long and winding queues at bus termini without the social distancing that is necessary to stop the spread of COVID-19. Queues had become a common feature since the shortages of fuel in the late 1990s and basic commodities since the early 2000s, a sign of a declining economy, and lately, the queues were synonymous with the banks due to a shortage of cash since 2017. People...
ended up walking long distances to and from work because of the shortage of transport in their neighbourhoods. Citizens were also on the receiving end of police and military brutality as they were caught in breach of curfew. In the early days of the lockdown, ZUPCO used to provide sanitiser to its passengers, but with time, this critical measure fell away. The shortage of transport is still acute, as people resort to hitchhiking private lifts where they run the risk of being hijacked and robbed.

7. The lockdown and political and civil rights

The Internet has provided platforms for people to exercise their freedom of expression, though it has its limitations in terms of access and acceptance by privileged social movements (Moyo, 2011). So, the rise in social media use allowed people to voice their concerns on governance issues, while the government simultaneously ramped up its propaganda through the same platforms in addition to state electronic and print media while targeting activists. This saw the rise of #ThisFlag and #Tajamuka social media hashtags and movements such as anti-Robert Mugabe and anti-ZANU-PF campaigns on Facebook and Twitter from 2016 up to the November 2017 coup that ushered in the new dispensation. Social media was also abuzz with the #July31Movement and #ZimbabweanLivesMatter campaigns during the lockdown, mainly around July and August 2020. Jacob Ngarivhume, the leader of Transform Zimbabwe, an opposition party, started a social media campaign for people to demonstrate on the July 31, 2020 which gained momentum under the banner of the #July31Movement on Twitter and Facebook. Hopewell Chin’ono, an internationally acclaimed and award-winning journalist, also used his voice to condemn government corruption and attribute it to the decline of social services, especially healthcare and poor living standards. Hopewell Chin’ono, together with other journalists, exposed alleged corruption in the procurement of COVID-19 supplies which implicated senior government officials including the then Minister of Health and Child Care, Obadiah Moyo. Other cases of corruption in the procurement of COVID-19 supplies involving the health sector were also reported (Chikomo, 2021). The then minister was arrested but easily granted bail on the following day, thought he was eventually dropped from cabinet, a move which was attributed to the social media outcry and condemnation for the sad state of the health sector amid a pandemic. The selective application of the law was noticed due to the differential treatment of the then minister as though he was eventually dropped from cabinet, a move which was at the behest of the leadership of the MDC-Tsvangirayi faction (aligned to the ruling ZANU-PF party) who resumed the MDC Alliance leadership as the Supreme Court judgement was in their favour. The Speaker of Parliament and President of the Senate were also enablers in this matter as they accented to the recall of MPs and Senators under the pretext of the Supreme Court judgement (because the judgement itself did not direct the parliament to do so) thereby casting aspersions to the independence of the legislature. The Supreme Court is part of the judiciary whose Constitutional Court passed a controversial judgement to settle the petition launched by Nelson Chamisa against Emmerson Mnangagwa following the disputed presidential election of 2018.

Things got to a point where some diplomats raised concerns against the use of COVID-19 regulations as a way to limit basic human rights. Diplomats from the United States of America, Germany, Poland, Britain, Canada, Norway and the Netherlands issued a statement, part of which said:

…COVID-19 should not be used as an excuse to restrict fundamental freedoms. Freedom of the press, opinion, expression and assembly are universally recognized human rights and are guaranteed by the Zimbabwean constitution. The government also has a responsibility to investigate and prosecute those responsible for violating human rights (Mavhunga, 2020).

The UN Human Rights Office (OHCHR) also echoed the same sentiments with the Zimbabwean government. In response, Tafadzwa Mugwadi, a spokesman of the ruling ZANU-PF party, dismissed the statement by Western diplomats by saying:

This is just a piece of rubbish. Nothing new except the usual rhetoric from culpable players whose hand has always been visible as far as disturbances in this country are concerned. Under what circumstances or basis do they have to instruct the government or people of Zimbabwe to stop blaming them? How are they immune when they are equally blaming the government? They are blaming a
government on whose neck they imposed these illegal sanctions. It’s just a bunch of nonsense (Mavhunga, 2020).

This statement shows how easily the issue of sanctions imposed by Western countries against Zimbabwe is conveniently invoked when the issue of human rights abuses is raised especially by Zimbabwean citizens, Western diplomats or their home countries. This discourse about sanctions has been going on for a long time to no avail, especially on the side of the Zimbabwean government which should prioritise the welfare of its citizens. In the same vein, the late Dewa Mavhunga, who was with the southern African office of Human Rights Watch, said:

This is very important that the Zimbabwe government demonstrates that it respects human rights. Without this demonstration of respect for human rights, all efforts to revive the economy, for international re-engagement, will be wasted because no one wants to do business with a country that does not respect rights, a country that brutalizes its citizens, a country that looks the other way when there are obvious cases of abductions and torture of citizens by state agents (Mavhunga, 2020).

This statement by Dewa Mavhunga reiterates that the promises that the new dispensation came up with to resolve the longstanding political and economic crises have not been fulfilled. The country has endured international isolation since the 2000s, and subsequently, it lags in development as compared to some of its peers in the SADC region. However, due to the deception which the new government exhibited, leaders have shown that they have no appetite at all to move the country forward in a different trajectory of tolerance, observation of basic human rights and the rule of law to gain the confidence of the international community.

8. Political harassment, persecution, police brutality and state orchestrated abduction and torture

Torture is not allowed under the Constitution of Zimbabwe Amendment (No 20) Act, 2013 (Government of Zimbabwe, 2013) but there is no law to that effect and Zimbabwe has not acceded to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of 1984 (Chitimira & Mokone, 2017). This makes it difficult to prosecute perpetrators of torture and it is worse when they are state-sanctioned. The lack of relevant legislation is an example of the lack of reform in the form of alignment of laws to the Constitution that was expected since it was adopted in 2013. Political harassment, persecution, police brutality and state-orchestrated abduction and torture have been accessible methods in the arsenal of the government against critics which have been sadly used in independent Zimbabwe. Scores of critics have died, some have disappeared without any trace, and are never to be found again under mysterious circumstances. The ease with which state security apparatus can be used to mete gratuitous violence against citizens at the slightest is so chilling. For example, Itai Dzamara, a pro-democracy activist, was taken from a barbershop in a township in Harare, in broad daylight, by state agents on the March 9, 2015 and up to now, he has not been accounted for.

Several people have been harassed, persecuted, abducted, and tortured, thus being denied their constitutional rights that go hand in hand with human dignity and the sanctity of life. These horrific actions have happened to victims without any recourse whatsoever to justice or compensation for the suffering they have endured. So, it is likely that without reform of the politics and governance systems of the country, the trajectory of human rights violations will continue unabated. These violations which have occurred during the lockdown are systemic because of the silence and inaction of state institutions that are supposed to be at the forefront of protecting and ensuring the safety of citizens who are not serving their purpose. Joana Mamombe, then MDC Alliance Member of Parliament for Harare West Constituency, together with her colleagues Cecilia Chimbiri, Youth National Vice Chairperson, and Netsai Marova, Youth Deputy Organising Secretary (herein referred to as the MDC trio at the time of their arrest) and other youth from the MDC Alliance participated in a demonstration in Warren Park 1 suburb in Harare on May 13, 2020. The main grievance was “government’s failure to put in place necessary social safety nets for the poor and vulnerable citizens” (Tsunga et al., 2020). The circumstances of their disappearance on that day are not well known. An alarm was raised when they could no longer be accounted for, as shown by the messages of concern that circulated on social media. People got some temporary relief when one police spokesperson indicated that the trio had been arrested and that they had been taken to Harare Central Police Station. An Amnesty International (2020) report said that:

Following their arrest, they were taken to Harare Central Police Station where they were asked to get into another vehicle under the pretext that they were being taken to Warren Park Police Station. According to the activists, their heads were covered in sacks/hoods and they were driven to an unknown place where they were beaten on the soles of their feet, sexually assaulted and forced to eat human excreta. The state-owned newspaper, the Herald, reported on 14 May that the three were arrested and national police spokesperson Assistant Commissioner Paul Nyathi confirmed their arrest, though he was not aware of where they were being held. On the same day, the police denied that the activists were in their custody, through their official Twitter handle. The three activists were then found in the early hours of Friday 15 May, dumped in Bindura, 87 km from Harare, with their clothes torn and badly assaulted.

From here they were taken back to Harare for medical attention at a private hospital. As if this was enough, the trio was arrested on May 26, 2020 for “participating in a gathering with intent to promote public violence, breaches of the peace or bigotry as defined in section 37 of the Criminal Law (Codification and Reform) Act and for contravening section 5(3) (a) as read with section 5(1) of Statutory Instrument 99 of 2020 of Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020” (Zimbabwe Lawyers for Human Rights, 2020). The trio was also condemned by the authorities for faking an abduction, which has been quite ironic because police have never arrested anyone in connection with that allegation. As of October 2022, the case of the trio was still with the courts and not yet resolved.

9. Coidivisation of oppression: A discussion

The COVID-19 pandemic requires countries to strike a balance between saving lives, on the one hand and maintaining and/or uplifting livelihoods, on the other hand. Several governments around the world have been proactive, and hence supportive in, for instance, offering relief to businesses, and improving social welfare programmes to cushion households, especially targeting the most vulnerable in society. An enabling environment that is well coordinated by the government would also make it easier for the private sector and civil society to participate during this critical time of need. In this endeavour, the health problems of a country are intricately linked to human rights and the government is supposed to play an important role in fulfilling its mandate to the people. Thus, Benjamin Mason Meier, a professor of global health policy at UNC, Chapel Hill was quoted by Pai (2020) to have aptly said:

Public health was long thought to be inextricably linked with human rights, yet governments have responded to this pandemic by restricting individual freedoms in disproportionate ways (most prominently the freedom of movement) and neglecting human rights that underlie health (including medical care, housing, food, water, and sanitation). These human rights violations, compounded by the rise of international divisions, threaten to unravel the post-war system of human rights that has been a bedrock of global health governance since the WHO first declared that ‘the enjoyment of the
highest attainable standard of health is one of the fundamental rights of every human being.”

The link between public health and human rights is conspicuous here, but with the onset of COVID-19, some governments have abrogated their responsibility by taking the ‘easy’ road of wielding more power against citizens, a situation which for example, characterises the covidisation of oppression in Zimbabwe. The restrictions witnessed in Zimbabwe during the lockdown have also been recorded in other countries in the Southern African Development Community (SADC) by further limiting the spaces through which people can exercise their democratic rights (Crisis in Zimbabwe Coalition, 2020; Tsunga et al., 2020; Tsunga et al., 2020). Before the COVID-19 pandemic, it had already been noted that “the judiciary’s lack of independence has made it impossible for it to protect human rights in Zimbabwe” (Chiduza, 2013, p. iii). This can be attributed to state capture, political interference of the judiciary and the conflation of the roles of the ruling party and the state’s institutions.

There is an argument that the COVID-19 pandemic has brought a chance for low to middle-income countries to look within and focus on building capacity for themselves. The death of the main political figures in Zimbabwe and other countries such as South Africa, Eswatini, and Malawi due to COVID-19 pointed to the need for African countries to strengthen their healthcare systems at home rather than resorting to travel abroad for treatment, which this time was made difficult due to travel restrictions (Chakamba, 2021). Yap Boum was quoted by Pai (2020) as putting this idea:

African countries can no longer benefit from the expertise of experts coming from western countries as they cannot travel and are busy handling COVID-19 in their own country. It is therefore an opportunity for African countries to tap more into their own human and material resources to find homegrown solutions to address their challenges.

The University of Zimbabwe was reported to be helping in the fight against COVID-19 through the manufacture of sanitisers, but more was expected from this institution of higher learning. Another university, the Harare Institute of Technology, also came into the limelight through its development of a prototype of a coronavirus ventilator, thus raising hopes of a breakthrough in its mass production for the benefit of society. Nothing much has been heard in that respect. The institutions of higher learning are also underfunded just like the health sector, so there has been a dearth of advanced research and development coming out of the institutions. Senegal is one of the African countries that has shown good leadership in response to the pandemic as they managed to put infrastructure and services for testing, fast communication, and decentralisation to impact local levels (WHO, 2020). These are proactive measures to directly address the COVID-19 challenge at hand, instead of unilateral authoritarian-based moves to organise COVID-19 by the Zimbabwean government. Other countries were busy procuring the COVID-19 vaccine with priority going to frontline personnel, but for Zimbabwe, the government was not proactive in that regard. So citizens end up saying “we are on our own.”

10. Conclusion

Despite the devastating consequences of COVID-19, the pandemic has been used as another scapegoat in the body politic that is characterised by the ongoing deterioration of the human rights record of the ZANU-PF government. Some people are suffering from the loss of their loved ones, and the loss of the means to earn a living, in addition to the curtailment of their fundamental rights to a level beyond what is provided under internationally accepted best practices crafted to stem the spread of COVID-19 and provisions of the Constitution of Zimbabwe. The Zimbabwean government failed to balance the imperatives of saving lives by building a robust healthcare system that allows the development and implementation of a comprehensive COVID-19 strategy in conjunction with the need to care for the livelihood needs of its people. Instead, during the lockdown period, the country experienced more repression, and the government of the day does not countenance opposition. Regulations imposed in the name of fighting the spread of COVID-19 are not necessarily adequate to address the challenge of the pandemic, but they have the effect of curtailing basic human rights. The government has not paid much attention to the healthcare system of the country, which has already been struggling. There is a lack of the necessary measures that directly impact the health sector to be in a good state to meet the primary health needs of citizens, including attention to COVID-19. Thus, the ZANU-PF government through using COVID-19 has reverted to its old ways of coercion, violence and covert means to entrench its hegemony over the affairs of the Zimbabwean nation, hence the covidisation of oppression. As long as the government maintains such a trajectory, many lives will be unnecessarily lost not only due to pandemics but as a result of half-baked measures focused on the weaponization of a pandemic while neglecting the greater health and economic crises.

Credit author statement

I am the sole author of this paper. I was responsible for the conceptualization, research, compilation and all the revisions of the draft manuscript.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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