Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
The City of Harare’s response to COVID-19: A case for international co-operation and solidarity

Enock Ndawana \(a,b,^*\)

\(a\) Department of Politics and International Relations, Faculty of Humanities, University of Johannesburg, South Africa
\(b\) Department of Peace Security and Society, Faculty of Arts and Humanities, University of Zimbabwe, Harare, Zimbabwe

ARTICLE INFO

**Keywords:** Subnational governments, Zimbabwe, Harare, COVID-19, Paradiplomacy, Disaster risk management

ABSTRACT

This article uses the case of the City of Harare to offer insights into how the coronavirus pandemic shaped paradiplomacy in Zimbabwe. It argues that the City of Harare’s international partnerships played a nominal role in helping its response to COVID-19. There is strong evidence that the coronavirus pandemic undermined the significance of international co-operation and solidarity by African subnational governments in pursuit of their development and service delivery mandates. Better leveraging of the City of Harare’s international partnerships had the potential to transform many of the challenges it faced in fighting the pandemic. The absence of a robust international dimension in the city’s handling of the COVID-19 pandemic was one of the main factors that resulted in most of its responses being ineffective. The article concludes that the City of Harare’s experience offers important lessons to, among others, African governments on the need to integrate decentralised responses and city-to-city co-operation into their future national disaster and economic response, recovery and resilience strategies.

1. Introduction

The coronavirus (COVID-19) pandemic has exposed the susceptibility of poorly resourced cities in Africa and beyond. These include but are not limited to: Lagos (Nigeria), Johannesburg (South Africa), Cairo (Egypt), Accra and Kumasi (Ghana), Bankok (Thailand), Mumbai and New Delhi (India), Rio de Janeiro (Brazil) and Mexico City (Mexico). Against the backdrop of globalisation and increased economic interdependence in the world, the internationalisation of subnational governments (SNGs) appears to have the potential to overcome many development challenges facing developing countries. Before the outbreak of COVID-19, Nganje (2014a, 120) claimed that in countries such as South Africa, provinces and municipalities were likely to spur national development when given some level of independence, more support and coordination to engage with foreign partners. Nganje’s views are unsurprising considering the fact that the proximity of municipalities to communities place them in a position where they can demonstrate resourcefulness, innovativeness and capacity to fulfil different developmental and service provision mandates (Nganje, 2014a, 125). More so, given the financial and technological resource constraints but huge innovative potential that SNGs grapple with in meeting the developmental needs of their localities, international partnerships have become even more essential for SNGs in Africa. Undoubtedly, the need for SNGs to access much developmental resources via the instrumentality of international linkages and partnerships has become even more obvious as these actors struggle with the new socio-economic and political terrain brought by the COVID-19 pandemic. Elsewhere, the strengths of paradiplomacy have already been displayed when cities rather than central governments leveraged their international cooperation and spearheaded the fight against COVID-19. This was facilitated by a rapid and continuous exchange of notes and learning from each other using existing or constructing new channels of communication (Rudakowska and Simon, 2020, 3–5).

Previous studies on the role of paradiplomacy or the international relations of SNGs in Africa have focused on different aspects. These range from its developmental potential and value (Magam, 2019; Nganje, 2014a, 2016a, 2106b; Corre and de Castro, 2016) to its foreign policy democratisation prospects (Nganje, 2014b). On the other hand, while there is a nascent body of scholarly work on the COVID-19 pandemic in Africa in general (Alhassan et al., 2021; Amadu et al., 2021; Haider et al., 2020; Umviligihozo et al., 2020; Wadvalla, 2020) and Zimbabwe in particular (see for example, Hunter et al., 2020;
Katsidzira et al., 2020; Mbulayi et al., 2020; Nyoni et al., 2020; Price, 2020; Mackworth-Young et al., 2020; Muorwel and Vincent, 2020), this contribution turns attention to how COVID-19 shaped paradiplomacy.

A number of the extant works on the COVID-19 pandemic in Africa discuss its clinical or medical dimensions (Amadu et al., 2021; Bandara et al., 2020) and government preparedness and response to the disease (Alhassan et al., 2021; Chersich et al., 2020; Haider et al., 2020; Umviligihuzo et al., 2020; Wadvala, 2020). Some of the academic works on COVID-19 in Zimbabwe discuss the utility of national lockdown measures in curbing the spread of the disease (Dzobo et al., 2020; Mackworth-Young et al., 2020; Muorwel and Vincent, 2020; Price, 2020). Scholars such as Hunter et al. (2020) examine the socio-economic effects of the COVID-19 pandemic on young people living on the streets of Harare. Makombe (2021) focused on how the government’s handling of the coronavirus pandemic affected Harare’s high-density areas. In the same vein, Mbulayi et al. (2020) discuss the psychosocial impacts of the coronavirus disease on society. Additionally, the impact of the COVID-19 pandemic on the delivery of essential services, including in the health sector has also drawn the attention of scholars (Katsidzira et al., 2020; Murewanhema and Makurumidze, 2020; Murewanhema et al., 2020). On their part, Nyoni et al. (2020) focus on the Zimbabwean government’s response to curtail the spread of COVID-19. To this end, how COVID-19 shaped paradigm diplomacy emerges as a major gap in the literature which this study seeks to close using the case of the City of Harare. As at 31 August 2021, Zimbabwe had reported 124,773 confirmed COVID-19 cases, 4,419 deaths and 113,057 recoveries (Ministry of Health and Child Care, 2021). The study’s relevance and timeliness rest in that it reflects on the significance of international partnerships and linkages by SNGs in Africa in pursuit of their development and service delivery mandates and how disasters such as the COVID-19 pandemic have affected them.

This article uses the case of the City of Harare to offer insights into how the COVID-19 pandemic shaped paradigm diplomacy in Zimbabwe. Its central argument is that the City of Harare’s international partnerships played a nominal role in helping its response to COVID-19. This means that the coronavirus pandemic undermined the significance of international co-operation and solidarity by African SNGs in pursuit of their development and service delivery mandates. Better leveraging of the City of Harare’s international partnerships had the potential to transform many of the challenges it faced in fighting the pandemic. The absence of a robust international dimension in the city’s handling of the COVID-19 pandemic was one of the main factors that resulted in most of its responses being ineffective. The analysis in this paper is the outcome of data collected through review of available literature and interviews conducted in Harare with Harare City Council officials working in the Health Services department and the city’s Public and International Affairs and Protocol between October and November 2020. The documentary analysis included peer-reviewed works, non-governmental organisations reports and newspaper articles of both public and private newspapers.

The article begins with a discussion of the significance of multi-layered co-operation in times of crises such as COVID-19 as the conceptual framework illuminating the analysis. The article then provides a brief overview of the city’s response to COVID-19 highlighting areas of success and innovation. After that, the article discusses the challenges and gaps in the city’s response before discussing the city’s international partnerships and the extent to which it tried to leverage them in its COVID-19 response. The discussion then turns to how the city could have better leveraged its international partnerships. The article ends with a conclusion and some policy recommendations on how governments could strengthen their COVID-19 response through a targeted subnational internationalisation.

2. COVID-19 and the need for multi-layered co-operation

The growing role of SNGs in international relations points to their possible influence in achieving the goals of national development in the post-Cold War era. Noteworthy is the fact that the global participation of SNGs existed before the process of increased international change that came with the end of the Cold War. In the 1950s, cities worldwide, but mainly in Europe and North America, were involved in twinning city or sister city activities. These were primarily emblematic links that were pursued to promote interface and understanding between local authorities and societies across national boundaries. The critical goal was to generate situations for peaceable co-existence contrary to the contentious rationality of the state-centric international order, with the expectation of avoiding interstate wars (Haas, 2003, 339–340). Still, it is noteworthy that the era of city/city-state diplomacy extends further before the emergence of the Westphalia era of statehood (see for example, Tavares, 2016, 10).

The intensification of globalisation and economic interdependence in the post-Cold War period, expedited principally by extensive technological advances, predominantly in the areas of communication and transportation engendered what Keohane and Nye (1977, 24–25) have theorised as complex interdependence. It denotes that international politics has long ceased to be defined solely by interstate affairs directed around a state security programme that prefers rivalry over power, territory and resources. In conjunction with these interstate dealings have arisen varied international and transgovernmental associations comprising an expanded group of players with an agenda that is embedded mainly in a human security discourse. The multifaceted interaction between these new relations and old interstate practices has permitted the growth of the global policy agenda outside worries to do with subjects of high politics, and as a result, created reasons for larger collaboration among states and a range of other players.

These processes have also formed the foundation of the strong global participation of SNGs. The increased incorporation of the international and domestic policy processes has been complemented by a restructuring of political authority from nation-states taking either an upward, downward or sideward route. The internationalisation of national affairs brings about the convergence of domestic and foreign matters and interests resulting in national governments not having monopoly over the aptitude to enunciate and implement policies within their borders (Rosenau, 1997, 39–41). They currently have to divide power over this broader political space mostly with a multiplicity of transnational or supra-state organisations and also with a number of structured domestic communities and their regional and local establishments who possess a stake in these internationalised policy matters (Van der Plujim, 2007).

The diplomatic approaches of the foreign policy of states and the foreign activities of SNGs are sometimes inconsistent and conflicting (Nganje, 2014b, 94, 2016a, 6). Brian Hocking’s (1996) notion of multi-layered diplomacy is relevant for discussing the prospects and challenges of international co-operation in the era of COVID-19. According to Hocking (1996, 41), the contemporary diplomatic milieu is characterised by multidimensional inter-linkages. In this different environment, the transformation between players and the ways in which they relate is not as important as the connections that are produced. The widening of the international policy agenda has culminated in traditional diplomacy developing from a fragmented process supervised by certain gatekeepers to a network of interfaces with a shifting group of actors co-operating in different circumstances contingent on policy concerns, interests and the capability of players to work in a multilevel political environment that surpasses conventional divisions between superior and inferior players to how the situation is handled.

From this perspective, the international activities of SNGs should not be seen as an isolated and new method of diplomacy but as an essential part of a novel multi-layered or catalytic diplomacy that has substituted the old interstate diplomacy. The diplomatic activities of SNGs are not certainly problematic to the contemporary state. This is because SNGs have an exceptional identity that overlaps the division between state and non-state actor in international relations, which carry to these intertwining diplomatic connections vital capabilities that states would
find valuable in the advancement of their domestic interests (Nganje, 2016a, 7). The significance of SNGs, particularly municipalities, to address different developmental and service provision challenges, as well as disaster risk management rests in the fact that they espouse a practical response to shifting international certainties and domestic institutional deficits. These consist of the challenges and opportunities of globalisation, the rising domestication of foreign policy and the incapacity of national foreign policy officials to sufficiently and proficiently represent the interests of different and asymmetrical subnational elements (Nganje, 2014b, 94). The foreign activities of SNGs in the current fast-changing world also offer the flexibility to react to foreign economic and other prospects, which would not be available when foreign affairs were dominated by national establishments. SNGs can also play the role of foreign policy associates of the national government, exploiting their international activities to promote the general foreign policy objectives of the country. Put differently, the foreign activities of SNGs are ‘better responsive to the specific conditions of a particular sub-national environment’ (Nganje, 2014a, 125). This results in SNGs possessing the potential to benefit from their international ties and effectively delivering their developmental and service provision mandates, including during times of disasters.

The significant role of paradiplomacy was displayed when international ties between non-central governments produced great direct benefits for some subnational entities by providing the much-needed resources to fight against COVID-19. For instance, the fight against COVID-19 in cities such as Amman (Jordan), Maputo (Mozambique), Said (Lebanon) and Tetouan (Morocco) was boosted by assistance from Barcelona (Spain) to the tune of 40,000 euros. In the same vein, Milan’s (Italy) twin arrangement with Frankfurt (Germany) saw the latter donating 10,000 euros to the former resulting in huge improvement in its response to COVID-19 (Alvarez, 2020). In Brazil, the fruits of paradiplomacy were realised amidst the COVID-19 pandemic when its state of Maranhao successfully purchased mechanical ventilators exceeding 100 ahead of the Federal Government. This displayed ‘the capacity of sub-national bodies to respond to global emergencies, mainly in contexts of inefficacy or absence of the Federal executive, legitimizing independent action aimed at saving lives’ (Alvarenga et al., 2020, 1). Sharing the same sentiments and applauding the successes of paradiplomacy in the wake of COVID-19, Oddone (2021) notes that:

The international policy of local governments has allowed exchanges of inputs on sanitation through pre-existing town twinning agreements, as well as the consolidation of collaboration platforms through different networks to dialogue and share good practices, particularly focused on essential public services and local economy, among others ... Some networks such as United Cities and Local Governments, C40, Metropolis, Eurocities, or Mercociudades, among others, were adapted to offer a policy menu to address COVID-19, based on local experiences ... Sister cities and networks of local authorities seem to be the winners within paradiplomatic activities from the beginning of the pandemic. (Oddone, 2021)

Despite the foregoing achievements of paradiplomacy, noteworthy is the fact that states have also increasingly assumed greater controls over areas they had hitherto relaxed their grip owing to globalisation. For example, there has been a revival of close relations between states or states and international organisations. This has largely been displayed through the central role and dominance of the state in the procurement, distribution, and rolling out of vaccination programmes by developing countries that lack capacity to produce their own vaccines and richer and developed countries that have the capacity to produce but prioritise satisfying their own domestic needs. Furthermore, states had increased their presence in the global domain when they unilaterally responded to COVID-19 through activities such as implementing national lockdown regulations and strict border controls (Alvarez, 2020). Similarly, an early investigation of the effects of the coronavirus pandemic on paradiplomacy based on the activities of Catalunya, Quebec and Scotland found that:

these regions have curtailed, suspended and cancelled many of their planned activities abroad. Most affected are the areas of culture and trade promotion. But, at the same time, new initiatives have appeared in response to the crisis, such as consolidating their international assistance in new funds (Quebec) and shift their assistance priorities overall (Catalunya). While cooperation between regional and central governments has prevailed, some instances of disagreement over external relations and policy were also visible throughout the early stages of the pandemic (Scotland). Finally, trans-regional policy coordination networks were activated by some of the governments addressed here (notably Catalunya) to exchange with other regional governments best practices to deal with the crisis ... many of the initiatives observed in these three regions were cooperative with their respective central government but ultimately centred around their own resources and policy preferences. (Klyszczyk, 2020)

In this light, the present study demonstrates that though the COVID-19 pandemic has brought to the fore the need for co-operation among different actors at multiple levels, including SNGs tapping into the support and capacities of other actors nationally and internationally to effectively respond and adjust to the crisis efficaciously, some did not benefit. In this context, the City of Harare failed to leverage its twinning arrangements with a number of cities including but not limited to Munich (Germany), Nottingham (United Kingdom), Cincinnati (United States) and Guangzhou (China) resulting in it facing many challenges in the handling of the COVID-19 pandemic as shown in the subsequent discussion.

3. The City of Harare’s response to the COVID-19 pandemic: an overview

The City of Harare’s response to COVID-19 was not only tied to the central government’s directives, but was diverse and had an element of innovation. It sought to contribute to controlling exposure to the disease and lessening the likelihood of its transmission amongst residents in a context of limited resources. The City of Harare’s response included partnering with the country’s security services in enforcing lockdown restrictions; raising awareness about COVID-19 and the importance of hand washing; placing mobile hand washing points in the city and disinfecting its public places; production of face masks; and setting aside some of its health centres for isolation and treatment of suspected COVID-19 cases.

First, in its efforts to curb the spread of the COVID-19 pandemic, the City of Harare’s municipal police partnered with the Zimbabwe Republican Police in enforcing the lockdown restrictions in Harare, especially during the first three months beginning on 30 March 2020. This came against the backdrop of the Zimbabwean government, akin to what other governments across the globe did, imposing a countrywide lockdown. The national lockdown in the country was derived from section 68 of the Public Health Act aimed at managing the pandemic and the details of the regulations were spelt out in a Statutory Instrument 77 of 2020 entitled Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order. In the subsequent months, the government issued numerous other statutory instruments adjusting and changing the earlier orders (Mbulayi et al., 2020, 567-568), as they communicate ‘to issues such as movement of persons, gathering of persons, required travel exemptions, exemptions for essential services among others’ (Zimbabwe Peace Project, 2021, 4).

In 2020, the national lockdown was at first scheduled to last for 21 days starting on 30 March. It was later extended twice for additional two weeks and indefinitely until there was a gradual relaxation on the movement restrictions which began early September 2020 (IMF, 2020). In the wake of the second wave of COVID-19 in December 2020, Statutory Instrument 10 of 2021, Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (No. 2)
ADEQUATE CLEAN WATER TO WASH THEIR HANDS REGULARLY. MORE SO, THE PRO-
COVID-19 APPEARED DIFFICULT WHEN RESIDENTS DID NOT HAVE ACCESS TO
DEEP-ROOTED WATER CRISIS IN HARARE, AMONG OTHER CHALLENGES, THAT
NATIONS HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER, 2020, 6). AT face value, the municipal police’s partnering with the country’s security services in enforcing lockdown restrictions was a good step in terms of subnational response to fight COVID-19. Note-worthy here is the fact that the role of the City of Harare’s municipal police in enforcing lockdown regulations was solely supportive given that the initiative to declare national or localised lockdowns and using security forces to enforce them came from the central government as part of the national response strategy.

Second, the City of Harare, aided by its development partners such as GOAL Zimbabwe, not only raised awareness about COVID-19 and the importance of hand washing. It also put mobile hand washing points at various strategic locations within the city and carried out preventive disinfection of its public places. Though the City of Harare’s activities cannot be divorced from the implementing of centrally-devised policies at the local level, awareness campaigns on COVID-19 were important for the other measures that were put in place to be effective. They not only promoted community understanding, buy-in and support, but made it easy to identify cases and safeguard residents (for details see, United Nations Human Rights Office of the High Commissioner, 2020, 6).

The placing of mobile hand washing points at strategic places in the city was also an important measure because fighting the spread of COVID-19 appeared difficult when residents did not have access to adequate clean water to wash their hands regularly. More so, the provision of hand washing facilities was crucial given that a number of Harare residents, like many Zimbabweans in different parts of the country, could not afford to buy soap for regular hand washing and the high prices of hand sanitizers exceeded several family budgets (Matiashe, 2020; Toriro, 2020). However, as we shall see below, it was the deep-rooted water crisis in Harare, among other challenges, that undermined several noble initiatives and efforts to implement centrally-devised measures by the Harare City Council targeting combating the pandemic.

Linked to the above, the city carried out city-wide preventive disinfection and spraying of various public places such as bus terminals, restaurants and pavements before a single COVID-19 case was recorded in the country (ZTN Reporter, 2020). According to Makurumidze (2020, 496), some critics perceived the spraying of public places as of no use at the time given that Zimbabwe was experiencing high temperatures which reduce the transmission of COVID-19. Yet, the city’s proactive implementation of some of these disinfection and prevention measures showed an element of innovativeness and was commendable in terms of preparedness. This is because the experiences of some cities and regions in China, among other countries, that were earlier affected by the disease had demonstrated the dangers of lack of preparedness (Cairncross, 2020; Cheng et al., 2020).

Thirdly, the City of Harare also exhibited innovativeness when it embarked on the production of cloth face masks as part of its efforts to fight the COVID-19 pandemic. The production of face masks by the Harare City Council resulted in the city being able to meet its requirements and selling the surplus to the public. After all, it became mandatory for every citizen to wear a face mask in public and work spaces since early May 2020 (Herald Reporter, 2020a).

Lastly, the city set aside some of its health centres, Wilkins Infectious Diseases Hospital and Beatrice Road Infectious Diseases Hospital, for isolation and treatment of suspected COVID-19 cases, which went a long way in promoting the implementation of the national response strategy to the pandemic. For instance, Wilkins Infectious Diseases Hospital was designated a main COVID-19 isolation centre for Harare. It began with a 100 bed capacity with potential to expand using tents outside when the need arises.1 This was a noble effort designed to enable Harare-based medical professionals to adequately fight against COVID-19 at the front and in the laboratories.

4. CHALLENGES AND GAPS IN THE CITY OF HARARE’S RESPONSE TO COVID-19

The City of Harare’s response to COVID-19 revealed a number of gaps and challenges. These ranged from lack of resources including nurses, corruption and lack of personal protective equipment to lack of preparedness, lack of expertise and experience, and violation of human rights.

Although the Harare municipal police’s partnership with the security forces was a good step in terms of subnational response to fight COVID-19, there were a number of gaps and challenges in the effort. These included but went beyond the municipal police, akin to the security forces, engaging in corruption activities, lack of personal protective equipment and inadequate vehicles which resulted in them crowding in open vehicles. For example, reports have noted that municipal police worked hand-in-glove with the security forces in enforcing lockdown regulations and pocketed cash bribes from violators in return for freedom from prosecution (Staff Reporter, 2020). The Zimbabwean government’s institutionalisation of fines for those who breached COVID-19 regulations and related statutory instruments catalysed corruption by both the municipal police and the national security forces. This became more palpable in early 2021 when the government effected a sharp increase of fines reported in Statutory Instrument 25 of 2021. As the Zimbabwe Peace Project (2021, 2) notes, the high fines aimed at supposed COVID-19 connected violations ‘gave law enforcement officers an edge for many forms of corruption, ranging from extortion, sextortion and bribes’. This points to the lack of effectiveness of the Harare municipal police’s efforts to assist the security forces in implementing the COVID-19 lockdown regulations.

In its efforts to raise awareness against COVID-19 and the importance of regular hand washing, the City of Harare’s campaign teams failed to reach out to every suburb owing to inadequate resources. In addition, the City of Harare’s failure to provide the residents with safe, regular and adequate water during lockdown periods undermined its efforts towards sensitising the public on the importance of hand washing and the COVID-19 pandemic. In fact, the Combined Harare Residents Association was compelled to approach the high court in 2020 on account that the residents were not able to fully comply with the governmental COVID-19 guidelines in the face of lack of access to water at home or at some proximate water points. The high court issued a provisional order in favour of the Combined Harare Residents Association vindicating the sincerity of the residents’ claims that there were violations to their constitutional rights to water, health care and life as a result of the national COVID-19 lockdown restrictions (for details see, United Nations Human Rights Office of the High Commissioner, 2020, 6). The Harare City Council made efforts to comply with the high court provisional order and address the water challenge. It improved production of water from 173 ML to 240 ML per day from 20 April 2020 so that all the

1 FACTSHEET: COVID-19 testing sites in Zimbabwe, March 13, 2020, available at https://zimfact.org/factsheet-covid-19-testing-sites-in-zimbabwe/(accessed 2 May 2021).
suburbs could have access to water (Maseland, 2020, 23). However, a number of suburbs continued without having access to water (Munyoro, 2020). The risk of contracting COVID-19 remained due to failure to observe physical distancing and overcrowding at the small number of community boreholes Harare residents mainly rely on for their water (Matiashe, 2020; Toroiro, 2020; Zimbabwe Peace Project, 2021, 10).

The city’s efforts to produce face masks also faced numerous gaps and challenges. These ranged from inadequate material supply which kept production low to lack of skilled manpower, especially tailors.2 In 2020, the City of Harare had to rely on its vocational centres’ tailoring instructors as a stop gap measure. There were also transport challenges as a result of the enforcement of COVID-19 lockdown regulations, which, among other stipulations, required a lean staff complement even for the so-called essential services. Workers were also not able to arrive at their workplaces on time due to numerous police checkpoints on the roads leading into the city and this affected production (Musekiwa, 2020). The City of Harare’s failure to go beyond the production of masks only also reveals a major gap in its response to the coronavirus pandemic. The city could have done better if it had expanded its production to include hygienic cleaning materials, hand sanitisers and other personal protective equipment such as gloves required by its workers, especially those working in sanitation facilities.

While the City of Harare’s setting aside of some of its health centres was a noble effort to enable Harare-based medical professionals to adequately fight against COVID-19 at the front and in the laboratories, it was largely fruitless due to lack of resources. For instance, before the donation of office equipment by the World Health Organisation (WHO) and the United Nations Population Fund (UNFPA) to the City of Harare’s new Emergency Operations Centre (EOC) stationed at Wilkins Infectious Diseases Hospital central coordination and data management was imaginary in the city’s COVID-19 response given that different COVID-19 thematic pillars worked from different locations within the city (Chimbwanda, 2020).

The City of Harare also suffered from a shortage of nurses. Many nurses left the municipal clinics and hospitals because of poor working conditions (Municipal Reporter, 2021). The serious shortage of nurses at Harare municipal clinics, which resulted in many either closing or operating with lean staff, undermined the central government’s COVID-19 vaccination programme (Municipal Reporter, 2021). The municipal clinics were expected to administer the vaccines in support of the national response strategy to the pandemic. This compelled the central government to announce in July 2021 that it was intervening and putting all the remaining Harare and Chitungwiza council nurses on its pay roll (Newsday, 31 July 2021). This government intervention was likely to fail to improve the staff situation at the City of Harare’s health centres. This is because the nurses and staff in general under the Harare City Council are used to earn more pay than those in government. The central government has also been incessantly struggling to improve the working conditions of not only the health workers, but the generality of its employees (The Herald, 5 July 2021).

Additionally, during the initial days when the first COVID-19 case was recorded the City of Harare displayed lack of preparedness. For instance, Wilkins Infectious Diseases Hospital did not have adequate personal protective equipment (PPE) for staff and was relying on space suits, gloves, gumboots and N95 respirators acquired when Zimbabwe was preparing to fight an ebola outbreak in 2014.4 It also lacked ‘a ventilator, power adaptors or an intensive care unit’ (Gagare, 2020). The hospitals providing intensive care continued with lack of PPE, diagnostics and largely low pay for the health workers (Matiashe, 2021; Zimbabwe Peace Project, 2021, 9). Moreover, the City of Harare’s less than 300 beds remained inadequate to deal with a worst case scenario of COVID-19 outbreak (Combined Harare Residents Association, 2020).

This was laid bare when the second wave of the COVID-19 pandemic hit the country between December 2020 and March 2021. There were reports of available health centres being overwhelmed including those of private players (Matiashe 2021).

5. The role of the City of Harare’s international partnerships in its fight against COVID-19

In Zimbabwe, similar to other countries in Africa and beyond, there are constitutional provisions for fairly independent provincial and metropolitan councils and local (both urban and rural) governments, which assist the national government by shouldering some important functions in certain areas while also having special authority over others. Although the 2013 Constitution is not categorical on the sharing of foreign policy capability, the main understanding among Zimbabwean policy-makers, academics and local government practitioners is that the central government should take a leading role in the foreign policy functional sphere. As a result, Zimbabwe’s presidency, though assisted by other stakeholders, such as the Zimbabwe African National Union Patriotic Front’s Politburo and Central Committee, the Ministry of Foreign Affairs, other ministries, the cabinet, the Central Intelligence Organisation, Zimbabwe Defence Forces, Parliament, parastatals and the central bank, dominates the foreign policy-making process in the country (Ndawana, 2018a, 130). This is the case despite that a combination of factors since the country’s independence in 1980 has stimulated Zimbabwe’s SNGs, especially municipalities, to assume, though inconsistently, a direct and active international role, to the extent that municipal (city-to-city cooperation) diplomacy has become a part of Zimbabwe’s international relations. For instance, the Harare City Council has the primary authority to govern local affairs of the capital city. It has a Public and International Affairs and Protocol section which, among other key result areas, is responsible for coordinating council public affairs locally and internationally and twinning arrangements with other cities.3

The City of Harare’s twinning policy has resulted in the city entering into active partnerships with a number of cities such as Munich (Germany), Nottingham (United Kingdom), Cincinnati (United States), and Guangzhou (China) with a goal to improve on the discharge of its duties, which include but are not limited to provision of clean drinking water, health services, education, refuse collection facilities, and housing and accommodation.4 Among others, the twinning arrangement between the City of Harare and Cincinnati has a primary focus on health services and was active enough that before the outbreak of COVID-19 exchanges were taking place (Charumbira, 2015, 31). The one with Nottingham had been dormant and was revived several times including in 2009 and 2016 focusing on the revitalisation of Harare’s infrastructure and related areas targeting improved service delivery (Ruwende, 2019). In its twinning arrangement with Guangzhou, the City of Harare sought to benefit from technical expertise and funding given the former’s strength in infrastructure, solid waste management, housing and construction (Municipal Reporter, 2015).

Harare’s twinning arrangement with Munich is considered by scholars to be the most vibrant one and it focuses on cooperation in capacity building, human capital development, and information technology for cities. According to Bandauko and Bobo (2018).

The International Cooperation between Harare and Munich has seen the councillors of the two municipalities conducting exchange visits

---

2 Personal communication via WhatsApp with a City of Harare Health Services Department official, 06/11/2020.

3 For details, see, Public and International Affairs and Protocol, available at http://www.hararecity.co.zw/index.php/template-features/chamber-secretary/114-public-international-affairs-protocol (accessed 10 May 2021).

4 For details, see, Twinning Arrangements, available at https://web.archive.org/web/20190413001831/http://hararecity.co.zw/index.php/template-features/chamber-secretary/114-public-international-affairs-protocol (accessed 10 May 2021); City of Harare website, www.hararecity.co.zw.
to learn from best practices. This twinning arrangement has also seen improvements in service delivery, urban governance, municipal management, urban planning and architecture and urban management. The City of Munich has been very active in terms of providing financial, technical and other resources to the City of Harare, a development which has seen at least 26 district offices in Harare computerised. (Bandauko and Bobo, 2018, 45)

The foregoing details of Harare’s twinning arrangements point to the fact that, elsewhere, there was a huge expectation for paradiplomacy to produce great direct benefits by providing Harare as a sister city with the much-needed resources and expertise to fight against COVID-19. Noteworthy is the fact that Harare’s twinning arrangements are the dominant and significant expression of its international linkages/partnerships.

In the City of Harare’s fight against COVID-19, it failed to get much from its international partnerships. One area where the existence and influence of the city’s international partnerships were partially exhibited was the protective and medical equipment domain. For instance, one of Harare’s twin cities, Guangzhou (China), donated some critical items, including face masks, thermo scanners, and ventilators. Though not substantial, this input from the City of Harare’s international partners improved its preparedness to fight COVID-19. The donations partially addressed the acute shortage of personal protective equipment, diagnostics and medical equipment in general that had characterised the city’s hospitals providing intensive care, as noted above. According to a respondent, the failure of the City of Harare’s international partnerships to play a meaningful role in its fight against COVID-19 was partly because many of its twin cities, including Guangzhou were hard hit by the disease than it. This displays that COVID-19 did not only bring with it opportunities for paradiplomacy, but challenges. This resulted in some SNGs, such as the City of Harare, suffering from a subdued ability to leverage their international partnerships. The fact that the City of Harare’s handling of COVID-19 got token assistance from its twin cities indicates that the coronavirus pandemic has undermined paradiplomacy. Harare has a weak paradiplomacy which resulted in its failure to leverage its twin arrangements with cities such as Munich, Cincinnati, Nottingham and Guangzhou. It is noteworthy that the City of Harare’s COVID-19 response had other international dimensions that not only displayed an important manifestation of international co-operation, but helped plug the city’s resource constraints in fighting the pandemic. For example, as noted above, WHO and UNFPA donated office equipment to the city’s new EOC stationed at Wilkins Infectious Diseases Hospital. This went a long way in improving central coordination and data management in the city’s COVID-19 response (Chimbwanda, 2020). The City of Harare’s Health Services department also received funding to the tune of US$25, 000 from the Bloomberg Foundation, a US-based organisation established by former New York City mayor Mr Michael Bloomberg, for a city-wide Covid-19 study targeted at evaluating the level of understanding of the disease (Herald Reporter, 2020b). The foregoing re-inforces this study’s argument that though international co-operation and solidarity sometimes present great opportunities for SNGs to effectively respond to crises such as COVID-19, the City of Harare did not significantly benefit from its twin cities. The discussion now turns to how the city could have leveraged its international partnerships in its response to COVID-19.

6. How the City of Harare could have leveraged its international partnerships in fighting COVID-19

Though the City of Harare’s international partnerships played a nominal role in helping its response to COVID-19, this study argues that a better leveraging of its international partnerships had the potential to transform many of the challenges the city faced in handling the pandemic. For instance, the City of Guangzhou was in a position to show Harare the way in fighting COVID-19. Guangzhou not only effectively responded to COVID-19, but had an experience in responding to the SARS virus in 2003 (Li, 2020). The international partnership between Harare and Guangzhou, among other cities in twin arrangements with Zimbabwe’s capital, was supposed to bring the required expertise in emergency planning and response.

In support of the foregoing perspective, a private health service provider, Health Point Upper East Medical Centre, and some Chinese firms operating in Zimbabwe entered into a partnership, in which the former offered medical expertise. At the same time, the latter provided medical equipment and funding (Xinhua, 23 July 2020), which was an eye-opener for the City of Harare to have functional city-to-city cooperation arrangements. Although not a public health institution, the private medical facility augments the medical system in Harare, in particular, and Zimbabwe in general. Moreover, since China was among the first countries to be hit by COVID-19, its cities possessed some crucial lessons and experiences to share with cities such as Harare that were affected at a later stage and this would have improved their responses. This view dovetails with Redakowska and Simon (2020, 4–5) who note that some European, American and Asian ‘cities were able to quickly share information, experience and advice’ owing to a variety of networks of connection and efficient communication through straightforward and informal networks. Therefore, the solidarity, and cooperation of Chinese cities, and others across the globe, were likely to alter how the City of Harare responded to COVID-19.

Further, it is this study’s argument that the existence of active international partnerships and linkages have the potential to work to realise the main capabilities of SNGs in disaster risk management. Active partnerships between the City of Harare and other cities across the world were expected to help the former to overcome most of the challenges it faced in fighting the COVID-19 pandemic that were largely hinged on lack of expertise and experience, as well as resources. Again, some of the major blunders the Harare City Council committed such as demolishing informal traders’ market stalls and illegal cabins in the greater Harare area under the pretext of responding to COVID-19 could have been avoided or carried out differently in order to prevent human suffering from both poverty and the pandemic (Bill Watch 18/2020; Makombe, 2021, 291–293). This is because one is left wondering whether it was really needed or appropriate to demolish vendors’ stands in the interest of fighting COVID-19 in particular or public health in general in a context of debilitating poverty and loss of income.

Apart from the meagre financial assistance (ZWS 200 per month) for vulnerable groups from central government as part of the national response strategy, which did not reach all poor households including in

5 Personal communication via WhatsApp with a City of Harare Public and International Affairs and Protocol official, 28/10/2020.
6 Ibid.

7 The author makes this argument with caution and less certitude cognisant of the existence of a number of variables that would have undermined the transformative impacts of the leveraging of Harare’s international partnerships. For example, the shortage of nurses and the City of Harare’s insurmountable challenge of corruption suggest that resources obtained from international partners were also likely to be underutilised because of low human capital or diverted from the systems due to corruption respectively. In the past, the problem of corruption in the City of Harare not only compromised its partnerships and showed that international partnerships may not solve the city’s challenges. It also displayed that even resources generated locally from both central government and the City of Harare’s own sources including payment of rates are vulnerable to abuse. For details, see, for example, Rusvingo (2014); Chikova (2021).
urban areas (Tapfumanyi, 2021; World Bank, 2021, 36), there was no measure from the City of Harare to assist the hungry and the poor. As Toriro has observed

the problem with informal and small-scale livelihoods is the failure by officials to be involved and be innovative. The officials expect the informal sector to operate efficiently but they are not investing in making that happen. People need not be pushed to choose between dying of the virus and dying of hunger ... the informal sector can also live by a certain agreed realistic standard if they are supported and monitored. (Toriro, 2020)

The above quotation suggests that demolishing vendors’ stalls is not productive in a context where informality is the norm and is the source of livelihood for many citizens. Given that informality is a global phenomenon, differing only in scale (Ndawana, 2018b, 255), drawing some lessons and expertise from how some of its international partners handled the same was going to make the Harare City Council’s approach to informality different even during the COVID-19 pandemic.

7. Conclusion and recommendations

The City of Harare’s response to the coronavirus pandemic demonstrates how international partnerships and linkages by SNGs in Africa failed to play a key role in managing crises of this nature. The city’s response to the COVID-19 pandemic met several challenges, as discussed above, but also highlighted the potential central role SNGs can play in crisis management when given adequate resources and duties. The City of Harare’s experience largely dovetails with the findings of a study entitled ‘COVID-19 in African Cities: Impacts, Responses and Policies.’ It observes that:

In many cases, local governments have not fully assumed the responsibility for addressing the crisis, chiefly acting as the conduits for the central government directives rather than leading the response at the local level by customizing the activities and interventions to the local conditions. Many local governments have displayed commendable initiative trying to engage other partners, mobilize additional finance and expand the scope of their activities beyond what was established by the Centre. But these [local] governments … initiative[s] attracted inadequate finance and institutional support. COVID-19 offers an opportunity to rethink the role of local governments and test new solutions. (Maseland, 2020, 22)

This quotation displays that the existence of active international partnerships and linkages even in emergency situations had the potential to lessen the challenges faced by the City of Harare, among other municipalities and SNGs, in responding to the COVID-19 pandemic and beyond. However, the case of the City of Harare displays that international partnerships and linkages did not significantly lessen or mitigate the challenges it faced in its fight against COVID-19. As indicated in the discussion, the conditions of the African state in which international partnerships are forged by municipalities where key foreign policy matters remain the prerogative of the presidency limit the realisation of the full potential of paradiplomacy. The central government in Zimbabwe has dominated the foreign policy of the country something that has been significantly reinforced by COVID-19. This left SNGs such as the City of Harare largely working to support the national response strategy rather than developing an independent and robust local response strategy tailor-made to address the pressing concerns and deliver their mandate.

In sum, some of the City of Harare’s responses to the coronavirus pandemic had an element of innovation and were seeking to contribute to controlling exposure to the disease and lessening the likelihood of its transmission amongst residents in a context of limited resources. Many of the responses were largely ineffective because of a number of problems. Among other factors, better leveraging of active international partnerships and linkages in the midst of the pandemic had the potential to transform how the City of Harare handled COVID-19. Noteworthy is the fact that the COVID-19 pandemic imposed additional challenges on the City of Harare, similar to other tiers of government in Zimbabwe, which was already struggling to provide different services to the residents (Makombe, 2021). To this end, though paradiplomacy yielded significant benefits for other African cities such as Maputo and Tetouan by providing the much-needed resources to fight against COVID-19, this was not the case for Harare. Outside Africa, examples where we found that international partnerships and linkages worked during the pandemic include Amman (Jordan), Said (Lebanon), Maranhao state (Brazil) and Milan (Italy). The City of Harare’s already weak twinning arrangements failed to yield meaningful resources for it to efficaciously handle COVID-19. This suggests that paradiplomacy is not always beneficial for everyone and all the time.

Considering the different challenges and gaps the City of Harare faced in its fight against the COVID-19 pandemic largely characterised by lack of deliberate policy responses and adequate resources, the following three policy recommendations are proffered.

• African governments should integrate city-to-city co-operation as a crucial factor for national disaster and economic response, recovery and resilience on the basis of lessons learnt from how the City of Harare responded to the COVID-19 pandemic without adequate expertise, experience, and resources. A number of African SNGs beyond Zimbabwe including in South Africa, Egypt, Ghana, Kenya and Nigeria suffered from similar problems when central governments dominated the handling of the COVID-19 pandemic from implementing national lockdown regulations and strict border controls to the procurement, distribution, and rolling out of vaccination programmes.

• African governments must expand decentralised responses to emergencies, such as COVID-19, through reinforced local government resources and capabilities underpinned by functional city-to-city co-operation arrangements. Many African central governments’ efforts to fight against COVID-19 were not robustly augmented by SNGs whose city-to-city co-operation arrangements have proved that they can yield tangible benefits as in Morocco and Mozambique.

• SNGs should enter into international partnerships that are mutually beneficial to the parties involved and ready to focus on those areas requiring need, even in times of emergencies. African SNGs including in Zimbabwe, Nigeria, South Africa, Egypt and Ghana have faced nearly similar problems including lack of resources and expertise in fighting against COVID-19, which could have been altered by focusing their city-to-city co-operation arrangements toward handling the pandemic.

Author statement

I, Enock Ndawana, declare that this manuscript has been submitted solely to this journal.

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.

Acknowledgements

This paper began as an essay for the inaugural African Paradiplomacy Network (APN) Postgraduate Student/Early Career Essay Competition under the theme: “Subnational Government Responses to the COVID-19 Pandemic in Africa: The Role of International Partnerships and Linkages” where it won the first prize in December 2020. Its condensed version will be published by the APN as a policy brief. An improved version of the essay was presented at the Virtual International
Conference on COVID-19 themed: “Unpacking the Science, Economics and Politics of COVID-19” hosted by the Great Zimbabwe University, Masvingo, Zimbabwe on 29–30 July 2021. I would like to thank the organisers of the essay competition, especially Professors Ohio Omiru and Fritz Ngage, who not only assisted me in initiating this research, but provided the much-needed mentorship in the writing of policy briefs. I also extend my profound gratitude to the organisers and participants of the conference for affording me the opportunity to present my ideas and helping improve my initial thoughts through giving insightful feedback. Lastly, I would like to thank the anonymous reviewers and editor of the journal for their insightful comments and feedback.

References

Alhassan, R.K., et al., 2021. Urban Health Nexus with Coronavirus Disease 2019 (COVID-19) Preparedness and Response in Africa: Rapid Scoping Review of the Early Evidence, vol. 9. SAGE Open, pp. 1–14. https://doi.org/10.1177/2053012129494360.

Alvarenga, A.A., Rocha, E.M.S., Filippim, J., Andrade, M.A.C., 2020. Challenges for the Brazilian state from the COVID-19: the case of paradiplomacy in the state of Maranhao. Reports in Public Health 36 (12), 1–14.

Amade, J., et al., 2021. Assessing sub-regional-specific strengths of healthcare systems associated with COVID-19 prevalence, deaths and recoveries in Africa. PLoS One 16 (3), e0247274. https://doi.org/10.1371/journal.pone.0247274.

Bandanka, E., Bobo, T.W., 2018. City-to-city partnerships and implications for local government operations: a case study of Harare (Zimbabwe) and Munich (Germany). Twinning Arrangement. In: Mugambwa, J., Katsumihe, M.W. Hershey (Eds.), Handbook of Research on Urban Governance and Management in the Developing World, pp. 37–48. Pennsylvania, Bill Watch, 18/2020. Demolitions: who is responsible? 22 April. Available at: http://www.kubatana.net/2020/04/22/demolitions-who-is-responsible-bill-watch-18-2020/ (Accessed 12 May 2021).

Carinci, F., 2020. Covid-19: preparedness, decentralisation, and the hunt for patient zero: lessons from Italian outbreak. BMJ 368. https://doi.org/10.1136/bmj.n799.

Charumbira, P., 2015. The Role of City Twinning in Fostering Diplomacy: A Case of City of Harare and City of Munich Twinning Arrangement (2000–2015). MSc Dissertation, University of Zimbabwe.

Cheng, V.C.C., Wong, S.-C., To, K.K.W., Ho, P.L., Yuen, K.-Y., 2020. Preparedness and proactive infection control measures against the emerging novel coronavirus in China. J. Hosp. Infect. 104 (3), 254–255.

Chersich, M.F., et al., 2020. COVID-19 in Africa: care and protection for frontline health workers. Glob. Health 16 (46). https://doi.org/10.1186/s12992-020-00574-3.

Chikowa, L., 2021. Bad Corporate Governance Cripples Harare Progress. The Herald. February 17.

Chimbwanda, T., 2020. Handover of Office Equipment to City of Harare’s New Emergency Operations Centre (EOC). August 5. Available at: https://www.afro.who.int/news/handover-office-equipment-city-harare’s-new-emergency-operations-centre-

Chimbwanda, T., 2021. Zimbabwe lockdown: Day 519. WHO Situation Report, August 30. Available at: https://www.who.int/csr/don/20200830-zimbabwe-lockdown-day-519-who-situation-report/ (Accessed 1 September 2021).

Combined Harare Residents Association, 2020. CHRA Steps up Efforts in the Fight against COVID-19. Kubatana.net, April 7. Available at: http://kubatana.net/2020/04/07/chra-steps-up-efforts-in-the-fight-against-covid-19/ (Accessed 30 August 2020).

Corre, A.C., de Castro, D., 2016. Transnationalism and paradiplomacy in the economic relations between Brazil and Angola: the construction of the capanda hydroproject plant by the construtora odebrecht. Austral: Brazilian Journal of Strategy and Relations between Brazil and Angola: the construction of the capanda hydropower plant by the construtora odebrecht. Austral: Brazilian Journal of Strategy and

Crawford, I., Chitiku, S., Chidzika, H., 2020. COVID-19 pandemic and Africa: from the situation in Zimbabwe to a case for precision herbal medicine. OMICS J. Integr. Biol. 24. https://doi.org/10.1089/omi.2020.0099.

Dzobo, M., Chitungo, I., Dzinamara, T., 2020. COVID-19: a perspective for lifting lockdown in Zimbabwe. The Pan African Medical Journal 35, 1–3. Sup. 2. https://www.panafican-med-journal.com/content/article/35/2/13/full.

Failing City Health Services Another Burden for Harare, 5 July 2021. The Herald. Available at: https://www.herald.co.zw/editorial-comment-failing-city-health-services-another-burden-for-harare/ (Accessed 1 September 2021).

Gare, O., 2020. Zimbabwe’s Ill-Equipped Health Infrastructure. July 27. Available at: https://ggp.org/zimbabwes-ill-equipped-health-infrastructure/ (Accessed 10 December 2020).

Gatter, N., et al., 2020. Lockdown measures in response to COVID-19 in nine sub-Saharan African countries. BMJ Global Health 5, e003319. https://doi.org/10.1136/bmjgh-2020-003319.

Hatfield, F., 2003. An introduction to decentralized cooperation: definitions, origins and conceptual mapping. Publ. Adm. Dev. 23 (4), 335–345.
Oddone, N., 2021. Paradiplomacy: an Opportunity to Strengthen Public Leadership in the Time of COVID-19. https://ourworld.unu.edu/en/paradiplomacy-an-opportunity-to-strengthen-public-leadership-in-the-time-of-covid-19. (Accessed 16 October 2021).

Price, R., 2020. Impacts of COVID-19 regulatory measures on small-scale and informal trade in Zimbabwe. K4D Helpdesk Rep. Available at https://open.do.es.ids.ac.uk/opendocs/handle/20.500.12413/15323. (Accessed 20 December 2020).

Reporter, Municipal, 2015. Harare Twins Guanzhou. The Herald, September 22. Available at: https://www.herald.co.zw/harare-twins-guangzhou/. (Accessed 18 October 2021).

Reporter, Herald, 2020a. Wearing Masks Now Legal Requirement. The Herald, May 4. Available at: https://www.herald.co.zw/wearing-masks-now-legal-requirement/. (Accessed 2 October 2020).

Staff Reporte, 2020. Army, Police Receiving Lockdown Bribes. Bulawayo24.com, May 28. Available at: https://bulawayo24.com/index-id-news-sc-national-byo-186134.html. (Accessed 20 March 2021).

Reporter, Z.T.N., 2020d. Zim Capital disinfects public places. ZTN, March 19. Available at: https://ztn.co.zw/stream/2020/03/zim-capital-disinfects-public-places/. (Accessed 21 November 2020).

Reporter, Municipal, 2021. Nurses Exodus Hits City Council. The Herald, July 23. Available at: https://www.herald.co.zw/nurses-exodus-hits-city-council/. (Accessed 1 September 2021).

Rusvingo, S.L., 2014. Business and corruption have a non-directional relationship: evidence from the Harare city council, Zimbabwe. Global J. Health Sci.: F Political Science 14 (5), 1–10. https://socialsciencesresearch.org/index.php/GJHSS/article/view/1278/1219.

Ruwendu, L., 2019. Twinning Scheme for Councils, vol. 28. The Herald, January. Tapfumaneyi, R., 2021. Only 10% Vulnerable Citizens Received Govt Covid-19 Grants - Afrobarometer. New Zimbabwe, June 19. Available at: https://www.newzimbabwe.com/only-10-vulnerable-citizens-received-govt-covid-grants-afrobarometer/. (Accessed 1 September 2021).

Tavares, R., 2016. Paradiplomacy: Cities and States as Global Players. Oxford University Press, New York.

Toriro, P., 2020. Planning responses to COVID-19 in Zimbabwean cities. Available at: https://hungrycities.net/planning-responses-to-covid-19-in-zimbabwean-cities/. (Accessed 7 January 2021).

Umviligihozo, G., et al., 2020. Sub-Saharan African preparedness and response to the COVID-19 pandemic: a perspective of early career African scientists. Welcome Open Res. 5, 163. https://doi.org/10.12688/wellcomeopenres.16070.3.

United Nations, 2020. Human Rights Office of the High Commissioner. Racial Discrimination in the context of the COVID-19 Crisis. June 22. Available at www.ohchr.org COVID-19_and_Racial_Discrimination. (Accessed 2 January 2021).

Van der Pluijm, R., 2007. City diplomacy: the expanding role of cities in international politics. Cingandand Diplomacy Papers 10.

Wadvalla, B.-A., 2020. How Africa has tackled COVID-10. BMJ 370, m2830. https://doi.org/10.1136/bmj.m2830.

World Bank, 2021. Zimbabwe Economic Update: Overcoming Economic Challenges, Natural Disasters, and the Pandemic: Social and Economic Impacts. World Bank, Washington, DC.

Zimbabwe Human Rights NGO Forum, 2021. Zimbabwe COVID-19 Lockdown Weekly Monitoring Report, 20 February to 4 March. Available at: http://kubatana.net/2021/03/05/zimbabwe-covid-19-lockdown-weekly-monitoring-report-20-february-to-4-march-2021/. (Accessed 16 November 2020).

Zimbabwe Peace Project, 2021. COVID-19 accountability tracker. Available at: http://reliefweb.int/report/zimbabwe/zpp-covid-19-accountability-tracker-december-2020-january-2021. (Accessed 8 August 2021).