

AN ANALYSIS OF THE LEGAL AND POLICY FRAMEWORK ADOPTED BY THE GOVERNMENT OF ZIMBABWE DURING THE COVID-19 PANDEMIC

**ITS EFFECT ON THE POLITICAL AND
SOCIO-ECONOMIC RIGHTS
OF THE PEOPLE**

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EXECUTIVE SUMMARY

The COVID-19 pandemic has wreaked havoc throughout the width and breadth of society. Governments across the globe have adopted extra – ordinary measures to combat the spread of the pandemic.

Likewise the government of Zimbabwe has also followed suit and declared the COVID-19 pandemic a national disaster and adopted emergency measures, with the attendant effect of limiting human rights and freedoms. Restricting human rights is a necessary element of response to wide-scale threats, but unlike other crisis, the COVID-19 pandemic poses a threat to the entire spectrum of human rights, from political to economic, social and cultural rights. At the same time, such restrictions need comply with the constitution and international human rights standards. And as is plainly visible, this has not been the case in Zimbabwe. The response by the government has not been in line with the constitution and human rights standards and failed to satisfy the standard principles of legality, necessity, proportionality and non-discrimination.

This study provide a detailed analysis of these regulations as part of the legal and policy framework adopted by the government to combat the COVID-19.

RECOMMENDATIONS

THE GOVERNMENT

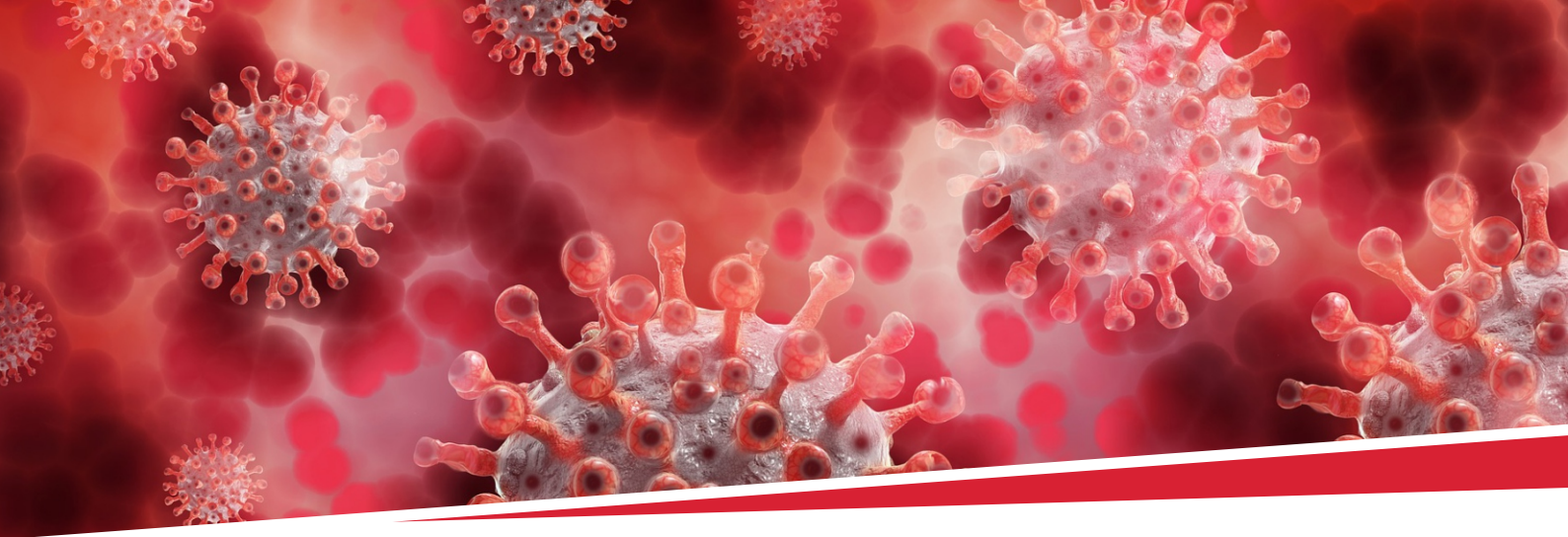
- There must be strict adherence to the constitution even during times of public health emergencies. Measures restricting rights and freedoms must be strictly comply with the principles of legality, necessity, proportionality and non-discrimination in both their substantive content and enforcement.
- The government must ensure that the restrictions imposed by the COVID-19 regulations are equally and fairly applied using a human rights and people centered approach.
- The government must adopt measures that instil public trust and create a new sense of public responsibility towards curbing and preventing the COVID-19 pandemic. This includes clear and timely communication, a human right and people centered approach, transparency and investing in a culture of public consultation.

PARLIAMENT

- Must exercise its oversight role and conduct an independent review of the Statutory instruments in line with its constitutional mandate to ensure the checks and balances.

CIVIL SOCIETY

- Must lobby and push for the review of the emergency measures by the judiciary and parliament.
- Continue monitoring and documenting the excesses of the COVID-19 regulations and push for accountability for the violations of human rights.
- Carry out an in-depth study on the impact of COVID-19 pandemic and the measures adopted on the well – being of the populations.



CONTEXTUAL BACKGROUND

COVID-19 PANDEMIC IN ZIMBABWE

On 11 March 2020, the World Health Organisation (WHO) declared the COVID-19 a pandemic.¹ This followed an earlier intervention by the WHO in January 2020 declaring the novel Coronavirus (COVID-19) outbreak as constituting a Public Health Emergency of International Concern (PHEIC).² This drastically altered the global socio-economic trajectory as states around the world had to make tough decisions about how best to protect the public health first and foremost, while also safeguarding livelihoods and reducing the social and economic impact of such decisions.

In Zimbabwe, the COVID-19 pandemic was declared a state of Disaster. The declaration was made by President Emerson Mnangagwa on 17 March 2020 in terms of the Civil Protection Act

[Chapter 10:06]. This allowed the government to make emergency disaster response regulations and allocate resources to the pandemic. Subsequently the Minister of Health and Childcare declared the COVID-19 a formidable epidemic disease (FED) in terms of Section 64(1)(a) of the Public Health Act [Chapter 15:17] on 23 March 2020.

Zimbabwe recorded its first case of COVID-19 on 20 March 2020,³ with the first death recorded on 23 March 2020 at Wilkins Hospital in Harare.⁴ Considering Zimbabwe's already collapsing healthcare systems, there was increased concern over the government's ability to protect the right to health and life of the population amidst this ravaging virus. Doctors called for stronger government action and support after it emerged that the facilities that had been designated by the

1. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>

2. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>

3. <https://www.aa.com.tr/en/africa/zimbabwe-reports-first-covid-19-case/1773705>

4. <https://www.news24.com/news24/SouthAfrica/News/journalist-zororo-makamba-becomes-zimbabwes-first-covid-19-death-20200323>

government as the main COVID-19 treatment centres, were not adequately equipped.⁵ Since then, Zimbabwe has continued to record an increase in the number of new COVID-19 cases and deaths.

As of 17 August 2021,
Zimbabwe had

121 046

confirmed cases, including

100 211

recoveries and

4 156

deaths.

A total of

2 145 537

people had been vaccinated
against COVID-19.

PRE-EXISTING POLITICAL AND SOCIO-ECONOMIC ENVIRONMENT

An overview of the political and socio-economic situation predating the COVID-19 in Zimbabwe is critical to enable one fully understand the magnitude and impact of the COVID-19 pandemic, subsequent measures taken by the government and the enforcement mechanism on the population as well as the overall political and socio-economic environment.

The COVID-19 pandemic came within the context of protracted economic and political instability in Zimbabwe.⁶ The pandemic currently ongoing, faces a disarmed healthcare system, with prevailing socio-economic conditions inhibiting optimal state responses to ensure public health protection. Consequently, public health care personnel have also been on persistent industrial action, citing lack of adequate equipment and incapacitation which the government continued to ignore and or failed to address.⁷ The State instead, mounted attacks on doctors who were raising legitimate concerns on the state of public hospitals, leaving the populations without access to medical care.⁸ In addition, the pre COVID-19 environment in Zimbabwe was characterised by high levels of

5. <https://www.voanews.com/science-health/coronavirus-outbreak/zimbabwes-doctors-call-action-after-first-covid-19-death>

6. African Judges and Jurists Forum; "COVID-19 and the State of Compliance with Human Rights Standards in SADC", December 2020; available at <https://africajurists.org/covid-19-and-state-compliance-with-human-rights-standards-in-sadc/>

7. Columbus Mavhunga, "Zimbabwe's Senior Doctors Join Strike, Further Crippling Health Care System", November 2019; Available at: <https://www.voanews.com/africa/zimbabwes-senior-doctors-join-strike-further-crippling-health-care-system>

8. The President of The Zimbabwe Doctor's Association, Dr Peter Magombeyi was abducted on 14 September 2019, and later found dumped at the outskirts of Harare 6 days later exhibiting signs of torture

unemployment with most of the possible workforce confined to the informal sector, eroded sources of livelihood, acute and persistent shortages of water and sanitation, an ailing economy crippled by corruption and poverty, with more than half of the population being food insecure. A report by the United Nations Special Rapporteur on the Right to food following a mission to Zimbabwe in November 2019 highlighted that at least 60 percent of the population in Zimbabwe were food secure.⁹ The Special Rapporteur further revealed that *“In rural areas, a staggering 5.5 million people are currently facing food insecurity, as poor rains and erratic weather patterns are impacting harvests and livelihoods. In urban areas, an estimated 2.2 million people are food-insecure and lack access to minimum public services, including health and safe water”*.¹⁰

The pandemic also faced a deteriorating political environment characterised by violations of human rights and fundamental freedoms, bad governance, and lack of respect for the rule of law. A local human rights group reported that the year 2019 will infamously stick out as one of the worst years in the history of the country due to the deplorable human rights situation experienced throughout the year characterised by the violation of socio-

economic and political rights of citizens through both overt and covert violence.¹¹ Of huge concern is the involvement of the security sector in the perpetration of these violations with impunity. The UN Special Rapporteur on the rights to freedom of assembly and association also noted that the involvement of the military in civilian affairs contradicts the Guidelines for the Policing of Assemblies by Law Enforcement Officials in Africa, as they provide that military forces must only be used in exceptional circumstances and only if absolutely necessary.¹²

In its 2019 human rights report, the US department of state noted that significant human rights issues in Zimbabwe included:

- unlawful or arbitrary killings of civilians by security forces;
- torture and arbitrary detention by security forces;
- political prisoners;
- arbitrary or unlawful interference with privacy; serious problems with the independence of the judiciary;
- the worst forms of restrictions on free expression and the press, including violence, threats of violence, or unjustified arrests or prosecutions against journalists and censorship;

9. Report on the UN Special Rapporteur on the Right to Food: Visit to Zimbabwe, November 2019: Available at https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session43/Documents/A_HRC_43_44_Add2_AdvanceUneditedVersion.pdf.

10. Report on the UN Special Rapporteur on the Right to Food: Visit to Zimbabwe, November 2019: Available at https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session43/Documents/A_HRC_43_44_Add2_AdvanceUneditedVersion.pdf

11. The Zimbabwe Human Rights NGO Forum; “State of Human Rights Report, 2019: Available at <https://kubatana.net/2020/10/30/state-of-human-rights-in-zimbabwe-2019-annual-report/>

12. End of Mission Statement if the UN SR on the Right to Freedom of Peaceful Assembly and of Association, Mr Clement Nyaletsotsi Voule, on his visit to Zimbabwe (17-27 September 2019), 27 September 2019; Available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25041&LangID=E>

- substantial interference with the rights of peaceful assembly and restrictions on freedom of movement;
- restrictions on political participation; widespread acts of corruption;
- and crimes involving violence or threats of violence targeting women and girls.

Impunity remains a problem, with a security sector that is unaccountable aided by the general reluctance by the government to investigate and bring to account officials who committed human rights abuses.¹³

While the devastating effects of the COVID-19 pandemic on the socio-economic situation cannot be ignored, the government's failure to come up with viable social security measures to mitigate the impact of the pandemic on vulnerable populations was also evident.

More so, against an already deteriorating human rights situation, the COVID-19 gave an impetus to the government to further trample on the people's rights and freedoms, beyond the acceptable limits prescribed by the constitution and international law.



The pandemic also faced a deteriorating political environment characterised by violations of human rights and fundamental freedoms, bad governance, and lack of respect for the rule of law.

13. ZIMBABWE 2 Country Reports on Human Rights Practices for 2019 United States Department of State Bureau of Democracy, Human Rights and Labor association; Available at: <https://www.state.gov/wp-content/uploads/2020/03/ZIMBABWE-2019-HUMAN-RIGHTS-REPORT.pdf>

COVID-19 PANDEMIC: A public Health Emergency and Acceptable threshold of limitations of Human rights and Freedoms

Both Constitution of Zimbabwe and International Law allows restrictions on certain rights and freedoms during public emergency situations, such as the COVID-19 pandemic. Section 86(2) of the Constitution provides that fundamental rights and freedoms set out in the Constitution may be limited only in terms of a law of general application and to the extent that the limitation is fair, reasonable, necessary and justifiable in a democratic society, based on openness, justice, human dignity, equality and freedom. Zimbabwe has also signed and ratified international treaties that guarantee human rights, such as the international bill of human rights¹⁴ and the African Charter on human and Peoples' Rights. Derogations are also permissible under these treaties under certain circumstances.

The International Covenant on Civil and Political Rights (ICCPR) allows states to restrict certain rights during public emergencies that threaten the life of the nation *"to the extent that they are strictly required by the exigencies of the situation."*¹⁵

However, certain rights cannot be restricted even during public emergency. These rights are absolute, and they include the right to life, freedom from torture, inhuman and degrading treatment, and the right to human dignity. In addition, the International Covenant on Economic, Social and Cultural Rights (ICESCR) does not include a provision on derogations. State obligations associated with the core content of the rights to food, health, housing, social protection, water and sanitation, education and an adequate standard of living remain in effect even during situations of emergency.

It therefore follows that for the restrictions to be justified, they must support a legitimate aim, and are: provided by law; strictly necessary, proportionate, of limited duration and subject to review against abusive application.¹⁶ Measures by the state must also be evidence based, neither arbitrary nor discriminatory and must consider the disproportionate impact on the populations especially vulnerable and marginalised groups.

14. The International Bill of Human Rights consist of the Universal Declaration of Human Rights; The International Covenant on Economic, Social and Cultural Rights; and the International Covenant on Civil and Political Rights.

15. Article 4 of the The International Covenant on Civil and Political Rights.

16. International Commission of Jurists, Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, Available at: <https://www.icj.org/wp-content/uploads/1984/07/Siracusa-principles-ICCPR-legal-submission-1985-eng.pdf>

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FOUR KEY IMPERATIVES ARISE HERE,

that is lawfulness, necessity, proportionality,
and Non-discrimination:

Legality

means the restriction must be "*provided by law*". The limitation must be contained in a national law of general application, the law must be in force at the time of application, must not be arbitrary or unreasonable, and must be clear and accessible to the public.

Necessity

means the restriction must be necessary for the protection of one of the permissible grounds stated in the ICCPR, which include public health, and must respond to a pressing social need.

Proportionality

means the restriction must be proportionate to the interest at stake, i.e. it must be appropriate to achieve its protective function; and it must be the least intrusive option among those that might achieve the desired result.

Non-

discrimination

means that the restriction shall not discriminate contrary to the provisions of the constitution and international human rights law.

Given the dynamics of transmission and severity of the COVID-19 disease, without known methods of prevention and treatment and an end in sight, the question is not if but how the states may restrict rights to contain and control the virus. States must adopt a people centric and human rights centred approach to guard against the pandemic devolving into a threat to the rule of law and constitutionalism whilst adequately responding to the immediate threat to human life.¹⁷ It must be emphasised that when states enact public health measures that restrict rights and freedoms, they must meet certain core human rights obligations and not push back human rights protections. They must also ensure that the basic needs of the population are met, including food, shelter, water, and sanitation. They must also guard against disproportionately harsh impacts on, or application to marginalised and vulnerable communities and provides economic relief for such populations.¹⁸

For this reason, human rights bodies at both regional and international levels issued guidelines on human rights centred state responses to the pandemic. For example in March 2020, the African Commission on Human and Peoples' Right (ACHPR) issued a statement imploring member

states to adopt a human rights based effective approach to the containment of the COVID-19 pandemic.¹⁹ Human rights chiefs from the United Nations and the African Union reminded the African governments that *"it is a legal imperative and a pre-requisite for success in the effort to defeat the pandemic that they protect the most vulnerable and stamp out violations emerging in the context of COVID-19, including discrimination in all its forms, violence against women, food insecurity, excessive use of force and extrajudicial killings"*.²⁰ The office of the UN High Commissioner for Human Rights in its COVID-19 Guidance, underscored the *"respect for human rights across the spectrum, including economic and social rights, and civil and political rights"*.²¹

These guidelines are a comprehensive tool for state actors to ensure a people centric and human rights centred approach to the containment, prevention, and control of the COVID-19 virus and indeed any other public health emergency. We will use these guidelines in this analysis as a comparator in assessing state actions as well as analysing the legal and policy framework adopted by the Government of Zimbabwe during the COVID-19 Pandemic.

17. African Judges and Jurists Forum; "COVID-19 and the State of Compliance with Human Rights Standards in SADC", December 2020; available at <https://africajurists.org/covid-19-and-state-compliance-with-human-rights-standards-in-sadc/>

18. World Health Organisation; "Chapter 10: Controlling the spread of infectious diseases", in *Advancing the Right to Health: the Vital Role of Law* (2016); Available at: <https://www.who.int/healthsystems/topics/health-law/chapter10.pdf?ua=1>

19. Press Statement by the African Commission on Human and Peoples' Rights on "Human rights based effective response to the novel COVID-19 virus in Africa"; Available at <https://www.achpr.org/pressrelease/detail?id=483>

20. Statement by the UNHCHR and the Chairperson the the ACHPR; Geneva 20 May 2020; :Africa: We must act now to avoid a catastrophe, say rights chiefs"; Available at:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25898&LangID=E>

21. OHCHR, COVID-19 Guidance; available at <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>



GOVERNMENT OF ZIMBABWE'S RESPONSE TO THE COVID-19 PANDEMIC

An Analysis of the Legal and Policy Framework Adopted by the Government of Zimbabwe During the COVID-19 Pandemic and its impact on Political and Socio-Economic Rights of the People

GOVERNMENT MEASURES

The Government of Zimbabwe has adopted and instituted a raft of measures meant to contain, prevent, and control the spread of the COVID-19 virus since March 2020. This followed the declarations by President Emerson Mnangagwa on 17 March 2020, and the Minister of Health and Childcare on 23 March 2020 of the COVID-19 pandemic as a national Disaster and a formidable epidemic disease (FED) respectively. The two declarations were still extant as of the 17th of August 2021. The raft of measures was complimented by the passage and issuance of regulations, policy directives and administrative actions some of which are still operational to date.

The measures commonly referred to as “*Lockdown restriction measures*” were introduced with varying degrees of severity depending on the “*level*”. The first total national “*Lockdown*” was imposed on 18 April 2020 for an initial 21-day period and was later extended twice initially for 14 days to 3 May 2020 and a further 14 days to 17 May 2020.

Only services deemed essential by the government were allowed and essential movement relating to seeking health services, purchase of food and medicines and other essential supplies and critical services, was exempted. The regulations also imposed measures which are continuously reviewed to respond to each wave of the pandemic.

These include:

- restrictions of movement and economic activities;
- suspension of all non-essential travel (excluding returning residents) and traffic, both inbound and outbound, except for movement of cargo;
- banning of all public transport except the state owned Zimbabwe United Passenger Company (ZUPCO);
- suspension of entertainment and recreational activities;
- reduction of public gatherings;
- closure of schools and tertiary institutions;
- curfews;
- mandatory wearing of masks; social distancing;
- quarantine and self-isolation of suspected cases; and
- Rent and mortgage payment deferrals.

These lockdown restrictions were still in place as of the 17th of August 2021.

AN OVERVIEW OF THE LEGAL, POLICY AND ADMINISTRATIVE FRAMEWORK AND ATTENDANT EFFECT ON HUMAN RIGHTS

COVID-19 RELATED REGULATION AND ORDERS

As of the 17th of August 2021, the government of Zimbabwe had enacted at least 65 COVID-19 related regulations and orders. The regulations and orders deal with various aspects of the COVID-19 pandemic containment and prevention measures highlighted above and include among others, restriction measures and prohibition of gatherings, rent and mortgage payment deferrals, direct tax measures, formal and informal employment measures and economic stimulus measures. (See Annexure 1 for the list of the regulations/orders and a summary of their purpose).

The measures were eased a bit but later reinstated with the advent of the second and third waves. The regulations/orders were often preceded by pronouncements by the president and the minister of Health and in most cases applied with immediate effect without due or adequate notice.

For example, the first national lockdown was announced by the president on Friday 27 March 2020, for a period of 21 days taking effect from 30 March 2020. The announcement was made in the evening when businesses had closed for the weekend. The president did not provide any clarifications on how businesses were going to

manage this situation and neither did he provide for some transitional mechanisms for proper closing down of businesses. Employers and employees were left in limbo in terms of their jobs and ability to pay salaries. No reprieve or safety nets were provided by the government to cushion vulnerable communities during the duration of the national lockdown. More so, for a population that is predominately surviving on informal trading, it also meant the survival of the majority of families was uncertain for the duration of the national lockdown.

Subsequent extensions of the national lockdown also followed a similar fashion in spite of the concerns raised by citizens over absence of safety nets to cushion vulnerable communities during the duration of the national lockdown. On 8 April 2020, Harare North constituency legislator Allan Norman Markham and Mfundo Mlilo, a human rights activist, had to approach the courts seeking an order compelling the president, Emerson Mnangagwa and Finance and Economic Development Minister Mthuli Ncube, Health and Child Care Minister Obadiah Moyo and Local Government, Rural and Urban Development Minister July Moyo to enact some regulations that support the limitation of movement of people by providing subsidies in the form of food, cash handouts and water so as to meet the objectives of Statutory Instrument 83 of 2020, Public Health, (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020. They argued that without provision of safety nets, the aims of Statutory Instrument 83 of 2020, Public Health, (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020, were rendered less effective and detrimental to the citizens' right to life and health care.²²



22. Zimbabwe Lawyers for Human Rights, "Legislature, Human Rights Activist Demand Safety Nets to Cushion Vulnerable People during #COVID-19 National Lockdown", 13 April 2020: Available at <https://kubatana.net/2020/04/13/legislator-activist-demand-safety-nets-to-cushion-vulnerable-people-during-covid-19-national-lockdown/>

Although it was necessary for the government to implement measures to combat the spread of COVID-19, the attendant effect of these measures on the economic and social being of the populations remain substantial. The measures also had direct effect on the enjoyment of human rights and fundamental freedoms. In some instances, the restrictions were not consistent with the principles of proportionality and non-discrimination, including violations of non-derogable rights such as the right to life and freedom from torture.²³ Rights and freedoms directly impacted by these measures include; right to work; right to healthcare; right to education; right to an adequate standard of living, including adequate food, clothing and housing; right to take part in cultural life; right to liberty; freedom of movement; freedom of association; freedom of expression and the media; freedom of assembly and right to protest; right to participation; access to justice among others.

ADMINISTRATIVE POLICIES

The COVID-19 regulations were also complemented by administrative policies aimed at addressing the challenges necessitated by the COVID-19 pandemic as well as the national lockdowns. Examples include:

- A ZWL600 Million cash transfer programme targeting 1 million vulnerable households over a period of three months was announced by the

government.

- Government committed to assist vulnerable families with a cash pay-out of ZWL200 this was later reviewed to ZWL300 (US\$12) to account for the negative effects of hyperinflation. Beneficiaries of the COVID-19 relief fund consisted of child-headed families, the elderly and informal traders as identified by the Ministry of Public Service, Labour and Social Welfare.
- A ZWL\$18 billion Economic Recovery and Stimulus Package unveiled by the president on 1 May 2020, aimed at reinvigorating the economy and providing relief to individuals, families, small businesses and industries impacted by the economic slowdown caused by the Coronavirus pandemic and the attendant response measures implemented by the government to control the health crisis. The main aim was to provide liquidity support to all the productive sectors of the economy and protect employment through prevention and minimisation of Covid-19 effects.²⁴
- Introduction of subsidised mealie meal.
- Setting up of an Athletes and Arts Relief Fund (AARF) valued at 20 million Zimbabwean dollars (US\$ 55,000) to aid artists and athletes whose activities and income stream have been negatively affected by the COVID-19 pandemic. The aid fund for artists was distributed via the National Arts Council of Zimbabwe (NACZ).

23. African Judges and Jurists Forum; "COVID-19 and the State of Compliance with Human Rights Standards in SADC", December 2020: available at <https://africajurists.org/covid-19-and-state-compliance-with-human-rights-standards-in-sadc/>

24. https://www.veritaszim.net/sites/veritas_d/files/Details%20on%20the%20COVID-19%20Economic%20Recovery%20and%20Stimulus%20Package.pdf

Under this fund Artists can obtain grants of up to 5,000 Zimbabwean dollars (US\$ 13.8), and artists' associations and social organizations registered with the National Arts Council or the National Gallery of Zimbabwe can obtain up to 7,500 Zimbabwean dollars (US\$ 20.7).²⁵

- Reintroduction of the multicurrency system, previously banned in June 2019.

However, the level and effectiveness of these measures in alleviating the plight of the vulnerable populations remain questionable. No consultations were held with relevant stakeholders to ascertain the extent of the needs. The policy measures were not informed by research and the disbursement process remain opaque. There have been allegations of corruption²⁶ and politicization of the relief funds and food aid.²⁷ To date, there has not been an audit of funds disbursed so far including the list of beneficiaries. The government has not published information relating to the actual number, including details of the beneficiaries. In addition, the value of the cash pay-outs was rendered meaningless by inflation with some reporting that by the time some of the citizens received the funds, they could barely pay for 10kg of mealie meal.²⁸

DIRECTIVES BY THE JUDICIARY

The Chief Justice Luke Malaba also issued practice directions to cover gaps resulting from the regulations and orders aimed at combating the spread of the Covid-19 pandemic.

Pursuant to the declaration of the courts being an essential service, the Judiciary was confronted with the need to strike the very delicate balance between the safety of people attending and working in the courts and ensuring that access to the courts was still enjoyed through the implementation of measures that promoted access to justice and maintained the effective administration of justice. The Chief Justice issued guidelines to limit, where possible, public interaction and encouraged all members to take all reasonable steps to avoid exposing court proceedings to the threat of COVID-19.

The guidelines included:

- suspension of non-urgent matters and filing of new cases;
- limited operating hours for courts; suspension of solemnisation of marriages among others.

This severely affected the right to access to justice by the populations.

25. <https://en.unesco.org/creativity/covid-19/zimbabwes-grant-relief-programme-artists>

26. <https://data.zimpeaceproject.com/en/entity/dm142d2ofr4>

27. <https://www.voanews.com/covid-19-pandemic/amnesty-zimbabwe-playing-politics-food-aid-distribution>

28. Zimbabwe Human Rights NGO Forum, "180 Days of What?: A Summary Review of the Forts 180 Days of the COVID-19 National Lockdown in Zimbabwe; September 2020: Available at, <https://kubatana.net/wp-content/uploads/2020/10/180-Days-of-What-lr.pdf>



AN ANALYSIS OF THE LEGAL AND POLICY FRAMEWORK ADOPTED BY THE GOVERNMENT OF ZIMBABWE DURING THE COVID-19 PANDEMIC

Compliance with Constitutional and International human rights standards and principles

OVERVIEW

The legal and policy framework adopted by the government of Zimbabwe during the COVID-19 pandemic was characterised by a wave of public health orders and regulations. The orders and regulations were enacted through numerous statutory instruments gazetted by the government. The regulations were too many, with some promulgated days apart, yet containing conflicting provisions making adherence to the regulations difficult. Furthermore, the government would just come up with certain orders without a clear explanation on the process, procedure and the context informing such. For example, the president just announced that the country was under Level 2 without any explanation how that came about.

At the initial stage when the lockdown was implemented, the President did not explain that the implementation of the lockdown would come in various stages, nor was it clarified how many stages the lockdown was made up of. Most importantly it was also not explained what each stage of the national lockdown entailed. This fuelled speculation and misinformation which worked contrary to the efforts to contain and prevent the pandemic.

In addition, the use of secondary legislation enacted by the executive as primary means of response put human rights at risk as it removed the element of parliamentary oversight. The use of statutory instruments as opposed to acts of

parliament has always been problematic in Zimbabwe. This has undermined the rule of law and led to violation of constitutional rights. In his remarks at a meeting of lawyers in November 2020, a leading human rights lawyer in Zimbabwe, Alec Muchadehama raised the concern over the abuse of the statutory instruments by the executive to circumvent the checks and balances provided by the constitution.²⁹ He noted that since the year 2017 the use of these statutory instruments as opposed to Acts of Parliament has been quite pervasive. During the period between March 2020 and 17 August 2021, the government of Zimbabwe had enacted about 65 COVID-19 related statutory instruments alone. This is quite a huge number given the absence of oversight by parliament.

It is noted that the situation presented by the COVID-19 required the government to take extra - ordinary measures to protect the health and well-being of the population.

It is noted that the situation presented by the COVID-19 required the government to take extra - ordinary measures to protect the health and well-being of the population.

Inevitably these emergency measures enforced through orders and regulations enacted in statutory instruments, imposed limitations on certain rights and freedoms. However, even in public health emergencies, these measures need to be based on the rule of law.

The emergency measures should be applied within the parameters provided by the constitution and international law. Strict adherence to a people centred and human rights is required given their impact on the socio-economic and political well-being of the populations.



The use of statutory instruments as opposed to acts of parliament has always been problematic in Zimbabwe.

29. COVID-19 Series: The impact of the crisis in Zimbabwe – Lawyers for Lawyers; 18 November 2020: Available at <https://lawyersforlawyers.org/en/covid-19-series-the-impact-of-the-crisis-in-zimbabwe/>

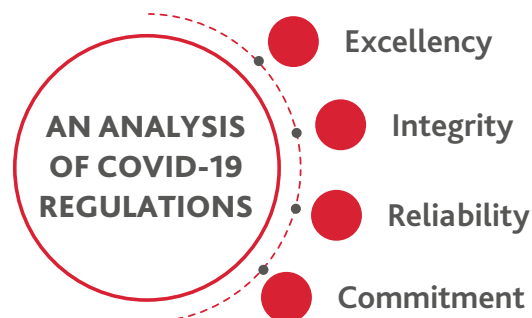
AN ANALYSIS OF COVID – 19 REGULATIONS IN ZIMBABWE AND THEIR COMPLIANCE WITH STANDARD TEST OF LEGALITY, NECESSITY, PROPORTIONALITY AND NON-DISCRIMINATION?

LEGALITY

The standard principle of Legality provides that regulations that imposes limitations on human rights must be “*provided by law*”. The limitation must be contained in a national law of general application, the law must be in force at the time of application, must not be arbitrary or unreasonable, and must be clear and accessible to the public.

Emergency measures, including derogation or suspension of certain rights, should be subject to periodic and independent review by the legislature. Any emergency legislation introduced under a state of emergency should be subjected to adequate legislative scrutiny. There should also be meaningful judicial oversight of exceptional measures.³⁰

It is apparent that the COVID-19 regulations in Zimbabwe were enacted through statutory instruments based on Acts of Parliament that were in force at the time of application, mainly the Public Health Act [Chapter 15:17] and the Civil protection Act [Chapter 10:06]. However, some of the regulations/orders are arbitrary and unreasonable



and contravenes the constitution and international law. For example, the order issued through SI225A of 2020 by the minister of Health and Child Care in October 2020, suspending the holding of By-elections for the duration of the declaration of the COVID-19 as a Formidable Epidemic Disease (FED).

Si314 of 2020 extended the FED declaration for an indefinite period. This means by-elections will remain suspended for an indefinite period. In March 2021, ZEC issued an official statement confirming that the holding of elections remain suspended except for other activities such as the voter registration. The minister imposed the order at a time when a number of vacancies in both Parliament and local authorities had occurred

30. OHCHR, Emergency Measures and COVID-19: Guidance, April 2020: Available at; https://www.ohchr.org/Documents/Events/EmergencyMeasures_Covid19.pdf

through deaths and recalls of office holders. The opposition MDC-T had recalled at least 30 legislators from the House of Assembly and Senate and a number of councillors in local authorities throughout the country. The order is a clear violation of Section 67 of the Constitution and Article 25 of the International Covenant on Civil and Political Rights (ICCPR). Section 67 of the Constitution provides for political rights and gives every citizen the right to free, fair and regular elections for any elective public office and to make political choices freely. Article 25 of the ICCPR provides for citizens' right, without unreasonable restrictions, to take part in the conduct of public affairs directly or through chosen representatives. Thus the indefinite banning of elections renders SI225A of 2020 arbitrary and therefore illegal.

On 13 October 2020, Women's Academy for Leadership and Political Excellence (WALPE), Election Resource Centre (ERC) and six Harare and Marondera residents filed a court application challenging the ban arguing that the suspension was a breach of the Electoral Act and the Constitution as government should have held by-elections before 30 September 2020 to fill in vacancies in local authorities and in the National Assembly. Decision on the matter is still pending. However, the Zimbabwe Human Rights Commission, issued a statement raising concerns over the arbitrariness of the ban as it violates the constitution and international law.³¹

The COVID-19 regulations and orders have not been subjected to any review by parliament. Judicial oversight has not been effective. Majority of the cases brought before the courts challenging the legality or seeking a review of these measures have been either dismissed on technical grounds or suffered incessant delays.



31. Zimbabwe Human Rights Commission Statement on the Suspension of Holding of By-Elections in Zimbabwe, October 2020: Available at <https://kubatana.net/2020/10/12/zimbabwe-human-rights-commission-zhrc-statement-on-the-suspension-of-elections-in-zimbabwe/>

NECESSITY

The principle of Necessity requires that the regulations limiting human rights and fundamental freedoms must be strictly necessary for the protection of public health, and must respond to a pressing social need. It also calls for the use of least restrictive means capable of achieving the goal. The principle of necessity considers the criteria of timeliness, proportionality, and adequacy, to ensure that the least violation of individual rights and the moral and ethical consideration that supports them are taken into account. It requires transparency of purpose and appropriate reasoning. It must create conditions that are essential for public trust and for creating a new sense of public responsibility.

A survey conducted by the International Commission of Jurists on the impact of COVID -19 on access to justice in January 2021, revealed that over half of the participants (53%) to the study felt that the government was justified to impose lockdown restrictions to save lives.

However, some of the measures imposed by the regulations were inadequate, not timely and unproportionate. For example, the imposition of the first lockdown and the subsequent announcements of the phased approach appeared to have been done in a haste without proper and due regard to the socio-economic implications on the populations.

The first national lockdown was announced in the evening on a Friday and was to be effective the following Monday. There were no prior consultations with relevant stakeholders and populations were left in limbo. The government did not take into consideration the impact of the measures on livelihoods and businesses, especially the informal traders who constitute majority of the population. As a result, most families were left impoverished. No viable alternatives for children to keep up with their education were put in place. The healthcare systems continued to deteriorate with the government failing to provide adequate PPEs for frontline health workers which prompted nurses and doctors from public hospitals to embark on an industrial action demanding the provision of PPEs and safe working conditions.³²



The COVID-19 relief funds were also shrouded in mystery and administrative bottle necks, underwritten by corruption. In May 2021, the minister of finance revealed that ZWL18 billion COVID-19 relief fund were disbursed through commercial banks with the Reserve Bank of Zimbabwe, providing a 50 percent guarantee which meant that vendors were excluded, and only businesses that operated formally in the commercial sector could access these funds.³³ Majority of people were arrested for defying the lockdown rules as they were trying to fend for their

32. <https://www.voanews.com/africa/zimbabwe-doctors-nurses-down-tools-over-covid-19-ppes>

33. <https://kubatana.net/2021/05/25/response-to-the-minister-of-finance-and-economic-development-on-the-disbursement-of-the-zwl18-billion-covid-19-relief-funds/>

their families. This made it difficult for the populations to cooperate with the government in complying with the regulations.

Lack of clarity and proper reasoning also made some of the regulations and policies fail to meet the necessity test. For example, on 16 May 2020 President Mnangagwa announced an indefinite extension of the lockdown, stating that the country would remain under “Level 2” of the lockdown. There was no public communication that the lockdown would come in various stages, nor was it clarified how many stages the lockdown was made up of. Neither was it explained what each stage of the national lockdown entailed. The suspension of elections, despite relaxation of the lockdown measures also brought into question the motive of government with concerns that the COVID 19 regulations were being used as a political tool as opposed to achieving the public health goal. This has diminished public trust and failed to create a new sense of public responsibility towards curbing and preventing the COVID-19 pandemic.



The principle of necessity requires transparency of purpose and appropriate reasoning.

PROPORTIONALITY

The standard principle of proportionality requires that emergency measures limiting human rights and freedoms must be proportionate to the interest at stake, i.e. they must be appropriate to achieve its protective function. The proportionality test requires the restrictive measures to be adequate, least intrusive, and strictly proportionate. There must be a clear causal link between the measures taken, their implementation and the desired result or goal to be achieved.

The Government has an obligation to protect primarily its citizens from threats to the right to life and health hence the reason why it had to adopt emergency measures to control the widespread of COVID-19. However, in most cases this obligation has been exercised in a way that exceeds the threshold of proportionality resulting in direct violation of human rights including those rights that are absolute such as the right to life, health and freedom from torture. Elements of the proportionality principle are largely missing from the enacted regulations. Apart from measures that are arguably fully conducive to limiting the spread of the disease such as mask mandates; quarantine; testing; and bans on purely commercial public gathering, some of orders imposed by the government are questionable and outrageous.

These include:

- the blanket bans on any public gatherings, including protests;



- the indefinite suspension of the holding of by-elections even when other gatherings such as schools and churches have been allowed;
- the use of military in enforcing the COVID-19 regulations;
- gagging of journalists;
- and the use of criminal law and imposition of harsh penalties to enforce the regulations. This use of criminal law and imposition of harsh penalties is particularly worrisome in a context like Zimbabwe where the law is selectively applied and used as a political tool to suppress and punish dissent.

A local human rights group documented

538

cases of unlawful arrests and detention,

20

cases of attacks on journalists and

8

cases of raids during the first

180

days of the lockdown.

All these cases were COVID-19 related.³⁴

34. Zimbabwe Human Rights NGO Forum, "180 Days of What?: A Summary Review of the First 180 Days of the COVID-19 National Lockdown in Zimbabwe; September 2020: Available at, <https://kubatana.net/wp-content/uploads/2020/10/180-Days-of-What-lr.pdf>

Moreover, even in cases of the measures that are in principle conducive to preventing the spread of COVID-19, their particular implementation has been questionable from the proportionality perspective. For example, the indefinite suspension on the holding of by-elections and the banning of peaceful protests, even when the measures had been relaxed and other public gatherings such as the conduct of public hearings by parliament and religious gathering were allowed. Public hearings by parliament were allowed to proceed on non-urgent issues such as the constitutional amendment bill number 2.

This is a clear indication that the government used COVID-19 as a pretext for limitations of human rights and freedoms that had little to do with fighting the pandemic but quite a lot with consolidation of power and eroding checks and balances. The use of emergency as a pretext to expand the powers of the executive branch and to limit oversight has always been a challenge in Zimbabwe that predates the COVID-19 pandemic, where executive vastly expanded its powers through the use of statutory instruments and presidential powers and temporary measures.

A similar pattern can be observed with the COVID-19 pandemic where the executive has introduced changes to the law which appear to have little to do with stopping the virus but quite a lot to do with expanding the power of the government and

limiting parliamentary and judicial control over such powers.

The excessiveness of the enforcement of these regulations was also problematic. There have been reports of killings, abductions and torture related to the enforcement of COVID-19 related lockdowns. Numerous reports were documented of police and army brutality including and extrajudicial killings.

Prominent examples include the abduction and torture of MDC Alliance Harare West Member of Parliament Joana Mamombe and MDC Alliance Youth Assembly leaders Cecilia Chimbi and Netsai Marova on 13 May 2020; the abduction of Tawanda Muchehiwa in Bulawayo on 30 July by suspected security agents; the assault by the police of two Bulawayo sisters Nokuthula Mpofu and Ntombizodwa Mpofu on 16 April 2020, for allegedly violating the national lockdown.³⁵

This persisted despite the High Court judgment prohibiting the police from using unwarranted and disproportionate force against citizens in the enforcement of the national lockdown in the case of *Lucia Masvondo and Zimbabwe Lawyers for Human Rights v Minister of Home Affairs and Cultural Heritage and Others*.³⁶ The militarised approach to the enforcement of the regulations is also questionable from a proportionality perspective given that COVID-19

35. Zimbabwe Human Rights NGO Forum, "180 Days of What?: A Summary Review of the First 180 Days of the COVID-19 National Lockdown in Zimbabwe; September 2020: Available at, <https://kubatana.net/wp-content/uploads/2020/10/180-Days-of-What-lr.pdf>

36. <https://www.zlhr.org.zw/?p=2001>

pandemic does not pose a threat to peace in the country. The use of military in civilian affairs has always been problematic in Zimbabwe and this is in violation of international human rights principles and standards which provide that military forces must only be used in exceptional circumstances and only if absolutely necessary.³⁷

THE PRINCIPLE OF NON-DISCRIMINATION

Non-discrimination requires that the restriction shall not discriminate contrary to the provisions of the constitution and international human rights law.

Despite the effect of the COVID-19 pandemic itself in widening pre-existing inequalities, that disproportionately affected vulnerable populations including those with lower income, the enforcement of the lockdown regulations in Zimbabwe largely discriminated against the poor and marginalised members of society. For example the ban on public transport and imposition of the ZUPCO monopoly that has limited capacity had huge negative impact on low income members of the public who rely on public. In addition, this also resulted in the loss of income for the operators majority of whom include those with lower.



The punitive measures adopted to enforce the regulations unfairly disadvantaged vulnerable populations more than it helps them.

37. End of Mission Statement of the UN SR on the Right to Freedom of Peaceful Assembly and of Association, Mr Clement Nyaletsotsi Voule, on his visit to Zimbabwe (17-27 September 2019), 27 September 2019; Available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25041&LangID=E>.

There was also a selective approach to the application of the rules adversely affecting member of the opposition political parties and individual perceived to be critical of the government. For example, when the government first imposed March 2020, police used the lockdown as grounds for forcibly shutting down the meetings of opposition groups, while letting events of the ruling ZANU-PF party go ahead with no interference. This has persisted throughout the period of the declaration of the state of disaster.

MISUSE OF EMERGENCY POWERS AND POLITICAL OPPORTUNISM

the above analysis has demonstrated the shortcomings of the emergency measures adopted by the government to prevent the widespread of the COVID-19 Pandemic. There is a clear misuse of these emergency powers and political opportunism. The COVID – 19 pandemic has given the government the opportunity to restrict rights under the guise of responding to public health crises. The government has openly committing grave human rights violations in the name of controlling the pandemic. There have been reports of arbitrary arrests, assaults, and even killings related to the enforcement of COVID-19-related lockdowns and curfews.

There have been censorship and severe restrictions on freedom of speech which this hinders access to essential health information and quashes the ability of the media and individuals to hold the government accountable.

According to the International Press Institute, Zimbabwe tops the list of African countries with the most pandemic related press freedom violations.³⁸ The Government has also used the COVID-19 crisis to justify rolling back human rights protections and used the break as pretext to retrogress on human rights and constitutionalism. For example the fast-track enactment of the Constitutional Amendment Act No. 2. This has diminished public trust in the government efforts to combat the spread of the COVID-19.

38. International Press institute: "Zimbabwe One Year of covid-19 Saw a Surge in Harassment of Free press; March 2021: Available at <https://ipi.media/in-zimbabwe-one-year-of-covid-19-saw-surge-in-harassment-of-free-press/>.

RECOMMENDATIONS

THE GOVERNMENT

- There must be strict adherence to the constitution even during times of public health emergencies. Measures restricting rights and freedoms must be strictly comply with the principles of legality, necessity, proportionality and non-discrimination in both their substantive content and enforcement.
- The government must ensure that the restrictions imposed by the COVID-19 regulations are equally and fairly applied using a human rights and people centered approach.
- The government must adopt measures that instil public trust and create a new sense of public responsibility towards curbing and preventing the COVID-19 pandemic. This includes clear and timely communication, a human right and people centered approach, transparency and investing in a culture of public consultation.

PARLIAMENT

- Must exercise its oversight role and conduct an independent review of the Statutory instruments in line with its constitutional mandate to ensure the checks and balances.

CIVIL SOCIETY

- Must lobby and push for the review of the emergency measures by the judiciary and parliament.
- Continue monitoring and documenting the excesses of the COVID-19 regulations and push for accountability for the violations of human rights.
- Carry out an in-depth study on the impact of COVID-19 pandemic and the measures adopted on the well-being of the populations.

CONCLUSION

Below is an outline of the statutory in, Providing an outline of the Legal, Policy and Administrative measures taken by the government relating to the COVID-19 pandemic. The Legal, Policy and Administrative framework will also be analysed in terms of how it complies with the constitutional and international guidelines on dealing with emergencies based on the principles of legality, necessity and proportionality.

Institutionally, a high level national taskforce was established to lead the response. Subsequent to this, the government announced additional measures, namely a total legislative regulations to enact laws related to the pandemic as of 21 September 2020. The regulations are listed below, with the latest being on top of the list.

The COVID-19 pandemic has wreaked havoc to humanity across the globe. In March 2020, the World Health Organization declared the Covid 19 a global pandemic. Similarly government all over the world declared National State of Disasters or State of Emergences pursuant to the advent and catastrophic effect of this Pandemic. Subsequent measures were also adopted by most countries across the globe in an effort to curb and contain the spread of this virus. Characterizing these measures adopted by states across the globe including Zimbabwe, are lockdowns lockdowns (of varying and everchanging levels) imposing restrictions on the movement of people both within and across state borders; the banning of gatherings of large groups of people with the need for physical distancing becoming the norm. Essentially populations have been left without options, but to embrace this new norm as a

necessary evil, towards curbing and or containing the spread of the COVID-19 virus, thereby drastically changing the way of doing business virtually in every sector of society.

However, the impact the COVID-19 pandemic on the social and economic being of societies across the globe is of incomparable magnitude. The COVID-19 pandemic has wreaked havoc on the width and breath of every human endeavor. In as much as it is a natural disaster, the COVID-19 pandemic has exposed the poor healthcare systems in majority of African state and has also brought to the fore the fragility of majority of states especially in Africa in terms of good governance, democracy and human rights. Some authoritarian governments have taken advantage of the pandemic to escalate repression in their societies and adopted legal and policy frameworks

that are disproportionate to the need of balancing the state of disaster with human rights and freedoms fundamentals. There was not compliance with the principles of legality, necessity and proportionality in the application of the measures.

In Zimbabwe, there have been numerous reports of excessive and arbitrary application of the COVID-19 legal and policy frameworks. The Zimbabwe Human Rights Forum in its monthly situation reports,³⁹ has consistently raised the problem abuse of power by the State, the continued use by the security services personnel, of adversarial approach against populations under the guise of enforcing COVID-19 regulations with some of the reports also point to an increase in solicited bribes by law enforcement officers. The human rights impact of this militarised approach to enforcement of COVID-19 rules cannot therefore be understated.

This section will also provide a background to the social, economic and political context within which the COVID-19 measures are being implemented in Zimbabwe. This will provide a context to the study analysis as well as justify the recommendations being made.

The COVID-19 Response Measures in Zimbabwe: This section will be divided into the following subsections;

- **Implications on political and socio-economic environment:** What is the impact of the Legal, Policy and Administrative measures on political and socio-economic environment. Assessing how people centric they are? i.e how cognisant are they to other social needs such as livelihood, shelter, access to water among others as well as political rights of people?
- **The Implementation and Enforcement of COVID 19 measures: Gaps and Challenges:** This section will analysis the enforcement mechanism adopted especially the role of the security services. Is the COVID-19 pandemic a national disaster of a magnitude that it would require a militant approach to suppress or contain it? What were the attendant consequences of a militarised approach? Is there accountability for the excesses by the security services during the COVID-19 pandemic?

39. <https://www.hrforumzim.org>



ANNEXURE 1

STATUTORY INSTRUMENT	TITLE	PURPOSE
SI 2021-214	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.32).	To extend the Level 4 lockdown from 10 August to 24 August 2021.
SI 2021-210	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.31).	To extend the Level 4 lockdown from 27 July 10 August 2021. Schools remain closed.
SI 2021-198	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.30).	To extend the level 4 lockdown from 13 July to 27 July 2021; Ordered schools to remain closed until 27 July 2021; inter - city travel ban to include travel between cities, municipalities and town.
SI 2021-189	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.29).	Level Lockdown until 13 July 2021; introduced curfews from 1830hrs to 0600hrs; Operating hours for businesses providing essential services from 0800hrs to 1530hrs; public gathering banned and funeral gathering allowed for only 30 people.

SI 2021-187	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.28).	To extend special lockdown for Hurungwe, Kariba, Kwekwe and Makonde districts from 27 June to 11 July 2021.
SI 2021-183	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.27).	To introduce special restrictions for Hurungwe, Kariba, Kwekwe and Makonde districts until 27 June 2021.
SI 2021-170	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.26).	To introduce Level 4 lockdown for a period until 27 June.
SI 2021-153B	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.25).	Minor correction on the date; all learning institutions to remain closed for the duration special lockdown (Hurungwe, Kariba, Kwekwe and Makonde districts).
SI 2021-153A	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.24).	Special restriction for Kwekwe district extended to the 3rd of July 2021.
SI 2021-134A	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.23).	Ordered retesting for people arriving from or transiting through India.
SI 2021-126	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.22).	Special restriction for Kwekwe district extended to the 3rd of June 2021.
SI 2021-125A	Public Health (COVID-19 Prevention, Containment and Treatment) (National	Special restriction for Kwekwe district extended to the 3rd of January 2021.

	Lockdown), (No.2) (Amendment) Order, 2021 (No.22).	
SI 2021-119	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.21).	Liquor shops allowed to sell liquor for consumption by customers at the premises during business operating hours.
SI 2021-108	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.20).	Restaurants allowed to operate no later than 2100hrs.
SI 2021-087A	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.19).	All travellers from neighbouring countries during the Easter Holiday to provide a valid PCR test not more than 48hrs from the time of their departure to Zimbabwe.
SI 2021-081	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.18).	Restaurants allowed to provide food for consumption on the premises provided they do not exceed 50% of their usual sitting capacity.
SI 2021-062	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.17).	Added the informal traders to the exempted persons.
SI 2021-061	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.16).	Revised curfew hours from 2200hrs to 0530hrs; business operating hours revised from 0800hrs to 1900hrs.
SI 2021-049	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.15).	Closure of Government entity and local authority except to the extent authorised by the respective principal.

SI 2021-045	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.14).	Added customs clearing agents to the list of essential services.
SI 2021-042	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.13).	Partial reversion to Level 4 lockdown, Introduced curfews from 2000hrs to 0530hrs, church gatherings banned, funeral gatherings limited to 30 people only, business hours revised to 0800-1700hrs.
SI 2021-037	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.12).	Extending the lockdown from 3 February to 15 February 2021.
SI 2021-013	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.11).	Specifically providing for the work of lawyers as essential service.
SI 2021-011	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.10).	Classified all criminal courts and staff as essential services excluding the sheriff and messenger of court.
SI 2021-010	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.9).	Suspended Level 2 Lockdown, partial reversion to Level 4 lockdown for 30 Days from 3 January 2021; Curfews from 1800hrs to 0600hrs, business operating hours reduced to 0800hrs to 1500hrs; banning of public gathering, funeral maximum 30 people.
SI 2020-314	Public Health (COVID-19) Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 5).	Indefinite extension of the Declaration of COVID 19 as a Formidable Epidemic Disease.

SI 2020-287	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.7).	Public gatherings increased; business operating hours revised from 0800hrs to 1830hrs.
SI 2020-282	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.6).	Opening of ports of entry and exits subject to applicable restrictions; curfew times revised to 2200hrs to 0600hrs.
SI 2020-239A	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.5).	Mandatory Production COVID-19 free certificate obtained within 48hrs for passengers travelling by aircraft.
SI 2020-225A	Public Health (COVID-19) Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 4).	Banning by the minister of health of the holding of By-elections for the duration of the declaration of the COVID-19 as a Formidable Epidemic Disease.
SI 2020-223	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.4).	Addition of immigration officers one list of exempted persons; opening of inter – city travel; termination of extension of diplomatic visa, temporary residents and work permits.
SI 2020-199A	Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown), (No.2) (Amendment) Order, 2021 (No.8).	Minor correction on public gatherings.
SI 2020-186	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 15).	Seizure of public transport vehicles used in contravention of lockdown.
SI 2020-174	Public Health (COVID-19) Prevention,	Curfew from 1800hrs to 0600hrs,

	Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 14).	business operating hours reviewed from 0800hrs to 1500hrs.
SI 2020-153	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 12).	No eviction permitted for persons exercising their right to deferral of rent and mortgage payments.
SI 2020-144	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 11).	Automatic extension of certain certificates and documents.
SI 2020-136	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 10).	Classifying the work of parliament and as essential services, informal traders allowed to operate, allowed church gatherings of up to 50 people.
SI 2020-135	Presidential Powers (Temporary Measures) (Deferral of Rent and Mortgage Payments During National Lockdown) (Amendment) Regulations, 2020 (No.2).	Right to defer payment of rent and mortgages terminated with effect from 30 June 2020.
SI 2020-134	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 4).	Introducing minor corrections to SI2020-077.
SI 2020-115	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 9).	Exemption of low risk sports persons.
SI 2020-110	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 8).	Indefinite extension of the lockdown subject to a fortnight review from 31 May 2020, Allowing for the conduct of examinations.

SI 2020-103	Public Health (COVID-19) Prevention, Containment and Treatment) (Amendment) Regulations., 2020 (No. 3).	Mandatory screening and testing for all exempted persons.
SI 2020-102	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 7).	Mandatory screening and testing for all exempted persons.
SI 2020-101	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 6).	Courts specified and the work of deputy sheriff/messenger of courts specified as essential service except for carrying out executions.
SI 2020-099	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 5).	Extension of national lockdown from 3 May to 17 May 2020.
SI 2020-098	Public Health (COVID-19) Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 2).	Extending the Declaration of COVID-19 as a Formidable Health Disease.
SI 2020-096	Presidential Powers (Temporary Measures) (Deferral of Rent and Mortgage Payments During National Lockdown) Regulations, 2020.	Deferral of payments of rentals and mortgages for the period of National Lockdown; and repayments procedures
SI 2020-094	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 4).	Inclusion of tobacco auctions and morning operations to the exemption list.
SI 2020-093	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 3).	Extension of National lockdown, inclusion of the activities of journalists as essential services.

SI 2020-092	Public Health (Standards for Personal Protective Apparel, Materials and Equipment) Regulations, 2020.	Providing for the standards required for manufacture, sale and other disposal of apparel, material and equipment used as protection against any formidable infectious disease.
SI 2020-086	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 2).	Expanding the definition of essential services.
SI 2020-084	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020 (No. 1).	Including all communication services and the internet, operation of the courts except deputy Sheriff as essential services; hospital visits permitted to only one person.
SI 2020-083	Public Health (COVID-19) Prevention, Containment and Treatment) (National Lockdown)(Amendment) Order, 2020.	Introducing national lockdown for a period of 21 days from 30 March to 19 April 2020: confining people to their home only to travel for essential services; Essential services not clearly defined; inter-city travel banned; public transport banned except for vehicles operated by ZUPCO; public gatherings prohibited, funerals limited to only 50 people; closure of borders and airspace; criminalised publishing and communicating false news against public officials enforcing or implementing the lockdown.
SI 2020-082	Public Health (COVID-19) Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 1).	Including members of the defence of forces as enforcement officers.
SI 2020-077	Public Health (COVID-19) Prevention, Containment and Treatment)	Declaration of the COVID-19 as a Formidable Epidemic Disease (FED) until

	(Amendment) Regulations, 2020	20 May 2020; all gatherings prohibited during the period the FED is in force.
SI 2020-077	Public Health (COVID-19) Prevention, Containment and Treatment) (Amendment) Regulations, 2020.	Consolidating all the amendments.
SI 2020-077	Public Health (COVID-19) Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (Consolidation 3).	Consolidating all the amendments; correcting the title.
SI 2020-077	Public Health (COVID-19) Prevention, Containment and Treatment) (Amendment) Regulations, 2020.	Consolidating all the amendments.
SI 2020-76	Civil Protection (Declaration of State of Disaster: Rural and Urban Areas of Zimbabwe) (COVID-19) Notice, 2020.	Declaration by the President of the COVID-19 Pandemic as a state of disaster.

