Public Health in Practice 3 (2022) 100236

Contents lists available at ScienceDirect

Public Health in Practice

journal homepage: www.sciencedirect.com/journal/public-health-in-practice

Fighting COVID-19 pandemic fatigue and complacency in Zimbabwe

Dear Editor:

As COVID-19 continues to threaten local and global health, there are increased reports that the protracted COVID-19 pandemic is causing pandemic fatigue throughout the world [1]. The World Health Organisation (WHO) defines pandemic fatigue as demotivation and exhaustion to follow recommended infection prevention and control (IPC) measures and decreased efforts to seek COVID-19-related information [2]. While this is an expected natural response to a prolonged public health crisis, the pandemic fatigue and resultant complacency have the potential to undermine the efforts to control the spread of the SARS-CoV-2 virus. This is particularly the case as new and more transmissible variants, such as the Delta and Omicron, continue to emerge. Complacency is described as a feeling of quiet pleasure or security, often while unaware of some potential danger. Within the context of COVID-19, new SARS-CoV-2 infections continue to affect the populations globally, but the desire to follow protective guidelines seems to be waning. The WHO has warned that pandemic complacency can be as dangerous as the virus itself [3]. In this correspondence, we give our perspectives on the potential drivers of pandemic fatigue and complacency in Zimbabwe. We also provide suggestions to effectively deal with both to minimize widespread community transmission and the resultant impact on the public health sector in Zimbabwe.

Pandemic fatigue and complacency result from a complex interplay of cultural, social, structural and legislative environment experiences and therefore require equally multi-pronged interventions [2]. The complacency is setting in at a time when the government of Zimbabwe is faced with a decision-making conundrum to enforce stricter control restrictions on the population. One key aspect affecting complacency relates to the local economy. The official employment rate in Zimbabwe is less than 10% with the majority of the population surviving through vending, cross-border trading, subsistence farming and running small-to-medium business enterprises. These types of businesses suffer greatly from lockdown restrictions as the entrepreneurs hardly have any disposable savings. Observation of IPC measures in these workplaces are often limited, with minimal adherence to recommended measures such as frequent hand hygiene, wearing facemasks and physical distancing. Additionally, these businesses require increased mobility, which was a significant driver of the second and third epidemic waves of COVID-19 in Zimbabwe.

Another possible driver of pandemic fatigue and complacency relates to the limited provision of pandemic-related information to the population. The intensity and focus of COVID-19 information, education and communication (IEC) messaging from the Ministry of Health and Child Care of Zimbabwe (MoHCC) has gradually decreased. The Risk Communication and Community Engagement (RCCE) pillar in the MoHCC which is responsible for raising COVID-19 awareness in communities has largely become invisible. The vigorous messages on a variety of media that were prominent at the onset of the pandemic have drastically reduced. Instead, these have gradually been overshadowed by disinformation and negative messaging, predominantly on social media. The negative messages question vaccination, rejuvenate COVID-19 conspiracy theories and challenge the current control strategies. Anti-vaxxers, conspiracy theorists, and those with religious objections to vaccination continue to be ahead of public health stakeholders in messaging and dissemination, with a negative impact on the public health interventions to control the spread of SARS-CoV-2. Misinformation has played a substantial role in propagating vaccine hesitancy, reducing vaccine confidence and propagating complacency. Despite a surge in COVID-19 incident cases in Zimbabwe during the first two weeks of December 2021, the daily situation reports produced by the MoHCC showed very low vaccine uptake, in sharp contrast to the peak of third wave transmission in June – August 2021, when there was a sharp rise in the demand for vaccines.

The SARS-CoV-2 Omicron variant, first sequenced in November 2021, has been reported to be causing attenuated disease compared to the previous Beta and Delta variants. With reduced reports of severe illness, hospitalizations and deaths with this newer variant, the population has remained largely relaxed. The festive December 2021 season witnessed a surge in travel to holiday resorts and mass gatherings, which could lead to substantial spread of the virus. Conclusive evidence regarding the nature of Omicron-induced COVID-19, including its long-term effects on health, is needed to adequately highlight to the population the need to reinvigorate IPC strategies. The complacency may also be driven by the government's lack of clear policy and strategy. As an example, the mandatory quarantining of returning residents that was announced when the Omicron variant was discovered was never enforced, with no clear communication to the public. The perceived lack of seriousness by the responsible authorities, coupled with the lack of clear, evidence-based control strategies, potentially contributes to the lack of public adherence to prevention measures.

Due to the prolonged pandemic, people may fail to keep up with the public health guidelines. Therefore, there is a need for repeated reminders on the importance of following the prescribed measures. The government of Zimbabwe, through the RCCE pillar, must show renewed commitment to control of the COVID-19 pandemic by providing continued COVID-19 IEC messages on the various communication platforms available to the people of Zimbabwe. Consistently enforcing safety guidelines such as social distancing, masking up in public places, and vaccination will go a long way in minimizing the devastating effects of the pandemic [4]. Tailored messages that appeal to different segments of the population, including informal traders, apostolic sects, and the youth, packaged in persuasive rather than coercive language are necessary. Fighting vaccine hesitancy, pandemic fatigue and complacency are critical elements of COVID-19 control, combined with

https://doi.org/10.1016/j.puhip.2022.100236
Received 5 January 2022; Received in revised form 26 January 2022; Accepted 1 February 2022
Available online 10 February 2022

reducing logistical barriers to accessing COVID-19 vaccines, especially to the marginalized population [5]. Aggressive community mobilization activities, especially targeting communities with low vaccine uptake or with objections to vaccination are critical. An urgent intersection, using available community structures, including chiefs and local leaders, religious leaders and other key stakeholders in Zimbabwean societies is needed as we call upon all the people to act responsibly to mitigate against continued SARS-CoV-2 transmission and allow socio-economic activities to return to normal.

Acknowledging that COVID-19 is an endemic disease can help prepare for an endless pandemic with the potential to overrun healthcare systems. During the pandemic, enhanced access to information characterized by setting up contact tracing centers and hotlines to support individuals in need of COVID-19 related information and warn contacts of exposure can help reduce pandemic fatigue and complacency.

References

[1] L. Lilleholt, I. Zettler, C. Betsch, R. Böhm, Pandemic fatigue: measurement, correlates, and consequences, Preprint. PsyArxiv (2020).
[2] World Health Organization, Pandemic Fatigue: Reinvigorating the Public to Prevent COVID-19: Policy Framework for Supporting Pandemic Prevention and Management: Revised Version November 2020 (No. WHO/EURO: 2020-1573-41324-56242), World Health Organization. Regional Office for Europe, 2020.
[3] WHO Chief, Complacency can Be as dangerous as the virus, Available from, https://www.voanews.com/a/covid-19-pandemic_who-chief-complacency-can-be-dangerous-virus/6219292.html. (Accessed 5 January 2021).
[4] M. Clinton, J. Sankar, V. Ramesh, M. Madhusudan, Changes in pattern of adherence to NPIs during the COVID-19 pandemic, Indian J. Pediatr. (2021) 1.
[5] L.J.F. Rutten, X. Zhu, A.L. Leppin, J.L. Ridgeway, M.D. Swift, J.M. Griffin, et al. (Eds.), Evidence-based Strategies for Clinical Organizations to Address COVID-19 Vaccine Hesitancy. Mayo Clinic Proceedings, Elsevier, 2021.

Roda Madziva
School of Sociology and Social Policy, University of Nottingham, United Kingdom

Grant Murewanhema
Unit of Obstetrics and Gynaecology, Department of Primary Health Care Sciences, Faculty of Medicine and Health Sciences, University of Zimbabwe, Zimbabwe

Godfrey Musuka
ICAP at Columbia University, Harare, Zimbabwe

Munyaradzi Paul Mapingure
ICAP at Columbia University, Harare, Zimbabwe

Innocent Chingombe
ICAP at Columbia University, Harare, Zimbabwe

Helena Herrera
School of Pharmacy and Biomedical Sciences, University of Portsmouth, United Kingdom

Edward Tapfumaneyi Chiyaka
School of Pharmacy, Wingate University, North Carolina, USA

Tafadzwa Dzinamarira*
ICAP at Columbia University, Harare, Zimbabwe
School of Health Systems & Public Health, University of Pretoria, Pretoria, 0002, South Africa

* Corresponding author. School of Health Systems & Public Health, University of Pretoria, Pretoria, 0002, South Africa.;
E-mail addresses: u19395419@up.ac.za, anthonydzina@gmail.com (T. Dzinamarira).