


## Chapter 2

# The Effects of the COVID–19 Crisis on Zambian Society

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### ABSTRACT

*COVID-19 was first reported in China's Wuhan city of Hubei province in late 2019. The World Health Organization (WHO) declared it a global public health emergency and a global pandemic respectively in quick succession as it spread so fast across the world. In this chapter, the authors analyze its effects on Zambia by focusing on among others, the economy, education, family interactions, culture, and psychosocial wellbeing of Zambia and how the government responded to minimize the effects. They find that preventive measures were not fully adhered to in many places partly because the government did not enforce a total lockdown as many other countries did although learning institutions, drinking places, church gatherings, funeral processions, and other social gatherings such as weddings were all suspended. They note that government responses to the pandemic preserved lives but also worsened the economic slowdown. They conclude that the pandemic exposed the deficiencies in the healthcare and social protection systems and inequality in the country but enhanced digitalization.*

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## **INTRODUCTION**

The COVID-19 pandemic raged the world in the last two years in a ‘moral panic’ form. The first COVID-19 case in Zambia was announced on 18<sup>th</sup> March 2020 while the first death was on 2<sup>nd</sup> April 2020 involving a patient “with an underlying chronic respiratory disorder” (Reuters Staff, April 2, 2020). Unlike HIV and AIDS and Malaria that have killed thousands of mainly middle-aged populations and had more impact in Africa, COVID-19’s fatality is associated with and increased with age and underlying health conditions (United Nations, 2020). People aged 60 years and above were more at risk (Broadbent, 2020; Remuzzi & Remuzzi, 2020). There was no evidence of this pattern (the disproportional effect on older people) in Zambia which has a relatively young population. The absence of such a pattern partly made many people to doubt the existence of COVID-19 in the country initially. As such, some people did not fully adhere to preventive measures especially in places such as markets, bus stations, and rural areas.

In Zambia, older people (60 years and above) constitute less than 1% of the population and the majority of them live in rural areas (UNDESA, 2019) where the pandemic was least experienced. Therefore, based on age and residence-related fatality, Zambia, with a median age of about 16.8 years (UNDESA, 2019) was relatively safe from COVID-19. By the end of May 2020, there were 1,057 cases, 7 deaths, and 779 recoveries (Ministry of Health, 2020). Nevertheless, none of those who died of COVID-19, during this period was above 60 years and none were from rural areas. It is worth noting that the country had testing capacity challenges initially, which could explain the low number of cases initially.

By September 2020, confirmed cases were 12,836 with a total of 295 deaths (Ministry of Health, 2020). In early and mid-2021, there were more COVID-19 cases and related Brought-In-Dead (BID) cases. These are people who do not die from health care institutions (Hospital or clinic). They die either in their homes or while being taken to health care institutions. This suggests that there were undetected COVID-19 cases in various communities which is attributable to limited testing capacity. However, the surge in COVID-19 cases towards the general elections of August 2021 brought into question the sudden improvement in testing capacity.

By 25<sup>th</sup> April 2022, Zambia’s confirmed cases (cumulatively) were 3,416,956 with a total of 3,976 deaths (2,855 and 1,121 deaths and associated deaths respectively) (Ministry of Health, 2022). However, only 3,739,417 adults had been vaccinated (2,389,417 fully vaccinated) by April 2022. Regardless of the number of cases, COVID-19 has had tremendous effects on the country’s economy, education, family interactions, culture, and people’s psychosocial wellbeing as will be discussed later in this chapter. Unlike developed countries that were able to cushion its effects through various financial relief and stimulus measures, these were limited in Zambia.

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