

COVID-19 precautionary and mitigating measures¹ For EOM Zambia 2021

I. Background

Political situation:

On 12 August 2021, Zambia will hold its seventh general elections since the reintroduction of multi-party democracy in 1991. Zambians will vote for president, National Assembly members, mayors and council chairpersons, and local councillors. The leading contenders are the ruling party, the Patriotic Front (PF) led by President Edgar Chagwa Lungu and the United Party for National Development (UPND) led by Hakainde Hichilema. The stakes for the 2021 general elections are very high. The presidential race is expected to be closely contested, and the competition to be fierce. Both candidates and both political parties consider winning these elections vital for their political survival. A second round is considered probable to take place in the 2021 presidential election.

COVID-19:

The elections will take place in the middle of the COVID-19 pandemic. While the infections in Zambia have been in decrease since February 2021, the national authorities fear for the possible third wave. The authorities have set measures as wearing of facial masks and ensuring social distancing. As of 25 May 2021, there were 93 428 confirmed COVID-19 cases and 1 271 deaths. The level of compliance to established preventive measures, e.g., wearing masks, is very low especially outside the capital in the rural areas.

Access to the country:

Zambia's borders are open and international travellers currently arriving at international airports must comply with the following conditions:

- Provide proof of a negative P.C.R. test in 72 hours before their arrival.
- Any travellers coming from a country designated 'high risk' by the Government of Zambia must take a COVID-19 test at their own cost on arrival in Zambia. They must also self-isolate for 14 days.
- The current list of "high risk" countries is: Argentina, Brazil, Egypt, Ethiopia, France, Germany, India, Iran, Italy, Kenya, Russia, South Africa, Tanzania, Tunisia and Turkey. This list is liable to change at short notice and with minimal publication.
- Anyone entering Zambia with a body temperature equal to, or above 38.0 C will be tested for COVID-19 on arrival, as will anyone with COVID-19 related symptoms. Any other arrivals may be randomly selected for testing. These tests are in addition to the requirement for visitors to show proof that they have tested negative for COVID-19 in the 72 hours before their arrival.

Movements within the country:

Domestic airlines are operating with flights to all regions. Travel within the country is possible without restrictions, however wearing masks is mandatory on all flights and in public places.

Health care system:

Medical facilities of an international standard are limited in Zambia, although there are many hospitals and clinics in most towns around the country. Most hospitals have 24hour emergency and

¹ These are the main measures in place as of 25 May 2021. They may be complemented by additional measures as soon as the need arises.

life-saving capabilities. However, any more serious treatment will require medical evacuation to Lusaka or if very serious to South Africa or Europe as soon as possible. Several private hospitals and clinics have been identified to act as medical service providers, all with ICU units and COVID-19 testing facilities (24hrs for results). There is no national service of ambulances or hospitals. Therefore, several road and air ambulance paramedic providers have been identified for EU EOM.

ExM recommendation:

Following the ExM to Zambia, deployed 13 to 27 March 2021, the team concluded that the COVID-19 pandemic should not prevent deploying an observation mission to Zambia providing that specific safeguards are implemented and followed. The EU EOM must establish a COVID-19 response protocol that outlines specific responsibilities, available medical services, emergency medical evacuation procedures, precautionary and mitigation measures.

II. Precautionary measures

Testing:

1. All international staff² will be required to receive a negative PCR test prior to deployment to Zambia followed by a second PCR test on arrival in Zambia. Therefore the international staff will be COVID-19 free a point which should be highlighted during the EU EOM's first press conference;
2. Local staff, including drivers and LTO assistants must show proof of a negative COVID-19 test from an accredited laboratory before signing contracts;
3. Accredited COVID-19 testing clinics are available in all regions (SP will make arrangements with one or more clinics in Lusaka as well as identify the testing centers in the regions). All costs related to COVID-19 testing done in Zambia will be covered by the EU EOM.
4. SP will have to ensure highest standard of insurance, including covering COVID-19 treatment and medical evacuation.

Selection of the observers/CT/SP/local staff:

5. All international EOM Members must obtain a "Fit to Work" certificate confirming they are free from any pre-existing medical conditions or who are at risk of developing serious complications should they contract COVID-19.

Limited size of the EU EOM:

6. In order to minimize the risk associated to COVID-19 and, at the same time, ensure that the EU is able to meet its mandate, the number of international observers deployed from Europe is kept to a minimum. The deployment of 32 LTOs will ensure the EU maintains a high profile of observation in all regions where elections will be held.
7. The Embassies of EU Member States as well as those from Canada, Switzerland and Norway have been invited to provide LSTOs.

Access control and management of EU EOM HQ premises:

8. Clearly visible signs should be posted at all access points to inform EU EOM members and all visitors of the requirement to comply with COVID-19 protocol.
9. Security guard placed at all access points to the office would be responsible for measuring temperature of each person entering office premises and to ensure COVID-19 safety protocol is followed, e.g. hands disinfection performed, face masks worn, social distancing respected.

² DCO, CT, SP, LTOs,

10. The HQ office space would be a sanitized zoned with access permitted to only those authorized and in compliance with COVID-19 guidelines as it relates to personal protective equipment.

Workspace/Offices:

11. All offices should be allocated and organized to allow for social distancing.
12. Offices that will be shared by two or more personnel, plexiglass shields/dividers should be installed on each desk to create individual sanitized workspace.
13. Access to individual offices should be limited to personnel assigned to the office. Otherwise, all COVID-19 guidelines must be followed, e.g. wearing facial masks, social distancing, hand sanitizing, no physical contact (handshaking).

Meetings/Interviews/Training/Briefings:

14. As a matter of standard practise, virtual meetings are encouraged through digital platforms. When in-person meetings, interviews, training and briefings are absolutely essential, all Covid-19 guidelines must be followed, e.g. social distancing, wearing facial masks, hand sanitizing, space disinfecting.
15. The meeting room where Core Team members are able to hold daily morning meetings must be large enough to permit social distancing, disinfected/sanitized before/following every meeting and have access control to prevent unauthorized access.
16. Encourage virtual training/briefing sessions for election observers to prevent crowding in enclosed spaces (creating digital training materials). When in-person training is necessary, minimize the number of participants to ensure necessary precautions, specifically social distancing, respiratory hygiene, ventilated spaces, and use of acceptable facial masks.

Preventive measures and equipment at EOM HQ:

17. A national staff member will be employed for the sole responsibility of ensuring that the office workspaces including designated offices, e.g., desks, washrooms, and common areas (doors, printers, copiers) are sanitized regularly.
18. Disinfectant liquids in various locations around the office, e.g. at the entrance and by shared equipment, e.g. printers;
19. Provide each toilet with liquid soap and disposable paper towels;
20. Provide all staff members with personal protective equipment (PPE): protective face masks, protective gloves, disinfectant wipes and liquid;
21. Place pedal bins with removable plastic bags in common use areas for disposing of used towels, soiled facial masks and sanitary waste.

LTOs in the regions:

22. Comprehensive briefing and manual for LTOs will be provided with the developed SOPs related to COVID-19 risk;
23. Regular information will be provided on the COVID-19 situation in different areas of the country;
24. Observers will have a medical pack containing face masks and sanitising material and digital thermometer;
25. Observers will have permanent access to a Mission Doctor as well as to a Psychotherapist for possible stress management, etc.;
26. Two Liaison Officers will be available to support LTOs in the regions, as needed;
27. Mission drivers will be provided with disinfectant spray and wipes for the purpose of sanitizing respective vehicle before/after each trip. Mission members and drivers should be wearing protective mask whenever together in the vehicle and elsewhere.
28. LTOs local assistants and drives should be accommodated in the same place as LTOs to minimise external contacts.

29. Identify adequate spaces within voting centres where electoral observers can observe the vote while respecting physical distancing rules and the secrecy of the ballot.
30. The Core Team will analyse how to incorporate aspects of the elections related to COVID-19 into the electoral observation methodology as to provide an independent perspective on the electoral strategy for responding to the pandemic so recommendations can be made for future processes.

III. Mitigating COVID-19 related risks

1. Standard operating procedures (SOPs) for EOM staff will be developed by the SP together with the medical doctor and chosen clinic (e.g. clinical pathway for EOM Clinic for COVID-19 cases, observance of quarantine rules, precautionary measures for those in contact with a sick person, etc.). They will be included in observers' manual and specifically highlighted during the briefing.
2. When LTO teams deploy to the regions, because of the prior testing, they will be confident in the knowledge that all members of their team are COVID-19 free. The same applies to the Core Team starting work in the EOM HQ. If during the mission an international or national staff member feels unwell the following procedures shall take place:
 - a. If any EU EOM member feels unwell and shows COVID-19 symptoms i.e. cough, fever, sore throat, shortness of breath and muscle aches the first step is to avoid contact with anyone and take his/her temperature.
 - b. The details must be reported to the Mission Doctor and the Security Expert. The Mission Doctor will decide what cause of action is to be taken.
 - c. If the Mission Doctor decides a follow-up PCR test is necessary, the observer will go to the nearest accredited clinic and be tested. LTOs will have a list of all accredited COVID-19 clinics in each region. Whilst waiting for the result which should not take longer than 24hrs, the whole team will self-isolate in their accommodation.
 - d. If the result of the test is positive but the observer is asymptomatic he/she will have to self-isolate away from other EU EOM members.
 - e. As necessary, in coordination with the Mission Doctor, Security Expert and Public Health Officials (if required), the EU EOM will be transported by the most expedient and efficient means, e.g., air ambulance, charter airlines, or by road, to Lusaka for further assessment, isolation and treatment.
 - f. If the observer tests positive but is showing signs of medical distress he/she shall remain in the local clinic or hospital. The Security Expert and Mission Doctor will alert the Medical Provider and order an immediate despatch of one of their land or air ambulances plus a medical team. (Normal MEDIVAC procedures will follow).
 - g. The staff member will be taken to the designated medical facility and monitored by the Mission Doctor and advise accordingly. If the recommendation is to repatriate the patient, MEDEVAC procedures will apply with coordination with all appropriate stakeholders.