



Southern Africa Human Rights Defenders Network

Memorandum

TO: Heads of Health Ministries in the Southern Africa Development Community (SADC) region.

Cc: Heads of States, The SADC Secretariat and the AU Commission

Minister of Health, Angola
Minister of Health, Botswana
Minister of Health, Comoros
Minister of Health, Democratic Republic of Congo
Minister of Health, Eswatini
Minister of Health Lesotho
Minister of Health, Madagascar
Minister of Health, Malawi
Minister of Health, Mauritius
Minister of Health, Mozambique
Minister of Health, Namibia
Minister of Health, Seychelles
Minister of Health, South Africa
Minister of Health, Tanzania
Minister of Health, Zambia
Minister of Health, Zimbabwe

Dear Esteemed Ministers of Health of the SADC region Member States.

RE: CORONAVIRUS: CALLING FOR A CONCERTED AND COORDINATED REGIONAL RESPONSE TO CURB THE SPREAD OF THE NOVEL CORONAVIRUS DISEASE (COVID -19) PANDEMIC

Esteemed ministers, SADC and Africa's health situation and security is at crossroads. We are now facing a monumental health challenge with far reaching and debilitating consequences on our population, economies and cultural lives.

During this difficult period of global health security threats caused by the novel corona virus (COVID-19), the Southern Africa Human Rights Defenders Network (SAHRDN) submits this policy advisory memorandum to heads of health ministries in the SADC region desirous of the need to promote and protect the right to health for all and safeguard the integrity of population health in the SADC region. This policy advisory memo is **a call for the SADC Bloc to Unite, Invest, Prepare, Prevent and Respond!**

Noting that a number of the SADC member states have started taking individual and uncoordinated policy decisions on combating the COVID-19 virus and its impact, this advisory memo provides policy imperatives as a way of strengthening the SADC Protocol on Health. The response needed is a call for leadership, coordination, commitment and energy.

As SADC we already face a high burden of communicable diseases putting a strain on our underfunded, weak health systems, which will further be impacted by the emergency responses we currently need to halt the COVID-19 virus.

Clinicians in the SADC region are largely not experienced in dealing with a virus of this nature, our equipment, medical resources and infrastructure are yet to handle a complexity of this magnitude and our emergency response capabilities remain unknown at this level of global health security threat.

SADC borders are porous, making COVID-19 virus a regional public health threat that can unleash a humanitarian catastrophe of immeasurable proportions in the sub-region. No country in SADC can stand on its own and fight this war. It's either we swim or sink together.

The SAHRDN Network submits the following recommendations:

1.1 Declaration of national emergencies in all states: The threats to national security, economy, food security, human safety, public order, population health and overall existence is frightening. The SAHRDN calls for all Ministers of Health to push for declaration of state of disaster in their respective states. This will allow mobilization of financial, human and other critical resources to fight this pandemic and allow ease of policy implementation and elimination of red tape in responding to the pandemic.

1.2 Preparedness: There is an urgent need to work on a preparedness framework. SADC needs a health emergency program to deal with pandemics and disease outbreaks that threaten public health security and population health in the region. SADC Ministers of health working with expert teams need to map out the requisite core capacities needed at country level to adequately respond to the pandemic. Of critical concern is the preparedness of health care workers in the SADC region to work with complex clinical guidelines and treatment protocols while also safeguarding their own health. Preparedness of health infrastructure, financial and human resources for member states need to be known, peer reviewed and profiled with requisite solutions and plans put in place.

1.3 Collaboration: Collaboration in sharing clinical practices, medicines, immigration best practices on screening, assessment and detection at points of entry will help SADC combat this pandemic. In a constantly evolving world, best practices continue to be documented everyday and it is imperative that health ministers should seek peer learning and speedily adopt what works and can save patients within the shortest possible time. Best practices on assessment, detection, treatment, social distancing, severe case management for example can be utilized to stem the advance of the COVID-19 virus in the SADC region.

1.4 Standardisation: Harmonisation of policies is a key part of the SADC Common Agenda and should be fully utilized during the planning and execution of the response to the coronavirus. The SADC Protocol on Health provides for the need to standardize surveillance systems, notification systems and standardization of policies for communicable diseases. Failure to adequately respond to the COVID-19 virus may lead to gross violation of rights, cripple implementation of SADC's Regional Indicative Strategic Development Plan (RISDP) and harm SADC economies, food security and human development. Coronavirus has the potential to be the biggest contributor of morbidity and mortality in the region if the impending advance is not halted.

1.5 Rights to information as a health right: Good quality data and communication at country level, should be encouraged and people in SADC member states should have accurate and updated information at all times to guard against an infodemic that thrives in a public health information environment of censorship and secrecy. Rights to privacy, health

information and data should be protected and information collected from individuals should only be used in relation to achieving the objectives of prevention, treatment and control only.

1.6 Right to health: Health ministers should lead policy and practice that promote access to quality care, professional medical staff, affordability, accessibility and non-discrimination in accessing health care services and information during this time. Health ministers should work towards elimination of financial barriers in accessing services. The right to health is important especially for the most vulnerable of our societies, the poor, homeless, prisoners and those living in informal settlements. For most communities and settlements in the SADC bloc, COVID-19 virus poses an existential threat of monumental proportions. Treatment and care should be provided to everyone who needs it independent of health insurance. Health Ministers should ensure geographical equity in the provision of services and information in responding to the coronavirus. The issue of geographical equity in accessing health care services for segments of the population in remote and hard to reach areas is a key aspect for consideration in planning emergency responses to the coronavirus.

1.7 The rights of immigrants (Documented and Undocumented): The SAHRDN reminds health ministers on the need to respect the 2008 World Health Assembly resolution on the issue of migrants, which calls upon member states to promote equitable access to health promotion, disease prevention and care for migrants. Responses should guard against practices of xenophobia and exclusion for immigrants as this will undermine preventive and treatment efforts. Most immigrants live in informal settlements and overcrowded housing structures where communicable diseases spread rapidly and are thus an important target group for the regional public health response.

1.8 Respect of human rights and fundamental rights during emergencies: Responses to the virus in the region should be done with utmost regard to rights and freedoms of individuals, communities and families. Restrictions that come with such practices as quarantine, social distancing and detention should be in terms of international law and such rights as the right to liberty, , right to privacy and freedom of movement cannot be arbitrarily interfered with. Any such interference should be done within the confines of legal and legitimate public health objectives, with due regard to the right to dignity. Such restrictive interventions should not be at cross purposes with the standards of propriety provided for in international best practices for rights based medical interventions and international law.

1.9 Inter-Agency/Ministerial Response: The impact of coronavirus is huge. Strong economies of the world are reeling under its effects. SADC will not be spared. Every facet of life faces huge challenges. Every sector of our social, political, economic and cultural life faces a daunting challenge. Health Ministers cannot act alone, decision making is likely to become complex and multi-layered. Health Ministers are alerted to this eventuality and encouraged to seriously look at how their respective ministries can locate themselves in leading multi-agency responses and adequately advise their central governments on the need for an inter-agency response at the SADC, National and Municipal levels of governance.

In conclusion, pressing questions on health care financing need to be answered with urgency. SADC Parliaments and executives need to urgently look at mobilizing resources, setting up a fund on COVID-19 and diverting budget lines from less urgent needs to address this challenge. Decision making in responding to the COVID-19 virus should reside at the highest levels of executive function of governments within a multi-agency response. Experts in the medical, humanitarian, behavioral communication, psycho-social and

legal sectors should assist in this concerted effort. Responses to the virus should be phased in terms of severity to allow measured escalation and deployment of resources to match different levels of challenges and sought outcomes.



Arnold Tsunga
Chairperson: SAHRDN

About the Southern Africa Human Rights Defenders Network

Initially founded as a loose network of women and men Human Rights Defenders (W/HRDs) in February 2013, the SAHRDN (or the Defenders Network) is now a firmly established, increasingly influential non-profit sub-regional network of W/HRDs from Southern Africa. It is registered as 211-513NPO in South Africa with a U.S. Equivalence Determination, making it the equivalent of a US public charity. SAHRDN envisions empowered women and men human rights defenders (W/HRDs), operating in an enabling civic space, without fears of threats or attack. SAHRDN's coordinates regional efforts to provide rapid, practical, holistic and inclusive protection support to human rights activists to exercise their agency to Right to Defend Human Rights. To this end, the Network contributes to the respect and recognition of human rights activists as legitimate actors and agents of social transformation with universally recognized and constitutionally guaranteed rights.

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