



SADC Regional Civil Society Organisation Consultation on the COVID-19 Crisis

April 2020

Abstract

On the 2nd of April 2020, the Southern Africa Trust, together with the SADC Council of NGOs (SADCCNGO), convened a regional dialogue with civil society organisations to discuss and establish a common call for action amongst civil society actors in the SADC region in response to the COVID-19 global crisis. The dialogue provided a platform to share information, track the impact of COVID-19 on civil society institutions in the SADC region and draft common action points and commitment to effectively respond to COVID-19. About 20 regional organisations were in attendance, representing national associations of civil society, social movements, public health organisations, youth, refugees and migrants, ex-miners, small-holder farmers, rural women, women's organisations, informal cross border traders, faith-based organisations and the private sector, among others.

List of Participating Organisations

- ACT Alliance (Ubambano)
- East and Southern Africa Farmers' Federation (ESAFF)
- Economic Justice Network (FOCISSA)
- EQUINET - The Network on Equity in Health in Southern Africa
- Gender Links
- International Federation of the Red Cross and Red Crescent (Southern Africa)
- Rural Women's Assembly
- SADC Council of NGOs
- SAFAIDS
- Sonke Gender Justice
- Southern Africa Cross Border Traders' Association (SACBTA)
- Southern Africa Miners' Association (SAMA)
- Southern Africa Peoples' Solidarity Network (SAPSN)
- Southern Africa Trust
- Southern Africa Youth Forum (SAYoF)

Civil society representatives affirmed that a comprehensive and effective response to COVID-19 presents an immediate crisis but also a significant opportunity to rethink and remould our public health system. As we convened the regional CSO dialogue on the COVID-19 pandemic on the 2nd of April, global infections had just passed 1 million infections worldwide and claimed over 50 000 lives, wrecking many health systems (even those in the global north). One month later the pandemic has grown to over 3, 2 million infections worldwide and 228 000 deaths.

Since then, the collective sentiment from civil society leaders is that the SADC region finds itself ill prepared to effectively respond to COVID-19 due to weak public health care systems, weak detection and tracing capacity, inadequate staffing and training in public health, low pharmaceutical production capacity and inadequate procurement management systems that have existed for

decades. It is therefore imperative that all SADC organisations and society as a whole is mobilised to combat the contraction and spreading of the virus, which represents the greatest public health threat in nearly a century.

National lockdowns put in place by several countries have significantly impacted on the informal sector, which includes small-scale vendors, producers, farmers and cross border traders, the majority of whom are women. A comprehensive social protection and income guarantee scheme needs to be put in place to avert the very real dangers of a loss of income and livelihoods falling disproportionately on the already vulnerable.

The burden of the crisis is being carried by women at multiple levels. Women and young girls are burdened with domestic care, particularly in the context of lockdowns. In South Africa alone, the incidents of Gender-Based Violence soared in a single week to 87 000 reported cases. Mitigation strategies for both domestic burdens and increased threats of gender-based violence need to be implemented in partnership with civil society and faith-based organisations.

The threat of mass hunger looms large as small scale producers, particularly in agriculture and cross border trade, are sidelined in most government responses to COVID-19, supporting existing large firms and monopolies in the food value chain. While this is necessary, governments are also urged to engage effectively with small-scale farmers, producers and vendors to tailor support to the sector and that such support needs to extend across the region through SADC-wide regulations and funding.

Migrant workers, ex-miners and mining affected communities are particularly vulnerable at this time. Access to information and basic services such as health care needs to be speedily ramped up, particularly to those living in rural communities. It is imperative that all migrants, undocumented nationals and residents be treated equally during this time of crisis. Governments are urged to treat all within their borders and not to discriminate in communicating and providing support to the entire population.

Civil society leaders fully endorsed the guidelines as set out by the World Health Organisation and called on all SADC Member States to urgently comply with these, both in letter and in spirit. They further requested SADC countries to implement the 2005 International Health Regulations adopted by all WHO Member States. The state parties to the IHR were given until June 2012 to develop minimum, core public health capacities on national surveillance, reporting and response systems for public health risks and emergencies covered, and to provide the measures for disease control at designated airports, ports and other borders.

The regional CSO formations pointed out that inequalities and inequities within countries and between countries are structural and systemic. It is therefore vital that responses to the crisis do not exacerbate these inequalities but rather reduce them and lay a foundation for greater equity and opportunity for all beyond this

pandemic. Civil society and social movements in the SADC region are linked directly and represent these very vulnerable and marginalised constituencies and communities.

It was emphasized that a rights-based approach is essential in effectively combating the spread of COVID-19. Restrictions placed on society must be consistent with the norms and standards of open and free society, which includes freedom of the press. States were further urged to directly communicate with communities, effectively, accurately and transparently, regarding all aspects of our fight against the virus.

Finally, civil society leaders also acknowledged that many frontline organisations at regional and national level face collapse due to severe funding shortages that began even before COVID-19 struck. The collapse of such organisations will therefore leave many vulnerable communities dependent on the services of CSOs in a desperate situation, in the blind-spots of governments and media organisations.

Some of the key recommendations agreed upon by regional CSOs include:

- Continue to build social solidarity and support the local grassroots efforts to raise awareness, respond to the needs of communities and contribute to national and regional level efforts to contain and mitigate the impact of COVID-19 on all our communities, particularly women and marginal groups.
- Developing, strengthening and sharing knowledge and information with communities, vulnerable and marginalised groups, and creating a common portal and repository of local, national and regional efforts to combat COVID-19 in all 16 SADC Member States.
- Creating a common COVID-19 Response Fund of USD 5 million for the purposes of supporting local and regional efforts undertaken by Civil Society in SADC.
- Promoting sector specific coordination and response efforts focused on migrants, small-scale farmers, small and cross border traders, women, youth, children, persons with disabilities and those living with HIV/AIDS, etc to more effectively communicate and engage with these sectors.
- Promote accountability and transparency in government efforts, particularly in ensuring the protection of human rights and the rule of law.