

COVID-19 and Regionalism in Africa: The Southern African Development Community (SADC) Response

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Abstract

This paper x-rayed COVID-19 and regionalism in Africa focusing on the response of the Southern African Development Community (SADC). It tried to examine the trend of COVID-19 on the SADC sub-region; the impact of COVID-19 on the sub-region and responses by SADC member states. The paper notes that COVID-19 pandemic has had a deleterious effect on SADC member states with many lives lost and more still recovering from the virus. The pandemic no doubt has impacted considerably on economic activities such as tourism, education, aviation, and other major sectors of the region's economy. It may be too early to know the full impact of COVID-19 on the SADC sub-region. To date the experience of member states are varied. While the SADC member states have responded well to the pandemic, member states should among others prioritize testing for persons exhibiting symptoms, including health workers and others who are in the line of the fight against COVID-19 and monitor ongoing services rendered by health workers in order to identify gaps to be filled.

Keywords: *COVID-19, Regionalism and African Development*

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Background to the Study

The Southern African Development Community (SADC) was founded as a development coordinating conference known as Southern African Development Coordination Conference (SADCC) in 1980 and metamorphosed to development community in 1992 known as SADC. This organisation has become a poster child of socio-economic development of the South African sub-region by-way-of integration. Though established to ensure that member states are less dependent on the apartheid South Africa and promote sustainable and equitable economic growth and development via efficient productive systems, and good governance; the Organisation has also involved in maintaining peace and security in member-states countries and the sub-region as a whole. The objectives of SADC, as stated in Article 5 of the SADC Treaty (1992) as amended are to:

1. Achieve development and economic growth, alleviate poverty, enhance the standard and quality of life of the people of Southern Africa and support the socially disadvantaged through Regional Integration
2. Evolve common political values, systems and institutions
3. Promote and defend peace and security;
4. Promote self-sustaining development on the basis of collective self-reliance, and the inter-dependence of Member States
5. Achieve complementarity between national and regional strategies and programmes;
6. Promote and maximise productive employment and utilisation of resources of the region
7. Achieve sustainable utilisation of natural resources and effective protection of the environment
8. Strengthen and consolidate the long-standing historical, social and cultural affinities and links among the people of the Region.
9. Combat HIV and AIDS and other deadly and communicable diseases
10. Ensure that poverty eradication is addressed in all SADC activities and programmes; and
11. Mainstream gender in process of community building

From the above objectives, public health challenges are considered a serious challenge to integration in the South African sub-region. Hence, the organization is always ready to carry out and sometimes beyond its mandate, responsibilities that will enhance the health conditions of citizens of member states. The organisation also recognises that a healthy population is a harbinger for sustainable economic and human development. Public health challenges have enormous economic and humanitarian consequences and no region in the world is insulated from public health challenges. SADC members know that cooperation in the area of health is important for checkmating the spread of infectious and non-infectious diseases for addressing common health concerns within the sub-region. Given this scenario, SADC, the organisation through the health ministers of member states developed the SADC Health Policy Framework which was approved by the SADC Council of Ministers in September 2000. The framework targets the following areas, Health information systems; Health research and surveillance; HIV and AID and sexually transmitted diseases; Health promotion and education; infectious and non-infectious disease control among others. It also

developed the Regional Indicative Strategic Development Plan, which integrates health as a major issue within the context of Social and Human Development, Poverty and Food Security. For instance, HIV and AIDS pandemic is woven around the plan as an item that determines most factors of development in the sub-region.

Despite this, to show its seriousness in the area of public health, member states signed the Protocol on Health on the 18th of August 1999 to coordinate regional efforts on epidemic preparedness, mapping prevention, control and where possible the eradication of communicable and non-communicable diseases. Education and training, efficient laboratory services and common strategies to address the health needs of women, children and vulnerable groups are discussed within the Protocol.

Hence, the protocol, is designed to ensure coordination of regional health interventions within the SADC sub-region. SADC through the instrumentality of the Protocol, have battled many public health diseases. Before the COVID-19 pandemic, SADC has had to deal with other diseases and epidemics such as cholera, Yellow Fever, Hepatitis, Measles, HIV/AIDS, Meningitis, Ebola, Severe Acute Respiratory Syndrome (SARS) and others. The outbreak of the Coronavirus pandemic also known as COVID-19 pandemic in the Wuhan province of China in December 2019, which subsequently spread to other parts of the globe including the SADC Sub-region, represents a health challenge for the organization given the far-reaching effects of the pandemic in the sub-region. The COVID-19 pandemic, which has severely affected the globe, represents one of the most dreaded and devastating public health emergencies experienced in the world and West Africa in particular. As at July 15, 2020, the pandemic had killed five hundred and seventy-three thousand, seven hundred and fifty-two (573,752); with thirteen million, one hundred and nineteen thousand, two hundred and thirty-nine (13,119,239), globally (WHO, 2020). In the SADC sub-region, transmission of the COVID-19 pandemic has intensified in all the 16 member states with its accompanying consequences.

This paper aims to examine the COVID-19 pandemic and regionalism in Africa with special focus on the response of SADC to this pandemic. To achieve this aim, the paper will be partitioned into five sections with this brief introduction as section one. Section two examines SADC sub-region. Section three interrogates the impact of the pandemic on the sub-region. Section four x-rays the responses by SADC member states to mitigate or get rid of the pandemic in the sub-region, while we conclude the work in section five.

Trend of COVID-19 Pandemic on the SADC Sub-region

Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) is the name given to the 2019 novel coronavirus. While COVID-19 is the name given to the disease associated with the virus by the World Health Organisation (WHO). The Corona Virus epidemic which started in the Wuhan province of China in December 2019 is now a global pandemic known as COVID-19. The pandemic is fast spreading to other parts of the world including Africa. It was declared a pandemic on 11 March, 2020, by the WHO, while the SADC sub-region recorded its first case in early March, 2020 and since then, the numbers have been increasing in all the 16 member

states which are Angola, Botswana, Comoros, DR Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Eswatini, Tanzania, Zambia and Zimbabwe.



Fig. 1

The sub-region continues to experience an increase in cases of COVID-19 pandemic. The table below provides a synopsis of the situation in the SADC Member States as at 1 July 2020.

Table 1: Showing situation of COVID-19 in SADC members states as at July 1, 2020

| Country | Confirmed Cases | Total Number of death | Recoveries | Active Cases | Cases per 1million population |
|-------------------|-----------------|-----------------------|------------|--------------|-------------------------------|
| Angola | 291 | 15 | 97 | 179 | 9 |
| Botswana | 227 | 1 | 28 | 17 | 97 |
| Comoros | 303 | 7 | 200 | 96 | 349 |
| DRC | 7189 | 170 | 2317 | 4696 | 80 |
| Eswatini | 840 | 11 | 418 | 411 | 724 |
| Lesotho | 35 | 0 | 11 | 24 | 16 |
| Madagascar | 2303 | 22 | 1006 | 1275 | 83 |
| Malawi | 1265 | 16 | 260 | 989 | 66 |
| Mauritius | 341 | 10 | 326 | 5 | 268 |
| Mozambique | 903 | 6 | 248 | 649 | 29 |
| Namibia | 285 | 0 | 24 | 261 | 112 |
| Seychelles | 81 | 0 | 11 | 70 | 824 |
| South Africa | 159333 | 2749 | 76025 | 80559 | 2686 |
| Tanzania | 509 | 21 | 183 | 305 | 9 |
| Zambia | 1632 | 30 | 1348 | 254 | 89 |
| Zimbabwe | 605 | 7 | 166 | 432 | 41 |
| Total SADC | 176142 | 3071 | 82668 | 90222 | |

Source: SADC (2020a, p.5).

The above table shows that the pandemic has had a devastating effect on the SADC sub-region. With this, the effect of pandemic cut across many aspects of socio-economic and political spheres, resulting into wide, and complex challenges, and devastating impacts. While all this was going on, a SADC member state, Madagascar, claimed they have developed a cure for the virus known as COVID-Organics or Tambavy CVO. The Madagascan President, Andry Rajoelina, defended the unproven COVID-Organics drink developed by the Madagascan Malasy Institute of Applied Research. According to him the medicine is of two types, the curative and preventive and is made from Artemisia – an anti-malarial plant that grows on the island. This was freely distributed in schools and in other public places and a number of African countries such as Congo, Tanzania, Chad, Comoros officially requested for it. The Madagascan state even made a donation of the drug to West African states in the ECOWAS bloc. However, the World Health Organization (WHO) stated that the herbal drink promoted by the president of Madagascar as a cure for COVID-19 should be tested to see if it is effective because there is no evidence the herbal drink works (Adam, 2020). Unfortunately, for Madagascar, events and the rate of infection in the state spiked lending credence to the position of WHO that the herbal drink is not a cure for COVID-19.

Impact of COVID-19 Pandemic on the SADC Sub-region

COVID-19 case was first reported on the continent of Africa, on 14 February 2020. By 13 May, 2020, the virus had spread to all 54 countries in the continent (WHO, 2020). The Southern African Development Community (SADC) recorded its first case of COVID-19 in early March, 2020. Since then the numbers have spiked within the sub-region as a result of

community transmission. The SADC, like every other sub-region in Africa are faced with important challenges. For instance, one of the greatest challenges facing SADC and her member states as they intensify integration is the adverse impact of HIV and AIDS epidemic on political, social, and economic development. The region arguably has the highest levels of HIV prevalence globally (SADC, 2012). While the adverse impact of the pandemic continues to increase, the sub-region is known to be battling with other socio-economic challenges. It is within this context that SADC countries are dealing with COVID-19 pandemic.

The impacts of the pandemic across the world have been massive and the SADC region has not been spared. The socio-economic impacts of the pandemic in SADC are unprecedented due to lack of resource and inadequacies in health systems of many member States. COVID-19 has impacted the SADC member states in the following but not limited areas-public health, food and nutrition security, economic growth, and education.

Firstly, in the area of public health, as at July 1, 2020, 3071 persons have died from complications arising from COVID-19 while 90222, were active cases in SADC member states. The COVID-19 pandemic continues to worsen acute shortage of essential health supplies, such as diagnostic and medical equipment and personal protective equipment (PPE). The testing capacity of states in the SADC sub-region remains limited and this has adverse consequences for cases reported by member states. With report that 14% of patients with COVID-19 will require hospitalization and 5% of them will require Intensive Care Unit (ICU) treatment and oxygen therapy. The implication is that hospitals will be equipped with ventilator/life support machine, pulse oximeters, functioning oxygen systems and disposable, single-use, oxygen-delivering interfaces (SADC, 2020b). All these have the tendency to exert pressure on the already beleaguered health sector in the sub-region in terms of service delivery. According to ECA (2020), weak health institutions and the prevalence of other underlying health conditions such as tuberculosis, malaria, HIV/AIDS, malnutrition continually make the sub-region susceptible to contagion.

Secondly, the pandemic has worsened the problem of food security and nutrition. Before the pandemic, it is reported that 45 million people were already estimated to be food insecure in the SADC region as a result of climatic factors as well as structural and socio-economic factors (SADC, 2020b). It is becoming clear that this pandemic will have a dramatic impact on food security and devastating disruptions to the global food supply chain. SADC member states are likely to be deeply impacted. Despite its abundant agricultural resources, the sub-region like other African countries is a major importer of agricultural and food products. If unchecked, the current economic crisis occasioned by the pandemic is likely to escalate to a serious food crisis, with potential implications. Several countries in a bid to adequately feed their countries have imposed export restrictions on rice and wheat. These measures could heighten food insecurity in SADC sub-region and Africa in general. The result of this will be sharp rise in food prices and rising hunger and malnutrition.

The COVID-19 outbreak and its associated lockdowns to mitigate it have exacerbated the situation, in the sub-region by eroding community coping capacities and deepening food and nutrition insecurity of vulnerable households and individuals who cannot go out for their daily

socio-economic activities. Furthermore, it is evident that the numbers of vulnerable people have increased due to, among others, loss of informal sources of income emanating from COVID-19 pandemic.

Thirdly, all schools starting from crèche to tertiary institutions have been closed down as a result of COVID-19, thereby affecting education and learning on an ongoing basis during this period. While some private education institutions, have resorted to virtual or online learning to ensure uninterrupted learning, others, essentially but not exclusively in the rural communities, and do not have access to facilities to execute virtual learning. Some Member States, with the support of the private sector are running classes on television and radio. There are also concerns about students who have national or international exams before the end of 2020 and how they can ensure that they are adequately prepared for these exams.

Fourthly, the pandemic has worsened the economic situation of SADC member states. According to SADC (2020c), the following sectors tourism, aviation, automotive, construction, real estate, manufacturing, maritime services have been severely impacted. While some Member States have made commendable improvements in their fiscal responsibilities, a majority are battling with increasing public debt, which is on the brink of breaching the regional threshold of 60 per cent of GDP. The Fiscal Monitor report released by the International Monetary Fund (IMF) in April 2020 showed that the pandemic will cause an increase in public debt of states 2020. This is because to cushion the effect of the pandemic many countries will borrow and implement policies such as wage subsidies and deferral of tax payments, government-funded paid sick and family leave, palliatives among others. This will add to the already debt levels of states and task their resources public debt service. For instance, to cushion the effect of the pandemic, a rapid credit facility was granted to some SADC member states by the International Monetary Fund.

Table 2: SADC Beneficiaries from IMF Emergency Financial Assistance

| Country | Type of Emergency Financing | Approved in Millions of SDRs (US\$) | Date of Approval | SADC |
|------------|-----------------------------|-------------------------------------|------------------|-------|
| Comoros | CCRT* | 0.97 (\$1.32) | 13 April 2020 | 1.5% |
| | RCF** | 2.97 (\$4.04) | 22 April 2020 | |
| | RFI*** | 5.93 (\$8.06) | 22 April 2020 | |
| DRC | CCRT | 14.85 (\$20.19) | 16 April 2020 | 42.5% |
| | RCF | 266.5 (\$362.36) | 22 April 2020 | |
| Madagascar | CCRT | 3.06 (\$4.16) | 13 April 2020 | 18.9% |
| | RCF | 122.2 (\$166.16) | 3 April 2020 | |
| Malawi | CCRF | 7.20 (\$9.79) | 13 April 2020 | 1.1% |
| Mozambique | CCRT | 10.89 (\$14.81) | 13 April 2020 | 36.0% |
| | RCF | 227.2 (\$308.92) | 24 April 2020 | |
| Seychelles | RFI | 22.9 (\$32.23) | May 8, 2020 | |

Source: IMF (2020)

*CCRT: Catastrophe Containment and Relief Trust, RCF: **Rapid Credit Facility, ***RFI: Rapid Financing Instrument

The tourism sector has been impacted adversely. Revenue streams to SADC states from the sector have reduced drastically due to collapse in nature-based tourism both consumptive (e.g. hunting and associated industries) and non-consumptive (game viewing, photographic safaris etc.). At the same time, most Member States financial resources are under extreme stress due to the need to protect people from COVID-19 including treating those that would get affected and other COVID-19 response measures. This implies that the forestry and wildlife sectors are likely to experience reduced funding from Governments. This situation negatively impacts conservation and anti-poaching operations and can further fuel poaching, deforestation, illicit trade and allow wildlife criminals to exploit enforcement vulnerabilities caused by the crisis.

Similarly, the manufacturing and informal sector in the sub-region has been disrupted as a result of the pandemic. Both local and export demand for manufactured goods has reduced drastically. The SADC region is a major supplier of precious metals and, given that the pandemic has disrupted businesses the prices of these metals used for industrial applications are on the decline. Similarly, prices of base metals key for industrialization such as copper, aluminium, chrome and manganese have all weakened due to poor patronage from the Chinese who consumes about 45% of metallic minerals produced worldwide. The supply chain disruption stemming primarily from the lockdown of factories across China, United States and the European Union (EU) poses the most immediate and prominent risk for manufacturers in the SADC region.

Despite these challenges, the pandemic has provided opportunities for some businesses especially the ICT industry. Many companies are reaping from the pandemic. For instance, Zoom Video Communications has increased in recent times that we now have more online meetings, while Netflix has seen a rise in home streaming during the lockdown. There is rise in the use of Skype for communicating and meetings. Chat applications such as Slack has also seen a surge in users, while workplace chat platform Microsoft Teams saw daily active users rocketing to 2.7 billion meeting minutes in April 2020, a 200 percent surge from 900 million recorded in March 2020. While these platforms are crucial in the transition to digital economy and during COVID-19, security is not guaranteed (SADC, 2020c).

The true position is that COVID-19 impacted SADC states badly. It led to capital flight; collapse of tourism and the hospitality industry; depreciation of local currencies as a result of a deterioration in the current account balance and collapse of air transport associated with lockdowns and border closures. The consequence of COVID-19 in the SADC sub-region and the whole of Africa can be seen in the table below:

Table 3: Consequences of COVID-19 in Africa

| | First Order Effects | Second Order Effects | Third Order Effects |
|------------------|---|---|---|
| ECONOMIC | GDP drops. Trade Balance worsens. Job and livelihood losses. Wealth depletion. Increased health and related spending. | Domestic supply chains collapse. Economic activity stalls. Increased non-formal activity. | Recession. Debt crisis. Financial distress. |
| SOCIAL | Loss of lives. Social spending reduced. Disproportionate impact on vulnerable groups. Social services disrupted. | Widespread deprivation. Social disaffection. Breakdown in social services. | Increased inequalities. Human development losses. Vulnerable groups victimized. Societal unrest. |
| POLITICAL | Politicized responses | Erosion of trust Politicization of law enforcement. | Political unrest. Political violence. |

Source: United Nations (2020, p.11)

Responses and Actions taken by SADC Members States to Curb COVID-19

According to the United Nations (2020), the pandemic if not controlled early, could quickly morph into humanitarian, socioeconomic, development, and political crises, with profoundly destabilising effects. To forestall this situation, the SADC took the following measures to mitigate the pandemic:

Adoption of World Health Organisation (WHO) guidelines on COVID -19:

SADC Member States adopted WHO guidelines on COVID-19, in terms of preparedness; coordination; planning and monitoring; surveillance, case investigation; infection prevention and control; Water, Sanitation and Hygiene (WASH); risk communication and community engagement, as well as, guidance to schools, workplaces and institutions. Members states undertook measures such as suspension of inbound and outbound flights, suspension of business and tourism travel, closure of inter and intra state borders allowing only essential services to remain open; set up border and in-country testing centres; social distancing and cancellation of gatherings; adoption of self-isolation and mandatory quarantines for a minimum of 14 days; and treatment for those that test positive.

Suspension of regional face-to-face meetings and instead, utilizing modern technology such as Video conferences, Webinars and Skype Calls until such a time when the situation has been contained:

The SADC member states on 9th March 2020, convened an extra-ordinary meeting of SADC Ministers of Health where existing knowledge and new ideas on COVID-19 outbreak was

shared. National Preparedness and Response Plans measures as well as contingency and emergency funds to address gaps in prevention, impact mitigation and other interventions were adopted. On 16 to 18th March, 2020 SADC convened the SADC Council of Ministers meeting via video conference. The meeting deliberated on the implementation of SADC regional integration programmes and the region's response to the COVID-19. On 6th April, 2020 SADC convened an emergency SADC Council of Ministers meeting via video conference where the Ministers adopted regional Guidelines for the harmonisation and facilitation of movement of critical goods and services across SADC.

Disaster Risk Management

Member States established National Emergency Operations Centres to facilitate coordination of logistics and stockpiling for disasters at the national level, and established National Emergency Trust Funds and National Resource Mobilization Strategies to facilitate mobilization of resources for disaster responses. As part of the regional response, on 18 June 2020, the SADC Secretariat and International Labour Office convened a virtual meeting on labour inspection and occupational health and safety in the context of COVID-19. The meeting facilitated information sharing involving 14 SADC Member States on how to ensure the health and safety of workers as countries open up their economies (SADC, 2020d).

Re-establishment and expansion of the Technical Committee for Coordinating and Monitoring the Implementation of the SADC Protocol on Health, which has been meeting on a regular basis to advise the region on health and related matters, and other socio-economic matters related to the COVID-19 pandemic. Hence, the list of sub-regional manufacturers of medical equipment and supplies were circulated to members and urged to source Medical Equipment and Supplies from the sub-region.

Adoption of guidelines on Harmonisation and Facilitation of Cross Border Transport Operations across the Region during the COVID-19

The guidelines were adopted to facilitate and ease the transportation of essential goods and services within the region during the COVID-19 Pandemic. Member States agreed to establish National Transport and Trade Facilitation Committee (TTFC) or an allied body from the ministries responsible for Transport, Health, Police/Army, and Trade) to coordinate the implementation of the guidelines, and resolve operational issues at borders or roadblocks. In addition, a SADC Regional COVID-19 Trade and Transport Facilitation Cell (TTTFC) was established at the SADC Secretariat to assist and coordinate Member States and Corridor Groups in implementing guidelines. Mr. Lovemore Bingandadi was appointed the Coordinator.

The SADC Pooled Procurement Services for pharmaceuticals and medical supplies is being implemented

to provide sustainable availability and access to affordable and effective essential medicine and health commodities, and Member States have been encouraged to utilise this facility for the procurement of the needed supplies for prevention, treatment and control of COVID-19 and any other epidemics.

Mobilisation of regional support towards containment of the COVID-19 pandemic, and mitigation of its socio-economic impact on the SADC region

This initiative was anchored on national initiatives, and is based on gaps identified by individual Member States to respond to the COVID-19 short to long-term needs. Immediate needs, include, resources to support SADC Member States in the acquiring of essential medicines, medical supplies and medical equipment, especially testing kits, Personal Protective Equipment and ventilators. To this effect, the SADC Secretariat is working with the African Development Bank (AfDB) and the Government of the Federal Republic of Germany through Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ).

Partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO)

To support SADC Member States in mitigating the effects of the coronavirus on education, and in ensuring the continuity of education and learning programmes, the SADC Secretariat partnered with UNESCO on an initiative known as #Learning Never Stops. Through this partnership, the SADC Secretariat and UNESCO commit to work with SADC and other Global Coalition partners to provide support to Member States to ensure continuity of education under the hashtag #Learning Never Stops. Support will be provided to SADC countries to come up with and implement innovative and context appropriate solutions to provide education and learning remotely, while leveraging hi-tech, low-tech and no-tech approaches, and seek equitable solutions and universal access.

Introduction of SADC Regional Status report on COVID 19:

This is usually produced and shared with Member States on a weekly basis with recommendations for consideration by Member States.

Monitoring and analysing the socio-economic impact of the COVID-19 on SADC economies:

The SADC Macroeconomic Subcommittee, in coordination with the SADC Secretariat, has been monitoring and analysing the impacts of the COVID-19 on SADC economies, and providing policy recommendations to Member States on a continuous basis. To this effect, various economic stimulus packages were introduced by member states to ensure the survival of businesses as the pandemic rages on. Again, monetary policy measures have been utilized through COVID-19 relief funds and cooperation arrangements with financial institutions to defer and restructure loan obligations such as the IMF Emergence Financial Loan Assistance. In addition, SADC member States have used social protection measures to cushion the effect of the pandemic on income loss. Measures such as cash transfers, food relief, wage subsidies, Unemployment benefits as well as child grants, among other initiatives have been used. These measures have led to the reduction of the impact of the pandemic on citizens of member states and contributed to sustaining consumer demand which is critical for faster economic recovery.

Daily updates on the status of COVID-19 in the region

Daily updates on COVID-19 in the region are shared on the SADC website on daily basis. This enabled member states to have first-hand information of the trajectory of the pandemic and how it's tackled by them.

Conclusion and Recommendations

This chapter has been able to vividly elucidate on theme of COVID-19 and regionalism and the response of the Southern African Development Community (SADC). It tried to examine the trend of COVID-19 on the SADC sub-region; the impact of COVID-19 on the sub-region and responses by SADC member's states. In concluding, suffice it to state that the COVID-19 pandemic has had a deleterious effect on SADC member states with many lives lost and more still recovering from the virus. The pandemic no doubt has impacted considerably on economic activities such as tourism, education, aviation, and other major sectors of the region's economy. It may be too early to know the full impact of COVID-19 on the SADC sub-region. To date the experience of member states are varied. There are serious concerns, but also many reasons for hope. Early estimates were spelt doom regarding the pandemic's impact on the sub-region. But the relatively low numbers of COVID-19 cases reported though occasioned by low testing capacity thus far have raised hopes that sub-region and the continent in general may be spared the worst of the pandemic. While the virus is present in all member states, most countries have recorded fewer than 1,000 cases.

Given the deleterious effect of the pandemic, member States intending to lift lock down rules, should do so in a phased manner, with outcome promising the efforts to reduce transmission. Member States are urged to follow the basic minimum requirement as pre-requisite, should include but not limited ensuring basic hygiene, water and sanitation facilities are in place; availability of cleaners and screeners; providing additional teaching staff to decongest classrooms as well as mobile classrooms; compulsory wearing of masks; sanitization and disinfection of classrooms and common areas, enforcing extreme social distancing in classrooms and in school buses. In the addition to the above, member states should:

1. Prioritize testing for persons exhibiting symptoms, including health workers and others who are in the line of the fight against COVID-19 and monitor ongoing services rendered by health workers in other to identify gaps to be filled.
2. Improvement in national testing capacity is needed which will help to assess the effectiveness of laboratory testing capacity.
3. The global response to this pandemic must emphasize solidarity towards the SADC states and other developing countries, based on the fact that health is a global public good. SADC countries, with partner assistance and support, should leverage on this to improve testing capacities, access medical supplies, and participate in vaccine and treatment research; enhance production and innovation through intra-SADC collaboration; ensure deployment of community health workers to the most interior areas, incentivize medical personnel and improve their capacity by tapping into diaspora expertise.

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