



# SADC RESPONSE TO COVID-19

Report on the COVID-19 Pandemic in the SADC region

Bulletin No. 3

#COVID19SADC

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## ABOUT SADC

The Southern African Development Community (SADC) is an organisation founded and maintained by countries in southern Africa that aim to further the socio-economic, political and security cooperation among its Member States and foster regional integration in order to achieve peace, stability and wealth. The Member States are: Angola, Botswana, Union of Comoros, the Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia and Zimbabwe.

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## EXECUTIVE SUMMARY

This report provides the global, continental and regional situation of COVID-19. On the global perspective, the report provides statistics on the global situation where over 2.5 million cases and 187,705 deaths have been reported as at 25 April 2020.

At the regional level, the report highlights the situation of COVID-19 in the African Region as well as the Southern African Development Community (SADC) region and further provides information on the status of measures that serve as guidance to Member States. The report notes that of the 5,714 cases reported in the Region, South Africa accounts for about 74% of the cases with Democratic Republic of Congo, Mauritius, Madagascar and the United Republic of Tanzania also recording over 300 cases to date. In addition to instituting measures to restrict movement and contact, Member States are scaling up testing in response to global calls for increased testing noticed in the last few weeks. Partnerships with private sector and non-state actors to support COVID 19 response efforts are being reported in the Region.

The Africa Centre for Disease Control (CDC) has also announced an initiative to scale up testing known as "Partnership to Accelerate COVID-19 Testing". The objective of the initiative is to distribute 1 million testing kits in 4 weeks and 10 million kits in 24 weeks to Member States in the Africa region. In line with this initiative, the report also provides guidance on scaling up testing and the benefits thereof. Other guidance provided are on maintaining essential services during the period of the pandemic, improving hand hygiene and food handling as well as guidance for schools and workplace settings.

The report further provides an update on social and economic issues and impacts that are a result of COVID -19, as well as measures being undertaken to mitigate some of the impacts. Whilst efforts to develop a vaccine for COVID 19 are ongoing, the past week saw a number of countries scaling up social protection packages to vulnerable groups adversely affected by lockdowns as well as easing some of the lockdown restrictions to lessen damage to household livelihoods and national economies.

The report also provides an update of progress on the implementation of the SADC Council decisions on COVID-2019 including efforts being made by Member States to align existing laws and regulations to the Regional Guidelines on Harmonization and Facilitation of Cross Border Transport Operations across the Region.

**The report proposes some recommendations for consideration by Member States including the following:**

### Public Health

- Prioritise testing for people exhibiting symptoms, those developing severe disease and front line health workers and others who are in essential services including non-clinical staff.
- Assess and monitor ongoing delivery of essential health services to identify gaps and potential need to dynamically remap referral pathways.
- Plans should be adopted to improve national testing capacity, as needed, and assess the effectiveness of the laboratory network.
- Member States should intensify investigation of cases and clusters and COVID-19 surveillance. When clusters become large, it is critical that testing of suspected cases continues so that cases can be isolated, contacts can be quarantined, and chains of transmission can be broken.
- establish (or adapt) simplified mechanisms and protocols to govern essential health service delivery in coordination with response protocols.
- establish triggers/thresholds that activate a phased reallocation of routine comprehensive service capacity towards essential services.
- Member States should make it mandatory the provision of one or several hand hygiene stations (either for handwashing with soap and water or for hand rubbing with an alcohol-based hand rub) placed in front of the entrance of every public (including schools, public transport and healthcare facilities) or private commercial building, to allow everyone to practice hand hygiene before entering and when leaving.
- Member States should collaborate with private sector and civil society to support the purchase of commodities, maintenance and effective use of these facilities.

### Education Sector

- Clean and disinfect school buildings, classrooms and especially water and sanitation facilities particularly surfaces that are touched by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.)
- Schools should promote social distancing, measures applied to certain actions that are taken to slow down the spread of a highly contagious disease, including limiting large groups of people coming together.
- Member States are encouraged to commence measures to re-adjust and re-phase the school calendar and curriculum in preparation for possible lifting of measures such as lock downs.

## Food industry

- to reinforce personal hygiene measures and provide refresher training on food hygiene principles to eliminate or reduce the risk of food surfaces and food packaging materials becoming contaminated with the virus from food handlers.

## Gender-based violence

- Shelters, places of safety and helplines for victims of abuse must be considered an essential service and remain open for use, and must be afforded the necessary financial and other support.

## Transport Facilitation

- Member States are encouraged to implement the Regional Guidelines on Harmonization and Facilitation of Cross Border Transport Operations across the Region, as the minimum Regional Guidelines to be applied during the COVID-19 Pandemic.

- Member States are encouraged to submit declaration, policies, laws and regulations to the Secretariat to facilitate analysis and identification of inconsistencies by the Regional Trade and Transport Facilitation Cell (RTTFC) as directed by Council.

## Law Enforcement and Military Sector

- Law Enforcement and Military Agencies should not lose sight to their primary roles against other forms of crime and security threats as they intensify their efforts and redirect resources to enforce COVID-19 measures.
- Member States to mount sensitization campaigns targeting Correctional Services Staff and immigration officials on prevention and protective measures to employ in order to reduce potential for and spread of infection. These are also vulnerable constituencies that need to be provided with protective equipment.

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# 1.0 GLOBAL SITUATION AND IMPACT

## 1.1 Status on infections

Since the declaration of the COVID-19 outbreak on 31 December 2020, the global number of cases has surpassed the two million mark. As of 25 April 2020 a total of 2,719, 897 confirmed cases, including 187,705 deaths (case fatality ratio 7.0 per cent), were reported globally. Both the global numbers of confirmed COVID-19 cases and deaths have significantly increased in the course of the past week by 478,675 and 35,179 respectively.<sup>1</sup>

According to the WHO, the 10 countries with the highest number of cumulative cases are: United States of America (860,772), Spain (219,764), Italy (192,994), France (121,338), Germany (152,438), United Kingdom (143,468), Turkey (104,912), Iran (88,194), China (82,816) and Russia (68,622). However, over the past week, Africa has seen a cumulative total of 19,497 cases and 812 deaths which represents an increase of 5,605 and 184, respectively, which are expected to rise significantly in the coming months.<sup>2</sup>

As efforts to develop a vaccine for COVID 19 gather momentum globally health experts and WHO suggest that development of a vaccine generally takes 12-18 months using the Sars-CoV-2 virus as a reference point. As such, in the medium-term authorities continue to focus their efforts on "flattening the curve" or containing the spread through lockdowns, social distancing and isolation measures. . Despite this, in many countries that instituted lockdowns earlier there has been a gradual easing of restrictions (Germany, Norway, France, India, South Korea, China) following notable progress in reducing local spread due to lockdown measures. This has been complimented by the announcement of additional stimulus packages to cushion their economies and communities from further damage.

WHO and UNICEF have released a joint statement on COVID-19 vaccine stating that the urgent need for a COVID-19 vaccine underscores the pivotal role played by immunisation in protecting lives and economies. As scientists around the world work to develop a vaccine against the novel coronavirus and health care capacities are stretched in responding to COVID-19, national routine immunization programmes are more critical than ever before. Governments must use every opportunity possible to protect people from the many diseases for which vaccines are already available.

## 1.2 Impact of COVID 19 on Economic Activity

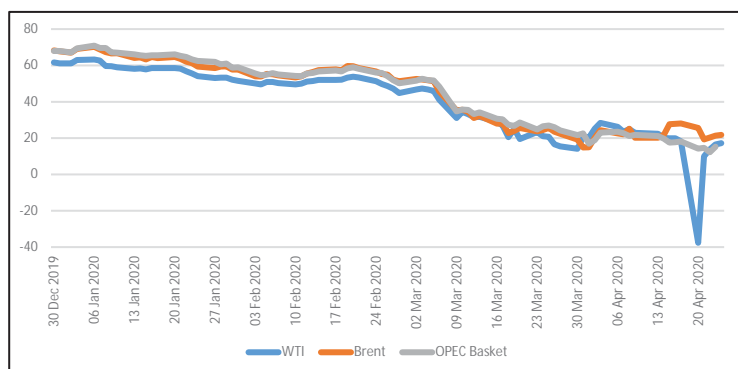
With regard to the impact of COVID-19 on global economic activity, the April 2020 World Economic Outlook forecasts the global economy to contract by 3.4 per cent in 2020. The state of the global economy is reflected by the economic performance of China in the first quarter of 2020. According to a preliminary data released on 17 April 2020 by the National Bureau of Statistics of China, first quarter Gross Domestic Product (GDP) contracted by 6.8 per cent in 2020 from a year ago. It is the first GDP contraction since records began in 1992, reflecting the severe damage caused by the COVID-19 outbreak after the authorities enforced a near two-month-long shutdown of all non-essential business activities. The industrial sector dropped by 8.5 per cent, services fell by 5.2 per cent and the primary sector went down by 3.2 per cent. Car production recorded the sharpest decline of about 44.6 per cent.

In terms of commodity markets, the major impact during the past week was noted in the oil sector. Limited US storage facilities are failing to cope with the glut of oil, leading to further weakening oil prices. With May 2020 West Texas Intermediate (WTI) oil futures contracts expiring on 21 April 2020, there was a significant increase in traders

<sup>1</sup> WHO COVID 19 Situation Report 19 as at 25 April 2020  
[https://www.who.int/docs/default-source/coronavirus/situation-reports/20200425-sitrep-96-covid-19.pdf?sfvrsn=a33836bb\\_2](https://www.who.int/docs/default-source/coronavirus/situation-reports/20200425-sitrep-96-covid-19.pdf?sfvrsn=a33836bb_2)  
<sup>2</sup> ibid

offloading holdings as investors were worried that storage facilities in the US, especially at Cushing, Oklahoma, the main delivery point in the US for oil, will not have capacity. Consequently, on Monday 20 April 2020, US May 2020 oil futures crashed below zero for the first time in history, as the coronavirus pandemic has caused global demand to collapse. The storage hub in Cushing, Oklahoma, is expected to be full within weeks. The price of a barrel of West Texas Intermediate crude to be delivered in May 2020, which closed at \$18.27 a barrel on Friday 17 April 2020, ended Monday 20 April 2020 at negative \$37.63. Effectively, that means sellers must pay buyers to take barrels off their hands. On the other hand, Brent crude oil traded at \$25.57 on 20 April 2020 (see Fig 1).

Fig 1: Brent, OPEC basket, and WTI crude oil prices as at 20 April 2020



Source: US Energy Information Authority and Wall Street Journal, 2020.

Negative prices in commodity markets are very rare, but when they occur they reflect high transactions costs and infrastructure constraints. The extreme market events of April 20 2020 were driven by several factors, including the inability of contract holders to find a market for the futures contracts. In addition, in this case, the scarcity of available crude oil storage meant several market participants could not take physical delivery at expiration and resorted to selling their futures contracts at negative prices, in effect paying a counterparty to take hold of the contracts. The oil price rebounded on the back of optimism ahead of the agreed OPEC collective production cut in May and June 2020 by 9.7 million barrels per day (mb/d), with further cuts through April 2022 to manage the post COVID-19 cycle and the inventory overhang in the next 2 years. The prices of WTI and Brent crude oil closed the week on 24 April 2020 at US\$17.18 and US\$21.80, respectively. The oil price is expected to remain subdued as the planned cuts are not enough to rebalance the oil market given the significant fall in demand due to COVID-19 disruption of economic activities.

On the financial side, the International Monetary Fund (IMF) is providing emergency financial assistance to cushion countries from the impact of the COVID-19 pandemic. The Executive Board of the IMF approved emergency assistance under the Rapid Credit Facility (RCF), Rapid Financing Instrument (RFI) and augmentation of existing financing arrangements, as well as debt relief grants financed by the Catastrophe Containment and Relief Trust (CCRT) amounting to SDR 6 820.4 million as at 24 April 2020. The Sub-Saharan Africa

region got 44.9 per cent of the resources as shown in Table 1a below.

Table 1a: IMF Financing Support Regional Allocation as at 24 April 2020

Region	Amount in SDR (Millions)	Amount in USD Equivalent (Millions)	Portion of Total (Per centage, %)
Sub-Saharan Africa (SSA)	3 060.14	4 160.872	44.9
Middle East and Central Asia	1 769.85	2 406.465	25.9
Western Hemisphere	1 191.5	1 620.083	17.5
Europe	758.6	1 031.468	11.1
<b>Total</b>	<b>6 820.4</b>	<b>9 273.698</b>	<b>100</b>

Source: IMF, 2020.

SADC Member States received 21.6 per cent of the envelope allocated to the Sub-Saharan Africa region amounting to SDR 3 060.14 million. Table 1b below lists the SADC Members States who benefited from the IMF emergency financial assistance.

Table 1b: SADC Beneficiaries from the IMF Emergency Financial Assistance

Country	Type of Emergency Financing	Amount Approved in Millions of SDRs (US\$)	Date of Approval	Portion of SSA Envelope
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	CCRT	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	

Source: IMF, 2020.

## 2.0 SITUATION IN AFRICA AND SADC REGION

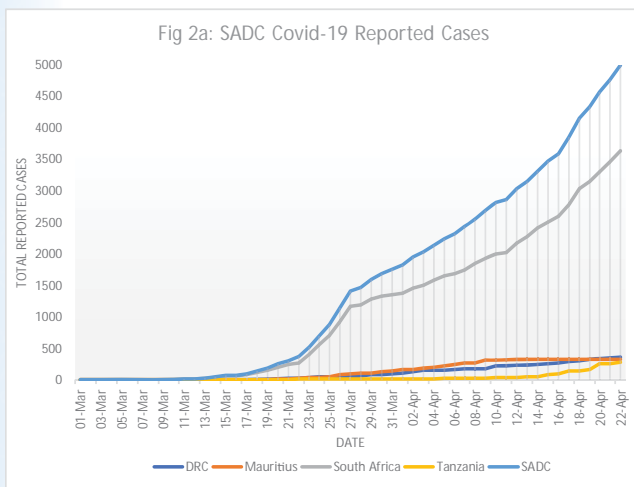
COVID-19 cases continue to rise rapidly across the African continent. No new countries have been affected since our last report. To date, 45 (96%) out of 47 Member States of the WHO African Region have reported COVID-19 cases. Comoros and Lesotho are the only Member States with no reported cases to date.

Over the past week, there has been a 40 per cent increase in the number of cases and a 15 per cent increase in the number of deaths reported in the WHO African Region. As a result this has seen 19,497 cases and 812 deaths of which 5,605 new cases and 184 deaths were recorded as of 25 April 2020. The most affected countries in the WHO African Region are: South Africa (4,220), Algeria (3,127), Cameroon (1,403), Cote d'Ivoire (1,077) and Ghana (1,297).

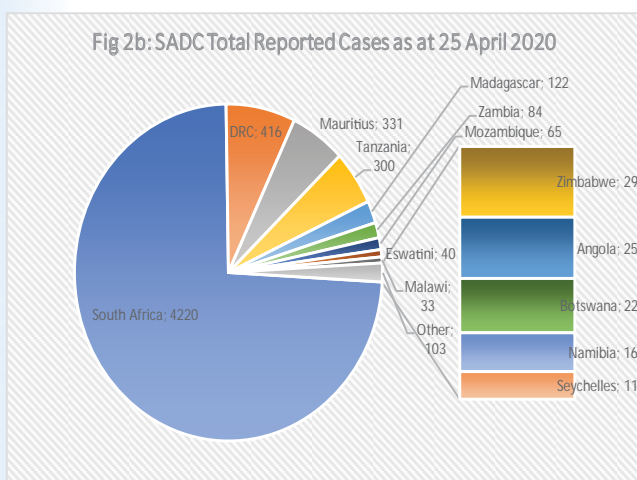
Among countries that reported over 100 confirmed COVID-19 cases, the highest case fatality ratios were observed in Algeria (15.7 per cent), Democratic Republic of the Congo (8.3 per cent), Mali (8.1 per cent) and Burkina Faso (5.4 per cent).

In the SADC region, reported cases of Covid-19 continue to rise with 5,714 cases and 137 deaths reported as of 25 April 2020. The pandemic is consistently driven by four Member States: South Africa (4,220 cases), DRC (416 cases), Mauritius

(331 cases) and Tanzania (300 cases), representing 92 per cent (5,267 cases) of all cases reported in the region (see Fig 2a and 2b).



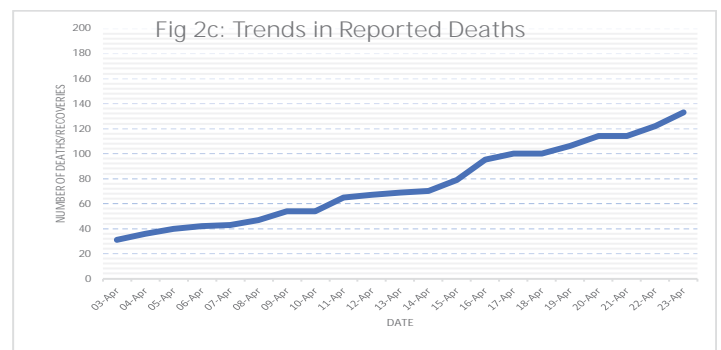
Source: Worldometer, 2020



Source: WHO Situation Report, 2020

Regarding deaths, the Region has reported a total of 137 deaths as at 25 April 2020 as a result of COVID-19 (see Fig 2c). Despite a gradual increase in the number of new cases and deaths, Member states continue to adopt a cautious approach however with targeted interventions which have seen:

- Increased screening and testing of suspected cases.
- Public-private sector partnerships to scale up COVID response.
- Scaling up specific social protection packages for vulnerable groups whose livelihoods have been affected by COVID-19 response measures.
- Cautious easing of restrictions to kick start economic activity in priority sectors.



Source: SADC Secretariat, April 2020.

The efficacy of some of these measures though yet to be ascertained demonstrate an ambition by Member States to mitigate the effects, contain the spread and ultimately restore normalcy.

### 3.0 EMERGING ISSUES, LESSONS LEARNED AND BEST PRACTICES

There are emerging issues that Member States can consider as they continue to put in place measures at the national level. The Global Fund on AIDS, Tuberculosis and Malaria (GFATM) has announced the re-programming of active grants to up to 5%, for both country and regional grants. This presents an opportunity for Member States to use current grants within the stipulated thresholds, towards COVID-19 response. This will provide relief to the already overstretched national budgets, intended for COVID-19.

In the past week the Republic of South Africa announced that the country will be progressing from Level 5, which is defined as the level of drastic measures to contain the spread of the virus and save lives, to Level 4 which is a level of extreme precautions to limit community transmission and outbreaks while allowing some activity to resume. This is an indication of the realisation that when countries open up their economies they should do so in a gradual manner that does not reverse the gains made and this is a lesson that can be learned by other Member States who may be embarking on these changes in the near future. This is also in line with WHO guidance to Member States.

A number of Member States have adopted mandatory wearing of masks in public, in order to reduce transmission of the virus from person to person. In addition, the cloth mask is widely promoted, in order to preserve the surgical masks for health care workers as they are in short supply. Mass testing remains an important aspect of the response to COVID-19. Some SADC Member States such as South Africa have started mass testing. According to the WHO 'testing is one of the effective ways of preventing infections and saving lives, by breaking the chain of transmission through testing suspected groups'. South Africa has the capacity to test approximately 6,000-7,000/day and this has continued to rise ([www.sacoronavirus.co.za](http://www.sacoronavirus.co.za)). Given the testing exercise in South Africa the country is better able to prepare its health facilities for the peak period when there will be increased admissions.

## 4.0 RECOMMENDED MEASURES TO CONTAIN COVID-19

### 4.1 Scaling up Covid-19 testing

Faced with community transmission over large areas of the country, laboratories will need to be prepared for the significant increase in the number of specimens that need to be tested for COVID-19. Testing constraints should be anticipated, and prioritization will be required to assure the highest public health impact of reducing transmission using available resources.

Diagnostic testing for COVID-19 is critical to tracking the virus, understanding epidemiology, informing case management and to suppressing transmission. Testing can be rationalized when lack of reagents or testing capacity necessitates prioritization of certain populations or individuals for testing.

Each country should assess its risk and rapidly implement the necessary measures at the appropriate scale and prepare for a testing and clinical care surge to reduce both COVID-19 transmission and economic, public health, and social impacts. The availability of timely and accurate results can be compromised when testing demands outstrip capacity, such as when there is a backlog for testing and it is no longer possible to turn around results within 24 to 48 hours.

In the context of global shortage of supplies for COVID-19 response, the demand for laboratory reagents exceeds the capacity for supply, it is recommended that:

- Prioritization for testing should be given to:
  - people who are at risk of developing severe disease and vulnerable populations, who will require hospitalization and advanced care for COVID-19.
  - health workers (including emergency services and non-clinical staff) regardless of whether or not they are a contact of a confirmed case.
  - all other individuals with symptoms related to the close settings may be considered probable cases and isolated without additional testing if testing capacity is limited.
- Plans should be adopted to improve national testing capacity, as needed, and assess the effectiveness of the laboratory network.
- Member States should intensify investigation of cases and clusters and COVID-19 surveillance. When clusters become large, it is critical that testing of suspected cases continues so that cases can be isolated, contacts can be quarantined, and chains of transmission can be broken.

### 4.2 Maintaining essential health services during COVID-19 outbreak

When health systems are overwhelmed, both direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse.

With a relatively limited COVID-19 caseload, health systems may have the capacity to maintain routine service delivery in addition to managing COVID-19 cases. When caseloads are high, and/or the health workforce is reduced due to infection of health workers, strategic shifts are required to ensure that increasingly limited resources provide maximum benefit for a population.

Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. It is recommended that Member States:

- assess and monitor ongoing delivery of essential health services to identify gaps and potential need to dynamically remap referral pathways.
- establish (or adapt) simplified mechanisms and protocols to govern essential health service delivery in coordination with response protocols.
- establish triggers/thresholds that activate a phased reallocation of routine comprehensive service capacity towards essential services.

### 4.3 Improving hand hygiene practices to help prevent the transmission of the COVID-19 virus

Member States are encouraged to provide universal access to public hand hygiene stations and making their use obligatory on entering and leaving any public or private commercial building and any public transport facility. It is also recommended that healthcare facilities also improve access to and practice of hand hygiene. Member States:

- make it mandatory the provision of one or several hand hygiene stations (either for handwashing with soap and water or for hand rubbing with an alcohol-based hand rub) placed in front of the entrance of every public (including schools, public transport and healthcare facilities) or private commercial building, to allow everyone to practice hand hygiene before entering and when leaving.
- should collaborate with private sector and civil society to support the purchase of commodities, maintenance and effective use of these facilities.

#### 4.4 Guidance for schools

The non-application of social distancing measures has resulted in the closure of many businesses, schools and institutes of education; and restrictions on travel and social gatherings. For some people, working from home, teleworking, and on-line or internet discussions and meetings are now normal practice.

Having information and facts about COVID-19 will help diminish students' fears and anxieties around the disease and support their ability to cope with any secondary impacts in their lives. Countries should provide key messages and considerations for engaging school administrators, teachers and staff, parents, caregivers and community members, as well as children themselves in promoting safe and healthy schools. Member States are encouraged to commence measures to re-adjust and re-phase the school calendar and curriculum in preparation for possible lifting of measures such as lockdowns. If Member States are considering re-opening of schools, they should consider the following measures:

- Clean and disinfect school buildings, classrooms and especially water and sanitation facilities particularly surfaces that are touched by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids, etc.)
- Update or develop school emergency and contingency plans. Work with officials to guarantee that schools are not used as shelters, treatment units, etc. Consider cancelling any community events/meetings that usually take place on school premises, based on risk.
- Prepare to brief returning students on the basic information about COVID-19, including its symptoms, complications, how it is transmitted and how to prevent transmission
- Ensure putting in place and enforcing basic principles to help keep students, teachers and staff safe at school including:
  - Sick students, teachers and other staff should not come to school.
  - Schools should enforce regular hand washing with safe water and soap, alcohol rub/hand sanitizer or chlorine solution and, at a minimum, daily disinfection and cleaning of school surfaces.
  - Schools should provide water, sanitation and waste management facilities and follow environmental cleaning and decontamination procedures.
  - Schools should promote social distancing, measures applied to certain actions that are taken to slow down the spread of a highly contagious disease, including limiting large groups of people coming together.

#### 4.5 Guidance for food businesses

Food industry personnel, are one of those who do not have the opportunity to work from home and are required to continue to work in their usual workplaces. Keeping all workers in the food production and supply chains healthy and safe is critical to surviving the pandemic.

Maintaining the movement of food along the food chain is an essential function to which all stakeholders along the food chain need to contribute. This is also required to maintain trust and consumer confidence in the safety of food.

It is highly unlikely that people can contract COVID-19 from food or food packaging. COVID-19 is a respiratory illness and the primary transmission route is through person-to person contact and through direct contact with respiratory droplets generated when an infected person coughs or sneezes.

There is no evidence to date, of viruses that cause respiratory illnesses being transmitted through food or food packaging. Coronaviruses cannot multiply in food; they need an animal or human host to multiply. Member States should consider the following recommendations:

- WHO and FAO recommends that the food industry should have Food Safety Management Systems (FSMS) based on the Hazard Analysis and Critical Control Point (HACCP) principles in place to manage food safety risks and prevent food contamination.
- Food industry FSMS must be underpinned by prerequisite programmes that include good hygiene practices, cleaning and sanitation, zoning of processing areas, supplier control, storage, distribution and transport, personnel hygiene and fitness to work – all the basic conditions and activities necessary to maintain a hygienic food processing environment.
- It is imperative for the food industry to reinforce personal hygiene measures and provide refresher training on food hygiene principles to eliminate or reduce the risk of food surfaces and food packaging materials becoming contaminated with the virus from food handlers.

#### 4.6 Guidance on gender-based violence

The continued rates of Gender Based Violence remain high, during this period of COVID-19. Measures to address GBV must be enforced and alternative safe havens and programmes such as shelters, places of safety and helplines for victims of abuse must be considered an essential service and remain open for use, and must be afforded the necessary financial and other support.

#### 4.7 Ensuring Disaster Preparedness

The SADC Climate Services Centre issued an advisory forecasting a likelihood of rainfall amounts exceeding 50mm in a 24-hour period in



some parts of the SADC region during the period 15 to 21 April 2020. Northern Angola, south-western and north-eastern Democratic Republic of Congo, some parts of Eswatini, Eastern Madagascar, South-Eastern Mozambique, some parts of Namibia, Seychelles and North-Eastern South Africa were projected with high probability to receive heavy rainfall above 50mm in 24 hours during the forecast period of 15 to 21 April 2020. There were indications that rainfall amounts would exceed 100mm over 24 hours especially in some of these areas, resulting in the possibility of localized flooding. Angola has already experienced heavy rains and flooding affecting around 2,200 families and resulting in the death of about 15 people.

As response measures to COVID-19 are being implemented and scaled up, Member States are encouraged to continue to closely monitor these weather events to ensure preparedness and readiness in case of double burden of COVID-19 and a disaster from heavy rains and flooding to protect lives and property.

## 5.0 IMPLEMENTATION OF COUNCIL DECISIONS BY THE SECRETARIAT

### 5.1 Information on National Pharmaceutical Manufacturers

The Secretariat continues to engage with Member States to provide information on the national pharmaceutical manufacturers as directed by Council. The information received by Member States will be used to develop the regional database. In addition, the Secretariat has undertaken this exercise and received submissions from some Member States.

### 5.2 Resource Mobilisation

The Secretariat has continued to engage with the African Development Bank (AfDB) on the proposal that was submitted, which is under consideration by the Bank. The Secretariat is following up closely with GIZ on the submitted proposal.

### 5.3 Trade and Transport Facilitation

The Regional Trade and Transport Facilitation Committee (RTFCC) continues to monitor implementation of COVID19 response measures by Member States and to analyse the alignment of national measures with the adopted regional guidelines. The following has been observed:

- Some Member States have begun aligning national measures to the regional guidelines. Specifically, the measures recently gazetted by Zimbabwe and Eswatini are broadly aligned to the regional guidelines and so are the draft guidelines from Zambia.
- There are improvements to the quality of quarantine facilities at borders and services but more still needs to be done to ensure full compliance with WHO and SADC guidelines.

- The Non-Tariff Barrier (NTB) (NTB 000-951) registered against Zambia's policy on mandatory quarantine of all incoming drivers and vehicles including drivers ferrying essential and perishable cargo still remains unresolved.
- Operators and drivers are unhappy with fees being charged for police escorts in some Member States and an NTB (NTB 000-953) that was registered against Zambia is still unresolved.
- An NTB (NTB 000-949) registered against Mozambique suspending issuance of visas to commercial truck drivers still remains unresolved and is negatively affecting Member States who use the port of Beira.
- The RTTFC has started implementing its communication and visibility strategy. Three interviews have been conducted with local radio stations and more have been planned including with Botswana Television (BTV). Other media platforms that have been used to disseminate information on RTTFC include newspapers, SADC website and social media.
- A Strategy on collaboration on the implementation of the Guidelines with the private sector through the SADC Business Council is being developed in consultation with the Nepad Business Foundation who are the Secretariat to the SADC Business Council.
- Follow up with Member States to submit declaration, policies, laws and regulations to facilitate analysis and identification of inconsistencies by the Secretariat as directed by Council, is ongoing.



	Angola	Botswana	Comoros	DRC	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Tanzania	Zambia	Zimbabwe	TOTAL
Public awareness and Education	Yes Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	Mass media campaign Yes	Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	Yes Mass media campaign	16
Travel Restrictions/ Ban	Yes All international and domestic flights, maritime and road suspended since the 27 of March only humanitarian travels allowed	Yes Complete lockdown	No measures announced	Yes Partial lockdown in the capital and ban for specified high risk countries	Yes, partial lockdown 21 days	Yes For specified High risk countries	Yes Suspension of air traffic from specific countries and land traffic to some areas of the country	Yes Suspension of all international flights effective 1 <sup>st</sup> April	Yes Entry restriction for travelers from specified high risk countries	Yes For specified high risk countries	Yes Partial lockdown	Yes Non-resident returning from high risk countries	Total lockdown 21days	No only mandatory quarantine on arrival	Yes Nonresident coming from high risk countries	Yes Specified high risk countries	15
Quarantine	Yes	Yes	yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	16
Sanitization	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	Yes in Gauteng	No data	No data	No data	1
Testing and laboratory capacity	Yes PCR based-viral extractor	Yes PCR based-viral extractor	Not available	Yes PCR based-viral extractor	Yes upgraded NRL to test	Outsourced from SA	Yes PCR based-viral extractor	No data	Yes PCR based-viral extractor	Yes PCR based-viral extractor	Yes PCR based-viral extractor	Yes PCR based-viral extractor	Yes Enhanced molecular technology	Yes PCR based-viral extractor	Yes PCR based-viral extractor	Yes PCR based-viral extractor	13
Contact tracing	Yes Primary and secondary contacts	Yes Primary and secondary contacts	No	Yes Primary and secondary contacts	Yes Primary and secondary contacts	No	Yes Primary and secondary contacts	No	Yes Primary and secondary contacts	Yes Primary and secondary contacts	Yes Primary and secondary contacts	Yes Primary and secondary contacts	Yes Primary and secondary contacts	Yes Primary and secondary contacts	Yes Primary and secondary contacts	Yes	13
Isolation and Distancing	Yes Social distancing	Yes Social distancing	No data	Yes Social distancing	Yes Social distancing	Yes, social	Yes	No data	Yes	Yes Social distancing	Yes	Yes Social distancing	Yes	Yes Social distancing	Yes Social distancing	Yes Social distancing	14

	Angola	Botswana	Comoros	DRC	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Tanzania	Zambia	Zimbabwe	TOTAL
						distancing	Social distancing		Social distancing		Social distancing		Social distancing				
Equipment	PPE insufficient	PPE insufficient	No data	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	PPE insufficient	15
Training	WASH Testagem, Biosafety and case management	WASH Testing	WASH	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	WASH Testing	16
Management of Mass gatherings and public places	Yes Lockdown + stay home order	Yes Lockdown, stay home order	No data	Yes Stay home order in the capital	Yes Lockdown, stay home order	Yes Stay home order	Yes Stay home order	No data	Yes Stay home order	No	Yes Stay home order	Yes Stay home order	Yes Stay home order	No data	Yes Stay home order	Yes	11
External funding	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	JMF	16

Source: WHO, Member States official websites, WB group, AfDB

Key : JMF- Jack Mo Foundation

**1 REGION, 16 NATIONS WORKING TOWARDS A COMMON FUTURE**



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