



# **GUIDELINES FOR ELECTION OBSERVATION UNDER PUBLIC HEALTH EMERGENCIES**

**[ANNEXURE III TO THE SADC PRINCIPLES AND GUIDELINES  
GOVERNING DEMOCRATIC ELECTIONS (2015)]**

## DEFINITION OF CONCEPTS AND ACRONYMS

**WHO - World Health Organization**

**African CDC - African Centers for Disease Control**

**Competent Health Authority:** *‘Any applicable supranational, inter-governmental, national or regional health regulatory agency exercising authority with respect to public health; OR any organization that has the legally delegated or invested authority, capacity, or power to perform the designated function of undertaking medical assessments, advising or reporting on epidemiological situations of a Member State’*

**Virtual Consultation:** *Consultation with stakeholders that is done remotely using Information and Communication Technologies (ICT).*

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## **15. ANNEXURE III TO THE REVISED SADC PRINCIPLES AND GUIDELINES GOVERNING DEMOCRATIC ELECTIONS (2015)**

### **15.1 GUIDELINES FOR OBSERVING ELECTIONS UNDER PUBLIC HEALTH EMERGENCIES**

#### **15.1.1 Background**

In December 2019, a new contagious disease named COVID-19 caused by a novel coronavirus (SARS-CoV-2) emerged in Wuhan, Hubei, China. The rapid spread of the disease across international borders, the high number of daily infections combined with the excessive mortality rates led the World Health Organization to declare the new pathology a pandemic. By August 2020, 213 countries and territories around the world had been affected and approximately 19 million cases of COVID-19 had been confirmed globally.

By the middle of the month of August, 2020, African countries had recorded COVID-19 cases totaling 1 million and 22,000 COVID-19 related deaths. Despite the relatively low mortality rate observed across the continent, the impact of the disease has extended well beyond the health and medical sectors; devastating economic bases – causing massive unemployment and livelihood insecurity owing to the effects of emergency measures instituted by governments to contain the spread. The Southern African Development Community (SADC) Member States, with 588,318 cases by the month of August, 2020, accounted for 58% of the confirmed COVID 19 case-load on the African continent (Cumulative number). Experts generally agree that until an effective treatment or a vaccine is developed, the region will remain exposed to the likelihood of a second wave with unpredictable consequences on already over-burdened health systems and economies, leading to serious human security situations in Member States.

The advent of the COVID 19 pandemic has also raised concerns about its potential impact on procedural democratic processes such as elections, some of which were constitutionally scheduled to take place in some SADC Member States at the height of the outbreak. The disquiet has not been necessarily due to the possibility of the indefinite suspension of elections, but because of the challenge posed by the extraordinary public health emergency conditions and procedures under which the elections were to be conducted.

Electoral Management Bodies (EMBs) in the region have been largely unprepared for this unprecedented onslaught of the pandemic; and while some have proceeded to hold elections to fulfil constitutional requirements, this may have been done amidst limited resources to mitigate the further spread of the disease. For the region, the effects of the pandemic on politics and governance therefore, presents a novel challenge which requires the development of

customised mitigation measures to address not only the COVID-specific imperatives but also more broadly, the effects of other such pandemics on the region's efforts to consolidate democracy in line with the provisions of the *SADC Treaty* (1992) and the *Protocol on Politics, Defence and Security Cooperation* (2001). Deviations from the regions current democratic trajectory have various implications including igniting undue intra-state conflicts for, inter alia, lack of consensus-based solutions to safeguard the constitutional rights of citizens and the fulfilment of constitutional obligations related to power alternation.

Through the *Protocol on Politics, Defence and Security Cooperation* (2001), the Organ is mandated to render interventions that contribute to the assurance of a peaceful and secure dispensation in order to facilitate the furtherance of the regional integration project. The *Strategic Indicative Plan of the Organ (SIPO)*, for instance, alludes to the fact that in order for the Organ to fulfil its core mandates of sustaining peace and security and promotion democracy in the region, it needs to play a central role in addressing the structural causes of conflict which include socio-economic threats and natural disasters. Hence, supporting efforts aimed at addressing the impacts of pandemics on peace and security, and on *human security* more specifically, constitutes part of its mandate.

To this end, the SADC Electoral Advisory Council (SEAC), inaugurated in 2005, and *the revised SADC principles and Guidelines Governing Democratic Elections* (2015), form part of the mechanisms at the Organ's disposal to contribute to national efforts at ensuring that the political and security conditions prevailing before elections are held, are conducive to maintaining *electoral integrity*. This assurance is often conditioned by the favorable performance of EMBs, which consequently leads to increased public confidence in the electoral process and to the acceptance of results thereof. In addition, the professional conduct of domestic and international election observers is equally a confidence building intervention and is therefore critical to supporting the electoral management process by determining the extent to which a Member State has fulfilled provisions in the national law, and in regional and international normative frameworks for elections.

However, it is now well established that both the integrity of *election observation* and that of *Election Management and Administration* could be undermined by the complex public health risks posed by pandemics such as COVID 19 which are likely to constrain the comprehensive coverage of the electoral process. Elections involve large gatherings and movements of people during the pre-election, voting and post-election periods and present complex challenges in managing public order and adherence to established health protocols. As such, they invariably pose a major risk to entire nations if no mitigation measures are strictly executed or adhered to. Apart the obvious heightened risk to life during public campaigns, the presence of the pathogen may have the additional consequence of generating

fear amongst potential voters leading to poor participation; and illegitimacy of the outcome. It stands to reason hence, that without well thought out mitigation strategies, meeting the minimum standard of electoral performance may be untenable for most countries when confronted by public health emergencies of this nature.

In this respect, from the perspective of the Organ, it is imperative to assess the risk posed by the disease to each electoral mission based on the specific Member States' epidemiological situation; as well as the risk posed by the pathogen to each observer deployed in public health emergency situations. This is critical in order for the Organ to render informed decisions as to whether to deploy SADC Electoral Observation Missions (SEOMs) or not; and in order to develop reasoned mitigation plans. Member States on the other hand, are enjoined to ensure that the entire *electoral cycle* is observable by the SEOMs in line with the relevant provisions of the *revised SADC Principles and Guidelines Governing Democratic Elections (2015)*.

To this end, these supplementary *Guidelines for Election Observation Under Public Health Emergencies* are an appendage to the existing instrument [(the *revised SADC Principles and Guidelines Governing Democratic Elections (2015)*] and are designed to contribute to national efforts to mitigate risk and assure the continuance of the regional integration project. In line with Article 12 [*Revisions and Amendments to the SADC principles and Guidelines Governing Democratic Elections*], therefore, this instrument is presented as part of the region's continued efforts to persist with democratization despite the prevailing adverse conditions. Within the ambit of Article 2 of the *revised SADC Principles and Guidelines Governing Democratic Elections (2015)*, the *Guidelines for Election Observation Under Public Health Emergencies* seek to achieve the following objectives:

## **15.2 OBJECTIVES OF THE GUIDELINES FOR ELECTION OBSERVATION UNDER PUBLIC HEALTH EMERGENCIES**

- i. Strengthen the Organ's interventions in respect of disaster preparedness, disaster risk reduction and management, and strategic responses to pandemics in line with the relevant provisions of the *Protocol on Politics, Defence and Security Cooperation (2001)* and the SIPO;
- ii. Contribute to strengthening efforts by National Health Authorities and EMBs to mitigate risks associated with conducting elections under public health emergencies;
- iii. Elaborate measures to be undertaken by the Organ to mitigate risks to individuals assigned to serve in the SEOMs under public health emergencies;
- iv. Ensure that the strategic interventions of the Organ are conducted in collaboration with competent health authorities to safeguard the health

security of citizens during elections and promote a relatively conducive environment for peace building activities to occur.

These Guidelines may be revised as the need arises. In this regard, detailed protocols shall be prepared to address each specific public emergency or pandemic as appropriate.

### **15.3 PRINCIPLES FOR CONDUCTING DEMOCRATIC ELECTIONS UNDER PUBLIC HEALTH EMERGENCIES**

During periods of Public health emergencies, the Member State holding elections, and their respective Electoral Management Bodies (EMBs), in consultation with competent health authorities, taking into account the advisories of international agencies such as the World Health Organization (WHO) and the Africa Centers for Disease Control (Africa-CDC), shall work to achieve the following:

- (a) Undertake exhaustive risk assessments and institute mitigation measures to minimize the risk of transmission of the disease to the public; whilst promoting the principle of free and fair participation in the electoral process in line with Article 2.1.3 [on *the Objectives of the SADC Principles and Guidelines Governing Democratic Elections*].
- (b) Involve key stakeholders in the development of risk mitigation measures to ensure confidence and broad-based support for the conduct of democratic elections under the prevailing conditions of the public health emergency;
- (c) Inform all citizens, including regional and international partners, of the nature and extent of the risks involved in the conduct of democratic elections under the prevailing conditions of the public health emergency situation;
- (d) Institute comprehensive measures, informed by competent health authorities, to minimize the risk to domestic and international observers deployed to assess and report on the conduct of democratic elections in all areas of the country in furtherance of the Principle of enhancing *Electoral Integrity* as stipulated in Article 2.1.4 [on *the Objectives of the SADC Principles and Guidelines Governing Democratic Elections*].
- (e) Assess the additional budgetary implications of holding elections under public health emergencies; and make provisions as appropriate;
- (f) Based on national consultations involving key stakeholders, undertake relevant reviews and revisions of the Electoral Laws, where necessary, to facilitate the institution of measures to conduct elections under public health emergencies.

## 15.4 RESPONSIBILITIES OF MEMBER STATES HOLDING ELECTIONS UNDER PUBLIC HEALTH EMERGENCIES

15.4.1 In line with Article 2 (1) and Article 2 [2(i)] of the *SADC Protocol on Politics, Defence and Security Cooperation (2001)*, during public health emergencies, Member States shall, in consultation with competent health authorities, implement the following measures to ensure the safety and health security of all stakeholders and the integrity of the electoral process:

- (a) Establish a specialised multidisciplinary Task Team, including competent health authorities; and representatives of the Electoral Management Body (EMB), and other key electoral stakeholders to conduct a comprehensive assessment of risks associated with each phase of the electoral cycle;
- (b) Informed by the said risk assessment, engage all key stakeholders, including political parties, civil societies, faith based and community based organizations to develop risk mitigation strategies and action plans;
- (c) Ensure that the competent local health authority collaborates with the SADC Secretariat Medical Team on relevant aspects relating to the deployment of the SEOM, in order to minimize the risk of transmission of the COVID 19 or other such diseases to the observers and the general public; including providing access to dedicated medical care facilities and medical evacuations, if needed;
- (d) Ensure that the introduction of any new electoral procedures under health emergencies is consistent with the *Objectives of the revised SADC Principles and Guidelines Governing Democratic Elections* as stipulated in Article 2;
- (e) Based on broad-based consultations with stakeholders therefore, Member States shall render necessary reviews and revisions of relevant legislation to safeguard the lives of the citizens as well as assure the integrity of the electoral process under the prevailing public health emergency conditions;
- (f) Undertake extensive public awareness campaigns on the risks posed by the pandemic; and explain the risk mitigation plans; including stipulating specific individual and community-based roles; as well as roles and responsibilities of political parties, civic organizations and other stakeholders, in respect of adhering to the health protocols instituted by the competent authorities;

- (g) Determine the date for elections under health emergencies which shall be informed by the professional medical advice of the competent health authorities and be based on consultations with all stakeholders.

**15.4.2 Incorporate the mitigation plan into the strategies and operational plans of the Electoral Management Body (EMB) taking into account the following:**

- (a) Based on transmission classifications, identify areas of low and high risk, in order to customize appropriate risk mitigation measures to address context specific threats;
- (b) Assess the capacity of the local health care system to manage possible escalations in admissions in areas where in-person voting is to be implemented; and the availability of other emergency resources to mitigate outbreaks;
- (c) Strategic planning to ensure all essential election material is acquired in time for the election and that it includes the requisite protective equipment relevant to the prevailing pandemic. In respect of COVID 19, the following shall apply:
  - i) Additional materials such as Personal Protective Equipment (PPE), soap and sanitizers, face masks and face shields to protect election officials and support staff; as well as contactless thermometers and thermal imaging equipment to contribute to detecting potential symptomatic voters;
  - ii) Erect protective barriers, including translucent shields between election officials and voters during elections; as well as facilities to enforce social distancing protocols amongst voters during processes such as **voter registration, inspection of the voters rolls; and signing of the voters' roll;**
  - iii) **Invest in virtual training facilities** – including virtual platforms for activities such as training of election officials and support staff;
  - iv) **Widen access to special voting mechanisms** such as postal ballots, mobile voting, absentee ballots and explore the use of other related on-line voting procedures; as well as home voting by those who are infirm or have special needs or are afflicted by illnesses; including persons in quarantine or isolation;

- v) **Select larger venues**, including open air venues to serve as voting centers and limit the voter streams per Centre and polling stations to comply with established health protocols;
- vi) **Where possible, extend voting hours** to reduce queuing; and apply physical distancing and respiratory health protocols to all voters, candidates and election officials;
- vii) **Consider drive-through voting**, which could minimize person-to-person contact and expedite the voting process;
- viii) **To avoid large gatherings**, consider Online or mail-in options for **candidate nomination** processes including the following:
  - i. Candidate registration processes to be done using computerized ballot designs which enable the prospective aspirant to sign off on-line;
  - ii. All mail-in ballots should be governed by health protocols which include the use of gloves, sanitizers and self-sealing envelopes by the mailer; as well as the use of gloves and sanitary facilities by the receiving election officers;
  - iii. Where **in-person candidate registration** is deemed necessary, the venue should be appropriately cleansed, sanitized and designed to enable physical distancing;
  - iv. **All in-person registration processes** should limit the number of party or candidate supporters to conform to social and physical distancing protocols in line with established protocols established by the competent health authority;
  - v. Institute consensus-based modalities for monitoring of the printing of ballot papers by political parties and other stakeholders, which are compliant to the health protocols as established by the competent health authority.
- ix) In-person **campaign rallies** should be discouraged through electoral regulations as agreed to by all stakeholders. Where they are permitted, the gatherings should be informed by strict health protocols as established by the competent health authority. In this respect, the following is recommended:
  - i. The use of television, radio and online platforms for campaigning;
  - ii. Television and radio discussions should limit attendees in line with physical distancing; protocols; and enforce the use of face masks, face shields, sanitizers as appropriate;

- iii. Special electoral regulations should be drawn to facilitate equal and equitable access to state media and private media platforms by all contestants on a free-to-air basis;
  - iv. Computer apparatus and note-pads should be sanitized;
  - v. Door-to-door campaigns should be discouraged. If allowed, adhere to physical distancing protocols and both campaigner and voter should wear PPE and follow established respiratory health protocols;
  - vi. Where resources permit, the use of Augmented Reality (AR) Technologies may be employed to engage and interact with supporters and other stakeholders.
- x) **Out-door physical gatherings such as rallies**, should generally be avoided. Where they occur, they should be supervised by the competent health authority with reasonable limitations on the number of attendees as established in public health protocols. In addition, all attendees should be supplied with PPE and committed to adhering to the established Health protocols, including:
- i. Prohibition of handshakes and other forms of physical contacts;
  - ii. Avoid distribution of fliers at the gathering - use virtual options;
  - iii. Provide sufficient space between speakers in conformity with established social/physical protocols and limit the number of speakers on the campaign platforms accordingly, as advised by the competent health authority;
  - iv. Prohibition of the use and abuse of dangerous substances, including alcohol and drugs, which may pose a danger to individuals or compromise public adherence to the social distancing and other preventative measures put in place by the competent Health Authority;

All political parties and civil society organisations involved in elections shall be assigned specific roles and responsibilities for ensuring that their activities are compliant to a code of conduct established by the competent health authority and the EMB.

- xi) **Voter Education materials** should incorporate changes to the procedures and processes arising from health considerations posed by the pandemic. As such, the following is recommended:
- i. All messages should be cleared by the competent health authority and conform to health literacy requirements, simplifying all aspects of the pandemic and how it affects

- the electoral process and the risk mitigation measures established to combat it;
  - ii. The use of visual and other communications demonstrating the appropriate voter behavior during the health emergency should be done in the respective languages of the particular Member State holding elections, including catering for people living with visual and physical disabilities;
  - iii. Use national broadcasters and community radio stations in addition to virtual platforms to widen outreach on new voting measures and expected citizen behaviors during the pandemic;
  - iv. Commit all political contestants to a code of conduct in order to avoid the use of hate speech and disinformation which may, inter alia, contribute to stigmatization and discrimination against candidates or citizens who may have suffered from disease; as well as prevent the spreading of disinformation about the pandemic that might cause panic, disunity and unrest; and
  - v. Encourage political parties and candidates to make use of innovative campaign paraphernalia that takes into account the relevant pandemic context, such as branded face masks.
- xii) **Voter registration processes** shall comply with established health protocols, including social and physical distancing requirements advised by the competent health authority. The following may be considered:
  - i. Designate venues with sufficient space to facilitate physical distancing amongst registrants;
  - ii. Assign eligible voters to designated registration centers through text messages or online information; as well as postal means;
  - iii. Extend the registration period to ensure that the largest proportion of eligible voters is accommodated; and to avoid long queues;
  - iv. Maximize use of online registration facilities to reduce congestion at physical locations;
  - v. When registration is conducted in-person, consider the use of touchless finger print technology and facial recognition

technologies to avoid transmitting the pathogen amongst attendees to the registration Centre;

- xiii) **Training of Election Officials** should begin with the identification and exclusion of persons who are most at risk to contract the pathogen, such as those with co-morbidities or are older than the age of 50; and with underlying conditions that would render them more susceptible to contracting the disease. In this regard the following additional considerations shall be made:
- i. Increase the number of trained election officials in order to establish an auxiliary team to replace those who might be exposed to the pathogen during the course of duty; and therefore avoid unnecessary disruptions to the electoral process;
  - ii. Physical locations for training should be certified and approved by the competent health authority to ensure adherence to all established health protocols;
  - iii. Provide for Virtual trainings and post workshop feed backs prior to certification of election officers to ensure that online lessons have been adequately internalized by all trainees;
- xiv) Institute relevant legislation to enable the use of virtual options during the voting, counting and results announcement phases of the elections, including live-streaming vote counting and tabulation processes to de-congest counting centres.
- xv) Persons accompanying ballots to collation centres through the use of common purpose vehicles should wear disposable PPEs; including hand gloves and face shields; and be equipped with face shields and masks;
- xvi) Collation centres should be sanitized in accordance with established health protocols instituted by the competent Health Authority; with mandatory application of social and physical distancing protocols in room set ups;
- xvii) **Accreditation of Domestic and International Observers**

The Member State holding elections and its respective EMB shall ensure that the risk profile of the country in respect of the pandemic, is communicated to all domestic observers, international observers and political party monitors/agents at least 3-6 months prior to the

elections to enable them plan accordingly. Such information shall include the following:

- i. The risk profile of the Member State as assessed by a competent health authority, including international agencies such as the WHO and the Africa-CDC;
- ii. The safety and security measures put in place to mitigate transmission to election observers and party agents, and other stakeholders;
- iii. The quarantine regulations, if any, that have been instituted for visitors including international observers and location of the quarantine facilities thereof; and the assurances for the waiver/exemptions from such quarantine regulations in the case of the personnel of the SEOM who meet the conditions prescribed in Article 15.7.
- iv. The **Code of Conduct for all domestic and international observers**, before, during and after the elections, including protocols for social and physical distancing within polling stations and centres;
- v. Identify and communicate details of lodging and boarding facilities for SEOM observers that conform to WHO protocols and could provide requisite protections for SEOM observers;
- vi. Ensure that the staff at the premises where in the SEOM are located under go all necessary medical protocols to assure their own health and that of the SADC observers assigned to their facility. Such facilities shall only host SEOMs and no other guests for safety reasons and for ease of contact tracing should the need arise;
- vii. Ensure that the competent local health authority collaborates with the SADC Secretariat Medical Team to institute all necessary medical protocols and assure the health security of the SEOMs throughout the deployment period;
- viii. Consider the use of on-line registration for all election observers to avoid undue exposure to the pathogen;
- ix. Where physical registration of election observers may be necessary, such locations are to adhere to standard protocols stipulated by the competent health authority.

## **15.5 RESPONSIBILITIES OF THE ORGAN IN ELECTORAL PROCESSES IN SADC UNDER PUBLIC HEALTH EMERGENCIES**

As the coordinating mechanism for implementing the *SADC Principles and Guidelines Governing Democratic Elections (2015)*, the Organ on Politics,

Defence and Security Cooperation shall establish the risk profile of the Member State holding elections in accordance with the protocols of the WHO, the Africa-CDC and competent National Health Authorities, before rendering a decision to deploy the SEOMs. To this end, the Organ, informed by the said competent Health Authorities, shall instruct the SEAC, supported by the Secretariat Medical Team, to assess whether a SEOM could be undertaken without undue risk to human life. In the context of COVID 19, the risk assessments shall consider the following:

- i) The Epidemiological situation of the Member State holding elections;
- ii) The transmission classification as defined by WHO;
- iii) The incidence of cases;
- iv) The Testing capacities and positivity rate;
- v) The public health measures instituted to mitigate the impact as well as the entry requirements for visitors (or election observers) to the Member State holding elections.

Where the health authorities adjudge the risk to be 'high' in line with established international protocols, the Organ may consider adopting virtual approaches based on stakeholder consultations and follow ups which employ remote tools in lieu of a physical deployment of the SEOMs. All virtual consultations and follow - ups by SEOM leadership and the SEAC shall be guided by Standard Operating Procedures (SOPs) for Virtual Consultations with Electoral Stakeholders developed by the SADC Secretariat as advised by the Organ. In the event that the Organ elects to proceed to deploy the SEOMs, the following steps are to be undertaken:

- (a) Acknowledge and communicate to all Member States that undertaking an Electoral Observation Mission during public health emergencies, including the COVID 19 pandemic, poses a high risk to the health of observers which can be avoided by employing virtual consultation approaches to the electoral process.
- (b) Acknowledge that where missions are to be undertaken under the conditions enumerated in Article 15.5, Member States and the SADC Secretariat shall ensure that all observers and staff accompanying SEOMs are duly covered by comprehensive travelers health Insurance that would support medical expenses whilst on deployment to the Member State holding elections. In this regard, the Secretariat shall provide special travelers insurance for the Secretariat staff and Members of the SEAC for the duration of their Mission. Member States shall similarly provide special insurance cover for their respective citizens nominated to serve or service the SEOMs for the duration of the Mission and upon their return to their home countries.

- (c) The SEOM shall prioritize virtual meetings while in the Member State holding elections and avoid face-to-face meetings as advised by the competent health authority;
- (d) Observers to constitute the SEOM shall be selected based on the health analysis and epidemiological situation of the Member State holding elections;
- (e) That a Medical Team appointed by the SADC Secretariat shall coordinate medical and public health activities concerning the SEOMs during public health emergencies, including the COVID 19 pandemic. The said Secretariat Medical Team shall also contribute to the development and execution of deployment plans of the SEOMs;
- (f) The duration of the observation missions shall be based upon informed, sound scientific assessments of the epidemiological context of the Member State holding elections and may not necessarily conform to standard deployment periods for Short Term Observers (STOs) and Long Term Observers (LTOs) as stipulated in Article 8 (of the *revised SADC Principles and Guidelines Governing Democratic Elections*). The observation may include virtual and physical aspects as appropriate. Deployments may hence be limited to the minimum number of days deemed safe for the health security of all observers as advised by the competent health authority;
- (g) The number of Observers shall be informed by the advice of the Secretariat Medical Team and may be reduced accordingly, depending on the risk assessments proffered by the competent health authority.

## **15.6 RESPONSIBILITIES OF THE SADC ELECTORAL ADVISORY COUNCIL (SEAC) UNDER PUBLIC HEALTH EMERGENCIES**

In line with the *SEAC Structures, Rules and Procedures* and Article 7 of these *Revised SADC Principles and Guidelines Governing Democratic Elections*, the role of the SEAC includes to assess the political and security situation in respective Member States to determine whether the prevailing conditions are conducive to the holding of democratic elections. To this end, as may be instructed by the Organ, the SEAC shall consider the following:

- (a) Establish, through exhaustive engagements with competent international and National Health Authorities; and taking into account the advisories of the WHO and the Africa CDC, the risk profile of the Member State holding

- elections and advise the Organ accordingly on the feasibility and risks associated with the deployment of SEOMs;
- (b) Work in collaboration with the SADC Secretariat Medical Team and other such health emergency mechanisms established by SADC, at every stage of the SEAC Mission. In this regard, the final report of the SEAC to the Organ shall, inter alia, be informed by sound scientific advice from competent health authorities, including the Secretariat Medical Team;
  - (c) Physical Missions of the SEAC shall be accompanied by the Secretariat Medical Team to support the assessment process as well as manage any health emergencies that might occur;
  - (d) Engage all key stakeholders in order to assess the extent to which the election date, preparations and mitigation plans against the public health emergency have factored in the contributions of diverse social and political actors – and whether the decisions made in the electoral process are consensus based;
  - (e) Reflect upon possible conflict situations that might arise as a result of the effects of the pandemic or decisions made thereof; and render advise to the Ministerial Committee of the Organ (MCO) on the development of mediation strategies, before, during and after elections;
  - (f) Conduct awareness raising interventions in Member States holding elections to ensure that all stakeholders understand and appreciate the content, protocols and proposals contained in these *Guidelines for Election Observation Under Public Health Emergencies*.
  - (g) Despite the conditions of the public health emergency, encourage the Member State holding elections to adhere to international best practice in all elections.

## **15.7 RESPONSIBILITIES OF THE SADC SECRETARIAT IN MANAGING THE DEPLOYMENT OF THE SEOMs UNDER PUBLIC HEALTH EMERGENCIES**

In compliance to Article 8 (*Constitution and Mandate of the SADC Electoral Observation Missions*); and Article 8.2 (*Selection of Individuals to serve on SEOMs*), the Executive Secretary of SADC shall, as mandated by the Chairperson of the Organ, issue a Note Verbale containing the list of SEOM members from the Election Roster to the Member State holding elections for the purposes of accreditation. In line with the said provisions, therefore, the considerations for persons to service or serve in the SEOMs, shall be tailored toward the relevant public emergency or pandemic prevailing at that specific time. In respect of the COVID 19 pandemic, persons above the age of 50 years may require special consideration due to their relatively higher vulnerability to the disease. All individuals selected to service or serve on the SEOM, in this regard, shall meet the following criteria:

- (a) Have no known co-morbidities;
- (b) Have a negative valid COVID-19 test, with the test having been taken 72 hours prior to departure;
- (c) Under-go a Successful Psychological Assessment;
- (d) Under-go a Successful Medical Assessment;
- (e) Be in possession of a Medical Clearance certificate;

## **15.8 Establishment of a medical team and Emergency plan**

During each Mission, a medical team shall be established to accompany, coordinate and monitor the health related activities of the SEOM in the respective country of deployment, and safeguard the health security of each team member;

The Medical team shall be composed of the following:

- (a) Public Health Experts (SADC Secretariat)
- (b) Support Staff (SADC Secretariat)
- (c) Team of Health Care Workers from the Member State holding elections (to work collaboratively with the SADC Secretariat Experts).

The Medical Team shall be responsible for the following:

- (a) Establishing contact with Health Officials in the Member State holding elections;
- (b) Form a team for the assessment and monitoring of Observers before, during and after the election process including during quarantine;
- (c) Coordinate medical activities related to the SEOMs in the Member State holding elections such as monitoring of the screening and admissions processes;
- (d) Produce a daily report on the health status of the SEOMs in their respective geographical areas of deployment;
- (e) Draft the final health status report of the SEOM.

## **15.9 TRAVEL ARRANGEMENTS AND ORGANISATION OF MEDICAL EMERGENCY TEAM PRIOR TO DEPARTURE OF SADC SECRETARIAT STAFF SERVICING SEOMs**

### **15.9.1 Mode of Transport**

Commercial Air transport remains the preferred mode of transport for Staff of the SADC Secretariat providing technical support to the SEOMs. The health

protocols governing the use of public transport may be re-assessed depending on the prevailing public emergency or pandemic. In respect of the COVID 19 pandemic, therefore, where commercial air transport is unavailable, the SADC Secretariat shall preferably use charter Aircraft to transport staff to and from the Member State holding elections, taking into consideration the following:

- (a) the Aircraft and the service provider shall meet the health and safety requirements established by the competent health authority to minimize the risk of transmission during the trip;
- (b) Guidelines and Standard Operating Procedures (SOPs) for cleaning and disinfecting machines and equipment shall be submitted to the Secretariat Medical Team for assessment and clearance at least 3 weeks before departure.

## **16. TRAVEL REQUIREMENTS**

### **16.2 Pre-Departure Requirements**

Pre-departure requirements shall be tailored toward the relevant public emergency or pandemic prevailing at that specific time. In respect of the COVID 19 pandemic, for SADC Secretariat staff servicing the SEOM, Mission preparedness shall commence at least 4 days prior to departure. The selected Members of the Staff Team shall be accommodated in a facility meeting all requirements, including established protocols such as disinfection and cleaning, for effective *pre-departure monitoring*.

- (a) Before, during and after the trip, every staff member shall be handed a traveller information sheet for daily recording of symptoms and signs;
- (b) Symptom screening (by accredited health professionals) shall be undertaken every day during the 3 days preceding departure and recorded on the traveller information sheet;
- (c) All staff shall be assessed, examined and cleared by a medical professional before departing;
- (d) Staff shall be screened for SARS-CoV-2 and have a Negative PCR Covid-19 Test 2-3 days before departure, with Certification from an accredited Laboratory recognised by the competent National Health authority.
- (e) Medical Clearance from Health Professionals in the country of departure: in line with the conditions mentioned above;
- (f) Confirmation in writing from the responsible Health Authority or Agency indicating that the said staff (or observers) have not been followed-up as contacts of Covid-19 in the 14 days before date of departure;
- (g) Declaration on Traveller Locator Information Sheet that the staff member (or observer) has not had contact with a Covid-19 confirmed or suspected case in the 14 days before departure;

- (h) All the above should be submitted to the SADC Secretariat Medical Team and copied to the transport company for onward transmission to the Member State holding elections at least 24 hours before the date of departure;
- (i) The Medical Team in collaboration with health officials in the Member State holding elections shall identify health facilities for the management of possible COVID-19 cases among members of the respective SEOMs;
- (j) A distinct plan for the management of health emergencies shall be designed and shared with health officials in Member State holding elections;
- (k) A team of nurses and doctors shall be constituted in the Member State holding elections to collaborate with the Secretariat Medical team on a regular basis.

### **16.3 Travelling and Boarding Protocols**

- (a) The Aircraft chartered by the SADC Secretariat shall be designated to transport *only members of staff to support the SEOMs and no other passengers, in order to minimize the risk of transmission*;
- (b) Symptoms screening and temperature checks shall be done before embarkation and any passengers (staff) displaying any sign or symptoms shall not be allowed to undertake the trip;
- (c) All passengers (staff) must wear face masks and or face shields when boarding and throughout the journey, and must observe all public health rules as prescribed by the competent health authorities;
- (d) While boarding, operators must ensure that all passengers (staff) are in possession of all required documents (clearance certificate, result certificate, travel information sheet, declaration).

#### **16.3.1 Arrival Protocols**

Border Health Officials in the Member State holding elections shall be handed the following:

- (a) Copy of a Certificate of Negative COVID-19 test;
- (b) COVID-19 Symptoms Screening Sheet including declaration of no contact with COVID-19 case during travel (Copy);
- (c) Completed Traveller Information Sheet and Covid-19 Evocative Symptoms; Screening Sheet completed 2-3 days before departure and transmitted by the transport company 24 hours before departure.

### **16.3.2 Deployment Protocols**

- (a) All Members of the SEOM shall be accommodated in the same facilities that meet the health and safety requirements established by the competent health authority;
- (b) The selected venue to host the SEOMs shall submit guidelines for cleaning and disinfection to the medical team which must conform to WHO regulations and protocols;
- (c) At all times; members of the SEOM shall adhere to public health measures and reduce unnecessary contact with the public;
- (d) SEOM members shall, on a daily basis, complete a traveller locator form to facilitate contact tracing;
- (e) A copy of the traveller locator form shall be handed to the medical team on a daily basis;
- (f) The use of contact tracing applications to track movement is encouraged.
- (g) The Secretariat shall prepare special arrangements and medical insurance for staff and SEAC members to facilitate emergency medical care and medical evacuations as appropriate; and
- (h) SEOM members shall observe compulsory quarantine periods in line with national regulations.

### **16.3.3 Departure Protocols for staff and Observers**

- (a) Officers returning to the country of origin shall ordinarily be quarantined for a period of 10 days or as provided for in the relevant domestic protocols for COVID 19;
- (b) Quarantine shall take place in designated facilities (hotels for all staff) and psychosocial support shall be availed therein;
- (c) Upon return, each officer shall be assessed and COVID 19 test performed on the 7<sup>th</sup> day of their arrival;
- (d) Officers with a Negative COVID 19 test shall be discharged on day 10.
- (e) Officers who test positive shall be rendered the necessary health care and support facilitated by the Secretariat and managed in accordance with the national guidelines of the Government of the Republic of Botswana.

Member States shall similarly institute the above health protocols for all individuals selected to serve in the SEOM before departing their respective home countries.

## **16.4 THE USE OF VIRTUAL PLATFORMS FOR SEOM BUSINESS**

### **16.5 Responsibilities of the Conference Services Unit**

To fulfil the objectives of the SEOMs in assessing and reporting on electoral processes, the Secretariat shall ensure that all business of the SEOMs and the SEAC are conducted in a manner that complies with established health protocols. To this end, the Secretariat shall ensure that the business of the SEOM to a large extent is conducted virtually. In this respect, when organizing a virtual meeting the Secretariats Conference Services Unit shall undertake the following:

- (a) Meetings schedules should be finalised at least 14 days prior to departure from the Republic of Botswana unless in exceptional circumstances;
- (b) Liaise with the Secretariat Medical Team in preparing the preferred venue for the SEOM Headquarters to ensure it conforms to all health requirements during the period of deployment of the SEOMs;
- (c) Work in liaison with the Secretariat Medical Team to contribute to the deployment plan of the SEOM and ensure that the hotels in the geographical areas to which observers are deployed have the necessary facilities to enable adherence to the relevant health protocols;
- (d) Liaise with ICT and Hotel Management to confirm the room setups and ensure stable and reliable internet connectivity for all relevant activities of the SEOMs.

### **16.6 Responsibilities of the ICT Unit**

The ICT Unit of the SADC Secretariat shall facilitate the virtual activities of the SEOM in line with the SOPs for Virtual Consultations with Electoral Stakeholders, including the following:

- (a) Liaise with local stakeholders in the Member State holding elections to setup the Video Conferencing remotely and facilitate the work of SEAC pre-election Missions and post - election reviews;
- (b) Communicate with all local stakeholders at least 14 days before the deployment of the SEOM to explain the approach to be taken by the Mission and why virtual platforms have been preferred over physical interaction;
- (c) Liaise with the National Contact Point (NCP) and the EMB in the Member State holding elections to engage key state actors through the use of remote tools and virtual platforms;
- (d) Liaise with all stakeholders to identify available technological resources to enable their active involvement in virtual activities of the SEOM;
- (e) Based on the advice of the Secretariat Medical Team, ensure that the occasion of the launch of the SEOMs and the release of the Preliminary statements of the SEOM, and other events of scale, comply with established

social and physical distancing protocols and other related health requirements by employing minimal physical representations from stakeholders while expanding the virtual platforms to ensure maximum participation;

- (f) Ensure that the appointed ICT experts are available to render support to stakeholders participating in the virtual activities of the SEOM; and that there is a reliable internet connectivity to enable the active participation of all interlocutors.
- (g) All internal day-to-day SEOM, Troika, SEAC meetings; and technical Peer Exchange meetings with other Election Observation Missions (EOMs), shall be held using virtual platforms and online facilities as appropriate.

## **16.7 Considerations for SEOM Training**

To further conform to health protocols, the training of SEOM observers shall be done virtually, unless otherwise advised by the Secretariat Medical Team in which case strict adherence to established protocols shall be observed. The following key steps shall be followed as appropriate:

- (a) Each training session shall begin with a comprehensive briefing from Medical Experts on the health risks posed by the pandemic and an elaboration of the steps taken by the Member State holding elections to mitigate the said risks;
- (b) The Secretariat Medical Team shall render relevant presentations to educate the SEOM observers on the general epidemiological context and specific mitigating measures instituted to secure the health of the Mission. This shall include an elaboration of a customized COVID 19 (or other prevailing health emergency) **code of conduct for election observers** regarding the expected behaviors of the observers throughout their period of deployment to minimize the risk of infection;
- (c) The ICT Unit shall establish appropriate virtual facilities to ensure that all the training modules, including material on the pandemic, is integrated into the training software for capacity building of SEOMs.
- (d) The ICT shall conduct sessions for observers on how to sanitize the computer apparatus issued to each Observer, ensuring that equipment is not exchanged amongst the observers in the field or during trainings;
- (e) At the close of the Mission, all equipment shall under-go sanitization supervised by ICT experts and the SADC Medical Team before the observers depart to their respective countries.

## **16.8 Considerations for the Deployment of Observers**

- (a) The minimum deployment period in the context of these Guidelines shall be less than the standard deployment period for Short-term Observation as prescribed by Article 8 of the *revised SADC Principles and Guidelines Governing Democratic Elections (2015)*;
- (b) The Secretariat advance team shall arrive in the Member State conducting elections at least 3 days before the arrival of the Observers;
- (c) All SEOM Observers shall undergo mandatory pre-deployment training on the required conduct in the context of the COVID-19 pandemic training for the minimum period as notified in the administrative notes issued by the Secretariat;
- (d) Any SEOM Observer who does not participate in the aforementioned training shall not be deployed for the specific mission, and shall immediately vacate the premises accommodating the SEOM;
- (e) On completion of the COVID-19 specific observer training, each SEOM Observer will be required to commit to the following conditions, to be elaborated in a *SEOM Observer Code of Conduct under Public Health Emergencies*, prepared by the Secretariat Medical Team, prior to deployment:
  - i. following COVID-19 policies implemented by the host Member State;
  - ii. prioritize online forms of communication as facilitated by the Secretariat;
  - iii. exercise all prescribed caution in physical communication in all interactions with other persons in the host Member State, including all SEOM personnel;
  - iv. keep a daily journal of activities, including places visited and persons met, to provide the Secretariat and host Member State health authorities with the information needed for contact tracing, should it be necessary.
  - v. With respect to in-field observation, the following shall apply;
    - 1. A maximum of two Observers shall be transported in a SEOM vehicle at all times;
    - 2. the service provider procured for the purpose by the Secretariat shall observe the following;
    - 3. All drivers assigned to drive SEOM vehicles shall undergo a pre-screening for Covid-19 in a procedure similar to or equivalent to the one as provided for in paragraph 16 above;
    - 4. Drivers may not be procured from outside the pre-screened list in the course of the SEOM deployment;
    - 5. All drivers shall be accommodated at the same lodging as the SEOM Observers at bed and breakfast cost to the Secretariat;
    - 6. All drivers shall observe the same conditions attaching to the SEOM Observers with respect to movements in and outside the

lodging housing the SEOM until throughout the period of the deployment of SEOM; the same requirements shall apply to service provision to Observers deployed to areas beyond the location of the established Headquarters of the SEOM.

7. SEOM Observers may only conduct physical observation of political rallies or other like events provided that they have satisfied themselves that the conditions stipulated in paragraph 15.4.2 (x) with respect to *Out-door physical gatherings such as rallies* have been met.
- (f) All SEOM Observers are required to assess the situation at the close of the voting period (day), that conditions enable them to observe the counting or tabulation of the election results, and do so, having regard to whether the counting etiquette meets the following standards:
1. All election officials and support staff and all persons entering the hall are wearing masks, and are checked for body temperature and anyone having temperature above 37.0 C or 98.40F is not be allowed inside; and
  2. Whether the observation point is arranged in a manner that maintains at least 1.5 meter distance between election officials counting ballots and also between party agents monitoring the proceedings.

## **17 ELEMENTS TO CONSIDER IN ELECTORAL OBSERVATION AND REPORTING UNDER PUBLIC HEALTH EMERGENCIES**

When deployed to their respective geographical areas of the Member State holding elections, observers shall, in their best practice, take into account the potential impact of the relevant public health emergency or pandemic on the electoral process. With respect to the COVID 19 pandemic, therefore, the following shall be relevant:

- i. The extent to which the pandemic has affected the ability of voters to exercise their democratic right to vote; including any occurrence of Gender Based Violence (GBV) that might impede victims to exercise their rights to vote;
- ii. The extent to which the vast majority of the voter population might have had access to virtual or other voting options instituted by the EMB; including persons living with disabilities;
- iii. The extent to which the pandemic may have affected the ability of some or all political contestants to reasonably communicate or reach their supporters, using the virtual and other platforms established by the EMB;
- iv. Whether the EMB had provided virtual platforms including live streaming of the voting, counting, tabulation and results announcements processes; or other alternative means to foster transparency and fairness in the conduct of the entire electoral process;

- v. Whether the emergency laws and regulations instituted to curb the spread of the pandemic had in any way compromised or contributed to the lack of integrity of the electoral process;
- vi. Whether the Member State had complied with the relevant provisions of these supplementary *Guidelines for the Observation of Elections Under Public Health Emergencies*.

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