



SADC REGIONAL RESPONSE TO COVID-19 PANDEMIC

With focus on Health, Law Enforcement and Security;
and Food, Nutrition Security and Livelihoods Sectors



Bulletin No. 14

#COVID19SADC



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EXECUTIVE SUMMARY

The 14th Bulletin of the SADC Regional Response to COVID-19 highlights the global and regional trends of the pandemic. Indications are that there is a decline in new cases and deaths in a number of countries. These are shown graphically in the sections that follow. The report also provides a summary of the meeting of the SADC

Technical Committee on the Implementation of the SADC Protocol on Health which was convened to discuss the COVID-19 vaccines.

The report also highlights the economic and financial responses with particular reference to the support availed to some SADC

Member States under the EU Global support to COVID-19 as reflected in **Table 1** of the report.

In this section of the report we also highlight the issue of debt management during the COVID-19 pandemic. Other sector impacts such as health and, law-enforcement and public security are highlighted.

We have profiled the food, nutrition and livelihoods sector as we unpack aspects of the Report on the Regional Study on the Impact of COVID-19 on Food, Nutrition and Livelihoods and its recommendations. The report further provides key recommendations to Member States which include;

HEALTH SECTOR

- Member States are urged to implement some of the World Health Organisation (WHO) recommended strategies to mitigate service disruptions, such as triaging to identify priorities, shifting to on-line patient consultations, changes to prescribing practices and supply chain and public health information strategies.
- Member States are urged to suspend or remove user fees, to offset potential financial difficulties for patients.
- Member States are urged to notify and routinely share with WHO and Africa Centres for Disease Control and Prevention (Africa CDC), data regarding suspected or confirmed COVID-19 cases, deaths, recoveries, tests conducted and healthcare workers infected to continually inform these and other updates.
- Member States are urged to utilize the planning tools that have been provided by WHO to project their COVID-19 vaccine needs with the view to future discussions with GAVI on vaccine procurement and delivery.

LAW ENFORCEMENT AND SECURITY

- Member States and the Regional Early Warning Centre should continue exchanging and sharing information/intelligence to prevent violent conflicts emanating from the COVID-19 pandemic situation.

FOOD, NUTRITION SECURITY AND LIVELIHOODS

- Member States and all agricultural stakeholders should **prioritise the protection of farmers** from COVID-19 infection, as they form the bedrock for national food security and household nutrition, in addition to the significant contribution to rural and downstream livelihoods.
- Member States should maintain the **essential services status of agriculture** during the COVID-19 pandemic, and beyond, in order to continually garner food production-friendly agricultural policies and service provision.
- Member States are urged to strengthen **farmer organizations to better organize distribution and marketing channels** for their members, relying more on aggregation, yet less on labour intensive intermediation so as to reduce the exposure of farmers to the risk of COVID-19.
- Member States are urged to **track coverage, monitor and assess effectiveness of default e-extension** approaches during COVID-19 era: through farmer feedback mechanisms including phone ins, WhatsApp messaging, periodic telephone-based outcome surveys, and appoint focal points in the community to gather and communicate critical M&E information on project activities.

1. GLOBAL DEVELOPMENTS ON COVID-19

On the margins of the UN General Assembly (UNGA), the WHO and the Government of Indonesia hosted a Webinar on “Sustainable

Preparedness for Health Security and Resilience: “Adopting a whole-of-society approach and breaking the “panic-then-forget”

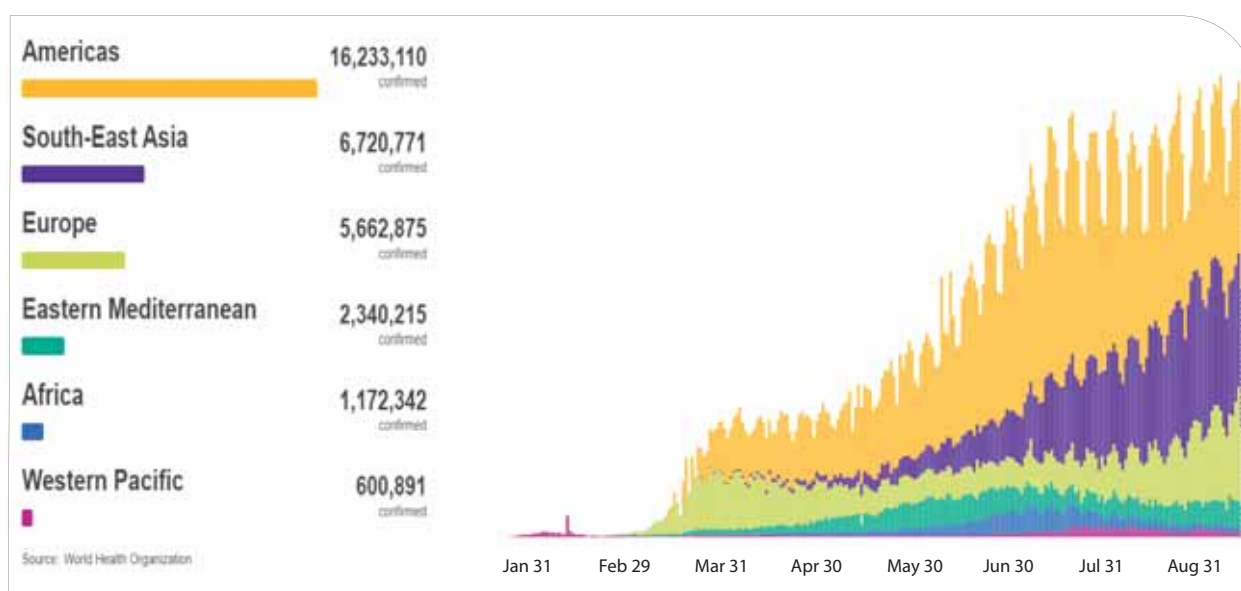
cycle in responding to global health emergencies.

Below are the outcomes of the session;

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| Highlighted experiences and lessons learnt by countries in emergency preparedness before and during the COVID-19 pandemic; | Advocated for long-term, sustainable emergency preparedness through diplomacy, investments, capacity building and health system strengthening; | Advocated for the adoption a whole-of-society approach in countries for sustainable emergency preparedness through effective multi-sectoral collaboration and community engagement; | Urged Member States to take forward the agreed actions and recommendations from the webinar. |

2. GLOBAL EPIDEMIOLOGICAL SITUATION

Figure 1 below shows the global situation of COVID-19 for the period ending 25th September 2020



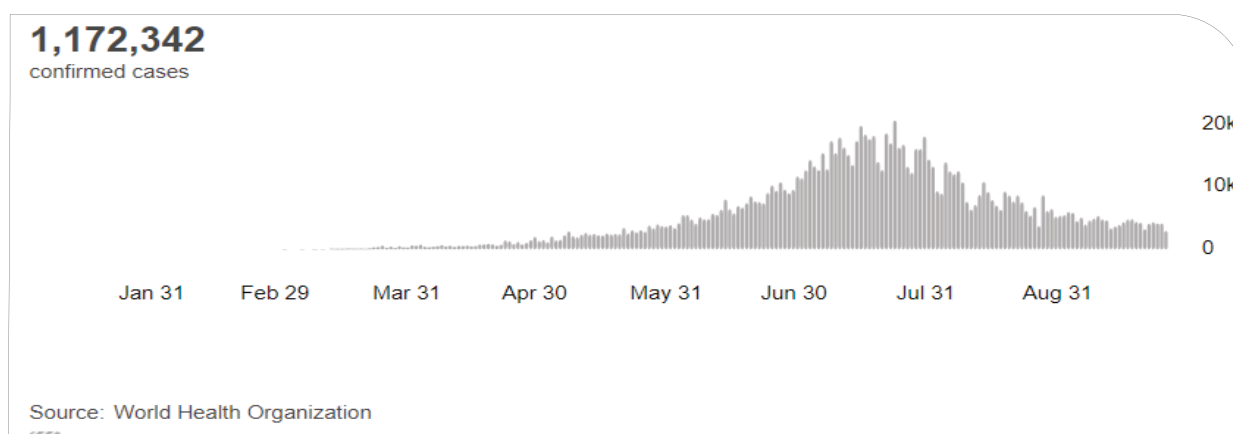
3. EPIDEMIOLOGICAL SITUATION IN AFRICA AND SADC REGION

The COVID-19 epidemiological situation in Africa continues to improve. The numbers of new confirmed cases are constantly

decreasing as well as the number of deaths. The decreasing momentum that was gained at the beginning of August appears to be sustained

despite a few daily upsurges that are being recorded in different regions of the continent.

Africa (fig 2)



3.1 Epidemiological outlook in the SADC region

The SADC region has also followed the continental trend in terms of decreasing numbers of confirmed COVID-19 cases and deaths. Despite the upsurge of new cases in some Member States, the regional outlook

shows a constant reduction in cases and mortality. In the week starting 20 to 27 of September, the Republic of South Africa reported a daily average case tally of approximately 1800 from a daily average of 10,000 cases between early June and late July (fig. 3).

On the other hand, Botswana has seen a constant rise in new cases since mid-June, with the highest single day report of 354 cases on 24th September, 2020 (fig 4). A similar trend was observed in Angola, Lesotho and Mozambique.

Fig. 3 South Africa Epi-curve

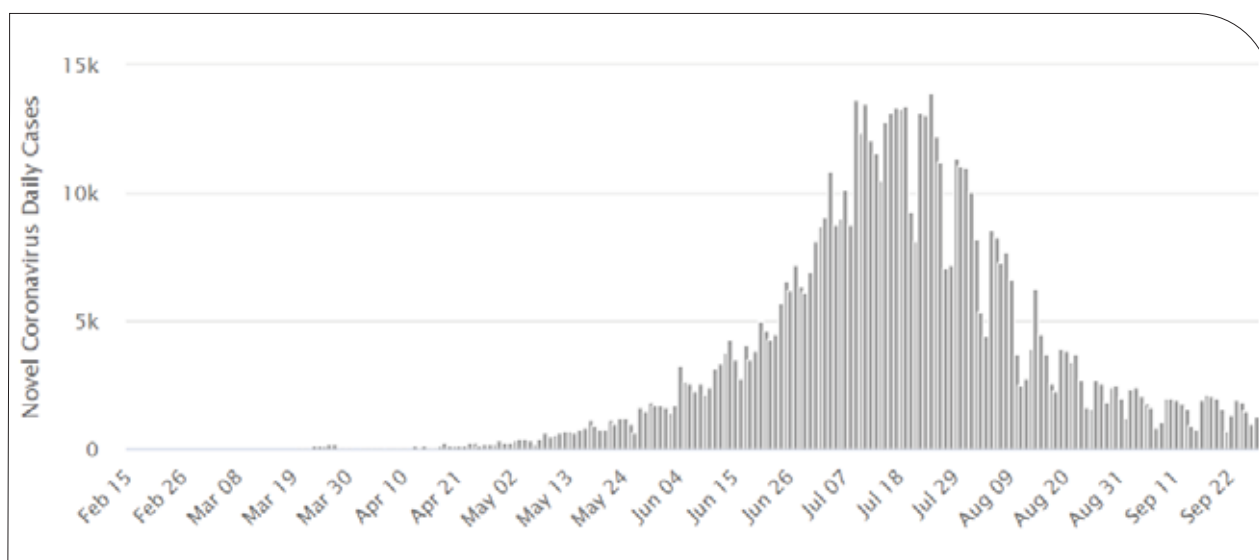
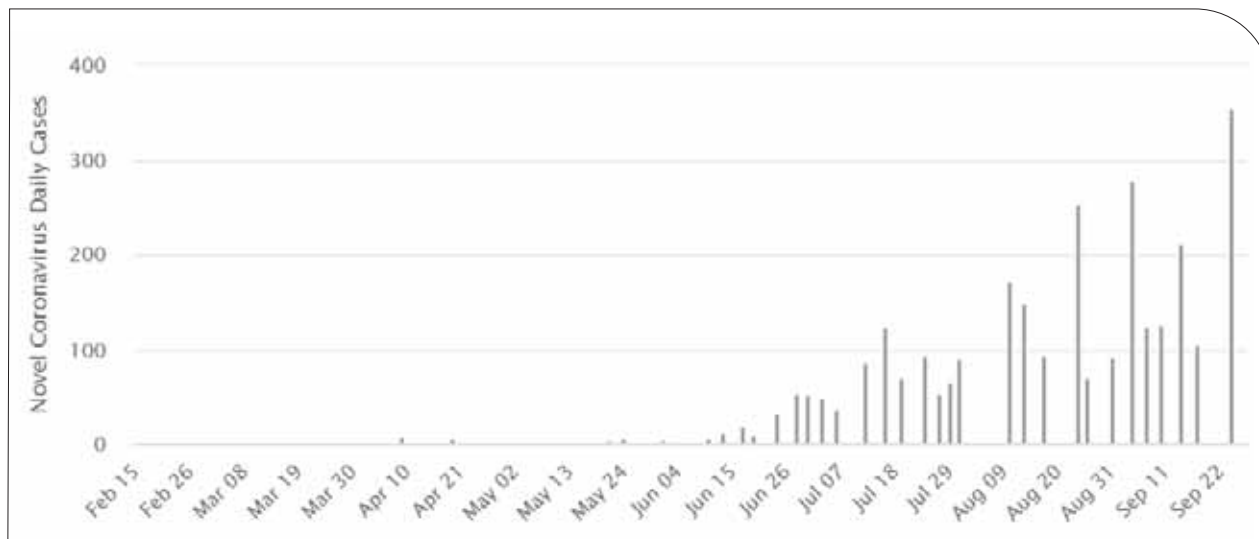


Fig. 4 Botswana Epi-curve



4. DEVELOPMENTS IN THE HEALTH SECTOR

In a recent global pulse survey by WHO, based on data collected in more than 150 countries in five regions (March to June 2020), **90%** of countries around the world have reported disruptions to essential health services since COVID-19 pandemic. The greatest impact has been reported in low- and middle-income countries. The survey highlights the gaps in health systems, but it also serves to inform new strategies to improve healthcare

provision during the pandemic and beyond.

In SADC countries, it was found that almost invariably all responding Member States have reported on average disruptions in **50%** of a set of **25 tracer** services. Services that reported the most disruption include outreach services (**70%**), facility-based services (**61%**), non-communicable diseases diagnosis and treatment

(**69%**), family planning and contraception (**68%**), treatment for mental health disorders (**61%**), and cancer diagnosis and treatment (**55%**).

Fortunately, no major potentially life-saving emergency services were disrupted in SADC countries. While some countries reported disruptions in emergency blood transfusion services, no disruption was reported in **24-hour** emergency services.



Recommendations to Member States

- Implement some of the WHO recommended strategies to mitigate service disruptions, such as triaging to identify priorities, shifting to on-line patient consultations, changes to prescribing practices and supply chain and public health information strategies.
- Suspend or remove user fees, to offset potential financial difficulties for patients.
- Improve real-time monitoring of changes in service delivery and utilisation as the outbreak is likely to wax and wane over the coming months, and adapt solutions accordingly.
- Start sharing of experiences and learning from innovative country practices that can inform the collective regional response.

5. SADC MEMBER STATES PARTICIPATION IN THE COVID-19 GLOBAL VACCINE ACCESS FACILITY

The SADC Technical Committee for the Implementation of the SADC protocol on Health on 7th September, 2020 met virtually to discuss the Covid-19 Vaccine Access facility (COVAX). The meeting was attended by delegates from Angola, Botswana, Democratic Republic of Congo, Eswatini, Lesotho, Malawi, Madagascar, Mauritius, Namibia, Seychelles, South Africa and Zimbabwe. International Cooperating Partners (ICPs), namely WHO and UNICEF, attended.

WHO availed a technical team to support the meeting.

COVAX is one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, which was launched in April 2020 by WHO, the European Commission and France in response to the coronavirus pandemic. The facility has brought together governments, global health organisations, manufacturers, scientists, the private sector, civil society, and philanthropy, to provide innovative and equitable access to COVID-19 diagnostics, treatments and vaccines.

Coordinated by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO, COVAX is a facility that aims to support the research, development and manufacturing of a wide range of COVID-19 vaccine candidates, and negotiate their pricing. All participating

The meeting underscored that while a vaccine remained the single most important tool to controlling infectious diseases, practising some Health Protocols like hand washing or sanitisation, social distancing, avoidance of over-crowded places, both indoors and out-doors, as well as wearing masks have gone a long way in reducing the spread of COVID-19 pandemic across the region and must be sustained.

countries, regardless of income levels, will have equal access to the vaccines once they are available.

Eligibility to the COVAX facility is stratified in two categories, the self-financing countries or high and upper middle-income countries, and the low and middle income countries,

also referred to as AMC-92 economies. In the SADC region there are five Member States under the self-financing category. These are Botswana, Mauritius, Namibia, Seychelles and South Africa. A total of 92 low- and middle-income economies are eligible for support for the procurement of vaccines through the Gavi COVAX Advance Market Commitment (AMC), a financing instrument aimed at supporting the procurement of vaccines for these countries, through a cost sharing mechanism. A majority of SADC Member States fall in this category.

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Recommendation to Member States

- Member States must utilise the planning tools that have been provided by WHO to project their COVID-19 vaccine needs with a view to future discussions with GAVI on vaccine procurement and delivery.



6. ECONOMIC AND FINANCIAL RESPONSES

6.1 European Union and European Investment Bank

On 24 June 2020, the EU and European Investment Bank (EIB) announced a total of EUR 2,031 million for

Sub-Saharan Africa within the EU institutions external response to COVID-19 (excluding Guarantee & EIB). The EU is supporting efforts to halt the spread of COVID-19 and helping countries to strengthen their

healthcare, water and sanitation systems, development of a fast and equitable access to safe, quality, effective and affordable tests, treatments and vaccines against coronavirus.

Business response



- Stepping up local production of medical and protective equipment in developing countries.
- Supporting governments in coordinating private and public sector response to COVID-19.
- Providing reduced costs and free services such as internet connection services.
- Targeting population groups and reaching out through social media to educate the general population on protective measures.
- Providing free standards to manufacture COVID-19 related equipment and making financial contributions.

Emergency response



- Providing immediate support to the Response Plans of international organisations.
- Providing immediate humanitarian support in affected countries, in particular in health, water, sanitation and hygiene (WASH) and logistics.
- Increasing production of personal protective equipment and medical devices to meet urgent needs in Europe and in partner countries.
- Mobilising the supply of in-kind assistance to affected countries through the Union Civil Protection Mechanism.
- Providing guarantee and liquidity provisions to local banks via International Financial Institutions and European Development Finance Institutions, supported by the European Fund for Sustainable Development.
- Supporting global efforts to provide sufficient supply of essential goods, food and water, measures to combat export restrictions and ensure supply chains remain intact, notably for essential medical supplies and pharmaceuticals.

Economic response



- Re-orienting support to national governments via direct budget support and financing (on-going programmes in 90 countries and territories, including neighbourhood countries), to shore up the economy and allow governments to continue to deliver vital health services.
- Access to loans and guarantees, despite the crisis situation.
- Supporting the private sector through loan guarantees, technical assistance and increased access to liquidity support, working capital and trade finance.

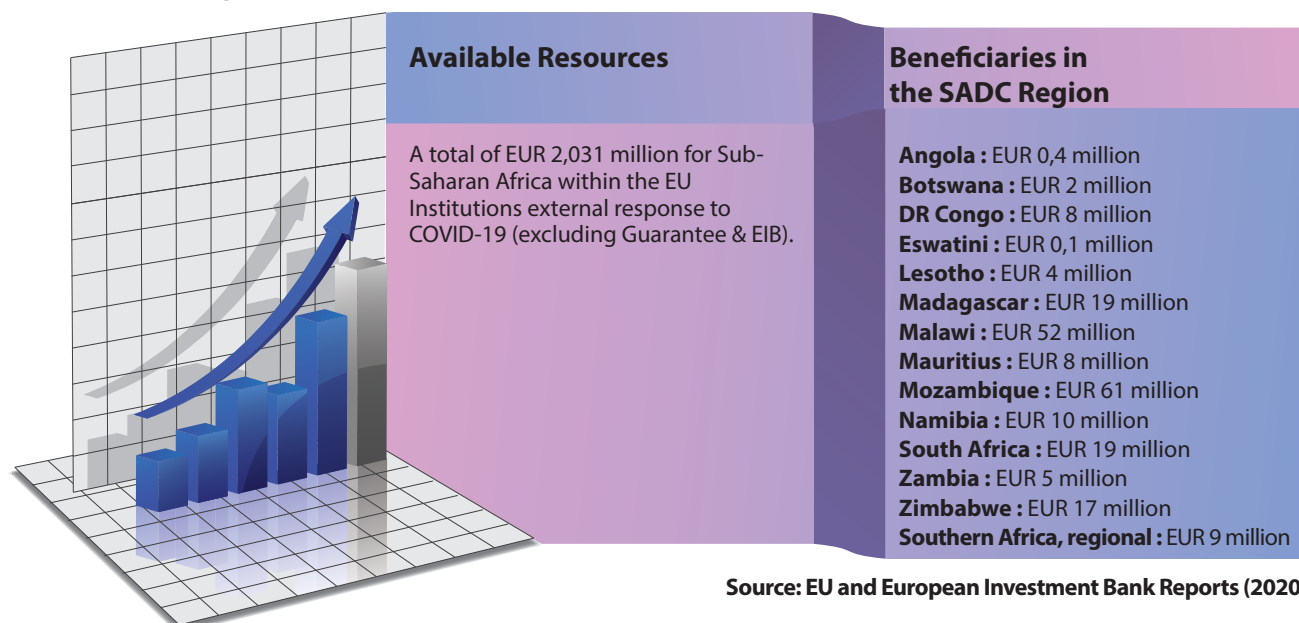
Healthcare systems



- Strengthening the preparedness and response capacities of countries with fragile healthcare systems and providing critical medical supplies and equipment. This has been a successful approach in recent outbreaks of Ebola and Zika viruses.
- Providing protective equipment for health workers in the most vulnerable countries, both directly and through the WHO's Strategic Preparedness and Response Plan (SPRP).
- Helping to train public health workers in epidemiological surveillance and the use of mobile laboratories.
- Strengthening regional epidemiological surveillance and disease control institutions in Africa (Africa CDC and its regional centres), the Caribbean (CARPHA) and the Pacific (SPC).
- Supporting communication and awareness efforts on basic protective measures and hygiene advice to prevent the spread.



Table 1: EU global response to COVID-19



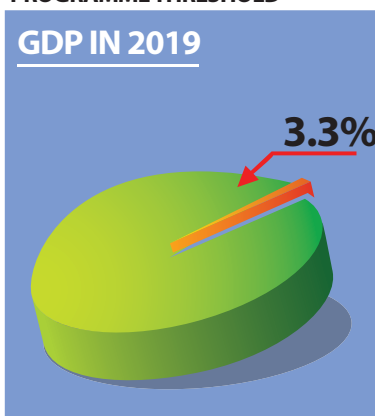
6.2 Managing Debt During the COVID-19 Crisis

The COVID-19 pandemic came at a time when the SADC regional economy had not fully recovered from the 2008-9 financial crisis and the climatic shocks that include droughts, floods and cyclones. The pandemic impacted on debt levels through widening fiscal deficits as revenues shrunk due to disruptions of economic activity as well as non-performance of the export receipts. Additionally, the huge investments to enhance health system resilience and the financial implications of response measures has seen an unprecedented surge in debt levels globally and in the SADC region.

The fiscal policy actions are mainly to provide safety nets to people and firms made vulnerable by the crisis. These fiscal safeguards include tax relief and deferrals, corporate grants and concessional loans, cash transfers, extended unemployment benefits and social assistance. These measures are aimed at preserving decent living standards and livelihoods by ensuring access to basic goods and services.

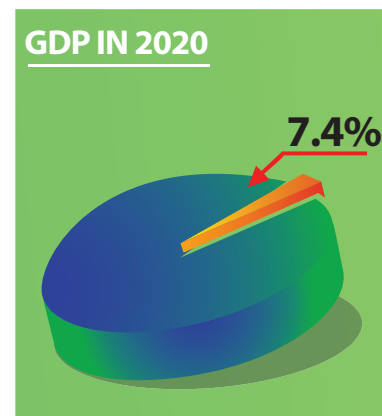
For firms, the objective is to avoid permanent scarring and avoiding unnecessary bankruptcies leading to job losses and liquidation of assets. Fiscal policies can help preserve employment and wages while maintaining capacity that will be crucial for the recovery. In most countries, especially the developing

SADC AVERAGE FISCAL DEFICIT IS PROJECTED TO MORE THAN DOUBLE FROM 3.3 % OF GDP IN 2019 TO 7.4 % OF GDP IN 2020, A SIGNIFICANT DIVERGENCE FROM THE 3 PERCENT SADC MACROECONOMIC CONVERGENCE (MEC) PROGRAMME THRESHOLD



countries, governments are faced with limited fiscal headroom to avail the required financial resources. Resultantly, budget deficits widened and debts rose sharply in 2020, substantially more than in 2009 at the peak of the global financial crisis. According to the International Monetary Fund (IMF), gross government debt all over the world is projected to increase by more than 13 percent of gross domestic product (GDP) to more than 96 percent of GDP. In the SADC region, the average fiscal deficit is projected to more than double from **3.3 % of GDP** in 2019 to **7.4 % of GDP** in 2020, a significant divergence from the 3 percent SADC Macroeconomic Convergence (MEC) Programme threshold.

Reflecting the deteriorating fiscal positions largely due to COVID-19 public expenditures as well as the



incapacity to service foreign and domestic debt obligations, SADC region's average public debt is projected to increase from **58.4%** of GDP in 2019 to **66.9%** of GDP in 2020.

The debt levels are expected to remain within the SADC convergence target of **70%** of GDP. However, with the pandemic persisting, the region is likely to breach the threshold.

In the absence of a permanent medical solution to the pandemic, tackling the health crisis to preserve lives and livelihoods is paramount, whatever the fiscal cost. Therefore, the precarious fiscal positions characterised by high debt and large deficits are unavoidable. However, mechanisms and institutions should be introduced to restore fiscal sustainability once the recovery gets underway.

Even though economic circumstances influence the choice of policy framework and priorities, the IMF identified broad policy strands to manage debt in the wake of the pandemic induced economic downturn. The IMF identified broad policy strands to manage debts are:

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| Sound debt management and transparency: | Sound debt management and transparency are critical to ensure that today's debt can be repaid tomorrow without overburdening the future generations. Keeping borrowing costs in check is important for the restoration of debt sustainability and management of fiscal risks. Not all measures will have an immediate effect on deficits and debts. Contingent liabilities such as government guarantees extended on business loans may have no upfront costs but will fall on the government accounts if businesses fail to honour their obligations in the future. |
| Good governance: | Governments should reinforce principles of good governance commensurate with the scale of intervention. These principles that ensure money is wisely, efficiently and effectively used include accurate accounting; frequent, timely and complete disclosure of information; and the adoption of procedures to allow for ex-post evaluation and accountability. IMF pointed out that policymakers should do whatever it takes but make sure to "keep the receipts". |
| Effective regulation and supervision: | While temporary regulatory easing is appropriate in the current context to mitigate the economic impact of COVID-19 and to stimulate recovery, proactive financial sector regulation and supervision can help policymakers identify and act on emerging risks. As the recovery gets underway, deeper financial markets can help mobilise domestic saving, which may be a more stable source of financing than foreign borrowing. |
| Robust macro-economic policies: | Robust monetary, exchange rate, and fiscal policy frameworks can safeguard emerging market and developing economies' resilience in a highly fragile global economic environment. Once the recovery gets underway, fiscal rules and frameworks will guide the unwinding of stimulus leading to a return to fiscal sustainability. |

7. LAW ENFORCEMENT AND SECURITY

Despite the relaxation of COVID-19 restrictions, including opening up of certain key sectors of economies, such as borders and airspaces, the security situation in the Region remains compromised due to the following:

- poor incomes and heightened poverty as a result of loss of livelihoods and jobs;
- poor trade and trade deficits;
- depressed commodity prices;
- corruption and its attendant perception of failure to address it;
- worsening transnational organised crime, especially wildlife crimes, drug trafficking, trafficking of humans and smuggling of goods;
- protests and demonstrations against poor working conditions, especially by frontline health workers; and

alleged heavy-handedness of police and military when enforcing COVID-19 regulations.

In certain parts of the Region, terrorists continue taking advantage of the divided attention of respective Member States to launch terror attacks, especially against civilians, causing loss of lives, destruction of private and public property as well as causing massive internal displacements that have led to a humanitarian catastrophe. Police and correctional services continue being disrupted by temporary closures of facilities as respective officers tested positive for COVID-19.

In light of the foregoing, the Regional Early Warning System (Member States and the Regional Early Warning Centre) should continue exchanging and sharing information/intelligence to prevent violent conflicts emanating from the COVID-19 pandemic situation.

8. IMPACT OF COVID-19 ON REGIONAL FOOD, NUTRITION AND LIVELIHOODS

The SADC Secretariat has undertaken a regional study on the Impact of COVID-19 on food, nutrition and livelihoods through the Regional Vulnerability Assessment and Analysis Programme (RVAA).

The study focused on the impact of the pandemic on health and livelihoods; food production and services; economics and markets; and nutrition.

In this report we present the findings and recommendations with regards to the impact of COVID-19 on food production. The findings of the other sections will be presented in subsequent bi-weekly bulletins.



8.1 Key Findings: Impact of food production

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| Indirect impacts: | <ul style="list-style-type: none"> ● Agriculture and food security sectors were designated “Essential” under COVID-19 in most SADC Member States; ● Pre-existing shocks affecting food include successive droughts (Zimbabwe, Lesotho, Malawi, Botswana, Namibia), economic underperformance (in Zimbabwe, Lesotho). ● Pre-existing disasters affecting food production: cyclones Idai and Kenneth (Malawi, Zimbabwe, Mozambique, Zambia), human conflict (15 million people in food crises in DRC in 2019; Mozambique). |
| Direct effects | <ul style="list-style-type: none"> ● COVID-19 caused movement restrictions, border closures, economic constrictions, global responses and export restrictions. ● There have been production disruptions by COVID-19 in these key food groups: <ul style="list-style-type: none"> ○ Cereals/potatoes/cassava: severe containment measures including lockdowns occurred after the peak field production activities, towards harvesting. Major disruptions were on restricted labour movement and access to labour. In general, the staple crop situation is satisfactory to good in most Member States. Exceptions include countries with recurrent droughts and under economic distress (Zimbabwe, Lesotho), which largely dependent on imports. ○ Meat/fish/poultry/eggs: significant impacts on poultry and to some extent piggery industries, large losses encountered, for instance, two million day-old chicks were gassed down during the first three weeks of lockdown in Zimbabwe due to extreme difficulties in accessing feed stocks and disrupted access to markets; 100 000 cattle lost in Zimbabwe due to January disease (Zimbabwe theileriosis, sister disease to East Coast Fever), a tick disease, 70-80 000 more than normal, three times the normally expected due to reduced cattle dipping, reduced surveillance and access to diagnostic services, shunning of dipping episodes; fish and livestock industry in Namibia was affected slightly due to momentary closure of meat auction. ○ Milk/dairy products: Significant milk production drop in Mauritius due to stock feed supply disruption. There was a 50% loss reported in milk spills in Zimbabwe. ○ Fruits/vegetables/horticultural industry: Significant and extensive fresh produce losses due to containment measures, reduced access and demand, closed restaurants/hotel and tourism sector; Horticultural producers experienced reduced labour supply/access by 50% due to restrictions on movement. ○ Beans and nuts: fresh produce markets, field crops were affected significantly in similar ways to cereals; seed availability and quality due to limited seed inspections for small-scale and community-based quality declared seed, this has huge implications for the upcoming crop seasons. |

Impacts are higher in more intensive, high input, short cycle production systems such as poultry, piggery, fresh vegetable and associated markets. The table below shows the scale and ranking of Member States against selected key indicators.

| INDICATOR | RANK | | |
|-------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|------------------------------------|
| | Above Average | Average | Below Average |
| Cereal Yields | RSA, Malawi | Angola, Botswana, Eswatini, Mozambique, Namibia, Zambia | Zimbabwe, DRC |
| Demand for Cereal Imports | Eswatini, Lesotho, Mauritius, Namibia, Zambia, Zimbabwe | Angola, Madagascar, Mozambique | Malawi, South Africa |
| Prospects for Attainment of Food Security | Examples: RSA, Malawi, Mauritius, Seychelles | Madagascar | Zimbabwe, DRC, Mozambique, Lesotho |
| Humanitarian Assistance Needs | Eswatini, DRC, Madagascar, Namibia, Zimbabwe | | |
| * Estimate total cereal import requirements 6063 000 tonnes | | | |

REGIONAL FOOD, NUTRITION AND LIVELIHOODS



8.2 Key findings on Impact of COVID-19 on future food supply chains

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| In-bound Supply Chains | <ul style="list-style-type: none"> On a positive note, there has been an increasing share of the produce market supplies gained by local suppliers feeding into large supermarket chains, the lion's share having been with South Africa supply chains. There has been international and domestic movement restrictions on food, inputs, for example introduction of import codes by South Africa for seed inputs which may impact future production. Some Member States, for example Malawi, rely on international supplies of production inputs fertilizers, some seed, agrochemicals; fertiliser requirements are 300 000MT, July stocks were 100 000 MT, it takes three months to restock, and this may affect supplies for the start of new cropping season. International holdback on food exports has been experienced, this could impact on SADC which still imports a sizeable proportion of its commodities, including grains like wheat and rice. |
| Out-bound Supply Chains | <ul style="list-style-type: none"> SADC Guidelines On Harmonisation and Facilitation of Movement of Essential Goods and Services across borders which were adopted in the region have made a significant contribution in the horticultural export business in some Member States such as Zimbabwe. There has been some cereal food surpluses in the region, including surplus vegetables such as in Mauritius and backyard production has been spurred on by COVID-19. There has been some food waste incidences recorded due to delayed access to markets and or closed markets such as in Zambia and South Africa. Cost of freight on fresh produce exports went up five times (from \$2/kg to \$10/kg) due to demand on reduced service delivery in some countries such as Zimbabwe. |

8.3 Positive impacts of COVID-19 on Food Production and Supply Chains

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| Importance of food security | <ul style="list-style-type: none"> COVID-19 has spurred a broad range of stakeholder awareness on the importance of food security thereby making it easier to introduce outstanding changes and innovations in areas of food production, food security and support for food producers. Stimulated innovative ways of delivering agricultural extension services. Compensatory rapid production has led to oversupply of vegetables in Mauritius. COVID-19 significantly firmed local and global demand and producer prices for citrus, honey and spices due to their perceived immune-boosting attributes. |
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Recommendations to Member States

- Governments and all agricultural stakeholders should **prioritise the protection of farmers** from COVID-19 infection, as they form the bedrock for national food security and household nutrition, in addition to the significant contribution to rural and downstream livelihoods
- Intensify innovation and modernisation of farming and consider **up-scaling mechanisation** to replace high risk labour-intensive farming operations which do not allow for social distancing.
- Maintain the **essential services status of agriculture** - during the COVID-19 pandemic, and beyond, in order to continually garner food production-friendly agricultural policies and service provision.
- **Shorten food-value chains** - through investment into **import-substitution** in agriculture:
 - Reduce external (beyond national and regional borders) sourcing of food supply: provide stimulus for local investments in all agricultural sub-sectors.
 - Support production intensification by high potential farmers and facilitate movement of the food from surplus areas to food deficit consumers and countries.
 - Take advantage of import substitution opportunities created by the break in regional/global food supply lines: scale-up irrigation, provision of farm inputs and equipment, and “COVID-safe” farmer training.
- **Embrace innovative extension service delivery approaches:** methods, channels and technologies, in-build these into future agricultural and food security projects.
- Urgently **strengthen seed security framework** at national and regional levels:
 - Countries depending on imported seed have experienced seed access problems for both cereals (e.g. Lesotho), and vegetable seed (e.g. Lesotho, Mauritius, Zambia);
 - Countries that are seed deficit should commission seed production in other SADC Member States with capacity and comparative advantage.
- Intensify **local and regional production of vegetable seed**, to counter access challenges from international markets reeling under heavy COVID-19 caseloads.
- Strengthen **farmer organisations to better organise distribution and marketing channels** for their members, relying more on aggregation, yet less on labour intensive intermediation so as to reduce the exposure of farmers to the risk of COVID-19.
- **Scale-up coverage of market-friendly farmer input support programmes** - for the 2020/21 summer season; agriculture in a significant number of SADC Member States is unlikely to rebound from repeated droughts, without external support such as grants, input support, debt relief, access to credit, and farm machinery to replace labour intensive production methods.
- Government agriculture input programmes should be all encompassing to support and boost local production of **not just cereals** but also **legumes, fruits, vegetables and livestock**.
- Devise and widely promote **innovative extension methods** - that are COVID-19 friendly:
 - **Up-scale the use of e-extension** - (use of SMS, WhatsApp, Facebook, Twitter, videos, manuals, pamphlets) for extension officers.
 - **Localise extension** - services by capacitating and equipping front-line extension personnel adequately through ICT support to access extension materials; provide adequate training manuals, print and make available pamphlets for farmers, etc).
 - **Support mobility of extension personnel** - (motor-bikes and fuel, resources for maintenance, and ensure they have communication resources – airtime and internet data bundles).
 - Train, equip and empower lead farmers and provide adequate resources to cascade knowledge transfer through action learning to other farmers in the community.
 - Upscale the use of **community radio programmes** for extension messaging and early warning climate information (distribute low-cost durable solar-powered radios to farmers and generate content from farmers and have radio programmes presented by model farmers).
 - **Track coverage, monitor and assess effectiveness of default e-extension** approaches during COVID-19 era: through farmer feedback mechanisms including phone ins, WhatsApp messaging, periodic telephone-based outcome surveys; appoint focal points in the community to gather and communicate critical Monitoring and Evaluation information on project activities.
 - Where face-to-face extension remains necessary in remote rural locations, **strictly observe all the WHO principles**.



9. COVID-19 UPDATES FROM THE AUC

9.1 African Leaders for Nutrition (ALN) Initiative

The African Leaders for Nutrition (ALN) is an initiative by the African Development Bank and the African Union Commission (AUC) which was endorsed by the Assembly of Heads of State and Governments of the African Union (AU) in 2018 (Assembly/AU/Dec.681(XXX).

The ALN Initiative was established to rally high-level political engagement to advance nutrition in Africa. It is led by a group of ALN Champions, comprising current and former Heads of State and Government, Finance Ministers and eminent leaders with the power to catalyse and sustain high-level political leadership and commitment to increase financial resources to end malnutrition in Africa. This strategy provides broad guidance and articulates interventions to eliminate all forms of malnutrition.

The African Leaders for Nutrition (ALN) has been urging all Heads of State and Governments to play a critical role in ensuring that nutrition is a core component of Country Resilience Plans and Social bonds in response to the COVID-19 pandemic. Several African Heads of State and Government are already championing nutrition on the continent. However, strong leadership and additional comprehensive actions are needed to amplify nutrition within the short-, medium- and long-term COVID-19 response and recovery efforts. The ALN through the Nutrition Champions will engage political leaders and foster partnerships to influence policy and increase nutrition investments in the COVID-19 environment.

His Majesty King Letsie III, Head of State of the Kingdom of Lesotho, African Union Nutrition Champion and also a champion of African Leaders for Nutrition (ALN), has issued a position paper titled, **“Embedding Nutrition within the COVID-19 Response and Recovery”**. The position paper which has been sent to all the African Union Member States calls on all Heads of State and Government to ensure the incorporation and promotion of nutrition smart interventions within COVID-19 response and recovery action plans. The COVID-19 pandemic is a chance for Africa's leaders to reshape and spearhead high-level sensitisation, advocacy and resource mobilisation efforts towards securing increased investments in nutrition. **The position**

paper may be downloaded through this link:

<https://au.int/en/documents/20200909/aln-initiative-embedding-nutrition-within-COVID-19-response-and-recovery>
Developments from the Africa CDC

To this end the Africa CDC has prepared a Step-Wise Guide which provides a high-level mapping of outbreak stages with guidance on how to time the minimum uptake of different interventions that have been recommended by Africa CDC, driven by evidence and science.

9.2 Network of Laboratories

Africa CDC in collaboration with the WHO have recently launched a network of laboratories. The aim of this network is to reinforce genome sequencing of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, in Africa. Twelve specialised and regional reference laboratories in the network will provide sequencing, data analysis and other technical support services to their host countries as well as to countries in their sub-regions.

9.3 Outbreak Brief #36: Coronavirus Disease 2019 (COVID-19) Pandemic

The Africa CDC regularly releases briefs on the COVID-19 outbreak pandemic with updated statistics on the number of positive cases per country as well as the number of deaths. These briefs are prepared in collaboration with AU Member States and as well as with the assistance of the WHO. The current phase of the epidemic for each country may also be consulted. These regular briefs may be consulted on the following link:

<https://africacdc.org/COVID-19/>

9.4 Launch of a web-based tool to better manage public health emergency workforce deployments

Africa CDC, in partnership with the International Health Regulations (IHR) Strengthening Project of Public Health England (PHE), recently launched a new web-based tool, African Volunteer Health Corps (AVoHC Net), to facilitate rapid deployment and better administration of a standby workforce for public health emergencies across Africa.

AVoHC Net will particularly facilitate easy and rapid access to updated profiles of members of the African Volunteer Health Corps (AVoHC); exchange of relevant information with partners for public health emergency deployments; training of experts on disaster preparedness, management and response; and access to country-specific health profiles for risk mapping and vulnerability assessment.

“With this tool, which enables us to maintain a current repository of potential deployable workforce, Africa CDC will be able to quickly deploy urgently needed personnel to any part of the continent with minimum delay. We are very pleased to support this work,” said Dr Ebere Okereke, IHR Team Lead for PHE.

It is to be noted that following the Ebola virus disease outbreak in parts of West Africa in 2014, the AU Heads of State and Government, by Decision No. Assembly/AU/Dec.570 (XXV) of June 2015, authorised the creation of AVoHC as a multidisciplinary standby workforce to support response to public health emergencies in any part of Africa.

Since its creation, membership of AVoHC has grown to over 800 experts in epidemiology, laboratory, logistics, communication, social science, environmental health, animal health, and incident management. Some of these experts were deployed by the AU to support response to Ebola outbreak in West Africa.

In fulfilment of its mandate and as part of implementation of its operational framework, Africa CDC took over management of AVoHC in 2017 to enhance its ability to provide surge capacity support to AU Member States during public health emergencies. Since then Africa CDC has deployed members of the AVoHC team to support response to Ebola virus disease outbreak in the DRC and currently to support response to COVID-19 pandemic in some African countries.



9.COVID-19 UPDATES FROM THE AUC

9.5 Guidelines to AU Member States for a Step-wise approach

To help countries respond to this pandemic, the Africa CDC is recommending that AU Member States tailor their response activities to the stage of their epidemic and to the African context. African countries have a greater vulnerability to massive economic, social and political disruption from many outbreak control measures being implemented in Asia, Europe and North America.

To this end the Africa CDC has prepared a Step-Wise Guide which provides a high-level mapping of outbreak stages with guidance on how to time the minimum uptake of different interventions that have been recommended by Africa CDC, driven by

evidence and science.

The phases discussed in the document, which may be consulted on this link: <https://africacdc.org/download/recommendations-for-stepwise-response-to-COVID-19/>, categorises the phases as below:

- Phase 0 (No COVID-19 case): no reported case in-country;
- Phase 1 (Early stage outbreak): one or more imported cases, limited local transmission related to imported cases;
- Phase 2 (Expanding outbreak): increasing number of imported cases, increased local spread but all cases linked to known transmission chains, outbreak clusters with a

known common exposure;

- Phase 3 (Advancing outbreak): localised outbreaks start to emerge, one or more cases or deaths occur outside known transmission, multiple generations in transmission chains, cases are detected among severe acute respiratory illness (SARI) case with no known exposure;
- Phase 4 (Large outbreak with nationwide transmission): widespread sustained community transmission, multiple generation transmission chains can be identified but most cases occurring outside of chains, community-wide transmission throughout all or nearly all of the country.

Recommendations to Member States

- All Member States should continue to enhance their surveillance to include COVID-19 and severe acute respiratory infections (SARI). Examples of enhanced surveillance include:
 - Adding questions about travel, contact history, and testing for coronaviruses to existing influenza surveillance systems;
 - Notifying healthcare facilities to immediately inform local public health officials about persons who meet the case definition for COVID-19, SARI and/or have recent travel to a country with local transmission or history of contact with a case.
- Member States should perform contact tracing of confirmed cases based on transmission type and country capacity.
- Member States should notify and routinely share with WHO and Africa CDC, data regarding suspected or confirmed COVID-19 cases, deaths, recoveries, tests conducted and healthcare workers infected to continually inform these and other updates. Notify Africa CDC by emailing: AfricaCDCEBS@africa-union.org.
- Member States should continue to provide guidance to the general public about seeking immediate medical care and informing healthcare providers about recent travel or contact history in anyone who develops symptoms of severe respiratory illness.



1 REGION, 16 NATIONS WORKING TOWARDS A COMMON FUTURE



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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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