SOUTHERN AFRICA NEEDS ASSISTANCE
AN OPEN CALL TO THE REGIONAL AND INTERNATIONAL COMMUNITY

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A REGION IN CRISIS
According to official statistics, southern Africa has been one of the regions hardest hit by the Covid-19 pandemic. In February 2021, the Southern African Development Community (SADC) chairperson President Filipe Nyusi stated that in January 2021 SADC reported over half of new Covid-19 infections in Africa and of the five countries which currently account for 76% of new coronavirus infections in Africa (South Africa, Tunisia, Zambia, Uganda, and Namibia), three are in southern Africa. At the same time, the pandemic has had a devastating social and economic impact on the region. The SADC Regional Response to COVID-19 Bulletin reported the region’s average public debt was projected to increase from 58.4% of GDP in 2019 to 66.9% of GDP in 2020 (breaching the regional threshold of 60 per cent of GDP) because of Covid-19.

Since the pandemic began, Amnesty International has documented a myriad of human rights violations due to measures taken by countries to curb the spread of the virus. They include no social protection plunging many into further poverty, food insecurity, violations on rights to asylum and lack of access to education for millions of children. The impact of Covid-19 has been further compounded by the fact that many countries in the region have also just emerged from a severe food crisis and the effects of Cyclone Idai.

The pandemic has also had a distinct gender dynamic in the region. Amnesty International reported that Covid-19 response measures have contributed to a spike in domestic violence; neglect of sexual and reproductive health service provision, whilst also negatively impacting women in the health services sector, as well as in informal employment. It has also resulted in an additional care burden on women as lockdowns and school closures forced families to stay at home.

A DEADLY THIRD WAVE
After a lull in the previous months, southern Africa is now dangerously in the midst of its third wave of Covid-19 infections, which the World Health Organization (WHO) has predicted will likely be deadlier than the previous waves. The WHO has predicted that the third wave will likely be deadlier than the previous waves.
previous two. WHO further states that in the week of 19 June Covid-19 infections have increased by up to 30% across the Continent and deaths have shot up by 15%. Countries such as Zambia and Namibia are reporting their highest ever levels of new infections, with Zambia currently reporting an average of over 2,596 new infections daily and Namibia 1,312. Deaths in both countries continue to climb. On 23 June Zambia reported its largest number of coronavirus-related deaths since the start of the pandemic and the government has called the current Covid-19 situation being experienced by Zambia as ‘unprecedented’. Already fragile health systems are being stretched to their limits as hospitals struggle to cope with the increase in admissions and Namibia is also currently suffering an oxygen shortage.

South Africa is also grappling with the deadly wave as Covid-19 infections are rapidly rising, with the country reporting a discouraging 12,393 new infections on average each day. However, it should be noted that this figure is still only 65% of the expected peak of the highest ever daily average which was reported on January 11, with the indication and fear that infections are expected to sharply increase further and beyond the January figure. South Africa also continues to shoulder the highest Covid-19 burden in the region. As of 24 June there have been 1,861,065 infections and 59,258 coronavirus-related deaths reported in the country since the pandemic hit last year.

A VERY SLOW VACCINATION ROLL OUT

To make matters worse, the vaccine roll out in the SADC has been painfully slow. With the exception of Mauritius and Seychelles, countries in the region have not managed to administer one dose to even 10% of their populations. For example, Namibia has administered at least 123,954 doses of Covid-19 vaccines as of 23 June. Assuming every person needs two doses, that is only enough to have fully vaccinated about 2.5% of the country's population (5% of the population, or close to 5 years for the country to reach population immunity. In South Africa, by 2 June, a total of 1,117,569 Covid-19 vaccine doses had been administered as part of the country’s phased rollout, but it took the country three months to reach this milestone. South Africa is currently managing to administer approximately 10,644 inoculations a day, however, to reach its target of covering 10% of the population, or close to 5 years for the entire population.

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VITAL SUPPLIES FOR THE FUTURE

As of 19 June, Zambia had administered one dose of the Covid-19 vaccine to only 0.81% of its population. In the last reported week Zambia averaged about 91 doses administered each day, if the country continues at this current rate, it will take 39,256 days (or 107 years) to administer enough doses to inoculate 10% of the population, or close to 5 years for the country to reach population immunity.

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experience 20 to 40 waves before the country is fully vaccinated and that at the present pace it could take 10 years to complete inoculations in South Africa. In this context it is worth noting that as of 19 June, South Africa, an economic superpower in the region and the second wealthiest country on the Continent, had only vaccinated 2.73% of its population with at least one dose.

The hitches in relation to vaccine roll out in South Africa are well documented; from a variant which has proved resistant to vaccines which are currently approved by WHO for emergency use, to unreasonable demands made by pharmaceutical companies (which at one point demanded that the South African government put up sovereign assets to guarantee an indemnity against the cost of any future legal cases) to the devastating destruction of 2 million contaminated Johnson and Johnson vaccine doses, and most recently a disgraced health minister embroiled in yet another corruption scandal which have plagued the country for years.

Vaccine access in the region also remains precarious in the context of global limited supply. It is well documented that countries in the global north which were in the position to fund the research, development and trials of Covid-19 vaccines bought up most doses (some purchasing enough vaccines to vaccinate their populations up to six times over), which left poorer countries with no doses and/or being forced to purchase vaccines at exorbitant prices. Amnesty International has widely documented this ‘vaccine nationalism’.

The recent G7 Summit further entrenched this nationalism and inequality, as leaders from the most affluent countries in the globe promised to share a paltry 870 million doses (when the current global need is 11 billion doses combined with the majority’s continued reluctance to take a decision to endorse the TRIPS waiver. This is against a backdrop of the G7 vaccinating close to 50% of its populations while countries such as the Democratic Republic of Congo have vaccinated barely 0.04% of theirs.

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32 Africa’s Top 10 wealthiest countries ranked by GDP, IT News Africa. Com, 224, March, 2021: Africa’s Top 10 wealthiest countries ranked by GDP - IT News Africa - Up to date technology news, IT news, Digital news, Telecom news, Mobile news, Gadgets news, Analysis and Reports
35 Explainer: Why millions of J&J vaccines will be destroyed, IOL, 14 June, 2021 See: Explainer: Why millions of J&J vaccines will be destroyed (iol.co.za)
40 G7 announces pledges of 870 Million COVID-19 vaccine doses, of which at least half to be delivered by the end of 2021, UNICEF, 13 June, 2021 See: https://www.unicef.org/press-releases/g7-announces-pledges-870-million-covid-19-vaccine-doses-which-least-half-be
42 G7 not wavering in support for voluntary licensing, BioWorld, 15 June, 2021 See: G7 not wavering in support for voluntary licensing | 2021-06-16 | BioWorld
SADC IS DROWNING IN DEBT – AN URGENT INTERNATIONAL CALL

The African Union (AU) published a study in April 2020 which projected that the Continent could lose up to $500 billion because of Covid-19 and that countries would likely be forced to borrow heavily to survive the pandemic.45

This is against a backdrop of already severe indebtedness. In its 2021 budget, Zambia allocated more money to debt servicing than the education, health, water and sanitation sectors combined.46 Angola47 and Mozambique’s48 sovereign debt levels are currently larger than the sizes of their economies. This is before the economic fallout from Covid-19 which has had a devastating effect on SADC public balance sheets. Southern African countries are faced with additional spending needs to finance immediate health responses, provide social support to households, and invest in the recovery once the pandemic is under control. Yet concomitantly, government revenues are collapsing, due to a decrease in commodity exports, tourism arrivals and other services-dependent industries as a result of global travel restrictions and lockdowns.49

SADC’s economic challenges are a root cause of member countries’ inability to respond effectively to the pandemic more generally, and to access vaccines specifically.50 Southern African countries are simply not on the same playing field as richer nations which are in much stronger economic positions to protect people in their countries adequately and efficiently (whilst noting that this has not always been the case in terms of those governments’ performance). Developing countries are going to require substantial liquidity and financing support to deal with the pandemic and its long term socio-economic fallout, which the IMF currently estimates will cost at least US$2.5 trillion in Africa.51

Most crucially SADC governments presently face the impossible situation of having to choose between implementing requisite Covid-19 responses – which includes purchasing vaccines for their people - or servicing debt, for fear of a deepening debt crisis. In their December 2020 report Will the Cure Bankrupt Us? Oxfam noted that high indebtedness has meant underfunded essential services needed for effective Covid-19 prevention and response measures in the region. If this remains the status quo poorer countries will continue to be ravaged by the pandemic, limiting their ability to afford lifesaving vaccines as well as provide the necessary social protection.53

52 Global response is needed to prevent a debt crisis in Africa, Financial Times, See: https://www.ft.com/content/6d428aa4-6d29-44ae-a307-c97b31325d7b
Furthermore, current lifelines available to Africa to address vaccine supply constraints will likely involve countries taking out even more debt. For instance, the African Vaccine Acquisition Task Team of the African Union\textsuperscript{54}, that has apparently made an order for 220-million Johnson and Johnson doses for 2021\textsuperscript{55} is a sustainable financing facility which member states will \textit{borrow} from to access vaccines. The AU has succeeded in getting the African Export-Import Bank to provide advance guarantees of up to $2 billion to the manufacturers on behalf of the AU’s 55 Member States.\textsuperscript{56} African countries will pay between $3 and $10 per vaccine dose. Although this is substantially less than what richer countries are paying\textsuperscript{57} there is still a concern that countries already struggling to manage the economic fallout of the pandemic will have to borrow more money to protect their people. Unsurprisingly, there appears to be a reluctance of AU member states to use this facility. As of May 2020 only five countries (and only two SADC members); Botswana, Cameroon, Tunisia, Togo, and Mauritius had completed orders and submitted a 15% deposit as a down payment for the doses. Thirteen countries have signed commitment letters, but not given deposits, and seventeen had expressed interest in pre-orders but not taken further action beyond this. Twenty-one countries have not taken any action toward securing any doses and the deadline to complete orders is quickly approaching\textsuperscript{58}. This gives an indication that even when vaccines are available, African countries are hesitant to take on more debt to access them.

In this context, the UN Guiding Principles on foreign debt and human rights emphasise that external debt repayments should not interfere with a state’s efforts to realise core rights obligations including with respect to the right to health and standard of living\textsuperscript{59}. In light of this, an increasing number of African countries have approached the G20 coronavirus debt relief process\textsuperscript{60} for debt relief due to the economic cost of Covid-19. Although temporary debt suspension is welcome, lenders and donors must go beyond this and consider permanent debt cancellation to enable sustainable recovery\textsuperscript{61} as well as provide innovative aid grants that will allow SADC to weather the Covid-19 storm, including the purchasing of higher numbers of vaccines in the short term.

Further, given the fact that a significant portion of Africa’s debt (including SADC countries) is now owed to China it is also important that the Chinese government actively joins multilateral efforts to cancel the debt. Donor countries such as China should desist from using bilateral negotiation tactics with developing countries so unequal in economic size to them which merely maintains the unjust system that keeps countries in Africa heavily indebted. It is time to flatten the debt curve and give African countries the fiscal space they need to address their socio-economic deficit – including the current availability of vaccines.

\textbf{SADC MUST STAND UP}

Amnesty International has previously written on the silence\textsuperscript{62} and inaction of SADC in relation to vaccine access in the region. The regional body met soon after in an extra-ordinary meeting of health ministers where various regional imperatives were discussed but no official resolutions were taken or declarations were made\textsuperscript{63}. SADC continues to fail to use its influence to guide the vaccine conversation in the region, despite President Filipe Nyusi of Mozambique stating back in January that “[We] recommend the SADC Committee

\begin{itemize}
  \item \textsuperscript{54} The African Vaccine Acquisition Task Team, which is an initiative of the African Union Commission, Africa CDC, Afreximbank, the AU Special Envoy for COVID-19, and UNECA, that was created to provide the continent with sufficient and timely access to COVID-19 vaccines.
  \item \textsuperscript{56} The World Bank and the African Union’s Covid-19 Africa Vaccine Acquisition Task Team (AVATT) agree to work together to deploy vaccines for 400 million Africans, Afreximbank, 14 June, See: https://www.afreximbank.com/the-world-bank-and-the-africans-covid-19-africa-vaccine-acquisition-task-team-avatt-agree-to-work-together-to-deploy-vaccines-for-400-million-africans/
  \item \textsuperscript{57} Pfizer will provide 50 million doses of its two-shot vaccine at $6.75 (R101) each. By comparison, the EU and the US are paying around $19 (R289) per dose, while Israel is paying $30 (R450) for the Pfizer vaccine.
  \item \textsuperscript{58} J&J will provide 120 million doses of its single-shot vaccine at $10 (R150) each. The US government is paying around $14.50 (R217) a dose, including development costs.
  \item \textsuperscript{59} African Countries Reluctant To Borrow Funds For COVID-19 Vaccines, Health Policy Watch, 17th May 2021 See: https://healthpolicy-watch.news/66305-2/
  \item \textsuperscript{61}After Default, Zambia Becomes Third Country Seeking G20 Debt Relief, Jubilee, 05 February 2021, See: https://www.jubileeusa.org/pr_zambia_default_g20_debt_relief
  \item \textsuperscript{62} Suspending debt payments means that interest continues to accrue and will have to be paid later
  \item \textsuperscript{63} SADC’s silence on access to Covid-19 vaccines is too loud - The Mail & Guardian (mg.co.za)
  \item \textsuperscript{64} SADC convenes virtual Extraordinary Meeting of Ministers of Health, SADC, 12 May, 2021 See: Southern African Development Community :: SADC convenes virtual Extraordinary Meeting of Ministers of Health
\end{itemize}
of Ministers of Health to establish a strong regional collaborative strategy which pools resources together to urgently acquire the vaccine for distribution to our citizens setting priorities in accordance with the level of risk.”

This statement was made when the region was weathering the debilitating second wave of Covid-19 infections and as the region enters its third wave, SADC has still not devised a concrete action plan on equitable vaccine access despite being mandated to do so by its own health protocol, which necessitates that it “coordinate regional efforts on epidemic preparedness, mapping, prevention, control and where possible the eradication of communicable and non-communicable diseases.” SADC is also missing an opportunity to emphasise the human rights obligations all member states have in relation to vaccine access and ensure that they meet those obligations and are held to account during this critical time.

Additionally, SADC must wake up to the worsening economic crisis in the region. In 2021 it was reported the number of Zimbabweans in extreme poverty reached 7.9 million during the Covid-19 pandemic representing over half of the population. In neighbouring Zambia currently 88% of its population is living on less than $6 a day. By the time the country went into default on its external debt repayments in November 2020, Zambia had already implemented extensive austerity measures to try and reduce its debt, as a continuing consequence, throughout the pandemic the country has been spending four times more on debt payments than on public health.

Instead of its seemingly laissez faire approach SADC should urgently facilitate joint negotiation by member states for debt cancellation from lenders and special drawing rights from the International Monetary Fund (IMF), as well as partnering with donors as the AU has done in a way that would maximise economies of scale and consequently present less risk than if countries are forced to do so bilaterally. SADC must also use its voice to openly endorse international efforts which could increase equitable vaccine access and address supply constraints, such as the ‘waiver’ on certain aspects of the TRIPS agreement for the production of Covid-19 health products as well the WHO’s Covid-19 Technology Access Pool (C-TAP) which is currently only supported by three member states - Mozambique, Zimbabwe and South Africa.

65 Southern African Development Community Protocol on Health, SADC, See: Southern African Development Community.pdf (ifrc.org)
67 Zambia edges towards debt default, but bondholders could make millions, Jubilee Debt Campaign, 02 November, 2020 See: https://jubileedebt.org.uk/blog/zambia-edges-towards-debt-default-but-bondholders-could-make-millions
68 For example, the (AU) coordinated the donation of medical supplies from the Jack Ma Foundation to its member states consisting of surgical supplies, ventilators, protective clothing, etc. See: African Union to distribute more COVID19 supplies to its member states after receiving the third consignment from the Jack Ma Foundation Press Releases. African Union; 2020. https://au.int/en/pressreleases/20200429/african-union-distribute-more-covid19-supplies-its-member-states-after
69 A common shared pool of rights to technologies, data and know-how that everyone around the world could use to manufacture any medical products needed to tackle COVID-19, including vaccines. See at https://www.who.int/initiatives/covid-19-technology-access-pool Currently only supported by Mozambique, Zimbabwe and South Africa in SADC
70 Endorsements of the Solidarity Call to Action, WHO, 2021 See: Endorsements of the Solidarity Call to Action (who.int)
CONCLUSION AND RECOMMENDATIONS

The Covid-19 pandemic has caused a public health and socio-economic crisis both globally and in the SADC region with close to 70,000 people dying of this disease in southern Africa. Currently, vaccines appear to be the most effective weapon to alleviate the pandemic. Yet vaccine access remains extremely precarious given the complexities around affordability, preparedness, and the global demand for a limited supply of vaccines which favours wealthier northern countries.

While the pandemic has exposed the fact that the global economy has long been impacted by profound inequalities and disparities, it will also merely exacerbate these, potentially shaping the socio-economic fortunes of SADC countries for years if not decades. For this reason, it is even more vital that key regional and international actors urgently take action. International cooperation and assistance remain a cardinal requirement to tackle the current crisis facing SADC and the global south. In particular, the international community and the SADC must act decisively and collectively to ensure equitable access to vaccines to all people, without discrimination, because if there is one thing this pandemic has shown, it is that none of us is safe until we are all safe.

AMNESTY INTERNATIONAL RECOMMENDS:

TO THE INTERNATIONAL COMMUNITY:

- Ensure that intellectual property rights do not prevent any countries from upholding the right to health. This includes agreeing on a ‘waiver’ on certain aspects of the TRIPS agreement for the production of Covid-19 health products and supporting the WHO’s Covid-19 Technology Access Pool (C-TAP) initiative (a common shared pool of rights to technologies, data and know-how that everyone around the world could use to manufacture any medical products needed to tackle Covid-19, including vaccines).
- The G7 should expedite the issuance and reallocating of a substantial amount of new special drawing rights to enable the purchase of vaccines, and other parts of national pandemic recoveries.
- G20 countries should extend the current Debt Service Suspension Initiative until at least the end of 2022 and consider debt restructuring and cancellation where necessary, including with respect to heavily indebted lower and middle-income countries, ensuring that all sovereign and private creditors are engaged in this process.
- Donors are encouraged to protect existing official development assistance commitments, targeting support to health and social protection systems with a focus on people in particularly vulnerable situations in developing countries whilst ensuring the continued effective transfer and coordination of humanitarian and development aid whilst promoting good governance.

TO SADC:

- Produce a clear, binding regional strategy to guide member states, based on statements made on 11 May 2021, including but not limited to:
  - Coordinating the sharing of information on the types of vaccine and numbers of doses member states are receiving from suppliers in order to strengthen vaccine coverage monitoring in the region through the Secretariat, for wider dissemination among Member States;
  - Proactively building and maintaining trust in the Covid-19 vaccine by engaging communities in order to mitigate the increasing mistrust and vaccine hesitancy as part of the pandemic response;
• Vaccinating all people, including but not limited to diplomats, migrants, students and those residing along the borders; and

• Sharing lessons and experiences on the manufacture, distribution and management of vaccines including information on potential investors interested in setting up manufacturing plants within the SADC Region.

• Urge member states to develop, publish and implement policies to ensure availability, accessibility, affordability, acceptability and quality of Covid-19 health products for all people. This should be done according to the human rights principles of transparency, participation, accountability, equality and non-discrimination.

• Facilitate joint negotiation by member states for debt restructuring/cancellation from lenders and special drawing rights from the IMF.

• Partnering with donors as the AU has done in a way that would maximise economies of scale and consequently present less risk than if countries are forced to do so bilaterally.

• Encourage member states which have not already done so to immediately endorse and participate in the WHO’s C-TAP initiative (a common shared pool of rights to technologies, data and know-how that everyone around the world could use to manufacture any medical products needed to tackle Covid-19, including vaccines)
AMNESTY INTERNATIONAL IS A GLOBAL MOVEMENT FOR HUMAN RIGHTS. WHEN INJUSTICE HAPPENS TO ONE PERSON, IT MATTERS TO US ALL.
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Compounding matters further vaccination rates in the region have been low, due to the of limited supply of vaccines globally - which favours wealthier northern countries, as well as resource constraints caused by a worsening economic situation in the region. Amnesty International identifies SADC’s economic challenges as a root cause of their inability to respond effectively to the pandemic more generally, and to access vaccines specifically.

A looming debt crisis has significantly curtailed the ability of SADC states to respond efficiently to the pandemic, with countries such as Zambia reportedly spending four times more on debt payments than on public health. This briefing calls on key regional and international actors to urgently take action to reduce debt commitments and provide aid in order to give southern African countries the fiscal space they need to address their pandemic related socio-economic deficit as well as ensure sustainable recovery post Covid-19. International cooperation and assistance remain a cardinal requirement to tackle the current crisis facing SADC and the global south.