**Call for submissions**

***Women’s and girls’ sexual and reproductive health and rights in situations of crisis***

The Working Group on discrimination against women and girls will present a thematic report on women’s and girls’ sexual and reproductive health and rights[[1]](#footnote-0) (SRHR) in situations of crisis to the 47th session of the Human Rights Council in June 2021. The report will examine women’s and girls’ SRHR within an overarching framework of reasserting gender equality and countering roll-backs.

The Working Group will take a broad approach to crisis.In doing so, it intends not only to look at humanitarian crises, typically understood as encompassing international and non-international conflicts and occupied territories, natural disasters, man-made disasters, famine and pandemics, but it will also examine long-standing situations of crisis resulting from structural discrimination deeply embedded in histories of patriarchy, colonization, conquest and marginalization (such as in the case, for example, of indigenous women, Roma women and women of African descent), as well as other types of crisis based on the lived experiences of women, such as those induced by environmental factors, including the toxification of the planet, land grabbing, political, social and economic crises, including the impact of austerity measures, refugee and migrant crises, displacement crises, and gang-related violence, among others. The Working Group will examine how existing laws, policies, and practices can contribute to negative reproductive health outcomes for women and girls in situations of crisis and restrictions on their autonomy during their life-cycle, using an intersectional approach.

In order to inform the preparation of this report and in line with its mandate to maintain a constructive dialogue with States and other stakeholders to address discrimination against women and girls, the Working Group would like to seek inputs from all stakeholders. Submissions should be sent **by 31 August 2020** to [wgdiscriminationwomen@ohchr.org](mailto:wgdiscriminationwomen@ohchr.org) and will be made public on the Working Group's web page, unless otherwise requested. The Working Group is particularly interested in receiving information about challenges faced in ensuring that women’s and girls’ sexual and reproductive rights are respected, protected and fulfilled in times of crisis, and are adequately prioritized, as well as examples of good practices.

**Questionnaire**

Concept/definition of crisis

1. **Please provide information on the legal and policy framework used by your State to manage situations of crisis and on how the concept of “crisis” has been defined or framed.**

AIDS and Rights Alliance for Southern Africa has responded to this survey from the vantage point of the Southern African Development Community as opposed to discussing one State’s domestic laws. This is because the Southern African Region has committed itself to political and economic integration, which includes the development of strong, and legitimate political institutions. Through our work, we have experienced first hand the normative power of SADC - the ways in which the policies and frameworks adopted at the subregional level spur law and policy reform at the national level, and are of the view that it is equally important to track developments at this level as at the national level. We aim to provide an analysis from this vantage point.

In the southern African region, states engage with the idea of crisis at the national level through complementarity with sub regional strategies and programmes through the Southern African Development Community (SADC). SADC is a regional economic community ( REC) whose main objectives are inter alia, sustainable economic development and ultimately the the eradication of poverty; to achieve sustainable use of natural resources and environmental protection; the promotion of political values and systems; defence and maintenance of peace, security, and stability; and to combat HIV/AIDS and other deadly communicable diseases through regional integration[[2]](#footnote-1). This integration is more than economic integration through the creation of a free trade area, but includes the coordination and harmonisation of the international relations of member states[[3]](#footnote-2), and the incremental harmonisation of national policies through the adherence to the SADC Common position[[4]](#footnote-3) and through the development of shared policy positions as developed by SADC’s key organs. Further on signing the SADC Treaty, member states agree to take all steps necessary to ensure the uniform application of the terms of the treaty[[5]](#footnote-4), and to take all necessary steps to accord this treaty the force of national law.[[6]](#footnote-5)

The primary areas for integration and cooperation are set out under articles 12 and 21 of the SADC Treaty.[[7]](#footnote-6) Within the SADC framework the language of crisis is absent, instead speaking of disaster and emergency, notions which are then located within the security function, as per the Protocol on Politics, Defence, and Security Cooperation[[8]](#footnote-7). Under article 2(1) of the protocol one of the aims of the Politics, Defence, and Security Organ is to, “enhance regional capacity in respect of disaster management and coordination of international humanitarian assistance.” What that would look like from a security perspective is fleshed out in the Revised Strategic Indicative Plan for the Organ on Politics, Defence, and Security Cooperation (SIPO II), and includes the development of an early warning centre, the strengthening of key political institutions, the alignment of national and regional disaster risk reduction (DRR) policies, strategies and action plans with international, and regional strategies and trends.[[9]](#footnote-8)

SADC advances a version of a human security approach, including a community based approach to domestic security[[10]](#footnote-9), that allows for attempts at a multidisciplinary understanding of disasters and emergencies. The SADC understanding of security includes the abstracted desire to foster cultural values that transcend boundaries, and the more concrete programming created under the Disaster Risk Unit to address issues relating to climate change, food (in)security, water, and natural resource management.[[11]](#footnote-10) Additionally the SADC Health Protocol makes provision for member states to cooperate and assist each other in disaster and emergency situations[[12]](#footnote-11). SADC member States and institutions also align themselves with regional standards such as the Tunis Declaration,[[13]](#footnote-12) and Africa Programme of Action (PoA) to facilitate the implementation of the Sendai Framework for Disaster Risk Reduction.[[14]](#footnote-13)

Although progress has been made towards a human centred approach, and indeed the Tunis Declaration calls for the integration of women, children, youth and other marginalised groups in order to have a ‘whole society approach to disaster risk reduction’ some scholars have opined that despite the shift towards human security in the mid-nineties as an end of itself, human security has been instrumentalised by some States in order to further hard security objectives.[[15]](#footnote-14) In the case of SADC, the regional bloc has been criticised for failing to meaningfully engage with human rights as part of its approach to human security[[16]](#footnote-15) and disaster risk reduction and management.

1. **Please list the type of situations that would fit the concept of “crisis” in your State and indicate what situations are excluded.**

At the subregional level, SADC’s interpretation of disaster and emergency are aligned to the African Union’s Sendai Framework and the African Union’s Peace and Security Council. A number of situations which are considered as meeting the criteria for these forms of crises are weather and climate conditions such as drought, floods, other hydrometeorological hazards due to climate change,[[17]](#footnote-16) and other “extreme events”. It also includes issues such as food insecurity, outbreaks of communicable diseases such as cholera.

The definition of a disaster or an emergency seems to have a temporal aspect, and is not applied to longer term or structural issues. Indeed, social and economic issues such as protracted disease epidemics, gender inequality, poverty, and chronic inequity although identified as key challenges within SADC frameworks, are not considered as forms of crises in and of themselves. Instead, they are considered symptoms of under-development or as challenges that further exacerbate situations of disaster or emergency, and generally pose a significant threat to the SADC region. Indeed under SIPO II[[18]](#footnote-17) and in other SADC documents HIV/AIDS, is routinely characterised as a defence/security challenge, as are violence against women and girls, the need to mainstream gender in the process of community building[[19]](#footnote-18), and human trafficking[[20]](#footnote-19). Indeed under article 5(1)(i) of the Consolidated Text of the Treaty of the Southern African Development Community a key objective of the REC is said to be to ‘combat HIV/AIDs and other deadly and communicable diseases’ in addition to ensuring that ‘poverty eradication is addressed in all SADC activities and programmes.’[[21]](#footnote-20)

SADC’s categorisation of socio-economic problems as challenges and not crises is perhaps consistent with the notion of the progressive realisation of economic, social, and cultural rights but is nevertheless surprising given that globalisation is presented as problematic in the preambles of a number of SADC’s documents[[22]](#footnote-21).It’s further surprising given the impact that neoliberal capitalist systems are having in increasing inequality and inequity within the societies of member States, and given the adverse impact of structural adjustment programmes in the subregion including the increased privatisation and gutting of key public services which contribute to weakened health systems today.

1. **What institutional mechanisms are in place for managing a crisis and how are priorities determined?**

Although SADC does not have a specific protocol on disaster management, a number of institutions and protocols are implicated in managing disasters and emergencies. With regards to the former, a Disaster Risk Reduction Unit was established which is responsible for coordinating regional preparedness and response programmes for trans‐boundary hazards and disasters. Further in 2011, the Regional Platform for Disaster Risk Reduction was established. Disaster Risk Reduction work, and work generally relating to democracy, peace, security, and stability which are the areas from which emergencies are deemed to arise also form part of the work of the Organ on Politics, Defence, and Security Cooperation. Indeed one of the core objectives of this organ is to ‘enhance regional capacity in respect of disaster management and coordination of international humanitarian assistance.’[[23]](#footnote-22) The organ is supported in this work by the ministerial cluster committee, covering the ministries of politics, defence, which is a narrow formation for addressing multifaceted disaster risk factors. Further, SIPO II[[24]](#footnote-23) elaborates on the different strategies and priorities each security sector will engage in order to respond to disasters and emergencies inter alia.

SADC has also attempted to put in place an early warning mechanism and programming relating to climate change, water services, natural resource management, agriculture, and remote sensing that are designed to support effective disaster preparedness. For example, the Regional Indicative Strategic Development Plan emphasises that ‘co-operation in food security policies has led to an effective disaster preparedness and management mechanism by implementing programmes and projects aimed at early detection, early warning and mitigation of disaster effects.’[[25]](#footnote-24)

Challenges and good practices

1. **Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women’s and girls’ SRHR in situations of crisis, including, for example, measures concerning timely access to the the following types of services and aspects of care:**
2. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services;
3. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment;
4. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;
5. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;
6. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care;
7. The full range of modern contraceptive information and services, including emergency contraception, as well as family planning information and services related to the number, timing and spacing of pregnancies and infertility treatments;
8. Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of the legal status of abortion;
9. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others;
10. Screenings and treatment for reproductive cancers;
11. Menstrual hygiene products, menstrual pain management and menstrual regulation;
12. Prevention, investigation and punishment of all forms of gender-based violence, and access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors;
13. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;
14. Legal and policy safeguards against abuses and delays in the provision of SRH services for example in relation to confidentiality, referrals, informed consent, conscientious objection, and third party consent requirements;
15. The affordability of SRH services especially for those in situations of vulnerability; and
16. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information.

SADC does not appear to have an explicit policy position on the provision of sexual and reproductive health services as *part of the disaster response package*. Sexual and reproductive rights are included in the Protocols on Gender and Development[[26]](#footnote-25) and on Health[[27]](#footnote-26), although the latter speak primarily of reproductive rights with sexual rights only being implicated through a discussion of HIV/AIDS[[28]](#footnote-27). There are also a number of policy documents such as Regional Strategy for HIV Prevention, Treatment, and Care and Sexual and Reproductive Health and Rights amongst Key Populations, that focus on gender, SRHR, and HIV/AIDS, and marginalised communities as relates to the day to day operations of member States.

As indicated above, it is anticipated in the Health Protocol, that there will be a need for the provision of emergency health services.[[29]](#footnote-28) Indeed, based off the contents of a number of the humanitarian appeal documents that SADC has produced to facilitate resource mobilisation, there appears to be a solid understanding of the need to meet the particular health needs women and girls will have, relating to sanitary and hygiene services, STIs, gender based violence, and maternal mortality and morbidity.[[30]](#footnote-29)

However, there are gaps in the SADC policy position – including the cherry picking of which SRHR services will be prioritised, and in terms of having adequate resources to meet the needs outlined. Challenges faced include women and girls failing to access services such contraceptives, and safe and legal abortion because they aren’t acknowledged and designaed as essentical health services. Further, there are procurement challenges in terms of purchasing the necessary medical commodities for regional health systems to function effectively. This includes but is not limited to access to PPE, ARVs, condoms, to HIV/AIDS tests, and to other medicines.

Further there might be a lack of adequately trained medical personnel as the subregion continues to experience a brain drain, due to low wages and poor labour conditions. In the field, it might be particularly challenging to meet the minimum standard of decent maternal health care, and to avoid a spike in maternal mortality and morbidity. Additionally there are challenges linked to coordination and information sharing amongst multiple member States facing a disaster or emergency, and with SADC itself. Where communications are weak, the disaster or emergency response is hampered, and sexual and reproductive health rights are likely to be deprioritised when compared to other needs that are deemed more practical. This is another challenge stemming from a securitised response to disasters and emergencies that does not engage robustly with human rights, particularly the interconnectedness of rights and the rejection of arbitrary hierarchisation.

Another challenge is the use of criminal law to respond to disasters and emergencies, particularly public health crises. A number of SADC member States adopted regulations in response to COVID-19 the securitised the response, used patriarchal reasoning to determine what is or is not an essential service, and used classist reasoning to determine the appropriate modalities of accessing such services. In some countries[[31]](#footnote-30) essential services excluded basic sexual and reproductive health needs, including access to maternal health. Additionally, the introduction of criminal sanctions for certain forms of movement, and for transmission of COVID-19, contributed to women experiencing a spike in violence at the hands of he security services, and to women experiencing adverse health outcomes, with a spate of women miscarrying due to being unable to access the care they required due to travel restrictions, or due to inadequate commodities and personnel in health centres.

Experiences of crisis

1. **Please list the situations of crisis experienced by your State in the last five years.**

Southern Africa has experienced a number of disasters and emergencies over the last five years. These include climate change exacerbated natural disasters such as droughts – and the impact of El Nino, tropical cyclones such as Cyclone Idai which impacted Mozambique, Malawi, and Zimbabwe, and floods. There have also been a number of political and security emergencies in which SADC was asked to play a role.[[32]](#footnote-31) Currently, the subregion as a whole is reeling with the rest of the world as a result of the COVID-19 pandemic, and the socio-economic crises the pandemic has precipitated.

Further, despite the fact that a number of southern African States such as Tanzania, South Africa and Namibia, have achieved middle income status (and one – Mauritius, high income status), there continues to be gross, and systemic inequities in our society. The adherence to economic policies grounded in neoliberal capitalist logics as encouraged by actors in the international economic system contribute to the normalisation of the privatisation of public services, of the State pushing off some of its obligations onto development partners and civil society, and of the perpetuation of marginalisation on the grounds of gender, race, class, and disability, regardless of the existence of anti discrimination laws.[[33]](#footnote-32)

Whilst SADC policies demonstrate an explicit concern with eliminating poverty and promoting resilience, there is not an equally explicit exploration of different economic models that may provide better socio-economic outcomes. There seems to be an implicit bias towards neoliberal development models, which have been responsible for protracted economic crises and the subregional and global level, that few in the region are sufficiently equipped to weather. This is moreso where there is limited or very basic State support available with regards to social security etc. In those southern African States where there is some effort to have functioning public health, public education, and social security systems, there are still disparities in the quality of services available, often on the basis of class, with the best services being privatised. This privatisation and the exclusion of the poor and those with unstable incomes, is a crisis that prevents women and girls from attaining the highest standards of sexual and reproductive health. SADC not having a means or a framework to discuss economics in terms of crises, is a notable gap in its policy approach particulary taking into account its roots as a coalition to reduce economic reliance on then apartheid South Africa.

1. **What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:**
2. Which groups of women and girls were most affected and how, taking into account different factors, such as age, geographic location (including urban and rural areas), ethnic and social origin, disability, marital status, migratory status, citizenship status or other status?
3. What was the impact on their SRHR? Were any specific risk factors and needs identified? Do you have data and/or qualitative information disaggregated by the factors listed under question 6(a)? If not, please explain why.
4. What were the main obstacles encountered by the State, if any, in identifying and addressing the impact of the crisis on women’s and girls’ SRHR?
5. What measures were adopted during and after the crisis to ensure women and girls’ access to sexual and reproductive health services? Please indicate which SRHR services are recognized as essential services in the health policy or laws of your State and are funded through the health system. What steps were taken to ensure the continuity of services and access during the crisis?
6. What other protocols or systems were put in place to prevent adverse reproductive and sexual health outcomes due to the common risks triggered by crisis including, for example, gender-based violence and child marriage? Were any special measures adopted for specific groups of women and girls?
7. Were women’s rights organizations[[34]](#footnote-33) involved in the needs and impact assessments and the recovery policies? If not, please indicate why.
8. Which actors or institutions played a role in the provision of emergency responses? Please describe their role and explain what roles were played, if any, by national women’s rights or human rights mechanisms, or other similar bodies as well as civil society organisations.
9. How were the emergency responses funded and to what extent did they rely on foreign aid or assistance, if any? Please also indicate how in your State adequate financing of women’s sexual and reproductive health is ensured more generally on an ongoing basis.
10. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?

With regards to Cyclone Idai, over three million people were affected with massive destruction of infrastructure and whole villages. In Malawi and Zimbabwe, it was mostly rural women and girls who were most affected, but in Mozambique, a larger cross section of women and girls was affected – urban and rural alike. There was disruption of girls’ education in these areas due to the destruction of schools, crops were washed away and conditions of food insecurity with risk of malnourishment prevailed, water and sanitation hygiene systems were disrupted, as were health systems[[35]](#footnote-34), inter alia. In the Humanitarian Appeal issued by SADC, a number of sexual and reproductive health services were listed as being necessary/ needed, primarily tied to maternal mortality and morbidity, and menstruation management.[[36]](#footnote-35) A broader spectrum of sexual and reproductive health services was not explicitly included, such as access to contraceptives and to abortion. With regards to HIV/AIDS there was some discussion of the need to reduce the risk of transmission of STIs, and the need to be aware of the risk of people living with HIV, and others with chronic illnesses, defaulting on medications due to unavailability. The recommendations were to improve nutrition for PLHIV and those with chronic illnesses, and to also ensure access to ARVs. There was also provision for work and programming relating to addressing gender based violence, and violence against women and girls.

Although these services were provided for, they were not necessarily readily available or shortages were experienced due to the need to fundraise for the response. This fundraising work was not done just by SADC, and member States affected, but also international organisations including the UNFPA and the International Federation of the Red Cross and Red Crescent Societies. In April 2019, the UNFPA estimated that in the areas affected by Cyclone Idai, there were almost 760,000 women of reproductive age, almost 92,000 who were already pregnant, with an estimated 121,560 live births a year in these areas.[[37]](#footnote-36) Whilst it was possible to meet some of the need for sexual and reproductive health, there is ongoing need to be able to provide these services, with the response further complicated by the impact of COVID-19.

1. **Could you identify any lessons learned? Please indicate if and how these lessons have been applied in preparedness strategies or in subsequent situations of crisis.**

A key lesson learnt from the Cyclone Idai process, is the need for increased and continuous coordination in order to sufficiently meet the goals of disaster risk reduction, particularly when it affects multiple countries. Further, there is a need to ensure the full interpretation of the standards in SADC’s Health and Gender and Development protocols, and in SADC’s SRHR policy framework within the disaster response, and security frameworks. Finally, there is a need to think about how to domestically resource disaster responses, and how to do resource mobilisation in such a way that SADC is able to contribute more than USD 500,000[[38]](#footnote-37) at the point at which a disaster occurs, or an emergency arises. This is particularly the case, given the region’s precarity as relates to climate change.

1. **If your State has humanitarian aid programmes, please indicate whether SRHR are explicitly covered in the humanitarian aid strategy and how priorities on SRHR are set.**

N/A

1. **Please indicate the main challenges, if any, encountered by women and girls to access justice and obtain reparations for violations of their SRHR, including any procedural barriers, and the types of assistance available to access legal and other remedies. Please also indicate the groups of women and girls most affected. Where applicable, please indicate the role played by a national truth and reconciliation commission (or a similar body) in ensuring the recognition of human rights violations in relation to women’s and girls’ SRHR and reparations.**

Whilst SADC has a tribunal system, which could arguably have been used to enforce rights contained in the treaty or any of its protocols, use of the tribunal has now been limited to adjudication between States as relates to some facet of the SADC Treaty. This is a missed opportunity for integration, as there are some key provisions within the Protocol on Gender and Development and the Protocol on Health that would aid women and girls in substantiating claims. For example, under article 20(2) of the Protocol on Gender and Development, member States have an obligation to introduce and adopt legislation relating to gender based violence that provides ‘for the comprehensive testing, treatment, and care of survivors of sexual offences, which shall include: emergency contraception; ready access to post exposure prophylaxis at all health facilities; preventing the onset of sexually transmitted infections.’ There are further provisions about States having an obligation to reform criminal laws to ensure the elimination of bias on the ground of gender, and to ensure access to justice for survivors of GBV.[[39]](#footnote-38)

As there is no mechanism for enforcement of these terms at the subregional level, women and girls would have to rely on the domestic legislation for recourse. Whilst a number of States will have progressive legislation on the books, there continue to be administrative barriers to accessing relief that is provided for in law. This can be due to a variety of factors, including prevailing patriarchal cultural norms which are shared by law enforcement or health service providers, or lack of financial resources allowing for competent and skilled legal representation. Further some remedies may not be available for violations of sexual and gender minorities, for example legislation relating to GBV tends to be heteronormative, and anticipates a domestic or romantic relationship between people of different sexes, who identify with the gender they were assigned at birth. This adds a layer of precarity to lesbian, bisexual, queer and trans women and girls.

In countries such as South Africa and Zimbabwe, there are independent commissions tasked with addressing issues of gender equality in particular, and human rights more broadly where reports about human rights violations may be lodged. However, not all independent commissions have the power to enforce the decisions they have given.

Preparedness, recovery and resilience

1. **Is there any preparedness or risk management strategy/plan/policy in your State? If so, please provide information on the following aspects:**
2. To what crisis does it apply? What situations are excluded?
3. Does it contain a definition of crisis? If so, please indicate the definition used.
4. Does it include measures concerning women and girls’ SRHR? If so, please describe the measures included and any special measures envisaged and/or adopted for specific groups of women and girls concerning both preparadeness and recovery.
5. How were the risks related to women and girls’ sexual and reproductive health and rights, in urban and rural areas, identified and assessed?
6. Were women’s rights organizations involved in: i) the development of the strategy/plan/policy; ii) assessment of the risks concerning SRHR; iii) the design of the measures implemented; and iv) the monitoring of the strategy/plan/policy? Please indicate the steps taken to ensure their participation and to include a gender-perspective in crisis preparedness, management and recovery.
7. Please indicate if the strategy/plan/policy has undergone any assessments to date. If so, what were the main findings and recommendations concerning women’s and girls’ SRHR?

SADC member States are encouraged to have a national disaster and risk reduction plan, that is in line with the SADC and African Union Frameworks. A number of member states such as Mozambique, Malawi, and Zimbabwe also utilise the language of “disaster” with the designation of an event as a “national disaster”[[40]](#footnote-39) or as a “state of emergency” having an associated legal and security response.

1. If your State does not have a plan that can immediately go into effect in a time of crisis, please explain why it is so.
2. **Are there specific ways in which international human rights mechanisms can support States in their efforts to address a crisis?**

Regional Economic Communities play a crucial role in norm-setting, as such it is imperative that international human rights mechanisms such as the special procedures mechanisms of the Human Rights Councils and Treaty Monitoring Bodies devote some thinking - reports and general comments, on how to meet, establish and nurture human rights standards cultures in the process of integration. This would include meaningful engagement with crucial ideas encapsulated within postcolonial critiques of international law, as well as Third World Approaches to International Law including a nuanced understanding of why different states approach ideas of sovereignty in the ways that they do. Further, international human rights mechanisms also need to participate in the development of the binding document on the right to development such that this right is not dependent on the adoption of neoliberal capitalist models of development, and such that rights of women and girls - including sexual and reproductive rights, are fully embedded in the discourse about this right, and about development in general. This would mean that States are provided with a nuanced, political, and interconnected understanding of development rooted in rights, bypassing approaches that see rights as an optional additive that can be discarded at will.

1. SRHR include women’s right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health, as well as entitlements to unhindered access to a whole range of health facilities, goods, services and information on sexual and reproductive health, such as maternal health, contraceptives, family planning, sexually transmitted infections, HIV prevention, safe abortion and post-abortion care, infertility and fertility options, and reproductive cancer. Women’s right to sexual and reproductive health further encompasses the “underlying determinants” of sexual and reproductive health, including access to safe and potable water, adequate sanitation, adequate food and nutrition, and adequate housing, among others, and effective protection from all forms of violence, torture and discrimination and other human rights violations that have a negative impact on the right to sexual and reproductive health. Moreover, it covers social determinants, notably social inequalities in society, poverty, unequal distribution of power based on gender, ethnic origin, age, disability and other factors, systemic discrimination, and marginalisation, which affect people’s patterns of sexual and reproductive health. [↑](#footnote-ref-0)
2. See article 5(1) of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-1)
3. See article 5(2)(h) of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-2)
4. See article 5A of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-3)
5. See article 6(4) of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-4)
6. See article 6(5) of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-5)
7. These are stated as : food security, land, and agriculture; infrastructure and services; trade, industry, finance, and mining; social and human development and special programmes; science and technology; natural resources and environment; social welfare information and culture; and politics, diplomacy, international relations, peace, and security. [↑](#footnote-ref-6)
8. See article 2(1) of the Protocol on Politics, Defence, and Security Cooperation [↑](#footnote-ref-7)
9. See objective 7 under the Political Sector, Revised Strategic Indicative Plan for the Organ on Politics, Defence, and Security Cooperation [↑](#footnote-ref-8)
10. See article 2(i)(ii) of the Protocol on Politics, Defence, and Security Cooperation [↑](#footnote-ref-9)
11. Southern African Development Community, ‘Disaster Risk Management’, *Southern African Development Community,* <https://www.sadc.int/themes/disaster-risk-management/> (accessed 30/08/2020) [↑](#footnote-ref-10)
12. See article 25 of the Protocol on Health in the Southern African Development Community [↑](#footnote-ref-11)
13. The full name is the Tunis Declaration on Accelerating the Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 and the Africa Regional Strategy for Disaster Risk Reduction. It was adopted following the 6th High Level Meeting on Disaster Risk Reduction held in Tunis, Tunisia in 2018 by Ministers and Heads of Delegations responsible for Disaster Risk Reduction in Africa. [↑](#footnote-ref-12)
14. This refers to a document developed by the African Union for use by its Member States in 2017, to adapt the standards of the Sendai Framework to the African context and to contribute to the development of resilient African communities that are better able to prevent and prepare for disasters, cope with hazards, and quickly return to normalcy after disaster strikes. [↑](#footnote-ref-13)
15. S. Zondi, ‘Comprehensive and Holistic Human Security for A Post-Colonial Southern Africa: A Conceptual Framework’, *Strategic Review for Southern Africa*, vol.39, no. 1, pg 185 [↑](#footnote-ref-14)
16. T. Kaime, ‘SADC and Human Security’, *African Security Review,* vol. 13, no.1 pg 110 [↑](#footnote-ref-15)
17. Southern African Development Community, ‘Disaster Risk Management’, *Southern African Development Community,* <https://www.sadc.int/themes/disaster-risk-management/> (accessed 30/08/2020) [↑](#footnote-ref-16)
18. Revised Strategic Indicative Plan for the Organ on Politics, Defence, and Security Cooperation [↑](#footnote-ref-17)
19. Article 5(1)(k) of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-18)
20. Revised Strategic Indicative Plan for the Organ on Politics, Defence, and Security Cooperation [↑](#footnote-ref-19)
21. Article 5(1)(j) of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-20)
22. See for example the perambulatory paragraphs of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-21)
23. Article 2(1) of the Protocol on Politics, Defence, and Security Cooperation [↑](#footnote-ref-22)
24. Revised Strategic Indicative Plan for the Organ on Politics, Defence, and Security Cooperation [↑](#footnote-ref-23)
25. Southern African Development Community, ‘Disaster Risk Management’, *Southern African Development Community,* <https://www.sadc.int/themes/disaster-risk-management/> (accessed 30/08/2020) [↑](#footnote-ref-24)
26. See articles 27 and 28 [↑](#footnote-ref-25)
27. See article 16 [↑](#footnote-ref-26)
28. See articles 9 and 10 [↑](#footnote-ref-27)
29. See article 25 [↑](#footnote-ref-28)
30. Southern African Development Community, ‘SADC Regional Humanitarian Floods Appeal in Response to Tropical Cyclone Idai.’ Gaborone, Botswana. 2019 [↑](#footnote-ref-29)
31. For example, Zimbabwe [↑](#footnote-ref-30)
32. For example SADC intervened militarily in Lesotho in 2017, deploying a contingent force. This followed the assassination of Lieutenant-General Khoantle Motsomotso by fellow soldiers which threatned to destabilise the country. Currently, negotiations are underway about a possible intervention in the north of Mozambique, as the government battles an islamist insurgency that threatens to destabilise the region. [↑](#footnote-ref-31)
33. An anti-discrimination clause for SADC is contained under article 6(2) of the Consolidated Text of the Treaty of the Southern African Development Community [↑](#footnote-ref-32)
34. The expression women’s rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities. [↑](#footnote-ref-33)
35. Southern African Development Community, ‘SADC Regional Humanitarian Floods Appeal in Response to Tropical Cyclone Idai.’ Gaborone, Botswana. 2019 [↑](#footnote-ref-34)
36. Southern African Development Community, ‘SADC Regional Humanitarian Floods Appeal in Response to Tropical Cyclone Idai.’ Gaborone, Botswana. 2019 Southern African Development Community, ‘SADC Regional Humanitarian Floods Appeal in Response to Tropical Cyclone Idai.’ Gaborone, Botswana. 2019 tables 5 and 9 [↑](#footnote-ref-35)
37. UNFPA, ‘Cyclone Idai Flood Appeal: Responding to Women and Girls’ Sexual and Reproductive Health Needs, and Prevention and Response to Gender-Based Violence in Cyclone Affected Malawi, Mozambique, and Zimbabwe.’ East and Southern Africa. 2019 [↑](#footnote-ref-36)
38. This is the amount SADC contributed toward the Cyclone Idai response, split across all three countries. [↑](#footnote-ref-37)
39. See article 20(3) of the Protocol on Gender and Development [↑](#footnote-ref-38)
40. Southern African Development Community, ‘SADC Regional Humanitarian Floods Appeal in Response to Tropical Cyclone Idai.’ Gaborone, Botswana. 2019 [↑](#footnote-ref-39)