



Residents of Hatcliffe carry water home. Oxfam in Zimbabwe has helped provide access to clean water as part of its COVID-19 response. Credit: Tavonga Chikwaya/Oxfam.

WILL THE CURE BANKRUPT US?

Official Development Assistance and the COVID-19 Response in Southern African Countries

Confirmed coronavirus cases in Africa in early November 2020 exceeded 1.8 million, with 45% occurring in Southern Africa (SAF). Most SAF countries lack the capacity to adequately protect lives and livelihoods. High indebtedness means underfunded essential services, and most countries had just emerged from a severe food crisis and the effects of Cyclone Idai. Donors must go beyond temporary debt service suspension and provide new aid grants. SAF governments must not use the pandemic to restrict civil society advocacy on behalf of the most vulnerable people.

1 INTRODUCTION: GLOBAL AND REGIONAL PERSPECTIVES

The COVID-19 pandemic has shaken the livelihoods of thousands of people globally and across Africa. As of 5 November 2020, Johns Hopkins University had reported 48,344,880 cases and 1,228,672 deaths worldwide.¹ Confirmed coronavirus cases in Africa as of 5 November 2020 were at 1,827,034, with 1,492,904 recoveries and 43,913 confirmed deaths.² In the Southern African Development Community (SADC) region, the trend of COVID-19 cases has increased cumulatively over 2020. Four SADC Member States have consistently accounted for the bulk of the regional cases: as of 5 November 2020, South Africa (730,548 cases), Democratic Republic of the Congo (11,450 cases), Madagascar (17,111 cases), and Zambia (16,698 cases) represented 96% of all cases reported in the region.³

This briefing note profiles the COVID-19 response by five SAF countries (Malawi, Mozambique, South Africa, Zambia, and Zimbabwe), with a special focus on resource allocation and mobilization of official development assistance (ODA). The pandemic has brought with it an urgent need to upgrade public health systems and infrastructure and to enhance emergency response mechanisms—tasks that will require financing. Stimulus packages for the responses have also been developed and are being implemented in the SAF countries, with financial and material contributions from international financial institutions (IFIs) such as the World Bank, the International Monetary Fund (IMF), the African Development Bank (AfDB), and the New Development Bank; multilateral institutions under the United Nations; bilateral assistance; and assistance from other development partners, civil society organizations (CSOs), private sector institutions, and the general citizenry.

2 ODA AND COVID-19

ODA remains critical to help African countries finance their public health, social, and economic responses to COVID-19. But the pandemic has significantly reshaped financing for development. Bilateral ODA donors have reduced their commitments by 5% from 2019 levels, while IFIs have increased theirs by 139%. Most of the increased IFI ODA is in the form of concessional loans rather than grants.⁴ Current aid levels, totalling an estimated \$153bn worldwide in 2019,⁵ are well below what is needed to meet the pre-existing humanitarian and development challenges and are woefully inadequate to help fight the coronavirus crisis. The UN Economic Commission for Africa (UNECA) notes that Africa needs \$100bn to tackle COVID-19 across sectors.⁶ Globally, there are calls for

ODA that prioritizes prevention measures, health systems, social protection, and food security while respecting the principles of high-quality ODA. Multiple sources of development financing will be needed to close the COVID-19 financing gap. ODA should be leveraged to contain the drop in other sources of financing. However, the Organisation for Economic Co-operation and Development (OECD) calculates that if the Development Assistance Committee (DAC) members were to keep the same ratio of ODA to gross national income (GNI) as in 2019, total ODA could decline by \$11bn owing to the negative economic impacts of the pandemic on DAC members' economies.⁷ Responses to the COVID-19 pandemic in low- and middle-income countries hinge on ODA together with debt relief, tax policy reforms, and blended development finance, while these countries have also established measures to curb the spread of the virus.

Despite the setback presented by the COVID-19 pandemic, which could cause donor countries to review their aid budgets, it remains critical for the family of nations to provide aid to low- and middle-income countries, especially in Africa. The lockdowns being implemented in an effort to save lives and curb the spread of the virus have had unintended adverse economic consequences that will result in countries not meeting their revenue targets. This shortfall creates a huge financing gap that can be partly compensated by aid. Together with other financing modalities such as domestic revenue, debt relief, private finance, and global philanthropy, aid should be used to catalyse the recovery of Africa from the COVID-19 pandemic.

3 THE STATE OF AFFAIRS AND COVID-19 RESPONSE MECHANISMS IN SAF

During the course of the pandemic, SAF has reported 814,309 cases of COVID-19, by far the most of any African region. The disease has ended the lives of at least 21,075 people, including women and children, within the SAF region.⁸ An estimated 44.8 million people have lost sustainable sources of income and/or face food insecurity. Governments have developed varying COVID-19 response mechanisms to ameliorate the pandemic, including lockdowns characterized by closure of borders, schools, and formal and informal businesses, with gradual relaxations of regulations.⁹ The pandemic hit SAF countries while they were unprepared and only starting to recover from the devastation of Cyclone Idai. Many of the people living in the region do not have access to basic healthcare. In Malawi there are just 25 intensive care beds and seven ventilators for more than 18 million people. In Zambia, there is one doctor per 10,000 people. Yet, right now, instead of investing every dollar into boosting their healthcare systems to defend against the onslaught of the

virus, these countries have to use their precious resources to pay off their external debt.¹⁰

Thus, COVID-19 severely has affected their respective national budgets. They could not allocate new spending to meet emergency relief needs to tackle the virus, while also meeting their traditionally allocated spending on development needs. As such, governments around the world, including those of the SAF region, made clarion calls for additional financial aid, debt relief, and material support from the global financial, health, and technology communities to develop and implement COVID-19 policy responses.¹¹ However, financial stimulus packages were not made available to all countries given their macro-economic and financial jurisprudence standings with IFIs such as the World Bank, the IMF, and the AfDB. Such countries included Zimbabwe, whose debt situation affected its receipt of financial assistance for the COVID-19 response.

Given these circumstances, SAF governments moved swiftly to implement multisectoral approaches to contain the outbreak of COVID-19 in their respective countries, emphasizing that prevention through lockdowns was the key to minimizing infection. Measures included (1) declarations of a state of emergency in Mozambique and declarations of a national state of disaster in Malawi, South Africa and Zimbabwe;¹² (2) prohibition of gatherings—including religious services—of more than 50 persons; (3) a ban on and cancellation of all entry visas, 14- and 21-day quarantines for all travellers entering the countries, curfews, and shutdowns of schools from preschool to university; and (4) the creation of technical and scientific committees to advise governments.¹³

Within the five SAF countries considered here, the COVID-19 pandemic has had varying characteristics and drivers, largely determined by the efficacy and efficiency of the countries' macro-economic, health and mainstream social protection systems. As a consequence, the effects of the pandemic in these countries, though similar, have differed in magnitude. South Africa is the epicentre of the COVID-19 crisis in the Southern Africa region and in Africa as a whole, primarily because of its strategic position as a trade, industrial, and travel hub. Economic activities in South Africa were shut down in late March as the government imposed restrictions on movement. As of 5 November, South Africa had reported 730,548 confirmed COVID-19 cases (accounting for more than half of the cases in sub-Saharan Africa), 590,071 recoveries and 19,585 deaths¹⁴ (Table 1). As in other countries, the crisis in South Africa has been multidimensional, characterized by inadequate social security and support, inadequate financial stimulus to respond to people's loss of incomes, and, above all, inadequate health support, including insufficient provision of protective gear.¹⁵

Table 1: Confirmed COVID-19 Cases in Southern Africa (5 November 2020)

Country/Countries	Number of Cases
<i>South Africa</i>	730,548
<i>Zambia</i>	16,698
<i>Mozambique</i>	13,283
<i>Angola, Botswana, eSwatini, Lesotho, Malawi, Namibia, Zimbabwe</i>	53,780

World Health Organization and Africa Centres for Disease Control.¹⁶

By triggering lockdowns, COVID-19 halted economic activity among the countries, and the lack of significant trade within and across the borders has eroded countries' revenue bases.¹⁷ This shortfall has limited countries' ability to mobilize resources to finance the procurement of COVID-19-related essential equipment, such as ventilators and personal protective equipment (PPE); to upgrade health facilities; and to meet social security needs. Moreover, all of the countries have struggled to designate adequately equipped quarantine centres. Given a lack of PPE and failure to follow social distancing regulations in overcrowded areas, Malawi and Zimbabwe, for example, have been forced to use boarding schools as quarantine centres. The failure to abide by social distancing regulations has been a challenge not only for quarantine centres but in communities more broadly. Because of economic stratification, at least 70% of Southern Africa's population resides in high-density suburbs and informal residential areas,¹⁸ and this high population density has been the traditional, if not historic, way of living.

Above all, through the closure of borders the pandemic has reignited the problems of immigrants in the region, especially in Botswana and South Africa, where most Southern Africans migrate in search of better opportunities. When Botswana and South Africa closed their borders, irregular immigrants in these countries faced the brunt of food insecurity and loss of income because they are not eligible for the social grants available to documented citizens and residents.¹⁹

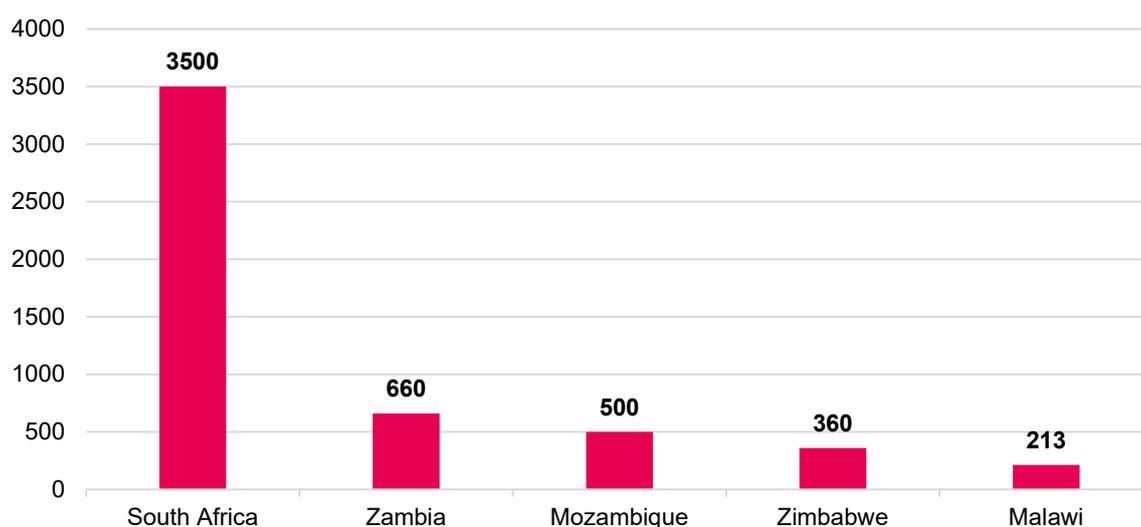
All of these challenges led African finance ministers to call for a \$200bn economic stimulus, and the international community has heeded some of the calls to boost financing for countries' responses.²⁰

4 FINANCIAL AID AND STIMULUS PACKAGES IN RESPONSE TO COVID-19

Given the pandemic's potential negative implications for economic and social activity, countries have set up economic stimulus packages. The South African government adopted an emergency response and recovery package amounting to ZAR500bn, which is equivalent to 10% of GDP (Figure 1).²¹ Zimbabwe adopted a stimulus package worth Z\$18bn (\$360m, or 9% of GDP) to revive the already faltering economy from the effects of COVID-19. In Malawi, the government's response plan called for \$213m in spending, including \$20m (0.25% of GDP) in spending on healthcare and targeted social assistance programs; this plan includes hiring 2,000 additional healthcare workers. Mozambique has had considerable support from the international community, including IFIs, bilateral donors, and the private sector, in addition to government stimulus.

Mozambique and Zambia have received at least \$190m and US\$250m, respectively, in aid from IFIs, including the AfDB and World Bank.²² For South Africa, of the ZAR500bn package, ZAR95bn will be funded from international sources, including the IMF (\$4.2bn), the World Bank (\$50m), and the New Development Bank (\$1bn).²³ Additional World Bank funding is under negotiation.²⁴

Figure 1: SAF Country Stimulus Packages, 2020 (\$m)



Source: AFRODAD calculations from SAF country Treasury statements, 2020.

With regard to IFI support, Zimbabwe has found itself in a peculiar position. Zimbabwe is not eligible for funding from the World Bank's International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) windows, which fund other

countries' COVID-19 responses, because of the arrears it owes to the World Bank and the AfDB. Thus, it received \$5m through a multi-donor trust fund, where implementation of the COVID-19 response will be led by the Catholic Organization for Relief and Development Aid (CORDAID). An additional \$2m was redirected from the Cyclone Idai Recovery Project to the COVID-19 response and the operation is being implemented by the United Nations Office for Projects and Service (UNOPS).²⁵ The African Development Fund (the AfDB's concessional window) has provided Zimbabwe with grant funding to address COVID-19.²⁶

While IFIs and donors have been injecting finance and material support for the COVID-19 response into SAF countries, there have been shortcomings in some of the assistance, especially loans from the AfDB through its COVID-19 Rapid Response Facility (CRF). The CRF provided financing worth UA6.4bn (\$9.28bn) directly to regional member countries in 2020.²⁷ This amount is almost four times the expected annual debt service payments from the member countries to the AfDB, raising concerns about debt sustainability. This financing is in the form of loans, yet most of the countries in need are already in debt distress. The AfDB states that it will comply with international standards on debt, but it has not provided a good analysis of how increased loans will affect the debt situation.²⁸ Above all, the AfDB's documentation on the CRF is not fully transparent to the public with regards to spending on the COVID-19 recovery; it mentions transparency and accountability only to the bank's Board of Directors.²⁹

These challenges highlight the possible negative impacts of debt on SAF countries. On 13 November, Zambia defaulted on \$42.5 million in interest payments due on a Eurobond.³⁰ According to the IMF's analysis, Mozambique and Zimbabwe are in debt distress.³¹ Unmonitored borrowing from the World Bank, IMF, AfDB, and other IFIs for the COVID-19 response could endanger their fiscal positions, and loan transparency and accountability are thus critical.

5 THE PRIVATE SECTOR, CIVIL SOCIETY, CITIZENS, AND THE COVID-19 RESPONSE

It is important to underscore the entrepreneurialism and ingenuity shown by the private sector, academia, and civil society in response to the crisis. Several African universities have revamped their innovation hubs, and most African countries have turned to their private companies, universities, and tertiary colleges with engineering and technological capacity for the production of PPE, hand sanitizers, and even prototype

ventilators to help fight the pandemic. In many countries most of the private sector enterprises stayed open to help maintain employment, and businesses have sought to reduce the risk of operating in the COVID-19 environment by adopting remote work and using e-commerce to drive trade.³² In an effort to contain the spread of the virus and provide aid to afflicted communities across the continent, the Jack Ma Foundation and the Alibaba Foundation donated more than 1 million medical masks, 200,000 test kits, and 100,000 protective suits to each of the 54 countries in Africa.³³ The Higher Life Foundation, Econet, Anglo-American, and SAB-Miller are among the other private companies providing governments in the region with both financial and material support. Civil society organizations in the SADC region have engaged actively in awareness raising, advocacy, and service provision.³⁴ Private citizens and communities have also contributed significantly by moving more swiftly than governments in identifying needy people affected by the lockdowns and setting up mutual aid networks. For example, Samantha Murozoka, a lawyer in Zimbabwe, set up her house as a feeding centre where she feeds hundreds of children and adults per day.³⁵ Although these efforts are largely uncoordinated, they have been important, as all forms of resources are required to tackle the pandemic.

While the role of CSOs is critical, in countries such as Zimbabwe and elsewhere their role has been hampered by COVID-related lockdowns, which have closed civic space.³⁶ These lockdowns make it difficult to engage in advocacy and monitoring to hold governments accountable for crisis interventions. Ideally, civic organizations should be able to monitor how public resources are reallocated and spent to protect the most vulnerable members of societies across all social sectors. In Zimbabwe the media managed to expose corruption involving COVID-19 procurement, resulting in the firing of the minister of health. However, the state went on to arrest the journalist responsible for exposing this high-level corruption, only to release him after pressure from the international community.³⁷

6 THE SOCIAL IMPACTS OF COVID-19 IN SAF

The lockdown policy measures, travel restrictions, and border closures introduced by Southern African governments have overlooked the large segment of the population that works in the informal economy and have thus had negative consequences for those living in poverty or working in the informal sector.³⁸ People are in a catch-22 situation: they must choose whether to comply with lockdown measures and go hungry, or disobey regulations and potentially risk their lives and the lives of their loved ones to go look for food. Most people in the region make their living in the informal economy and live above the poverty line, but many are just above the \$1.25-a-day threshold and live hand-to-mouth. For example, bus and taxi drivers, street vendors, manual labourers, women,

people with disabilities, and other vulnerable groups have been identified as severely affected. Under the lockdowns these jobs were considered non-essential services, and the people doing them were not allowed to work. They frequently lack access to any form of social protection.

Another group within the informal economy are cross-border traders, 70–80% of whom are women,³⁹ and who have been affected by the border closures. The closures have resulted in unemployment, loss of income, food insecurity, limited access to healthcare, and reduced remittances to families of migrants (mainly from Malawi, Mozambique, and Zimbabwe).⁴⁰ Informal cross-border trade has been a significant feature of regional trade in Southern Africa, where women traders have been able to access goods and services that are key for their economic and social advancement and play a critical role in reducing poverty and improving households' livelihoods and food security. These traders contribute to 30–40% of SADC intraregional trade, which is estimated to total approximately \$20bn annually.⁴¹ South Africa is the major source of goods purchased by the traders.

Malawi, one of the world's poorest countries with a fragile healthcare system, has not been spared by the coronavirus. Vulnerable people in the country's most food-insecure districts have been hit hard by the pandemic as they cannot travel to get food in other parts of the country. Businesses were negatively affected by demonstrations against the lockdown by informal business owners, mainly vendors who complained that a 21-day nationwide lockdown would make them "starve to death".⁴² As a result the High Court blocked the government from implementing a nationwide lockdown for at least seven days.⁴³ Furthermore, Malawi imports most of its raw materials, medical supplies, and other end products from other countries.

As a result of income and food losses, the region has experienced a spate of demonstrations. In the South African township of Alexandra, north of Johannesburg, citizens took to the streets demanding food and the suspension of the lockdown.⁴⁴ In Madagascar tensions arose in the streets as rickshaw workers protested against the lockdown that deprived them of their livelihoods.⁴⁵ In Mutare, Zimbabwe, a city close to the border with Mozambique, many informal vendors have had their produce confiscated and set on fire by police.

COVID-19 has imposed an unprecedented shock on Mozambique, with wide-ranging health, welfare, nutrition, food security, and socio-economic consequences, especially due to the loss of livelihoods and income streams. The pandemic has affected communities that had barely recovered from other recent major shocks, such as Cyclone Idai, droughts, floods, and conflict, all of which had severely affected people's food security, agricultural food systems, and livelihoods.

Africa is a net importer of agricultural and food products, and 10 basic foods make up 66% (\$46bn) of total African food imports. In response to COVID-19, some rice- and wheat-exporting countries have imposed export restrictions, which could result in a sharp rise in food prices and lead to rising hunger and malnutrition.⁴⁶

The COVID-19 crisis has also caused a spike in reports of domestic violence in the region at the same time that relevant services, including law enforcement, healthcare, and shelters, are being diverted to address the pandemic.⁴⁷ With families restricted to their homes for longer periods, women are often unable to leave unsafe situations. In addition, children face a rapid increase in online child abuse, early marriage, and child trafficking. Zimbabwe has witnessed an increase in gender-based violence. Its national gender-based violence hotline, Musasa, recorded a total of 2,276 calls from the beginning of the lockdown on 30 March until 3 June 2020, with an overall increase of more than 75% in gender-based violence cases compared with pre-lockdown trends.⁴⁸

The pandemic has also increased demand for care work in families. This work frequently is unpaid, and women and girls generally carry most of the load.⁴⁹

Women are also at greater risk of exposure to COVID-19, for several reasons. Women constitute the majority of frontline healthcare staff. According to a representative of UNECA, “65 percent of nurses in Africa are female. As nurses greatly outnumber doctors, women make up the vast majority of front-line medical care staff risking exposure to COVID-19”.⁵⁰ Women also constitute the majority of health facility service staff, such as cleaners, laundry workers, and catering assistants. Furthermore, because of low levels of access to electricity and clean drinking water across Africa, women spend significant unpaid time collecting firewood and water, which not only increases their chances of being affected by the virus but also puts them at risk of gender-based violence.

Education has been affected by the pandemic as well. In sub-Saharan Africa, 216 million students (close to 90%) do not have access to household computers. While mobile phones can support young learners, about 56 million live in areas that are not served by mobile networks.⁵¹ Access to mobile phones is consistently worse for girls and women. Given that most schools have limited internet facilities and technology options, Africa’s young people are missing out on valuable time to advance their education, which will have significant impacts on attempts to meet the poverty reduction targets embodied in Agenda 2030.

Unless measures are put in place promptly, the disruptions imposed by the pandemic and the measures adopted to suppress the virus will dramatically worsen the situation.

7 OPPORTUNITIES AND CHALLENGES

While the COVID-19 pandemic has resulted in economic losses for most countries, it also presents opportunities for economic recovery through economic stimulus packages and other forms of financing being put in place. The AfDB has raised an exceptional \$3bn in a three-year social

bond, the proceeds from which will go to help alleviate the economic and social effects of the pandemic. African countries can tap into this new stream of income in addition to, among other capital injections, \$2m in emergency assistance from the World Health Organization (WHO) to help African countries contain the COVID-19 pandemic and mitigate its impacts.⁵² With regards to humanitarian aid disbursements, the donor community committed to empowering local humanitarian leadership at the World Humanitarian Summit in May 2016.⁵³ For example, US aid has funded the Zambian Ministry of Health to train case managers who support individuals in six provinces who must quarantine at home after testing positive for the coronavirus.⁵⁴

Sub-Saharan African countries depend on the outside world for 70–90% of their pharmaceutical needs,⁵⁵ and, except for South Africa, our SAF focus countries rely more heavily on external financing for health expenditures than is typical in Africa.⁵⁶ As of 24 April 2020, 80 nations had imposed restrictions on exports of essential COVID-19 medical equipment and supplies (such as ventilators and PPE). This has affected Africa's capacity to deal with the pandemic, as it must look inward for the provision of PPE. The challenge has imposed a new way of doing things and stimulated innovation across Africa. Zimbabwe has made \$1.3m in seed capital available to state universities to make PPE to ameliorate the national shortage of these materials.⁵⁷

It is also time for a fresh look at health systems across the continent, beyond the typical issues of hospital and clinic administration. Technology will need to be in place to enable countries to roll out vaccines for COVID-19.

Starting in March 2020 the immediate priority for most African countries was to save people's lives, but the lockdown measures put in place have resulted in an economic downturn. Now the major challenges facing most countries are to safeguard jobs, stop citizens from falling deeper into poverty, and protect the most vulnerable while suppressing the spread of the virus. The African Union estimates that nearly 20 million jobs could be lost in both the formal and informal sectors.⁵⁸ There is a need for urgent support to address health and humanitarian needs and to protect jobs by providing more liquidity to the private sector.

By responding to the demands of the pandemic, African governments have the opportunity to develop strategic and in-depth homegrown approaches to human development, regional integration, digitalization, industrialization, economic diversification, fiscal and monetary policy, and international solidarity, and put in place social protection systems to mitigate the suffering of the continent's most disadvantaged people.⁵⁹

8 RECOMMENDATIONS AND CONCLUSION

RECOMMENDATIONS

Prioritize high quality grant-based aid over loans in response to COVID-19

Current stated commitments by the IMF, World Bank, and AfDB for \$1 trillion, \$160bn, and \$10bn, respectively,⁶⁰ are commendable, but there is an urgent need to ramp up the number and volume of grants being given to African countries from bilateral and multilateral donors. If donor countries met their commitment of providing 0.7% of GNI in aid, it would result in significant inflows to low- and middle-income countries, as aid has already fallen owing to the recession. An Oxfam report concludes that a fair assessment of this 0.7% of GNI would amount to nearly \$300bn if all donors complied.⁶¹ This massive injection of needed aid funds must be additional, so as not to divert funds currently supporting other humanitarian and development needs, many of which compound the impacts of the COVID-19 crisis in SAF. And to be most effective in the long and short term, the response should be globally coordinated and locally led.

A feminist response to the pandemic, centered on gender equality and women's rights, is indispensable. Donors should recognize the crucial roles that women and women-led organizations will play in delivering the response and work in partnership with them. Women's knowledge of their communities will be vital to meeting the needs of the most vulnerable people. Donors should also ensure their response includes both systematic gender mainstreaming and programming targeted at women and girls. They must consider increasing their support in response to increased gender-based violence during country lockdowns.

Cancel SAF debt payments due until at least the end of 2022

A majority of SAF countries are already in debt distress or at high risk of being so, and some do not qualify for fresh lending. In April 2020, the G20 finance ministers agreed to a temporary suspension of bilateral debt payments from the poorest countries; that was extended to June 2021 in October 2020. This would free up some resources to enable these countries to fight the pandemic. But while countries' revenues have fallen by 3.8% of GDP on average, debt suspension has only provided 4% of GDP in additional fiscal space. Bilateral creditors, private creditors and multilateral development banks should shift to a full debt cancellation of external debt repayments due until the end of 2022.⁶²

Urgently raise ODA for social protection

The financing currently available to deal with COVID-19 is inadequate to cushion citizens from the financial and social impacts of the pandemic. More social protection initiatives are needed at the country level to directly benefit citizens. African governments should administer their social protection programs as cash transfers in response to the COVID-19 shock. This approach will help households avoid going hungry or selling their livelihood assets and will protect their human capital. SAF governments must also expand access to quality and affordable childcare, with support from donors.

Open up space for CSOs to contribute meaningfully to the COVID-19 response

It is vital that civil society be supported in its advocacy for measures to protect and prioritize the most vulnerable—including using its influence to inform government priorities in the emergency and recovery phases of the pandemic response. Budget monitoring, grassroots social mobilization, and tracking of the quality and reach of service delivery will all be important elements of civic engagement to rebuild social service provision during and after the crisis. Governments should be open and transparent with information about their COVID-19 responses, and protect important freedoms so that active citizens can hold governments accountable for delivering effective COVID-19 responses.

Respect the rights of citizens

Regulation of the COVID-19 response has come with excesses in policing, including beatings and torture by authorities. We call on authorities to respect the rights of citizens while ensuring that COVID-19 lockdown regulations are effectively implemented. Governments must create facilities that enable survivors of gender-based violence to access holistic services (health, psychosocial support, legal, and police services) under one roof. Where they cannot be provided under one roof, there should be a coordinated multisectoral approach, with identified partners providing specific services in a coordinated manner.

Lend and borrow responsibly

A common but differentiated approach is needed to fight the pandemic. On the one hand, donors must ensure that they do not let borrowing countries slide back into a debt crisis. On the other hand, SAF governments, which have appealed for financial and material assistance to tackle the crisis, should disburse these resources for their intended use and ensure that they reach those most in need.

CONCLUSION

The outbreak of COVID-19 has posed serious human, economic, and social challenges to the Southern African region, and most of the countries lack sufficient capacity to respond in ways that will adequately protect their citizens' lives and livelihoods. An emerging debt crisis has already left the countries' underfunded health, education, and social services ill-prepared for the pandemic, with debt servicing far outstripping spending on these sectors. Moreover, most of the countries in the region were just emerging from severe food insecurity, as well as war and Ebola (DRC), and disastrous flooding due to Cyclone Idai (Malawi, Mozambique, and Zimbabwe). Piling more debt onto such countries will not promote recovery from the COVID-19 crisis. This situation, coupled with the unprecedented challenge of responding to COVID-19, demands redoubled solidarity. We call upon donors and the G20 to go beyond temporarily suspending debt service to canceling repayments due until the end of 2022 for the poorest countries, to ensure private creditors and multilateral development banks do the same, and to urgently raise new international aid and development cooperation funds to help the poorest countries address the crisis.

NOTES

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For further information on the issues raised in this paper please email advocacy@oxfaminternational.org

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