ICNL

Civil Society Oversight

Issue Overview

With the COVID-19 pandemic came a number of measures that restricted civic freedoms. Some of these measures contributed to exclusion of civil society and other oversight bodies in decision making processes, raising concerns of a decrease in civic participation. In the meantime, civil society groups have continued to oversee measures, policies, and restrictions from authorities and their impacts on fundamental rights and freedoms, in addition to pushing back on restrictive measures or actively promoting civic engagement in the pandemic response.

Since the onset of the pandemic in 2020, civil society groups in Sub-Saharan Africa have played a watchdog role in monitoring decisions and policies adopted by governments to curtail the spread of the virus. There was a particular focus on measures that restricted civil freedoms, health responses to the pandemic, and management of vaccine distribution.

Country Examples

GOVERNMENT OVERSIGHT

In **Niger**, the cabinet's adoption of a decree extending the state of emergency indefinitely on April 22, 2021 was slammed by civil society groups, that accused it of using the pandemic as a ''pretext'' to restrict freedom of assembly despite a low number of positive cases. This extension came two weeks after the expiration of the previous decree extending the state of emergency on April 8, 2021. While there was no formal extension of the state of emergency for two weeks, the measures remained largely unchanged during this two-week period, with large gatherings banned.

In **Zimbabwe**, Veritas noted that a government decision issued on May 21, 2021 to lock down Kwekwe District after detecting the more contagious delta variant was ''illegal because they had not been imposed in terms of any law.'' Throughout the pandemic, the website which makes information on the work of the parliament and the laws of Zimbabwe publicly available, has been keeping track of COVID-19 measures and the multiple amendments to the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order of 2020.

On the other hand, the Zimbabwe Democracy Institute (ZDI) released a Public Health Access Monitoring Report in May 2021, which assessed the government's management of the pandemic situation, including distribution of aid and vaccines. The report slammed "shambolic communication of pertinent COVID-19 information by the responsible authorities." It also raised questions about the lack of transparency from public authorities in relation to "the vaccine procurement process" and available stock.

In **Tanzania**, civil society groups have been urging the government to release public data on the pandemic. After more than a year, on June 28, 2021 new President Samia Suluhu Hassan, provided some limited data about COVID in the country. Her predecessor stopped publishing this data on April 29, 2020. The President has also established a panel of experts to advise the government on its COVID-19 response.

Civil society groups have also scrutinized COVID-19 funds through anti-corruption campaigns. In **Malawi**, the Human Rights Defenders Coalition (HRDC) and other groups and activists have been calling on the government to release to the public reports on COVID-19 expenditure over allegations of mismanagement of funds. The campaigning led the government to institute an audit into the spending and management of COVID-19 funds and to the firing and arrest of officials suspected of misusing the funds, including the labor minister.

PARTICIPATION AND MARGINALIZED GROUPS

There have been a number of initiatives to empower citizens and enable civic participation. In **Zimbabwe**, Vendors Initiative for Social and Economic Transformation, a non-profit organization working to promote socio-economic rights, and Oxfam Zimbabwe organized a campaign meeting aimed at providing informal traders "with enough relevant and accurate information for them to participate in the vaccination program as the people most affected by lockdown measures with no income nor social security."

Certain measures and decisions taken by the authorities raise concerns over exclusion of civil society in the management and oversight of the pandemic response and other democratic processes. In **Zambia**, the Electoral Commission suspended political rallies "with immediate effect" on June 3 due to an increase in the number of COVID-19 cases.

In **Zimbabwe**, where by-elections continue to be suspended, the Election Resource Centre said the country "risks higher voter apathy and further exclusion of young people and women from comprehensively participating in electoral processes and occupying significant political positions." On April 1, the Zimbabwe Election Commission resumed a number of activities such as voter registration and field work related to boundary delimitation, but has significantly scaled-down civic and voter education since the lockdown introduced in March 2020. CSOs have criticized the

move as it "threatens to have long-term effects on political and electoral participation if innovative ways of engagement are not devised," according to the Center.

Participation in COVID-19 task forces remained mostly limited to government bodies and officials. Women's participation was also deemed weak according to data from the UN's COVID-19 Global Gender Response Tracker. Of the 69 taskforces across the region, only 19 percent of members are women.

Furthermore, several groups have no women members such as the Interdepartmental Committee (Comité Interministériel) in **Benin**, the Presidential COVID-19 Task Force Team in **Botswana** and the **Burundian** Committee for COVID-19.

However, there are some efforts for more inclusive participation. In **Ethiopia**, the COVID-19 National Ministerial Committee is made of 50 percent women[1], while the percentage of women at the National COVID-19 Secretariat (NACOSEC) in Lesotho is also 50%. The latter included members from the civil society.[2]

In **Liberia**, the Ministry of Youth and Sport launched the National Youth Taskforce against COVID, "to get young people involved with COVID-19 response efforts given the high rate of unemployment and vulnerability in this population." The taskforce is led by the Ministry of Youth and Sport and made up of youth groups in the country. COVID-19 task forces in **Burkina Faso**, **Malwai**, and **Togo** also included civil society members.

In **South Africa**, women's representation in four COVID-19 related task forces ranged from 33 percent to 60 percent with the Ministerial Advisory Committee on COVID-19 having the highest representation of women.[3] Civil society and non-governmental organizations were included in the Ministerial Advisory Committee on Vaccine

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[1] On 29 February 2020, the Prime Minister of Ethiopia established the COVID-19 National Ministerial Committee, led by the Minister of Health. The Committee gathers the ministers of different governmental departments such as finance, peace, and foreign affairs. The mission of the Committee is to coordinate a multi-sectoral national response to the epidemiological situation in the country. While utilizing a platform with regional health bureaus, the Committee makes sure that they are provided with all the necessary technical and financial support to continue an efficient work process. The tasks of the Committee also include regular reviews of the government's pandemic strategy to ensure the constant preparedness of the country to the changing circumstances.
[2] "The National COVID-19 Secretariat (NACOSEC) replaced the National Emergency Command Centre (NECC) when it disbanded in June under the new Prime Minister after widespread criticism and accusations of extravagant spending and corruption. The NECC was restructured and renamed, and the group reports directly to the Prime Minister. It is responsible for several aspects of COVID-19 response, including surveillance, overseeing testing, and implementing public health policies. The Secretariat is made of many different bodies, from government ministries, civil society, different bodies within society, as well as governance structures as the district level. The 58 permanent members oversee and coordinate all operations of the Secretariat.
[3] South Africa has established a health task force called the Ministerial Advisory Committee (MAC) on COVID-19 to advise the Health Minister. This Committee was created to be an advisory board on how to handle the pandemic. On September, Minister Mkhize announced that the MAC on COVID-19 committee is disbanded and reconfigured. The members were evaluated and changed to include more experts outside of biomedicine sector, including pathologists and laboratory technicians; clinicians; public health experts; researchers on topics such as ethics and social science; and community leaders.

Development [4] and the Multisectoral Ministerial Advisory Committee on Social and Behavioral Change.[5] However, in the Committee on COVID-19 Corruption,[6] only government ministers were represented.

Regional Norms

The African Commission on Human and People's Rights [449 Resolution](), which focuses on ensuring human rights are a central part of COVID responses, outlines norms for adopting and enforcing COVID-19 measures, including norms related to participation and vulnerable groups.

- **Article 2:** ''Urges States Parties in respect of enforcement of COVID-19 regulations to ensure that:

    ○ Enforcement measures do not affect vulnerable groups disproportionately and lead to discriminatory consequences against the poor, persons with disabilities, minorities, people working in the informal sector; women and girls; homeless persons, children and adolescents; IDPs, refugees, asylum seekers and migrants;''

- **Article 3:** ''Calls on States Parties within the framework of the right to participation under Article 13 of the African Charter to ensure that:

    ○ Avenues are put in place for consultation with and participation of people in decision-making and implementation of public health measures including through community leaders, civil society organizations, women groups, and religious organizations;''

- **Article 5:** ''Reminds States Parties of the necessity of observing the principles of non-discrimination under Article 2 of the African Charter, and to this end urges them:

    ○ To adopt affirmative measures for protecting vulnerable groups to ensure that the measures adopted for containing COVID-19 do not lead

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[4] The Ministerial Advisory Committee on Vaccine Development was created by the government for the purpose of managing vaccine development and administration. The Committee also monitors and reports on the progress of clinical trials and advises on purchasing and manufacturing capability. It is composed of public health experts from universities, non-governmental organizations, and government representatives from the health and treasury departments.

[5] Multisectoral Ministerial Advisory Committee on Social and Behavioral Change. The Multisectoral Ministerial Advisory Committee on Social and Behavioral Change was launched by Health Minister and Social Development Minister to provide advice on social and cultural factors and interventions that may influence the spread of COVID-19. The team consists of leaders from faith-based organizations, civil society and labour unions.

[6] The Committee on COVID-19 Corruption was created by the president to deal with allegations of corruption associated with the country's response to the coronavirus pandemic. The Ministerial Committee comprises: The Minister of Justice and Correctional Services as Chairperson; The Minister in The Presidency; The Minister of Finance; The Minister of Police; The Minister for Public Service and Administration; The Minister of Cooperative Governance and Traditional Affairs.

to discrimination against and further marginalization of vulnerable members of society including people working in the informal sector, the unemployed, indigenous populations/communities;

- ○ To ensure that COVID-19 response measures are applied in strict compliance with the principle of equality before the law and mechanisms are put in place for preventing and remedying abusive and discriminatory applications of pandemic regulation measures;

- ○ To ensure that protection is extended to non-nationals, refugees, asylum seekers and migrants;

- ○ To ensure that the measures and approaches developed are gender-responsive with a view to effectively addressing the challenges occasioned by the pandemic on women and girls;''

- **Article 9**: ''Calls on States Parties within the framework of the right of women and girls as provided for in the Maputo Protocol to:

  - ○ Prioritize the protection of women and children in the conception, planning, development and implementation of national response measures to the novel COVID-19, as well as employ gender-equality sensitive approaches to provide adequate protection of the rights of this vulnerable group as provided in the African Charter, the Maputo Protocol and other relevant human rights instruments.

  - ○ Ensure the representation and participation of women and women organizations in the decision-making processes relating to national mechanisms for containing the spread of COVID19.''