

The Coronavirus Epidemic

Currently, the world is under another frenzy of shock through a new zoonotic disease, Coronavirus (COVID-19) which has claimed (mainly in the Wuhan province of Mainland China) and caused a substantial global socioeconomic disruption.

In January 2020, a Coronavirus was identified as the cause of an outbreak of respiratory disease which was first detected in Wuhan, China. Earlier on, many of the patients in the outbreak area in Wuhan, China, allegedly had some link to a large seafood and animal market, suggesting this was a zoonotic disease spread, or animal to person spread. However, an increasing number of patients purportedly have not had any exposure to animal marketplaces, indicating person-to-person infection is occurring. Apparently, it is how this virus is spreading between people.

More cases have been identified in a growing number of countries in the globe including cases in African countries such as South Africa, Zambia, Kenya, Tanzania, Rwanda, Somali, Djibouti, which has recently reported new cases with at least patients infected with coronavirus.

There is a strong growing concern in several East and Southern Africa on the spontaneous spread of the Coronavirus and how this might detrimentally affect global trade undertakings especially in the Pharmaceutical sector.

The epidemic is one aspect of the story. There are other repercussions that are softer but hideously substantial, such as disruptions in pharma supply chains. Many countries in Africa are hugely dependent on China for pharma raw materials.

The cheap raw materials have forced many manufacturers to shut shop and most countries are preparing formulations. Especially so in the case of medicines for infections, diabetes and hypertension. The Chinese manufacturing scale and pricing has forced most countries to close down their public sector manufacturing sites and the private players shifted to sourcing raw materials from China. Countries which have not (yet) fully sold out their 'non-performing' public sector undertakings in the pharmaceutical segment still have hope of reviving them, but this makes their approach to avail medicine products and supplies questionable.

If things do not settle soon, then essential drugs like paracetamol, antibiotics, metformin (for diabetes), are likely to face shortages. Much as there is hope, since the countries in question here is China taking its economy seriously, there is no guarantee that they'll come back to business soon. We are uncertain of how long it will take for the situation to normalize. But if the epidemic is not contained (the course of which cannot be clearly predicted yet according to



WHO emergency program lead: Mike Ryan), then there is an impending drug shortage situation that the world should get prepared for.

Our concerns

On March 11, 2020 the World Health Organization (WHO) declared Coronavirus as a Public Health emergency of international concern posing a public health risk to other states which has resulted in international spread of disease. However, less emphasis has been put forth on the preparations and a mechanism to avert the epidemic as it has escalated to poor countries in Africa.

We understand that in cases of life-threatening circumstances, certain rights may be limited, PHM East and Southern Africa wishes to reiterate that certain rights are non-derogable under national and international human rights obligations. This includes the rights to life, freedom from torture, inhuman and degrading treatment, freedom from slavery, fair trial and *habeas corpus*.

PHM East and Southern thus advise African countries that, where the government is faced with two or more that the less restrictive alternative be preferred to contain the situation. Any restrictions should meet the standards of necessary and proportionality and in line with the constitutions on limitation of fundamental rights and freedoms and international human rights imperatives.

Recommendations

As all eyes around the world are on the spread of the COVID-19 virus. The pandemic is challenging families, communities, health care systems, and governments, and we are reminded that our own health is only good as that of the person standing next to us. It fortifies our common humanity and connectedness. We recommend that;

- Governments should avoid sweeping and overly broad restrictions on movement and personal liberty, and only move towards mandatory restrictions when scientifically warranted and necessary and when mechanisms for support of those affected can be ensured.
- Adequate awareness programmes to the masses at regional, national and local levels including on what it is, how it is spread, how to prevent and contain it and reporting is critical.
- There is a need for governments to put more efforts and mechanisms to tighten border and airport security in screening and setting up of quarantine rooms in airports as well as preparing hospitals to receive potential patients.



- The Authorities to have an effective surveillance system that allows quick identification of infected patients and the ability for the minister of health to establish a system for collecting respiratory specimens from people who might be infected
- We the undersigned observe the need for vigilance and guard ourselves from the
 expected gross abuse of human rights in the guise of controlling the virus. The siracusa
 principles should be adhered to. (Principle of reciprocity) in this case, fair compensation
 and treatment of the Coronavirus.
- The needs of the most vulnerable in our societies must be considered and be at the center of all rapid responses. This includes the elderly, the sick, persons with disability, children, the rural population in the marginalized areas, the homeless, refugees, prisoners and those who are in the informal people's settlements, who are likely to be most disadvantaged by measures already in place to contain the virus which could threaten their daily survival.
- When Africa countries are employing the necessary measures to contain the COVID-19 all duty bearers both in public and private sector must observe a human right based approach. Any directive, policy and mechanism must be in tandem with human dignity, non-discrimination and protection of the marginalized.
- When quarantines or lockdowns are imposed, governments are obligated to ensure access to food, water, health care, and care-giving support. Many older people and people with disabilities rely on uninterrupted home and community services and support.

PHM is a global network bringing together grassroots health activists, policy maker's civil society organizations, practitioners, and academic institutions from around the world, particularly from low and middle income countries (L&MIC) www.phmovement.org.

On behalf of the People's Health Movement of East and Southern Africa. 21st March 2020.