

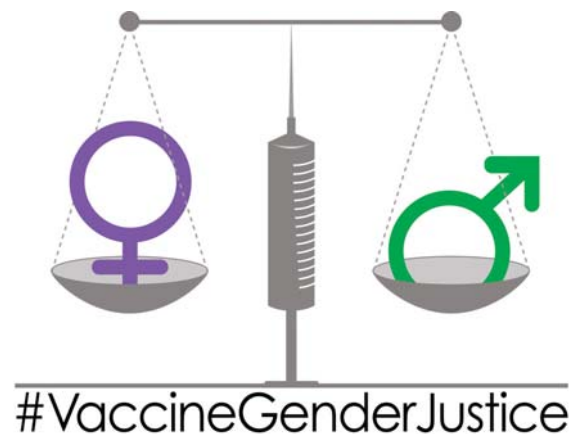
# EXECUTIVE SUMMARY



Ezulwini Mayors Walk and SRHR Campaign 2019, Eswatini.

Photo: Thandokuhle Dhlamini

The 13th #VoiceandChoice Barometer reflects slow progress in advancing women's rights in the Southern African Development Community (SADC). The unrelenting COVID-19 pandemic has had devastating effects on women's voice and choice. The vaccine roll-out programme currently underway across the region is the best hope for consolidating the fragile gains made for women's rights in the last decade. Sex disaggregated data remains patchy but this and anecdotal evidence show that if not the most infected, women are the most affected by the pandemic. This underscores the #VaccineGenderJustice campaign being launched with this Barometer.



The #VoiceandChoice Barometer measures 100 indicators in seven thematic areas: sexual and reproductive health; adolescent Sexual and Reproductive Health and Rights (SRHR); safe abortion; Gender Based Violence (GBV); HIV and AIDS; harmful practices and sexual diversity. The 2021 Barometer adds chapters on Women's Political Participation and the media, key components of #VoiceandChoice, and clusters of the Southern African Gender Protocol Alliance. It also includes a chapter on climate justice, often referred to as the "twin pandemic", and one with similarly devastating consequences for the attainment of Sustainable Development Goal 5 - gender equality.

Since 2019, the #VoiceandChoice Barometer has measured progress against 100 SRHR indicators. This 13th edition continues to shadow the SADC SRHR strategy (2018-2030) adopted by Health Ministers in 2018. The strategy, seen as a progressive tool for measuring the progress of SRHR in the region, builds on several global, continental and regional frameworks to advance SRHR. The indicators used to measure the status of SRHR in SADC include 12 out of the 20 indicators in the SADC SRHR Scorecard that governments will be reporting against for which data could be obtained.

A detailed explanation of the methodology used in the SRHR scorecard is included as a technical note at Annex A. The SRHR Scorecard rates countries using an index classifying performance based on quartiles. The dataset is divided into three sections using the interquartile range. Values

above the first quartile are included under the GREEN, anything between the 1st and 3rd quartile will fall under the YELLOW color while those below the 3rd quartile will fall under the RED color.<sup>1</sup> Green denotes that countries have met the required target, yellow means efforts are needed to achieve the target and red highlights countries that need urgent action to achieve the target.

The real impact of COVID-19 will take some time to reflect in official data that is often a year or two behind. A survey by the United Nations Fund for Population (UNFPA)<sup>2</sup> that is quoted in several chapters of the 2021 Barometer reflects the incredible effort to sustain SRHR services following the first set of lockdowns, from March to May 2021. This is in no small measure thanks to the advocacy efforts of groups like the Southern Africa Gender Protocol Alliance, and the Centres of Excellence for Gender in Local Government working in nearly 400 municipalities across the SADC region to advance gender justice.

However, anecdotal evidence abounds in the Barometer of family planning services disrupted; Comprehensive Sexual Education (CSE) services curtailed as schools went into lockdown; teenage pregnancies and early child marriages on the rise; safe abortion even more difficult than usual to access; HIV and AIDS services disrupted; an increase in GBV; violence and stigma against the LGBTIQ community on the rise. Even the official statistics are beginning to reflect a roll back in fragile gains.

<sup>1</sup> Score Card for Sexual and Reproductive Health and Rights in the SADC Region, Fast tracking the Strategy for SRHR in the SADC Region 2019-2030, SADC.  
<sup>2</sup> UNFPA COVID Impact: What we know 1 year into the pandemic, [https://www.unfpa.org/sites/default/files/resource-pdf/COVID\\_Impact\\_FP\\_V5.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf)

Table 1: Overview of countries by indicators, 2021

SADC SRHR scorecard		Angola	Botswana	Comoros	DRC	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Tanzania	Zambia	Zimbabwe	Green	Yellow	Red	No data
Maternal mortality, institutional (to be complemented with population-based estimates or survey data, where applicable). Global target is 70.		241	144	273	473	437	544	335	349	61	289	195	53	119	524	213	458	2	4	10	0
Neonatal mortality, institutional (to be complemented with population-based estimates or survey data, where applicable). Global target is 12 per 1000.		28	18	30	27	18	43	20	20	10	29	19	9	12	20	23	26	3	10	3	0
Adolescent birth rate, 10-19 years of age.		163	51	70	109	87	91	151	137	23	180	64	68	41	139	135	108	6	4	6	0
Existence of laws and policies that allow adolescents to access SRH services without third party authorisation.		0	0	0	1	0	1	1	1	0	0	0	0	1	0	1	0	6	0	10	0
Unmet need for family planning (contraception).		27	8	19	21	10	11	15	13	8	19	10	n/d	11	16	15	8	5	7	3	1
Percentage reduction in new HIV infections, females 15-24.		1	8.8	0.1	0.4	12.2	9	0.1	3.7	0.3	3	5.1	n/d	10.4	2.2	6	5.9	8	3	4	1
Mother to child transmission of HIV.		18.6	1.9	n/d	27.8	3.7	6	39	6.3	13	13.5	3.8	n/d	3.9	11.1	13.4	8.7	7	5	2	2
Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age.		32	n/d	28	23	54	76	5	50	n/d	42	66	n/d	61	30	35	67	1	7	5	3
Minimum legal age of consent to marriage, 18 years for all irrespective.		1	3	2	1	1	1	2	3	2	3	2	1	3	1	2	3	5	5	6	0
Legal status of abortion.		1	1	1	1	1	1	0	1	1	2	1	1	2	1	1	1	2	13	1	0
Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months.		50	35	40	58	43	41	42	43	25	48	39	30	31	47	18	43	2	4	10	0
Percentage of annual budgets allocated to health sector (Abuja Declaration recommends 15%).		5	8.8	8.6	11	16.5	13	10.1	16.7	10	8.8	13.8	9.7	14.2	12.3	11.3	8.4	2	9	5	0

Key: Source: Gender Links SRHR indicators table computed from global data sources.

- Existence of laws and policies that allow adolescents to access SRH services without third party authorisation: 1=Exists; 0=Not in place.
- Minimum legal age of consent to marriage, 18 years for all irrespective: 1=Below 18 for women and/or men; 2=18 for women and men, with exceptions; 3=18 for women and men, no exception.
- Legal status of abortion: 0=Abortion not available 1=Restricted abortion; 2=Abortion on demand.

Table 1 applies the colour coding across 16 SADC countries for which data could be obtained. Table 2 summarises the findings per indicator, ranking these from best to least achieved.

Table II: Summary of performance by indicator

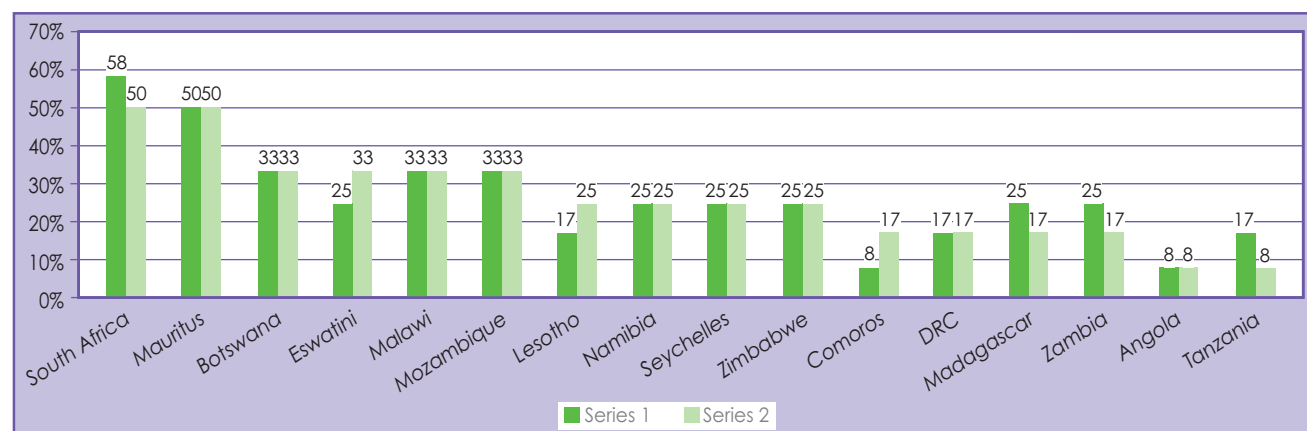
Indicators	Green	Yellow	Red	No data	% Green
Percentage reduction in new HIV infections, females 15 - 24.	8	3	4	1	50%
Mother to child transmission of HIV	7	5	2	2	44%
Existence of laws and policies that allow adolescents to access SRH services without third party authorisation.	6	0	10	0	38%
Unmet need for family planning (contraception).	5	7	3	1	31%
Minimum legal age of consent to marriage, 18 years for all irrespective.	5	5	6	0	31%
Adolescent birth rate, 10-19 years of age.	6	4	6	0	38%
Neonatal mortality, institutional.	3	10	3	0	19%
Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months.	2	4	10	0	13%
Maternal mortality.	2	4	10	0	13%
Legal status of abortion.	2	13	1	0	13%
Percentage of annual budgets allocated to health sector.	2	9	5	0	13%
Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age.	1	7	5	3	6%
<b>Total #</b>	<b>49</b>	<b>71</b>	<b>65</b>	<b>7</b>	
<b>Total possible score</b>	<b>192</b>	<b>192</b>	<b>192</b>	<b>192</b>	
<b>Percentage of total</b>	<b>26%</b>	<b>37%</b>	<b>34%</b>	<b>3%</b>	

Source: Gender Links SRHR indicators table computed from global data sources.

Table II shows that:

- Overall, only 26% of the 12 indicators that could be measured fall in the green category (compared to 27% last year); 37% in the yellow category (compared to 36% last year); 34% in the red category (the same as last year) and 3% in the no data category.
- The largest number of greens (50%) is percentage reduction in new HIV infections among females aged 15 - 24 followed by reduction in Mother to Child transmission of HIV (44%). Reducing HIV infections is still a priority for the region.
- Similar to last year, the lowest percentage of greens (6%) is percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age. Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months (13%); maternal mortality (13%); legal status of abortion (13%) and percentage of annual budgets allocated to the health sector (13%) also garner a low score.

Figure I: Green SRHR scores 2020 and 2021



Source: Gender Links computations on the SADC SRHR score card, 2021.

Figure I summarises each country's performance on the basis of the 12 indicators. South Africa (50% green, compared to 58% last year) and Mauritius (50%) have the highest score followed by Malawi, Botswana, Eswatini and Mozambique (33%). Mozambique, Namibia, Seychelles, Zimbabwe and Lesotho (25% green) tie for fourth place. Fourteen SADC countries have achieved less than 50% of the targets. The lowest ranking countries on the green scores are Madagascar, Zambia, DRC, Comoros (17% each) followed by Angola (8%) and Tanzania (8%).

Four SADC countries (South Africa, Madagascar, Zambia and Tanzania) experienced a decline in their percentage green scores. Three countries went up: Comoros from 8% to 17%, Eswatini from 25% to 33% and Lesotho, from 17% to 25%. In other countries, the scores remained the same as last year. This shows that for the most part SADC countries either regressed or held the line on SRHR in the year past. Key factual highlights in each theme chapter of the Barometer include:

**Sexual and reproductive health:** While there has been good progress, maternal mortality remains unacceptably high in the region with just two of 16 SADC countries, Seychelles and Mauritius meeting SDG target 3.1 of reducing maternal mortality to fewer than 70 deaths per 100 000 live births. Lesotho has the highest MMR with 544 deaths per 100,000 live births, seven times higher than the SDG target. Neonatal deaths also remain high in the region with just three SADC countries (Seychelles, Mauritius and South Africa) having achieved the SDG target 3.2 of 12 deaths per 1,000 live births. Lesotho has the highest neonatal mortality rate with 43 deaths per 1,000 live births.

More countries in the region understand the importance of women's menstrual hygiene to their overall health and wellbeing. Seven SADC countries (Lesotho, Mauritius, Seychelles, South

Africa, Zambia, Zimbabwe, and now *Namibia as well*) have removed VAT on menstrual products. Five countries (Botswana, Lesotho, Madagascar, Seychelles, and Zambia) now provide free sanitary pads in schools.

Local government plays a key role in providing access to SRHR services and should develop SRHR specific policies, including provisions on national health emergencies. Most pregnant women in the region have access to at least one antenatal visit, but women in rural areas have less access than those residing in urban areas. The COVID-19 pandemic has strained public health systems globally, interrupting and delaying many kinds of critical health care.

The World Health Organization (WHO) conducted two surveys on the continuity of essential health services during the COVID-19 pandemic. The first covers the period January-March 2020 in 105 countries and the second the period June-March included responses from 135 countries. In the second survey all SADC countries were included except Tanzania and Zimbabwe. The first survey found that family planning and contraception were among the most frequently disrupted health services, with 7 in 10 countries experiencing disruptions.<sup>3</sup>

**Adolescent SRHR:** Except for Tanzania (which never locked down), 15 of the region's member states adopted a phased approach to re-opening schools following COVID-19 pandemic lockdowns, with standard operating procedures to ensure the safety of learners and staff. So far the limited vaccines available have not been extended to anyone below 35 in the region; this is a major challenge in the coming period, as the deadly Delta variant of the virus is proving equally devastating among young people.



<sup>3</sup> Continuity of Essential Sexual and Reproductive Health Services During Covid-19 Pandemic in The WHO African Region, pp4.



## Comprehensive Sex Education

(CSE) refers to the provision of age-appropriate, culturally relevant, scientifically accurate, realistic, non-judgmental information about sex and relationships. In February 2020, Angola and Mozambique updated their CSE programmes to meet international standards. Members of the Zambia parliament shot down a regressive motion that sought to suspend the teaching of CSE in schools pending wider consultations by stakeholders with some members of civil society and teacher unions collaborating under the banner "Pro-CSE." These groups welcomed guidance provided by Vice President Inonge Wina on the floor of the National Assembly on 2 October 2020<sup>4</sup>.

Gender Links (GL), the Southern African Gender Protocol Alliance partners, and youth leaders from the Centres of Excellence for Gender in local government conducted the Youth Rapid Assessment Study in eight out of 16 SADC countries between 2019 and 2021. The study found that nearly two fifths of young people who sought Sexual and Reproductive Health (SRHR) Services in eight Southern African countries were denied these services because they were not accompanied by a parent or family member. More than two thirds had to pay a fee for the health services they received. These services cost an average of \$2, which is 9-20% of the daily income in the countries surveyed. But 81% of the those who accessed services said that health personnel treated them confidentiality.

Adolescent fertility rates remain exceptionally high: Mozambique is one of six countries in the world in which at least one in ten girls (14%) has had a child before they turn 15, and 57% before age 18. While the data is still being collated, lockdowns have almost certainly increased the level of teenage pregnancies. The global pandemic shed light on some perennial challenges for teenage fathers, who faced heightened

financial challenges during COVID-19 and pressures around their role as caregivers for their children. CSE gaps on the topic of teenage fatherhood point to a need for increased psychosocial support and education aimed specifically at young fathers.



## Safe abortion:

Africa has the highest rates of unintended pregnancies in the world at 91 per 1000 women aged 15 to 49, as compared to 35 per 1000 women in Europe and North America. This region has the highest pregnancy rate overall (218 per 1,000). Eighty-nine percent of unintended pregnancies in Sub-Saharan Africa occur among women with unmet need for contraception: 11% result from failure of a modern method. The abortion rate in Africa has increased from 27 per 1000 women aged 15 to 49 to 33, representing a 24% increase since 1990.

Unsafe abortions affect mostly poorer, unmarried women and adolescents fuelling high maternal mortality rates in the region. US President Joe Biden rescinded the Global Gag Rule, enabling resumption of US government funding for the United Nations Fund for Population Activities (UNFPA). Disruptions resulting from the COVID-19 pandemic were not as dire as the UNFPA had initially predicted. But the pandemic led to increases in unwanted pregnancies and demand for safe abortion, while slowing down campaigns for safe abortion.


All SADC countries allow abortion if it is a risk to the woman's life. However, only two countries, South Africa and Mozambique permit abortion on demand. Abortion laws are most restrictive in Madagascar and Malawi where the only ground for abortion is risk to life. But in ruling on a case of statutory rape that led to the pregnancy of a 15 year old girl during lockdown who sought relief because she said this had threatened her life, the Malawi High Court has

<sup>4</sup> Shamiso Chigorimbo, Gender Links Opinion piece as part of a submission for the SADC Protocol @ Work Media articles October 2020. <https://genderlinks.org.za/news/zambia-comprehensive-sexuality-education-must-be-continued/>, accessed 10 August 2021.

injected new energy into the safe abortion campaign in Malawi.

Globally, there is debate on whether to advocate for decriminalisation of abortion or legislation for safe abortion, a medical procedure that should be available to all women. Canada is the only country in the world that has completely decriminalised abortion, making it a medical procedure available to women on demand at any time. Medication abortion is a safe and effective way self-managed procedure to end an early pregnancy that gained ground in Latin America and now across the globe. WHO recommends the combination of: mifepristone, which is more expensive, and used only to terminate a pregnancy, as it interferes with hormonal processes with misoprostol, which causes the cervix to dilate and the uterus to contract, is cheaper, used for other reasons, such as to treat ulcers, and thus more readily available.


SAfAids, the Alliance SRHR cluster lead, is spearheading the My Choice, Our Choice campaign, through champions from all walks of life - MPs, traditional and religious leaders. SAfAids and the alliance will hold an expert meeting in 2021 to chart a way forward that will ensure women have #voice and #choice in matters concerning their reproductive health.

**HIV and AIDS:** SADC accounts for 46% of all people and 58% of the adolescents living with the human immunodeficiency virus (HIV). The COVID-19 pandemic has disrupted all health services in SADC including those for HIV. Adaptation and innovation are keeping the most critical services available. Much adaptation relies on community care givers. There is evidence that people living with HIV are at higher risk of serious illness and death as a result of COVID-19 than the general population.

Overall the world missed the UNAIDS 90- 90- 90 targets by 2020: 90% of all who are living with HIV knowing their status; 90% of those that know their HIV status on treatment and 90% of those on treatment are viral suppressed. But the achievement of 84% (31.6million) of PLHIV know their HIV status; 73% (27.4 million) accessing treatment and 66% virally suppressed is impressive.<sup>5</sup>

Of the 8 countries in the world that achieved the 90- 90- 90 targets four are in Africa (Eswatini, Botswana, Malawi in SADC and Uganda). A further 11 countries globally reached the overall 73% viral suppression target, including Zimbabwe, Lesotho, Namibia and Zambia in SADC and Kenya, Burundi in Africa, but did not achieve one of the three 90s. Eswatini has already achieved the 2025 target of 95- 95- 95. With the largest HIV burden in the world (7.8 million people living with HIV or 21% of the total in the world), South Africa's achievement of 92- 72- 66 is noteworthy<sup>6</sup>.

World leaders have adopted a new Global Strategy to address inequalities and end AIDS by 2030 in June 2021<sup>7</sup>. SADC countries will need to redouble their efforts to achieve the 2020, and now the 2030 targets, which are of such great relevance to this region.

**Gender-based violence:** COVID-19 lockdowns remain a reality in SADC with pandemic-related challenges unrelenting in many countries, including increases in gender-based violence (GBV). The global "vaccine apartheid" is prolonging the agony of the pandemic, and correspondingly high levels of GBV.

South Africa amended key legislation to fight GBV and femicide during the pandemic. Law-makers in Lesotho drafted a domestic violence bill, which awaits cabinet approval.<sup>8</sup> A Common-

<sup>5</sup> Global HIV & AIDS statistics Fact sheet 2021, <https://www.unaids.org/en/resources/fact-sheet> accessed 10 August 2021.

<sup>6</sup> HIV & AIDS statistics South Africa, <https://www.unaids.org/en/regionscountries/countries/southafrica>, accessed: 10 August 2021.

<sup>7</sup> New global pledge to end all inequalities faced by communities and people affected by HIV towards ending AIDS, [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/june/20210608\\_hiv-opens](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/june/20210608_hiv-opens), accessed 10 August 2021.

<sup>8</sup> SADC GBV Virtual Workshop, March 2021

wealth study shows domestic violence costs Lesotho \$113 million annually.<sup>9</sup> To inform a comprehensive review of its Labour Act on sexual harassment at work, a Zimbabwe Parliamentary committee conducted public consultations across the country<sup>10</sup>. Namibia is the only country in Africa to achieve a Tier 1 ranking on eliminating human trafficking in 2020, joining 34 nations globally. The country fully meets the US State Department's minimum standards for the elimination of human trafficking.

The SADC Secretariat has bemoaned the lack of critical GBV data submissions by member countries. Data on intimate partner violence is outdated and incomplete. In March 2021, the SADC Gender Unit convened two virtual workshops on GBV prevention and coordination. One of the outcomes included selecting shared GBV indicators that the unit will review annually<sup>11</sup>.

**Harmful practices:** The COVID-19 pandemic coupled with slow vaccination roll out programmes could further expose women and girls to harmful practices especially child marriages and Female Genital Mutilation (FGM). Vaccine hesitance is itself emerging as a harmful practise.

South Africa has the lowest percentage of women married by age 18 (4%) and Mozambique has the highest (53%).<sup>12</sup> Campaigns to end child marriages pivoted to cyber space while poverty drove many families to marry their young daughters off to older men. Giving rise to some optimism, in December 2020, the Mauritian government gazetted the Children's Act of 2020. The Act, which now awaits proclamation, seeks to address the issue of child marriages in the country and establishes the Children Coordinating Panel, a body to oversee the implementation of the Act. Activists hope that

addressing this obstacle to Mauritius signing the SADC Gender Protocol will finally pave the way for Mauritius to sign. Mauritius is the only SADC country that has still not signed this unique sub-regional instrument.

The Zambian parliament is amending Article 47.2 of the of Constitutional Amendment Bill number 10 of 2019 to enhance the participation of women with disabilities in politics.<sup>13</sup> Zimbabwe launched a National Disability Policy which seeks to address the marginalization and discrimination of Persons with Disabilities (PWDs)<sup>14</sup>. Medical practitioners performed 52 million of the Female Genital Mutilation (FGM) procedures globally. Besides FGM and child marriages, women and girls in parts of Zimbabwe and South Africa could be experiencing other less common harmful practices like breast ironing.

**Sexual diversity:** Five (one-third) of Southern African countries (Angola, DRC, Mozambique, Seychelles, and South Africa) have decriminalised homosexual relationships. Botswana's High Court decriminalised same-sex relationships in June 2019, but promulgation of the law is pending following an appeal. COVID-19 has exacerbated vulnerabilities in LGBTI communities, especially those relating to health care and violence. Three countries (Mauritius, Namibia, and South Africa) allow LGBTI people to change their gender markers. Mauritius and South Africa ban conversion therapy, which causes extensive physical and psychological damage. Only one SADC country, Angola, has hate crimes legislation that explicitly protects LGBTI persons from violence and discrimination. The UN Human Rights Office calls on countries to outlaw sporting regulations that pressure female athletes to undergo "unnecessary" medical interventions. COVID-19 health strengthening strategies must include long-term



<sup>9</sup> Violence against women costs Lesotho economy \$113 million annually, The Commonwealth, <https://thecommonwealth.org/media/news/report-violence-against-women-costs-lesotho-economy>, accessed: 1 June 2021.  
<sup>10</sup> EWF engages the public service, labour and social welfare parliamentary portfolio committee on the amendment of the labour relations act., <http://emthonjeniwf.org/ewf-engages-the-public-service-labour-and-social-welfare-parliamentary-portfolio-committee-on-the-amendment-of-the-labour-relations-act/>, accessed 10 August 2021.  
<sup>11</sup> SADC GBV Virtual Workshop, March 2021  
<sup>12</sup> UNICEF Child marriage, <https://data.unicef.org/topic/child-protection/child-marriage/>, accessed 19 June 2021.  
<sup>13</sup> Zambia Daily Mail, Women's movement nods support for Article 47.2 of Bill 10, <http://www.daily-mail.co.zm/womens-movement-nods-support-for-article-47-2-of-bill-10/>, accessed 28 June 2021.  
<sup>14</sup> UNESCO (2021) Zimbabwe launches National Disability Policy, UNESCO, <https://en.unesco.org/news/zimbabwe-launches-national-disability-policy>, accessed 24 June 2021.



strategies towards the attainment of universal health care.



**Governance:** Women's political participation is a powerful measure of women's voice and choice in the public space. Women's representation in parliament (28% in lower chambers and 29% in upper

chambers) in SADC has increased by just three percentage points over the last decade, from 25% in 2009 to 28% in 2021. Women's representation in parliament in SADC is three percentage points higher than the global average and Africa average of 25%<sup>15</sup>.

Women's representation in parliament (both houses) ranges from 11% in Botswana to 46% in South Africa. Variation in women's representation ranges from an increase of 17 percentage points in Zimbabwe to a decrease of seven percentage points in Angola (from 37% in 2009 to 30% in 2021). Women's representation in local government decreased from 24% in 2009 to 20% in 2021. In Lesotho, women's representation in local government dropped from 58% in 2005 to 40% in 2017<sup>16</sup>.

Data in the Barometer establishes the close correlation between the Proportional Representation (PR) system used in conjunction with some form of Temporary Special Measure (TSM) in increasing women's representation. The opposite is true of the First Past the Post System (FPTP) used by two thirds of the countries in the region.

Women are best represented in Electoral Management Bodies with 40% of leadership positions held by women. Women are least represented in top executive positions (President, Vice President, Prime Minister, Deputy Prime Minister) with just three of 33 (9%) positions being

held by women. Women's representation in cabinet in the SADC region has increased by three percentage points from 23% in 2009 to 26% in 2021. South Africa has achieved and surpassed the target of 50% women in cabinet. Women are under-represented on national COVID-19 taskforces making up just 39% of members and 19% of leaders.



**Media:** The extent to which women's views and voices are reflected in the media is a powerful proxy indicator of women's voice and agency. The Gender and Media Progress Study (GMPS) remains the largest and longest longitudinal

research study on gender equality in the news media in Southern Africa, stretching from 2003-2020. The 2020 GMPS monitored 18630 news items over an entire month.

The GMPS shows a paltry increase in women sources in the media, from 17% in the 2003 Gender and Media Baseline Study (GMBS) to 19% in 2010 GMPS, to 20% in the 2015 GMPS, and just 21% in the 2020 GMPS. This ranges from 16% in Democratic Republic of the Congo (DRC), Tanzania and Zambia, to 31% in Seychelles: all still well short of the 50% target<sup>17</sup>.

At just 2%, topics on Sexual and Reproductive Health and Rights (SRHR) rank among the least covered. Gender Based Violence (GBV) accounts for half of SRHR coverage. At 2% each, sexual diversity, harmful practices, and menstrual health are the least covered SRHR topics. Regional media prioritises other topics, including economy (19%), social topics (15%) sports (12%), politics and government news (11%)<sup>18</sup>.

Across all topics, women's voices dominate only in news about gender equality (52%). Spokespeople and experts continue to comprise the majority of sources in regional news. An analysis

<sup>15</sup> Women's Political Participation Africa Barometer 2021, <https://www.idea.int/sites/default/files/publications/womens-political-participation-africa-barometer-2021.pdf>, accessed 10 August 2021.

<sup>16</sup> Women's Political Participation Africa Barometer 2021, <https://www.idea.int/sites/default/files/publications/womens-political-participation-africa-barometer-2021.pdf>, accessed 10 August 2021.

<sup>17</sup> Gender Links, 2020. Gender and Media Progress Study. Preliminary findings. Gender Links, Johannesburg, <https://datastudio.google.com/u/0/reporting/ee53fd80-a91a-46e0-9cc3-f8c71352d484/page/ekWT?s=tim9YL3OEew>, accessed on 16 July 2021.

<sup>18</sup> Gender Links, 2020. Gender and Media Progress Study. Preliminary findings. Gender Links, Johannesburg, <https://datastudio.google.com/u/0/reporting/ee53fd80-a91a-46e0-9cc3-f8c71352d484/page/ekWT?s=tim9YL3OEew>, accessed on 16 July 2021.

of COVID-19 news coverage shows that women's voices accounted for 26% of those interviewed as sources. Online GBV increasingly hinders freedom of expression in online spaces, with women journalists disproportionately affected<sup>19</sup>.



**Climate justice:** Gender equality, sexual and reproductive health and rights (SRHR), and climate change issues are inextricably linked. Climate change risks increasing social, including gender, inequalities. In addition,

as global temperatures rise, extreme weather events like floods, droughts, and heatwaves particularly threaten the health and rights of girls and women. In turn, gender, sexuality, age, wealth, indigeneity, and race are all determining factors in the vulnerability to climate change.<sup>20</sup> Those that contributed least to the climate crisis are most severely affected by its impacts while also having most limited access to resources to adapt<sup>21</sup>.

At the time the COVID-19 outbreak was declared a global pandemic, climate change was

beginning to be at the forefront of political conversations and agendas. There is growing consensus that there is need to be considered to take decisive action to protect the future of the planet. However, the world's spotlight moved away from climate change as the impact of the pandemic wore on. Now similarities are being drawn between the two crises with many of the same issues arising out of the crises.

COVID-19 is known to impact particularly the elderly and those with underlying health conditions, causing severe respiratory disease, and climate change affects air quality, drinking water, food supply and shelter - all factors that are associated with health. Climate change is expected to cause around 250,000 additional deaths annually between 2030 and 2050. COVID-19 has already claimed the lives of 2.3 million people worldwide since the start of the pandemic.<sup>22</sup> The twin pandemics of COVID-19 and climate change are without doubt the biggest challenge to achieving the SDGs, and especially SDG 5 (gender equality).

<sup>19</sup> UNESCO (2020) Online violence Against Women Journalists: A Global Snapshot of Incidence and Impacts, available at: <https://en.unesco.org/news/unescos-global-survey-online-violence-against-women-journalists>, accessed 10 August 2021.

<sup>20</sup> Women Deliver, The link between climate change and sexual and reproductive health and rights: An evidence review, January 2021.

<sup>21</sup> International Planned Parenthood Federation (IPPF), Position paper: The climate crisis and sexual and reproductive health and rights, January 2021, pp 5

<sup>22</sup> <https://www.news-medical.net/health/Climate-Change-and-COVID-19.aspx>