REPORT OF THE SADC PF STANDING COMMITTEE ON HUMAN AND SOCIAL DEVELOPMENT AND SPECIAL PROGRAMMES TO THE 59TH PLENARY ASSEMBLY SESSION

Mr President, I beg to move that the 59th Plenary Assembly do adopt the Report of the Standing Committee on Human and Social Development and Special Programmes (HSDSP) laid on the Table on 23 November 2026.

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1.0 COMPOSITION OF THE COMMITTEE

The Standing Committee on Human and Social Development and Special Programmes (HSDSP) comprises the Members listed in Appendix I. Observers, officials and resource persons are listed in Appendices II, III and IV, respectively.

2.0 TERMS OF REFERENCE

The specific Terms of Reference for the HSDSP Standing Committee are set out in Rule 42(5) of the SADC PF Rules of Procedure and cover human and social development issues, including health, combating illicit drug trafficking, HIV and AIDS, human resource development, education, professional training, employment and labour, culture and sport, science and technology, and humanitarian issues.

3.0 MEETINGS HELD DURING THE REPORTING PERIOD

The Committee held two meetings during the reporting period: the first, held from 27 to 29 March 2026 in Gaborone, Botswana, under the theme "Leveraging SADC Protocols on Education and Employment to Build Resilient and Inclusive Human Capital for the Future"; and the second, held from 24 to 25 September 2026 in Johannesburg, South Africa, under the theme "Harnessing Human Capital in the SADC Region through Legislative Reform on the Age of Consent, and a Market Approach to Menstrual Health Management".

4.0 BACKGROUND

The SADC Protocol on Education and Training (1997) and the Protocol on Employment and Labour (2023) provide regional frameworks for developing human capital, improving living standards and promoting equitable socioeconomic development. Their benefits depend on completing the applicable treaty procedures, aligning with national laws, securing adequate financing and implementing effectively. The Committee's inquiry examined gaps between regional commitments and national implementation, including skills mismatches, limited employment opportunities for young people, weak budget execution and inadequate protection for informal workers. It also considered related barriers to health, education and participation, such as adolescent pregnancy, child marriage, gender-based violence and unequal access to services.

The region's youthful population makes investment in adolescent health, education and participation particularly important. The Committee therefore examined legal and practical barriers to sexual and reproductive health and rights (SRHR), including consent requirements, confidentiality, safeguarding and provider guidance. It also considered menstrual health as a determinant of dignity, school attendance and participation, with particular attention to affordability, reliable supplies and appropriate facilities.

The meetings brought together expert presentations, country submissions and public hearings to identify parliamentary priorities for legislation, budget scrutiny and executive oversight. The report summarises the evidence received, the Committee's observations and proposed resolutions for consideration by the 59th Plenary Assembly.

5.0 SUMMARY OF PRESENTATIONS

The Committee received presentations on the implementation of SADC education and labour protocols; foundational learning, teacher development and skills training; children's rights, school retention and digital inclusion; youth employment and labour-market inequality; sexual and reproductive health and rights, including adolescent consent to health services; and menstrual health, with emphasis on affordability, taxation, procurement, quality standards and water and sanitation.

6.0 IMPLEMENTATION OF REGIONAL EDUCATION AND LABOUR PROTOCOLS

6.1 SADC Protocol on Employment and Labour (2023)

The SADC Secretariat reported that ten Member States had signed the Protocol on Employment and Labour (2023). Angola had completed national approval through Resolution No. 6-25 of 10 March 2025 but had not deposited its instrument of ratification. The Democratic Republic of Congo, Mauritius, Seychelles, South Africa and Zambia had yet to sign. South Africa raised concerns about constitutional compatibility, affirmative action, budgetary commitments, parliamentary scrutiny of annexes, the absence of a reservation mechanism and the non-operational SADC Tribunal. Members questioned whether "available resources" qualifications in Articles 13 and 16 could weaken implementation and called for employment frameworks to address informal and digital work and artificial intelligence. The Secretariat stressed that promoting youth entrepreneurship did not displace the State's responsibility for enabling employment and accountability for job creation.

6.2 SADC Protocol on Education and Training (1997)

Presenters reported progress in foundational learning, TVET, teacher development and the SADC University of Transformation initiative. Challenges included a secondary-to-tertiary transition rate below 20%, limited pathways into work, inadequate and unpredictable financing, and delayed budget disbursements. Citing Botswana's reported education allocation of 20–25% of the national budget, Members called for expenditure to be assessed against completion rates, learning outcomes and labour-market needs. They also urged integration of menstrual health into school policies and action against fraudulent student documents undermining regional mobility and the Protocol's 5% admissions provision.

6.3 Country Submissions on Implementation

Submissions from Botswana, the Democratic Republic of Congo, Namibia, Angola, Malawi, South Africa, Mauritius, Zimbabwe, Madagascar, Mozambique, Eswatini, Tanzania and Lesotho highlighted common challenges: skills mismatches, high youth unemployment, weak budget execution, fragmented coordination, limited social protection for informal workers and inadequate labour market information. Reported youth unemployment rates ranged from 18.4% in Mozambique to 44.4% in Namibia.

7.0 EXPERT SUBMISSIONS AND PUBLIC HEARINGS

The Committee received submissions from civil society, academia, youth networks and other stakeholders on education, employment, children's rights, adolescent health and menstrual health. The deliberations highlighted the interaction between legal barriers, inadequate financing, institutional weaknesses and unequal access to services, underscoring the need for coordinated parliamentary action.

7.1 Foundational Learning and Climate-Resilient Education

Submissions highlighted weak foundational literacy and numeracy as major constraints on subsequent learning and employment. Presenters reported that approximately 90% of children in sub-Saharan Africa could not read with comprehension by age ten. Priorities included protecting instructional time, strengthening evidence-based reading instruction in teacher training, and using regular learning assessments to guide improvements. Early childhood development facilities were also reported to be highly vulnerable to climate shocks. Submissions indicated that 60–80% of rural centres in six SADC countries operated in semi-permanent or open-air structures, and that Cyclone Freddy had destroyed more than 4,200 classrooms in Mozambique and Malawi. Recommendations included dedicated early childhood education financing, drawing on the Tashkent Declaration's 10% education-budget commitment to pre-primary education, and incorporating resilient learning infrastructure into national adaptation plans and nationally determined contributions.

7.2 Children's Rights, School Retention and Economic Inclusion

The submissions identified fragmented implementation of child-rights commitments and proposed a dedicated SADC Protocol on Children, supported by stronger regional coordination and a technical working group under the Committee. This proposal was distinct from the proposed Model Law on Child Rights and Child Protection. Adolescent pregnancy, gaps in comprehensive sexuality education (CSE), poverty and other social barriers continued to undermine school retention. Presenters cited approximately 4,500 pregnancy-related school dropouts in Zimbabwe in 2023 and teenage-pregnancy rates of 24% in Zimbabwe and 32% in Malawi. Priorities included reviewing legislation and school policies, strengthening teacher preparation and improving access to appropriate education and support services.

Digital exclusion further restricted learning and economic opportunities, particularly for girls. Submissions called for safe and inclusive digital learning, including access to devices, connectivity and online child protection. Employment priorities included integrating green skills into technical and vocational education and training, supporting youth-led enterprises and extending social protection to informal workers. The Committee also considered unequal pay, occupational segregation, workplace harassment and women's concentration in low-paid and informal employment. Presenters cited a regional gender pay gap of approximately 20% and recommended stronger equal-pay enforcement, institutional audits, support for women's enterprises and wider pension coverage. Namibia's universal old-age pension and South Africa's old-age grant illustrated different approaches to income security.

7.3 Sexual and Reproductive Health and Sustainable Financing

The deliberations linked sexual and reproductive health and rights (SRHR) to education, human rights and economic participation. Concerns included maternal mortality, adolescent pregnancy, child marriage, unmet family-planning needs, HIV and other sexually transmitted infections. Submissions cited adolescent birth rates above 100 per 1,000 girls aged 15–19 in several Member States and regional child-marriage prevalence above 30%. The presentation on the 2025 SADC SRHR Scorecard indicated uneven progress: 44% of Member States had regressed on unmet family-planning need, seven reported increased sexually transmitted infections since 2023, and half had regressed on preventing mother-to-child HIV transmission. Maternal-mortality performance was mixed. Nine of the 16 Member States allocated less than 10% of national budgets to health, against the Abuja benchmark of 15%. Unpredictable domestic financing, dependence on external assistance, fragmented services, inadequate staffing and supplies, unequal rural access and outdated data constrained implementation. Members emphasised sustained domestic investment, integrated services and parliamentary scrutiny of expenditure and progress against regional indicators.

7.4 Age of Consent and Adolescent Access To Health Services

The Committee examined the distinction between the age of consent to sexual activity, the minimum age of marriage and the requirements for consent to health services. The deliberations concerned the operation and possible review of existing national laws, rather than adoption of a uniform regional age threshold. Submissions highlighted the risk that criminal laws could penalise consensual, non-coercive relationships between adolescents close in age where appropriate safeguards were absent, including where one person reached adulthood during a peer relationship. Members also stressed that any review must maintain effective protection against coercion, exploitation and sexual violence while taking account of parental concerns, cultural contexts and children's rights.

Different consent requirements for HIV testing, contraception and other services created uncertainty for providers and could deter adolescents from seeking care. The discussion addressed third-party consent, evolving capacities, confidentiality, mandatory reporting and safeguards for providers acting in good faith. Priorities included clear, service-specific guidance, informed decision-making, appropriate reporting of abuse, supportive parent–child relationships and meaningful participation by young people, including those with disabilities.

The Committee considered a reference document based on a review of laws and policies in Malawi, Kenya, Uganda, Zambia, Zimbabwe, South Africa, the Democratic Republic of the Congo and Mozambique. Covering HIV services, contraception and abortion-related care, it identified differences between countries and services, as well as areas requiring clarification. The document was presented as an adaptable resource for national legal review, grounded in children's best interests, non-discrimination, participation and evolving capacities. The Committee supported the referral of the document for further technical and legal refinement and validation. Zimbabwe proposed that it be scrutinised by national parliamentary legal departments before its return to the Committee. This conditional referral did not constitute final adoption.

7.5 Menstrual Health Affordability and Sustainable Provision

The deliberations treated menstrual health as a recurring need requiring sustainable financing, reliable supplies, accurate information and accessible water, sanitation and hygiene facilities. Presenters cited estimates that around 600 million women globally lack sufficient menstrual products and that one in six women in sub-Saharan Africa cannot afford products each month. A Kenya-focused case study examined taxation, import duties, para-tariffs, product classification and distribution costs. It estimated that supply-chain costs could add up to 40% between factory and consumer. In a modelled scenario, removing selected tax and para-tariff costs reduced product costs by nearly 14%, but only about half of the saving reached consumers. Members therefore stressed that tax reductions should be assessed alongside production costs, market margins, procurement and retail prices.

Country experiences illustrated complementary approaches. South Africa described targeted sanitary-dignity programmes supported by procurement standards, quarterly reporting and parliamentary oversight. Mauritius reported VAT removal, targeted free provision, menstrual leave for severe symptoms and local reusable-product production. An Eswatini study highlighted information gaps before menarche and the importance of schools as sources of menstrual-health education. Zimbabwe proposed exploring dedicated financing, while Lesotho questioned whether tax savings reached consumers and Seychelles highlighted the needs of small, import-dependent states.

Members emphasised product safety, fair standards for local and imported products, disability inclusion, rural access, and targeted support for those unable to afford products. Regional production and pooled procurement offered potential benefits, although the inclusion of menstrual products in SADC procurement arrangements remained at an early stage and was dependent on national budgets and priorities. Parliamentary follow-up should examine expenditure, procurement transparency, supply continuity, affordability, and whether products and services reach intended beneficiaries.

8.0 COMMITTEE OBSERVATIONS AND PROPOSED RESOLUTIONS

Following the presentations, country submissions, public hearings and deliberations at the two meetings, the Committee made the following observations and recommendations:

RECOGNISING the contributions of the SADC Protocol on Education and Training (1997) and the Protocol on Employment and Labour (2023) to regional integration, human capital development and improved living standards;

CONCERNED about outstanding treaty procedures and gaps in national implementation, coordination and financing;

NOTING that weak foundational learning, skills mismatches, youth unemployment, climate vulnerability and limited social protection constrain inclusive human development;

EMPHASISING the need to distinguish consent to health services from consent to sexual activity and the minimum age of marriage, while protecting children's rights and safeguarding against abuse;

CONCERNED about barriers to SRHR and menstrual health, including inadequate financing, high product costs, unreliable supplies and insufficient WASH facilities; and

RECOGNISING the legislative, budgetary, oversight and representative responsibilities of Member Parliaments;

NOW, THEREFORE, the Committee resolved to recommend that the 59th Plenary Assembly should:

(i) **URGE** Member Parliaments to seek government reports on outstanding steps towards signature, ratification or accession, as applicable, to the SADC Protocol on Employment and Labour (2023), and oversee its implementation, including financial commitments and annexes;

(ii) **CALL UPON** Member Parliaments to align education laws and policies with the SADC Protocol on Education and Training (1997), and scrutinise funding and outcomes for foundational learning, teacher development, climate-resilient early childhood development, industry-responsive skills training and pathways to further education and decent work;

(iii) **URGE** Member Parliaments to strengthen legislation and oversight promoting youth employment, social protection for informal workers, digital and green skills, equal pay, fair working conditions and economic inclusion of women and persons with disabilities;

(iv) **CALL UPON** Member Parliaments to review laws and policies on children's rights, comprehensive sexuality education and adolescent healthcare; clarify the distinct requirements for consent to sexual activity, marriage and health services; and oversee accessible, confidential services that protect children's best interests and safeguard against coercion and abuse;

(v) **URGE** Member Parliaments to scrutinise financing, taxation, procurement and supply-chain costs affecting sexual and reproductive health and menstrual health; support targeted access to quality products and water, sanitation and hygiene facilities; and seek government reports on expenditure, affordability and beneficiary reach;

(vi) **ENCOURAGE** Member Parliaments to involve affected communities, particularly young people, women and girls and persons with disabilities, through public hearings and parliamentary caucuses, and use disaggregated data to monitor and report implementation progress through SADC PF mechanisms;

(vii) **DIRECT** the SADC PF Secretariat to submit the draft reference document on adolescents' consent to health services to national parliamentary legal

departments and relevant technical bodies for review and validation, and return the revised document to the Committee for consideration; and

(viii) **DIRECT** the SADC PF Secretariat, with relevant partners and within approved mandates and resources, to advance preparatory work on a Model Law on Child Rights and Child Protection and facilitate studies on menstrual-product affordability, regional standards and pooled procurement, addressing quality, supply continuity and the needs of small, import-dependent states.

9.0 CONCLUSION

The Committee calls for coordinated parliamentary action to translate regional commitments in education, labour and health into adequately financed national measures. Effective implementation requires sustained budgetary scrutiny, inclusive participation and oversight of results. The Committee commends the proposed resolutions for the 59th Plenary Assembly for consideration and adoption.

Mr. President, I beg to move.

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Hon. Luisa Damiao SANTOS	Mr Munashe TOFA
CHAIRPERSON	**COMMITTEE SECRETARY**

10.0 APPENDICES

APPENDIX I: COMPOSITION OF THE COMMITTEE

1. Hon. Luisa P. F. Damiao Santos (Angola) Chairperson
2. Hon. Clement Muboyayi Muya (DRC) Vice-Chairperson
3. Hon. Mpho Morolong (Botswana)
4. Sen. Linda Nxumalo (Eswatini)
5. Hon. Mope Khati (Lesotho)
6. Hon. FIAROVANA Lovanirina Celestin (Madagascar)
7. Hon. Dr. William Susuwele Banda (Malawi)
8. Hon. Jacques Edouard (Mauritius)
9. Hon. Jeronima Agostinho (Mozambique)
10. Hon. Shaalukeni John Moonde (Namibia)
11. Hon. Kenneth Athanase (Seychelles)
12. Hon. Bonginkosi Madikizela (South Africa)
13. Hon. Kassim Hassan Haji (Tanzania)
14. Hon. Lynette Karenyi (Zimbabwe)
15. Zambia (Member not assigned)

APPENDIX II: OBSERVERS

1. Hon. Helen Pushy Manyeneng (Botswana)
2. Hon. Jeremiah Frenzel (Botswana)
3. Hon. Anicet Babanga Mpotiyolo (DRC)
4. Hon. Edouard Tianarivelo Razafimahefa (Madagascar)
5. Hon. Lucilia J Manuel Nota Hama (Mozambique)
6. Hon. Edward Alfred Wambo (Namibia)
7. Hon. Walter Teboho Letsie (South Africa)
8. Hon. Husna Juma Sekiboko (Tanzania)
9. Hon Beth Syengo (Kenya)
10. Hon Umulkheir Kassim (Kenya)
11. Chief Madzimawe (Zambia)

APPENDIX III: LIST OF OFFICIALS

1	Ms. Boemo Sekgoma	Secretary General
2.	Mr Sheuneni Kurasha	Director, PB&P
3.	Mr. Munashe Tofa	Committee Secretary
4.	Mr. Unaro Mungendje	Finance and Administration
5.	Ms. Paulina Kanguatjivi	Parliamentary Business
6.	Dr. Jacob Segale	Monitoring and Evaluation
7.	Dr. Moses Magadza	Media and Communications
8.	Mr. Ronald Windwaai	ICT Support
9.	Ms. Agnes Lilungwe	SG's Office

NATIONAL PARLIAMENTS

10.	Ms. Eunice Kajibanga	Angola
11.	Mr. Danny Marcellin Matiku	DRC
12.	Mr. Marcelin Makiti Keba	DRC
13.	Mr. Aime Patiece Mangyadi Bifulu	DRC
14.	Ms. Gontse Tau	Botswana
15.	Mr. Mompoloki Mosheti	Botswana
16.	Ms. Linea Hanghome-Shikongo	Namibia
17.	Ms. Idda Kombe	Tanzania

18. Dr. Cleophas Gwakwara	Zimbabwe

APPENDIX IV: RESOURCE PERSONS

1.	Mr Maxwell Parakokwa	SADC Secretariat
2.	Dr Manasa Dzirikure	SADC Secretariat
3.	Ms Meron Negussie	UNFPA
4.	Ms Limpho Chinika	HIVOS
5.	Ms Kudzai Meda	HIVOS
6.	Dr. Nolwazi Dhlamini	DSD S. Africa
7.	Mr. Sipiwo Matshoba	Presidency S. Africa
8.	Rev. B. Juru	Faith Leader
9.	Dr. Tatenda Songore	Young Advocates Zimbabwe
10.	Mr. Lameck Kuzangaza	Youth
11.	Mr. Frankline Echerue	UNFPA
12.	Ms. Keaton Kidist Allen-Gessesse	Equality Now
13.	Dr Godfrey Kangaude	Nyale Institute
14.	Ms. Marceline Kahlari	ZINECDA
15.	Mr. Tinashe Mlambo	ZINECDA
16.	Ms. KudzayiKhosa	ZINECDA
17.	Mr. Philmon Zvorufura	ZINECDA
18.	Dr. B. Mudiwa	Resource Person
19.	Mr. O. Darara	Resource Person
20.	Dr E. Munjeyi	University of Botswana
21.	Ms. N. Mudavanhu	PSZ/MSI
22.	Mr. Jimmy Wilford	SAYWHAT
23.	Ms. Mercy Mukwane	SAYWHAT
24.	Ms. Tanaka M. Mudzembwe	SAYWHAT
25.	Mr. George Hamusunga	ZANEC
26.	Ms. Rachel Kasonde	BOPSA
27.	Mr Joref Genda	Malawi
28.	Shoeshoe Mfokep	TRANAC Lesotho
29.	Ineeleng Ukuakgaka	TRANAC Botswana
30.	Ms Gertrude Noremba	TRANAC Mozambique
31.	Ms. Babui Keatiriune	Botswana
32.	Ms. N. Dlamini	TRANAC Eswatini