



REPORT OF THE SADC PF STANDING COMMITTEE ON HUMAN AND SOCIAL DEVELOPMENT AND SPECIAL PROGRAMMES (HSDSP) TO THE 57TH PLENARY ASSEMBLY HOSTED BY THE PARLIAMENT OF THE REPUBLIC OF ZIMBABWE IN VICTORIA FALLS FROM 31ST MAY TO 7TH JUNE 2025

THEME: “TOWARDS DEVELOPING A SADC MODEL LAW ON PRISON OVERSIGHT”

Mr. President, I beg to move that the 57th Plenary Assembly do adopt the Report of the Standing Committee on Human and Social Development and Special Programmes (HSDSP) to the 57th Plenary Assembly Session of the SADC Parliamentary Forum, laid on the table on 3rd June 2025.

TABLE OF CONTENTS

1.0	TERMS OF REFERENCE	3
2.0	NUMBER OF MEETINGS HELD AND MEETING DATES	3
3.0	BACKGROUND	3
4.0	SUMMARY OF PRESENTATIONS	4
4.1	Overview of the Health and Prisons Sector in the SADC Region	4
5.	THE HSDSP STANDING COMMITTEE NOW THEREFORE RECOMMENDS TO THE PLENARY ASSEMBLY TO:	5
5.1	The Importance of Prison Oversight to Protect Prisoners' Right to Health .	5
6.	THE HSDSP STANDING COMMITTEE NOW THEREFORE RECOMMENDS TO THE PLENARY ASSEMBLY TO:	6
6.1	Judicial Perspectives on the Status of the Prison System	6
7.0	APPENDICES	8
	APPENDIX I – COMPOSITION OF THE COMMITTEE	8
	APPENDIX II: LIST OF OFFICIALS AND RESOURCE PERSONS	8

1.0 COMPOSITION OF THE COMMITTEE

The Committee was composed of the Members as contained in Appendix I. The list of Officials and Resource Persons who attended the meeting are mentioned in Appendix II respectively.

2.0 TERMS OF REFERENCE

The Terms of Reference of the Standing Committee on Human and Social Development and Special Programmes (HSDSP) are articulated in Rule 42(e) of the SADC PF Rules of Procedure as follows: *To deal with human and social development issues pertaining to health and combating illicit drug trafficking, HIV/AIDS, human resource development, education, professional training, employment and labour, culture and sport, science and technology and humanitarian issues, among others.*

3.0 NUMBER OF MEETINGS HELD AND MEETING DATES

The HSDSP Standing Committee held its statutory meeting on 23rd April 2025 at Premier Hotel O.R. Tambo in Johannesburg, South Africa under the theme: ***“Towards developing a SADC Model Law on Prison Oversight”***. This formed the foundation for the deliberations during the Joint Committee Sessions held from 24th to 25th April 2025, ensuring that the perspectives of the Committee were duly incorporated into the Model Law.

4.0 BACKGROUND

The meeting, held on 23rd April 2025, was convened in response to growing regional concern over persistent gaps in prison oversight and the deteriorating state of healthcare services within correctional facilities across the SADC region. Evidence suggests that across Southern Africa, prison conditions are marked by chronic overcrowding, with some facilities operating at over 200% of their intended capacity. The regional average incarceration rate stands at approximately 240 prisoners per 100,000 population, with many countries facing rising pretrial detention rates, which in some cases exceed 30% of the total prison population. Furthermore, SADC prisons record tuberculosis (TB) incidence rates up to 10 times higher than those in the general population, driven by poor ventilation, malnutrition, and inadequate screening and treatment protocols. Additionally, mental health services remain virtually non-existent in many facilities, and women, juveniles, and persons with disabilities face structural neglect in both healthcare access and custodial arrangements. Recognizing that the health of prisoners is deeply intertwined with public health outcomes, the meeting brought together regional policymakers and technical experts to develop integrated, rights-based responses. The overarching goal was to gather actionable insights that would inform the formulation of a Model Law on Prison Oversight designed to enhance accountability, ensure humane detention conditions, and position prison health as a vital component of regional health security and human rights compliance.

5.0 SUMMARY OF PRESENTATIONS

5.1 Overview of the Health and Prisons Sector in the SADC Region

The Standing Committee on HSDSP received and considered an expert presentation from Ms. Michaela Clayton of ARASA on health conditions in SADC correctional facilities. The presentation highlighted critical issues as summarized below:

WHEREAS the HSDSP Committee discussed prison health as a cornerstone of regional public health security and human rights compliance;

NOTING that TB infection rates in SADC prisons are 10 times higher than community rates due to severe overcrowding, inadequate ventilation, and inconsistent power supply;

UNDERSTANDING that HIV prevalence in prisons is double the regional average, with women inmates disproportionately affected by sexual violence and mother-to-child transmission risks;

CONFIRMING systemic failures in providing basic preventive healthcare (e.g., condoms, gender-based violence reporting mechanisms) and nutritional support, undermining TB/HIV treatment efficacy;

COGNISANT that colonial-era punitive designs persist in modern correctional systems, exacerbating health crises and human rights violations;

HIGHLIGHTING South Africa's bail fund initiative as a model to reduce pre-trial detention driven by poverty, which could alleviate overcrowding if adopted regionally;

DEEPLY CONCERNED that inadequate healthcare infrastructure, staff shortages, and budget misallocation prioritize security over rehabilitation and health;

STRESSING the role of Parliaments in reforming sentencing laws, funding prison health, and integrating it with national public health systems;

SUPPORTING the African Commission on Human and Peoples' Rights (ACHPR) Resolution 428 on Prison Conditions in Africa (2020), urging states to adopt alternatives to incarceration and improve oversight;

RECOGNIZING that judicial inefficiencies and socio-economic drivers of incarceration require root-cause analysis to achieve sustainable reform.

6. THE HSDSP STANDING COMMITTEE NOW THEREFORE RECOMMENDS TO THE PLENARY ASSEMBLY TO:

URGE SADC Governments to declare prison health a public health priority, allocating an adequate budget to correctional facilities, with specific funds for TB/HIV programs, rehabilitation, and nutritional support.

MANDATE national Parliaments to pass legislation enforcing the UN Bangkok Rules and Nelson Mandela Rules, including gender-sensitive healthcare, trauma-informed services for juveniles, and independent oversight mechanisms.

CALL for immediate adoption of alternative sentencing (e.g., community service, bail reforms) and fast-tracking of minor offense cases to reduce overcrowding, replicating South Africa's bail fund model.

DIRECT the SADC PF Secretariat to develop a regional Prison Health Benchmarking Framework, including minimum standards for medical care, staff-to-inmate ratios, and data-sharing protocols with public health authorities.

ADVOCATE for bilateral agreements between Member States to harmonize prison healthcare policies, share best practices, and facilitate cross-border training of medical staff.

6.1 The Importance of Prison Oversight to Protect Prisoners' Right to Health

The Standing Committee on HSDSP received and considered an expert presentation from Dr. G. Magwende on the critical link between prison oversight and healthcare rights. The presentation highlighted key issues as summarized below:

WHEREAS effective oversight mechanisms are essential to safeguard prisoners' right to health, particularly for infectious diseases, mental health services, and vulnerable groups (women, juveniles);

NOTING that "good prison health is public health," with neglect risking broader population health through staff, visitors, and released inmates;

UNDERSTANDING the urgent need for standardized health monitoring, data-sharing between prisons and public health authorities, and budget allocations aligned with public health priorities;

STRESSING the imperative to integrate tailored interventions for vulnerable populations into the proposed Model Law on Prison Oversight.

7. THE HSDSP STANDING COMMITTEE NOW THEREFORE RECOMMENDS TO THE PLENARY ASSEMBLY TO:

SUPPORT the adoption of independent monitoring mechanisms, including oversight visits by Parliamentary Committees, national human rights institutions, and civil society, with safeguards for whistleblowers and detainees.

CALL UPON national Parliaments to prioritize gender-sensitive healthcare in prisons, including SRHR services for women and trauma-informed care for juveniles, as required under the UN Bangkok Rules and Nelson Mandela Rules.

7.1 Judicial Perspectives on the Status of the Prison System

The Standing Committee on HSDSP received video testimony from regional judges on prison conditions and oversight imperatives. Key issues were summarized as follows:

WHEREAS judges documented severe overcrowding (e.g., 50 inmates sharing 5 sanitation facilities) driven by excessive incarceration for minor offenses;

NOTING that such conditions violate international human rights standards and undermine rehabilitation goals;

RECOGNIZING the judges' unanimous call for mandatory judicial prison visits, standardized monitoring tools, and policy reforms to reduce pre-trial detention;

ENDORISING the online questionnaire as a regional tool for systematic data collection on prison conditions.

THE HSDSP STANDING COMMITTEE NOW THEREFORE RECOMMENDS THE PLENARY ASSEMBLY TO:

- i. **ENCOURAGE** national Parliaments to advocate for mandatory judicial prison inspections in all SADC member states to monitor compliance with human rights standards.

- ii. **STRENGTHEN** judicial oversight provisions in the Model Law on Prison Oversight to include whistleblower protections and sanctions for non-compliance.

Mr. President, I beg to move.

Hon. Mope KHATI
CHAIRPERSON

Mr Munashe TOFA
COMMITTEE SECRETARY

8.0 APPENDICES

APPENDIX I – COMPOSITION OF THE COMMITTEE

As at the date of the meeting, the Committee consisted of the following Members:

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| 1. | Hon. Mope Khati | Lesotho (<i>Chairperson</i>) |
| 2. | Hon. Lynette Karenzi | Zimbabwe (<i>Vice Chairperson</i>) |
| 3. | Hon. Luisa P. F. Damiao Santos | Angola |
| 4. | Hon. Mpho Morolong | Botswana |
| 5. | Hon. Clement Muboyayi Muya | DRC |
| 6. | Sen. Linda Nxumalo | Eswatini |
| 7. | Hon. Fiarovana Lovanirina Celestin | Madagascar |
| 8. | Hon. Rachel Zulu | Malawi |
| 9. | Hon. Kelly Samynadin | Seychelles |
| 10. | Hon. Bonginkosi Madikizela | South Africa |
| 11. | Hon. Kassim Hassan Haji | Tanzania |
| 12. | Hon. Julien Nyemba | Zambia |
| 13. | Mauritius Parliament had not yet constituted Committees | |
| 14. | Mozambique Parliament had not yet constituted Committees | |
| 15. | Namibia Parliament had not yet constituted Committees | |

APPENDIX II: LIST OF OFFICIALS AND RESOURCE PERSONS

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| 1. | Mr Munashe Tofa | Committee Secretary |
| 2. | Mr. Ronald Windwaai | SADC PF Secretariat |
| 3. | Ms. Lorenda Boois | SADC PF Secretariat |
| 4. | Dr Moses Magadza | SADC PF Media Consultant |
| 5. | Ms Anneke Meerkotter | Southern Africa Litigation Centre |
| 6. | Dr George. Magwende | Resource Person |
| 7. | Mr Mompoloki Mosheti | Parliament of Botswana |
| 8. | Michaela Clayton | ARASA Namibia |