

SOUTH AFRICA COVID-19 COUNTRY REPORT

FIRST EDITION
JUNE 2021



**planning, monitoring
& evaluation**

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA



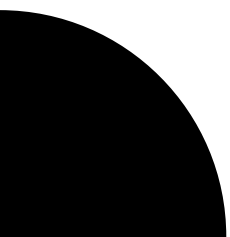
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DISCLAIMER

This Country Report on the measures implemented by the South African government to combat the impact of the Covid-19 pandemic in South Africa (including individual research reports that may be enclosed as annexures) was prepared by various professional experts in their personal capacity. The opinions expressed in this report are those of the respective authors and do not necessarily reflect the view of their affiliated institutions or the official policy or position of the South African government.

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● DEDICATION TO THE LATE MINISTER IN THE ● PRESIDENCY J. M. MTHEMBU ●

This report is dedicated to the late Minister in the Presidency, J. M. Mthembu, in recognition of his commitment to informing and educating the public about the Covid-19 pandemic during a difficult period not only in South Africa but also globally. Minister Mthembu was one of the frontline workers who led by example. He lost his life on duty while reaching out, informing the public about government interventions, and raising awareness of how South Africans could protect themselves against the deadly coronavirus.

It was the vision of the late minister to produce a Covid-19 Country Report to record how government, working side by side with social partners, managed a massive and comprehensive response to the Covid-19

pandemic in what he described as 'a challenge of unprecedented magnitude'. His vision was that the report would serve as a reference point from which lessons could be drawn for handling any significant disasters. The outreach he facilitated, as captured in this report, could be a blueprint for a capable, ethical and developmental government communications in future.

To realise his vision, the First Edition Covid-19 Country Report will serve as an institutional memory to facilitate effective responses to any future crises in honor of all who, like him, succumbed to Covid-19.

May his soul rest in peace.

FOREWORD BY THE PRESIDENT



According to a report by the Independent Panel for Pandemic Preparedness and Response that was commissioned by the Director-General of the World Health Organization, countries that successfully managed the Covid-19 pandemic adopted a whole-of-government and whole-of-society approach. This was done by seeking scientific guidance, engaging health professionals across the board, including community leaders, and involving vulnerable and marginalised populations through a coordinated approach between national and subnational governments. In similar fashion, South Africa followed a whole-of-society approach, mobilising all sectors to rally behind government-led efforts to manage, respond to, and curb the negative effects of the pandemic.

At the onset of the Covid-19 pandemic, nations globally were faced with an unusual situation of great scientific uncertainty around a disease that nobody understood. One cannot imagine what would have happened had the government not intervened. Drastic and decisive measures had to be taken, with a focus on saving lives and livelihoods. The complex situation forced trade-offs upon us, with multiple considerations – including a lockdown – which meant restrictions on a number of economic activities and free movement of people, as well as the closure of schools, among others, in favour of public health considerations. A consequence of these was the loss of jobs and momentum on the economic front.

South Africa's state of readiness became apparent upon notification of an outbreak in China around November 2019; scientific advisory capacities were quickly mobilised to inform an early response. Around the same time, efforts to repatriate South Africans who were abroad started in earnest. In the spirit of international solidarity, other nations were assisted to repatriate their citizens from South Africa.

On 15 March 2020, the Minister of Cooperative Governance and Traditional Affairs (CoGTA) proclaimed a National State of Disaster in terms of the Disaster Management Act 57 of 2002. Cabinet established new structures, including the National Coronavirus Command Council, to coordinate the national response. The National Disaster Management Centre and the National Joint Operational and Intelligence Structure (NatJoints) were ready to provide the required response in line with their appointed mandates. The Solidarity Fund stood out as a successful partnership between government, social partners, and academia working together to ensure national resilience and hope. In hindsight, as articulated in this Covid-19 Country Report, the constellation of all these structures and processes functioned well and complemented the existing national capability that was required for the task at hand.

Implicit in South Africa's national response was the sincere consideration of the historical context of inequality and how it has manifested in the structure of the society as it is today. While measures undertaken since 1994 to address disparities in the country have been somewhat successful, the report shows that the lockdown itself exacerbated the pre-existing fault lines. South Africa's problems of racial, gender and spatial inequality regarding employment, wealth, education and healthcare, among others, are well documented. Right at the outset, we could foresee that people living in lower-income groups, those in informal settlements, larger families, those dependent on the informal sector, women, children and the homeless were likely to be more vulnerable to the ravages of the pandemic. Policymakers and regulators, therefore, crafted the country's response to the pandemic fully cognisant of this reality. Appropriate social safety nets were put in place to mitigate the negative impacts of the pandemic – especially on the most vulnerable.

- In the midst of all the disruptions, new opportunities emerged for the South African economy that required innovation and agility in how government interacts with the private sector, civil society and the international community. Accommodative monetary policy and fiscal policy measures were implemented in an effort to mitigate the economic fallout of the lockdown, to fund public health, and to provide for social assistance. South Africa rapidly scaled up its industrial capability to manufacture essential items such as masks, ventilators, vitamin supplements, oxygen, hand sanitisers, intensive care units, testing kits, and others. This helped to meet local demand despite the protectionism that disrupted global value chains. Our scientific prowess was demonstrated when a year later, South Africa started producing vaccines under an international contract. Many lessons have been learnt, and much can still be explored as we engage in an economic recovery process.

Global inequality came into sharp focus – particularly with respect to unequal access to Covid-19 vaccines, despite the advocacy for free access by all countries that South Africa led at the World Trade Organization. Throughout, South Africa advocated strongly for global solidarity, scientific cooperation in finding solutions, debt relief measures and equal access to vaccines, among others. The

country mobilised support, not only for itself, but also for the rest of the African continent.

This Country Report is an important resource that will be used as reference for ongoing decisions to consolidate the country's response, since the pandemic is still with us, and to help us learn to live with it in the future. We acknowledge and appreciate the contributions made by the researchers in producing this report, which demonstrates successful collaboration between government and academia in generating knowledge.

We are grateful for all who have been on the frontline every single day fighting the Covid-19 pandemic. We commend our healthcare workers, emergency personnel, policemen and women, soldiers, volunteers, and others for their services and commitment to serve and protect us. We are thankful to all South Africans who have played their part in fighting the pandemic together from the start, including those who have already been vaccinated against Covid-19. For now, vaccination remains our best protection against severe illness and hospitalisation.

Hon. Mr Cyril Ramaphosa, MP

President of the Republic of South Africa

MINISTER'S PREFACE



We are grateful to present the First Edition Covid-19 Country Report, which was initiated by my predecessor, the late Minister Jackson Mphikwa Mthembu. The report has been produced by the Department of Planning, Monitoring and Evaluation in partnership with the Government Technical Advisory Centre and the National Research Foundation, with the voluntary contribution of experts from various research institutions across South Africa. The report provides a storyline and a broad understanding of how South Africa managed the Covid-19 outbreak, which was declared a global pandemic by the World Health Organization.

The First Edition of the Covid-19 Country Report covers the first and second waves of the Covid-19 pandemic, from March 2020 to March 2021, with themes such as governance, legal and regulatory issues, vulnerable groups, communication, and social, health, education and economic responses. The production of this report is an example of a successful partnership between government, social partners, and academia, working together to promote human solidarity and national resilience.

This Country Report records measures and interventions adopted by the South African government in partnership with its social partners to combat the spread of the Covid-19 virus and manage the negative socio-economic impacts of the pandemic. It reflects critically on the effectiveness of these measures, draws lessons from experience, and provides recommendations for short- and medium-term interventions to guide decision-making and future generations.

Globally, the scale of interruption of the economy and society by the Covid-19 pandemic was unprecedented. Despite fears of collapse, the healthcare system proved to be resilient and resourceful amid serious

pressures, and health workers continue to be applauded as heroes and heroines. The pandemic offers new opportunities that require an innovative and agile government, along with changes in how government interacts with the private sector, civil society and the international community. The interventions implemented to manage the pandemic in the country highlight important lessons for consideration to ensure preparedness for future crises. Lessons from the Covid-19 experience should not be lost; rather, they should be used to drive a more efficient and capable policy response in future.

Some legacy projects need to be sustained to aid an inclusive recovery process. These include domestic capabilities for vaccine and pharmaceutical production, innovations in data sciences, research, disease surveillance and epidemiology. It also includes support for small businesses, providing social assistance programmes to those in need, as well as implementing measures to counter gender-based violence, with special attention to vulnerable groups such as persons with disability, refugees and migrants, women, children, the LGBTQI+ community, the elderly and the homeless.

Without any doubt, the Covid-19 pandemic tested the agility and capacity of the State to ensure a fine balancing act of care by saving lives and protecting livelihoods. We thank President Cyril M. Ramaphosa for his leadership in working together with Cabinet, and partnering with the Presidential Coordinating Council, the National Economic Development and Labour Council (Nedlac), social partners and society at large.

Hon. Mr Mondli Gungubele, MP
Minister in the Presidency

● ACKNOWLEDGEMENTS

The First Edition Covid-19 Country Report is a product of a collective effort to tell a story of South Africa's experience with the Covid-19 pandemic. The Department of Planning, Monitoring and Evaluation (DPME) collaborated with the Government Technical Advisory Centre (GTAC) and the National Research Foundation (NRF), drawing in more than 80 experts as independent authors to contribute to the different chapters of the report.

The report was project managed by Dr David Makhado (DPME), who was also central to the development of the conceptual framework that framed the report. Mr Godfrey Mashamba (DPME) provided the strategic leadership and oversight of the project. Dr Marié Kirsten (GTAC) provided strategic project support and overall coordination of the independent authors. Dr Janine Thorne (GTAC) provided editing services and consolidated the report. Dr Sepo Hachigonta, Ms Puleng Tshitlho and Mr Reabetsoe Molotsi (NRF) recruited the independent authors.

Various subject matter experts from academia and government reviewed the different chapters. This process helped enhance transparency, reduce bias, and ensure inclusivity of the first edition of the Country Report. The reviewers from government sector include Ms Delores Kotzé (Department of International Relations and Cooperation); Dr Amanda Rozani and Ms Nompumelelo Mohohlwane (Basic Education); Mr Thabani Buthelezi (Social Development); Ms Ranji Reddy (Women, Youth and Persons with Disabilities); Ms Phindiwe Dingile (Agriculture, Land Reform and Rural Development); Mr Siphumeze Mndze and Ms Mulalo Muthige (Human Settlements); Mr Calvin Augustine (Government Communication and Information System); and Dr Moses Khangale (National Disaster Management Centre).

The reviewers from the academic and research sector include Prof. Stephanie Burton, Dr Garth le Pere and Prof. Christo Venter (University of the Pretoria); Prof. Lenore Manderson, Prof. Laetitia Rispel and Prof. Mike Müller (University of the Witwatersrand); Prof. Shakila Singh, Prof. Betty-Claire Mubangizi and Dr Vuyiseka Dubula (University of KwaZulu-Natal); Prof. Andrew Donaldson (University of Cape Town); Prof. Anél du Plessis (University of the North West); Dr Khumo Mngomezulu; Prof. Pieter Cronjé; Dr Marlise Richter (Health Justice Initiative); Prof. Sarah Gravett (University of Johannesburg); and Prof. Narnia Bohler-Muller (Human Sciences Research Council).

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Members of the GTAC Technical Task Team include Ms Elaine Venter, Ms Subethri Naidoo, Ms Sanitha Naidoo, Dr Bangani Ngeleza, Mr Antony Altbeker, Ms Amanda Smit, Mr Tsholofelo Thulare, Ms Anita Rwelamira, and Ms Asa Nkohla.

People from different spheres of government and non-government organisations made themselves available for interviews and provided written responses. Directors-General and senior officials from government

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Some of the key stakeholders interviewed include Prof. Barry Schoub (Ministerial Advisory Council on Vaccines); Bishop Malusi Mpumlwana (Social Behavioural Change Ministerial Advisory Council); Mr Madoda Mxakwe (South African Broadcasting

Corporation), Ms Thulisile Manzini (Brand SA); Ms Jamela Robertson (Commission for Gender Equality); Ms Zukiswa Potye (Media Development and Diversity Agency); and Dr Mmaphaka Tau (National Disaster Management Centre).

Officials from provinces contributed by submitting case studies; they include Mr Tafadzwa Mwangolela and Mr Clifford Peters (Eastern Cape); Mr Ismail Akhalwaya and Ms Carmel Joseph (Gauteng); Ms Zeenat Ishmail and Ms Victoria Tully (Western Cape); Ms Pamela Nogwili and Ms Sunitah Vallabh (Northern Cape); Ms Nomusa Mlondo (Mpumalanga); Ms Hellen Kekana (Free State); Ms Futhi Mazibuko, Dr Fikile Ndlovu and Ms Nonhlanhla Khanyile (KwaZulu-Natal); and Ms Masingita Mathebula, Ms Joyce Mokobi, Mr Ndivhuwo Malindi and Ms Jackina Mokgokong (Limpopo). Many thanks to Dr Bangani Ngeleza (GTAC) for consolidating these case studies.

We are grateful for all the contributions to this important initiative.

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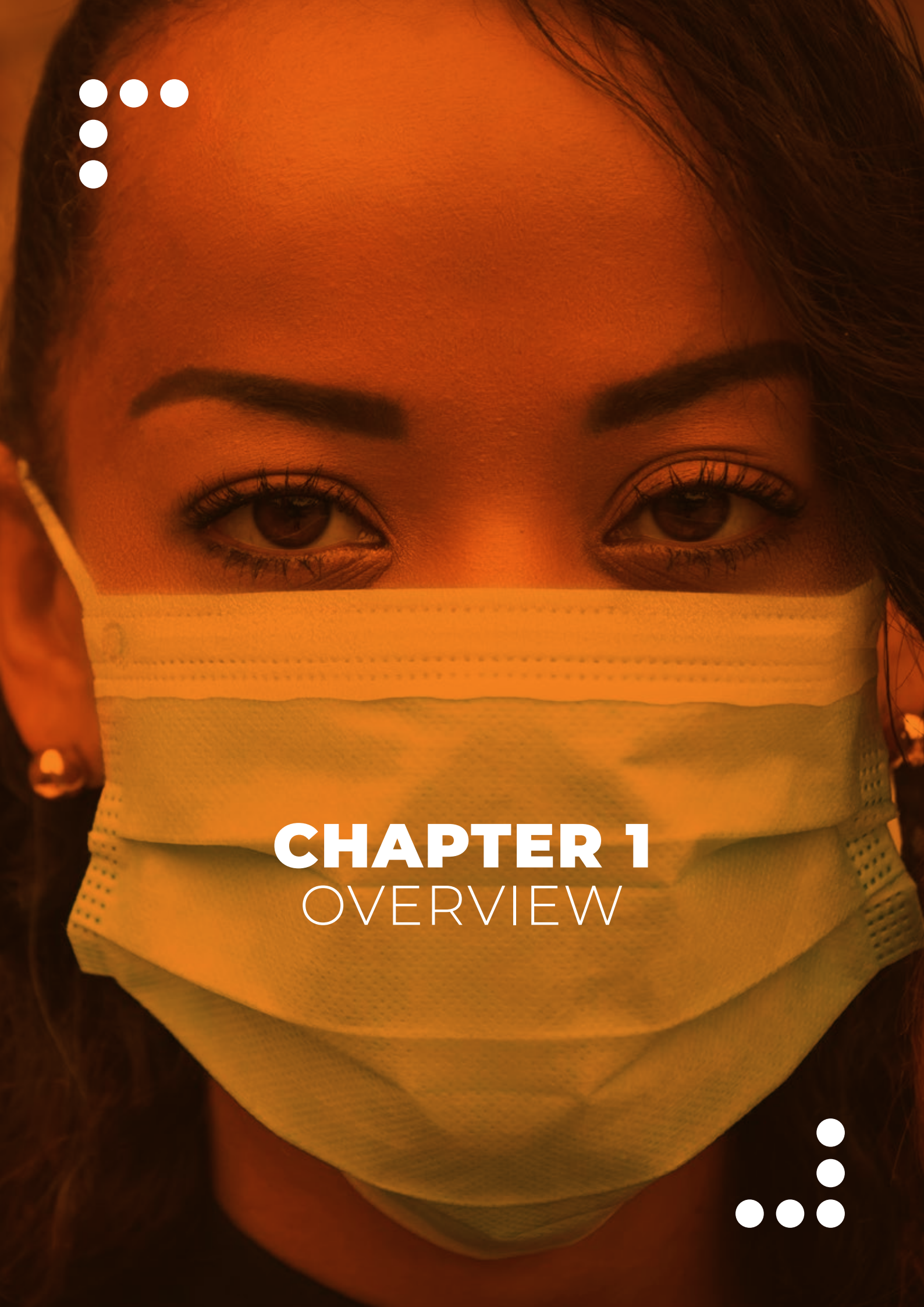
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CHAPTER 1

OVERVIEW

CHAPTER 1: OVERVIEW



ABSTRACT

This chapter provides an overview summary of the first edition of South Africa’s Covid-19 Country Report. It includes the background to the report, the rationale for undertaking the initiative, the methodology adopted, and key stakeholders involved in producing the report. For each chapter, a summary of the focus area is provided, along with a high-level reflection of the lessons learnt. The chapter concludes with recommendations across the different thematic areas.

The report covers the first two waves of the Covid-19 pandemic, from March 2020 to March

2021. The thematic focus areas in the report are: leadership, governance, and institutional arrangements; legal and regulatory responses; legal challenges, human rights violations, and law enforcement; communication; the health sector; the education sector; the impact on vulnerable groups; gender equality; macroeconomic impact and policy; agriculture and the food supply chain; transport; the tourism and leisure sectors; selected other economic sectors; infrastructure; international cooperation and trade; civil society responses; and case studies on local and provincial government.

ABBREVIATIONS AND ACRONYMS

DPME	Department of Planning, Monitoring and Evaluation	NatJoints	National Joint Operational and Intelligence Structure
FOSAD	Forum of South African Directors-General	NRF	National Research Foundation
GSCID	Governance, State Capacity and Institutional Development	PPE	personal protective equipment
GTAC	Government Technical Advisory Centre	SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
ICT	information and communications technology	WASH	water, sanitation, and hygiene
		WHO	World Health Organization

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INTRODUCTION

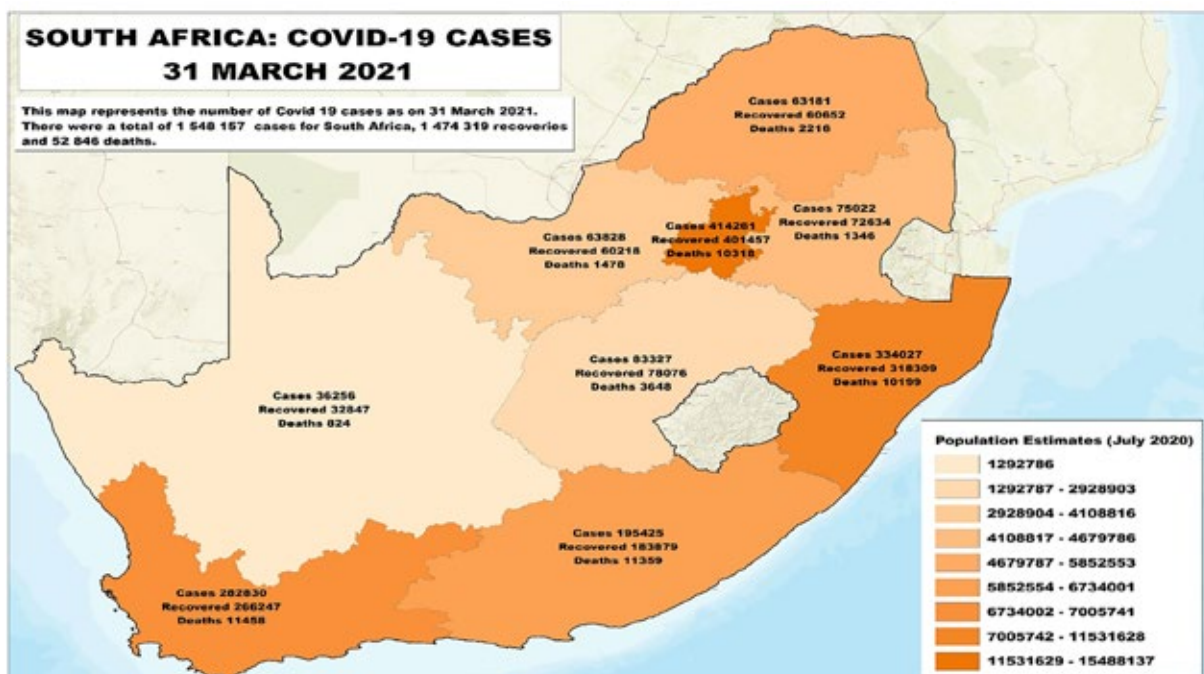
On 31 December 2019, Chinese authorities alerted the World Health Organization (WHO) to an outbreak of a novel strain of coronavirus causing severe illness (WHO, 2021). On 7 January 2020, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was confirmed as the causative agent of coronavirus disease 2019 or Covid-19. The WHO declared the novel coronavirus a public health emergency of international concern on 30 January 2020, and on 11 March it declared Covid-19 a global pandemic. By then, there were over 118 000 cases in 114 countries, and nearly 4300 people had lost their lives.

When the WHO declared the Covid-19 pandemic, South Africa was still in the very early stages of the outbreak with only 13 local cases reported; the first local case had

only been confirmed on 5 March 2020. Early though it was, the president announced a state of disaster on 15 March and a full lockdown on 23 March 2020, by which point the number of confirmed cases had risen to 402. Government introduced a range of regulatory and institutional measures to respond to the pandemic.

About a year later, by 31 March 2021, the cumulative number of confirmed cases had risen to 1 548 157, with 1 474 319 recoveries and 52 846 deaths (Figure 1.1). The highest number of deaths attributed to Covid-19 by March 2021 were registered in the Western Cape (11 458), followed by the Eastern Cape (11 359), and Gauteng (10 318). The lowest number of recorded deaths was in the Northern Cape (824).

Figure 1.1: South Africa Covid-19 cases, 31 March 2021



- Figure 1.2 shows the evolution of the Covid-19 pandemic in South Africa since the first case was reported, covering the monthly average of new positive Covid-19 cases and deaths. The first wave of cases peaked in July (493 183 positive cases and 8 005 deaths) and August 2020 (627 041 cases and 14 149 deaths). The second wave (Figure 1.3) peaked in January 2021 with 1 453 761 positive cases and 44 164 deaths reported.

As a proportion of the population, the provinces most affected in terms of cases per 100 000 persons were the Western Cape (3976), followed by the Eastern Cape (2927), KwaZulu-Natal (2901), the Free State (2842), the Northern Cape (2782), and Gauteng (2620). The least-affected provinces by population size were Limpopo (1066), the

North West (1548), and Mpumalanga (1582). The Eastern Cape experienced the second wave of infections earlier than the other provinces, followed by the Western Cape, KwaZulu-Natal, and Gauteng. KwaZulu-Natal experienced the largest share of infections in the second surge. Among the least-affected provinces, the Free State had the largest share of infections in the first surge, as did Limpopo in the second wave.

The figures also summarise interventions introduced to deal with the social and economic impact of the pandemic. While the measures differed over time, they included a community screening programme, Covid-19 relief packages, and adjusted directions in line with the alert levels in terms of the Disaster Management Act 57 of 2002.

Figure 1.2: Monthly Covid-19 timeline data, March to August 2020

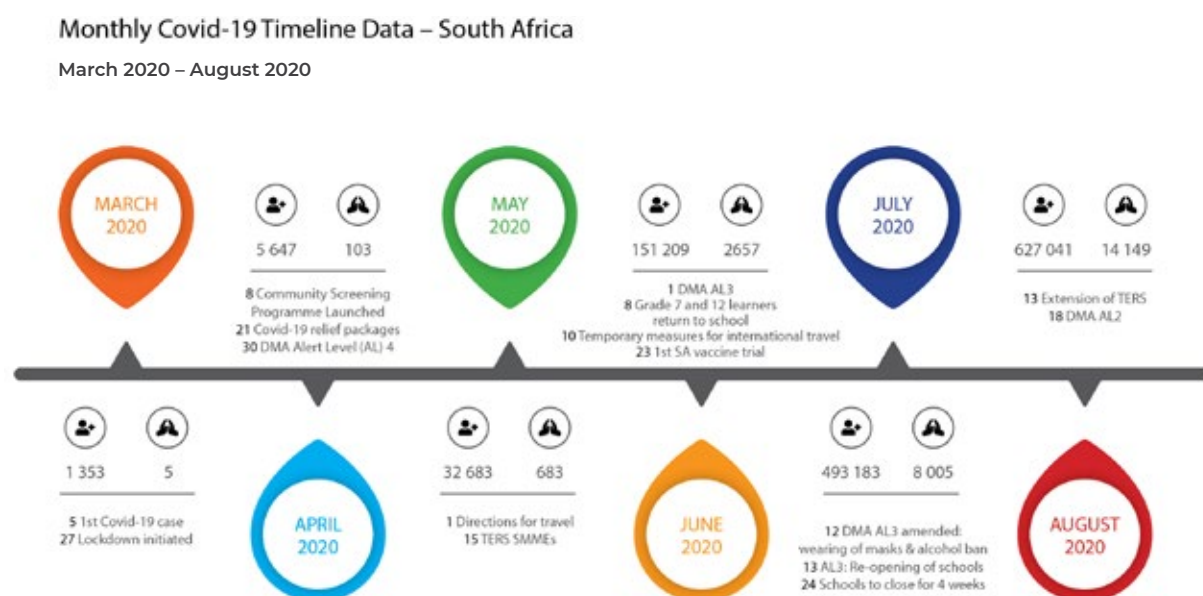
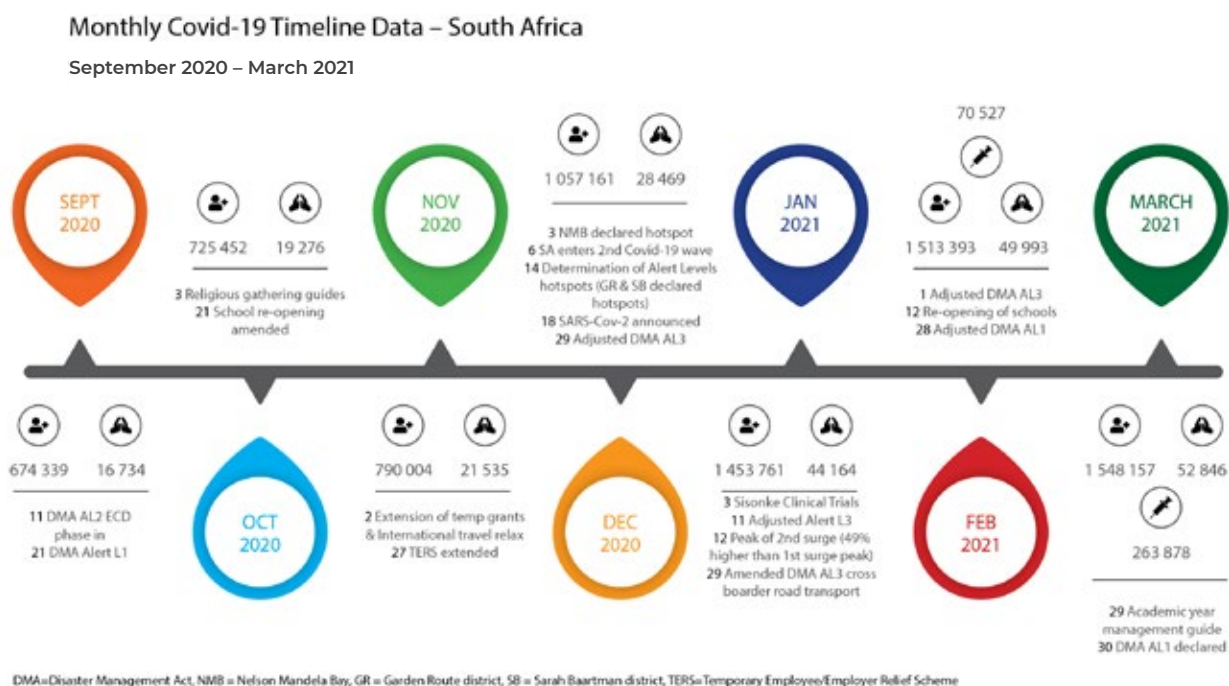


Figure 1.3: Monthly Covid-19 timeline data, September 2020 to March 2021



PURPOSE OF THE COVID-19 COUNTRY REPORT

South Africa's Covid-19 Country Report was conceptualised by the senior management team of the Department of Planning, Monitoring and Evaluation (DPME) under the leadership of the late Minister J. M. Mthembu, who identified the need to document how government, along with its social partners, responded to the unprecedented challenge of the Covid-19 pandemic. The aim of the Country Report is to provide a storyline and record the measures and interventions adopted by government and its social partners to manage the pandemic and its many negative effects, especially on vulnerable groups. It provides an almost real-time assessment of government's response. The intention is for the report to serve as a reference point and provide lessons for handling significant disasters in future.

A conceptual framework was developed to guide the development of the Country

Report, for which advice and guidance were sought from the Forum of South African Directors-General (FOSAD); the Governance, State Capacity and Institutional Development (GSCID) Cluster; the Presidency; the Department of Justice and Constitutional Development; the Department of Women, Youth and Persons with Disabilities; the Western Cape Provincial Government; and various academics (DPME, 2020). The research is multidisciplinary in character, and partnerships were established with the Government Technical Advisory Centre (GTAC) and the National Research Foundation (NRF) to mobilise expert contributions to the report.

To ensure a balanced perspective from multiple angles, the report reflects both the views of government and independent assessments by members of South Africa's research community. Methodologically, it combines desktop analysis, the analysis of primary and secondary data, and interviews with senior officials involved in coordinating and implementing the Covid-19 response. Non-government experts and representatives of communities and

- vulnerable groups were also asked to share
- their views and experiences.
-

The DPME obtained ethics clearance from the Human Sciences Research Council Ethics Committee (REC 1/23/09/20), following an assessment that the study presented minimal risk from a research ethics point of view.

Draft chapters of the report were presented at a series of virtual validation workshops in November and December 2020, involving stakeholders from relevant sectors. The validation workshops solicited comments and inputs from a wide range of actors – about 120 people attended each workshop. The chapters were revised and then presented at validation workshops in May and June 2021. Various subject matter experts from academia and government also reviewed the different papers. This process helped enhance transparency, reduce bias, and ensure inclusivity of the first edition of the Country Report.

OVERVIEW OF THE FIRST EDITION

The chapters of the first edition of the Covid-19 Country Report are based on research papers prepared by various experts in their personal capacity. Many of the reports included annexes, which are available on the GTAC and DPME websites. The opinions expressed in these reports are neither necessarily those of the respective authors' institutions nor the official policy or position of the South African government.

The First Edition Covid-19 Country Report covers most of the first and second wave of the Covid-19 pandemic – from March 2020 to March 2021. Although it cannot as yet assess the medium- and long-term effects of the pandemic and government's response, the report provides details of the measures taken,

how different sectors were affected, and how they responded to the pandemic.

Most chapters were written by more than one author. Writers were mobilised from universities, government research institutions, and other research-oriented institutions. This report covers different topics, such as governance, legal and regulatory measures and challenges, communication strategies, social and economic measures and impact, civil society contributions, and international relations – and a summary of each chapter is provided below.

LEADERSHIP, GOVERNANCE, AND INSTITUTIONAL ARRANGEMENTS¹

The [chapter](#) on leadership, governance, and institutional arrangements focuses on how the South African government structured its response to the Covid-19 crisis, particularly in the early phases of the pandemic. It reviews the governance structures and institutional arrangements that were established to manage, respond to, and curb the negative effects of the pandemic. The chapter discusses the key attributes of leadership in periods of crisis and assesses the extent to which these attributes were demonstrated in the country.

In order to improve the country's response to the Covid-19 pandemic and reduce the strain on the health system, South Africa went into lockdown within a month of identifying the first case. This allowed the health sector to prepare and helped to reduce the number of infections in the first wave. The country adopted a coordinated approach to managing the Covid-19 response, using existing structures and establishing new ones.

¹ [Rosenkranz, B., Anelich, L., Harrison, P., Mubangizi, C. B., Ndevu, Z., Rabie, B. & Rumbold, K., 2021.](#)

An institutional architecture for handling the disaster was quickly put in place, comprising the National Coronavirus Command Council, provincial and district coronavirus command councils, the Ministerial Advisory Committees (which included medical experts, academics, and other stakeholders), the National Joint Operational and Intelligence Structure (NatJoints), FOSAD, GSCID, and other clusters. This approach helped to coordinate activities and facilitate rapid executive action.

South Africa has been widely recognised for quality political leadership in managing the pandemic, especially in the initial phases. The Disaster Management Act was also deemed to provide a strong legal framework for coordinating the response to Covid-19. But the pandemic demonstrated both the strengths and the limitations of the disaster management system and of the quality of leadership in managing the pandemic. Political leaders faced the difficult task of balancing the need to contain the virus with the need to sustain the economy and protect livelihoods.

Although the structures established to manage the pandemic functioned with high levels of institutional commitment throughout the crisis, some concerns were raised about their legitimacy, functionality, and accountability. Government deemed NatJoints an appropriate structure to coordinate activities in response to disasters, but it was argued that NatJoints had been predisposed to rely too heavily on law enforcement and coercion rather than socially oriented response instruments, which are more appropriate in managing disasters. There was a sense that political oversight and accountability had been compromised in favour of rapid executive action. It was also argued that the country adopted a 'top-down' approach, leading to some decisions lacking transparency and undermining democratic practices. Government's plan had been to establish a coordinated, seamless, and integrated response and avoid duplication and contradictions. However, the need for a

rapid response during the state of national disaster meant the passing of a number of gazette notices at very short notice, some of which resulted in confusing and contradictory messages.

The rapid establishment of institutional architecture for handling the disaster highlighted various shortcomings, including noticeable leadership failures and deficiencies at the national, provincial, and municipal levels, and inadequate capacity and resources to deal with the Covid-19 crisis. Concerns were raised about clarity of roles and responsibilities between the various disaster management coordination structures and the different spheres of government. Other challenges stemmed from the already compromised healthcare sector, weaknesses in IT and data management systems, and deficiencies in the transparent flow of information. There was also an observed surge in corrupt practices and collusion between the public service and private sector, which undermined confidence and generated widespread public anger.

The chapter recommends that the profile and importance of disaster management be raised at all levels of government. All government departments, municipalities, and entities should establish central disaster management units, and a dedicated 'pandemic' unit should be established in the Department of Health, along with appropriate regulations and protocols to manage national disasters and streamline access to information. It further recommends that in future, transparency in decision-making and the legal basis for establishing various structures beyond the scope of the Disaster Management Act be considered to improve public trust. Future disaster preparedness requires a community-based, bottom-up approach from the beginning. The public's commitment should be encouraged by continued, regular information; by incentivising compliance and collaboration (not only for Covid-19, but also other social challenges); and by developing a better understanding of the infrastructure and support required by the informal sector.

- Whether leadership decisions made during the Covid-19 pandemic provided the best outcome in the first year is difficult to assess, given the unprecedented and continuous nature of the pandemic. While the response succeeded in flattening the curve of infection in the first wave, it failed to have the same effect during the second wave. The ongoing need to balance considerations of lives and livelihoods present challenges for which there are no definitive answers.

LEGAL AND REGULATORY RESPONSES²

This [chapter](#) evaluates South Africa's legal and regulatory response to the Covid-19 pandemic against the values enshrined in section 1 of the Constitution. It considers the options for managing the pandemic provided by the Constitution and ordinary legislation and also evaluates the impact of the choice of the Disaster Management Act. It reviews human rights and governance issues within the legal framework, along with the ethical guidelines that frame pandemic responses. It examines how consideration of the constitutional and democratic norms, values, and safeguards (e.g., the rule of law, freedom of expression, and human dignity) were affected in respect to human rights such as healthcare, education, and a safe environment during the management of the pandemic. Rather than analyse specific regulations in detail, the chapter focuses on three macro issues: the rule of law, human rights, and freedom of expression. The aim is to provide a broad framework and set out principles with which the law must comply during emergency situations.

With advice from the WHO on managing the health response to the pandemic, South

Africa utilised the powers conferred on it by the Disaster Management Act to protect the health of its residents. Government imposed a range of strict measures to curb transmission of the virus, a decision that was challenged in the courts on a number of occasions. This chapter argues that given the alternatives, the decision to rely on the Disaster Management Act to manage the initial Covid-19 threat appeared appropriate – health emergencies do not meet the requirement set out in s37(1)(b) of the Constitution, which asserts that an emergency can only be declared to restore peace and order. It is further argued that ordinary legislation would not have empowered government sufficiently to impose a lockdown or other kinds of restrictions.

The chapter maintains that failure to fully implement the Disaster Management Act and ensure that all structures were properly established and functioning before the pandemic led to an uncoordinated response. Some of the disaster management systems utilised during the pandemic were subject to systematic challenges in terms of readiness, resource gaps, accountability, and transparency; this contributed to ineffectiveness and, in some cases, corruption. The chapter, therefore, advocates for a resilient disaster management system supported by functional disaster management centres in the national, provincial, and local spheres, with adequate leadership and governance capacities for effective recovery from future disasters. A revision of the Disaster Management Act on the basis of the experience during the Covid-19 pandemic is recommended in order to ensure a more comprehensive framework for managing any future disasters. In conclusion, the chapter asserts that a state of disaster should be limited in duration to ensure that the different arms of government return to their normal functions as soon as the immediate threat has been addressed.

² [Soodyall, H., Ataguba, J., Botes, M., Dhansay, M. A., du Plessis, E., Gray, G., Kleyn, L., Reddy, P., Rumbold, K. & Thaldar, D., 2021.](#)

LEGAL CHALLENGES, HUMAN RIGHTS VIOLATIONS AND LAW ENFORCEMENT³

This [chapter](#) discusses selected legal challenges to the government's disaster management measures in response to the Covid-19 pandemic. The cases were selected for their relevance regarding the application and enforcement of the statutory and institutional framework and for their human rights implications. They involve the legal foundations for responding to a disaster and the constitutional validity of the actions taken by government, followed by specific human rights challenges under chapter 2 of the Constitution. Abuse of power by law enforcement agencies and corruption fall within the scope of the chapter.

This chapter claims that the measures government adopted in terms of the Disaster Management Act to mitigate the spread of the Covid-19 pandemic saved lives and bought time for medical facilities to prepare to treat infected people. Although these are admirable outcomes, several legal and governance issues emerged from government's disaster management efforts. Some decisions and regulations were found by the courts to be irrational and not justifiable, and other cases dealt with the constitutionality of the regulations on the basis of various grounds.

The chapter recommends that government address the systemic weaknesses exposed by the Covid-19 pandemic; prioritise the building of efficient, responsive, and capable state institutions; and modernise and professionalise government services. It further recommends a thorough overhaul of the functioning of the law enforcement agencies; better intergovernmental cooperation; non-selective and demonstrable

criminal accountability for corrupt activities and abuse of power; and an appreciation of the potential future importance of a fundamental rights analysis in the adoption of disaster management measures.

COMMUNICATION⁴

This [chapter](#) reviews government's communications strategy during the different phases of the Covid-19 lockdown. It examines the effectiveness of communication between the three spheres of government and various structures involved in the pandemic response, including government communications, public media, community media, private media, digital and social media, and organised civil society. It also assesses the extent to which the South African context of multilingualism, the rural-urban digital divide, and prohibitive data costs were considered in the implementation of the communications strategy. The chapter examines presidential communications and assesses how the government communication structure collaborated with community media. It includes community feedback on these communications and concludes with a series of recommendations with implications for both parliament and the national executive. The aim is to enhance government communication and empower the country's people to cross the digital divide.

South Africa has a highly diverse communications space where new media digital platforms exist alongside more traditional communication methods. A communications strategy for managing disasters involving various government departments and the Government Communication Information Service (GCIS) was used to mobilise the national response to the pandemic to ensure that all the country's

³ [Strydom](#), H. A., 2021.

⁴ [Della Togna](#), M., Garman, A., Adjin-Tettey, T. D., Diale, M., Hyera, F., Bukula, T., Halse, P., Petersen, F., Bombi, T. & Kleyn, L., 2021.

- people could be reached. Reporting lines were
- to NatJoints and the National Coronavirus
- Command Council under the leadership of the Minister in the Presidency responsible for Planning, Monitoring and Evaluation, Jackson Mthembu. South Africa's Covid-19 communications strategy aimed to provide information, instil behavioural change, and increase awareness and compliance. It sought to allay fears, communicate government's response, manage disinformation, and hear people's concerns. A Crisis Communication Plan was developed, and the Department of Health tasked with ensuring that the messaging from government would be coherent, credible, and reliable. The GCIS secured resources and was responsible for ensuring the coherence of the communications strategy from national to provincial level and down to the district, municipal, local, and rural levels.

Given the digital divide in South Africa, the media plan involved media outlets ranging from the digital (WhatsApp, social media, websites, and broadcast platforms) to the most direct, community-based forms of messaging. For example, GCIS officials and local public representatives used loudhailers on the streets of the smallest towns and rural villages. While the strategy sought to convey the necessity of complying with the lockdown regulations, the level of civic protests suggests that the strategy may not have been entirely successful. Documented use of excessive force by security personnel compromised government's response and highlighted the need for genuine culture change within the security sector and a more humanitarian approach to crises.

HEALTH SECTOR⁵

This [chapter](#) provides a record of how the public and private sectors, the business and non-governmental sectors, and the academic and research sectors were mobilised during the Covid-19 pandemic. It reviews the national response, using the health sector's eight-stage implementation framework (preparation, prevention, surveillance, hotspot identification, lockdown regulations, quality medical care, psychosocial impact, and ongoing vigilance), and discusses some of the measures that helped prepare the health system for the anticipated surge in Covid-19 cases.

South Africa arguably implemented some of the strictest Covid-19 restrictions worldwide in the earlier stages of the pandemic in an effort to contain the spread of the SARS-CoV-2 virus. At the vanguard of the interventions was the health sector response, led by the Minister of Health, Zweli Mkhize. The country mobilised multiple health resources through a cohesive response from the public and private sectors, as well as through solidarity support from business and non-governmental organisations, and expertise from the academic and research sectors. The health sector response was coordinated through the Incident Management Team, with expert advice from the Ministerial Advisory Committees, and involved multiple joint outbreak response committees.

Preliminary evidence suggests that the health sector response has been comprehensive. The system benefited from the lockdown restrictions, particularly through reductions in emergency and trauma cases and the decentralisation of chronic care services. While the healthcare system was resilient, provinces such as the Eastern Cape were under strain. Later in the year, the emergence of a new variant complicated the response

⁵ [Moshabela, M., Pohl-Albertyn, C., Sifunda, S., Begg, K., Gijssbertsen, B., Reddy, P. & Essack, S., 2021.](#)

to the second wave of the pandemic. Excess mortality numbers suggest that the impact of Covid-19 may have been more severe than initially documented.

Socio-behavioural interventions were only introduced later in the pandemic, even though the risk faced by vulnerable communities had been highlighted very early on. The chapter recommends paying special attention to the implementation of preventative measures and the vaccine roll-out, as the country experiences multiple surges of the pandemic. Further research is also needed to investigate the drivers and effects of the excess deaths. The chapter concludes by underlining the need to improve surveillance, especially among vulnerable communities, strengthen outbreak prevention and containment measures, integrate behavioural interventions into the health sector to protect public health and well-being, and strengthen data systems to improve informed decision-making.

EDUCATION SECTOR⁶

The [chapter](#) on education focuses on the sector's response to the pandemic and examines measures adopted by the education ministries to contain the spread of the virus while managing the academic programme. The early childhood development sector is also covered. The chapter describes some of the complex policy decisions, including the closure of schools and the move to online learning, and how these exposed existing inequity and inequality in education. It shares some of the sector's successes in implementing mitigation measures, such as the risk-adjusted, phased return of students, intensive collaboration with stakeholders, and the provision of data and devices for online learning.

The chapter contends that amid competing voices from many stakeholders, the education ministries had to make unprecedented, complex policy decisions, including the closure of schools and the move to online learning. Some of these decisions brought existing educational inequity and inequality into sharp focus. The digital divide meant poorer learners had little access to online learning, and the neoliberal idea of 'homeschooling' imposed responsibilities on parents, many of whom lack educational capital. When a phased approach to the reopening of schools was announced, measures were taken to contain the spread of the virus, curriculum content was decreased, and different timetable options were made available. The risk-adjusted, phased return of students; intensive collaboration with stakeholders to inform policy decisions; and the provision of data and devices for online learning were crucial.

The reopening was not without challenges – more middle-class than working-class learners returned to school, and financial constraints in some schools and institutions of higher learning made complying with Covid-19 protocols impossible. That said, the education sector achieved significant successes in implementing mitigation measures during the pandemic. The sector, however, still needs to improve school infrastructure – especially water, sanitation, and information and communications technology (ICT) – and strengthen online learning platforms. At a deeper level, the assumption that middle-class families and students are representative of all South Africans needs to be challenged, as it results in interventions that are feasible only for a privileged minority. Therefore, decisions to close educational institutions and continue with learning at home must consider the spatial, infrastructural, and socio-economic disadvantages of the majority of students.

⁶ [Mudaly, V., Mudaly, R. & Scholes, M., 2021.](#)

- A key lesson of the pandemic is that the departments of education must assess the preparedness of educational institutions to operate safely under difficult conditions. This should include the availability of sanitisers, personal protective equipment (PPE), cleaning agents, and screening personnel. On early childhood development, keeping children out of early childhood development centres and crèches is not in the best interests of the child, and all children should be allowed to return to these institutions as soon as possible.

IMPACT ON VULNERABLE GROUPS⁷

This [chapter](#) reviews the socio-economic vulnerabilities that existed among people in South Africa before the pandemic. It assesses the extent to which the pandemic has affected people's ability to meet their basic needs and exacerbated existing vulnerabilities, especially among groups such as refugees and migrants. The chapter also examines how the pandemic affected access to basic services and describes the social protection interventions implemented to alleviate the negative impact of the pandemic on people's livelihoods.

This chapter argues that Covid-19 has exposed and broadened people's vulnerabilities and increased poverty and other risk factors, such as access to water, healthcare, and food. These impacts have been felt most strongly by women, children, elderly and disabled people, refugees, and migrants.

The pandemic highlighted **spatial inequalities** in access to services. People who live in places that are overcrowded, with few basic services, have a much higher risk of contracting Covid-19. In some cases, social distancing was compromised or impossible as people

congregated around water tankers, water storage tanks, and handwashing facilities. Government interventions were only short term and did not ensure regular access to water services in underserved communities. Hence, underlying vulnerabilities and problems persist. These require urgent attention, in preparation not only for successive waves of the pandemic but also for other crises.

Food insecurity was already prevalent before the lockdown, as demonstrated by the indicators of stunting and hunger. Vulnerable groups, including children, would have been at a high risk of food insecurity before the lockdown and, as incomes contracted, throughout the pandemic.

The **social protection system** was mobilised to alleviate the pandemic's negative economic impacts on vulnerable individuals, households, and firms through higher grant amounts, the introduction of the Covid-19 social relief of distress grant, the expansion of the Unemployment Insurance Fund, and the introduction of the Temporary Employee/Employer Relief Scheme (TERS). These measures were largely in line with international responses. Considering the regressive distribution of job losses on workers in poor households, the measures were relatively well targeted and have provided much-needed relief to millions of existing and previously unreached beneficiaries. However, many of these measures are ending. Given the progression of the pandemic and lockdown restrictions, government ought to consider extending various measures. Overall, it is reasonable to conclude that government was able to provide a far-reaching, expanded safety net that helped to mitigate the harsh economic impact of Covid-19.

Access to **healthcare** has always been uneven, and the pandemic increased pressure on already overburdened health facilities, as discussed in more detail in the chapter on health. At the same time, many who needed such care tended to not reach

⁷ Vogel, C., Maree, G., Köhler, T., Stanwix, B., Bhorat, H., Sodi, T., Ubomba-Jaswa, E., Drimie, S., Mbhenyane, X., Symington, E., Adebayo, P. & Ndinda, C., 2021.

out, for reasons such as a lack of access to transport, money pressures, and the risk of contracting Covid-19 at healthcare facilities. Government's healthcare response has been relatively rapid, and the mobilisation of community health workers has helped to mitigate some of the negative effects of the pandemic on vulnerable groups.

Migrants, refugees, and asylum seekers were disproportionately affected by the pandemic. Their marginality was exacerbated by the lockdown's stringent containment measures, as 'they found themselves suddenly jobless, being evicted from their homes, hungry, insecure, and trapped in dormitories or camps where adequate physical distancing is impossible'. Migrants and refugees who had residence permission suddenly became 'illegal', as their permits expired during the lockdown. Intervention by government and civil society helped alleviate the plight of these vulnerable groups.

The chapter asserts that social assistance infrastructure has become even more important in this time and underlines the need for more nuanced data to help assess the impact of Covid-19 on social security and the provision of basic services.

Gender equality is entrenched in the South African Constitution, and women's empowerment is a priority of the post-apartheid government. However, achieving gender equality remains a challenge. Government interventions during the Covid-19 pandemic sought to ensure that gains in women's empowerment and gender equality would not be eroded. However, a review of regulations shows that while some government interventions referred to women and gender, most regulations used gender-neutral language and so amplified women's marginalisation. Women's already marginal position in the economy also meant that few could access the various government measures intended to alleviate the impact of the pandemic and the lockdown. The pandemic and the lockdown exacerbated existing fault lines in gender equality and women's empowerment. Overall, Covid-19 had a particularly negative effect on women in terms of employment, income, gender-based violence, access to housing and health services, and household and care responsibilities. Also, as they comprise the majority of frontline healthcare workers, relatively more women have been exposed infection.

The chapter recommends that gender mainstreaming of government interventions be operationalised in a way that recognises how the complex intersection of key variables in women's lives shape their experience of exclusion and marginalisation. It argues that a single lens approach that identifies patriarchy as the only basis of women's oppression and gender inequality, while ignoring deeply entrenched racial inequality, is no longer feasible. There is, therefore, an urgent need to understand the differences among women in South Africa and to take these differences into account when implementing programmes and interventions during disasters such as the Covid-19 pandemic.

GENDER EQUALITY⁸

This [chapter](#) explores gender-responsive interventions to mitigate the negative impacts of the pandemic on women and girls, including on their access to sexual and reproductive health and rights, protection from domestic and other forms of gender-based violence, financial resources, decision-making, and access to effective remedies. It provides a gender analysis of government regulations during the pandemic and explores women's risks and vulnerability under lockdown, gender-based violence, human settlements, maternal and child health, and sexual and reproductive health and rights. The case of Gauteng is analysed to assess the effect of the interventions at provincial level.

⁸ Ndinda, C., Moolman, B., Adebayo, P., Chimbwete, C., Ngungu, M., Maree, G., Parker, A., Lynch, I. & Shoji, M., 2021.

MACROECONOMIC IMPACT AND POLICY⁹

This [chapter](#) considers the devastating impact of the Covid-19 pandemic on the economy, along with the fiscal and monetary policy responses to help mitigate against its economic fallout. The cross-cutting, interconnected nature of the effects of the pandemic and required policy responses has been one of the most problematic aspects of finding good and broadly accepted strategies for dealing with the pandemic. This has also created difficulty in isolating and measuring the impact of the pandemic on the economy. This chapter, therefore, only considers the overall impacts and trends at a macroeconomic level.

At an aggregate level, 2020 saw the largest contraction in South Africa's economic activity in a century. Covid-19 disrupted individual sectors in the economy in different ways. This was largely driven by differences in government lockdown regulations and response measures across sectors. In deciding on restrictions initially, government had to determine whether a sector was deemed essential or non-essential. Inputs from macroeconomic policy authorities and industry stakeholders were considered in the formulation of the overall policy response, although public health considerations and stopping the spread of the virus were understandably given precedence. The pandemic necessitated large, coordinated, targeted and timely fiscal and monetary measures in terms of funding for public health and related interventions, measures to mitigate the economic fallout of the

lockdown, and social safety nets to prevent hunger and ensure food security.

Government also provided bridging liquidity to sustain companies and so facilitate a post-lockdown recovery, prevent insolvencies and lay-offs, and provide wage support. The monetary authorities responded swiftly, with the South African Reserve Bank reducing the repo (policy) rate from 6,25% before the pandemic to 3,5% by July 2020. Various banks and financial institutions granted distressed individuals and companies loan payment holidays and other forms of accommodation. The president also launched the Economic Reconstruction and Recovery Plan to stimulate the economy and boost its ailing infrastructure. Despite these unprecedented responses from policy authorities, current projections suggest a slow and difficult economic recovery ahead.

The chapter argues that blanket bans and across-the-board lockdowns may not have struck the correct balance between protecting lives and protecting livelihoods and, hence, advocates for smarter and more targeted lockdowns. South Africa should not underestimate the need for a macroeconomy that is in a general state of readiness to deal with crises. The chapter argues that citizens were woefully exposed to the effects of the pandemic because of the fragile state of the economy and the inability of the fiscus to provide greater support. It further argues that a successful vaccination drive will help South Africa achieve herd immunity and allow a return to a normally functioning health and economic system. It concludes that ensuring a robust macroeconomy able to cope with large shocks will require stronger institutions, smart reforms, and greater accountability.

⁹ [Ajam, T. & Bohlmann, H. R., 2021.](#)

AGRICULTURE AND THE FOOD SUPPLY CHAIN¹⁰

This [chapter](#) addresses the direct and indirect impacts of the Covid-19 regulations on food supply chains and on ports, production, trade, and employment in the agricultural sector. It illustrates how stakeholders in the value chain adapted to the Covid-19 regulations and assesses the need for support for selected sectors, such as the wine industry. The chapter concludes with recommendations. The annex and background research include a case study of a vulnerable group and broad reviews of three large commodity value chains.

This chapter asserts that government regulations to contain the pandemic had a minimal impact on the food supply chain in terms of production, manufacturing, and retail, except for a few industries that were severely affected by the regulations. In many respects, this was because food was classified as an essential good.

Collaboration between government and the industry was strong, and real-time communication and reporting mechanisms had been put in place (e.g., the Bureau for Food and Agricultural Policy's End-to-End Agro-Food Chain Tracker). These enabled regulations to be adjusted quickly in the first few weeks to allow the food supply chain to function more effectively. New, mutually beneficial relationships between government and the industry were built, which increased trust and should hopefully be strengthened and sustained after the pandemic. However, interviews showed that although the larger industries were approached by government, small businesses that were not part of formal organisations received only limited

communication. This created significant difficulties and much confusion before and during the first few weeks of lockdown.

Overall, the Covid-19 pandemic highlighted the interconnectedness between the formal agricultural sector and informal food traders. Restrictions on informal traders negatively affected several suppliers of agricultural products, as informal traders are responsible for about 40% of food trade. The restrictions on these traders also undermined the affordability and the accessibility of food for vulnerable people.

Some government regulations were promulgated without a clear understanding of their impact on the food supply chain. Infrastructure to support the roll-out of and compliance with regulations and requirements was inadequate. Government also greatly underestimated the knock-on effects of decisions made before alert level 5. The highly regulated food industry is a complex web of interactions; it is extremely interconnected, and what happens at one point in the chain affects the entire chain, including the livelihoods of people operating in that vast industry.

Communication between national government and the provincial and local levels was not well coordinated, resulting in confusion in enforcing regulations. Provinces also interpreted and enforced regulations differently, creating difficulties and confusion for food businesses with facilities in several provinces.

The chapter analysed in detail the specific impacts on primary agricultural subsectors of the different lockdown regulations and the extent of the damages for specific industry. Most severely affected was the wine sector, floriculture, and smaller producers supplying the catering, restaurant, and hospitality industry. Government did not consider such an analysis in designing a relief programme

¹⁰ [Kirsten, J., Anelich, L., Meyer, F., Davids, T., Delport, M., Kapuya, T., Vermeulen, H., Sihlobo, W., Theron, N. & Scharler, U., 2021.](#)

- for the sector. The chapter argues that
- government should rather have assessed the
- damage to individual sectors and provided targeted relief instead of a blanket relief programme.

TOURISM AND LEISURE SECTORS¹¹

This [chapter](#) reviews the enormous impact of Covid-19 on the tourism industry both in South Africa and around the world. It discusses government's targeted fiscal relief measures to assist hard-hit tourism operators and areas, as well as both government and industry's non-fiscal support and recovery measures. It is clear that the pandemic continues to exert a drastic impact on the tourism sector, and the chapter uses international evidence to show the shifts in consumer demand and in the character and patterns of domestic tourism in North America, Europe, and Australia. Based on available evidence in South Africa, the chapter offers preliminary lessons and recommends some immediate interventions.

Covid-19 triggered a profound crisis for the global tourism industry, having effectively halted the operations of the tourism sector around the world. As in the rest of the world, tourism businesses in South Africa have been hit hard by the pandemic and related restrictions on their operations. The first restriction was the closure of the country's borders on 18 March 2020 for high-risk countries and from 27 March 2020 for other international flights. Further operating restrictions under alert level 4, and for some also under alert level 3, meant that accommodation establishments, restaurants (except takeaways), visitor attractions, and the like could not trade. Perhaps the most telling statistic is that households spent 99,9%

less on restaurants and hotels in the second quarter of 2020 than in the first.

This chapter draws upon a range of sources to investigate South Africa's tourism industry in the Covid-19 environment. Considerable use is made of research studies produced by the Department of Tourism and its partner, South African Tourism, as well as findings from commissioned research for the Department of Tourism undertaken by the University of Johannesburg, which involved 60 primary interviews with tourism businesses around the impact of the pandemic and their adaptation strategies. Government instituted a number of targeted fiscal relief measures to assist hard-hit tourism operators and areas. Over time, these included the Tourism Relief Fund, the Tourist Guides Fund, and the Tourism Equity Fund, the Industrial Development Corporation's Covid-19 Distressed Funding, and others. Both government and industry also provided non-fiscal support to firms.

The Tourism Relief Fund that launched early in the pandemic was quickly depleted, provided relief only to registered businesses, and was not sufficiently capitalised. Given the decimation of tourism income and the continuing low levels of operational income in key tourism industries (e.g., restaurants and accommodation), the scale of funding relief to tourism businesses is unlikely to have been sufficient to stem job losses and business closures; this could be because of the poor state of the country's public finances.

Arguably, TERS funding has been most important for the survival of businesses, jobs and livelihoods in South Africa's tourism economy. The potential termination of this wage support is likely to have seriously negative consequences for many tourism employees, their families and communities. The impending permanent closure of many businesses is a threat to local economies and community livelihoods. The danger of closures

¹¹ [Rogerson](#), C. M., Rogerson, J. M. & Rivett-Carnac, K., 2021.

is worsened by the pandemic's trajectory, continued travel restrictions (especially on international tourism), and the slow roll-out of vaccinations.

According to the Department of Tourism, their strategy was not limited to the provision of financial support; instead, they focused on helping tourism operations reopen as soon possible. Takeaway and sit-down restaurants were supported to ensure their early operationalisation, as was the use of tourism establishments as quarantine sites. To this end, the tourism sector was one of the first to develop and enforce protocols and translate them into directives.

The Covid-19 pandemic has heightened awareness of the importance of tourism experiences and consumption for people and local communities. It also continues to exert a drastic impact on the tourism sector and may well significantly reform future landscapes and services. Considerable international evidence exists of shifts in consumer demand and in the character and patterns of domestic tourism, and other changes may well emerge in the foreseeable future.

TRANSPORT SECTOR¹²

This [chapter](#) assesses the impact of various Covid-19-related restrictions on the transport sector and reviews government measures to reduce viral transmission in the use of transport. It also reflects on the disparities in the provision of transport in South Africa and how the 'new normal' and work arrangements affect the sector.

The Covid-19 lockdown and the ban on international travel have had a massive effect on South Africa's transport sector. Restrictions on the movement of people and goods under the Disaster Management Act were supplemented by sector-specific regulations

that included cross-border road transport, air services, seaports, public transport services, railway operations, and the provision of transport services in general. The financial impact on public transport services has been substantial:

- **Rail services** initially came to a standstill, and pre-existing management problems, especially around security contracts, contributed to widescale vandalism and theft during the lockdown. Rail operators have found it difficult to resume services at previous levels.
- **Bus operators** reported significant disruption and sizeable operating losses. Long-distance bus services incurred standing costs without generating any fare revenue, resulting in some of the services closing down.
- **Minibus taxi** operators were severely affected by capacity restrictions and (ongoing) lower demand, as commuters remain very aware of the risks of transmission on public transport.
- The ban on travel also translated into lower revenue for **airlines** (which had already been in a financial predicament), cross-border transport services, and sea cruise operations.

Covid-19 has changed the face of transport and underscored disparities in its provision. With more flexibility in the business environment and more people working from home, transport patterns and the utilisation of transport modes have changed. With most people not having the option to work from home, walking, cycling and minibus taxis continue to fill the gap.

The pandemic offers the chance to address systemic issues in the sector through, for example, a more equitable public transport subsidy policy, travel demand management initiatives, and better integration between modes of transport to enhance sustainability. It also underscores the need for robust business continuity plans in the transport sector.

¹² [Bruwer](#), M., Andersen, S. J. & Mokonyama, M., 2021.

- Conflicting medical advice on the risk posed by public transport created uncertainty about the use of public transport services. This severely affected services such as Gautrain, which is used mainly by people who have access to private vehicles. Unambiguous, scientifically supported messaging is, therefore, vital.

The resources required to implement lockdown regulations seem not to have been properly estimated. It was assumed, for example, that operators in different sectors would finance the implementation of the regulations; however, the operators had structural cash flow constraints. The pandemic provided opportunities for creating and strengthening partnerships between government and minibus-taxi operators through the relief package. However, mutual agreement could not be reached, highlighting the distance that government and paratransit operators must still go to allow greater cooperation.

OTHER SELECTED ECONOMIC SECTORS¹³

The Covid-19 pandemic and the resulting national lockdown sharply reduced consumption and production in various sectors of the economy. This [chapter](#) focuses on selected sectors within the economic sector where the impact of the pandemic was less clear cut, such as mining, manufacturing, tobacco, finance, and real estate.

The Covid-19 pandemic and the resulting lockdown measures arguably amplified existing economic challenges, such as unemployment, poverty, and inequality. Consumption and production were sharply reduced in sectors such as mining, tourism,

transport, tobacco, and various manufacturing subsectors. The negative effect on the public sector and essential workers was much more modest, but, overall, there was a significant cost in the form of lost livelihoods, a massive demand shock, and a loss of business and consumer confidence.

In the **mining** sector, production declined by about 10–12% in 2020. This was, however, offset by higher commodity prices (e.g., platinum, gold, and iron ore), and the value of mineral sales was actually higher in 2020 than in 2019. Also, government, employers and labour were firmly committed to working together to mitigate the impact of the pandemic on the sector.

In the fragile **manufacturing** sector, the pandemic hastened the process of deindustrialisation, and smaller businesses were badly affected. While the sector has rebounded from the sharp declines seen during the hard lockdown, production is not yet back to pre-pandemic levels. Positive signs include the repurposing of local capacity and the growing use of information technology.

The **tobacco** sales ban seems to have been counterproductive. It had only a limited impact on the prevalence of smoking, but the already strained fiscus lost about R6 billion in excise revenue during the ban. More significantly, the sales ban entrenched illicit distribution channels.

The **financial** sector was deemed to provide essential services. Two concerns in this sector are the structural constraints to access to finance by small and microenterprises, despite initiatives to provide liquidity, and the longer-term adverse effect of the pandemic on the short-term insurance sector. The impact on the **real estate** sector was not uniform. The retail sector suffered significantly, and many retailers required rent relief. Industrial and residential property was more resilient.

¹³ [Durrheim](#), R. J., Kraemer-Mbula, E., van Walbeek, C., Ngalawa, H., Akinsomi, O. & Thorne, J., 2021.

INFRASTRUCTURE SECTOR RESPONSE¹⁴

This [chapter](#) examines the role of the infrastructure sector departments, primary service providers (e.g., Eskom, Transnet, and the water boards), employees and private sector players in maintaining continuity of infrastructure services during the Covid-19 pandemic. It assesses the energy, water, and sanitation sectors, ICT and telecommunications, and transport and construction. The chapter concludes with preliminary lessons.

Power, water, telecommunications, and transport services underpin economic and social activity. Preliminary data suggests a substantial drop in **electricity** demand during the lockdown, which allowed Eskom to carry out additional short-term maintenance to address reliability issues in its generation fleet. Eskom's response to Covid-19 was led centrally by its strategic Emergency Response Command Centre. The pandemic exposed the existing coverage and reliability problems within the **water and sanitation** sector. These problems compelled government to respond with emergency supplies to water-stressed communities, which were expensive and temporary. Demand for **ICT services** also escalated rapidly as employees switched to working from home, and students and learners sought online teaching resources.

While role players generally managed to keep services going during the pandemic, the broader context is less favourable. South Africa requires long-term, sustainable solutions; it must learn from the pandemic and ensure that priorities for post-pandemic recovery are driven by lessons from the social, economic, and fiscal consequences of the health crisis. This requires functioning institutions, fit-for-purpose infrastructure, trustworthy

relationships, and systems and processes for long-term recovery and resilience and, indeed, for addressing growing threats such as social inequality and climate change. Some of the challenges experienced by the power sector were related to the national permitting system, which was deemed cumbersome. It could easily have been streamlined by allowing designated essential service employees to use their access cards for the first two weeks of lockdown while permits were being printed. Furthermore, permits issued under a higher level of lockdown should be valid for lower levels without needing to be reissued. Coordination with disaster responders in other sectors, however, proved very helpful; this demonstrated the benefits to be gained from openness to learning from others and sharing knowledge.

Water and sanitation infrastructure is crucial for a healthy society, especially during a public health crisis like Covid-19. Ensuring a safe and reliable water supply and maintaining proper sanitation become ever more critical. Limited access, low reliability, and poor quality of WASH (water, sanitation and hygiene) infrastructure present risks to vulnerable groups in both rural and urban areas. The pandemic revealed infrastructure investment backlogs, coverage gaps, and inequalities. It also emphasised the large service disparities that still exist between provinces. Government measures to provide emergency supplies of water storage tanks and water tankers for water-stressed communities and schools did not leave a legacy towards closing these gaps. The pandemic's impact on the water and sanitation subsector includes revenue losses for utilities, the exposure of capacity gaps, maintenance failures, and the deferment of capital expenditure programmes.

As they are responsible for water, sanitation, and basic municipal services, municipalities were at the frontline of the pandemic response. They face a deepening financial crisis, which

¹⁴ Goode, R., Carter-Brown, C., van Heerden, R., Calitz, J., Wright, J., Momba, N. B. M., Sithole, M. H. & Verhaeghe, B., 2021.

- undermines their role of maintaining services
- and operating infrastructure. Subnational governments are critical for supporting vulnerable households and communities and facilitating the economic recovery (especially among small businesses). Lessons from the pandemic include creating a local equivalent of district command councils and using ward-based approaches for response measures. Sustainable public finance for subnational governments remains an unsolved problem.

The use of **ICT infrastructure and services** surged as the lockdown and the need for social distancing required people to conduct their business in different ways. The pandemic highlighted both ICT's enabling role and gaps in coverage and access. In this regard, recommendations include a proposal by the ICT industry to use the spare fibre capacity of state-owned enterprises for the health and education sector and to prioritise licensing of spectrum in underserved areas. Lessons from the **construction** sector recommend drawing upon the expertise of industry bodies to develop emergency response protocols that would improve the sector's resilience to any future disasters.

INTERNATIONAL COOPERATION, TRADE AND SECURITY¹⁵

This [chapter](#) describes how the South African government has used its engagement with global and regional organisations, forums, and other external actors in the economic, security, and health areas to deal with the Covid-19 pandemic. It gives a brief overview of the pandemic's impact on the country's international economic relations and then reviews South Africa's engagement with the rest of the world. This is followed by a discussion of its interactions with its key international interlocutors during the pandemic and the outcome of these interactions.

This chapter argues that South Africa has made effective use of its international relations in dealing with the pandemic. It was able to benefit from its international relations during the pandemic because it has invested time in building and sustaining these relations and building credibility with its interlocutors over a number of years. This assisted in ensuring that the country received technical, financial, and human resource support from the international community. A country's credibility and effectiveness in international affairs are enhanced if it takes a strategic and realistic approach to foreign policymaking and implementation.

It is important for the country to have a clear strategy for communicating with all domestic and international stakeholders about government's international actions. Much of the groundwork for international relations takes place behind the scenes and is not obvious to either domestic stakeholders or international audiences; the risk of misinterpretation is therefore not insignificant. An effective international communications strategy can help mitigate risks and build support for the positions being taken by the country. This can be strengthened by the monitoring and evaluation of the strategy to enable policymakers to understand whether the intended results have been achieved and to develop institutional memory that will contribute to more effective responses to future crises.

CIVIL SOCIETY RESPONSES¹⁶

This [chapter](#) describes how civil society mobilised in response to the felt impact of the Covid-19 pandemic in South Africa. It reflects on how families and communities were supported by local networks and community-based organisations; how housing, youth, and trade union

¹⁵ Bradlow, D., Kapueja, L., Qobo, M. & Sidiropoulos, E., 2021.

¹⁶ Jobson, J., Alexander, K., Horwitz, D., Idahosa, G. E., Kalla, S., Kritzing, C., Mokgele, K., Mutekwe, P., Roman, N., van Noordwyk, J.-M., Zembe, Y. & Zembe-Mkabile, W., 2021.

movements rallied to protect the interests of the groups they support; and how the contribution of the research and analysis offered by academia shaped civil society's response to the pandemic. In describing specific mobilisation strategies, the chapter looks at how civil society helped reduce the risk of new Covid-19 infections, how it joined forces to help feed millions of people during the hard lockdown, and the advocacy work for the reduction of alcohol-related harm and support for foreign nationals and migrants, among other initiatives.

This review of civil society responses shows the undeniable goodwill and contribution of many thousands of South Africans acting in solidarity as a vibrant and creative civil society. The chapter argues that civil society's efforts have not always been solicited, appreciated, or supported by government. In the early days of the pandemic, civil society was absent from the consultative processes, as medical experts, scientists, and the private sector were prioritised. Even in the establishment of entities such as the Solidarity Fund, government turned primarily to the private sector rather than to disaster relief entities or civil society experts. Civil society formations have been deeply affected by the pandemic, in terms of both the work they do and how they do it. Many organisations have had to pause and even abandon their routine programmes, replacing these with food relief initiatives, efforts to provide PPE, and campaigns to promote social distancing. They also faced a mismatch between their material resources and the extraordinary demand for food, PPE, psychosocial services, and education. The struggle for material resources is nothing new, as most civil society formations rely on donor support, which is often short term and unpredictable. However, they now have to cater for both existing, pre-Covid-19 needs and new, pandemic-specific demands when access to funding is at an all-time low. Another challenge is managing

the tension between short-term, pandemic-related needs and the long-term strategies necessary for their survival. Some are losing their original character and focusing on providing Covid-19 support. Others have depleted resources intended for long-term strategic positioning and may have difficulty reformulating their purpose beyond the pandemic.

Overall, while Covid-19 has stretched and tested the capacities and purposes of many civil society formations, evidence suggests they have been rising to the challenge of helping the most vulnerable communities. The chapter therefore recommends that government develop stronger routine engagement with civil society to promote collaboration and effective partnership. In particular, the representation of civil society on formal consultative bodies is crucial in ensuring that the unique contribution of the sector is heard and valued.

PROVINCIAL AND LOCAL GOVERNMENT CASE STUDIES¹⁷

This [chapter](#) reflects on the role of the provincial and local spheres of government in transforming national strategies into real-time actions to manage the negative effects of the pandemic and reduce its spread. It considers how provinces and local government adapted existing methods of governance and strategies to plan appropriate interventions. The chapter assesses some of these interventions and discusses their attempts to address the twin challenge of growing inequalities and mitigating the spread of Covid-19. It is based on reports from eight provinces: the Eastern Cape, the Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, the Northern Cape, and the Western Cape.

¹⁷ Ngeleza, B., Moore, R., Gotz, G., Rispel, L., Marshall, C., Matiwane, B., Muthathi, S., Nkonki, L., Ramokgopa, M., Turok, I., Schönfeldt, H. C., Barnard, U., Muller, C., Pretorius, B., Human-Vogel, S., Mesthrie, R., Makalele, L., Joseph, C., Akhalwaya, I., Kekana, H., Mlondo, N., Ishmail, Z., Mwangolela, T., Vallabh, S., Nogwili, P., Mazibuko, F., Bob, U., Moshabela, M., Khanyile, N. & Mokobi, J., 2021.

- The case studies in this chapter provided some
- insights into the measures used to reduce the
- spread of Covid-19 at subnational level. The data submitted by the provinces showed that the socio-economic contexts in each province determined the methods it used to combat the spread of the virus. Such measures had to ensure people's well-being and meet their basic needs. Although provinces focused on mitigating the spread of Covid-19, they were at the coal face of ensuring that basic needs have been met (e.g., by distributing food parcels) and tracking the spread of the virus. In the health sector, provinces had to transform national pronouncements into tangible realities, such as field hospitals and extra beds.

Positive experiences include provinces using existing communication systems to create awareness of the pandemic and impress on people the need to take basic precautions. They creatively used existing data and combined it with new data to establish lists of indigent households in need of food support. Some also tried to provide nutritious food rather than food that simply satiated hunger.

Negative experiences include hierarchical problems, where the positions of actors in the provincial organisation did not allow for the free flow of information and experience sharing. This was also apparent at the level of interprovincial and province-government collaboration. Some provinces had difficulties working on common Covid-19-related projects with other role players. The private-public partnerships, especially in health, did not always materialise, possibly because preconceived ideas about each other got in the way of collaboration.

The chapter highlights a number of institutional concerns and gaps in the system that could interfere with implementation. There are limitations in the cooperation between sectors within a province, between provinces, and between the three spheres of government. There were also gaps in communication systems, in expertise

between provinces, and in infrastructure, especially between rural and urban areas. Together, the reports submitted by the eight provinces provide insights into how they managed the pandemic and identifies successes and areas for improvement.

CONCLUSION

This first edition of the South Africa Covid-19 Country Report assesses the government response to the pandemic from the initial phases up to March 2021. Given that the pandemic is ongoing, this is a living document that will be updated as the situation unfolds and new data becomes available.

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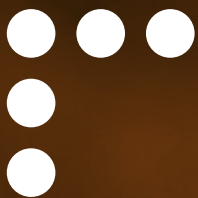
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The background of the entire page is a warm, orange-toned photograph of chess pieces on a board. A king piece is prominently centered in the foreground, with several pawns visible behind it, slightly out of focus. The lighting creates a strong sense of depth and texture on the pieces.

CHAPTER 2

GOVERNMENT LEADERSHIP, GOVERNANCE AND INSTITUTIONAL ARRANGEMENTS



CHAPTER 2: GOVERNMENT LEADERSHIP, GOVERNANCE, AND INSTITUTIONAL ARRANGEMENTS

ABSTRACT

This chapter reviews the leadership, governance, and institutional arrangements in the first year of the Covid-19 pandemic. While the institutional architecture for handling the disaster was put in place quite quickly, the pandemic highlighted shortcomings in the institutionalised capacity for disaster management, inequalities in access to healthcare, inadequate political oversight, and the damaging effect of corrupt practices. The impact of the health crisis on society, human rights, and the immediate and long-term effects on the economy were also initially underestimated.

Effective recovery from future disasters requires a resilient disaster management system with well-capacitated disaster management centres in the various spheres and sectors to lead a disaster management response. There is a need to address constraints in the health sector, reconsider legislation to enable an appropriate response to future health disasters, and improve financial resilience in the public sector to recover from the financial repercussions of the pandemic and future disasters. The level of behavioural change among the general public during the pandemic suggests an opportunity for improving other behaviour-related deficiencies.

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ABBREVIATIONS AND ACRONYMS

CDC	Centres for Disease Control and Prevention	MinMEC	Minister(s) and Members of the Executive Council
CoGTA	[Department of] Cooperative Governance and Traditional Affairs	NatJOC	National Joint Operations Centre
DMRE	Department of Mineral Resources and Energy	NatJoints	National Joint Operational and Intelligence Structure
DPME	Department of Planning, Monitoring and Evaluation	NICD	National Institute for Communicable Diseases
GCIS	Government Communication and Information System	PPE	personal protective equipment
HIV	human immunodeficiency virus	ProvJoints	Provincial Joint Operational and Intelligence Structure
ICT	information and communications technology	SALGA	South African Local Government Association
IT	information technology	SANDF	South African National Defence Force
MAC	Ministerial Advisory Committee	SAPS	South African Police Service
MAC-Vacc	Ministerial Advisory Committee on Coronavirus Vaccines	SASSA	South African Social Security Agency
MEC	Member of the Executive Council	WHO	World Health Organization

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INTRODUCTION

Having been declared a Public Health Emergency of International Concern by the World Health Organization (WHO) on 30 January 2020, Covid-19 triggered global health and governance regulations to be implemented through national regulatory frameworks. Effective implementation required strong leadership and institutions, whose actions would have to be framed by a respect for human rights. Indeed, in some ways a pandemic is a test of the strength of a society's adherence to human rights norms, as the response necessarily affects basic rights such as free movement and assembly, economic activity, and access to food.

This chapter discusses the leadership and institutional arrangements in place before South Africa's national lockdown, some aspects of disaster management policies that predated Covid-19, and the arrangements that guided the management of the first two waves of the pandemic from March 2020 to January 2021. It considers the effectiveness of these measures and the successes, challenges and lessons learnt. It then makes some recommendations for immediate and longer-term implementation. The measures discussed here are explored in more detail in the subsequent chapters of the Covid-19 Country Report.

This chapter focuses on the first and second waves of the pandemic. Government leadership, institutional arrangements and state capacity during the further progression of the pandemic will be discussed in the second edition of the Country Report.

THEORETICAL FRAMEWORK

A seminal WHO report noted that efficiency and effectiveness in today's complex, interlinked and rapidly changing environment require redesigning the structures and processes of governments to encompass a new set of actors and tools (Kickbusch & Gleicher, 2012). Governments must remain

responsive to changing conditions and to changes in people's expectations, and must build capacity to operate effectively in complex, interdependent networks of organisations and systems in the public, private and not-for-profit sectors to co-produce public value.

Covid-19 meant that it could not be business as usual for the country's leadership. The president, cabinet and government all played critical roles in formulating and guiding the nation's response. The main objective was to save lives, minimise the impact of the pandemic on livelihoods, and 'flatten the curve', so that frontline institutions had time to prepare for the full impact of Covid-19.

In a crisis of this kind, government must assemble a wide array of capabilities, including those for anticipation and quick diagnosis, ongoing learning and adaptation, rapid response, and sustained effort throughout the post-disaster recovery. These capabilities are underpinned by institutionalised disaster preparedness, including an institutional architecture for disaster response, effective decision-support systems, and supportive institutional cultures and values. Political leaders must demonstrate moral authority, effective operational and communication skills, and attention to human rights.

Key leadership practices that must be exercised during times of adversity and crisis include offering decisiveness in decision-making, conveying resilience and confidence, providing hope and vision, retaining and building credibility and trustworthiness, and communicating constantly.

RESEARCH DESIGN AND METHOD

Various methodologies were used in this research, within the methodological limitations of a study conducted on an ongoing basis at short notice. Qualitative strategies included data collection through the scrutiny of primary and secondary documents and

- reports from government departments,
- the media, and others. Interpretive and
- descriptive techniques were used to assess the processes and functions of policy review before and during the disaster, structural arrangements, and measures to mitigate the impact of Covid-19 in South Africa.

With the assistance of the Department of Planning, Monitoring and Evaluation (DPME), interviews were scheduled with senior national, provincial and municipal officials, expert professionals, and various stakeholders. The interviews, which lasted for 1,5–3 hours, took different formats, and the number of interviewees varied. There were also engagements with colleagues in the Gauteng City Region Observatory, which the Gauteng Provincial Government had commissioned to write an input on governance in the province during the pandemic ([CCRO, 2021](#)). Given the tight time frames of the report, not all interviews could be arranged in time; additional interviews will be scheduled in the coming months.

For some interviews, an information sheet template containing a more detailed explanation of the project and a formal consent form were used ([Anelich, 2020a](#)). Before any interview, all interview partners received the DPME letter of endorsement and detailed information on the project. Oral interviews were done virtually and were documented by recording and transcription (where possible), or as brief notes. These were sent to the interview partners for correction and approval. For written interviews, follow-up verbal discussions were held for clarification.

Full ethics clearance for the first phase of this minimal risk research was granted by the Human Sciences Research Council Ethics Committee (REC 1/23/09/20). Interviews with members of the public, including vulnerable groups, will be conducted only after ethics approval for this phase of the research has been obtained. Furthermore, the Stellenbosch University Research Ethics Committee: Social, Behavioural and Education Research

(SPLPAD-2020-19146) granted conditional approval for the interviews performed by the Stellenbosch University's School of Public Leadership.

The rest of this chapter is set out as follows: the legal framework for disaster management is reviewed first. This is followed by a timeline of events, from the period leading up to the pandemic to the first and then to the second wave. The next sections consider intergovernmental relations, preliminary lessons learnt, and recommendations for improving governance and leadership. The chapter concludes with suggestions for immediate interventions.

THE LEGAL FRAMEWORK FOR DISASTER MANAGEMENT

The Disaster Management Act of 2002 provides the legal basis for the management of any disaster that cannot be managed within the scope or mandate of a specific government department. A disaster differs from a state of emergency ([Chapter 3.1](#)); in the Act the term 'disaster' is defined as follows:

a progressive or sudden, widespread or localised, natural or human-caused occurrence, which (a) causes or threatens to cause (i) death, injury or disease; (ii) damage to property, infrastructure or the environment; or (iii) disruption of the life of a community; and (b) is of a magnitude that exceeds the ability of those affected by the disaster to cope with its effects using only their own resources.

The Intergovernmental Relations Framework Act of 2005 governs the relationship between the three spheres of government and facilitates coordination in the implementation of policy and legislation. It provides that in the implementation of a policy, the exercise of a statutory power, the performance of a statutory function, or the provision of a service

that depends on the participation of organs of state in different spheres of government, those organs must coordinate their actions. The Act establishes the President's Coordinating Council, which consists of the president and cabinet members responsible for finance, public service, and local government. This, however, is a consultative structure with very limited decision-making power.

In many respects, intergovernmental relations are the Achilles heel of this system of government, contributing to turf battles, disjointed action, unnecessary conflicts, and wasteful duplication. That said, there is also a constant process of adjustment and bargaining across the spheres of government, within formal and informal domains, and with varying levels of competition and cooperation.

It was understood from the start that a coherent and effective response to the pandemic required the establishment of governance structures across the three spheres of government. The National Coronavirus Command Council, along with provincial and district coronavirus command councils, was to be the platform for coordinating activities and processes and providing leadership. The aim was to avoid duplication of functions and/or contradictions in the roll-out of the programmes and the messages communicated. It is not clear, however, what legislative framework was used to create these structures, some of which appeared to duplicate the national, provincial and local disaster management centres. Admittedly not all of the existing structures were fully functional. The Inter-Ministerial Committee on Disaster Management, for example, had not met for many years; the new structures might, therefore, well have been necessary.

Risk management strategies for the management of annual influenza outbreaks offer useful insight into the measures in place before Covid-19. The National Influenza Policy and Strategic Plan (2017–21) was informed by

lessons from the 2009 influenza outbreak. It outlines a comprehensive approach to prevention and control, emphasising the importance of community health education, laboratory surveillance, and ensuring the availability and use of antivirals and influenza vaccines. It specifically refers to creating systems that enable epidemic and pandemic readiness, including establishing an influenza surveillance programme, ensuring a sufficient supply of vaccines, providing proper care and treatment for infected people, and promoting studies on influenza at the human–animal interface.

Evanson et al. (2018) assessed the readiness of African countries to respond to an influenza pandemic. South Africa performed relatively well on this assessment – its coordination and partnership, surveillance and monitoring, ethical considerations, and prevention and containment capacities were deemed 'optimal' and its risk communication capacity 'strong'. However, its preparation levels scored at only two-thirds of the maximum, while case investigation and treatment stood at only 40% of the optimal capacity required. The report noted that South Africa regularly updated its plans and strategies and commended the adoption of a national policy on responses to influenza. However, it highlighted the absence of business continuity plans to cater for worker absenteeism and related economic impacts across the non-health sector (Evanson et al., 2018:9).

The national Department of Health introduced a public health surveillance system in 2011, giving South Africa both a notification system (to detect, report and manage notifiable medical conditions) and a disaster management plan. The Disaster Management Act and the National Health Act provide for the issuing of regulations on emerging conditions, including events such as the Covid-19 pandemic. The public health surveillance system comprises a national electronic disease reporting system that links healthcare providers, such as

- hospitals, clinics and private physicians,
- with the corresponding local, provincial and
- national health departments and facilitates the electronic transfer of laboratory results from both state and private laboratories. This system aims to provide standardised approaches to disease surveillance and the reporting of notifiable medical conditions, as envisioned in the 2005 International Health Regulations (WHO, 2016).

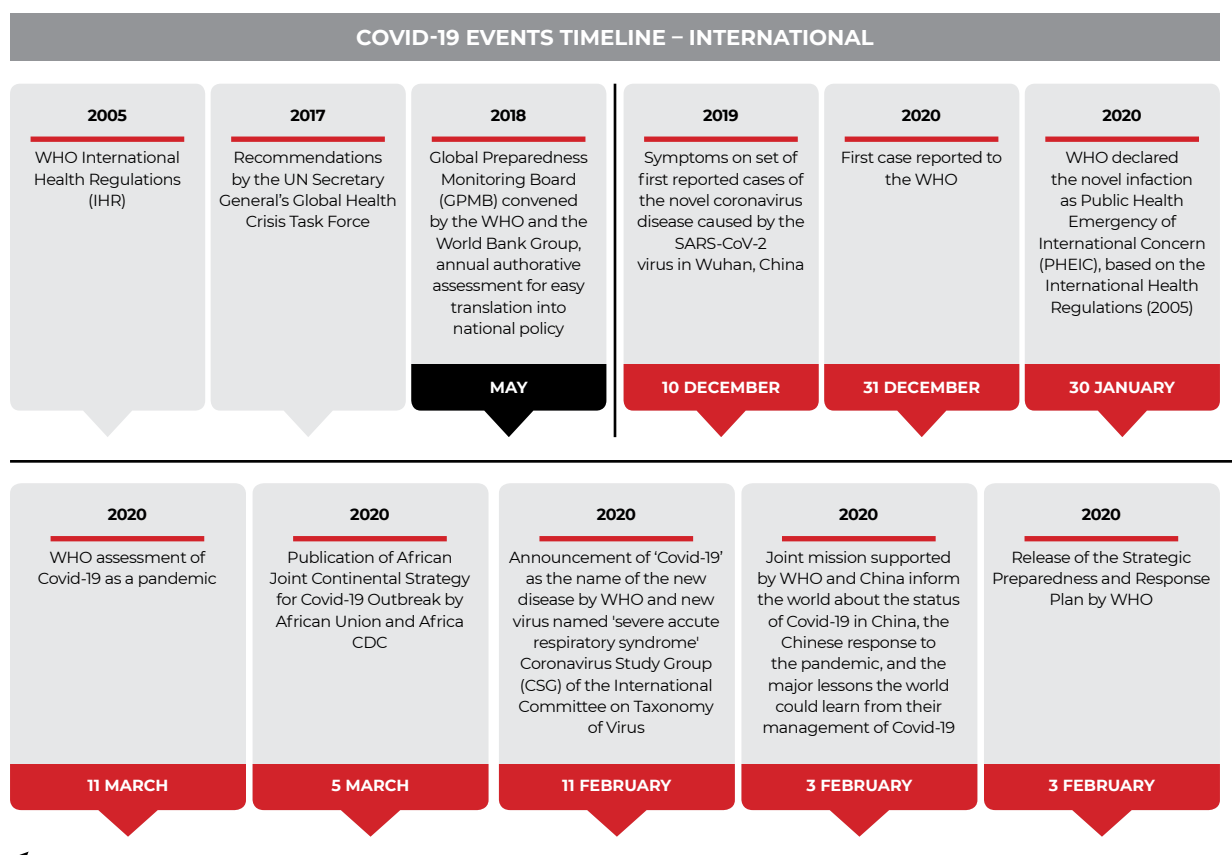
Several models were developed to help predict the spread of Covid-19. These aimed to assess the socio-economic impact of the pandemic (e.g., public health capacity, infrastructure, school openings, business productivity, and economic fallout) and inform social welfare and other mitigation strategies.

A TIMELINE OF EVENTS¹

BEFORE THE NATIONAL LOCKDOWN (27 MARCH 2020)

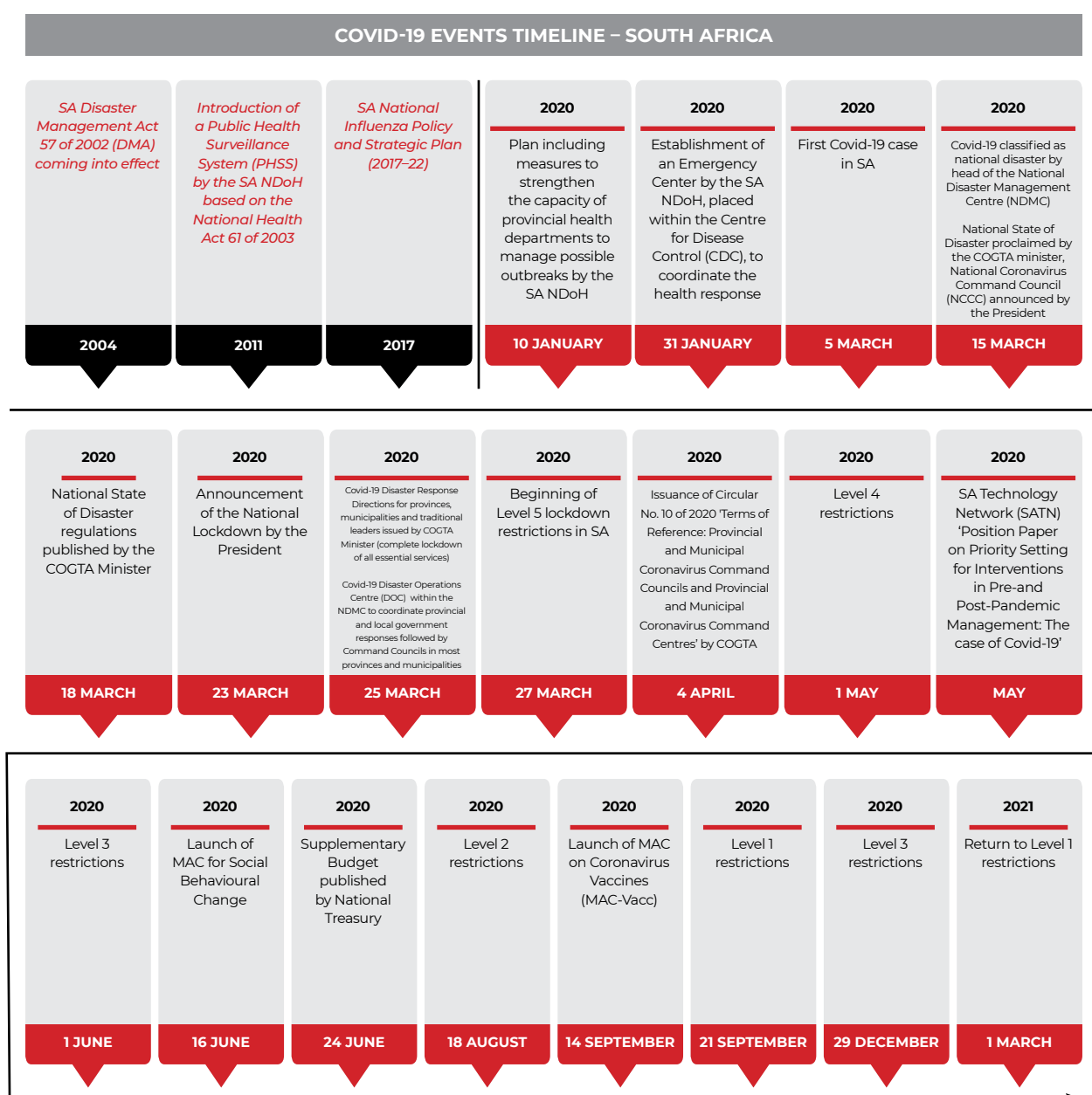
South Africa's National Disaster Management Centre began to engage with the Covid-19 situation in December 2019 when China announced the first outbreak of a novel coronavirus (then called 2019-nCoV). On 27 March 2020, South Africa went into a national lockdown. In the period between these two events, the government 'assembled its capabilities', largely through setting up structures and putting regulations in place. Figure 2.1 and Figure 2.2 show the key events before and during the pandemic, both locally and internationally (see also [Chapter 1](#) and [DPME, 2021](#)).

Figure 2.1: Timeline of international events related to pandemic preparedness and Covid-19



¹ The timeline of government's response to the pandemic is discussed in more detail in the background papers: Anelich, 2020a & 2020b; Harrison, 2020; Mubangizi, 2020; Ndevu & Rabie, 2020; Rabie & Ndevu, 2021.

Figure 2.2: Timeline of events related to pandemic preparedness and Covid-19 in South Africa²



JANUARY AND FEBRUARY 2020

Early in 2020 the South African government's initial response to Covid-19 focused on managing international agreements to repatriate citizens affected by international lockdowns. This was coordinated by a structure within NatJoints, in conjunction with the national Department of Health.

On **24 January 2020** the Department of Health and the National Institute for

Communicable Diseases (NICD) reconvened the Multisector National Outbreak Response Team and activated provincial response teams. The national team was led from within the health sector, but departments such as Home Affairs, International Relations and Cooperation, Transport, and Water and Sanitation also participated. An inter-ministerial committee was set up, chaired by the Minister of Health.

² See also DCD, 1999; RSA, 2003; Ministry for Provincial and Local Government, 2005; DoH, 2020.

- On **31 January 2020** the Department of Health
- set up an emergency centre in the Centres
- for Disease Control and Prevention (CDC), led by Ms Maggie Munsamy, to coordinate the health response. The South African CDC office, established in 1995, operates in terms of the WHO (2016) International Health Regulations and its guidelines on infectious diseases, building on experience with previous crises (e.g., Ebola and listeriosis). The CDC unit took on a central advisory role to guide the preliminary response to a potential pandemic.³

In **February 2020**, the Department of Health produced a Preparedness and Response Plan (DoH, 2020) that summarised the goals, objectives, institutional structures, and specific activities needed to manage the pandemic, accompanied by a comprehensive set of indicators to track performance. The plan included measures to strengthen the capacity of provincial health departments to manage a possible outbreak and to develop capacity for surveillance, contact tracing, data management, and case management.⁴ Importantly, it identified 11 provincial public hospitals to manage Covid-19 cases.

At provincial level, most of the work was in surveillance and preparatory measures, which included strengthening the capacity for tracing, case management, testing (in provincial labs of the National Health Laboratory Service) and providing emergency medical services. However, the sense of urgency and the quality of preparations among the provinces were uneven. For example, the Western Cape activated response teams on 2 February to monitor events, but other provinces lagged.

MARCH 2020

After South Africa announced its first Covid-19 case on **5 March 2020**, government acted

decisively. President Ramaphosa convened a special meeting of cabinet on **15 March 2020**, which resolved that the Minister of Cooperative Governance and Traditional Affairs (CoGTA) would proclaim a national state of disaster. In the week before the meeting, the discussion had centred on whether existing structures within the health department could manage the Covid-19 response. At the cabinet meeting, however, the president established new structures, including the National Coronavirus Command Council (which was not set up in terms of the Disaster Management Act). It would be supported by a technical committee, the National Command Centre, comprising the directors-general of the departments serving on the Command Council. These structures were to meet three times a week. The National Joint Operational and Intelligence Structure (NatJoints) was activated to provide ongoing coordination, with the National Joint Operations Centre (the NatJOC) as its Secretariat. It was to meet daily. This arrangement was to prove controversial – in providing technical support to the Command Council, the NatJoints strayed beyond the security-related dimensions of the pandemic, with potential implications for civilian and constitutional government (Merten, 2020; see also [Chapters 3.1](#) and [3.2](#)).

The Government Communication and Information System (GCIS) convened a communication meeting on **12 March 2020**, one day after the WHO declared Covid-19 a pandemic ([Chapter 4](#)). Presentations by representatives of the Department of Health and the NICD provided information on the nature and spread of the virus.

On **18 March 2020** the CoGTA minister published the regulations for the national state of disaster in terms of section 27(2) of the Disaster Management Act of 2002 (CoGTA, 2020b). These applied to all spheres and sectors of government, including provincial and local government, all of which

³ Once the emergency had been declared, information was shared with the relevant sectors, and the usual protection of information was waived.

⁴ See [Harrison \(2020\)](#) on the institutional capacity and preparedness of provincial and municipal governments and of the connecting institutions of intergovernmental relations before and during the pandemic.

were required to: (a) make funding and other resources available, (b) activate emergency structures and processes, and (c) reprioritise existing budgets, 'as far as possible, without affecting service delivery'. The lack of detail in these regulations was discussed at a CoGTA Ministers and Members of Executive Councils (MinMEC) meeting on **20 March 2020**, at which it was resolved that further directions would be issued to provinces and municipalities (see below).

On **23 March 2020** the president convened a meeting with about 50 scientists and clinicians to solicit advice on the pandemic. Following the discussion, the Ministerial Advisory Committee (MAC) was established, chaired by Prof. Salim Abdool Karim (Abdool Karim, 2021). The committee was to provide advice to the health minister and the president during the pandemic, as discussed in the next section.

On the same day, the president announced the national lockdown, effective from 27 March. Provision was made for five alert (or lockdown) levels, depending on the extent of the spread of the virus and the readiness of the health sector. Law enforcement agencies were to play an important role in ensuring adherence to the lockdown regulations.

Two days later, on **25 March 2020**, the CoGTA minister issued the Covid-19 Disaster Response Directions, R399, for provinces, municipalities and traditional leaders (CoGTA, 2020c). In effect, these amounted to a complete lockdown of all but essential services. Provinces were required to:

- Set up provincial coronavirus command councils, support district and metro command councils, and capacitate the structures required by the Disaster Management Act.
- Develop and implement Covid-19 response plans.

- Support and monitor responses in the municipal sphere.
- Report on progress on a weekly basis to the minister.
- Implement precautionary measures to mitigate employee health and safety risks (CoGTA, 2020c).

The government regulations were periodically supplemented, amended, and countermanded. For example, the Public Transport Lockdown Directions, dated 26 March 2020, set out regulations for transport operators but also required owners of transport facilities and services (including municipalities) to improve hygiene, sanitation and disinfection (DoT, 2020). Some officials interviewed for this research admitted that they struggled to keep abreast of the many regulations, directives and circulars.

Also on 25 March, CoGTA activated its Covid-19 District Disaster Operations Centre in the National Disaster Management Centre to coordinate provincial and local government responses (Dlamini-Zuma, 2020). Its primary role was to analyse daily reports from provinces and districts and to provide national Covid-19 structures with intelligence in the form of a daily national report. This consolidated report was submitted to NatJoints, which prepared reports to the National Coronavirus Command Council.

To facilitate reporting, the District Disaster Operations Centre created a situational reporting system to standardise reporting requirements for provinces and municipalities (CoGTA, 2020d), most of which acted promptly in setting up command councils. These councils quickly emerged as the hubs of subnational authority, although their legal basis was initially queried in some provinces, just as that of the National

- Coronavirus Command Council was queried at national level (Hunter, 2020). It was, however, eventually accepted that the provincial coronavirus command councils operated as a structure of the provincial cabinet with the authority of the cabinet, and the district coronavirus command councils acted with the authority of the mayoral executive.⁵

Consistent with the Directions, there was a high level of uniformity in the structures. Provincial command councils were established and chaired by the premiers and involved most, if not all, provincial Members of the Executive Council (MECs).

The Directions of 25 March 2020 dealt with the establishment of political structures but did not indicate how these structures were to be supported technically and managerially. The reference in the Directions to the capacitation in the structures required by the Disaster Management Act suggests that, at the time, provincial and district disaster management centres were expected to be the primary support structures. However, on **4 April 2020** CoGTA issued Circular 10 of 2020, titled 'Terms of Reference: Provincial and Municipal Coronavirus Command Councils and Provincial and Municipal Coronavirus Command Centres'.⁶ Its aim was to ensure the following:

- National institutional arrangements and structures were replicated at provincial and district level.
- Structures were standardised to align with the Disaster Management Act and the published regulations and directions (CoGTA, 2020a:s2.1).

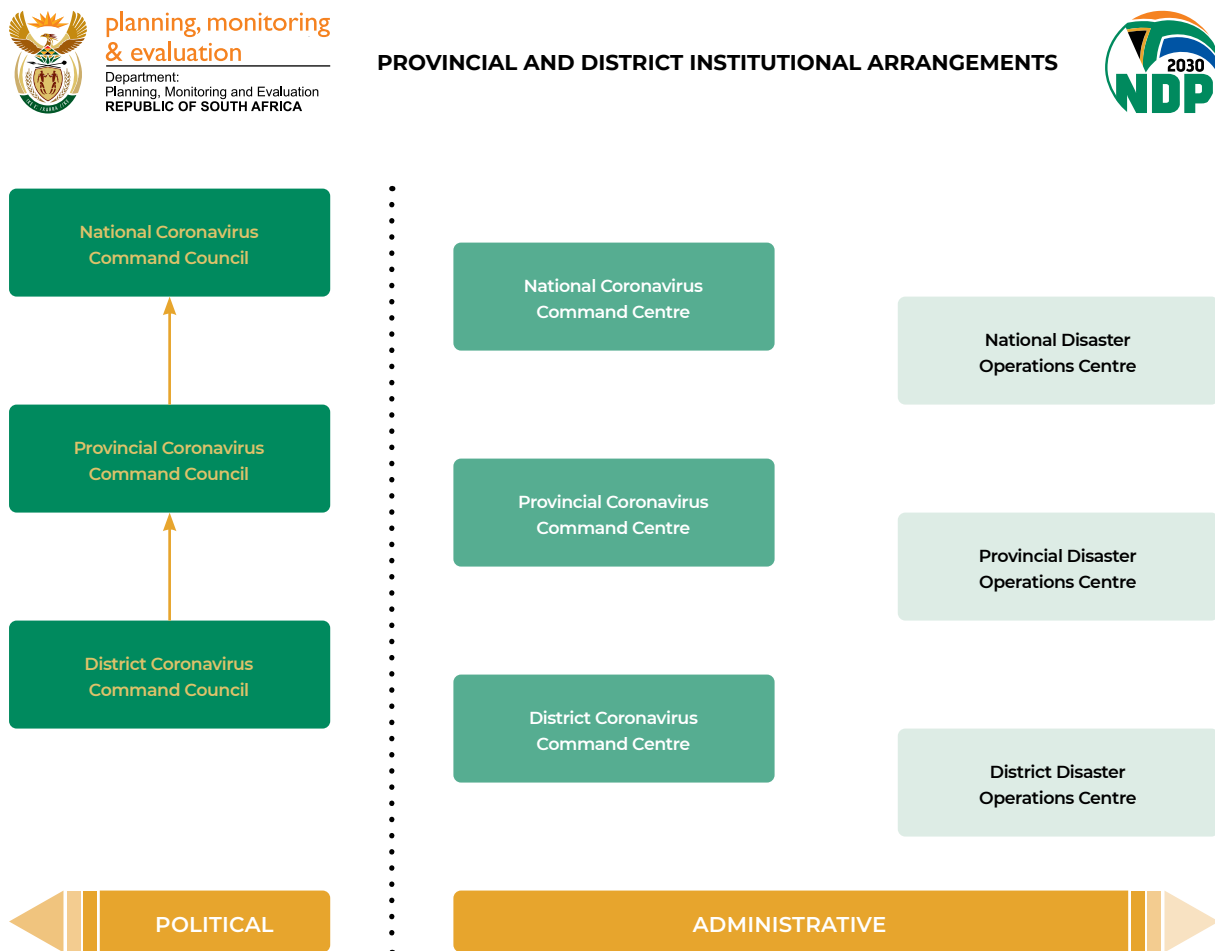
Circular 10 required provinces and districts or metros to set up command centres (as opposed to the command councils, which were the political structures). As shown in Figure 2.3, the command centres were the intervening structure between the command councils and the disaster management centres. The provincial and district command centres were to meet three times a week and submit reports to the provincial command councils. The provincial disaster management centres were expected to undertake the technical work around the reports, but provincial joint operational and intelligence structures (ProvJoints) would be active participants.

The command centres were to ensure the preparation and implementation of the Covid-19 response plans; the implementation of all regulations, directions and guidelines directed at provincial and district government; the reprioritisation and mobilisation of resources; the activation and functionality of disaster management centres and joint operations centres; the provision of basic services; and the availability and functionality of quarantine sites. Importantly, as this took up a significant proportion of time, it was to submit reports to the command councils (CoGTA, 2020a:s3).

⁵ In early June, in answering a parliamentary question, the president indicated that cabinet set up the National Coronavirus Command Council as a committee of cabinet in its meeting of 15 March 2020 (Hunter, 2020). Thus, despite it being called a 'command council', the National Coronavirus Command Council's decision-making authority rests with cabinet, to which it makes recommendations. Indeed, the Command Council was eventually expanded to include all members of cabinet, effectively conflating it with its mother structure.

⁶ Although Circular 10 was issued on 4 April, after the start of the lockdown on 27 March, it is discussed here because it is integrally related to the regulations issued on 25 March.

Figure 2.3: Circular 10: Provincial and district institutional structures



Source: CoGTA, 2020a

These structures developed and evolved across provinces and municipalities, drawing on existing institutional capacity. Some provincial disaster management centres were well capacitated because they had recently been activated to deal with the drought; others were barely functional.

The term 'command centre' was soon dropped – possibly because of the confusion with the term 'command councils' – and many provinces and municipalities referred to 'war rooms' instead.

Command councils or war rooms were staffed by high-level officials (directors-general, municipal managers, and department heads) and met three times a week. A further layer of support with divisional heads was needed; the Circular called for provincial and district 'disaster operations centres', which were to meet daily.

In almost all cases, the structures were set up as required, although they were not as standardised as CoGTA envisaged. The South African Local Government Association (SALGA) reports high-level buy-in and personal commitment to the operation of structures

- within the municipal sphere.⁷ It observes that
- these structures were able to work together,
- even where there was some competition for position. In any event, the boundaries between structures became quite fuzzy because of cross-membership. While the structures may have performed well in terms of their institutional set-up, determining the effectiveness of the institutional architecture is a complex matter.

THE INITIAL LOCKDOWN (LATE MARCH TO NOVEMBER 2020)

As noted, cabinet had established the National Coronavirus Command Council to coordinate the Covid-19 response, supported by NatJoints and the National Disaster Management Centre. The Command Council set up various work streams, and members of the National Disaster Management Centre served on several of these ([Bruwer et al., 2020](#)):

- **Public health containment work stream:** The National Disaster Management Centre supported the Department of Health and the public health work stream of NatJoints with information on infection rates, possible measures to protect people, and new protocols (e.g., social distancing, handwashing, and analysis of the dispersion rate) for balancing health and economic considerations at various levels of lockdown. The approach to implementing the different levels was not uniform; instead, it would be tailored to prevailing socio-economic conditions.
- **Legal and regulatory work stream:** From 16 March to 9 May 2020, the legal work stream worked every day from 9:00 to 22:00. NatJoints reports were sent to the National Coronavirus Command Council, and decisions with legal implications were returned to the legal work stream to be translated into legislation. Since 18 March 2020, there have been 13 government notices in terms of the Disaster

Management Act; 170 notices of directions have been gazetted, and 60 notices have been issued in terms of other legislation. The legal work stream also provided initial inputs on legal cases instituted against government; however, formal responses were managed by the relevant ministries.

- **Economic work stream:** During this phase, the focus was on final pandemic-related measures and on the post-Covid recovery plan. The economic work stream assessed which sectors were viable in different levels of lockdown, based on their contribution to the economy, the impact of lockdown on each sector, and the degree to which health risks could be managed. It considered various social support mechanisms, such as expanded access to the Unemployment Insurance Fund and providing for an unemployment grant. It also engaged with the public to ensure that health and safety protocols were followed, to build trust in government, and to give information on the available support programmes.

NatJoints provided a platform for coordination between the sectors and helped ensure that implementation plans were put in place, as captured in the response plan. The National Disaster Management Centre assembled a network of experts that could be helpful in coordinating the response to any future disasters. Other lessons were also learnt (e.g., how to optimise virtual meetings). Data and information management structures had been put in place, and researchers could access data on Covid-19-related matters.

The MAC, formally established on 30 March 2020, played an important role in responding to questions from the president and the MEC for Health (Abdool Karim, 2021). Its advice was more informal in the initial four to six weeks, but from April it provided formal advisories. By mid-June 2020 the MAC started to pose its own questions, in addition to those from the MEC for Health. The MAC was not formally gazetted, and its existence was irregular, but

⁷ Interview with a senior official from SALGA, 29 July 2020.

it worked fairly well to provide inputs on the management of the pandemic and its effect on society, based on the evidence available at the time. Advice from the committee was considered in addition to other inputs, including financial considerations. The MAC was later reorganised to allow for more efficient decision-making and add

key disciplines, including the behavioural sciences. The Multisectoral Ministerial Advisory Committee for Social Behavioural Change was launched on 16 June 2020 (Mpumlwana, 2021), and the Ministerial Advisory Committee on Coronavirus Vaccines (MAC-Vacc) was announced on 14 September 2020 (Table 2.1; Schoub et al., 2021).

Table 2.1: Ministerial advisory committees

Committee	Chair(s)
Ministerial Advisory Committee on Covid-19	Professors Salim Abdool Karim and Marian Jacobs
Ministerial Advisory Committee on Coronavirus Vaccines	Professor Barry Schoub
Multisectoral Ministerial Advisory Committee on Social and Behavioural Change	Bishop Malusi Mpumlwana

Because the police units and military were involved, the initial responses to the pandemic emphasised law and order (Schwartz, 2021). Later on, a more social approach became important, and it might have been appropriate at this stage for government's response to have been led by departments from the Social Protection, Community and Human Development Cluster. However, the Department of Health continued to lead the response, with support from the others. Indeed, at one point the health minister expressed the desire to use the National Health Act in responding to Covid-19, rather than the Disaster Management Act (Pillay, 2020).

Between the peak of the first wave (August 2020) and the start of the second towards year-end,⁸ the governance focus shifted to recovering from the disaster, with the emphasis on 'averting or reducing the potential impact response and relief measures and rehabilitation and reconstruction

strategies following a disaster' in accordance with the National Framework for Disaster Management (Ministry for Provincial and Local Government, 2005:54). This involved strategies to recover lost jobs and the continued payment of Covid-19 support grants (Chapters 5.3 and 6.1). The second wave halted recovery activities and refocused attention on the management of the pandemic.

THE SECOND WAVE (DECEMBER 2020 TO JANUARY 2021)

The first and second waves of the pandemic were very different in nature. The first wave was characterised by a gradual increase in cases from March to the peak in August 2020; this gradual rise could probably be ascribed to both the hard lockdown and people exercising extreme caution. The second wave was more severe, peaking within two months. It saw a rapid increase in new cases, hospitalisations, and deaths (Chapter 5.1).

⁸ While the second wave officially started in December, provinces such as the Western and Eastern Cape already saw a surge in November, as discussed in more detail later. This underscores the need for a nuanced approach to any future waves.

- To some extent the prediction models, informed by the first wave and the local context, accurately anticipated the second wave. Some respondents reported that the models helped to inform the interventions required (e.g., the number of beds needed). However, others were caught off guard by the rapid spread of the virus, with little or no opportunity to control the pandemic. The new strain of the virus seemed to spread more rapidly, aided by reduced civil adherence to Covid-19 protocols (e.g., social distancing and sanitising) over the festive season, and economic and psychological exhaustion following people's long-standing compliance with these protocols.

By and large, government was better able to respond to the second wave from a facility, clinical, and security point of view. Existing protocols and interventions were strengthened, including moving to a higher level of lockdown, reducing human interaction, preventing super-spreading events, and delaying the reopening of schools for the new academic year. At provincial and local level, institutional arrangements and joint implementation approaches were scaled up, with meetings shorter, more focused, and less time-intensive than during the first wave. Data collection and information-sharing arrangements streamlined the implementation approach; some provinces reported a more hands-on, provincially driven response, less dependent on direction from the national level. Frontline staff were also more willing to engage with their tasks despite the risk associated with

the pandemic. Overall, there had been an opportunity to learn and improve systems between the first and second waves. Much of the learning was informal and implicit, but there were examples of formal organisational learning, such as the Gauteng case study ([GCRO, 2021](#)).

Likewise, healthcare staff had more experience and information in the second wave, and health facilities were better equipped to manage infections and cross-contamination. However, the severity of the second wave meant that many healthcare facilities struggled more than in the first wave. In Cape Town, for example, facilities reached 105% capacity by end-December, requiring provincial authorities to redistribute patients and reallocate resources between hospitals. Unexpectedly, in some provinces there was less pressure on public than on private facilities, as people outside the private healthcare system were less likely to report to hospitals (or, indeed, for testing). One consequence was very high levels of 'excess deaths' in some areas, including the Eastern Cape and non-metropolitan KwaZulu-Natal ([Chapter 5.1](#)).

Across the country, the high rate of infections among healthcare practitioners increased the strain on the health sector, while the lockdown arrangements to prohibit alcohol sales sought to reduce strain on the sector ([Chapter 6.2](#)). Government support activities adopted a different focus from the first wave, as shown in Table 2.2.

Table 2.2: Focus areas in the first and second wave

Area	First wave	Second wave
Institutionalising systems	Focus on establishing systems to monitor the pandemic and track rising case numbers.	Structures institutionalised and systems established in the first wave enabled a more informed response.
Available information	Information often not available, with unclear mandates on data collection responsibilities. Additional support from Health, the SAPS and the SANDF in some areas.	Responsibilities and collaboration agreements better defined; available information assisted with projections of observed trends.
Humanitarian and economic relief	Emphasis on humanitarian, socio-economic relief under hard lockdown (e.g., providing facilities to homeless people), with heavy responsibility on municipalities	SASSA and national government coordinated humanitarian and economic relief efforts. Limited focus on assisting homeless people because of financial constraints.
Public quarantine facilities	Provision of public facilities for quarantine (guest houses) for those who cannot isolate at home.	Few public quarantine and isolation facilities because of financial constraints.
Hospital beds	Additional field hospitals commissioned to increase bed capacity. Most provinces able to cope with the demand for treatment facilities.	Repurposing of existing facilities to provide additional beds. Demand exceeded supply in more provinces. Additional facilities deemed unfeasible because of a lack of healthcare practitioners to staff further beds.
Medical personnel	Focus on procuring adequate, high-quality PPE. Protocols drafted on treating Covid-19 patients and avoiding contamination.	Focus on reducing staff shortages from staff that contracted Covid-19, staff exhaustion, and rising patient numbers.
Civil compliance with Covid-19 protocols	Hard lockdown encourages civil compliance with regulations (e.g., social distancing, sanitising). Emphasis on strategies and communication to change behaviour.	Challenge with continued civil compliance with protocols after relaxation of lockdown (and general sense of relief). More forced compliance (e.g., police monitoring of public spaces) rather than promoting and enabling behaviour change.

Note: SAPS: South African Police Service; SANDF: South African National Defence Force; SASSA: South African Social Security Agency; PPE: personal protective equipment

- Another critical difference between the two waves is that the country was not in complete lockdown the second time round. Although the economy remained in distress, activity was cushioned by the Covid-19 social relief of distress grant ([Chapters 5.3](#) and [6.1](#)). During the first wave, many of the regulations were targeted at economic activity, but in the second, the focus was more directly on containing viral spread, for example through requiring the use of masks, restricting public gatherings, and enforcing curfews. Some regulations, however, were controversial, especially the banning of outdoor activity through the closure of public spaces. There was also a mismatch between the progress of the second wave and the regulatory response, especially during the critical first three weeks of December when South Africa remained at adjusted alert level 1.

INTERGOVERNMENTAL RELATIONS AND SUBNATIONAL RESPONSES

The institutional placement for coordinating the disaster management response varied between provinces, depending on their existing capacity. In Gauteng, the Western Cape and KwaZulu-Natal, operational disaster management centres in the CoGTA or local government departments were instrumental in coordinating the Covid-19 response. These provincial disaster management centres benefitted from experience in managing earlier disasters (e.g., droughts and floods) in their provinces. In the North West, the provincial department of health coordinated the provincial response, with strong support from the private sector (e.g., mining companies). In the Northern Cape the Premier's Office coordinated the response with strong support from the department of health, the provincial arm of the South African Police Service (SAPS) and augmented support from the South African National Defence Force (SANDF).

As noted, most provinces and municipalities acted promptly in setting up command councils in response to the Directions of 25 March 2020. Some, including the Eastern and Western Cape, held 'extended command council meetings' (sometimes called 'extended cabinet meetings'), which brought social partners, political parties, and mayors into decision-making. The broader constitution of command councils was also important in the municipal sphere. In Nelson Mandela Bay, for example, the mayor leveraged the participation of business to secure funding for a large field hospital from the private sector and created partnerships with local universities (Ellis, 2020).

While South Africa has state-of-the-art legislation and institutional structures, institutional slippage over time contributed to serious capability deficits in key areas. The National Development Plan acknowledged this, noting that institutional performance was highly uneven with 'tensions in the political-administrative interface, instability of the administrative leadership, skills deficits, the erosion of accountability and authority, poor organisational design and low staff morale' (NPC, 2012:408). Also, 'South Africa suffers from high levels of corruption that undermine the rule of law and hinder development' (NPC, 2012:446). More recently, the Auditor-General delivered a withering assessment of the management of many municipalities, noting challenges such as irregular expenditure, weak financial controls, supply chain irregularities, and high levels of municipal debt to state-owned enterprises, including Eskom and the water boards (Somyo, 2020).

In confronting a crisis on the scale of Covid-19, government must draw fully on structures, capacities and goodwill across all spheres. The effectiveness of this is, however, undermined by both institutional weaknesses and weaknesses in intergovernmental relations, including a lack of mutual trust and the poor quality of information flows. A big question, therefore, is whether the crisis

itself might help improve intergovernmental relations by bringing the three spheres (and other actors of governance) into new or better relationships. In this regard, prior experience of health crises, including HIV/Aids and tuberculosis, may have been significant in shaping responses. Likewise, levels of awareness of a possible pandemic may have improved somewhat with the 2017 outbreak of the severe foodborne disease, listeriosis, in Gauteng (Tchatchouang et al., 2020). During the outbreak, the Multisector National Outbreak Response Team was activated, which meant there was some recent experience with monitoring disease outbreaks.

Ultimately, government had to balance directive and cooperative approaches to the crisis across the different spheres; how successfully it did this can be debated. More important, however, is the learning that emerges and the implications for post-disaster governance. Critical concerns relate to the form of the disaster management system, institutional cultures, the distribution of functions between the spheres of government, the quality of decision support systems, and governmental responses to the (severe) fiscal consequences of the pandemic. For the future, the primary issue is how to capitalise on the positive elements that emerged from this disaster, while addressing the problems identified.

As a health crisis, the pandemic did not affect all parts of the country at the same time or to the same extent. Likewise, as an economic and social crisis, its ongoing effects are also differentiated, because the economic structure of places differ (for example, some depend more on the severely affected tourism sector), as do levels of household vulnerability ([Chapters 5.3](#) and [6.3](#)). It is therefore important to pay close attention to governance and pandemic responses at subnational level, including provinces, districts, local areas, and wards.

PROVINCES

Provincial premiers and their administrations had direct responsibility for provincial and district health services. The crisis revealed considerable variation in the performance of these structures and in their ability to facilitate the flow of epidemiological data and other information for the management of the pandemic. Provincial governments also had to sustain education during the lockdown, dealing with the consequences of national decisions across very different provincial and local contexts (e.g., preparedness for school reopening). They also had to provide leadership throughout the crisis, communicate with the public, mobilise social actors, and support municipalities. Provincial premiers and their top leadership were highly visible during the lockdown, and one of the consequences of being 'on the ground' was that a number of politicians and senior officials were infected with Covid-19. More severe, however, was the effect on frontline staff, especially in education and health.

Provinces played a strong leadership role during the lockdown but also experienced leadership and system failures, most seriously around corruption in the procurement of pandemic-related goods and services. The Gauteng case study ([GCRO, 2021](#)) showed that the ability to achieve the necessary adaptive response was hampered by pre-existing factors and structural realities in a complex city region and a transitional society. The newly established disaster management governance structure was intended to facilitate both collective decision-making and the flow of decisions, information and responsiveness. However, the need for personnel to adapt to these requirements had been underestimated.

MUNICIPALITIES

Municipalities were placed on the margins of decision-making but had an enormous role to play. They had to keep providing essential services while accepting an expanded range of functions – some possibly outside their constitutional mandate – at a time of lower income, disrupted logistics, and severe pressure on officials. Critical municipal functions included:

- Maintaining essential services (e.g., water, electricity, refuse removal and transport)
- Supporting provincial and national government agencies with tracking, tracing, advocacy, education, and providing isolation and quarantine facilities
- Collaborating with law enforcement agencies in ensuring compliance with regulations
- Expanding support to vulnerable people (e.g., water, sanitation, homeless shelters, and social relief)
- Working towards the recovery phase through, for example, economic development programmes.

In general municipalities managed credibly under the extremely difficult circumstances, but their performance varied. Some complex issues also arose. The first related to **political oversight over executive actions**. The operation of municipal councils was suspended between 27 March and 7 May 2020, for example. Even after that, council performance was often partial and variable, depending on factors such as information and communications technology (ICT) preparedness. The continued political functioning of local government under crisis is a matter that requires consideration.

Second, national government deployed its **district development model** for structuring pandemic governance at municipal level. While districts do provide a scale of governance that allows for strategic coordination, in some provinces they are territorially vast, and authorities and communities are far apart. There were adaptive responses: district

command councils, for example, found the means to incorporate local municipalities. Importantly also, ward-based governance approaches evolved, allowing for micro-coordination and information sharing. In KwaZulu-Natal, a long-established ward-based approach known as Operation Sukuma Sakhe enabled provincial and district structures to draw on local commitments, knowledge and relationships. Other provinces followed this example, although arguably too late in the first wave to make a real difference. The role of ward councillors, however, was poorly defined. They were withdrawn from processes such as the allocation of food parcels to vulnerable households after allegations of patronage but were not given other roles that could have drawn on their local knowledge and networks.

Third, insufficient attention was given to the **specific challenges of rural municipalities**. These areas have the highest levels of vulnerability and poverty, but their physical scale, low population density, poor ICT connections, and weak fiscal base hamper service delivery. Specific challenges included:

- Communicating the messages of pandemic responses across long distances and in areas where radio and television signals are weak or absent
- Ensuring proper sanitation (including handwashing) in places without running water
- Managing the risks of community gatherings for customary and cultural practices
- The effects of mobility restrictions on livelihoods that require travel (e.g., taking produce to market)
- The difficulties facing rural councillors in connecting to online municipal council meetings
- The difficulties of isolation and quarantine due to the nature of rural livelihoods (e.g., the need for constant supervision of crops and livestock).

In some areas, councillors and mayors played an important role in visiting outlying

communities, relaying Covid-19 messages and protocols to these communities, countering false news, and reducing the stigma around Covid-19. [Mubangizi \(2020\)](#) provides more detail on how rural municipalities were brought on board in the Covid-19 response.

One key feature of rural areas is the presence of traditional leadership, who play an important role in the allocation of communal land and in the management of customary and ritual practices. The role of traditional leaders was acknowledged in the pandemic, and critical meetings were held between these leaders and the deputy president and president. The National House of Traditional Leaders moved quickly at the end of March to announce the suspension of the initiation season. However, other challenges remained, including large gatherings for funerals and other events. Reportedly, traditional leaders helped support municipalities in managing these events and in balancing the need to sustain traditional coping mechanisms with the need to prevent the spread of the virus. The role of traditional leaders does, however, require further attention, as noted by the chair of the Multisectoral Ministerial Advisory Committee on Social Behavioural Change (Mpumlwana, 2021).

Fourth, the difficult problems were not limited to rural municipalities. **Metropolitan municipalities**, for example, have the largest and densest concentrations of people and were often epicentres of the pandemic. Communities in informal settlements are particularly vulnerable – social distancing is impossible in these areas, and many people are food insecure ([Chapter 5.3](#)). In the Eastern Cape, for example, the pandemic was brought under reasonable control early in the first wave by activating community structures, but high rates of infection persisted in the metros and their surrounds.

A further category of settlement that proved challenging was those that rely on **mining or tourism**. As discussed in [Chapter 6.5](#), mines pose a particular risk. They have a

large concentration of people, and (especially underground) conditions are conducive to the spread of the virus. Governance is also different, with significant involvement of the Department of Mineral Resources and Energy, the Mine Health and Safety Council, the Minerals Council South Africa, mining companies, and labour unions. At the start of the lockdown, mining companies had to place their mining operations under 'care and maintenance', but mines began to reopen from mid-April 2020. As labour returned to the mines, this risked the spread of infection first on the mines and then into surrounding communities. Measures taken during the pandemic included:

- The Department of Mineral Resources and Energy issued regulations in terms of the Disaster Management Act, requiring all mines to develop a standard operating procedure in consultation with organised labour.
- The Minerals Council worked on developing the agreed standard operating procedures and other guidelines.
- Testing of the workforce for Covid-19 was extensive; in some cases, 100% coverage was achieved.
- Facilities were refurbished for use as field hospitals and for quarantine and isolation.
- Despite recent wage strikes, mining companies and unions found common cause in the fight against Covid-19 and worked together to contain its spread.
- Provincial and district health authorities monitored compliance with the regulations.

Importantly, the partnerships between government, mining companies, and other private actors were significant in increasing testing capacity in more rural provinces and facilitated the supply of additional hospital beds and personal protective equipment (PPE). The spread of the virus was contained, and by late October 2020, the Minerals Council observed that 'as the mining industry we have come through fairly well, with cases declining rapidly and a case fatality rate that is about half the national one' (James, 2020).

- Fifth, municipalities faced additional
- demands, but their *income streams were*
- *shrinking rapidly*; their sustainability during periods of crisis needs serious attention ([Chapter 6.1](#)). Because municipalities rely heavily on the monthly collection of property taxes and service charges, most were immediately affected by the economic shock. Collection rates dropped sharply as unemployment increased and businesses contracted, and municipalities lost their leverage over defaulters when credit control measures were suspended. In one metro, for example, collection levels dropped precipitously from 95% in March to 56% in April 2020. National government did provide some support: for 2019/20, the National Treasury allowed municipalities to reallocate conditional transfers that were not contractually committed, and a Municipal Disaster Relief Grant was activated. However, the amounts were modest relative to the scale of the challenge. For the new financial year, the president has announced a R20 billion stimulus package that includes an allocation to be paid directly to municipalities. However, the long-term effects of the pandemic are still uncertain, and its fiscal impact is expected to continue for at least the next three years.

Sixth, the WHO Covid-19 delegation dispatched to South Africa at government's request found that the country's set-up of response structures was very successful ([Ramadan & Talisuna, 2021](#)). South Africa has adapted the Integrated Disease Surveillance and Response Strategy used in the region. However, its **surveillance system is fragmented**. Information system infrastructure remains a major challenge – each province has two or more platforms that are mutually incompatible. The WHO team recommended the development of a single national system to capture and analyse data in real time. At provincial level, reporting, coordination, and information sharing were also inadequate. The WHO is supporting improvement efforts, including resurgence planning and preparedness. Targeted responses in the Eastern Cape, the North West (Box 2.1) and Gauteng helped improve the situation ([Chapter 9](#)). At district level, there were severe gaps (e.g., in the availability of experienced personnel). As a result, districts were neither adequately involved in the responses nor sufficiently prepared for the second wave.

Box 2.1: The North West in the first wave

The Department of Health's existing provincial outbreak response teams needed to adapt to the particular demands of Covid-19. In the North West, the department appointed a technical team to set up new systems and structures. These included the command council and centre, the disaster management team, a security cluster, a technical lead team in the department, and an occupational health and safety committee that involved the mining sector and big business. The technical team ensured that protocols and guidelines were in place and informed staff how to respond. Three committees were activated, one led by the head of department for CoGTA, a technical team that coordinated the work of all senior managers from departments, a security cluster to maintain law and order, and a team of executive managers to participate in the district command centres.

The Department of Health set up nerve centres with programme managers, the CDC, epidemiologists, and data capturers. Comprehensive plans were developed – an integrated Covid-19 response plan at provincial level assisted with coordinating the response across provinces. The Department of Public Works helped provide separate facilities for Covid-19 patients, based on the projected demand for beds. The health department worked with private facilities willing to provide quarantine facilities. The coordination with the mining sector sought to ensure the provision of quarantine sites for staff members in mine hospital facilities. One of the mines turned

a structure into a field hospital and allowed the department access to these beds. Ultimately, the hard lockdown helped to slow the infection rate and created the opportunity to develop systems. Infections rose once the lockdown eased, but protocols for managing returning mine workers and travellers from abroad have since been tightened to avoid a repeat of such increases. By November 2020, no areas of resurgence (defined as a 20% increase in weekly cases) had been identified.

Finally, like the other spheres of government, municipalities have experienced problems of **corruption** in procurement, especially after 5 May 2020, when the Minister of Finance exempted them from the provisions of the 2005 Municipal Supply Chain Management Regulations. Developing flexible but transparent and accountable processes for procurement is a critical challenge into the future.

SUBNATIONAL GOVERNMENT AND THE TWO WAVES OF THE PANDEMIC

The waves of the pandemic did not pass evenly across the provinces. The first wave began early in the Western Cape (peaking on 4 June) and ended with minor peaks in the more rural provinces of Mpumalanga, Limpopo, and the Northern Cape in August and September 2020. As noted, the second wave began in the Eastern Cape in early November; it peaked by about 10 December, when the Western Cape, KwaZulu-Natal, and Gauteng were only entering the second wave. These provinces peaked in early January, driving the national peak, and the other provinces peaked slightly later.

This provincial variation complicated the national response to the pandemic. For example, when national restrictions were eased on 11 November, the Eastern Cape was seeing a surge of infections that could potentially spread nationwide. The use of a hotspot strategy did, however, enable limited spatial targeting, although controversially so in terms of the closure of public spaces (including beaches). Overall, government's

broad approach was to maintain national uniformity and central decision-making, with limited adjustment when warranted by local circumstances.

The extent to which different provinces were affected by the pandemic is not always clear. The official national figures suggest the pandemic centred mainly on provinces with metropolitan hubs. However, a careful reading using a standardised figure per 100 000 people suggests a more even spread. Calculations of 'excess deaths' and studies of antibody positivity or seroprevalence suggest that the Eastern Cape and KwaZulu-Natal may have been the most severely affected, while provinces such as the Free State, the Northern Cape, and Limpopo also had higher levels than previously supposed. Many of the regional effects of the pandemic remain partly hidden (see also [Chapter 5.1](#)).

The ending of the first wave nationally during August 2020 provided a much-needed respite and an opportunity to absorb earlier lessons. In this time, provinces responded to serious allegations of widespread corruption in procurement during the first wave; some premiers took action to ensure greater transparency and better control in future. In Gauteng and the Eastern Cape, the health MECs lost their jobs. Provinces, and some municipalities, followed the release of the national Economic Reconstruction and Recovery Plan by producing their own, tailored economic recovery plans. Improvements were also seen in systems (e.g., the use of data and ICT) and in health facilities (e.g., greater bed capacity and the construction of oxygen tanks).

- Across most provinces and municipalities,
- the second wave was more intense than
- the first. At the peak of the second wave, healthcare facilities in many places were under severe pressure. Hospital capacities were arguably breached in places, although for a limited period. Successful management of the peak pressures required the ability to rapidly redeploy capacity and redistribute patients between hospitals, which provinces managed with varying degrees of success. Ironically, in some provinces the pressure was on private rather than public hospitals, with sick individuals outside of private medical care remaining at home rather than reporting to health facilities (even for testing).

INTERGOVERNMENTAL RELATIONS

The crisis compelled the spheres and agencies of government to come together around a common objective to a degree, which is historically rare, and new and expanded practices of collaboration and coordination have emerged within and across them. There was a quick recognition that the scale of the crisis demanded an all-of-government approach, and structures were set up that crossed the spheres and allowed for the rapid transmission of information, instruction and feedback at the national–provincial, national–municipal, and provincial–municipal levels.

There are, however, some points of contention and areas for future consideration. Although the structures allowed for multi-sphere coordination, they were quite hierarchical. The debate will continue over whether a fair balance – appropriate to the country's constitutional system – was achieved between the need for a rapid, authoritative and uniform response nationally and the need for experimentation, flexibility, contextual responsibility, and local and

regional participation. Most provincial officials interviewed indicated their willingness to accept a higher degree of hierarchical arrangement during a crisis but stressed that this should only be *temporary*.

While intergovernmental relations were arguably one of the strengths of the pandemic response, there were weaknesses in the detail and in the broad approach. At times the dynamic between national government and the Western Cape was complicated because of political divisions, although working relationships were sustained. Other areas that require attention include the regulatory role of municipalities in relation to the SAPS; the respective roles of the national Department of Social Development, the South African Social Security Agency (SASSA), and municipalities in supporting vulnerable households; provincial engagement in national decision-making around school closures and openings; and the functioning of the district development model in relation to local municipalities and wards. Horizontal-type collaboration was another weakness. The orientation was quite strongly vertical, and many opportunities for cross-jurisdictional (inter-national, interprovincial, inter-municipality) learning, collaboration, and support (e.g., sharing of equipment, personnel and facilities, and joint procurement) were missed.

Although a detailed discussion of the multiple dimensions of government leadership, institutional arrangements and state capacity in responding to Covid-19 is beyond the scope of this overview, the boxes below discuss specific examples: the food supply chain (Box 2.3), science and research (Box 2.4), and higher education and training (Box 2.5). The impact of the pandemic on the food supply chain is discussed further in [Chapter 6.2](#) on agriculture and in Anelich (2020a & 2020b); the impact on the education sector is addressed in [Chapter 5.2](#).

Box 2.2: The police service

The South African Police Service (SAPS) formed part of the frontline in the national response against the Covid-19 pandemic. SAPS derives its mandate from section 205 of the Constitution of the Republic of South Africa (1996), with core responsibilities to prevent, combat and investigate crime, maintain public order, protect and secure the inhabitants of the Republic and their property, and uphold and enforce the law.

A [case study on SAPS](#) provides a detailed account of the policing sector, from its various dimensions, highlighting the successes, challenges and lessons.

The onset of the national state of disaster required police officers to go beyond their usual roles (to detect, investigate and prevent crime) to enforce Regulations in terms of the Disaster Management Act, 2000. Officers found themselves checking community members on wearing masks and social distancing, and monitoring permits on travel, taxi occupancy, the size of gatherings, indoor activities, beaches, and the sale of liquor and cigarettes.

SAPS grappled with understanding and enforcing numerous and frequently changing Regulations, but still maintained a system of communication around the Regulations. There were many circulars and limited time to prepare, at times leading to inconsistent application. There was no blueprint to refer to on how to carry out law enforcement under such conditions.

The task of law enforcement during the lockdown required collaboration between SAPS and the SANDF and other role players in the space, at different spheres of government. There are a number of positive outcomes noted in the SAPS case study in this regard, besides the noted cases that reflected a strong arm of the state.

There was a major reduction in crime on the streets, residential burglaries, and road fatalities, for a range of reasons, as well as a concerning rise in school burglaries in certain locations, illicit trade in alcohol and cigarettes, and gender-based violence.

The experience demonstrated the importance of technology to support the police service, from basics such as access to the Internet in all police stations and the need for virtual meetings to a need for ongoing investment and renewal of the capability for dealing with sophisticated issues such as cybercrime.

Several practical challenges affected policing operations, including workplace social distancing and rotation requirements, time lost due to suspected and confirmed Covid-19 positive cases among officers, space constraints owing to requirements to disinfect, and psychosocial effects among officers having to operate under conditions of fear and uncertainty and the death of colleagues. There was no way an officer could maintain a 1,5 m distance when searching a suspect, for instance. On the other hand, victims of crime needed to be provided support with a level of compassion.

● **Box 2.3: Science and research**

South Africa's world-class biomedical and related research expertise has extensively been directed towards alleviating the Covid-19 pandemic. The Department of Science and Innovation has been engaging with Cape Town-based Biovac, the only South African public-private partnership manufacturer of human vaccines. This led to an agreement with Sanofi Pasteur to outsource the manufacturing of vaccines for use in South Africa and the region. From interviews conducted with the director-general of the department and the MAC-Vacc (Schoub et al., 2021), it is apparent that funding for research has been stable for 2021 and the National System of Innovation will continue to operate at pre-Covid-19 pace. Biovac has the expertise for filling and finishing Covid-19 vaccines, as well as limited manufacturing facilities. Negotiations are underway around the filling and finishing Covid-19 vaccines locally. Should such negotiations be successful, any local process would require a 12-month lead time. The department is also working to connect local capacities, including clinical trials, 'upstream' production of vaccines (e.g., in cell culture) and upscaling of production, over the next 18–24 months. The procurement and supply of Covid-19 vaccines in South Africa will be presented and discussed in detail in the second version of the Country Report.

Box 2.4: The food supply chain

A critical challenge in any lockdown is how to ensure that the supply of food remains functional, so that people can access food consistently and at stable prices. In retrospect, government underestimated the knock-on effects of decisions it made before alert level 5. Infrastructure to support compliance with regulations was also inadequate. Because the food industry is highly organised, more reliance on its expertise and systems might have improved outcomes, as it was better placed to address critical issues.

For example, the ports had not been designated 'essential services', and operations at several ports, especially Cape Town and Durban, were seriously affected. Cape Town initially operated at 30% capacity, which forced fruit exporters to transport produce to Port Elizabeth at considerable cost. At Durban Port, food imports were delayed by as much as 3–4 weeks.

There was little coordinated communication between national government and provincial and local levels, resulting in confusion. The SAPS, for example, were not clear on what services were essential. Provinces also interpreted regulations differently, creating difficulties for food businesses with facilities in several provinces.

The larger industry organisations were approached by either the Department of Agriculture, Land Reform and Rural Development or the Department of Trade, Industry and Competition; within those structures, there was good communication from government. However, for organisations outside these larger organisations and for small businesses, there was little to no communication. This created significant difficulties; both the wine industry and the restaurant sector were severely affected.

Overall, Covid-19 highlighted weaknesses in government structures, services, communication, and decision-making processes. However, some mutually beneficial new connections were made between industry and government. It is hoped that these connections will be maintained after the pandemic. A number of industry associations also worked together and formed new relationships. Another important finding from this period is the interconnectedness between the formal agricultural sector and informal food traders.

Box 2.5: Higher education and training

Before the lockdown, the Department of Higher Education and Training published a document titled 'A Handy Guide on What's Happening in the Post School Education and Training Sector'. The document does not recount on what basis decisions were made, but in retrospect the timelines for the reopening of post-school education were over-optimistic, as discussed in [Chapter 5.2](#). While all parties wanted to save the 2020 academic year, returning to campus could risk the lives of 2,5 million students. For this reason, the department adopted a 'risk-adjusted programme', without campus-based academic activity, and the whole sector sought to go online. Universities South Africa, the membership organisation representing all universities in the country, coordinated the process (USAf, 2020). Steps taken by universities include disabling biometric access systems and setting up Covid-19 and business continuity task teams or 'war rooms' (Makupe, 2020). Institutions were also to provide students with material for instruction, along with laptops and other devices for all students with National Student Financial Aid Scheme assistance. The Minister promised stimulus and possible relief funding for public institutions in distress (IOL, 2020).

On 8 June 2020 government published directives in terms of the Disaster Management Act on the criteria for the return to public and private higher education campuses (DHET, 2020). The only group of students excepted from the ministerial directives were final-year medical students, who would return under serious control circumstances and 'under strict conditions for in-service training'. They were expected to participate actively in the examination of Covid-19 cases as part of their qualification requirements; refusal to participate would mean 'no degree [would] be conferred' in 2020.

However, many felt that universities acted without either transparency or their consent, if not recklessly. Their concerns included fears around the dynamics of their professional surroundings, the lack of PPE, and the absence of guarantees of personal and family safety. Many felt forced to choose between their safety and completing their degrees; their universities would not assume responsibility should they contract Covid-19. The Junior Doctors' Association of South Africa was sharply critical of this but indicated that students should 'continue their in-service training despite the high risks involved, so that they are able to assume their internship posts at the beginning of 2021' (Naik 2020).

PRELIMINARY LESSONS LEARNT

QUALITY OF LEADERSHIP

To effectively manage a crisis, a country needs political leaders with the moral authority to mobilise government and societal responses; operational leaders to plan, mobilise resources, coordinate, and ensure implementation; and leaders in science with the credibility to advise government and persuade society at large.

South Africa has garnered international praise for the quality of its political leadership. The president has been lauded for his early and decisive action and his ongoing communication with the country. The health minister has been widely acknowledged for his rational approach to the conflict, with quick action also from the CoGTA minister around coordinating subnational responses and from ministers with sectoral responsibilities. In most cases, this quality of leadership cascaded through provincial and municipal government, with premiers, mayors, and other senior politicians visible

- and reassuring. At the start of the crisis, South
- Africa went into lockdown immediately,
- while other countries were still reflecting. This gave the health sector time to prepare. Another critical early intervention was the establishment of the Solidarity Fund. The ministerial advisory committees (comprising biomedical practitioners, clinical experts, specialists in ethics, the nursing profession, social scientists, researchers, community leaders, medical experts, and academics) provided advice and helped inform a science-based response. Apart from the committees, a network of experts in health and beyond was mobilised to advise, counsel, and research.

It should be emphasised that by international comparison, the leadership initiatives of government and their proactive actions taken showed a coherent, consistent, expert-led and adaptable response, with good cooperation between government and the private sector.

There were leadership failures, however. The most serious of these was extensive corruption in public procurement, in which high-profile officials (both elected and appointed) have been implicated, as discussed below. Also, the constitutional and human rights implications of some leadership decisions have been challenged ([Chapter 3.1](#); Botes, [2020](#) & [2021](#)). While many – perhaps most – operational-level leaders have been exemplary in their commitment and tireless work under extreme pressure, the crisis also revealed deficiencies in capability and competence.

While leadership was strong throughout the crisis (albeit with some serious lapses), the question whether leadership decisions were correct is difficult to address. For example, government's decision to accept the worst-case epidemiological scenario for planning purposes (as discussed in the healthcare section below) may have distorted resource allocation and decisions. The measures the country took succeeded in flattening the curve; however, they may also have lengthened it.

Political leaders faced the immensely difficult task of balancing the imperative to contain the spread of the virus with the need to sustain the economy and livelihoods. There are multiple positions on whether this balance was achieved, but the national political leadership represented on the National Coronavirus Command Council played an important role in assessing economic considerations and helping to recalibrate the risk-adjusted strategy. There were also difficulties in balancing the need for a clear national response with the need to be responsive to regional differences. In April 2020 a recommendation to the Command Council provided for a differentiated lockdown approach that allowed more economic activity in areas with lower infections. This approach was not deemed feasible because of the complexity of regulating travel between areas. While international experience of differentiated approaches has been mixed, a differentiated model could possibly have offered some scope for balancing health and economic considerations.

INSTITUTIONALISED CAPACITY FOR DISASTER MANAGEMENT

The pandemic demonstrated the strength and limitations of the disaster management system as provided for in the Disaster Management Act. While the Act was clearly correct in providing for durable disaster management capacity in each sphere of government, the pandemic showed that the system was under-resourced, poorly located, and in need of an overhaul:

- **Location:** The powers and functions of the National Disaster Management Centre are to some extent restricted by its placement within CoGTA, which reduces its convening power. The mandate and role of the centre were also not clearly understood, and it was sometimes difficult to establish relationships with the Department of Health to coordinate the national response. The problems at the national sphere were replicated in provinces and municipalities,

whose disaster management centres were not positioned in the offices of the premier (or mayor or city manager) and were often poorly resourced. In some cases, these centres had barely been functioning, if at all; notable exceptions were the centres that had recently dealt with droughts.

- **Funding:** While national government undertook to provide extensive funding for the Covid-19 response, this has not been forthcoming, and pandemic-related spending has put significant pressure on departmental and municipal budgets ([Chapter 6.1](#)). Departments had to reprioritise, reduce targets, or even terminate projects to redirect funds. Municipalities had already been in financial straits, as people struggled to pay their municipal accounts. Given Covid-19's demands on available funds, they may well find rendering basic services a challenge in future. This underlines the need for a coordinated strategy on the financial repercussions of the pandemic.
- **Capacity:** Across all spheres of government, the task of coordinating the disaster response tended to fall on a small group that had to drive information analysis and formulate responses. This was not sustainable, given the extent of the disaster. The nerve centres were overburdened, and many found it difficult to deal with the expectations of the national sphere, including uncoordinated requests for information. Harding (2020) reports a senior figure in a provincial health department saying, 'The clinicians are getting on with it. But the senior management is overwhelmed. It's always been a shambles. They're mostly cadre deployed. There's no leadership capacity. They're completely out of their depth and very anti any cooperation with the private sector.'
- **Systems:** A critical component of institutionalised capacity to deal with crises

is the strength of operational systems. The pandemic highlighted the weaknesses of existing IT and data management systems. In some cases, information was either not available or the custodian was unwilling to share it. A 'culture of secrecy' obstructed in the flow of information critical to the management of the pandemic, especially in its early phases. Still, in many cases, the Command Council and the President's Coordinating Council were perceived to enable the seamless transformation of information from the national to the provincial and district levels.

More positively, alert level 5 helped delay the spread of the virus and provided the opportunity to set in place various strategic systems. The state of disaster effected an immediate and dramatic transition to electronic platforms and virtual meetings. This offers potential gains for the future and may facilitate regular meetings between delivery partners. For example, virtual meetings could enable national, provincial, and municipal disaster management centres to engage more regularly.

Many other elements of capacity are required to manage a crisis. Challenges that emerged in the early days of Covid-19 included the lack of transportation for contact tracers, problems obtaining PPE for health staff on a competitive open market, dealing with poor-quality products, and misinformation. It is hard to avoid the conclusion that despite pockets of excellence, government in its totality was not adequately capacitated and resourced to deal with Covid-19.

ROLE AND PERFORMANCE OF THE NEW STRUCTURES

As noted, the structures provided for in the Disaster Management Act had not been adequately maintained and were badly located in relation to real institutional power. Thus, there was an urgent need to set up viable structures to coordinate the disaster response across the spheres of government. These structures were set up quickly and were functional throughout the crisis. There were high levels of institutional commitment, and governance actors were brought together in new and productive relationships.

Generally, South Africa adopted a very structured response to the pandemic. There was strong political commitment at the National Coronavirus Command Council, and MECs reiterated the serious nature of the crisis. A holistic government approach under the leadership of the president ensured that every cabinet minister and every department was involved in the response. The status and importance of disaster management was raised, as were those of the Disaster Management Act, the National Disaster Management Centre, and every organisation managing these risks. At provincial and local level, joint implementation ensured more efficient sharing of information between provincial, district and local authorities. Ward-based strategies were critical for implementation even in the larger provinces, where subdistrict management teams (including councillors, mayors, clinic committees, and chairpersons of hospital boards) helped reach outlying regions, raise awareness, and respond to local problems. Ward-based responses also promoted cooperation across departments (e.g., Social Development, Health, Water and Sanitation, and the SAPS), where joint coordination teams enabled quicker responses to identified issues (e.g., repairing a faulty water pump in a single day through direct communication with relevant parties). Intergovernmental relations seem to have improved during the crisis, as networks of support were built across the

spheres and new structures provided forums for dialogue and communication.

That said, particular intergovernmental relationships were complicated by factors such as political divides. Other areas of challenge include the following:

- Insufficient attention was given at first to the **legal basis** for establishing various structures beyond the scope of the Disaster Management Act ([Chapter 3.2](#)). This included not only the National Coronavirus Command Council but also the provincial and district command councils.
- While the National Coronavirus Command Council and its cascading structures down to district level represent a historic instance of crisis-induced success with inter-governmental alignment, researchers have identified some points of concern in the structure through detailed interviews with provincial and municipal officials.
- Political structures were not supported by **dedicated forward planning, coordination and operational structures**. At national level, the National Disaster Management Centre should arguably have performed this role, but it was not properly resourced and positioned to do so. In practice, the NatJoints fulfilled this role. The NatJoints was functional and could operationalise quickly, but its base within the security cluster raised questions around its role in guiding non-security-related matters. Also, decisions were mainly focused on immediate action. The system would have benefited from a dedicated team looking beyond the next 10 days to the changing nature of the disaster and the response needed to get ahead of the curve.
- The MAC was initially constituted in a seemingly haphazard manner, although it worked well in offering policymakers direct access to expertise. However, **a lack in transparency** in decision-making led to confusion about when and why policy deviated from the advice of the experts. This undermined people's trust and their response to Covid-19 measures. To make matters worse, in some cases different

ministries issued contradicting messages and directives, which confused both implementers and the public.

COMPROMISED HEALTHCARE SECTOR

The healthcare sector was at the forefront in responding to the crisis. Covid-19 dramatically demonstrated the backlog in public health facilities and inequalities in access to healthcare ([Chapter 5.1](#)). Ironically it began in the first month of the Department of Health's new five-year strategic plan, which had identified many of the risks that materialised in the pandemic.

Covid-19 is highly contagious, and the risk of contracting the virus when visiting a treatment facility is significant. The Department of Health had earlier developed a National Infection Prevention and Control Strategic Framework to reduce infections that threaten patient safety at healthcare facilities. The framework, which is aligned with the WHO's approach to reducing infections associated with healthcare services, acknowledges the gaps in previous policies, infrastructure, equipment, training and guidelines that increased the vulnerability of both patients and personnel. However, because the pandemic began in the first month after the launch of the strategic framework, its measures had not yet been implemented.

In response to Covid-19, the Department of Health produced a Preparedness and Response Plan (DOH, 2020) that summarises the goals, objectives, institutional structures, and specific activities needed to manage the pandemic. Although it is accompanied by a comprehensive set of indicators of performance, data on the extent to which these objectives have been attained has not been made available. This implementation plan may well have been optimistic. At facility level, the support anticipated in the plan was not provided – equipment was in short supply, many medical personnel contracted Covid-19, and there were backlogs in laboratory testing.

By March 2020 data on the spread and management of Covid-19 in the international context was still limited. The decision to enforce a hard lockdown was based on information presented to the National Coronavirus Command Council. The modelling team, comprising internal contractors and external experts, based the models on assumptions and experiences in Europe. Government accepted the worst-case scenario presented for hospital beds, human resources, ventilators and medicines. Some of these responses now seem excessive. However, had government ignored the model and this resulted in mass deaths, the impact would have been worse. (As argued later on, the costs of effective preparedness are dwarfed by the costs of a failure to prepare).

The initial hard lockdown gave the health sector time to prepare. It needed time to put hospital facilities in place, ensure the availability of health personnel, procure the necessary medication, and put a prevention strategy in place to identify infected persons early on. For example, ventilators were in short supply worldwide; over time, local companies and the Council for Scientific and Industrial Research managed to produce a large number of ventilators. Whereas equipment could be produced quickly, it was more difficult to employ additional nurses and doctors. Although healthcare workers showed commendable commitment, and all professionals worked together ([Venter, 2020](#)), it was a challenge to obtain the necessary human resources. There was an advertisement for primary care providers, but many private sector practitioners did not respond, possibly because they feared contracting Covid-19. The lockdown also enabled community development workers to go house-to-house to identify hotspots and take people into quarantine where necessary. The establishment of field hospitals was considered a waste of resources by medical experts ([Venter, 2020](#)). Other general concerns were the inadequate protection of vulnerable groups, such as elderly people.

- Initially the National Health Laboratory Service was unable to cope with the high demand. Laboratory turnaround times were long, partly because of an inadequate testing strategy and technical problems. Later, the strategy changed to targeted testing ([Preiser, 2020](#)). Eventually, provincial laboratories assisted with the testing, which also improved turnaround times.

Another unanticipated outcome was the significant decline in non-Covid-19 patients at hospital facilities. During the lockdown, many people avoided healthcare facilities because of the fear of contracting Covid-19. It cannot be stated that the high number of excess deaths is Covid-19 related or due to insufficient treatment facilities for Covid-19 patients, but it may still be seen as an unintended result of the Covid-19 response.

GOVERNMENT AND SOCIETY

The interface between government and society is critical (see also [Chapter 8](#)). Covid-19 underscored the value of relationships between the private sector, the non-governmental sector, and the public. Both non-governmental and community-based organisations played an important role in providing humanitarian relief, while the private sector offered access to non-state medical facilities. In the initial, hard lockdown, there was strong public support for the prescribed measures, in contrast with the public protests and debates seen elsewhere in the world.

While Covid-19 forged new relationships, these were not without challenges:

- There was a sense that *political oversight and accountability* had been compromised in favour of rapid executive action, which undermines democratic practice. The approach was arguably too top-down in character. Information that informed elements of the risk-reduction strategy was not always transparent. Little evidence has been provided, for example, of the data and science behind critical decisions.

Future disaster preparedness requires a community-based, bottom-up approach from the beginning.

- The impact of the health crisis on *society and the economy* was arguably underestimated at first. In a single district in the Western Cape, job losses in the agricultural sector were estimated at 80 000 ([Chapter 6.1](#)). The tourism and hospitality sector was also devastated ([Chapter 6.3](#)). SASSA was unable to meet needs for humanitarian relief, and it fell to provincial and local government to address the hunger, accommodation, and income crises. In the Northern Cape alone, eight tons of food were distributed with the help of the air force. With no alternatives available, people suffered from lockdown fatigue and the loss of income.
- The challenges of instilling *behavioural change* in the general public were underestimated. It was difficult to get people to understand how to protect themselves. Disaster management centres had to divert their already limited capacity to deal with non-compliance with lockdown regulations, a problem that escalated as lockdown fatigue grew. Over time, higher survival rates made people less afraid of contracting Covid-19. This led to a decline in testing and lower compliance with regulations around mask wearing and social distancing, which may have contributed to the resurgence of cases ([Ramadan & Talisuna, 2021](#)).

During the hard lockdown, both *crime and trauma* came down because of movement restrictions, suggesting that progress on these fronts could be made with the right strategies.

CORRUPT PRACTICE

Regrettably, corrupt practice was a key aspect of Covid-19 governance ([Chapter 3.2](#)). The surge in corrupt practices during the pandemic, including in the public service, undermined people's confidence and

generated widespread anger. The corruption reflected self-serving and criminal acts by elected and public officials and by individuals and firms in the private sector, but there were also structural problems. For example, the National Treasury relaxed procurement procedures for a period to facilitate emergency responses ([Chapter 6.1](#)); during this time, some mass procurement decisions were not transparent. Although government was under immense spending pressure, with hindsight more time should have been spent on reducing the scope for corruption (Box 2.6). Serious attention must be given to developing approaches to emergency procurement that are flexible but are still transparent and retain the necessary safeguards. Although concerns remain, procurement improved between the first and second waves, and the political leadership nationally and provincial showed some resolve in responding to corruption in Covid-19-related procurement.

Box 2.6: Procurement of PPE

Early in the pandemic, there was a dramatic shortage of PPE. The private sector set up structures that imported PPE directly, something that public procurement rules did not permit. A critical mistake was allowing provinces to buy PPE by themselves when they did not have the capacity to assess either the supply capacity or the quality of the goods. A range of difficulties emerged with suppliers, many of whom were merely middlemen who imported goods from China. In retrospect, it would have been preferable for suppliers to have been pre-approved at national level.

LEADERSHIP AND GOVERNANCE RECOMMENDATIONS FOR A RESILIENT DISASTER MANAGEMENT SYSTEM

Effective disaster management requires a system that not only prevents and mitigates the effect of disasters but is also resilient and facilitates quick recovery. This is important because specific interventions must rely on evidence-based advice obtained both locally and internationally. At this stage, there are no good nationwide studies, since countries were not well prepared, and scientists did not understand their role in this respect ([Jansen, 2021](#)). The following recommendations arise from the research discussed above.

LEADERSHIP AND GOVERNANCE CAPACITY

South Africa's leadership was generally praised for reacting decisively early on. Effective leadership is critical in a prolonged crisis with such serious consequences and requires physical, psychological and emotional resilience. However, weaknesses in departments and in governance more generally have emerged over time. Corruption has weakened leadership, systems and institutions. Under such circumstances, the difficulties in planning, designing and implementing complex policies have meant that service delivery has suffered.

The *Disaster Management Act* provides a strong legal framework for coordinating a disaster management response but may benefit from revision to provide a more comprehensive framework of possible risks, including systems to enable appropriate decisions and actions.

- For *health disasters*, a statutory approach is needed, and there may be a need to change other legislation (e.g., the National Health Act and associated regulations) to provide an effective response. Such changes should ensure a broader, longer-term focus to deal with pandemics and build resilience. Although these changes may provide for the restriction of movement and coordination of behaviour, freedom of movement is a constitutional right. Covid-19 fatigue demonstrates that people do not easily accept the long-term removal of this right.

The *National Health Act* should be amended to allow the Department of Health to manage future pandemics. Funding for disasters can still come from the National Disaster Management Centre, but the structures needed to respond should be created in the sector best placed to manage such a response. The Disaster Management Framework should be regularly updated when cabinet is restructured, or other role players emerge.

The role of *traditional leaders* in managing local development and their relationship with the democratically elected leadership remain contentious. The pandemic highlighted the important role of this governance system, which raises the issue of both the extent to which these leaders should be involved and how this should be funded.

INSTITUTIONAL STRUCTURES TO MANAGE NATIONAL-SCALE DISASTERS

The institutional architecture for handling the disaster was put in place quite quickly, but there are *lessons for future configurations*. These include the need for a careful consideration of the boundary between security and non-security-related apparatuses; the unnecessary emphasis on standardising administrative and managerial structures, which may undermine contextual appropriateness and innovation; the initially unclear legal basis for political structures; the

duplication of reporting; and the overall clutter of institutions with their fuzzy boundaries. At the same time, there were innovations in the institutional architecture (especially breaking through silos) that must be taken forward.

NatJoints is a good structure for natural disasters, although it is predisposed towards a law and order (policy and military) response; the tools it adopted may not necessarily be appropriate in disasters that require a strong social response. It may have been better to have the Department of Health lead the response, with support from other departments. Managing the pandemic required a fine balance between an authoritative, coordinated response and respect for constitutional norms of democracy, human rights, and cooperative governance. Whether government achieved this balance is debatable, and the courts may be the final arbiter. It would, however, be deeply unfortunate if the pandemic led government towards a more hierarchical, directive approach. Achieving coherence in government in 'normal times' should not mean overriding differences and relying on instruction, but rather ensuring that the platforms for dialogue and the processes for mediation and conflict resolution are in place.

There is a need to *clarify roles and responsibilities* between the various coordination structures (NatJoints and the national and provincial disaster management centres). It is important to create a sustainable structure that can draw on government's strengths to manage a project of this scale on an ongoing basis. The institutional placement of the National Disaster Management Centre could be reconsidered; potentially, being placed within the Office of the President could help it coordinate an integrated response to national disasters.

There is no simple conclusion as to whether the structures, systems and processes of governance at *subnational spheres* were 'fit for purpose' and had the desired effect. On the positive side, the three spheres of

government worked together in ways that had not been achieved before. There was proactive and engaged leadership across the spheres, quick decision-making, and new forms of social partnership. However, the crisis also exposed flaws of governance within and among spheres. It remains important to strengthen the relationship between the different spheres of government.

The *roles and responsibilities of departments* to manage risk should be clarified, including what structures can be mobilised in case of a disaster in their sectors. As the initial capacity of provincial disaster management centres varied, the Covid-19 response was at times coordinated by a premier's office or a representative from the provincial department of health. The capacity of the provincial disaster management centres in the local government departments in all provinces should be enhanced to enable a uniform approach to future disasters. Strengthening the procedures, forums, information management and communication systems of these centres will facilitate a coordinated and rapid response in future. At local level, the joint district and metro methodology in the Western Cape provided for a geographical, team-based approach, with representatives from various provincial and national departments. In KwaZulu-Natal, the Operation Sukuma Sakhe service delivery model employs household profiling to determine the need for support; this was adjusted to focus on the support needed in the pandemic. Similarly, the Covid-19 Visual Analytics Tool⁹ developed by the Gauteng City Region Observatory, IBM, and the universities of the Witwatersrand and Johannesburg provided helpful and up-to-date information on hotspots and the spread of the disease, along with predictions of future risk areas. It also included a vulnerability index that helped identify communities that required more support.

Another significant benefit was the *emergence of 'trust equity' and new practices of collaboration and coordination* at different scales. These provide a basis for a better system of intergovernmental relations, with mutual trust and good faith underpinning improved formal and informal interactions. One respondent identified a potential risk that provincial governments might wish to manage all interventions along the same disaster management lines to maximise results. This would be unrealistic, because other programmes do not have the same momentum and would not permit the extensive redeployment of senior staff to support local responses. This sentiment was echoed in three other provinces, where respondents indicated that staff from the SAPS, the SANDF or the provincial department of health assisted with the collection of statistics. Additional personnel from the SAPS and the SANDF also helped to enforce regulations. The strict enforcement, additional monitoring and deployment of extra staff had a positive impact on crime (e.g., the Northern Cape reported a 43% decrease in crime incidents). However, as Covid-19 cases decrease and alert levels are lowered, the additional personnel are now returning to their administrative offices to resume their normal duties.

These challenges have become apparent retrospectively, providing the opportunity to build a more resilient governance response for the future. More immediate is the question of *how governance approaches should shift as South Africa moves beyond lockdown*. A critical concern is how to capitalise on the positive elements (or positive disruptions) from the lockdown, including the trust equity, new institutional relationships, the sense of social purpose, the energy of responding to crisis, the digitalisation of government, and the stronger relationship with the non-governmental sector. Government also

⁹ <https://gpcoronavirus.co.za/>

- needs to make changes to address other
- emergencies, such as social inequality
- and climate change. The post-pandemic emergency is about the social, economic and fiscal consequences of the health crisis and requires the building of institutions, infrastructure (e.g., for digital inclusion), relationships, systems and processes for long-term recovery and resilience. It requires, for example, a shift away from hierarchy and instruction towards collaborative governance and social compacts.

BUILDING A RESILIENT SYSTEM THAT RECOVERS FROM DISASTERS EFFECTIVELY

It is important to raise the profile and importance of *disaster management centres* at all levels of government. Disaster management planning needs to be turned into a mechanism that enables resilience to disasters. All government departments, municipalities and entities should adopt disaster management plans and establish central units to ensure the plan finds place in their day-to-day working. In the event of a disaster, these central units should become the main contact for the National Disaster Management Centre. Public servants need to be trained to respond to different types of disasters; public healthcare professionals should likewise be trained to respond to pandemics.

The NICD is designed for research rather than the management of pandemics. A *dedicated 'pandemic' unit*, headed by virologists and epidemiologists and supported by capacitated response teams, should be established in the Department of Health. With Covid-19, the director-general and MEC directly coordinated the response to the pandemic, at the possible expense of attention to other healthcare programmes.

Given that such disasters are infrequent, and the specific nature of a disaster requires sector-specific expertise, creating permanent capacity to deal with all types of disasters is not viable. Increased attention to designing appropriate protocols to manage national disasters is recommended. In the case of high-impact disasters, it is important not only to respond to the requirements of the sector but also to adopt a wider response that limits the economic and social impact of the disaster and enables the country to recover more efficiently.

The process of *sharing information* needs to be streamlined. Some systems have been put in place, but more effort is needed to create a workable system that is widely supported.

The *Covid-19 visual analytics tool* (footnote 9) adopted by the Gauteng Provincial Government shows promise as a future planning and disaster management tool. Although this data-intensive system requires extensive human resources to collect and analyse data, it provides an important foundation for efficient and accurate decision-making. Geo-information tools are particularly useful for disaster management and can also inform strategic decision-making more generally.

ADDRESSING HEALTH SECTOR CONSTRAINTS

Covid-19 highlighted the importance of addressing the impediments to universal, quality healthcare. The experience in South Africa has been in line with the findings from the WHO (2020:7) report:

Particularly in low capacity and humanitarian settings, effective delivery of services and interventions will require strategic shifts, investments, and partner support to foundational health system capacities including financing; data management, collection, and analysis; workforce planning, management and development; clinical care; logistics and supply chain management.

The pandemic exposed the Department of Health's *lack of readiness*. This remains the case – as one interviewee said, 'If the same disaster struck again, we are going to struggle again.' In Gauteng, where the Plan of Action focused on infrastructure regeneration, projects and expenditure were redirected to the health sector. The province expedited the completion of new hospital facilities and the refurbishment of existing ones, supported by the private sector and the National Treasury. Health facilities were improved, wards repurposed, human resources capacitated, and technology improved. In the Northern Cape, likewise, intensive care capacity increased from 30 beds (in both public and private healthcare facilities) to 100, with the possibility of adding a further 37 beds if needed.

At *local level*, pressing concerns include human resource constraints in healthcare, universal access to equipment in treatment facilities, and integrated monitoring and information systems. Versatile laboratory services are needed that can quickly adapt their testing capacity to meet a short-term spike in demand for specific tests, as are appropriate infrastructure, electronic data management systems, and more personnel.

Other critical requirements are *investment in IT* and appropriate electronic data systems. Ideally information management should be coordinated by Statistics South Africa, with direct liaison with the relevant sector to ensure that the most important indicators are tracked, and information is shared and coordinated for monitoring and reporting purposes.

During the first wave of the pandemic, the interpretation of hard lockdown regulations and fear of contracting Covid-19 prevented some patients from accessing healthcare facilities for *non-Covid treatment* or collecting routine medication ([Chapter 5.1](#)). While this was managed better during the second wave, further attention is required to ensure the

healthcare system is resilient and can continue delivering services even during a pandemic.

A SUSTAINABLE FUNDING MODEL FOR DISASTER MANAGEMENT

Spending on Covid-19 put significant pressure on departmental and municipal *budgets* – departments had to reprioritise, reduce targets, and even terminate projects to redirect funds ([Chapter 6.1](#)). SASSA and the Department of Social Development struggled to provide food parcels; in the interim provincial and local governments redirected funds to assist communities while SASSA systems were put in place.

The Disaster Management Act requires an integrated approach, and a single sphere or sector cannot provide the full financial commitment to mitigate a disaster. Covid-19 demonstrated the lack of *financial resilience* in the public sector and the need for a coordinated strategy to deal with the financial repercussions of the pandemic. Also, the laws and regulations for municipalities should be reviewed to reduce red tape, streamline compliance reporting,¹⁰ facilitate efficient implementation, and support development priorities.

CHANGING BEHAVIOUR THROUGH CITIZEN ENGAGEMENT

Successful management of a pandemic depends on a *collaborative implementation approach*, along with the commitment and support from citizens. Various government departments invested millions in a communications strategy ([Chapter 4](#)). Especially in time of crisis, it is important to reflect on the message government wishes to communicate and the desired response.

¹⁰ Interviewees in the local government sphere expressed strong opinions about perceived over-reporting, which has both time and cost implications. Stringent reporting requirements do not necessarily improve

- Behavioural scientists advise that punitive measures are difficult to enforce. A positive approach that encourages and incentivises compliance and collaboration is easier to implement and may more successfully change behaviour.

The level of behavioural change achieved with Covid-19 demonstrates that other behaviour-related diseases and other social challenges (e.g., crime) could potentially also be addressed. To this end, the lessons learnt from this disaster need to be better understood and appreciated.

Community radio stations played a critical role, and efforts should be made to strengthen these. Equally, *local information resource centres* and telecentres should be developed with the support of the public sector and civil society. These could also disseminate messages that affect livelihoods.

IMMEDIATE INTERVENTIONS REQUIRED

According to the WHO (2021) Weekly Update of 23 March 2021, South Africa continues to report one of the highest numbers of new cases and most new deaths in the African region, accounting for nearly 20% of new cases and over half of new deaths. From mid-November 2020 to mid-February 2021, the second wave of the pandemic proved particularly complicated to control. The rapid increase in new infections, novel and more contagious Covid-19 variants, rising admissions to hospitals, and high mortality rates create uncertainty about the future course of the pandemic; recurring waves are a strong possibility.

Immediate interventions to prevent or mitigate rising Covid-19 infections include continued, regular information to the public on social distancing, mouth-and-nose masks, handwashing and ventilation, as well as the re-evaluation and planning

of science-based restrictions and other interventions in the various alert levels, as required. Ongoing communication and other initiatives to promote social **compliance** with the necessary protocols are important in strengthening people's resolve and enabling successful management of the pandemic.

Human resource constraints in **healthcare**, universal access to equipment in all treatment facilities, and increased laboratory capacity need to be addressed in all provinces. 'Ensuring continuity of essential health services and building resilient health systems remain essential not only to mitigate the impact of Covid-19, but also to ensure readiness for other concurrent and future health emergencies' (WHO, 2020:8). Serious attention must be given to developing systematic approaches performance, as smaller municipalities (which arguably need more oversight) have less capacity to comply. Options include differentiated approaches to reporting, based on performance (see also SALRC, 2021) to emergency procurement (of medical equipment, laboratory supplies, etc.) that are flexible, but remain transparent and retain the necessary safeguards.

Improvements of IT **systems** need to be sustained through technical improvements, upgraded skills, and a change in attitudes. The WHO (2020:8) finds that 'surveillance systems are finding it hard to cope with the high force of infection in some countries ... and this is even more pronounced in settings where testing capacities are limited'. An effective and inclusive communication strategy is required for both interdepartmental communication (to avoid conflicting messages) and to ensure an open flow of all relevant information to the public.

Government should consider urgent investment in essential **infrastructure**, such as ports. Where essential services for food exports and imports are required from specific government departments (e.g., agriculture), effective planning is needed to resource remote offices, along with an effective coordination mechanism ([Chapter 6.2](#)).

The *informal sector* also requires urgent attention. Government needs to develop a better understanding of the sector and provide infrastructure and other support. All sectors that have gained valuable experience to share, such as the formal agricultural and food sectors, should be included.

South Africa must refine its *disaster preparedness plan* in line with WHO specifications. Many countries fundamentally underinvest in comprehensive preparedness and emergency response systems to protect their people from disease outbreaks, natural and human-made disasters, armed conflict, and other hazards. The costs of effective preparedness are dwarfed by the costs of a failure to prepare. Public health and social measures to control Covid-19 could have considerable social and economic costs and must be risk-based, regularly reviewed on the basis of robust and timely public health intelligence, effectively communicated, and enabled by targeted measures to ameliorate the socio-economic costs of participation (WHO, 2020:8). Increased attention to designing appropriate protocols to manage national disasters is recommended.

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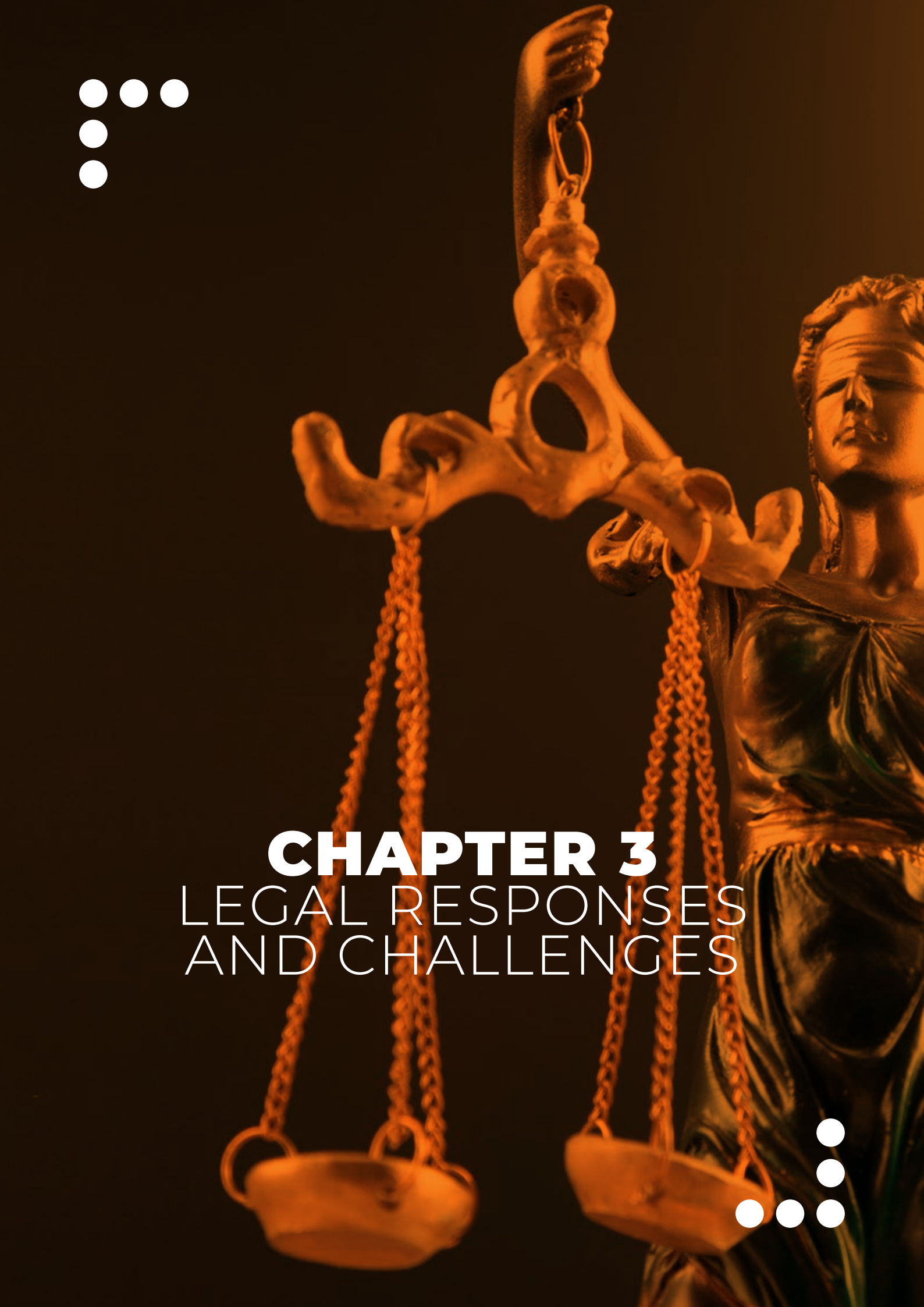
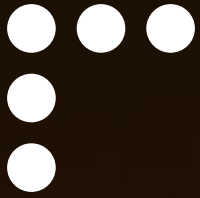
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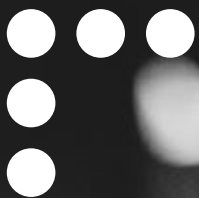
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CHAPTER 3

LEGAL RESPONSES AND CHALLENGES





CHAPTER 3.1
LEGAL AND REGULATORY
RESPONSES



CHAPTER 3.1: LEGAL AND REGULATORY RESPONSES

ABSTRACT

The Covid-19 pandemic posed a unique challenge to legislatures and executives worldwide, necessitating the development of new regulations. This chapter evaluates South Africa's legal and regulatory response to Covid-19 against the values enshrined in section 1 of the Constitution. It considers the options for managing the pandemic provided by the Constitution and ordinary legislation and evaluates the impact of the choice of the Disaster Management Act.

Covid-19 has had a profound impact on and challenged the maintenance of human rights. The chapter reviews issues around

human rights and governance within the legal framework, as well as the ethical guidelines that should frame responses to a pandemic. It examines how consideration of the country's constitutional and democratic norms, values, and safeguards (e.g., the rule of law, freedom of expression, and human dignity) were affected with respect to the right to healthcare, education, a safe environment, and the like during the management of the pandemic.

Rather than analysing specific regulations in detail, the chapter focuses on three macro issues: the rule of law, human rights, and freedom of expression. The aim is to provide a broad framework and set out principles with which the law must comply during emergency situations.

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ABBREVIATIONS AND ACRONYMS

ASSAf	Academy of Science of South Africa
CoGTA	[Department of] Cooperative Governance and Traditional Affairs
HIV	human immunodeficiency virus
MEC	Member of the Executive Council
NatJoints	National Joint Operational and Intelligence Structure
PCR	polymerase chain reaction
PPE	personal protective equipment
SAHPRA	South African Health Products Regulatory Authority
SAMRC	South African Medical Research Council
WHO	World Health Organization

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INTRODUCTION

South Africa's Constitution, in section 7(2), obligates government to respect, protect, promote, and fulfil the rights set out in the Bill of Rights (RSA, 1996b). In some situations, these human rights come into conflict with each other, and government needs to maintain a balance between competing rights.¹ This can be challenging, especially in a country with a socio-economic profile such as South Africa's. In a pandemic, particular circumstances, such as the risk of transmission and the severity of the disease, may require a **rebalancing** of particular rights. However, individual rights cannot be suspended, unless a national state of emergency is declared. Even then, government cannot arbitrarily limit people's rights.² A rebalancing of relevant rights simply means that certain rights, such as the right to life and access to healthcare, may temporarily outweigh others, such as freedom of movement and the right to practise a profession.

In emergency situations, the executive is empowered to make regulations, some of which may limit individuals' rights (including their constitutional rights). In these cases, questions may be asked about the source of the power to make such regulations and the limitations on these powers. In a constitutional democracy such as South Africa, a lawmaker needs to ask, 'how can one limit constitutional rights as little as possible, while still protecting the country's people?'³ Using this question as a guideline, this chapter evaluates the rule of law, human rights issues, and freedom of speech during the pre-lockdown and lockdown phases of the Covid-19 pandemic in South Africa.

Constitutional supremacy is a founding value in the country's Constitution. This is reinforced by section 2 of the Constitution, which expressly proclaims itself the supreme law (RSA, 1996b). Therefore, the Constitution is justiciable, and any law and conduct that is inconsistent with the Constitution will be invalid. Also, when legislation (including legislative choices made during an emergency) is interpreted, it must be read in conformity with the Constitution. This raises the question whether the Disaster Management Act and its regulations are in line with the Constitution, especially the constitutional value of the rule of law.

The Covid-19 pandemic was the first time South Africa's constitutional democracy had been confronted with the question how the state would utilise its emergency powers (in the broad sense) to address a crisis. South Africa was not alone in this regard – political leaders are often unsure how to address a multifaceted and unfamiliar challenge, especially if it is sudden and all-encompassing. The reflex might be to resort to extraordinary powers; although such powers may be warranted in some instances, caution is required (Khakee, 2009:5). Emergency powers (including disaster management) by implication limit individual human rights and often threaten democracy. There is, therefore, a risk that the state's constitutional order, especially parliament, the judiciary and other oversight bodies, may be undermined. Two specific aspects can be problematic:

- The balance of powers between the executive, parliament, and the judiciary
- Human rights and the rule of law (Khakee, 2009:6).

¹ A recent and well-known (and non-Covid-19-related) example of this is the Protection of Personal Information Act 4 of 2013, which seeks to balance the interests of society in the free flow of information with privacy interests.

² The Constitutional Court in *Rail Commuters Action Group v Transnet Ltd t/a Metrorail*, 2005: par. 75 noted that 'it is one of the objects of the Bill of Rights to require those limiting rights to account for the limitations. The process of justifying limitations, therefore, serves the value of accountability in a direct way by requiring those who defend limitations to explain why they are defensible.' See also De Vos, 2020. Furthermore, any limitation of rights must be in accordance with s 36 of the Constitution (RSA, 1996b).

³ *De Beer v Minister of Co-operative Governance and Traditional Affairs*, 2020: par. 7.19.

- South Africa is, and remains, a constitutional
- democracy.⁴ Whilst it cannot be disputed
- that the Covid-19 pandemic must be fought by all means necessary, the Constitution and the Bill of Rights in particular ought to be the touchstone against which the formulation and implementation of regulations are measured. For this reason, the analysis in this chapter focuses strongly on how to handle an emergency situation – in this case by utilising the Disaster Management Act – in a way that ensures a healthy constitutional order.

Note that the chapter focuses on the first and second waves of the pandemic. Legal responses during the further progression of the pandemic will be discussed in the second edition of the Country Report.

THE RULE OF LAW

This section considers the principle of the rule of law in both South African and international law, including emergency legislation. It then assesses the various legislative options available to South Africa for dealing with the pandemic. The choice of the Disaster Management Act, the powers of the minister, and the structures for managing the pandemic are reviewed. This is followed by an assessment of the country's response against the principles of the rule of law.

SOUTH AFRICA AND THE RULE OF LAW

The essence of the rule of law is that political power must not be exercised in an arbitrary manner, but rather in accordance with the law. Disputes between individuals and the state must also be adjudicated by an independent tribunal (Botero & Ponce, 2011). Substantively, the rule of law requires government to respect the individual's basic rights, especially human dignity, equality, and freedom. To this end, laws must be clear and accessible (Currie & de Waal, 2013:13–14).⁵

In South Africa the principle of the rule of law is a constitutional value. Section 1 of the Constitution requires state institutions to act in accordance with the law (Currie & de Waal, 2013:10–14). Everyone, including organs of state, must obey the law; the state cannot exercise more power than is permitted in law; and the law must authorise everything that the state does.⁶ This is the legality test,⁷ which the court expressed as follows in the *Fedsure* case (par. 58):⁸

It seems central to the conception of our constitutional order that the Legislature and Executive in every sphere are constrained by the principle that they may exercise no power and perform no function beyond that conferred upon them by law.

⁴ The pandemic also raised the issue whether authoritarian regimes are better at handling pandemics. The answer is not a simple 'yes' or 'no'; it depends on a wide range of factors. See Kleinfeld, 2020; Flinders, 2020; Kavanagh & Singh, 2020.

⁵ *Affordable Medicines Trust v Minister of Health*, 2005: par. 108.

⁶ *Minister of Public Works v Kyalami Ridge Environmental Association*, 2001: par. 35.

⁷ *Head of Department, Department of Education, Free State Province v Welkom High School*, 2013.

⁸ *Fedsure Life Assurance Ltd v Greater Johannesburg Transitional Metropolitan Council*, 1998.

The Constitutional Court also interpreted the principle of the rule of law as requiring state conduct to be rationally related to a legitimate government purpose – the so-called **rationality** test (the *Fedsure* case, par. 58). If there is no rational connection between conduct and purpose, the relevant legislation will be deemed arbitrary and, therefore, inconsistent with the rule of law.⁹ Linked to this, when called upon to give reasons for a decision, the decision-making body must give such reasons; otherwise, the rationality of the decision cannot be tested.¹⁰

The principle of legality is still developing in South African law, and during the pandemic new issues arose around its application in emergency situations. An example is the Ivermectin case (Thaldar, 2021).

EMERGENCY LEGISLATION AND INTERNATIONAL LAW

In emergency situations, a government still has to act in accordance with the rule of law, even though its actions are governed by the laws that apply in emergencies. These laws must likewise conform to the values and requirements of the country's constitution. States of emergency and states of disaster are provided for in law. When emergencies are declared, the derogation of some rights is permitted. However, the suspension of rights should be avoided if the state can deal with the situation by setting proportionate restrictions or limitations on certain rights (OHCHR, 2020). (Though analogous to emergencies, matters are somewhat different in states of disaster, as discussed below).

International law requires any derogation of rights to be temporary and as minimally intrusive as necessary. Such a derogation

must include safeguards (e.g., sunset or review clauses) to ensure a return to ordinary laws as soon as the emergency is over. States must also ensure that measures are in place to allow affected people to continue enjoying their economic and social rights, such as earning their livelihoods and accessing housing, food, education, social protection, and health. People must also be able to comply with emergency measures (OHCHR, 2020). Legal definitions of emergencies tend to be broad, but they share some characteristics, as discussed in Box 3.1.1.

The International Covenant on Civil and Political Rights (OHCHR, 1966) restricts the extent to which rights may be limited in public health emergencies. It allows the derogation of certain rights only in case of a 'public emergency which threatens the life of the nation'. The derogation is only allowed to the extent required by the situation (art. 4). The Siracusa Principles on the Limitation and Derogation of Provisions in the Covenant (OHCHR, 1984) expanded on these principles. The principles also apply to limitation clauses for public health (art. I B iv). Article I B iv 25 states:

Public health may be invoked as a ground for limiting certain rights in order to allow a state to take measures dealing with a serious threat to the health of the population or individual members of the population. These measures must be specifically aimed at preventing disease or injury or providing care for the sick and injured.

The Siracusa Principles lay down certain important interpretative principles that apply during such times, the gist of which is that states cannot restrict citizens' rights beyond what is strictly necessary for addressing the underlying causes of the emergency.

⁹ *New National Party v Government of the Republic of South Africa*, 1999: par. 24.

¹⁰ *Judicial Services Commission and Another v Cape Bar Council*, 2012: par. 44.

Box 3.1.1: Legal characteristics of emergencies

- A state of emergency creates a legal state that is *different from normal times*. During an emergency (of whatever nature), the state is forced temporarily to change some of its structures to address the situation. The threat must be of a magnitude that would severely harm the state or its people if not treated in a way that would be impossible under the normal legal order. In other words, state structures need to change to address the emergency (Zwitter, 2012). The powers of the state must be precisely defined to deal with the emergency once it is manifested (or concrete).
- An emergency must be *exceptional*. Once the exceptional situation is no longer present, the emergency lawmaking (whether a state of emergency or a state of disaster) should also end and return to normality (Zwitter, 2012).
- A 'state of emergency' may also have a *geographical* element – it would make little sense to place an entire nation under emergency legislation if only a smaller region or city is affected (Zwitter, 2012). That said, most emergency legislation focuses on issues of national security, often leaving a gap in relation to public health emergencies (Cormacain, 2020).
- Emergency situations *do not displace the rule of law*. The law continues, albeit in a different form. Emergency laws should, therefore, not do away with the principles of democracy, but they can lead to temporary changes in the structure of the state. The rule of law requires rule with the law, even in a pandemic (Cormacain, 2020). This might look different during emergency times, but the bare minimum requirements remain.

SOUTH AFRICA'S LEGAL OPTIONS IN THE PANDEMIC

Having been declared a pandemic by the World Health Organization (WHO), Covid-19 is a public health emergency that justifies use of emergency powers. But this raises questions about the balance of power between the executive and the legislature in managing the pandemic. It is often assumed that the pandemic must be managed by an executive that is not overly constrained by the legislature (see e.g., Petrov, 2020; Bâli & Lerner, 2020). However, democratic parliaments have a critical role in policy formulation and in assuring the public that its interests have been prioritised. Participatory processes, such as those facilitated by the legislature, are needed to maximise trust. The question is, what emergency legislative measures are appropriate in such a situation? In South Africa, there were three main options: the Disaster Management Act, the State of Emergency Act, or the National Health Act; these are discussed in turn below.

THE DISASTER MANAGEMENT OPTION

A new approach to disaster management

Until the late 1990s South Africa did not have a unified, comprehensive piece of legislation to deal with disasters. A unified approach was clearly needed, which would also enable quick reaction in the various branches and departments of government and harness the help of civil society during disasters. These principles were explored in a comprehensive Green Paper (DCD, 1998) and White Paper (DCD, 1999) on disaster management, which culminated in the Disaster Management Act and the subsequent policy.

The new legislative framework sought to change disaster management from a reactive to a proactive approach. It had a strong developmental aim – to help reduce communities' vulnerability to disasters. Disasters were no longer seen as isolated events to which a piecemeal response would suffice; instead, the focus was on consistent

development to reduce people's vulnerability, prevent hazards from becoming disasters, or minimise the impact of disasters. The Green Paper (DCD, 1998) warned that:

disasters are often managed haphazardly. The approach taken to disasters may thus be as costly (or even more costly) than the event itself. People are unprepared, and when the event occurs (even slow-onset disasters) it usually triggers haphazard reactions, which often result in crisis management. Awareness of disasters and of one's vulnerability to such events can, however, reduce the impacts of such events.

The Act laid down a new policy framework for a structured approach, with enabling legislation to provide the necessary funding for institutions and personnel to drive the new, proactive approach. It anticipated the involvement of both the private and the public sector in disaster management. Importantly, it envisaged long-term planning for development strategies to reduce vulnerability, with a strong focus on infrastructure development.

The Green and White Papers culminated in the promulgation of the Disaster Management Act in 2002 (RSA, 2003), after four draft Bills. It was followed by a comprehensive policy framework for disaster risk management that incorporated the vision of the two papers and linked it to specific sections in the Act. The provisions of the Disaster Management Act are discussed in more detail in [Chapter 2](#) of the Country Report.

The Disaster Management Act

The Disaster Management Act aims to institutionalise disaster risk reduction in all sectors and spheres of government. A national state of disaster was invoked on 4 March 2020 (CoGTA, 2020b) for the persistent drought conditions in many parts of the country; this ran in parallel with the national state of disaster for the pandemic proclaimed a few weeks later, on 15 March 2020.

The Act defines a disaster as follows:

natural or human-caused occurrence which (a) causes or threatens to cause – (i) death, injury or disease; (ii) damage to property, infrastructure or the environment, (iii) disruption of the life of a community; (b) is of a magnitude that exceeds the ability of those affected by the disaster to cope with its effects using only their own resources.

For the Act to be applicable, Covid-19 must comply with these requirements. This cannot simply be assumed, and it has been argued that Covid-19 'has not at any stage grown to the proportion that it is of a sufficient magnitude to warrant the declaration of a disaster' (Klopper, 2020).

When a national disaster is proclaimed (section 26 of the Act), the national executive has the primary responsibility for coordinating measures to respond to the disaster and ensure optimal recovery. A disaster can only be declared when:

(a) existing legislation and contingency arrangements do not adequately provide for the national executive to deal effectively with the disaster; or (b) other special circumstances warrant the declaration of state of disaster.

Once a disaster has been declared, the minister may make regulations or issue directions on a range of practical matters, such as releasing resources and personnel, evacuating areas, providing shelter, managing traffic, and buying and selling beverages (section 27(2)). These powers are restricted in that they may only be exercised as far as necessary to assist or protect the public, bring relief to the public, protect property, prevent, or combat disruption, or deal with the effects of the disaster. A state of disaster can be declared for an initial period of only three months, after which it must be renewed every month.

A **strength** of the Disaster Management Act is that it provides the basis for regulating a response to the pandemic through a single set of regulations, issued in terms of the Act.

- It also allows for the release of funds allocated to disaster relief. A **weakness**, however, is that all the regulations and directives depend on the renewal of the declaration of a state of disaster. Thus, if Covid-19 no longer complied with the definition of a 'disaster', the Disaster Management Act could no longer apply, and all the regulations and directives issued in terms of its provisions would no longer be applicable.

In some ways, the executive has more freedom of action under a state of disaster than under a state of emergency.¹¹ In the former, the minister may promulgate regulations for purposes set out by section 27 of the Disaster Management Act, and in that sense, her power is limited. At the same time, in terms of the Act, there is no requirement for regulations to be presented to parliament, as would be necessary under a state of emergency. This has led some to argue that the Disaster Management Act is both inconsistent with the Constitution and invalid, insofar as the section does not provide for safeguards found in section 37 of the Constitution (which governs states of emergency). The courts have disagreed;¹² nevertheless, at least one commentator referred to the state of disaster as 'an informal and light version' of a state of emergency (de Vos, 2020).

Evaluation

To evaluate the potential effectiveness of the disaster management option, it is crucial to understand the legislative scheme of the Act and what it seeks to achieve. As noted, the Act not only provides for a reaction to disasters already underway. With the policy framework, it also lays the groundwork for a developmental approach to reduce the risk of disasters and so avoid or limit the impact of occurrences classified as disasters. The

declaration of a state of disaster for Covid-19 was more than just a reactive measure; it was also preventative, the first time the Act has been used in this way.¹³ A state of disaster and the subsequent regulations and provisions are only needed if the risk reduction measures have been unsuccessful.

Choosing to deal with the initial threat of Covid-19 as a 'disaster' appears to have been a good legislative instrument. The rationale and background to the Act seem to provide for a disaster such as a pandemic. The forward-thinking law and all-encompassing policy, however, had been poorly implemented until 2020 (van Niekerk, 2014; Vermaak & van Niekerk, 2004; Botha & van Niekerk; Botha, et al., 2011:24). This was due both to the placement of the various disaster management centres within government and to the fact that multisectoral disaster risk reduction had not been deemed sufficiently important.

The Green and White Papers on disaster management envisaged both disaster management and the disaster management centre being placed within the Presidency, as is done in many other countries. Likewise, provincial disaster management centres would be in the premiers' offices and municipal ones under municipal managers. Being part of the Presidency would position the function well for obtaining decisive and mandated decisions when faced with hazards or disasters. Declaring a state of disaster is an extraordinary power; the Presidency, with its accounting line to the president, seems well placed to make this call. Instead, the National Disaster Management Centre was relegated to the Department of Cooperative Governance and Traditional Affairs (CoGTA), with little power to ensure that the Act would be implemented correctly.

¹¹ For a discussion of the difference between the state of disaster and a state of emergency, and the minister's powers in the former, see also *Freedom Front Plus v President of the Republic of South Africa*, 2020.

¹² *Freedom Front Plus v President of the Republic of South Africa*, 2020.

¹³ National states of disaster had been declared in 2011 for floods, and 2018 and 2020 for droughts.

Issues around the National Coronavirus Command Council added to the confusion, as discussed below (see also [Chapter 2](#)). Although government has the prerogative to establish such structures,¹⁴ a constitutional democracy requires accountability, transparency, and good governance.¹⁵ The Disaster Management Act, for that reason, gives the president the responsibility for establishing an Intergovernmental Committee on Disaster Management. The policy framework in section 1.1.1 gives further clarity on how this could operate. The idea is that, based on the principles of cooperative governance, the committee would bring together the different spheres of government and other needed role players to address the disaster. It would also report to cabinet to ensure that the country takes a uniform approach to disaster management. The Act requires this structure to meet four times a year, but it has reportedly only ever met once. Had this structure been operational, it would have negated the need for a different structure to be established.

Government should learn from this disaster that a failure to implement the Disaster Management Act continuously and adequately leads to an uncoordinated response to disasters. It should ensure that the structures provided for in the Act are fully functional.

THE STATE OF EMERGENCY OPTION

In terms of section 37 of the Constitution, the president can declare a state of emergency if the nation is under threat, and the declaration is necessary to restore peace and order (RSA, 1996b). More precisely, a state of emergency can be declared when '(a) the life of the nation is threatened by war, invasion, general insurrection, disorder, natural disaster or other public emergency; and (b) the declaration is necessary to restore peace and order' (Ngcukaitobi, 2020). Such a declaration enables the president to make

regulations, but unlike with the Disaster Management Act, these must be tabled in parliament to allow members to give input or make recommendations, or even disapprove the regulations.

A state of emergency can be declared for only 21 days, but the National Assembly can extend it once (to a maximum of three months) with a 50% majority vote. Extending it for a second time requires a 60% majority vote, after a public debate in the assembly. The Constitution also allows courts to decide on the validity of the state of emergency (RSA, 1996b). These provisions notwithstanding, no state of emergency has been declared since the advent of democracy in 1994.

During a state of emergency, most of the rights in the Bill of Rights can be derogated, but only to the extent that this is strictly necessary to deal with the emergency. Such derogation is only temporary, however, and the Constitution itself is not suspended.

In some ways, the constitutionality of a state of emergency is more secure than that of a state of disaster. The legal regime governing emergencies also provides for more input from and oversight by parliament. The Constitution stipulates the rights of the executive and ensures accountability by clearly providing for input from the legislature and oversight by the judiciary (RSA, 1996b). Therefore, the process seems to have more democratic checks and balances. Because a state of emergency cannot be extended indefinitely, government must enact new legislation through a proper legislative process or issue regulations in terms of existing legislation to regulate the disaster and its aftermath.

Evaluation

Because a state of emergency is effectively intended for times when national security is at risk, it is not clear whether a health emergency would justify a state of emergency and if so,

¹⁴ *Esau v Minister of Co-operative Governance and Traditional Affairs*, 2020. See also [Chapter 3.2](#).

¹⁵ The courts in various cases found the establishment of the National Coronavirus Command Council to be well within the powers of the president and for it to be a lawful structure. See *Esau v Minister of Co-operative Governance and Traditional Affairs*, 2021, and [Chapter 3.2](#).

- under what circumstances (Ngcukaitobi, 2020). The courts may well have deemed
- invalid an emergency declared in the face of the Covid-19 pandemic. This appears to have been the view of Minister of Justice and Correctional Services, Ronald Lamola, who stated that government would rather declare a state of disaster and would use a state of emergency only as a last resort (SAnews, 2020). Thus, while the constitutional framework of a state of emergency would be well suited to managing health emergencies, it would require creative interpretation of section 37(1)(b) to comply with the requirements for declaring a state of emergency, namely, to restore peace and order.¹⁶

THE NATIONAL HEALTH ACT AND OTHER LEGISLATIVE OPTIONS

According to section 27(1) of the Disaster Management Act, a state of disaster may be declared if existing legislation is inadequate to ensure an effective response to a disaster. The key question, therefore, is whether existing legislation would not have been adequate to deal with the pandemic.

The regulations (DoH, 2017) on the surveillance and control of notifiable medical conditions, issued in terms of the National Health Act, provide for testing, quarantine, and isolation for notifiable diseases (regulation 14). This would be subject to the 'full respect for the dignity, confidentiality, human rights and fundamental freedoms of persons' (regulation 2(2)).

The effectiveness of a quarantine depends on whether it is properly implemented. It relies on people's cooperation and requires a careful balancing of the legal and ethical aspects of limiting people's freedom with the public interest (Botes & Thaldar, 2020). It has been noted that the regulations envision managing epidemics, but they are

lacking as far as pandemics are concerned (Dhlomo, 2020).

The Act provides for a list of matters pertaining to health, including communicable diseases, and the minister has wide powers to issue regulations. It, therefore, would be suited to regulate quarantine and isolation during a pandemic. Legislation such as the South African Schools Act 84 of 1996, section 16(4), (RSA, 1996a) could be used to govern the closure of schools, while the Liquor Act 59 of 2003, section 4, (RSA, 2004b) provides for the regulation of the manufacture and distribution of liquor.

Evaluation

The National Health Act 61 of 2003, section 21(2) (e), places the responsibility for coordinating health and medical services during 'national disasters' in the hands of the director-general of the health department (RSA, 2004c). But it does not deal with any other aspects to be managed during a (state of) disaster and is simply not encompassing enough for managing a pandemic. The key challenge to using the National Health Act to manage the pandemic would have been imposing a lockdown, where healthy people would be forced to stay at home so that the state could prepare hospitals and slow down the spread of the virus.

Likewise, no other legislation would have been sufficient to call for a complete 'lockdown' of the country. One option could have been combining a state of emergency with other legislation. The first 21 days of hard lockdown (plus the two-week extension) could have been under a state of emergency, with the rest of the pandemic managed in terms of existing legislation, such as the National Health Act, the South African Schools Act, the Liquor Act, and the like.

¹⁶ Confirmed in *Freedom Front Plus v President of the Republic of South Africa*, 2020, and interview with senior official, Department of Justice and Constitutional Development, 24 February.

SOUTH AFRICA'S CHOICE: THE STATE OF DISASTER

Ultimately, government chose the state of disaster route. The Minister of CoGTA declared a state of disaster on 15 March 2020 (CoGTA, 2020d). On the same day the pandemic was classified as a national disaster by the Head of the National Disaster Management Centre under section 23(6) of the Disaster

Management Act (CoGTA, 2020c). In terms of section 27(1), the following 'special circumstances' were cited as necessitating the declaration:

- The WHO declared Covid-19 a pandemic.
- The Head of the National Disaster Management Centre classified Covid-19 as a national disaster.
- It would augment existing measures taken by government.

The declaration of a state of disaster shifted the centre of power for managing the disaster to the executive, with the support of the structures created in terms of the Act, as discussed below.

Ministerial power under a state of disaster

From a rule of law perspective, section 27(2) (n) gives the minister wide-ranging powers (Box 3.1.2 overleaf).¹⁷ However, these powers are constrained in various ways:

- They can be exercised 'only to the extent that this is necessary for the purpose of assisting and protecting the public; providing relief to the public; protecting property; preventing or combating disruption; or dealing with the destructive and other effects of the disaster' (section 27(3)).
- The declaration of a state of disaster lapses automatically after three months and needs to be renewed every month.

- The powers can be exercised only as long as urgent lawmaking is needed, and there is no other way to deal with the disaster. Thus, as soon as parliament and the national executive can resume their normal roles, they ought do so by promulgating legislation that specifically deals with the state's response, ending the need for the minister to exercise quasi-emergency powers in terms of the state of disaster.

The minister exercised this power by issuing regulations on 18 March (CoGTA, 2020a) and amending these on several occasions. These regulations were later effectively replaced by regulations on a risk-adjusted strategy for managing the pandemic, as discussed in more detail later on.

Structures for managing the disaster

The Disaster Management Act creates various structures to help manage the disaster and reduce the risk (Hunter, 2020). Section 4 of the Act establishes the Intergovernmental Committee on Disaster Management, comprising cabinet members involved in disaster management, the Members of the Executive Council (MECs) of each province, and municipal councils (section 4(1)(c)). This committee 'must give effect to the principles of cooperative government' (section 4(3)(a)); report to cabinet on the coordination of disaster management among the different spheres of government; and make recommendations to cabinet on various issues (section 4(3)(c)). Section 5(1)(a–c) creates the National Disaster Management Advisory Forum, comprising the head of the National Disaster Management Centre, senior officials of certain national departments, and certain senior representatives of provincial departments.

¹⁷ This section has also been the subject of litigation on Covid-19, as per [Chapter 3.2](#). See *Fair-Trade Independent Tobacco Association v President of the Republic of South Africa*, 2020; *British American Tobacco South Africa (Pty) Ltd v Minister of Co-operative Governance and Traditional Affairs*, 2020; *One South Africa Movement v President of the Republic of South Africa*, 2020.

Box 3.1.2: Ministerial power under section 27(n)(2) of the DMA

Once a state of disaster has been declared, the CoGTA minister has the power to make regulations or issue directions on topics such as:

- (a) the release of any available resources of the national government ...;
- (b) the release of personnel of a national organ of state for the rendering of emergency services;
- (c) the implementation of all or any of the provisions of a national disaster management plan ...;
- (d) the evacuation to temporary shelters of all or part of the population ...;
- (e) the regulation of traffic to, from or within the disaster-stricken or threatened area;
- (f) the regulation of the movement of persons and goods...;
- (g) the control and occupancy of premises...;
- (h) the provision, control or use of temporary emergency accommodation;
- (i) the suspension or limiting of the sale, dispensing or transportation of alcoholic beverages ...;
- (j) the maintenance or installation of temporary lines of communication ...;
- (k) the dissemination of information required for dealing with the disaster;
- (l) emergency procurement procedures;
- (m) the facilitation of response and post-disaster recovery and rehabilitation;
- (n) other steps that may be necessary to prevent an escalation of the disaster, or to alleviate, contain and minimise the effects of the disaster; or
- (o) steps to facilitate international assistance

As noted, it is unclear what role these structures played and whether they were functioning properly, especially the Intergovernmental Committee on Disaster Management. Had this committee been functioning as it should have in terms of the Act, would establishing the National Coronavirus Command Council and its provincial and local counterparts still have been necessary?

The National Joint Operational and Intelligence Structure (NatJoints) seems to have been the first committee to advise on the regulations, because it was tracking the Covid-19 pandemic. This is curious, as the NatJoints coordinates security and law enforcement. While it has a role in managing a pandemic, the Disaster Management Act and the National Disaster Management Centre should play more prominent roles in disaster management. Security clusters have a different role during disasters than in normal times – a caring role, not a defending one. Again, an optimally functioning disaster

management system under the Disaster Management Act, with structures (specifically the National Disaster Management Centre) situated in the Presidency, would negate the need for such a strong reliance on the security cluster.

The NatJoints seems to have played a significant role in making the regulations. Many departmental inputs went first to the NatJoints, which then reported to the National Coronavirus Command Council. Recommendations then went to cabinet for debate and endorsement, before being promulgated as regulations.¹⁸ While the courts have upheld this process so far,¹⁹ there is a danger of effectively leaving the deliberation of the regulations to a security cluster (especially during a health pandemic that requires a different focus) instead of the structures created by the Disaster Management Act. The process is also not open and transparent, and it is unclear where accountability lies.

¹⁸ Interview with senior official, Department of Justice and Constitutional Development, 24 February.

¹⁹ *Esau v Minister of Co-operative Governance and Traditional Affairs*, 2021.

ASSESSING THE STATE'S RESPONSE

Against this backdrop, this section considers the principles and guidelines for maintaining the rule of law in a state's response to pandemics (Grogan & Weinberg, 2020) and evaluates the South African state's response against these principles. Given the nature of this report, such an evaluation cannot be complete. Rather, the chapter sets out the principles and provides examples of where they have been upheld or disregarded.

ENSURE LEGAL CERTAINTY AND CLARITY IN PUBLIC COMMUNICATION

Regulations, rules, and restrictions must be clear and certain in their meaning and consistent in their application. The justification for the rules should be communicated clearly. Any changes to existing rules must be announced in advance, giving those affected time to prepare.

In South Africa's response to the Covid-19 pandemic, there are a number of cases where **regulations were not clear**. The Minister of Small Business Development, for example, established two funds to assist small business – the Debt Finance Scheme and the Business Growth Resilience Fund (see also [Chapter 6.5](#)). The funds were not dispensed based on objective criteria, such as need. Rather, government used criteria such as race, gender, age, and disability to allocate funds. In some instances, no guidance was given how these criteria were to be assessed and weighed. This is an example of vagueness – as confirmed by the court, neither the applicants nor those administering the schemes had any guidance on how the criteria should be weighed.²⁰

Examples of regulations and directions whose **justification was not clearly communicated** included the ban on supermarkets selling hot food,²¹ the ban on selling open-toed shoes and other clothing (DTIC, 2020b), the three-hour exercise window under alert level 4,²² and the ban on the sale of tobacco ([Chapter 6.5](#)).²³

In most cases, the president **announced the regulations in advance**, but the details only followed later in the regulations and directions. This created confusion when, for example, the president announced that the tobacco ban would be lifted, only to be contradicted a few days later when the regulations were passed (eNCA, 2020).

ENSURE DECISION-MAKING IS TRANSPARENT

The rule of law requires high levels of transparency about who makes decisions and on what basis. An effective response to Covid-19 requires public support and compliance, which is less likely when there are questions about the democratic legitimacy of decisions (e.g., rules are made by the executive rather than the legislature). This is even more complex when technical advisors provide guidance to government, sometimes in fields beyond their apparent expertise (Grogan & Weinberg, 2020:11). 'Knowing the rationale for decisions increases motivation to follow them' (WHO, 2020c:22). To this end, government needs to communicate the reasons behind decisions, acknowledge the limits of science and government, share the uncertainty, and take responsibility. Any unwillingness to share the reasons for actions allows misperceptions to flourish and conspiracy theories to gain traction. Fostering trust requires government to be open and

²⁰ *Democratic Alliance v President of the Republic of South Africa*, 2020: par. 31: 'Such a broad phrase without any guidance as to what weight is to be given to these criteria simply cannot pass muster in our constitutional democracy. The ostensible criteria fall foul of basic principles of the rule of law that such the requirement that the exercise of a public power must be certain, even, if as obvious is the case in these circumstances, discretion to allocate the funds is permissible.'

²¹ *Business Insider SA*, 2020; declared invalid in *Esau v Minister of Co-operative Governance and Traditional Affairs*, 2021.

²² Declared invalid in *Esau*, 2021, as per footnote 21.

²³ Declared unconstitutional in *British American Tobacco South Africa (Pty) Ltd v Minister of Co-operative Governance and Traditional Affairs*, 2020.

- honest with the public (Cormacain, 2020).
- Government also needs to be transparent
- about who the decision-making bodies are and who is consulted for advice, as well as the evidence on which its decisions are based. The right to information is vital to building public trust in decision-making (OHCHR, 2020). This applies equally to the rationales – scientific or otherwise – of regulatory steps, which should be easily accessible to the public. Even more transparency and clarity are needed when restrictions are severe (SPI-B, 2020).

Government has a mixed record in this regard and has faced several legal challenges:

- The role of the National Coronavirus Command Council in decision-making was challenged in court, as discussed in [Chapter 3.2](#) and Box 3.1.3. The Command Council was set up as a committee of cabinet, and the courts found that it was a legitimate structure.²⁴ However, cabinet meetings are not open, and there is little insight into deliberation on the matters before it; this meant that decision-making on the council has not been transparent.
- In the *Fair-Trade Independent Tobacco Association* case,²⁵ the tobacco industry had to litigate to obtain the information on which the decision for the tobacco

sales ban had been based ([Chapters 3.2](#) and [6.5](#)). The court applied the rationality test and found that even the scant evidence provided by the minister met that requirement. Arguably, especially when assessing executive decision-making that severely affects rights, the rule of law should not be reduced to a mere rationality test. Instead, a reasonableness test should also be used to ensure that the impact of the regulations is proportional.

- In several cases, government failed to convince the court (or parts of the general public) about the rationale for its regulations. In the *De Beer* case,²⁶ the court listed regulations that it found irrational, such as the restricted hours of exercise (par. 7.8), allowing people to run on the promenade but not the beach (par. 7.9), and the ban on hairdressers working while taxis were allowed to operate (par. 7.3). As discussed in [Chapter 3.2](#), the Supreme Court of Appeal²⁷ declared regulation 16(2)(f) of the alert level 4 regulations invalid to the extent that only three forms of exercise were permitted, for a limited period, and in a specific location. It also declared invalid the prohibition on the over-the-counter sale of hot food.²⁸

Box 3.1.3: The role of the National Coronavirus Command Council

Initial public statements on the role of the National Coronavirus Command Council in decision-making were confusing. In May 2020 the presidential spokesperson, Khusela Diko, explained that the Command Council is not a constitutional body, but rather a coordinating structure of cabinet that makes recommendations to cabinet on its Covid-19 response. The Command Council was subsequently expanded to include all members of cabinet, leading to the comment that 'it looks like the cabinet is making recommendations for the cabinet that the cabinet, acting as cabinet, may or may not adopt' (de Villiers, 2020).

Concerns were soon raised about the NatJoints and the National Command Council, as it was then known. Both these structures were deemed 'opaque and without a clear legal basis'; it was also hard to find information on how the National Command Council was constituted, its membership, and the source of its authority (Haffajee, 2020). In a media article in May, Pitjeng

²⁴ *Esau v Minister of Co-operative Governance and Traditional Affairs*, 2020: par. 54.

²⁵ *Fair-Trade Independent Tobacco Association v President of the Republic of South Africa*, 2020.

²⁶ *De Beer v Minister of Co-operative Governance and Traditional Affairs*, 2020.

²⁷ *Esau v Minister of Co-operative Governance and Traditional Affairs*, 2021.

²⁸ Table 1, Part E, items 1 and 2, read with regulation 28(3) of the alert level 4 regulations.

(2020) suggested that it 'consists of about 20 ministers; the representatives of the NatJoints; and the directors-general of the 20 departments'. The article also noted that the president said the function of this council is 'to coordinate' the country's response, but the Presidency later said the council 'leads' the response.

In June 2020 opposition parties asked for clarity on the role of the council and how it was constituted. The president responded to written questions explaining that the Command Council is 'a committee of Cabinet' that 'coordinates government's response to the coronavirus pandemic [and] makes recommendations to Cabinet on measures, [who] makes the final decisions' (Mkhwanazi, 2020).

It took further litigation to get more information on how the council was formed and its legal source of authority. The courts found that the Command Council was a legitimate structure constituted in terms of section 85(1) of the Constitution.²⁹ However, as discussed in [Chapter 3.2](#), decision-making on the council was not particularly transparent.

An early sign of government adhering to the principle of transparency came on 13 April 2020, when Professor Abdool Karim, the chair of the Ministerial Advisory Committee on Covid-19, made a public presentation on the science behind the decision-making and efforts to curb the spread of the virus (Abdool Karim, 2020).

Another element of clarity and transparency is a plan that indicates what individuals and businesses may and may not do and when, which is updated as new information becomes available. A staged approach also indicates the circumstances under which the rules

will change (Grogan & Weinberg, 2020:10). South Africa moved to a staged approach on 7 August 2020 (DoH, 2020), with different alert levels (Table 3.1.1). Government explained that the alert levels would be adjusted on the advice of the Ministerial Advisory Committee to the Minister of Health. This would include which alert level should be declared nationally, provincially, in a metropolitan area, or a district, taking into account epidemiological trends, the health system's capacity to respond, and any other relevant factors, such as hospitalisation and mortality rates (see also Table 3.1.2 later on). In that sense, government provided more clarity on its plan.

Table 3.1.1: Alert levels during the national state of disaster

Alert level	Covid-19 spread	Health system readiness
1	Low	High
2	Moderate	High
3	Moderate	Moderate
4	Moderate to high	Low to moderate
5	High	Low

Source: DoH, 2020

²⁹ *Esau v Minister of Co-operative Governance and Traditional Affairs*, 2020: par. 54.

- ACT IN COMPLIANCE WITH
- INTERNATIONAL LAW AND HUMAN
- RIGHTS NORMS

Any measures taken must be necessary, proportionate, and temporary, and all must respect human rights and the principle of legality. For emergency laws, the shift of legislative power to the executive should be only to the extent that is necessary and no more than proportional to the threat (Zwitter, 2012). Emergency powers should be invoked for no longer than is necessary to deal with the crisis. Underpinning these principles is another: states should respond to emergencies within the constraints of normally applicable power as far as possible, and rights should be limited only if there are good reasons for doing so.

In responding to Covid-19, these principles imply that new powers should be used and restrictions on existing rights imposed only to the extent necessary and justified by scientific and medical evidence. Actions taken merely to be 'seen to be doing something', for example, would be impermissible (Cormacain, 2020). This requires both a robust engagement with the scientific evidence and an open conversation to ensure accountability.

Linked to this, new laws or regulations can only be made if they are necessary for responding to the pandemic. In that sense, should any less draconian measures achieve the goal, those should be preferred (Scheinin, 2020). That said, South African law has not yet incorporated a reasonableness test (which includes proportionality) into the principle of legality; the latter only requires only a rational connection between the ends sought and the means deployed. A more robust understanding of the rule of law ought to require that the least invasive measure be taken (Cormacain, 2020).

All of this applies to the practice of democracy and the role of the legislature in a democracy: although an emergency justifies a state temporarily becoming authoritarian, the country remains a democracy and the legislature must act in accordance with that. This issue was litigated by the Helen Suzman Foundation, who argued that the legislature abdicated its duties during Covid-19.³⁰ The court disagreed, but the case raised pertinent questions about the role of parliament during a pandemic ([Chapter 3.2](#)).

The rule of law requires states to guard against the arbitrary or discriminatory application of emergency measures and to avoid criminalising breaches of these measures. This issue was raised in the *Khosa* case,³¹ where the court warned that 'it is apparent from newspaper reports that almost 20 000 persons on day 42 of the lock down have been made criminals. The consequences thereof have perhaps not been sensibly considered.'

Government must also ensure that vulnerable populations are not disproportionately affected, but South Africa again had a mixed record in this regard. Covid-19 measures significantly affected vulnerable groups, such as elderly people, prisoners, migrants, detainees, and refugees ([Chapter 5.3](#)). Job losses were particularly severe among part-time, low-income, and informal workers. The closure of schools and early childhood development centres had a disproportionate impact on mothers. Women and children were also more at risk of domestic violence during lockdown (Grogan & Weinberg, 2020:15; [Chapter 5.4](#)). Regulations restricted access to detention facilities, and visits to nursing homes were carefully regulated. Regulations that provided relief to refugees excluded asylum seekers.³² The exclusion of informal traders from essential services also had a disproportionate effect on this vulnerable group (Wegerif, 2020; [Chapter 6.2](#)), as did the failure to include waste-pickers as 'essential service workers' (Krige, 2020).

³⁰ *Helen Suzman Foundation v The Speaker of the National Assembly*, 2020.

³¹ *Khosa v Minister of Defence and Military Veterans*, 2020.

³² *Scalabrini Centre of Cape Town and Another v Minister of Social Development*, 2020. See also [Chapter 3.2](#).

Another important right that should be guarded in this time is access to the media. Government advice and guidance should be freely available in the media and should not be behind paywalls. Access to accurate and independent information should be encouraged. Journalists should be free to write about government's handling of the pandemic without fear of persecution. The same is true for doctors and scientists in engaging with the media. This is important to counter false or misleading information (Grogan & Weinberg, 2020:15; Zappulla, 2020). More controversial is the criminalisation of the spreading of misinformation (Labuschaigne, 2020; Grobler, 2020). While this is laudable in principle, care should be taken not to silence people who might hold different scientific opinions.

Lastly, after the pandemic, the state should not continue to use surveillance technologies deployed during the disaster. Digital tracing and the use of other data require the consent of individuals, the information should be kept anonymous, and its use should be subject to judicial or political oversight (Grogan & Weinberg, 2020:15). South Africa initially fared poorly in this regard, but the regulations were changed quickly to provide for digital contact tracing with the oversight of a retired Constitutional Court judge, as discussed in the section on information and privacy below.

DELIVER RAPID, COORDINATED, AND COLLECTIVE ACTION

Countries that responded sooner to the pandemic performed better than those that delayed their response (Harris et al., 2020). Plans must be coordinated at national, regional, and local level to ensure collective action that is adapted to local conditions. The precautionary principle is important here.³³

The Green and White Paper on the Disaster Management Act recognise this. For this reason, the Act establishes various committees to facilitate communication and cooperation between different levels of government. However, as noted, these institutions and committees were not functioning optimally, if at all. This paved the way for the establishment of coronavirus command councils at different levels, with the NatJoins providing advice. Thus, South Africa's response complies with this requirement, but not because it was strictly in terms of the Disaster Management Act. Instead, the executive established what seems to be a structure that usurps some of the roles of the institutions established by the Act.

ENSURE THAT EMERGENCY MEASURES FOCUS ON THE CRISIS ONLY, NOT ON OTHER POLICY GOALS

Non-pharmaceutical interventions should aim only to address the crisis and not to further policy goals unrelated to the emergency.

While government generally adhered to this principle, it has been violated in some instances. This issue was raised in various court cases on section 27(2)(n) of the Disaster Management Act, which confers fairly wide powers on the minister to take 'other steps that may be necessary to prevent the escalation of the disaster'. The Western Cape High Court³⁴ interpreted the word 'necessary' narrowly – as 'strictly necessary'. In the *BATSA* case, it found the tobacco sales ban was not a 'strictly necessary' response to the pandemic (Chapter 6.5). In contrast, the Gauteng High Court³⁵ opted not to limit the powers of the minister unduly.

³³ *One South Africa Movement and Another v President of the Republic of South Africa*, 2020. See also Meßerschmidt, 2020.

³⁴ *British American Tobacco South Africa (Pty) Ltd v Minister of Co-operative Governance and Traditional Affairs*, 2020.

³⁵ *Fair-Trade Independent Tobacco Association v President of the Republic of South Africa*, 2020.

- Two other cases³⁶ questioned whether
- the state could pursue its transformation
- policies by applying particular criteria to the allocation of resources during the disaster. In both cases the court found it acceptable, because addressing the pandemic by focusing on the indigent is in line with the Constitution. It is likewise in line with the developmental principles enshrined in the Disaster Management Act.

Contained in this is the requirement that the *measures must be non-discriminatory and protect vulnerable groups*, as noted. There were some concerns, however. The *Scalabrini* case³⁷ dealt with the exclusion of special permit holders and asylum seekers with valid permits from receiving the Covid-19 social relief of distress grant. Finding that the directions violated sections 9 (equality) and 10 (dignity) of the Constitution, the court ordered the Minister of Social Development to amend the directions to include these vulnerable groups ([Chapters 3.2](#) and [5.3](#)).

Another group of vulnerable people affected by the lockdown was so-called waste-pickers (Krige, 2020). Although they perform the valuable function of removing waste for recycling, they were not allowed to operate during the lockdown; this prohibition caused extreme hardship in this community (Samson, 2020). The Minister of CoGTA described their request to be deemed an essential service as ‘opportunistic’ because their work does not entail waste and refuse removal ‘in the conventional sense’ but is rather an economic activity involving the collection and sale of abandoned material. When waste-pickers were allowed to operate under alert level 4, they were required to have permits. This requirement was unnecessarily onerous and not related to the emergency itself; instead, it stemmed from a desire to formalise and regulate this activity. Security forces harassed some waste-pickers who operated without

permits; some were arrested and detained, in certain cases for months without access to their medication (Venter, 2020).

Similarly, the Minister of Small Business Development issued a directive that informal traders could continue trading provided they had permits in terms of the Business Act 71 of 1991 (de Visser, 2020; LRC, 2020). Again, formalising traders under this legislation is not connected to managing the pandemic and its economic consequences. The issuing of permits to informal traders should not be enforced by emergency legislation.

Equally important is that the rules must be applied equally and consistently. Government and other state officials should lead by example, modelling good behaviour. If they fail in this regard, they must face the consequences to avoid creating the perception of double standards. In South Africa, some leaders did model the desired behaviour. When Health Minister Dr Zweli Mkhize and his wife tested positive for the virus in October 2020, he stated in a press release that they had alerted their contacts. They both quarantined at home (Mkhize, 2020a). Other officials failed to adhere to the rules, but some faced consequences in line with this principle. For example:

- Early in the pandemic, the Minister of Communications and Digital Technologies, Ms Stella Ndabeni-Abrahams, violated lockdown regulations by visiting a friend for lunch. This was prohibited at the time, and pictures of the lunch were widely circulated on social media (Gilili & Feltham, 2020). The minister apologised but was placed on special leave for two months, one of which was unpaid. The president publicly condemned her behaviour (The Presidency, 2020). The minister also paid an admission of guilt fine, which attracted a criminal record for violating lockdown regulations.

³⁶ *Solidarity obo Members v Minister of Small Business Development; Afriforum v Minister of Tourism, 2020; Democratic Alliance v President of the Republic of South Africa, 2020.*

³⁷ *Scalabrini Centre of Cape Town and Another v Minister of Social Development, 2020.* See also [Chapter 3.2](#).

- Mpumalanga Premier Refilwe Mtsweni-Tsipane made headlines when she attended the funeral of the Minister in the Presidency, Jackson Mtembu. Police Minister Bheki Cele called for an investigation, with other ministers condemning her conduct. The premier admitted guilt, said she 'should have known better as a public figure', and paid an admission of guilt fine (Bhengu, 2021).

PROTECT OVERSIGHT MECHANISMS

Legislative oversight

Parliament delegates some of its powers to the executive (Box 3.1.4) but retains the responsibility for overseeing how these

powers are exercised. In the pandemic, parliament delegated the power to make regulations to the minister responsible for the Disaster Management Act. As noted, the Act confers wide-ranging powers on the minister to make intrusive laws.³⁸ This arrangement did not allow for a deliberative process, as the Constitution requires.³⁹ This does not mean that the minister's exercise of power was necessarily unlawful; rather, compliance with the principle of the rule of law requires that:

- The minister acts only in terms of the powers conferred and not outside their scope.
- The provisions of the Disaster Management Act are lawful and constitutional, in that the powers are not too wide or vague, or vest too much power in the executive.⁴⁰

Box 3.1.4: Original and delegated legislation

Section 43 of the Constitution vests legislative authority in parliament, the provincial legislatures, and municipal councils (RSA, 1996b). All these bodies are democratically elected to pass legislation based on careful and open deliberation; such legislation is 'original'. Delegated legislation refers mostly to regulations (and directives, insofar as these are classified as quasi-legislation)⁴¹ that regulate in more detail the issues outlined in the legislation, for reasons that include the following:

- The regulations may deal with very specialised and/or technical matters.
- The original legislative bodies are not in continuous session, and do not have the time to pass all the legislation.
- Powers are needed to cope with emergencies.
- The regulations might deal with peculiar local matters.

Delegated legislation is a form of delegation of power from the legislative authority to the executive. Not all matters need to be dealt with in elected, deliberative legislatures; in some circumstances the executive might well be better placed to deal with specific matters. It is important, however, for the legislative authority to set the parameters for the exercise of this power within the empowering, original legislation. Delegated legislation must be authorised by original legislation – it must be enacted in terms of the original legislation that authorises it. Delegated legislation exists and has authority because the original legislation empowers it. That said, once the power has been delegated, it is important to ensure that the relevant functionary acts within these delegated powers.

³⁸ *De Beer v Minister of Co-operative Governance and Traditional Affairs*, 2020.

³⁹ *Doctors for Life International v Speaker of the National Assembly*, 2006: par. 110–111.

⁴⁰ *Freedom Front Plus v President of the Republic of South Africa*, 2020.

⁴¹ *Ahmed and Others v Minister of Home Affairs*, 2018.

- Parliament suspended its activities in March 2020, with the last sitting of the National Assembly on 18 March and that of the National Council of Provinces the next day. The Chief Whips Forum announced on 14 April 2020 that the Speaker of the National Assembly, Ms Thandi Modise, had asked certain parliamentary committees driving the Covid-19 response to intensify their oversight activities during the lockdown. New rules were framed to enable virtual meetings to be held (Parliament, 2020). On 17 April 2020, parliament's presiding officers announced the resumption of parliamentary business (Mputing, 2020). New rules were framed on the sitting of the two Houses of Parliament.⁴²

In the *Helen Suzman Foundation* case⁴³ (Chapter 3.2), the foundation argued that the legislature bears primary responsibility for lawmaking, even during disasters (as per section 37 of the Constitution, which governs states of emergency) (RSA, 1996b). As noted, it would have been challenging to meet the threshold requirement for a state of emergency during a health disaster; thus, government probably has to rely on the Disaster Management Act in health emergencies. It is, therefore, advisable that oversight mechanisms, like those in section 37 of the Constitution, be added to the exercise of powers of the minister in terms of this Act.

Note that the minister's powers in terms of the Disaster Management Act are vague because the Act provides for different kinds of disasters. The *Helen Suzman Foundation* argued⁴⁴ that once the immediate threat of the pandemic has been addressed, legislation that deals with the specific challenges of Covid-19 should be passed. It similarly argued that section 27(1) only allows the declaration of a state of disaster in exceptional circumstances – namely, when there is no ordinary way of dealing with a disaster. Although the court did not agree, parliament would do well to assess its role as lawmaker in the pandemic.

There is a strong argument that the legislature should continue with its ordinary functions as far as possible; it also needs to scrutinise the executive's application of its delegated powers to help ensure that legislative measures are in line with the rule of law. Legislation could and should provide for this oversight function, and the South African parliament can justifiably be criticised in this regard.

Judicial oversight

The other important check on executive power lies with the courts, whose function remains critical to the rule of law. They must scrutinise the most serious limitations on human rights, and their process must facilitate quick decision-making (CoE, 2020:5). In times of emergency, government makes decisions rapidly, and mistakes are inevitable. More so even than in 'normal' times, such decisions must be reviewable by the courts, and individuals must be able to challenge these decisions (Cormacain, 2020).

Although the courts did operate in the pandemic, access was initially restricted. Two days after the declaration of the state of disaster, Chief Justice Mogoeng issued directives to curb the spread of Covid-19 in the courts. The regulations restricted attendance at court hearings and imposed various safety measures (Brickhill, 2020). The Chief Justice later clarified that the courts would remain partially operational (Mncube, 2020). To this end, the Minister of Justice and the Heads of Courts issued extensive regulations and directives to govern court proceedings. On 17 April 2020 the Chief Justice issued new directives, asking for the postponement of most criminal and civil matters, and restricting the courts to 'urgent matters and urgent applications arising from the activities associated with disaster management'. Power was delegated to the Heads of Court to issue their own directions.

⁴² This seems consistent with the Constitutional Court reasoning in 1995. *Executive Council of the Western Cape Legislature v President of the Republic of South Africa*, 1995.

⁴³ *Helen Suzman Foundation v The Speaker of the National Assembly*, 2020.

⁴⁴ *Helen Suzman Foundation v The Speaker of the National Assembly*, 2020.

These directives limited the right of access to courts fairly dramatically, along with the right to a fair criminal trial (section 35 of the Constitution) (RSA, 1996b). It affected the requirements that (especially criminal) proceedings be concluded without unreasonable delay and that proceedings be held in open court (most were now held online). This was not a problem at the beginning of the pandemic but may become one later on (Brickhill, 2020).

Also, in some cases, human rights organisations had difficulty monitoring the enforcement of the regulations. And where cases did go to court, there was heightened deference to executive decisions, which deserves more scrutiny and research.⁴⁵

Another concern was that Legal Aid South Africa, which represents indigent persons in some cases, closed its offices on 26 March 2020. Non-governmental, public interest organisations providing similar services did not close their offices. Still, only the physical offices were closed, and Legal Aid set up a joint national hotline with non-governmental organisations to assist people whose rights were violated during the lockdown.

Independent oversight

As for the application of emergency measures, their enforcement, especially by the police and military, must be subject to proper oversight. The use of force should be monitored, and accountability ensured for any disproportionate use thereof. Here, an independent oversight body could be an important check; indeed, the court ordered such mechanisms in the Khosa case.⁴⁶

ENGAGE WITH EXTERNAL (SCIENTIFIC) EXPERTISE AND STAKEHOLDERS

As a novel virus, Covid-19 brought with it an unpredictability. Initially there was little evidence to steer decision-making; the virus mutated over time (Makou, 2021), and the effectiveness of the various vaccinations was not clear. *Governments had to make short-term decisions that could have long-term effects and needed the flexibility to change when more data became available. There would simply not be a perfect response to the pandemic, although some would be better than others. Along with the need for immediate emergency responses came the need for ongoing review to enable governments to assess the latest information and make any necessary changes. They also had to engage with the international experience and adopt strategies to improve the quality of domestic laws.*

Even though the WHO recommendations are not binding, they are expected to steer countries' legal response to the virus. The organisation draws on a variety of experts; South Africa welcomed WHO experts in August to support its Covid-19 response management. The press release stated that the 'team will work closely with the Department of Health at a national level and with senior staff of Provincial Departments of Health' (Mahlela, 2020).

Drawing on external expertise is also essential to ensure adherence to the rules. A WHO study explored ways of addressing non-compliance with Covid rules (especially around 'pandemic fatigue'⁴⁷) and made specific policy recommendations (WHO, 2020c). Adherence to the measures is higher

⁴⁵ See for instance *Fair-Trade Independent Tobacco Association v President of the Republic of South Africa*, 2020 and *Esau v Minister of Cooperative Governance and Traditional Affairs*, 2020.

⁴⁶ *Khosa v Minister of Defence and Military Veterans*, 2020.

⁴⁷ The WHO (2020c:7) describes pandemic fatigue as 'demotivation to follow recommended protective behaviours, emerging gradually over time and affected by a number of emotions, experiences and perceptions'. Initially people tap into their short-term survival strategies to deal with the new threat, but in situations of prolonged stress, fatigue and demotivation set in, and a different way of coping is required.

- where members of the public participate in making them. By engaging target groups, governments help ensure that the rules are responsive to their needs (Moloi, 2021). This taps into people's need to feel autonomous and in control of their own lives (WHO, 2020c). Civil society groups have an essential role to play here. The Disaster Management Act (section 5) provides for a National Disaster Management Advisory Forum involving various role players. Again, it not sure what role this forum played during the Covid-19 pandemic.

International experience can provide information on the effectiveness of both pharmaceutical and non-pharmaceutical interventions. It can also inform policy and legislation, not only at the start of the pandemic but also during the subsequent recovery. South Africa's regulations for the hard lockdown appeared to follow the European pattern. In general, it seems that on the health side at least, South Africa did draw on experience from other countries in handling the pandemic (Umraw, 2020).

The initial decision-making on the Covid-19 pandemic primarily involved politicians, virologists, and epidemiologists, but more inclusive, multidisciplinary decision-making is needed (Rajan et al., 2020). Covid-19 is not simply a health problem; it is also a societal one. Civil society, non-governmental organisations, and academia play a vital role in asking questions in response to policy and other developments. When government responds to this external engagement, especially criticism, with strong, evidence-based research and proposals, this both creates better policy and law and fosters transparency and accountability. South Africa's response is lacking in this regard. Early on, the presentation by the chairperson of the Ministerial Advisory Committee helped clarify the state's approach to the pandemic (Abdool Karim, 2020). However, government's tone of engagement is cause for concern.

At the beginning of the pandemic, an attorney acting on behalf of two advocates raised concerns about the National Coronavirus Command Council's constitutionality and statutory authority (Jordaan, 2020b). Little information about the council was available in the public sphere. The lawyers sought clarification from the president, and the Presidency, but their letter was met with a hostile reply and a condescending tone (Haffajee, 2020). The advocates were accused of insisting 'on putting in jeopardy all measures taken to save South African lives and ensure security of public health', which is 'not commensurate' with their 'positions as officers of the court'. Government's response did, however, set out the position of the Presidency and the justification for the National Coronavirus Command Council.

The concern here is that information was often only forthcoming when litigation was threatened; even then, government did not always provide coherent, well-reasoned responses. The WHO (2020c) stressed that when questioned, governments must avoid judgment and blame and reply with empathy and understanding. Ideally, government should have recognised that:

- The situation is new.
- There are fears of executive overreach.
- People want to be sure the response and the creation of the National Coronavirus Command Council are indeed within constitutional bounds.

In the *Skole-Ondersteuning* case,⁴⁸ the Minister of Social Development was reprimanded for how she and her legal team approached the litigation. The court remarked that 'in constitutional litigation, which after all concerns the rule of law and the principle of legality, the state should be held to a higher standard than an ordinary [litigant]. A court can expect compliance with the relevant Rules of Court, as well as openness, transparency, accountability ...' The court also noted that the minister appeared to think laws could be made by letters indicating future intentions.

⁴⁸ *Skole-Ondersteuningsentrum NPC v Minister of Social Development*, 2020.

REFORM THE LAW BASED ON BEST PRACTICES LOCALLY AND ABROAD

As the crisis abates, it provides an opportunity for states and international bodies to examine and review the effect the legal response had on the constitutional and legal framework. This will require a review of emergency legislation, health legislation relating to pandemics, and actions taken by all the actors during the pandemic. This is exactly what this report seeks to do, and government should be commended for inviting such a review.

HUMAN RIGHTS AND LEGAL IMPLICATIONS

The South African government already faced significant economic, infrastructure and development challenges before the pandemic. These were complicated by a general lack of trust in government among businesses and civil society, as demonstrated by numerous public protests. The lack of trust stemmed from perceptions of corruption, incompetence, indifference, and the like. Despite these challenges, government acted swiftly and decisively in the face of the pandemic and enjoyed initial support for the lockdown regulations. However, as the lockdown continued, the public became increasingly polarised along socio-economic and political lines, in part because government appeared to lack understanding of how poor people access food, housing, transport, and employment. The most prominent effects of the pandemic on human rights, and government response to these, are briefly discussed below. Detailed discussions of the sector-specific effects are contained in later chapters.

FREEDOM OF EXPRESSION

During a pandemic, the public interest in receiving accurate information is more acute than ever. Governments have a legitimate interest in countering fake news, provided this is done in line with the values and rights in the country's constitution. Governments

can take measures in this regard, such as:

- Appointing only certain official spokespersons on the pandemic
- Proactively communicating directly and regularly with the public, using all available media
- Reacting to fake news by communicating directly and regularly with the public.

Are governments always right, whether factually correct or taking the best course of action? The answer is clearly no, as government officials are only human. However, human fallibility should never preclude governments from fulfilling their mandate to govern or from seeking to govern in a rational, scientifically informed way. The best way to ensure this is through transparency and freedom of expression. This means that while governments can – and should – be active disseminators of scientifically accountable and accurate information, they should never attempt to be the only disseminators of information.

Scientists have special knowledge and skills to investigate, analyse, and find solutions for an epidemic. Yet, like government officials, they are only human, and humility and a lack of hubris should be hallmarks of scientific activity. Still, the influential position that scientists occupy in society places a special ethical responsibility on them. This entails, inter alia, integrity and the courage to speak up in pursuit of the rational decision-making to which democracy aspires, even at the risk of offending or upsetting others.

FREEDOM OF EXPRESSION IN SOUTH AFRICA: LAW AND CULTURE

In the South African Constitution, freedom of scientific research is recognised as a special instance of freedom of expression. Freedom of scientific research (scientists' special right) includes freedom of thought, freedom to disseminate information, and freedom to conduct physical activities entailed by scientific research (e.g., performing experiments). Freedom of scientific research serves various purposes that lie at the core of

- the constitutional value system: promoting
- individual autonomy, facilitating the search
- for truth, and supporting democracy (Thaldar & Steytler, 2021).

A (hypothetical) government crackdown on dissent is not the only enemy of freedom of expression. In the context of a pandemic, when there is naturally a feeling of solidarity and unity of purpose among government officials and scientists alike to fight the spread of the pandemic, self-censorship by scientists might be an even greater enemy of freedom of expression. In this light, the fact that transparency and freedom of scientific research are part of the South African Constitution is insufficient. For these values to truly be alive in practice – especially in times of crisis – they must permeate and define the country's culture. As John Stuart Mill (1859) observed in *On Liberty*:

Society can and does execute its own mandates: and if it issues wrong mandates instead of right, or any mandates at all in things with which it ought not to meddle, it practises a social tyranny more formidable than many kinds of political oppression, since, though not usually upheld by such extreme penalties, it leaves fewer means of escape, penetrating much more deeply into the details of life, and enslaving the soul itself.

FREEDOM OF EXPRESSION AND CONTEMPORARY SCIENTIFIC CULTURE IN SOUTH AFRICA

How strongly does the ethos of freedom permeate contemporary South African scientific culture, or is the South African science community prone to self-censorship? This is a complex question, but one can identify a few possible pointers (see Thaldar & Steytler, 2021).

The first relates to legislation. Although Acts of Parliament typically recite the constitutional rights that they intend to promote, it is

instructive that not a single Act of Parliament (apart from the Constitution itself) contains the phrase 'freedom of scientific research'.

The second relates to South Africa's main ethics guidelines for health research, *Ethics in Health Research: Principles, Processes and Structures* (DoH, 2015). These guidelines were developed by the National Health Research Ethics Council, whose members have expertise in the legal or ethical aspects of health research. The guidelines make no mention of the constitutional right to freedom of scientific research. It lists 'academic freedom' (which is not the same) in its definition section but fails to mention academic freedom in the text itself. The absence of academic freedom and freedom of scientific research from the main text of the ethics guidelines is not the only problem. The definition given for 'academic freedom' refers to it as a 'collective freedom',⁴⁹ whereas the Constitution clearly envisions academic freedom as an individual right. This is cause for concern, as these ethics guidelines can be read as implying that an individual academic can only exercise academic freedom collectively with other academics; this would effectively silence individual dissent.

The third is an even more explicit pointer toward self-censorship in the South African science community – the 2018 Academy of Science of South Africa (ASSAf) report titled *Human Genetics and Genomics in South Africa: Ethical, Legal and Social Implications* (ASSAf, 2018). Although the objective of this report was to inform the genetics and genomics regulatory environment, it largely disregarded scientists' freedom of expression. Even though freedom of expression is an enumerated right in the South African Constitution, it is mentioned only once in the report, and only in the context of balancing it with the privacy and confidentiality rights of patients and research participants. The

⁴⁹ The definition of 'academic freedom' reads as follows: 'Academic freedom – the collective freedom of researchers, including students, to conduct research and to disseminate ideas or findings without religious, political or institutional restrictions; it includes freedom of inquiry and freedom to challenge conventional thought. Academic freedom does not mean freedom to ignore ethical issues.'

report makes no mention of scientists' freedom to share their research findings and to express their opinions. Moreover, it makes the following freedom-curtailling recommendation (ASSAf, 2018:12&66):

Researchers should not report their research findings in ways that may be, or may be perceived to be, harmful or offensive.

The problem with this recommendation, especially where it is not well explained or limited to specific contexts (e.g., race and gender), is that it promotes a general culture of self-censorship whenever there may be an interested party (e.g., government officials) who may take offence.

Promoting such a culture of self-censorship is clearly contrary to the values of the Constitution. All the rights in the Constitution are interlinked and interdependent. For instance, the right to freedom of scientific research is linked to the right to life, because scientifically informed decision-making during a pandemic saves lives. The opposite is also true: a culture of self-censorship among a country's science community can, especially in a pandemic, contribute to loss of life. This leads to a possible (but perhaps outdated) counterpoint to the three examples listed above, namely the history surrounding the Mbeki government's denial of the link between HIV and AIDS. It is estimated that this anti-scientific position of government contributed to the unnecessary deaths of 330 000 South Africans from 2000 to 2005 (Chigwedere et al., 2008). Had there not been South African scientists with integrity and courage to speak up in pursuit of rational, science-based decision-making – even if the scientific facts **offended** the sensibilities of the political elite and many of their supporters – how many more lives would have been unnecessarily and tragically lost? The activism surrounding access to HIV treatments about a generation ago should serve as a powerful example to inspire new generations of scientists.

FREEDOM OF EXPRESSION'S CRITICAL MOMENT DURING COVID-19

Professor Glenda Gray, the current president of the South African Medical Research Council (SAMRC), is a scientist who has done pioneering research on mother-to-child transmission of HIV. She is also one of the 51 scientists serving on the Covid-19 Ministerial Advisory Committee. Gray became an outspoken critic of government's handling of the pandemic. Some of the statements she is quoted as making include (Karrim et al., 2020):

We believe, as scientists, that we give and are giving the government good advice and why they decided not to take the advice or engage readily with the scientists is unknown. Why have experts if you don't care what they think?

We punish children and kick them out of school, and we deny them education. For what? Where is the scientific evidence for that?

This strategy is not based on science and is completely unmeasured. It's almost as if someone is sucking regulations out of their thumb and implementing rubbish, quite frankly.

Gray received a sharp written rebuttal from the Minister of Health (Mkhize, 2020b). However, the situation escalated beyond a spirited debate when, a day after the minister released his rebuttal statement, the Acting Director-General of the Department of Health sent a letter to the chairperson of the SAMRC board demanding that Gray's conduct be investigated (Pillay, 2020). He stated that Gray's statements caused 'harm' to the government's response to Covid-19 (Pillay, 2020). (The link with the 2018 ASSAf report's recommendation is striking: if something 'may be perceived to be harmful or offensive', the researcher is expected to refrain from saying it). The SAMRC chairperson apologised

- for Gray's comments and undertook to
- institute an investigation into the 'damage'
- the comments may have caused (Herman, 2020). Furthermore, the Board instructed Gray not to interface with the media until all issues relating to the comments had been resolved (Herman, 2020). This was indeed a critical point in the country's experience of COVID-19 and in the future of scientists' freedom of expression.

These events received much publicity in the popular media. Soon, supporting Gray against this overreach became a national *cause célèbre*. Academics from around the country took up the banner for scientists' freedom of expression in support of Gray (Dell, 2020). Some days later, when it became clear that the public mood favoured Gray, the SAMRC released a statement indicating that Gray had not transgressed any of its policies in airing her personal views to the media and that it would not be investigating further (Dell, 2020).

ASSAf, which had published the 2018 report discussed above, also came out in support of Gray (Dell, 2020). Its statement highlighted the importance of scientists' freedom of expression (ASSAf, 2020):

As the Academy of Science of South Africa, we believe that freedom of scientific enquiry is fundamental to the health of our constitutional democracy. Academics and researchers need the space to undertake independent research in an environment that is free from fear, intimidation, and political interference. To threaten researchers and to muzzle their voice would have a chilling effect on creativity, innovation, and experimentation.

This paragraph is aligned with South Africa's constitutional values but diametrically opposed to both the general tenor and the specific recommendation of the 2018 ASSAf report. The notion proposed in the 2018 report that scientists should refrain from reporting their research findings in ways that 'may be, or may be perceived to be, harmful or offensive' is an attempt to muzzle their voices and could indeed have a 'chilling effect on creativity, innovation and experimentation'.

CONCLUSION

The Gray controversy should be wake-up call for the South African science community to the reality that scientists' freedom of expression cannot be taken for granted. Clearly, more vigilance and advocacy for freedom of expression are needed. The Gray controversy also created an as yet unresolved paradox in ASSAf's position on scientists' freedom of expression. In the light of ASSAf's statement on the Gray controversy, which unequivocally favours scientists' freedom of expression, its 2018 report has become untenable. In the interest of integrity and consistency, ASSAf should consider rescinding the 2018 report. Its 2020 statement in support of scientists' freedom of expression ought to inform and define scientific culture in South Africa going forward. The values in the 2020 statement are the future generations' best hope of dealing with future disasters.

HEALTH

Before the pandemic, South Africa's healthcare services were systematically underperforming ([Chapter 5.1](#)), for reasons such as poor management of health facilities, the inadequate maintenance of health infrastructure, 37 000 vacant posts in the system, a lack of equipment, drug stock-outs, and severely strained emergency medical services. Social inequalities, deepened by the Covid-19 crisis, resulted in widely differing levels of health responsiveness – the areas serving the most vulnerable communities had the weakest systems and the least capacity to secure personnel and equipment.

Under the lockdown regulations, South Africans were required to stay home from 27 March to 16 April 2020. They could only leave to obtain food, medicine, fuel, or other essential services. Also, the sale of tobacco and alcohol was banned to reduce the number of trauma visits to emergency rooms. As noted, the evidence supporting these bans has been questioned ([Chapters 6.2](#) and [6.5](#)).

On 1 April 2020 government deployed 67 mobile testing units and 10 000 community health workers to conduct community screening for Covid-19 and to increase testing six-fold to 30 000 tests per day by the end of that month. In addition, the Department of Science and Innovation, the SAMRC and the Technology Innovation Agency awarded R18 million to local companies, organisations, and researchers to ramp up the production of polymerase chain reaction (PCR) reagents and point-of-care test kits. Fearing that Covid-19 cases could overwhelm local hospitals at the peak of the pandemic, numerous field hospitals (including at Nasrec) were hastily erected to manage patients with moderate to severe Covid-19.

Several key concerns soon emerged:

- **Degraded management of non-Covid-19 health challenges:** Rates of HIV and tuberculosis testing fell significantly during lockdown, as did access to primary healthcare – both because facilities were not operating and because transport was limited. In this regard, the health minister announced in October 2020 that the department had formulated an aggressive catch-up strategy (Kamnqa, 2020). Until that is achieved, however, experts advised that increasing self-administered treatment, improving treatment literacy, using shorter regimens, and scaling up counselling, screening, and testing would be crucial for the proper management of tuberculosis and HIV.
- **Poor quality and limited availability of personal protective equipment (PPE) for healthcare workers:** Only 28% of protective equipment suppliers were licensed by the South African Health Products Regulatory

Authority (SAHPRA), the country's quality assurer for medical devices, PPE, and related products. Extensive and largely unchecked corruption in the healthcare sector added insult to injury in this regard. To help mitigate this problem, the president announced a new initiative across the African continent – the Africa Medical Supplies Portal would be a continental online portal that would help African countries access critical medical supplies ([Chapter 7](#)).

- **Slow turnaround times for community testing and screening:** Long delays reduced the efficacy of tests and encouraged people to abandon self-isolation. Despite the early implementation of a national lockdown and other non-pharmacological interventions, the virus continued to spread in densely populated communities; this may have contributed to the observed decline in the epidemic curve through 'herd immunity'. This finding, if replicated, is of critical importance for informing policy and mitigating against further waves of infection.

The WHO (2020a) Covid-19 Strategy Update document aimed to guide countries' public health response to Covid-19. In line with these guidelines and the global strategic objectives of mobilisation, control, suppression, reduction, and development, CoGTA (2020a) proposed a National Action Plan for South Africa in the form of a risk-adjusted health prevention strategy. This involves a formalised five-level response framework to govern epidemics (Table 3.1.2). The lowest level would be activated when an epidemic risk has been identified, which would trigger a set of prepared responses. A lockdown would only be considered as a last resort.

Table 3.1.2: Proposed risk-adjusted health prevention strategy

Level	Trigger	Action
0	No threats	Identify quarantine sites, maintain contact-tracing machinery, and prepare a legislative framework for infectious disease outbreaks.
1	Highly infectious disease with significant morbidity and mortality identified	Implement a central response platform for government, develop tests, identify possible shortages in testing equipment, prepare treatment facilities, maintain basic border surveillance, identify high-risk transport routes, implement mandatory testing and quarantining for people from high-risk zones, establish testing machinery for persons presenting with symptoms, and coordinate with the private health sector.
2	Imported infections identified, together with first community-based infections	Begin border closures, together with mandatory, across-the-board testing and quarantining of travellers entering the country; mandate the wearing of masks; implement health protocols in workplaces, at transport hubs and on bulk transport; temporarily close schools and universities; prohibit mass meetings; and expand the testing framework to detect community-based infections.
3	Significant increase in community-based infections, but below 100	Further attend to mass testing and contact tracing, and quarantine suspected cases and those identified as positive.
4	Community-based infections increase exponentially	Begin general lockdowns in areas with identified disease clusters, and close non-essential businesses and bulk transport systems.

Source: Adapted from van den Heever, 2020

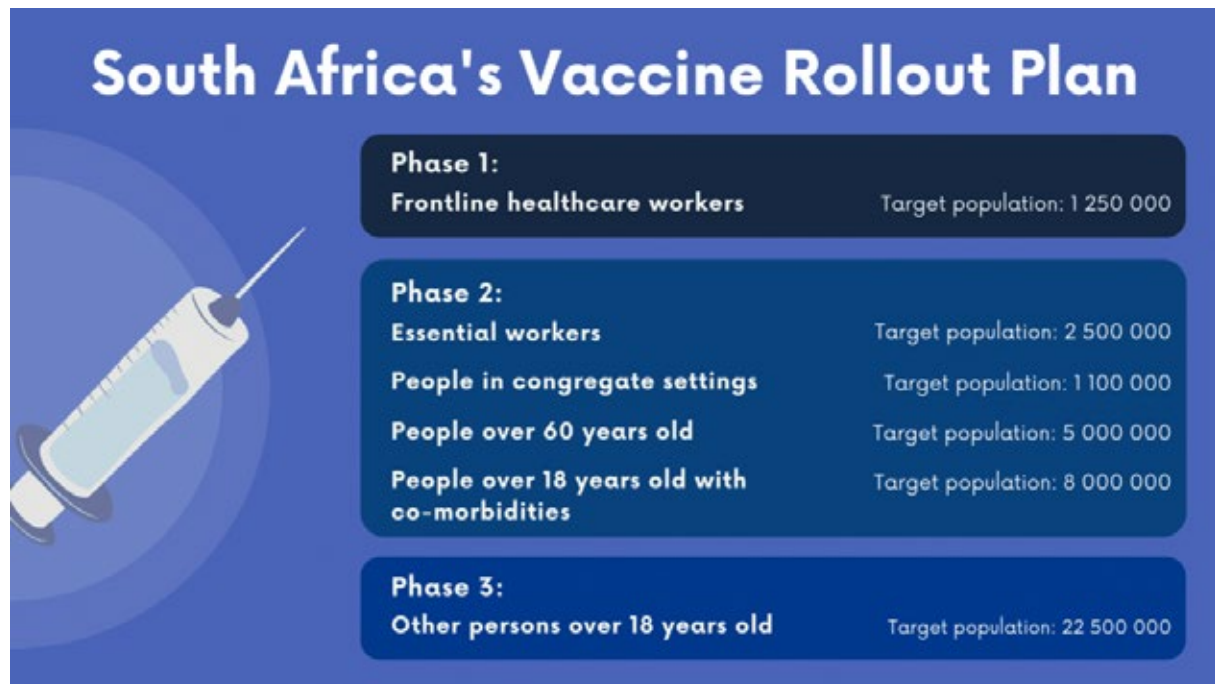
Vaccines are a vital tool in the fight against the Covid-19 pandemic. Since 2020 the South African government, the national Department of Health and the Ministerial Advisory Committee have held discussions with potential vaccine suppliers, including Pfizer, AstraZeneca, Johnson & Johnson, Moderna, Cipla, and vaccine producers in China and Russia. For its part, the COVAX facility focused mainly on vaccines that are suitable for developing nations with limited (or no) ultracold storage facilities. The Biovac Institute, a South African public-private partnership, started negotiations for the possible local manufacture of up to 30 million

doses of Covid-19 vaccines per year, depending on the required technology ([Chapter 2](#)).

South Africa has developed an incremental roll-out plan for vaccines (Figure 3.1.1), and government identified six criteria for the selection of a vaccine:

- Availability
- Safety, efficacy, and quality as determined by SAHPRA
- Ease of use and number of doses required
- Stability during storage and distribution
- Supply and sustainability
- Costs.

Figure 3.1.1: Vaccine roll-out plan



Source: DoH, 2021

The Pfizer and AstraZeneca vaccines became available first. However, an analysis of the B.1.351 coronavirus variant first identified in South Africa in mid-November 2020 found that the two-dose regimen of the ChAdOx1 nCoV-19 (AstraZeneca) vaccine provided minimal protection against mild to moderate Covid-19 infection, although it had a high efficacy against the original coronavirus non-B.1.351 variants in South Africa (Wits University, 2021). This meant that the AstraZeneca vaccines that arrived in South Africa early in February 2021 could not be used.

Government urgently had to procure the Johnson & Johnson vaccine, which protects against severe Covid-19, including the South African variants. It soon secured 500 000 doses of this single dose vaccine for use in its *Sisonke* ('Together') programme, a clinical trial. As the vaccine had not yet been registered as a commercial medicine, Johnson & Johnson had a so-called rolling application with SAHPRA to allow the long-

term effects of its vaccine to be assessed. Because its safety and efficacy have already been proven, the vaccine could be rolled out under the Sisonke Open Label Programme. The programme is an 'open label, single-arm Phase 3b vaccine implementation study of the investigational single-dose Janssen Covid-19 vaccine candidate [that] aims to monitor the effectiveness of the investigational single-dose Janssen vaccine candidate at preventing severe Covid-19, hospitalisations and deaths among healthcare workers as compared to the general unvaccinated population in South Africa'. It is co-hosted by the SAMRC and the Department of Health.

According to Professor Glenda Gray, president of the SAMRC and principal investigator of the Ensemble study (Cullinan, 2021) in South Africa, SAHPRA was only likely to decide on an emergency use licence for the vaccine in late March or April 2021.⁵⁰ The Sisonke programme allowed government to make this vaccine immediately available to healthcare workers, while waiting for SAHPRA to process its licence. The focus was on frontline healthcare workers because they are three to four times

⁵⁰ The Johnson & Johnson vaccine has since been registered by SAHPRA (SAnews, 2021).

- more likely than the general population to
- contract Covid-19. Before the start of the
- Sisonke programme, about 40 000 health workers had contracted Covid-19, 6473 had been hospitalised, and 663 had died. Under the programme, in March 2021 an initial 80 000 doses of the Johnson & Johnson vaccine were administered to healthcare workers.

INFORMATION AND PRIVACY

Shortly after the start of the lockdown in March 2020, an urgent application was brought directly to the Constitutional Court on the grounds that the country was not facing an emergency situation and that Covid-19 was not harmful to Africans; Covid-19, it was claimed, was a 'self-healing disease for Africans' (Jordaan, 2020a). The court dismissed the application, finding it to be premised on misinterpreted information obtained from both credible and dubious sources. The case demonstrated that scientific falsehoods were being peddled and that such information was or could be misused for misguided political and ideological ends.

In an effort to stop the circulation of fake news about Covid-19, government criminalised 'publishing any statement through any medium including social media with the intention to deceive any other person about measures by the government to address Covid-19'. Although some viewed this approach as an overzealous limitation of the freedom of expression, especially after a number of people were arrested, government received support when a man who distributed a fake 'contaminated Covid-19 test kits' video on social media was arrested and charged (Grobler, 2020). Actions such as these were publicly welcomed, as the spread of this fake information created difficulties for health workers of the Gauteng Department of Health who tried to introduce community testing initiatives.

Balancing the right to privacy with other constitutional rights while engaged in a vast programme of tracking and tracing is not easy. The Electronic Communications, Postal

and Broadcasting Directions (DTPS, 2020) allowed electronic communication network service and electronic communication service licensees (the Internet and digital sector in general) to track and trace people who were infected or might have been in direct contact with infected persons, via their private cell phones. This directive triggered concerns about the potential for these capabilities to be abused and South Africa gradually becoming a surveillance state.

With the Protection of Personal Information Act not yet fully enacted when lockdown was announced, the Information Regulator (South Africa) (2020) issued a guidance note on the processing of personal information in the management of the pandemic. The regulator emphasised that regulations issued in terms of the Disaster Management Act should comply with the provisions of the Protection of Personal Information Act to ensure the right to privacy is respected. Justice Kate O'Regan, a retired Constitutional Court judge, was appointed to oversee the electronic contact tracing database to ensure the protection of people's privacy and information.

FINANCIAL AND ECONOMIC IMPLICATIONS

Social distancing regulations, together with limitations imposed on the movement of people and goods by the closure of national and international borders, led to extraordinary economic difficulties in every country. However, uncertainty around the trajectory and duration of the pandemic made it very difficult for policymakers to design appropriate interventions.

South Africa's economy had already been in a deepening recession before the pandemic and rising levels of debt meant that government had very limited fiscal space. The country's economic response under these conditions is discussed in [Chapter 6.1](#). In general, though, the response can be divided into three phases, as set out in Table 3.1.3.

Table 3.1.3: Phases of the economic response

Phase	Focus	Measures	Examples
From mid-March	National disaster	Relief measures to mitigate the immediate economic effects on businesses, communities, and individuals	Tax relief, the release of disaster relief funds, emergency procurement, wage support through the Unemployment Insurance Fund, and funding for small businesses
From 21 April 2020	Stabilise economy	Social and economic support package of R500 billion (10% of gross domestic product)	• Redirect resources to fund the health response. • Provide direct support to households and individuals to alleviate hunger and social distress. • Assist companies in distress and seek to protect jobs.
Emerging from the pandemic	Drive economic recovery	Stimulate demand and supply through interventions for inclusive growth	Substantial infrastructure build programme, the implementation of economic reforms, and the like

Given the protracted nature of the pandemic, it is critical to examine the viability of a risk-based strategy that combines a health-supportive approach with maintaining a viable economy. The trade-offs are complex and cannot be reduced to a simple choice between saving lives and sustaining economic activity.

Regulations issued in terms of the Disaster Management Act (section 27) allocated powers to the Minister of Trade and Industry to protect consumers from excessive and unreasonable pricing of goods and services and to maintain the security and availability of such goods and services during the national state of disaster (DTIC, 2020a). These powers must be exercised effectively to ensure the availability and affordability of food and other critical household goods (e.g., soap and sanitary products), in addition to the social relief provided by distress grants and food packages in terms of the 2004 Social Assistance Act (RSA, 2004a).

GENDER-BASED VIOLENCE

Many worried that potential victims of gender-based violence would be stuck indoors with their abusers during the lockdown; these concerns were not unwarranted. Government's gender-based violence and femicide command centre alone recorded more than 120 000 cases in the first three weeks of lockdown, whereas a single call centre in Tshwane received between 500 and 1000 calls a day. Trends in gender-based violence in different phases of the pandemic are discussed in more detail in [Chapter 5.4](#).

Government had been engaged in a range of policy development processes to help reduce the very high levels of gender-based violence in the country. These efforts were disrupted by Covid-19 to the extent that most of the planned interventions and structures were not yet fully functional. However, government proposed amendments to critical pieces of legislation to close loopholes and made

- R1,6 billion available for the Emergency
- Response Action Plan to combat gender-
- based violence and femicide. For example:
 - The ***Criminal Law (Sexual Offences and Related Matters) Amendment Act*** now creates an offence of sexual intimidation, extends the ambit of the offence of incest, and extends the reporting duty of persons who suspect that a sexual offence has been committed against a child.
 - The ***Criminal and Related Matters Amendment Bill*** tightens the granting of bail to perpetrators of gender-based violence and femicide and expands the offences for which minimum sentences must be imposed.
 - These and other proposed amendments also oblige the departments of ***Social Development, Basic Education, Higher Education, and Health*** to provide certain services to survivors where needed and to refer them for sheltering and medical care.

Unfortunately, the reality remains that many survivors of gender-based violence have lost faith in the criminal justice system, have difficulty obtaining protection orders, suffer because of lax bail conditions for suspects, find that the police do not take domestic violence complaints seriously, and are concerned about light sentences given to perpetrators.

EDUCATION

Covid-19 exposed a deep divide in digital access and literacy ([Chapter 5.2](#)). In the lockdown, the education sector had to stop all face-to-face activities and find novel ways to continue educating South Africa's learners and students. This proved impossible, however, because only 37% of households have consistent access to the Internet through cell phones or computers. Although private schools could quickly move teaching online, this was not the case for most public schools; their learners often had to rely only on radio or television broadcasts or on textbooks and worksheets distributed to them. Most historically disadvantaged schools do not

have ready **access to resources** such as textbooks.

Parental supervision was another concern. Parents in 'advantaged' positions and contexts may be able to work from home and have some of the required academic skills to oversee their children's studies. However, the majority of the workforce is unskilled; most of these parents are unlikely to have either the skills or the time to oversee their children, and many are absent from home for work purposes.

Another obstacle to extending e-learning platforms to disadvantaged schools is the **cost of data** and **curriculum content**. Mobile communication providers can greatly assist by granting free access to e-learning platforms (e.g., Google Classrooms) to help these learners benefit from digital classrooms. Also, schools that already have the necessary curriculum content can share such content to assist other schools.

In the thick of a recession, lockdown and pandemic, government did not necessarily prioritise **early childhood development**. With childcare and early education facilities closed, children were deprived of social and cognitive stimulation outside their homes. Since the country's educational outcomes were already very poor in comparison to its peers, the impact of the epidemic on early learning will likely have adverse educational consequences for some time. This will also undermine South Africa's pursuit of the United Nations Sustainable Development Goals.

CONCLUSIONS AND RECOMMENDATIONS

This chapter was written with the benefit of hindsight, whereas government had to make decisions swiftly in response to Covid-19. With advice from the WHO on managing the health response, South Africa utilised the powers conferred on it by the Disaster

Management Act to protect the health of its residents, including by imposing strict measures to curb the transmission of the virus. Having reviewed some of the legislative responses and those pertaining to human rights, the chapter concludes with lessons learnt and makes recommendations for the management of future disasters.

THE DIFFERENCE BETWEEN EMERGENCY LEGISLATION AND ORDINARY LEGISLATION

It is accepted that when the state exercises emergency powers, some individual human rights might be affected. Emergency powers may be necessary to secure the state. However, since the South African Constitution creates a democratic state, ***care must be taken to ensure that the constitutional and democratic order is not undermined*** and the role of parliament, the judiciary and oversight bodies is preserved (Khakee, 2009).

The rule of law requires that to the extent emergency powers are required, those powers must not become the norm. Stated differently, ***legislation that gives extensive powers to the executive to manage emergencies should not outlive the emergency itself***. Apart from anything else, such legislation is generally not made in an open and deliberative forum. During the pandemic, for example, the lockdown regulations were formulated by various committees within the executive branch.

The effects of the emergency legislation can be constrained in various ways, including the use of sunset clauses, using a single legislative vehicle to manage the emergency, non-textual amendments, not fitting into the normal legislative processes, using words that make the temporary nature of the legislation clear, limiting the powers to exceptional cases, and indicating in the title that the legislation has limited application.

EVALUATING THE EFFECTIVENESS OF USING THE DISASTER MANAGEMENT ACT

The Disaster Management Act provides for both a reaction to disasters and for a developmental approach to reduce the risk of disaster (by avoiding them and by limiting their impact). A state of disaster, and the regulatory regime that this unlocks, only materialises if such risk reduction measures were not successful.

If the Disaster Management Act were used only as a tool to ***respond*** to disasters, it would fail as a legislative instrument, because its purpose is to promote development initiatives that reduce the risk of occurrences becoming 'disasters' (van Niekerk, 2014). If, on the other hand, the Act were properly implemented and used to ***reduce the risk of disaster***, the focus would shift to vulnerable communities and to the development of plans to reduce their vulnerability. Should a disaster then occur, its impact would be less severe; this would, in turn, reduce the need for invasive post-disaster interventions.

Choosing a disaster option to deal with the initial threat appears to have been appropriate. A health emergency does not meet the requirement of section 37(1)(b) of the Constitution, which stipulates that an emergency can be declared only to restore peace and order (RSA, 1996b). Ordinary legislation would also not have been sufficient to empower government to impose a lockdown.

A lesson for government to learn, however, is that a failure to implement the Disaster Management Act fully before the pandemic (e.g., because some structures had not been properly created) led to an uncoordinated response. Government should ensure that the structures that are provided for in the Act are functioning as they should.

- A state of disaster itself should be **limited in**
- **duration** to ensure that the different arms of
- government return to their normal functions as soon as the immediate threat has been addressed.

REVISITING THE HEALTH STRATEGY FOR FUTURE PANDEMICS

A proper health strategy is critical for limiting the impact of the pandemic and must be aimed at ensuring a safe reopening of the economy as quickly as realistically possible (Parsons, 2020). For example, a generalised lockdown in the South African context may protect relatively affluent communities, even as it accelerates infection in communities living in overcrowded conditions and where people are dependent on social grants and food parcels (for which queuing is necessary), or in which they share ablution facilities. Such conditions make these areas effectively 'un-lockdownable' (Smart et al., 2020). Therefore, different approaches must be followed for different contexts. South Africa should develop a risk-based strategy that is fully compatible with its socio-economic context, while actively pursuing the safe reopening of the economy (Kantor, 2020). The strategy should also allow for any resurgence of the pandemic to be managed effectively.

Covid-19 has been a protracted and complex pandemic. It brought border closures, restricted movement, and closed businesses, all of which will have significant long-term effects on the economy. While economic considerations should not be given precedence over health risks, adverse economic effects (including mass unemployment) will have serious short- and long-term consequences and affect human rights. Government attempted to alleviate some of the economic disruption of the pandemic by providing social protection grants to the poorest people, but it also needs to provide support to those at the borderline of poverty, such as the vulnerable middle class, to reduce their likelihood of slipping into poverty (UNDP South Africa, 2020).

Further strategic objectives include (UNDP South Africa, 2020):

- Suppress transmission of the virus through the implementation of effective and evidence-based infection prevention and control measures, such as testing, tracing, quarantine of contacts, isolation of probable and confirmed cases, measures to protect high-risk groups, and vaccination.
- Reduce exposure by enabling communities to adopt risk-reducing behaviours and practise infection prevention and control, including avoiding crowds, social distancing, hand hygiene, masks, and improved indoor ventilation.
- Counter misinformation and disinformation by managing the 'info-demic' through communication, engagement and enriching the information ecosystem online and offline through high-quality health guidance that is accessible and appropriate to every community.
- Ensure vaccine deployment readiness in all areas and among all populations by communicating, implementing, and monitoring Covid-19 vaccination campaigns.
- Reduce mortality and morbidity by promoting early diagnosis and ensuring that health systems can meet the increasing demand for care.
- Accelerate equitable access to Covid-19 vaccines, including diagnostics and therapeutics.

TRUST AND TRUSTWORTHINESS

A major lesson from this pandemic is that amidst the hype and fear of the devastating effects of Covid-19, the public was eager to obtain information from reliable sources about various aspects of the pandemic and to hear government speak with one voice. As the lockdown restrictions were lifted and the country moved from alert level 5 to level 3, several issues reduced trust and confidence in government decision-making. These included the bans on the sale of tobacco, alcohol, and precooked food; the regulation of public

transport; and the use of force by the security forces and the lack of respect they showed to some members of the public. Attempts to silence critical voices, including those of some scientists, also affected public trust, as did mixed messages from government representatives in the media. Freedom of expression is a fundamental human right and has to be managed to facilitate better relations between government and all forms and methods of representations of the public voice.

STRENGTHEN THE CULTURE OF FREEDOM OF SCIENTIFIC RESEARCH

Freedom of scientific research is a fundamental right enshrined in the Constitution, similar to the right to life, the right to access to healthcare, and the right to dignity. As such, the right to freedom of scientific research should receive more explicit recognition by government, civil society, and the scientific community. All too often, the right to freedom of scientific research can be dismissed as being subject to limitations, such as ethics oversight. This is true: every right can be limited, and no right is absolute. But constant emphasis on the limitations on a right rather than on its substantive content renders such right culturally powerless. Rights need to be seen on their own merit and on their own context. Every scientist has the right to freedom of scientific research.

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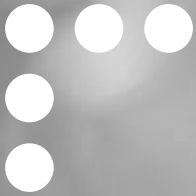
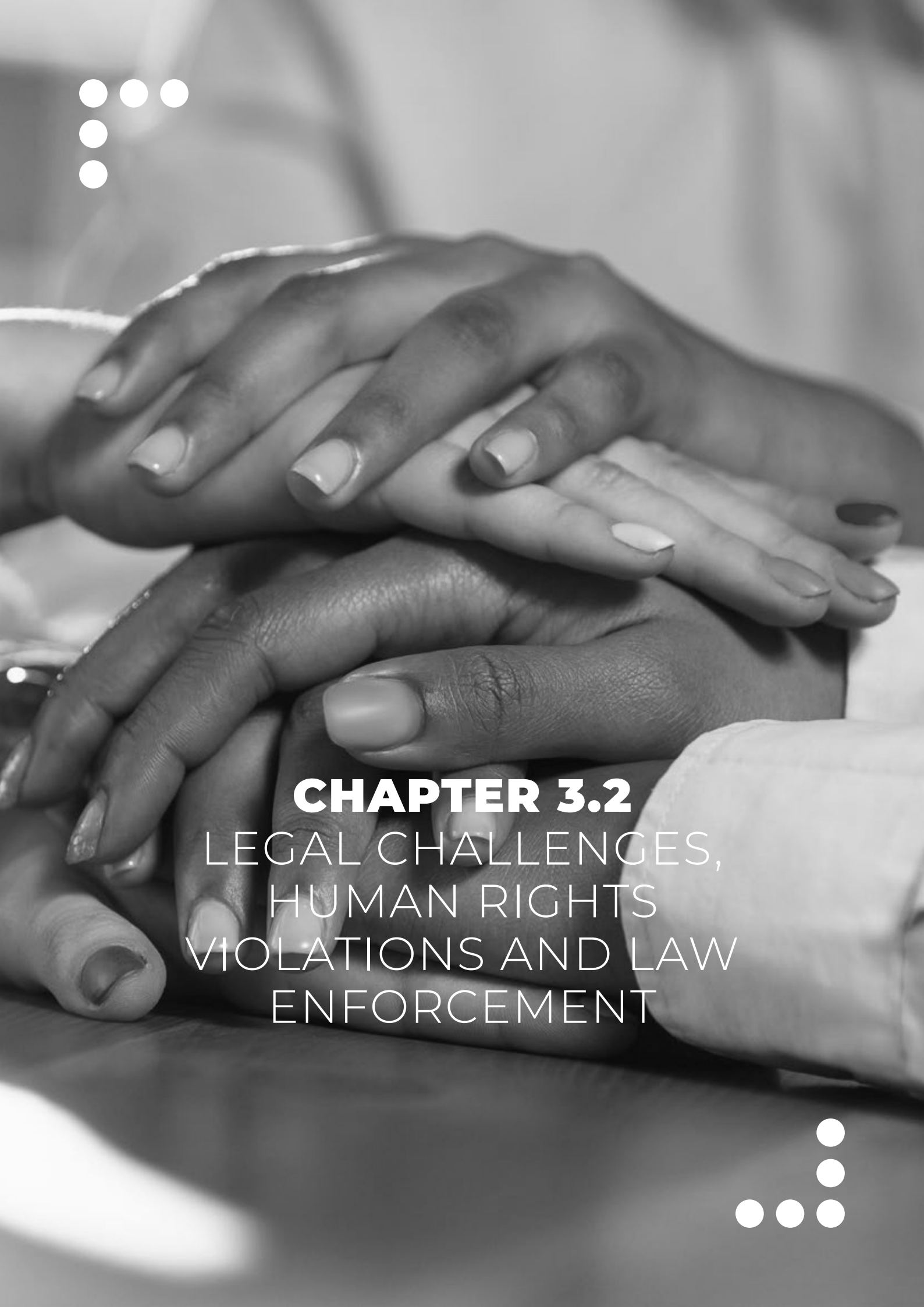
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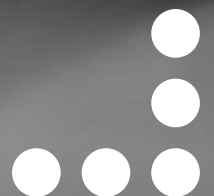
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CHAPTER 3.2
LEGAL CHALLENGES,
HUMAN RIGHTS
VIOLATIONS AND LAW
ENFORCEMENT



CHAPTER 3.2: LEGAL CHALLENGES, HUMAN RIGHTS VIOLATIONS AND LAW ENFORCEMENT



ABSTRACT

This chapter discusses the legal challenges to the government's disaster management measures in response to the Covid-19 pandemic. The cases discussed here are selected for their relevance regarding the application and enforcement of the statutory and institutional framework and for their human rights implications. They involve the legal foundations for responding to a disaster and the constitutional validity of the action taken by government, followed by specific human rights challenges under chapter 2 of the Constitution. Abuse of power by law enforcement agencies and procurement corruption by government officials also fall within the scope of the chapter.

There is no denying that the measures government adopted in terms of the

DMA mitigated the spread of the Covid-19 pandemic, saved lives, and bought time for medical facilities to prepare to treat infected people. Although these are admirable outcomes, several legal and governance issues emerged from government's disaster management efforts. Government needs to prioritise these to act on the systemic weaknesses exposed by the pandemic. These priorities include, in no specific order: the building of efficient, responsive, and capable state institutions; modernisation and professionalisation of government services; a thorough overhaul of the functioning of the law enforcement agencies; better intergovernmental cooperation; non-selective and demonstrable criminal accountability for corrupt activities and abuse of power; and an appreciation of the potential future importance of a fundamental rights analysis in the adoption of disaster management measures.

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● ABBREVIATIONS AND ● ACRONYMS

CoGTA	[Department of] Cooperative Governance and Traditional Affairs
DMA	Disaster Management Act
IPID	Independent Police Investigative Directorate
MEC	Member of the Executive Council
SANDF	South African National Defence Force
SAPS	South African Police Service
WHO	World Health Organization

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INTRODUCTION

Following the declaration of a national state of disaster on 15 March 2020, the South African government imposed various measures in terms of the Disaster Management Act (DMA) 57 of 2002 to combat the Covid-19 pandemic. This chapter discusses select legal challenges to these measures. It first reviews the statutory and institutional framework of government's response to the pandemic, which sets the context of the legal disputes. It then discusses several of these cases, which were selected because of their role in illustrating the constitutional and human rights issues that emerged from the nature and scope of the measures and their enforcement. Subjects covered in these challenges include the locus of the power to deal with the pandemic, issues around the National Coronavirus Command Council, the constitutionality of the DMA, the constitutionality of the minister's declaration in terms of the Act, the constitutionality of certain regulations, human rights violations during the pandemic, the abuse of power by law enforcement agencies, and corruption. The chapter concludes with recommendations.

THE STATUTORY FRAMEWORK AND LEGAL FOUNDATIONS

Government's response to the Covid-19 pandemic was founded on the powers and functions assigned to it under the DMA. As per Box 3.2.1, this distinguished the response from one in terms of a state of emergency. While the DMA appeared to be the most appropriate legislative measure at the time (as discussed in [Chapter 3.1](#)), its interpretation and application remain subject to the Constitution in terms of the supremacy clause in section 2 of the Constitution. Given the nature and impact of the restrictions government imposed in response to the pandemic, a range of constitutionally protected human rights was bound to be

affected. This was the crux of several legal cases that sought to challenge government action and conduct during the pandemic.

Box 3.2.1: States of emergencies and states of disaster in South African law

In terms of section 37 of the Constitution, a state of emergency may be declared when the life of the nation is threatened by war, invasion, general insurrection, disorder, natural disaster, or other public emergency. Following the *eiusdem generis* ('of the same kind') rule of interpretation, the words 'disorder, natural disaster, or other public emergency' must be given a restrictive meaning to bring them in line with the circumstances that are first mentioned as threats to the life of the nation – war, invasion, and general insurrection – which connote a military-type threat. This has implications for the threshold that must be met when applying section 37 to the other three occurrences. Consequently, section 37, read with the State of Emergency Act 64 of 1997, would have been an ill-chosen and possibly an illegal response to the pandemic.

The DMA itself, in section 2(1)(a), distinguishes between a DMA disaster and a disaster in terms of section 37 of the Constitution by suspending the application of the DMA for disasters dealt with under section 37. This suggests the threshold for determining whether a disaster has occurred in terms of the DMA is different from that for section 37.

However, in section 2(1)(b), the DMA leaves open a third possibility, namely, that government may respond to the disaster in terms of other national legislation. This option would also render the DMA inapplicable to the extent that the disaster could be dealt with effectively through existing legislation.

South Africa's response to Covid-19 was set in motion when the pandemic was declared a national disaster on 15 March 2020 (CoGTA, 2020a) under the DMA. In terms of section 23(1) (b) of the DMA, the national executive assumed

- primary responsibility for coordinating
 - and managing government's response to
 - the pandemic (section 26 read with 23(8)).
- Under section 3, the president designated the Minister of Cooperative Governance and Traditional Affairs (CoGTA), Dr Nkosazana Dlamini-Zuma, as the minister responsible for administering the DMA. The minister declared a national state of disaster (Box 3.2.2) in terms of section 27(1) of the DMA (CoGTA, 2020b) this empowered her to make regulations or issue directions on a wide range of matters to deal with the Covid-19 pandemic.

Box 3.2.2: The Disaster Management Act's definition of a disaster

In section 1, the DMA defines a disaster as a 'progressive or sudden, widespread or localised, natural or human-caused occurrence which –

- (a) Causes or threatens to cause –
 - (i) Death, injury or disease;
 - (ii) Damage to property;
 - (iii) Disruption of the life of a community;
- and
- (b) Is of a magnitude that exceeds the ability of those affected by the disaster to cope with its effects using only their own resources.'

The DMA purports to *limit the minister's wide-ranging powers* in section 27(3), which stipulates that the powers assigned to the minister may only be exercised to the extent that they are necessary for:

- (a) Assisting and protecting the public
- (b) Providing relief to the public
- (c) Protecting property
- (d) Preventing or combating disruption
- (e) Dealing with the destructive and other effects of the disaster.

However, none of these 'purposes' is unproblematic as an adequate limit on the minister's power. The general nature and vagueness of these limits were bound to attract legal scrutiny.

Given the potentially significant impact of a disaster, cooperation between different

government departments and sectors is essential for an effective response. To this end, section 4 of the DMA enables the president to establish an *Intergovernmental Committee on Disaster Management*, comprising cabinet ministers, the Members of the Executive Council (MECs) of the provinces, and members of local councils. The Committee must give effect to the constitutional principles of cooperative government (section 4(3)(a)) and must adopt a national policy framework to provide for a coherent, transparent, and inclusive policy on disaster management. Section 7(2)(b) sets prevention and *mitigation* as the core principles of disaster management. It also requires the envisaged policy to give effect to cooperative governance and to determine the relationship between the sphere of government with primary responsibility for disaster management and those with supportive roles. Such a policy was adopted in 2005 (Ministry for Provincial and Local Government, 2005).

In sections 8(1) and (2), the DMA provides for the establishment of a *National Disaster Management Centre* as an institution within the public service. Organisationally it is to be part of the department for which the designated minister is responsible (CoGTA, in this case). Its objective is to promote an integrated and coordinated system of disaster management by national, provincial, and municipal organs of state, statutory functionaries, and other relevant role players (section 9). It was the Head of the National Disaster Management Centre who classified Covid-19 as a national disaster on 15 March 2020. The Centre enjoys wide powers (section 15), including monitoring whether organs of state and statutory functionaries comply with the DMA and the national disaster management framework and whether progress is made with post-disaster recovery and rehabilitation (section 15(1)(b)).

Confusion about the location of government's decision-making power arose when the president announced on 15 March that the national executive had established a *National Coronavirus Command Council* 'to

coordinate all aspects of our extraordinary emergency response' (de Vos, 2020). When officials later suggested the Command Council could take binding decisions, the impression was created that it was more than simply a coordinating body. This, along with other conflicting statements on the Council's functions, raised issues about its legality and its relationship with the institutions created under the DMA, the national executive, and parliament. Adding another component to the statutory governance structure and failing to explain its function clearly (at least initially) made it all but inevitable that the new structure would give rise to litigation; such cases are discussed below.

LEGAL CHALLENGES TO GOVERNMENT'S RESPONSE TO THE PANDEMIC

THE LOCUS OF POWER

After the Covid-19 pandemic was declared a national disaster in terms of the DMA, it became apparent that government intended to locate the official response to the pandemic within the executive and regulatory powers of the CoGTA minister acting in terms of the DMA. This was to be the mechanism through which the national executive channelled its response to the pandemic. The president confirmed this in his public address of 18 May 2020, stating that the DMA is the 'basis for all the regulations promulgated under the national state of disaster', which together with the initial lockdown and risk regulations constituted 'our national coronavirus response' (The Presidency, 2020). Government's intent to maintain this position was evident every time the national state of disaster was extended in terms of section 27(4) of the DMA.

This state of affairs led to an interesting legal challenge by the Helen Suzman Foundation. In the High Court,¹ the Foundation applied for an order declaring that:

- Parliament failed to comply with its constitutional obligations to consider, initiate, prepare, and pass legislation to regulate the state's response to the pandemic.²
- The national executive failed to comply with its constitutional obligations to prepare and initiate legislation in response to the pandemic.³

The gist of the *Helen Suzman Foundation* case was that the DMA is a temporary measure government could use to respond to an event that is 'progressive or sudden, widespread or localised' with the consequences listed under section 1; the measure ceases to apply when government enacts national legislation in terms of section 2(1)(b). The applicant argued that parliament has a constitutional duty to reclaim the legislative functions assumed by the CoGTA minister. In allowing government to rely exclusively on the DMA and failing to prepare new legislation to govern the response to the pandemic, both parliament and the executive had abdicated their duties under the Constitution to ensure parliamentary oversight over the plethora of regulations affecting every aspect of life. Locked into these were two issues the court was asked to adjudicate:

- **The constitutional argument:** Is the power to initiate and pass legislation permissive or preemptory?
- **The interpretation argument:** Does the DMA authorise government action for as long as the pandemic persists?

The constitutional basis for the case emanates from sections 55 and 85 of the Constitution, read with section 7(2), which requires the state to 'respect, protect, promote and fulfil the rights in the Bill of Rights'. According to section 55(1), parliament may pass legislation

¹ *Helen Suzman Foundation v The Speaker of the National Assembly*, 2020.

² Constitution ss 42(3), 44(1), 55(1) and 68.

³ Constitution s 85(2).

- in exercising its legislative power. In terms
- of section 85(2)(d), the president exercises
- executive authority, together with other members of cabinet, by **preparing and initiating legislation**. The applicant argued that even if it is accepted that the exercise of legislative power is permissive and not peremptory in this case, under section 7(2) the state must respect, protect, promote, and fulfil the rights in the Bill of Rights; many of these rights have been impaired by the measures taken in terms of the DMA.

The court accepted that this may be the case but only when the context and circumstances support such a conclusion.⁴ The applicant's case failed on this issue because the measures government took in terms of the DMA **aimed to protect rights**. As the court noted, if these measures had limited rights, they should have been challenged under section 36 of the Constitution (which sets out the grounds on which a right might be limited), which this case had not done. Furthermore, the applicant sought to bring a case for an additional duty to legislate for the consequences of the Covid-19 measures adopted by the state, without **identifying the outcome** the legislation had to achieve.⁵

The argument that the DMA was only intended as a **short-term measure** (until specific legislation could be adopted) also failed, as it was not substantiated by the ordinary language used in section 2(1)(b) of the Act. The court interpreted this provision as referring to existing rather than contemplated legislation. To determine whether the DMA applies, the comparison is therefore between the efficacy of other, existing legislation and that of the DMA.⁶

While one could easily concur with the judgment, an underlying issue seemed to

have motivated the legal challenge, at least in part, which may be relevant for disaster management in future. This is the concern that the extraordinary power given to the executive without the usual parliamentary oversight (especially in view of the far-reaching limitations on human rights and freedoms) may endure for as long as the pandemic does. The fact that this issue has frequently emerged in public comments and court cases underscores its gravity.

THE NATIONAL CORONAVIRUS COMMAND COUNCIL

The National Coronavirus Command Council has attracted criticism since its inception, and it was inevitable that its legality, powers, and functions would be challenged in the courts. In the *Esau* case,⁷ the applicants inter alia sought an order declaring:

- the establishment and existence of the Council inconsistent with the Constitution and the DMA
- consequently, any decision taken by the Council inconsistent with the Constitution and the DMA.

The applicants invoked the principle of **legality**,⁸ which renders any exercise of public power unlawful unless that power has been conferred on government by law. Relying on statements by government officials about the role and function of the Command Council, the applicants argued that the minister and the president had abdicated their responsibilities under the DMA by allowing the Council to assume the power to set the level and substance of the lockdown restrictions. Allowing the Council to coordinate government's response to the pandemic also allowed it to usurp the powers

⁴ Helen Suzman Foundation, 2020: par. 55, 57, 67, 68.

⁵ Helen Suzman Foundation, 2020: par. 68–76.

⁶ Helen Suzman Foundation, 2020: par. 93–97.

⁷ *Esau v Minister of Co-operative Governance and Traditional Affairs*, 2020.

⁸ See for instance *Fedsure Life Assurance Ltd v Greater Johannesburg Transitional Metropolitan Council*, 1998; *Affordable Medicines Trust v Minister of Health*, 2005; *Masetlha v President of the Republic of South Africa*, 2008.

of the National Disaster Management Centre without a legal basis.

Despite the initial (and confusing) public statements on the role and function of the Command Council noted above, in responding to this case government argued that the Council was merely a **consultative forum** (or cabinet committee, or structure of cabinet), with advisory rather than decision-making capacity. It held that the Council had been established to enable government to deal exclusively with the pandemic, separately from other cabinet business. As the Constitution allows cabinet to arrange its own procedures,⁹ government argued that it is free to establish a consultative body such as the Council to coordinate the responses of state departments to the pandemic.¹⁰

On the issue of the **respective coordinating functions** of the DMA centre and cabinet, the court held that the Centre's coordinating function was not an exclusive or even primary function granted by the DMA.¹¹ To hold otherwise would be inconsistent with section 85(2)(c) of the Constitution, which assigns overall authority to cabinet to coordinate the functions of state departments. This function cannot be delegated, by legislation or otherwise, to the Centre;¹² it remains a collective responsibility of cabinet under section 92(2) of the Constitution. As noted, section 26(1) of the DMA states unequivocally that the national executive is 'primarily responsible for the coordination and management of national disasters, irrespective of whether a national state of disaster has been declared in terms of section 27'.

The court also interpreted section 85 of the Constitution as not prohibiting the president

from obtaining advice before exercising his powers. It held the appointment of a **consultative or advisory body** for that purpose to be within his discretion. Indeed, the establishment of such committees is standard practice in government.¹³

A final issue was the **lack of written authority** authorising the establishment of the National Coronavirus Command Council, a point persistently raised by the applicants in questioning its lawful existence. This issue was dealt with in terms of section 101 of the Constitution, as government argued that the president had established the Council in terms of his powers as head of the national executive. It also argued that internal cabinet processes and practices had been followed. Under section 101(1), the president's decisions need to be in writing only when they are taken in terms of legislation or when they can have legal consequences. Neither condition applied here, as the Council was not established by law. Its decisions did not have legal consequences, because they could be accepted, rejected, or modified by cabinet or individual ministers.¹⁴

It is doubtful whether the court's reasoning on this issue is satisfactory. The creation of the Command Council and its envisaged role in the pandemic were **not part of the executive's ordinary business**. Instead, the Council was intended to deal with an extraordinary threat with far-reaching implications. In such circumstances, the decision to establish the Council, as well as an explanation of its role and function, should at least have been recorded in the minutes of the relevant cabinet meeting.¹⁵ Yet, government stated in its response that there was no written authority in terms of

⁹ Government relied in this instance on s 85 of the Constitution, which is silent on this matter.

¹⁰ On the coordinating function of cabinet, see s 85(2)(c) of the Constitution.

¹¹ *Esau*, 2020: par. 69.

¹² *Esau*, 2020: par. 82.

¹³ *Esau*, 2020: par. 72 et seq.

¹⁴ *Esau*, 2020: par. 96.

¹⁵ It should be noted that records of cabinet and its committees enjoy immunity against disclosure in terms of section 12 of the Promotion of Access to Information Act 2 of 2000 (RSA, 2000). However, this only applies to requests for access to information required for the exercise or protection of the rights in the Bill of Rights and not to information required solely for determining the legality or constitutionality of government conduct.

- which the Council had been established.¹⁶
- If this means there was no written record of the matter, there is also no basis on which to determine whether the decisions of the Council would have legal consequences or not; this makes the application of section 101 of the Constitution rather problematic. Concerns in this regard are reinforced by the president's own statements that decisions on the lockdown levels, with all the attendant effects on individual rights and freedoms, were made on the advice of the Council.

Furthermore, the practice of **cabinet confidentiality** deserves scrutiny, as does the principle of the collective responsibility of cabinet in section 92(2) of the Constitution, on which the court ostensibly also relied in justifying the non-disclosure by government of a written authority for the establishment of the Command Council.¹⁷ The confidentiality rule is a convention of the Westminster system of government and was transplanted into South Africa's cabinet practice via common law. It is common cause that this rule strengthens the collective accountability of the executive by preventing individual members from distancing themselves from decisions and policies. This enables coherent and stable government and allows cabinet to present one voice to parliament. It is also the reason why the deliberations, discussions, and individual views preceding cabinet decisions are immune from disclosure to the public (Malan, 2016:117, 119, 128, 129).

Cabinet would be entitled to rely on this convention in refusing to disclose information on these processes. It cannot, however, rely on the confidentiality convention to withhold a cabinet decision or adopted policy when that information is needed for exercising or protecting a right. The convention applies

only to the extent that it is indispensable for collective cabinet accountability and coherent government. Once a decision has been taken or a policy adopted, the confidentiality justification falls away, as that decision represents the 'united front of cabinet for which cabinet, as a collective, is accountable' (Malan, 2016:131).

The court failed to make this distinction in dealing with the confidentiality and collective accountability issues. Upholding this distinction is of special significance in cases where decisions or policies have an impact on the general public (Malan, 2016:129). Thus, it seems reasonable to argue that section 32(1)(a) of the Constitution, which guarantees the right of access to information held by the state, applies here. The only way cabinet might justify withholding information would be by relying on the limitations clause in the Constitution, showing that non-compliance is justified by a law of general application and that all the conditions of section 36(1) have been met (Malan, 2016:119).

THE DISASTER MANAGEMENT ACT

The constitutionality of the DMA itself was unsuccessfully challenged in the *Freedom Front Plus* case.¹⁸ The essence of the case was that the DMA was unconstitutional in that it permits the executive to impose a state of disaster without safeguards similar to those that apply to states of emergency under section 37 of the Constitution (Box 3.2.3). The applicant argued that such safeguards are needed in a state of disaster; since the DMA fails to provide for them, it cannot withstand constitutional scrutiny.

¹⁶ Esau, 2020: par. 88.

¹⁷ Esau, 2020 par. 89–94.

¹⁸ *Freedom Front Plus v President of the Republic of South Africa*, 2020.

Box 3.2.3: Constitutional safeguards in states of emergency

Under section 37 of the Constitution:

- A state of emergency may be imposed for an initial period of no more than 21 days.
- Extensions are subject to parliamentary approval.
- A competent court may review the validity of a declaration of a state of emergency, the extension thereof and any legislation enacted, or other action taken, in consequence of a state of emergency.
- Derogations from the Bill of Rights must be strictly required by the state of emergency and comply with international law.
- Indemnification of the state for unlawful conduct is prohibited.
- Non-derogable rights must still be respected.

The relevance of this case is twofold:

- The court's distinction between a DMA disaster and a state of emergency
- Its affirmation that the general powers of judicial scrutiny apply to measures adopted under the DMA.

In a state of emergency, the threat stems from the 'direst of circumstances', which put the 'life of the nation' or 'peace and order' in danger. As noted, this threshold is markedly higher than in a national disaster.¹⁹ Also, under states of emergency certain fundamental rights may lawfully be suspended, hence the need for built-in safeguards.²⁰ By contrast, restrictive measures such as those imposed under the DMA remain subject to the general limitation provisions of the Constitution, along with the constitutional legality rule in section 1(c). Courts apply these as a matter of course when the constitutionality of legislation or government conduct is challenged. This remedy remains unimpaired by the absence

of built-in safeguards in the DMA.²¹

Given the distinction between a national disaster and a state of emergency, another part of the argument also failed – that the DMA is unconstitutional because it does not expressly provide for parliamentary oversight. The court held that section 37 of the Constitution expressly provides for parliamentary oversight because it permits constitutional deviations under states of emergency. Where no such deviations are permitted, the need for an explicit provision for oversight falls away. Whether parliament has duly complied with its obligations in this regard is a separate issue and does not render the DMA unconstitutional.²²

THE MINISTER'S DECLARATION OF A NATIONAL STATE OF DISASTER

The *De Beer* case challenged the constitutional validity of the minister's declaration under section 27(1) of the DMA that the pandemic constitutes a national state of disaster.²³ It also challenged the constitutionality of certain regulations promulgated by the minister, as discussed in the next section.

The applicants argued that the minister's declaration of the pandemic as a national disaster was not constitutionally valid, because government's response to Covid-19 was irrational and an overreaction. To substantiate this argument, they cited other diseases plaguing the country and the continent, such as tuberculosis and influenza.

The court dismissed the challenge.²⁴ It considered the global spread of Covid-19,

¹⁹ *Freedom Front Plus*, 2020: par. 59–60.

²⁰ *Freedom Front Plus*, 2020: par. 62–63.

²¹ *Freedom Front Plus*, 2020: par. 66–67.

²² *Freedom Front Plus*, 2020: par. 69.

²³ *De Beer v Minister of Cooperative Governance and Traditional Affairs*, 2020.

²⁴ *De Beer*, 2020: par. 4.12.

- the stance of the World Health Organization
- (WHO) and its plea to governments to take
- the pandemic seriously, and the absence of an effective vaccine. It also accepted that government needed time to address the shortcomings of an 'ailing and deteriorated public healthcare system' and to increase its state of readiness through drastic and urgent measures to slow the rate of infection, all of which could be deemed 'special circumstances' under section 27(1).

This issue elicited some remarks from the court. The applicants did not rely on any of these justifications to attack the constitutionality of the minister's declaration; thus, the court's remarks, although *obiter dicta* (incidental and not legally binding) for purposes of the judgment, suggest a need to reflect on government's handling of this and any future matters of this kind. The minister seemingly invoked, inter alia, the section 27(1) justifications – existing legislation and contingency arrangements were not adequate, and special circumstances warranted the declaration of a national state of disaster. However, she failed to elaborate either on the shortcomings of existing legislation or arrangements or on the special circumstances. The court found it 'somewhat disturbing' that there was no time delay between the National Disaster Management Centre classifying the pandemic as a national disaster (under section 23(1)(b) of the DMA) and the Minister's declaration under section 27(1). In fact, they were made on the same day and published in the same Government Gazette. There was therefore *no time for shortcomings in existing legislation to have manifested*.²⁵ This raises the question whether the minister applied her mind and formed an opinion independently of the Centre's classification, or whether she made the declaration on the basis and because of the classification.

This issue is important because the grounds for classifying an event as a national disaster

in section 23 are substantially different from those in section 27 for declaring a national state of disaster. The latter fall within the purview of the minister and no-one else; thus, her justification for invoking section 27(1), which she chose not to discuss, goes to the heart of the legality of her action. Had the applicants structured their attack in accordance with the section 27(1) requirements in the form of a review application, as opposed to an urgent application, the outcome could have had greater significance for the future interpretation and application of this section. Nevertheless, a responsible government would diligently inform itself of the factual and legal components of its actions in response to this disaster; this would help it prepare to be more accountable in any future disasters.

REGULATIONS ADOPTED IN TERMS OF THE DISASTER MANAGEMENT ACT

The regulations around the different lockdown levels caused widespread public discontent. Social media accounts exposing their contradictions demonstrated the public's frustration. Predictably, the validity of the measures was challenged; some examples of these challenges are discussed here. They illustrate the dilemma of balancing the need to fight the pandemic with the resulting limitations on constitutional rights. In the early cases, the courts applied a rationality analysis, which caused confusion or attracted criticism; in subsequent judgments, a limitation of rights analysis was applied.

RATIONALITY ANALYSIS: THE LOW THRESHOLD

In the *De Beer* case discussed above, the measures in question were those published in Government Notice 608 of 28 May 2020 (CoGTA, 2020c). They related to alert level 3 regulations, which added a Chapter 4 to

²⁵ *De Beer*, 2020: par. 4.10–4.11.

the existing alert level 4 regulations, with a view to easing the level 4 restrictions. The applicants argued that the regulations were irrational and unconstitutional, and that all the regulations promulgated by the minister should be declared unconstitutional, unlawful, and invalid.

The court correctly noted that the rationality test requires regulations to be rationally related to the purpose for which they were adopted.²⁶ This test requires the courts to establish whether the means used to achieve a certain objective (e.g., limiting the spread of the virus and preventing healthcare facilities from being overwhelmed) are, objectively speaking, rationally connected to the objective. If not, they cannot pass constitutional scrutiny.²⁷ However, in some instances the court seems to blur the distinction between the rationality test and the limitation of rights test in section 36 of the Constitution. The latter is essentially a **proportionality** test to determine whether an infringement of or encroachment on rights is reasonable. In dealing with the limitations that apply to the regulations in general, the court mentioned this test in the same breath as the rationality test.²⁸ More important, though, was the court's conclusion on the rationality of the lockdown regulations:

Insofar as the 'lockdown regulations' do not satisfy the 'rationality test', their encroachment on and limitation of rights guaranteed in the Bill of Rights ... are not justifiable in an open and democratic society based on human dignity, equality and freedom as contemplated in Section 36 of the Constitution.²⁹

Apparently to illustrate the irrationality of the regulations, the court alluded to several contradictory outcomes, in which the regulations affect different categories

of people unequally.³⁰ But unfair or unequal treatment is not an element of the rationality test; rather, it is to be dealt with under the Bill of Rights, which involves the reasonableness and proportionality of the rights infringement. This aspect of the judgment was critically reviewed by a number of commentators. Another concern is the indiscriminate finding of invalidity of the regulations as a whole (with a few exceptions), instead of testing each regulation for rationality (Rautenbach, 2020:825; Moosajee & Davis, 2020; Brickhill, 2020:1; Malan & Grobbelaar-Du Plessis, 2020). A further matter relates to the lack of evidence in the papers filed by the state on whether the responsible minister had properly applied her mind to the impact of the regulations on people's constitutional rights;³¹ this should have involved an analysis in terms of section 36 of the Constitution. The court's comments in this regard were rather damning:

The clear inference I draw from the evidence is that once the Minister had declared a national state of disaster and once the goal was to 'flatten the curve' by way of retarding or limiting the spread of the virus, ... little or in fact no regard was given to the extent of the impact of individual regulations on the constitutional rights of people and whether the extent of the limitation of their rights was justifiable or not. The starting point was not 'how can we as government limit Constitutional rights in the least possible fashion whilst still protecting the inhabitants of South Africa', but rather 'we will seek to achieve our goal by whatever means, irrespective of the costs and we will determine, albeit incrementally, which Constitutional rights you as the people of South Africa, may exercise'. The affidavit put up on behalf of the Minister confirms that the factual position was the latter. ... This paternalistic approach, rather than a Constitutionally

²⁶ *De Beer*, 2020: par. 6.1.

²⁷ *De Beer*, 2020: par. 6.2–6.3.

²⁸ *De Beer*, 2020: par. 6.1.

²⁹ *De Beer*, 2020: par. 9.4.

³⁰ *De Beer*, 2020: par. 7.

³¹ *De Beer*, 2020: par. 7.16.

- justifiable approach, is illustrated further
- by the following statement by the Director-General: 'The powers exercised under lockdown regulations are for public good. Therefore, the standard is not breached.'³²

Government's subsequent application for leave to appeal was unsuccessful, except in one aspect – the alleged blanket declaration of invalidity beyond the individually identified regulations above.³³ Government contended that the relief ordered in the initial judgment was vague and constituted a ground for appeal. The court had ordered the minister to undertake an evaluation to determine whether the measures encroach on individual rights and whether such encroachment is justifiable. She was also ordered to review, amend, and republish the regulations in question to address their deficiencies. In her application for leave to appeal, the minister argued that she is not told what is required of her to comply with the orders. In dismissing this ground for appeal, the court had the following to say about the evaluative exercise issue:

It therefore follows that in every instance where the exercise of executive power impacts on or infringes on those rights of people enshrined in Chapter 2 of the Constitution, an evaluative exercise must be undertaken to determine the extent of the infringement and the social justice impact thereof. The evaluative exercise involves both a consideration of the justification of the impact and the determination of appropriate steps to mitigate such impact. This is not new law or a novel concept, it is an obligation imposed by section 36 of the Constitution. It follows on the onus imposed on the executive who curtails constitutional rights, to be able to justify such curtailment. ... Again, this is an exercise that the Minister must undertake and for this court to have prescribed how exactly the regulations must be amended,

would have improperly crossed the boundaries of the separation of powers.³⁴

A remaining matter is the **state's compliance with court orders during the pandemic**; this cannot be divorced from government's accountability in general. Given that circumstances were fluid during the pandemic, government's response also had to change over time. Thus, regulations were frequently reviewed and amended as circumstances changed. This also happened before, during, and after the litigation in the *De Beer* case. As the court pointed out in the initial judgment and in the application for leave to appeal, there was no way of telling whether the regulations had been amended in compliance with the court order or in response to the changing pandemic, unless government provided clarity in this regard. The minister gave no such indication in this case and did not indicate whether the evaluative exercise required by section 36 of the Constitution had been undertaken in response to the court's order.³⁵ Was government applying obscurantism (i.e., deliberately preventing the full details from becoming known) to sidestep court orders and let them become irrelevant as circumstances changed? This question will probably never be answered, but the concerns it raises about government's responsibility in a constitutional democracy should not be dismissed easily. The measures imposed on the public have far-reaching consequences for individual rights and freedoms.

Proof of this is the *Esau* case discussed above, which was decided barely two weeks after judgment had been handed down in the *De Beer* case. In *Esau*, the regulations in question were those in force during alert level 4. Some remained in force under alert level 3, subject to the necessary amendments. These regulations restricted movement (regulation 16) and the consumption and

³² *De Beer*, 2020: par. 7.17–7.18.

³³ *Minister of Cooperative Governance and Traditional Affairs v De Beer*, 2020: 6.3–6.4 and 12. At the time of finalising this chapter, this case was still on appeal before the Supreme Court of Appeal.

³⁴ *Minister of Cooperative Governance v De Beer*, 2020: par. 7.7–7.8.

³⁵ *Minister of Cooperative Governance v De Beer*, 2020: par. 10.

purchase of certain goods (regulation 28). They were challenged on the basis of being unconstitutional, unlawful, and invalid. Here too, the applicants invoked the contradictory and arbitrary nature of the regulations.³⁶

However, the applicants' legal justifications of the claims of unconstitutionality and unlawfulness (illegality) were rather confusing. At one point, they argued that human dignity had been infringed by regulation 28 (consumption and purchasing choices) and freedom of movement by regulation 16 (a curfew and limitations on the place and duration of physical exercise), both of which are fundamental rights.³⁷ At another, they claimed unlawfulness because the regulations were not necessary to curb the spread of the pandemic. Like the human rights infringements, such a challenge would as a matter of course trigger the application of section 36 of the Constitution. Yet, the applicants invoked section 27(3) of the DMA,³⁸ which lists the requirements for determining whether the minister's regulations are necessary for responding to a national disaster. They argued that the regulations went beyond what is allowed under section 27(3),³⁹ asserting that less restrictive means could have been used to curb the spread of the pandemic.⁴⁰ However, the 'less restrictive means' requirement is a factor that must be considered under section 36 of the Constitution in determining whether a limitation of a fundamental right is justifiable. Therefore, it is not relevant for determining whether the minister acted within the confines of section 27(3) of the DMA.

The applicants' submissions, at least as recorded in the judgment, did not refer to the relevant constitutional provisions on

the infringement of fundamental rights. Rather, they specifically relied on the DMA, in particular sections 27(2) and (3). The court confined itself to section 27(3) for considering the rationality and, hence, the legality of the regulations.⁴¹ It opted for an extensive interpretation of this section by relying on section 59(1) of the DMA, which allows the minister to make regulations that are (a) not inconsistent with the Act, and (b) necessary to achieve its objectives. The court held that ancillary objectives, not expressly stated but necessary for an effective response to the pandemic, could also be regulated.⁴² It was, therefore, satisfied that government's measures were rationally connected to their objectives and, hence, lawful and constitutional.⁴³

The court relied on the lowest of thresholds – the rationality test. It was entitled⁴⁴ to have undertaken, on its own volition, an analysis in terms of section 36(1) of the Constitution to determine whether the rights infringements were justifiable. That it did not do this was correctly criticised (see, for example, van Staden, 2020). The court was not unaware of the human rights implications of government's measures; the applicants' submissions even alluded to certain infringements. The court also at one point countered the applicants' position that the regulations were contradictory and arbitrary by stating that this was not the test it had to apply under section 36(1); instead, it had to assess whether the measures were reasonable and justifiable in an open and democratic society.⁴⁵

However, the court did not apply this analysis to the regulations in question, which would have clarified the application of constitutional safeguards in the context

³⁶ *Esau*, 2020: par. 182 et seq.

³⁷ *Esau*, 2020: par. 183.4–183.5.

³⁸ *Esau*, 2020: par. 183.14.

³⁹ *Esau*, 2020: par. 183.6.

⁴⁰ *Esau*, 2020: par. 183.10 read with par. 183.12.

⁴¹ *Esau*, 2020: par. 202.

⁴² *Esau*, 2020: par. 246–247.

⁴³ *v2020*: par. 251 et seq.

⁴⁴ See *CUSA v Tao Ying Metal Industries*, 2008: par. 67.

⁴⁵ *Esau*, 2020: par. 231.

- of disaster management. Rather, it opted
- for the rationality threshold and lowered
- this threshold even further by applying an extensive interpretation of the minister's invasive powers under the DMA. If such choices are motivated by deference to the executive, there is much to be learnt from the comment by Rautenbach (2020:836):

Giving effect to the bill of rights cannot be diluted by applying different levels of judicial control of the limitation of rights on the basis of the identity of the alleged perpetrators (the executive, administrative organs, legislatures, or private persons) or the kind of action which they perform (legislative, executive, administrative or private action). There is no indication in the constitution that executive or administrative action that limits rights may be reviewed only or preferably on the basis of a weak rationality standard.

LIMITATION OF RIGHTS ANALYSIS: THE HIGH THRESHOLD

The above concerns with the High Court's approach were remedied when the matter went to the Supreme Court of Appeal.⁴⁶ In approaching the question of the lawfulness of the regulations from a limitation of rights perspective, the court applied the well-established two-stage process:

- The applicants must first show that the regulations infringe on one or more fundamental rights.
- If they succeed, the burden shifts to the respondents to justify the infringement in terms of section 36(1) of the Constitution.⁴⁷

The court had no difficulty in concluding that certain regulations infringed the right to freedom of movement⁴⁸ (section 21(1)), the

right to dignity⁴⁹ (10), and the right to practise one's trade and profession⁵⁰ (22). Equally unproblematic was the section 36(1)(b) requirement – the importance of the purpose of the limitation. The court was satisfied that regulations 16 and 28 were intended to keep the pandemic under control, to save lives, and to relax some of the restrictions on social and economic activity.⁵¹ In respect of the nature and extent of the limitations, which the court must consider under section 36(1)(c) of the Constitution, it was satisfied that the regulations qualified and reduced the impact of the infringements by providing for certain exceptions and exemptions to the alert level 3 regulations.⁵² On the basis of this analysis, the court concluded:⁵³

For the most part, I am satisfied that the means chosen – and the limitation of rights that those choices brought about – were objectively rational. They were also proportional in the sense that, in the circumstances, those means were necessary to deal with the exigencies faced by the country, struck appropriate balances between the adverse and beneficial effects of the response to the pandemic and were suitable for their intended purpose.

However, parts of the respondents' case met with the court's disapproval under the last two factors in sections 36(1)(d) and (e). Respectively, they require a rational connection between the limitations and their purpose and the consideration of less restrictive means to achieve that purpose. As the court noted, these factors relate to the reasonableness of the infringements and constitute the 'heart of the limitation enquiry'.⁵⁴ As such they were destructive of the limitations in two regulations:

⁴⁶ Esau, 2021.

⁴⁷ Esau, 2021: par. 108.

⁴⁸ Esau, 2021: par. 117.

⁴⁹ Esau, 2021: par. 118.

⁵⁰ Esau, 2021: par. 121.

⁵¹ Esau, 2021: par. 130–132.

⁵² Esau, 2021: par. 133–138.

⁵³ Esau, 2021: par. 142.

⁵⁴ Esau, 2021: par. 139.

- Regulation 16(2)(f) permitted only limited forms of exercise during a defined period and within a specific locality. The court found these restrictions to be neither rational nor proportional. They undermined the objective of the movement regulations, as they concentrated people in specified times and localities. Equally irrationally, only three forms of exercise were allowed.⁵⁵
- Regulation 28(3) prohibited the selling of hot, cooked food over the counter to in-store customers. The court found this to be arbitrary and not proportional to what it sought to avoid – people congregating at a counter – as they were still allowed to obtain other food from these counters.⁵⁶

The issue of applying different levels of judicial control over measures that violate individual rights also emerged from cases on the tobacco sales ban. In *Fair-Trade Independent Tobacco Association v President of the Republic of South Africa*,⁵⁷ the applicants challenged regulations prohibiting the sale of tobacco and tobacco products except for export and sought an order invalidating them (see also [Chapter 6.5](#)). The applicants appeared to base their challenge on the rationality principle,⁵⁸ although they also mentioned that proportionality had not been considered.⁵⁹ This speaks to the lawfulness of a rights limitation under section 36(1) of the Constitution.

However, the court itself removed any doubt about the correct basis of the challenge by affirming that the challenge against the tobacco sales ban ‘is founded on the legality principle in that banning the sale of cigarettes and tobacco products bears no rational relationship to curbing the spread of the COVID-19 virus’.⁶⁰ The court applied the legality principle under the rule of law⁶¹ in

determining whether the sales ban helped achieve government’s aim to save lives, promote health, and reduce the burden on the healthcare system. This placed the analysis outside the Bill of Rights framework. Thus, the court had to determine ‘whether a rational connection between a legitimate governmental purpose (i.e., containing the spread of the virus and saving lives) and the means chosen (i.e., banning the sale of all tobacco products) exists’.⁶² This then turned on the question whether smokers were at a higher risk of contracting the virus and whether their impaired lung capacity (and other ailments) would make them more likely to need hospital care and take up beds and limited resources. Inconclusive evidence on this did not prevent the court from dismissing the applicants’ case by concluding as follows:⁶³

In our view, the medical material and other reports, inclusive from the WHO, considered by the Minister, though still developing and not conclusive regarding a higher COVID-19 virus progression amongst smokers compared to non-smokers, provided the Minister with a firm rational basis to promulgate regulations 27 and 45, outlawing the sale of tobacco products and cigarettes. This in our view is a properly considered rational decision intended to assist the State in complying with its responsibilities of protecting lives and thus curbing the spread of the COVID-19 virus and preventing a strain on the country’s healthcare facilities.

This illustrates how easily government could comply with the rationality test as a requirement for lawful conduct, even in cases where the measures clearly encroach on fundamental rights. A different scenario unfolds under a fundamental rights-based analysis, as happened in *British American*

⁵⁵ Esau, 2021: par. 144–147.

⁵⁶ Esau, 2021: par. 152.

⁵⁷ *Fair-Trade Independent Tobacco Association v President of the Republic of South Africa*, 2020.

⁵⁸ Fair-Trade, 2020: par. 13, 15.

⁵⁹ Fair-Trade, 2020: par. 14.

⁶⁰ Fair-Trade, 2020: par. 15.

⁶¹ See also Fair-Trade, 2020: par. 19.

⁶² Fair-Trade, 2020: par. 28.

⁶³ Fair-Trade, 2020: par. 43.

- *Tobacco South Africa (Pty) Ltd and Others*
- *v The Minister of Co-operative Government*
- *and Traditional Affairs*.⁶⁴ As in the *Fair-Trade* case, the applicants in *American Tobacco* challenged regulation 45 (promulgated on 28 May 2020 and amended on 12 July 2020), which prohibited the sale of tobacco, tobacco products, e-cigarettes, and related products to members of the public. However, they challenged the constitutionality of the regulation by invoking fundamental rights violations – sections 22 (freedom of trade), 25 (arbitrary deprivation of property rights), 10 (dignity), 14 (privacy), and 12(2) (bodily and psychological integrity).⁶⁵

Having found that regulation 45 violated these fundamental rights,⁶⁶ the court focused on the justification of the violation. As noted, in terms of section 36(1) of the Constitution, the onus falls on government to establish a factual basis showing that the benefits of the regulation exceed the harm it causes.⁶⁷ The proportionality test is relevant here; it entails a balancing of interests, which as the court noted, is a much more stringent test than the rationality test applied in *Fair-Trade*.⁶⁸ Government failed to meet this threshold. It could not convincingly show that the use of tobacco increased the risk of developing a more severe form of the disease and so increased the strain on the public health system. Moreover, the sales ban also failed in its objective of curbing the number of smokers, as it stimulated extensive illicit trade in tobacco products.⁶⁹

SPECIFIC HUMAN RIGHTS CHALLENGES

Several cases challenged aspects of government's response to the pandemic on the grounds that these contravened various

provisions of the Bill of Rights. Some of these cases are discussed below.

ACCESS TO SOCIAL ASSISTANCE

On 21 April 2020, the president announced that a new social relief grant would be available for 'South African citizens, permanent residents and refugees' who were negatively affected by government's response to the pandemic. According to the Minister of Social Development, the grant sought to mitigate the deepening of poverty, the increase of hunger, and the catastrophic human and social effects of the pandemic. But the list of beneficiaries in the announcement meant that special permit holders and asylum seekers who had valid permits and visas, and who were lawfully in South Africa, were excluded from the scheme.

At the time, the Scalabrini Centre in Cape Town experienced an influx of asylum seekers and permit holders requesting assistance. Many of them had been self-employed or ran informal businesses before the lockdown. Most had no savings, and as they could not earn any income, they could not sustain themselves and their families, and their children could no longer benefit from school feeding schemes. Having been unable to engage government about the exclusion of asylum seekers from the social grant, the Scalabrini Centre successfully lodged an urgent application in the North Gauteng High Court⁷⁰ to declare the exclusion unconstitutional.

The finding for the applicants turned on three provisions in the Bill of Rights: sections 27 (right to healthcare, food, water, and social security), 9 (right to equal treatment) and 10 (human dignity). This is one of those obvious cases that should have been settled internally

⁶⁴ *British American Tobacco South Africa (Pty) Ltd v Minister of Co-operative Governance and Traditional Affairs*, 2020.

⁶⁵ *BATSA*, 2020: par. 136.

⁶⁶ *BATSA*, 2020: par. 140 et seq.

⁶⁷ *BATSA*, 2020: par. 156–163.

⁶⁸ *BATSA*, 2020: par. 156–157.

⁶⁹ *BATSA*, 2020: par. 164 et seq. and 174 et seq. See also [Chapter 6.5](#).

⁷⁰ *Scalabrini Centre of Cape Town and Another v Minister of Social Development*, 2020.

by the relevant government departments when the social grant was first considered; alternatively, it should have been settled out of court. The reasons are as follows:

- The legal position is and was clear at the time. Section 27(1) of the Constitution guarantees ‘everyone’ the right of access to, inter alia, sufficient food and water, along with social security, which includes appropriate social assistance if they ‘are unable to support themselves and their dependents’. Moreover, the Constitutional Court’s 2004 judgment on the application of section 27 in the *Khosa* case⁷¹ makes it clear that given the purpose served by social security, the impact of an exclusion on the affected people, and the wording of section 27(1), the exclusions in casu (‘in the case’) would be unconstitutional.
- The exclusions could not be justified under the regulations in terms of the Social Assistance Act 13 of 2004. Regulation 9(1)(b) provides that a person in need of immediate temporary assistance qualifies for certain social relief of distress if that person is a **South African citizen, permanent resident, or refugee**. However, this is subject to regulation 9(5): ‘Notwithstanding the provisions of sub-regulation 9(1), in the event of a declared or undeclared disaster: (i) a person may qualify for social relief ... if that household has been affected by a disaster as defined in the DMA ...’. As the court in *Scalabrini* concluded, the announcement’s reliance on regulation 9(1) while ignoring regulation 9(5) was a ‘clear misdirection’, as regulation 9(5) ‘widens the eligibility requirements for access to social relief of distress during a national disaster’.⁷²

This raises questions about the minister’s reasons for allowing this matter to go to court and the nature of the legal advice she received. Moreover, she filed a notice to defend the urgent application on 25 May

2020, only to withdraw it on 11 June and replace it with a notice to abide. Despite this notice, the minister was represented by senior counsel when the matter served before the court and after agreement on an out-of-court settlement could not be reached.⁷³ Is the state’s conduct in this matter that of a responsible government that is constitutionally bound to promote the efficient, economic, and effective use of resources?

RACE-BASED ACCESS TO FINANCIAL AID

To mitigate the consequences of the lockdown measures, government provided various relief funds and packages (see also [Chapters 5.3](#) and [6.1](#)). The legal authority for this action was sections 27(2) and (3) of the DMA, which empower government to release available resources to provide relief to the public. Some of these schemes were controversial because they used race-based criteria for the disbursement of the funds.

In the *Solidarity* case,⁷⁴ the dispute stemmed from the Minister of Tourism’s statement that (a) the disbursement of financial relief from the Tourism Fund would be guided by the Tourism Broad-Based Black Economic Empowerment Codes of Good Practice, and (b) the Fund would be administered in line with the objectives of economic transformation. The result was a system for scoring applications that awarded more points to black-owned companies than to white-owned ones.

The applicants requested the court to set aside the minister’s decision to use race-based criteria for disbursing the Fund. They argued that the DMA does not empower the minister to consider economic transformation and black economic empowerment objectives in

⁷¹ *Khosa v Minister of Social Development*, 2004.

⁷² *Scalabrini*, 2020: par. 38.

⁷³ *Scalabrini*, 2020: par. 1–5.

⁷⁴ *Solidarity obo Members v Minister of Small Business Development*, 2020.

- dealing with the pandemic. This argument
- failed. The court adopted a contextual
- interpretation of sections 27(2) and (3) of the DMA, holding that the minister could consider the relevant empowerment codes and that, to the extent that the disaster led to the closure of black-owned businesses, it would undermine government's economic transformation policies and the advancement of equality in terms of section 9(2) of the Constitution.⁷⁵

In concluding that a race-neutral response could deepen the fault lines in society, the court highlighted that the pandemic made it evident that more often than not the poor and the disadvantaged face the major brunt of the crisis. The response to the crisis must therefore recognise this uneven playing field and therefore calibrating such a response to deal with the impact of the crisis as well as the effect of historical disadvantage is not only permissible at the level of principle but warranted and necessary.⁷⁶

Of importance for a related case, dealt with below, is the court's assessment of government's scoring criteria for the funds. As for the race categories, the court found that the scoring mechanism provided adequate flexibility in dealing with race.⁷⁷ Moreover, as race-related criteria accounted for only 20% of the score, race did not give black-owned business an insurmountable advantage over white ones.⁷⁸

Less than two months later, these issues were the subject of litigation in the Democratic Alliance case.⁷⁹ The Minister of Small Business Development had established two funds to support small, medium, and microenterprises:

- The **Debt Finance Scheme**: Debt and repayment relief during the national state of disaster.

- The **Business Growth Resilience Fund**: Assistance to manufacturing businesses to take advantage of opportunities resulting from the pandemic or shortages in the local market.

The funds attracted attention because of the criteria for their allocation; the matter stemmed in no small measure from contradicting ministerial statements. At a press briefing on 24 March 2020, the minister stated emphatically that all small and medium-size enterprises would be supported, and no race requirements for funding would apply. On 30 April 2020, however, the minister said the opposite, making it clear that black economic empowerment would be a 'fundamental requirement'. She added that gender, geographic location, age, and disability would also be taken into consideration.

Against this backdrop, the Democratic Alliance, the official parliamentary opposition, instituted proceedings in the High Court seeking an order interdicting government from using these criteria.⁸⁰ Essentially, it argued that the criteria mentioned by the minister constituted an unpredictable system – the minister failed to explain how each factor would be weighted (i.e., how important they were relative to each other or to other factors).⁸¹ This meant the allocation system would be vague, because applicants would not know in advance how their applications would be assessed. Such vagueness could lead to arbitrary decision-making.⁸²

The court went along with the scoring criteria and judgment in the *Solidarity* case⁸³ and *in casu* granted the request for review and setting aside government's decision because of the vagueness of the criteria. The minister was required to redraft the regulations and

⁷⁵ *Solidarity*, 2020: par. 24, 25, 27, 28.

⁷⁶ *Solidarity*, 2020: par. 36.

⁷⁷ *Solidarity*, 2020: par. 39.

⁷⁸ *Solidarity*, 2020: par. 41–43.

⁷⁹ *Democratic Alliance v President of the Republic of South Africa*, 2020.

⁸⁰ *Democratic Alliance*, 2020.

⁸¹ *Democratic Alliance*, 2020: par. 15.

⁸² *Democratic Alliance*, 2020: par. 18.

⁸³ *Democratic Alliance*, 2020: par. 26, 27, 31.

reconsider the role of race, gender, youth, and disability to provide clear guidelines for disbursing the funds.⁸⁴ The court reasoned:

It is for the Minister to make sure that the criteria to be employed for the disbursement of public funds are not left to a simple laundry list of hygiene and procedural characteristics buttressed by one vague statement that 'priority would be given' to women, the youth and the disabled. Such a broad phrase without any guidance as to what weight is to be given to these criteria simply cannot pass muster in our constitutional democracy. The ostensible criteria fall foul of basic principles of the rule of law such that the requirement that the exercise of a public power must be certain, even, as is obviously the case in these circumstances, the discretion to allocate funds is permissible.⁸⁵

The remaining issue in the applicant's case, namely, whether the minister was at all entitled to use the criteria mentioned, turned on the interpretation and application of the DMA. As in the *Solidarity* case, the applicant argued that the factors the minister used are not themselves mentioned in the DMA and could not be applied in response to the disaster. In using these criteria, government sought to pursue economic transformation objectives unrelated to the DMA's disaster management objectives.⁸⁶ As this argument failed for the same reasons as in the *Solidarity* case, it is not discussed further here.

BRUTALITY DURING THE LOCKDOWN

Few cases speak so loudly of government intransigence and ineffectiveness as the *Khosa* matter.⁸⁷ On 25 March 2020 the president, in terms of section 201(2) of the Constitution, issued President's Minute 78 of

2020, authorising the South African National Defence Force (SANDF) to support other state departments in ensuring law and order and compliance with the lockdown regulations.

On 10 April 2020, during a joint operation to enforce restrictions on civilian movement and activities, members of the SANDF entered the home of a Mr Collins Khosa in Alexandra township. They accused him and another inhabitant, without credible evidence, of violating the lockdown regulations. In the course of events, witnessed by bystanders, Mr Khosa was allegedly forcefully pulled out of his home and taken outside, where he was violently assaulted. He died shortly afterwards; the medical report recorded blunt force trauma to his head and torso as the cause of death. According to bystanders, the cell phone videos they took of the incident were deleted by the SANDF members.

In High Court proceedings, the applicants sought, and the court granted, relief on multiple issues:

- It declared that fundamental rights and freedoms must be upheld even under a state of disaster.
- The security services remain bound by domestic law to use only minimum force that is reasonable in the circumstances.
- The members involved must be placed under precautionary suspension pending the outcome of disciplinary proceedings.
- A code of conduct for and guidelines on the enforcement of lockdown regulations must be developed.
- Internal investigations into the incident must be completed and reports furnished to the court.⁸⁸

Several issues that emerged from the court record suggested a dismissive attitude in government to the potential for abuses in the enforcement of lockdown regulations. These included:

⁸⁴ *Democratic Alliance*, 2020: par. 53–55.

⁸⁵ *Democratic Alliance*, 2020: par. 31.

⁸⁶ *Democratic Alliance* 2020: par. 35–39.

⁸⁷ *Khosa v Minister of Defence and Military Veterans*, 2020.

⁸⁸ *Khosa*, 2020: par. 23, 146.

- Public statements before and after the incident by the ministers of Police and Defence ***failed to unequivocally condemn the unnecessary use of force*** by security officials. Instead, it was implied that the public provoked the security forces into forceful reaction, and they were warned to refrain from such behaviour.⁸⁹ Also, when questioned in parliament about alleged brutality during the lockdown, the Defence Force Chief of Staff, Lieutenant-General Lindile Yam, was dismissive: 'You [the parliamentarians] are not our clients, we are not the Police Force. We take our instructions from the Commander-in-Chief [the President]'.⁹⁰ As the court observed, the Chief of Staff 'seems to have forgotten that we live in a constitutional democracy where parliament ... is the legislative authority'.⁹¹
- Regulation 11E provided that ***no person would be entitled to compensation*** for any loss or damage arising from an act or omission by an enforcement officer acting under the DMA regulations. The court held that this 'seems to offer a wholesale indemnity for law enforcement officials and adds to the already lacklustre response by the commanding officers to the increasing spate of lockdown brutality'.⁹²
- In engaging with the Minister of Defence to seek clarity on the investigation into Mr Khosa's death, the applicants seemingly had to contend with a dismissive attitude, a denial of any wrongdoing, and a failure to provide the requested information.⁹³ Indeed, the court pointed out that no proper investigation was in progress at the time of the hearing and none of the applicants or witnesses had been medically examined

or interviewed until after the hearing. 'This alone', the court concluded, 'shows that the existing bodies are either not competent or not committed ...'.⁹⁴

When it finally completed the investigation, the SANDF exonerated the soldiers from all wrongdoing. It was widely criticised for its poor investigation and flawed conclusions. The SANDF investigation had apparently not been taken seriously (Unchain Our Children, 2020; Ngoepe & Wa Afrika, 2020; Nicolson, 2020).

These observations on the lack of urgent and proper investigations form part of the court's treatment of the ***standards set by international law*** and the inadequacy of domestic investigative mechanisms.⁹⁵ As noted, the applicants sought, inter alia, a declaration that enforcement officials must observe fundamental freedoms even during a national disaster. This includes the freedom not to be tortured or treated or punished in a cruel, degrading, or inhuman way (sections 12(1)(d) and (e) of the Constitution). Apparently, there was also evidence of other incidents in which civilians had been maltreated in the enforcement of the lockdown regulations; some even died as a result.⁹⁶ This prompted the court to invoke the Prevention and Combating of Torture of Persons Act 13 of 2013 (RSA, 2013), coupled with South Africa's obligations under the 1984 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which the country ratified in 1998 (OHCHR, 1984).

By the time the Khosa case was heard, South Africa had been repeatedly criticised

⁸⁹ Khosa, 2020: par. 35–46 et seq.

⁹⁰ Khosa, 2020: par. 47.

⁹¹ Khosa, 2020.

⁹² Khosa, 2020: par. 43.

⁹³ Khosa, 2020: par. 50–51.

⁹⁴ Khosa, 2020: par. 137.

⁹⁵ Khosa, 2020: par. 131 et seq.

⁹⁶ Khosa, 2020: par. 24, point 4.

by international bodies for *deficient investigations* into allegations of torture and mistreatment by law enforcement agencies, for weaknesses in investigative mechanisms, and for the failure to prosecute any officials (CAT, 2006: par. 20; CAT, 2019). In *Khosa*, the court noted that these reports were borne out by the facts of the case.⁹⁷ This brought under scrutiny the only two bodies tasked with investigating complaints against the South African Police Service (SAPS) and the SANDF⁹⁸ – the Independent Police Investigative Directorate (IPID)⁹⁹ and the Office of the Military Ombud.¹⁰⁰

- *IPID* suffered, even by its own assessment, from a lack of sufficient resources, did not have a permanent executive director, and was impeded in its functions by a constitutionally defective Act that government had failed to remedy within 24 months, as ordered by the court in *McBride v Minister of Police*, 2016.
- In *Khosa*, the court found the *Office of the Military Ombud* equally incapable of investigating complaints effectively and independently. For instance, it lacks institutional independence, in that the Ombud is required to have at least 10 years military experience, there is no procedural safeguard against the removal of the Ombud by the president, its budget is determined by the Minister of Defence, it is accountable to the minister and not to parliament, and the method and conduct of its investigations are prescribed by ministerial regulations.¹⁰¹ Like IPID it also lacks sufficient resources and capacity to deal with its case load.¹⁰² However, to its credit, in August 2020 the Ombud found that the soldiers implicated in the death of Mr Collins Khosa had acted improperly, irregularly, and in contravention of their code of conduct (Makinana, 2020). However, at the time of writing the conclusion of the

criminal investigation into the murder of Mr Khosa by the SAPS was still outstanding. Even after several months, a request to a high-ranking police official for information on progress with the police investigation is as yet unanswered.

When reading the above parts of the *Khosa* judgment, the reason for the court's introductory comments on the issue of trust between government and citizens becomes clear. Speaking from the 'context of the present state of affairs and the application as a whole', the court expressed the need for the populace to be

able to trust government to abide by the rule of law and to make rational Regulations to promote their stated purpose. ... In return the Government can justifiably expect the citizens to cooperate for the common goal, take responsibility to ensure their own safety and that of others. ... The social contract that I have briefly referred to will then take its rightful constitutional place for the benefit of the nation and the State.¹⁰³

Concluding its views on this matter, the court makes the following disquieting assessment:

As I have mentioned in my introductory paragraphs, an important factor arose during argument and that is also contained in all the affidavits when read together, is that I and counsel were ad idem that at present there is a large measure of distrust between the South African populace and the government. This distrust relates primarily to the functions of the respondents and how they treat the persons throughout South Africa in the context of the regulations made under the Disaster Management Act.¹⁰⁴

Seemingly, the *Khosa* incident is not an isolated case. On 23 March 2021 the media

⁹⁷ *Khosa*, 2020: par. 137.

⁹⁸ *Khosa*, 2020: par. 138 – 141.

⁹⁹ Established in terms of the Independent Police Investigative Directorate Act 1 of 2011 (RSA, 2011).

¹⁰⁰ Established in terms of the Military Ombud Act 4 of 2012 (RSA, 2012).

¹⁰¹ *Khosa*, 2020: par. 139.

¹⁰² *Khosa*, 2020: par. 140.

¹⁰³ *Khosa*, 2020: par. 7.

¹⁰⁴ *Khosa*, 2020: par. 19.

- reported that on 29 March 2020, uniformed
- members of the SANDF, the SAPS, and the
- Johannesburg Metro Police Department allegedly stormed the home of the Buthelezi family in Soweto and assaulted everyone, alleging that alcohol was consumed on the premises in violation of the lockdown regulations. The reason for the media reporting on the matter a year later was that nothing had happened since the family laid a complaint of assault following the incident. Speaking on behalf of the family, Mr Sakhile Buthelezi, who ironically happened to work for the VIP protection unit of the SAPS, said: 'Nothing has happened to our case so far. No one has been arrested. No one has been held accountable. When we make enquiries, we are told that the SANDF is not cooperating' (Mbatha, 2021).

POLICE MISCONDUCT DURING THE LOCKDOWN

According to a presentation made by IPID to the relevant parliamentary portfolio committees on 29 April 2020, it received 403 cases between 26 March to 17 April. Of these, 199 related to the policing of Covid-19 measures, including death as a result of police action (5), assault (152), and corruption (5) (Parliament, 2020). In a follow-up meeting on 8 May 2020 (Shaikh & Joemat-Pettersson, 2020), IPID reported receiving 828 complaints between 26 March and 5 May 2020. Of these, 376 related to Covid-19 operations, including 10 cases of deaths as a result of police action and 280 of alleged assault. IPID expressed concern about the number of complaints, the excessive use of force, and physical abuse by the police.

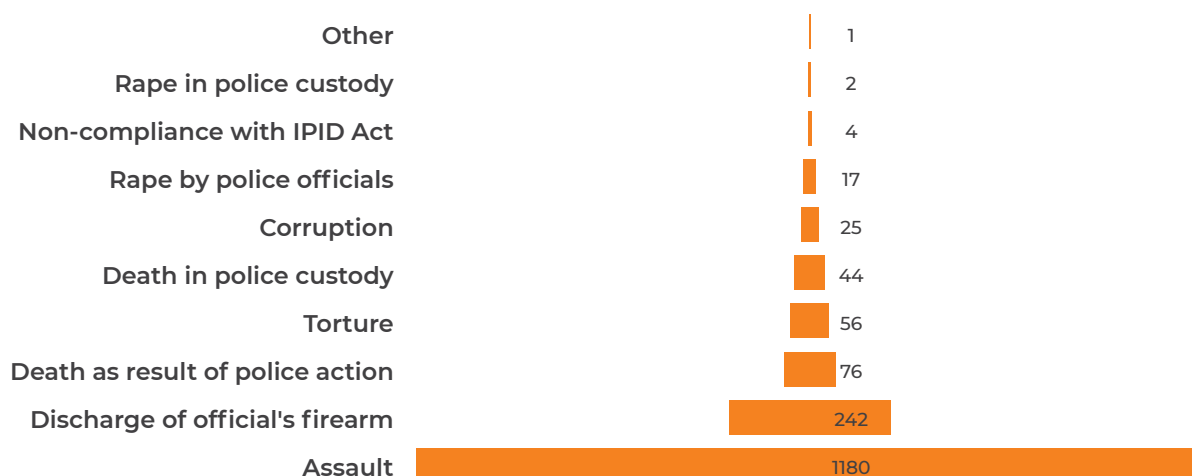
A telling aspect of the comments at this session was the dissatisfaction expressed by

committee members at the lack of information on the number of cases investigated, the number of cases finalised, and the outcome of finalised cases. It was agreed that IPID would provide written responses to questions raised by the members.

The committee's comments bring to mind the 2019 *Viewfinder* report (Knoetze, 2019; see also ISS, 2019), which details how underfunding, state capture, and statistical manipulation by IPID officials (to inflate performance for parliamentary consumption) have undermined trust in the organisation's ability to comply with its statutory mandate to investigate police misconduct. Interestingly, this report came up in the session of 29 April 2020. No clear answer emerged at the time about the steps taken, if any, to investigate cases prematurely and fraudulently closed by IPID investigators as part of the data manipulation exercise (Parliament, 2020:7).

The concerns raised by the committee members at the May meeting seemed to be addressed by an IPID presentation on 10 July 2020. In IPID's PowerPoint presentation to the relevant committees (Joemat-Pettersson, 2020), slide 7 contains the figures for 'total cases intake' from 26 March to 30 June 2020. It reports 1645 cases, as per Figure 3.2.1. Slide 8 shows the total number of 'completed cases (backlog and current)' for this period as 249. It is not clear, however, what is meant by 'completed cases'. Equally confusing is slide 9, which lists 645 cases 'received' during the lockdown. Slide 10 gives a total of 47 completed cases, presumably of the 645 'received cases'. The difference between 'cases taken in' and 'cases received' is not clear. Be that as it may, these numbers confirm the serious crisis in law enforcement, which government has failed to remedy for far too long (Neala, 2019; Saunderson-Meyer, 2019; Ardé, 2020).

Figure 3.2.1: IPID case intake, 26 March to 30 June 2020



Source: Joemat-Pettersson, 2020

Such enforcement and policing issues should not come as a surprise. After all, the kind of police conduct that occasioned widespread disapproval by the public, commentators, courts, and some politicians in the lockdown is merely a context-specific manifestation of a long-standing institutional and accountability deficit. As such, it is first and foremost a governance deficit.

That many of the issues persist is also clear from IPID's 2019/20 annual report, which was discussed in November 2020 during the budget review of the Portfolio Committee on Police. Of serious concern for the committee was IPID's low completion rate of cases. For instance, it reported that only 2269 cases of an intake of 5640 (i.e., 40%) had been completed. When the backlog and current cases are considered, the picture is even bleaker. Out of a total workload of 13 225 cases, IPID could report only 3889 decision-ready cases – a 29% success rate.

A related issue was how many times the National Prosecuting Authority had decided not to prosecute cases referred to it by IPID because of the poor quality of the investigations. The committee noted that IPID

was underperforming and underfunded, and that the rising number of cases against police members was indicative of police impunity and the inability of IPID to hold such members to account. It is, therefore, not surprising to read in media reports on the budget review that members of the committee expressed their 'utter disappointment' with the state of affairs in the police service and that recommendations parliament approved in 2012 for improving police performance have still not been implemented (Beeld, 2020:1).

CORRUPTION

Corruption is endemic in South Africa, and its proportions are staggering. Predictably, the new tender arrangements for pandemic-related products and government aid provided appealing possibilities for those already well-connected within existing corruption networks, including members of the political elite. As the Southern Africa Human Rights Roundup argues, 'Covid-19 has shown that countries with pre-existing governance deficits and prone to corruption are turning out to be looters' paradises'

- (Tsungu, et al., 2020; see also *Mail & Guardian*, 2020). South Africa falls in this category. In a November 2020 statement, the African Commission on Human and Peoples' Rights and the African Union Advisory Board on Corruption expressed concern and alarm at the increasing incidence of corruption on the continent in the context of fighting the pandemic. The statement specifically mentioned public officials abusing the emergency situation to plunder public resources for personal gain, which the two bodies described as the 'most unforgivable breach of public trust ... [that] should be prosecuted and punished' (ACHPR, 2020).

The 'feeding frenzy' during this time of crisis is highlighted by media reports that pandemic-related graft involves 'overpricing, substandard products and giving tenders to government and the ruling party' (DW.com, 2020). This is borne out in the Auditor-General's reports (AGSA, 2020) into government procurement (see also [Chapter 6.1](#)). The Special Investigating Unit also investigated corruption involving the R500 billion Covid-19 relief fund (Daniel, 2020).

On 5 February 2021, the Special Investigation Unit released its report on completed investigations (Mothibi, 2021). Of the R30,7 billion spent by government institutions on the procurement of personal protective equipment, R13,3 billion (2556 contracts) was in question. Some of the findings included:

- Persons in authority believed that as procurement took place under emergency conditions, the normal requirements for public sector procurement did not apply.
- Various officials merely rubber-stamped decisions taken by their seniors, accepted and gave effect to 'unlawful' instructions from their seniors, or acted under political pressure.

There is also the rather bizarre case of the SANDF – no stranger to corruption (Mahlangu, 2020) – secretly procuring the interferon Covid-19 drug from Cuba for an alleged amount of R260 million. Media

reports suggest this occurred without either the drug being preapproved by the South African Health Products Regulatory Authority, or the inter-ministerial committee appointed by the president to investigate Covid-related corruption being informed (Skiti, 2021). Seemingly, the SANDF's chief financial officer was also unaware of the deal (Felix, 2021; see also Phakathi, 2021). In justifying their non-compliance with procurement processes, the SANDF explained to Parliament's Portfolio Committee on Defence, rather incredibly, that they believed they were facing chemical and biological warfare and needed to protect their soldiers (Bramdeo, 2021). What happened to military intelligence, one may ask. A subsequent media report noted the establishment of an SANDF task team to investigate corruption, including the Cuban drug deal. However, it also quoted defence force members calling the task team a cover-up to conceal the involvement of senior officials (Wa Afrika, 2021).

Such incidents explain the public outcry and calls for accountability that President Cyril Ramaphosa, in a hard-hitting letter to the ruling party, called 'justifiable'. He reminded members of their promises to address the scourge of corruption in South Africa and accused them of being 'deeply implicated in [South Africa's] corruption problem' (Ramaphosa, 2020).

At the dawn of democracy in South Africa, scholars and commentators wrote passionately about the principle of accountability in the Constitution as a cure for arbitrary and unjustified conduct and decision-making. One of the great ironies is that the principle is nowadays mostly mentioned in the breach. The lesson here is that constitutional values require a supporting, deep-rooted, and mature political culture if they are to thrive.

Dysfunctional government institutions increase the opportunity for official misconduct, and rebuilding them is an urgent priority. But such initiatives face

significant obstacles, such as the dismantling of patronage networks. The president directly implicated this phenomenon in the strategic undermining of state institutions for personal gain (Ramaphosa, 2020). These networks have been instrumental in bringing to power the current political elite and sustaining their rule; dismantling them could exact a steep political price. Moreover, the patrons of these networks and their clients will not readily part with their positions at strategic localities and the rewards they stand to gain. While the efforts to fight corruption may be serious and well-intended, questions remain about the capacity of the law enforcement agencies and the political determination to effectively dismantle, or even just disrupt, such patron-client networks.

CONCLUSION

There is no denying that the measures government adopted in terms of the DMA mitigated the spread of the Covid-19 pandemic, saved lives, and bought time for medical facilities to prepare to treat infected people. These are admirable outcomes, and they will certainly be 'spun' for political gain and popular consumption in the time to come. However, to allow the elation of the moment to obscure the legal and governance issues that emerged from government's disaster management efforts would be irresponsible and insensitive to the public's concerns and grievances.

Instead of political aggrandisement, therefore, introspection is needed, along with a determined effort to deliberate and act on the systemic weaknesses exposed by the pandemic. Several aspects emerged from the discussion in this chapter that government needs to prioritise. This is especially important as the country had already been in dire economic and political straits even before the pandemic – the state had been failing across the spectrum of its functions after years of corruption, mismanagement, and

the tendency to put party before state. These priorities include, in no specific order:

- The building of efficient, responsive, and capable state institutions
- Modernisation and professionalisation of government services
- A thorough overhaul of the functioning of the law enforcement agencies
- Better intergovernmental cooperation
- Non-selective and demonstrable criminal accountability for corrupt activities and abuse of power
- An appreciation of the potential future importance of a fundamental rights analysis (rather than a rationality analysis) in the adoption of disaster management measures.

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A close-up photograph of a hand holding a smartphone, with a warm orange filter applied to the entire image. The hand is positioned diagonally, with the thumb resting on the screen and the index finger near the top edge. The background is blurred, showing hints of other people and lights.

CHAPTER 4

COMMUNICATION



CHAPTER 4: COMMUNICATION

ABSTRACT

This chapter discusses research on the capacity and effectiveness of government's communications strategy as South Africa went through the various stages of lockdown during the Covid-19 pandemic in 2020. It probes the working relationship between communications from all spheres of government and community, private, digital, and social media, as well as organised civil society before and during the lockdown and assesses its impact and efficacy.

Recognising the multilingual nature of South African society, the urban-rural digital divide, and the prohibitive costs of data, the chapter identifies lessons and reaffirms the relevance of the development communications approach to government-citizen communications. It motivates for the

prioritisation of accessible, multilingual digital communications with a citizen feedback loop that is transparent and responsive to ensure people are informed and empowered, as envisioned in the Constitution.

Such responsiveness needs an enabling environment from government and from the public, private, and community media landscape. Collaboration and cooperation across these sectors with government communications and with the non-governmental health and communications sectors is critical in such an all-encompassing crisis. The chapter highlights the need to continue to understand South Africa's highly diverse communication space, in which digital new media platforms exist alongside loudhailers, and make accommodations in legislation, policy, and government coordination with social partners to reach all people across the digital, class, and language divides.

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ABBREVIATIONS AND ACRONYMS

Africa CDC	Africa Centres for Disease Control and Prevention	ICASA	Independent Communications Authority of South Africa
BRICS	Brazil, Russia, India, China, and South Africa	MAC	Ministerial Advisory Committee
CcHUB	Co-Creation Hub	Mbps	megabits per second
DCDT	Department of Communications and Digital Technologies	MDDA	Media Development and Diversity Agency
ECHCAC	Eastern Cape Health Crisis Action Coalition	MEC	Member of the Executive Council
GCIS	Government Communication and Information System	NatJoints	National Joint Operational and Intelligence Structure
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit	PanSALB	Pan South African Language Board

● SABC	South African Broadcasting Corporation	UNESCO	United Nations Educational, Scientific and Cultural Organization
● SADC	Southern African Development Community	UNICEF	United Nations Children's Fund
● SAHPRA	South African Health Products Regulatory Authority	WHO	World Health Organization
SANEF	South African National Editors' Forum		

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INTRODUCTION

BACKGROUND

In November 2019 the first cases of an unknown viral disease were reported in Wuhan in the Hubei Province of China, and the South African Government was faced with the task of repatriating its citizens working and living there. On 4 March 2020 South Africa had its own first case of what was now called Covid-19. On 24 March President Cyril Ramaphosa announced that the country would go into a nationwide lockdown for 21 days (The Presidency, 2020). The announcement included stringent measures to halt the spread of Covid-19. For the first time since the start of the country's democracy, many of the everyday freedoms South Africans enjoyed would be curtailed in a bid to fight the spread of the virus. Government communication therefore played a crucial role as it sought to inform, educate, and reassure South Africans on how to effect personal and societal behavioural change and understand the steps being taken to defeat the virus during this turbulent period.

Importantly, communication became an essential tool in the country's strategy to combat Covid-19. It focused on instilling behavioural change by profiling everyday preventative measures to stop the spread of the virus. In the avalanche of information available to the public from the onset of the pandemic, government communication set out to provide clear and concise content to keep South Africans abreast of latest developments. Notably, government was among the most trusted sources of information on Covid-19, as discussed later on.

Evidence suggests that racial and ethnic minorities and other socio-economically disadvantaged groups bear an undue burden of Covid-19 morbidity and death across the world (Azar et al., 2020). Early evidence in South Africa shows that people who are already socio-economically disadvantaged have been disproportionately affected by the economic

and social consequences of the pandemic (Arndt et al., 2020; Mulholland & Sinha, 2020). This has been exacerbated by poor compliance with government-imposed preventative public health measures to combat the spread of the virus (Labuschaigne, 2020).

Before the pandemic, government already had a communications strategy for managing disasters, which involved various government departments and the Government Communication and Information Service (GCIS); this was used to mobilise the national response to the virus. The GCIS would spearhead the communications response to the looming pandemic. Reporting lines were to the National Joint Operational and Intelligence Structure (NatJoints) and to the National Coronavirus Command Council under the leadership of the Minister in the Presidency responsible for Planning, Monitoring and Evaluation, Jackson Mthembu. A Crisis Communication Plan was developed, and the Department of Health tasked with ensuring that the messaging from government would be coherent, credible, and reliable.

The GCIS took responsibility for ensuring the coherence of the communications strategy from national to provincial level and down to the district, municipal, local, and rural levels. In addition to formulating the messages to be used by the Presidency and the Department of Health, it also had to combat myths, misconceptions, and unfounded fears about the pandemic. The GCIS had to secure resources from government departments to cover the costs of the communications strategy and obtain external support to cover the costs of communication on social media platforms and in the commercial media. Decisions about both the content of the messages and the messengers were crucial. Given the digital divide in South Africa, the media plan involved media outlets ranging from the digital (WhatsApp, social media, websites, and broadcast platforms) to the most direct, community-based forms of messaging. For example, GCIS officials and

local public representatives used loudhailers on the streets of the smallest towns and rural villages. The Covid-19 pandemic required every one of South Africa's 57 million people to be reached.

This chapter examines government communication and information strategies in relation to Covid-19 during 2020 and how these were implemented at the national, provincial, and local levels. It offers a preliminary assessment of the extent to which government achieved its goals and makes recommendations in this regard. In so doing, it considers how agencies like the GCIS, Brand South Africa, the Media Diversity and Development Agency (MDDA), and the South African Broadcasting Corporation (SABC) understood and gave effect to their mandates.

A key factor in handling any public health crisis is effective communication (Finset et al., 2020). Among the lessons learnt from the MERS epidemic, which hit South Korea in 2015, was the importance of effective communication in a health crisis. Thus, this research considers international best practices. It also examines presidential communications and assesses how the government communication structure collaborated with community media. It provides some community feedback on government communications in the pandemic. According to Hye-Jin Paek, 'unlike scientists and experts who recognize risk based on scientific evidence, the general population tends to have more fear and perceive more risk than the actual risk itself, due to uncertainties created by insufficient and inaccurate information' (Paek, 2016:1). This is especially true during a novel epidemic. Precise and well-managed health communication can enhance how 'societies handle uncertainty and fear, promote and accomplish adherence to necessary behavioural change, and meet individuals' fear and foster hope in the face of a crisis' (Finset et al., 2020:874).

Fighting Covid-19 requires behavioural changes, such as sneezing into the elbow, keeping one's distance, and avoiding handshakes, all of which must be communicated effectively. Lunn et al. (2020) suggest that measures such as placing alcohol-based hand sanitiser in noticeable locations could increase self-efficacy (a person's belief in their ability to succeed in a particular situation), which is a strong determinant of behavioural change. Another way of promoting behavioural change is enacting restrictive legislation. This has helped reduce smoking and is said to have enhanced adherence to social distancing in some countries (Finset et al., 2020). Such measures could be reinforced by appeals for collective action and a spirit of shared responsibility, while political leaders lead by example (Lunn et al., 2020).

The chapter concludes with a series of policy and communication practice recommendations with implications for both parliament and the national executive; the aim is to enhance government communication and empower the country's people to cross the digital divide. This chapter focuses on the first and second waves of the pandemic. Communication during the further progression of the pandemic will be discussed in the second edition of the Country Report.

RESEARCH DESIGN AND METHOD

This study used both primary and secondary data. The secondary data included scientific publications, relevant government documents and guidelines on communications, Covid-19-related regulations, and risk communications guidelines proposed by relevant regional and international organisations.

Primary data were collected through interviews with representatives of relevant

- government departments, media agencies,
- and civil society. Before this, the research
- team developed a common understanding of the key communications entities that played an important role in the South African Covid-19 communications strategy. The team then identified civil society communications initiatives developed in response to the crisis. Organisations included the GCIS, the MDDA, CovidComms SA, the WHO, Brand South Africa, the SABC, and the Pan South African Language Board (PanSALB). It was important to conduct interviews with key role players because official documents alone could not show how effective communications were, how government agencies collaborated with community and commercial media, and what challenges the agencies encountered. All interviews were conducted through video conferencing; on average, they lasted 60–90 minutes.

Before primary data collection started, the Department of Planning, Monitoring and Evaluation sought ethical clearance from the National Research Foundation on behalf of the researchers. Respondents were contacted ahead of time. The purpose of the study was explained to them, and their informed consent was sought. Permission was sought from interviewees before interviews were recorded.

LIMITATIONS OF THE STUDY

The research team was unable to utilise digital research methods to collect primary communications data independently, and therefore relied on desktop research, the website of the [Parliamentary Monitoring Group](#), and the departments and organisations interviewed. The team was unable to interview Minister Jackson Mthembu, the lead minister on the communications response to Covid-19 until his untimely death in January 2021. His experiences would have added an important dimension to understanding how he led the political voices of the pandemic and considering the communications failures and successes.

INTERNATIONAL FRAMEWORK FOR COVID-19 COMMUNICATIONS

Internationally, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Pan American Health Organisation, and the International Federation of the Red Cross provided various guidelines for risk communication in the pandemic (Box 4.1). These stress the need for clear, concise, consistent, actionable, relevant, and timely communication, while being sensitive to the speed required for unique contexts and the trustworthiness of communication (i.e., based on science).

Box 4.1: Frameworks for Covid-19 communications: WHO and UNESCO

On 3 February 2020, the **WHO** released a **Strategic Preparedness and Response Plan** for the international community, which includes the following on risk communication and community engagement:

Countries should prepare to communicate rapidly, regularly, and transparently with the population. All countries should prepare existing public health communication networks, media, and community engagement staff to be ready for a possible case, and for the appropriate response if this happens. Countries should coordinate communications with other response organizations and include the community in response operations. Partners stand ready to coordinate with partners to support countries in their communication and community engagement response' (WHO, 2020a:12).

Recognising the role of the media in disseminating information on the disease (public education) and bringing about behavioural change, WHO experts held workshops for journalists to give

them accurate information. The WHO also provided free online courses that included standard and administrative precautions for Covid-19.

Similarly, the **United Nations Educational, Scientific and Cultural Organisation** (UNESCO) prepared a handbook on safety precautions for journalists covering epidemics. It also published, in 16 languages, a handbook on disinformation literacy and countermeasures (UNESCO, 2020). A study by the Broadband Commission for Sustainable Development (co-founded by UNESCO and the International Telecommunication Union) contributed to action-oriented recommendations for combating disinformation. The recommendations require countries to ensure their measures do not disregard, among other things, freedom of expression, freedom of the press, the promotion of the highest ethics and standards of the media, the protection of media practitioners, and the promotion of media and information literacy (Broadband Commission, 2020:3).

Among other resources, UNESCO published two policy briefs. The first identified at least nine types of Covid-19-related disinformation (Posetti & Bontcheva, 2020a). The second spelled out ten categories of responses to Covid-19 disinformation at four points of the disinformation life cycle – production, transmission, reception, and reproduction (Posetti & Bontcheva, 2020b). To disrupt Covid-19-related disinformation, it recommends disrupting disinformation in the process of transmission, preventing disinformation from reaching targets, and preventing viral redistribution of disinformation. Measures include monitoring and investigative responses to identify and debunk disinformation, instituting law and policy regulations, and implementing content credibility labelling initiatives.

On the continent, the [African Union](#) and the [Africa Centres for Disease Control and Prevention \(Africa CDC\)](#) provide support for a multisectoral preparedness and response plan for public health emergencies at national, regional, and continental levels (Box 4.2). In the region, member countries of the

Southern African Development Community (SADC), including South Africa, adopted the WHO guidelines and those of the Africa CDC. Also, the SADC Protocol on Health requires member countries to cooperate in addressing health challenges through effective regional partnership and mutual support.

Box 4.2: The Africa CDC and the pandemic

In the early stages of the pandemic, the Africa CDC convened a meeting with all ministers of health in the region to draw up a joint continental strategy on the pandemic. A technical working group was established for risk communication and community engagement. One of its tasks was to identify rumours and draft messages to address them. To this end, the Africa CDC launched a collaboration with Co-Creation Hub (CcHUB), a technology innovation centre, to counter disbelief, misinformation, and stigmatisation around Covid-19 in remote areas. It also provided guidelines for communications campaigns, which member countries are encouraged to adapt to suit their contexts.

The Head of Policy and Health Diplomacy of the African Union, Benjamin Djoudalbaye, confirmed that African countries 'collaborated very well but the challenge was getting data from countries' (Djoudalbaye, 2020):

Countries are reluctant to share data – the [African Union] has been working on a framework for data sharing. It was a challenge that we are trying to overcome, because now they [member states] are seeing the importance of having the data, it helps us also with the response, ... if you don't know your data, it is very difficult to respond to the development of the pandemic.

Djoudalbaye pointed to the dashboard on the Africa CDC [website](#), which is updated daily when countries release data. He noted that levels of trust between member states is a major influencing factor in data sharing. To this end, the African Union and the Africa CDC are working hard to foster relationships of trust to encourage member states to share data in the interests of the continent as whole.

On the issue of language, Djoudalbaye indicated that the African Union used five official languages – English, French, Portuguese, Arabic, and Spanish. There are limitations to its translation capacity: 'In my own country [Chad] we have 300 languages, so it becomes impossible for the [African Union] to facilitate translations at that level; each member state has its own responsibilities to communicate with its citizens in the relevant languages' (Djoudalbaye, 2020). Supported by funding from the German development corporation GIZ, the Last Mile Communication project of the Africa CDC translated Covid-19 materials into major African languages, including Kiswahili, Hausa, and Lingala, which have at least 15 million speakers.

The Africa CDC also has a strong presence on social media, where it engages with the general public. However, its capacity seems constrained, as the core team comprises only three key risk communication experts for the whole region. It, therefore, may well be unable to monitor communications at country levels. The Africa CDC also has a digital communication strategy, which is handled by two separate departments of the African Union Commission. Led by its director, the Africa CDC regularly engages with the media through press conferences.

The WHO commended South Africa's proactive response to curbing the spread of the virus at the outset (WHO, 2020b). Through President Ramaphosa, as Chair of the African Union, the country took a lead in developing a continental response to the pandemic, particularly in view of its economic impact on African countries. The African Union appointed Special Envoys on Covid-19 to mobilise international economic support for the continent's fight against Covid-19. South Africa continues to engage on multilateral platforms, such as the BRICS (comprising Brazil, Russia, India, China, and South Africa),

to address the economic impact of the pandemic ([Chapter 7](#)).

A key challenge for South Africa and the African Union was telling the country and the continent's story of managing the pandemic on their own terms, in the international media. Brand South Africa, the entity tasked with managing the country's brand globally, had an even more important role in the lockdown, as South Africa continued to be promoted to international audiences as an attractive destination for trade, investment, and cultural exchange (Box 4.3).

Box 4.3: Brand South Africa: Positioning the country internationally

The Acting Chief Executive Officer of Brand South Africa, Thulisile Manzini, confirmed in an interview with the research team that the country and the whole continent 'has to work hard to be top-of-mind in a post-Covid world – an environment marked not only by the pandemic, but also by increasing uncertainty due to trade wars, isolationism, and increasing intra- and inter-regional conflicts' (Manzini, 2020). 'We will need to manage socio-economic threats to country reputation domestically, so that these do not negatively impact how the world perceives us.' Manzini emphasised that if South Africa does not tell its own story, 'others will tell it for us, and here

the challenge is and remains, to have a share of voice in an increasingly competitive environment.' As in previous years, Brand South Africa continued to support President Ramaphosa's investment drive and remains a key implementing partner for the South Africa Investment Conference. This year, it will be positioning South Africa internationally as an investment destination through a 'hybrid' format conference. Manzini described how Brand South Africa continued to support the Presidency during the country's tenure as Chair of the African Union:

Through our media partnerships with the likes of EuroNews and Africa News, [we] were able to target key African regions to manage perceptions of the nation brand, and also promote the role South Africa is playing in curbing the spread of the virus. We have also hosted a number of virtual dialogues that sought to contribute to shaping the continent's economic response to this catastrophic disruption.

MOBILISING FOR COVID-19 COMMUNICATIONS

Communication plays an imperative role during an outbreak; it is the means through which we disseminate information and have meaningful exchanges. Through communication we achieve our goals and intentions, reaching to people who are distant from us. When communicating during an outbreak we seek to allay public fears; assure communities of the work that health agencies are doing; mitigate rumours and disinformation; offer preventative solutions and procedures for recovery and show credibility and openness.

Maseko, 2020

The South African Constitution, in section 195(1)(g), requires that 'transparency must be fostered by providing the public with timely, accessible and accurate information'. It also provides in section 32 that 'everyone has the right of access to (a) any information held by the state; and (b) any information that is held by another person and that is required for the exercise or protection of any rights'. These provisions underpinned government's response to the pandemic.

As soon as a national state of disaster was declared on 15 March 2020, government began to issue regulations to shape political, economic, and social life in the pandemic. In communications, according to the Deputy

Minister of Communications, Ms Pinky Kekana, and the then Director-General of the Department of Communications and Digital Technologies (DCDT), Dr Robert Nkuna, the aim was to

ensure the smooth operation of the communications industry as an essential service during the disaster period, to impose social compact obligations on licensees to broadcast public service announcements related to Covid-19 and its impact, to enable licensees and other service providers to rapidly deploy networks and facilities, remove obstacles and to establish a coordinating mechanism through which industry service providers could facilitate the provisioning of the services (Maneli, 2020).

Regulation 11(5) issued under the Disaster Management Act 57 of 2002 criminalised the publication of misinformation on Covid-19 and the sharing of 'fake news', while other regulations required the relevant licensees to broadcast public information on the national effort to combat the spread of Covid-19 in all local languages, including South African Sign Language (RSA, 2003). The directions also explicitly required electronic communications services licensees, over-the-top (streaming) media services, and Internet service providers to 'bear the responsibility of removing fake news' related to Covid-19 from their platforms. Internet sites operating with .za top-level domain names had to display a visible link to www.sacoronavirus.co.za on the landing

- page. Audiovisual services (especially the
- broadcasting services licensees) were directed
- to 'increase their educational programmes to support awareness of Covid-19'. Electronic communications licensees and electronic communications network service licensees with access to radio frequencies were required to zero-rate all Covid-19 sites identified by the Department of Health. Electronic communications service licensees were directed to zero-rate local educational content websites. A subsequent provision directed them, and network service licensees with access to high-demand spectrum, to make available minimum speeds of 10 Mbps, which would give 152 districts access to virtual teaching (Dell, 2020).

The DCDT regulations were followed by regulations published by the [Independent Communications Authority of South Africa](#) (ICASA) on 3 April 2020. These set minimum standards to facilitate the dissemination of information and enable the national response to the pandemic (ICASA, 2020). They specified how communications services were to continue under the national state of disaster and relaxed spectrum regulations to enable the temporary licensing of the unassigned high-demand spectrum for the duration of the pandemic. Thus, Liquid, MTN, Rain, Telkom, and Vodacom were assigned the temporary high-demand spectrum (Cell C did not apply), and Mthintle Communications, Levin Global, and Morai Solutions were assigned temporary spectrum licensing in the television white space channels.

In May 2020, GCIS senior management worked with the DCDT, Real411, Media Monitoring Africa, and international tech companies, including Facebook (WhatsApp) and Twitter, to set up a command centre to monitor false information (SANEF, 2020). The DCDT also worked with community broadcasters to implement educational and health programming and public service announcements. With the Department of Basic Education, the SABC and the DCDT developed a pilot learning platform. A

ministerial task team (representing the departments of Communications and Digital Technologies, Higher Education, and Science and Technology) and a technical team from the universities made provision for higher education learning websites to be zero-rated.

On 3 May 2020 regulations were issued under the Disaster Management Act 57 of 2002 to define which sectors of the communications industry and services were deemed essential under alert levels 5 and 4. These were amended on 12 June to include provisions for alert level 3 (DPME, 2021). The net effect of these regulations was an unprecedented increase in sensitisation in the South African digital public sphere.

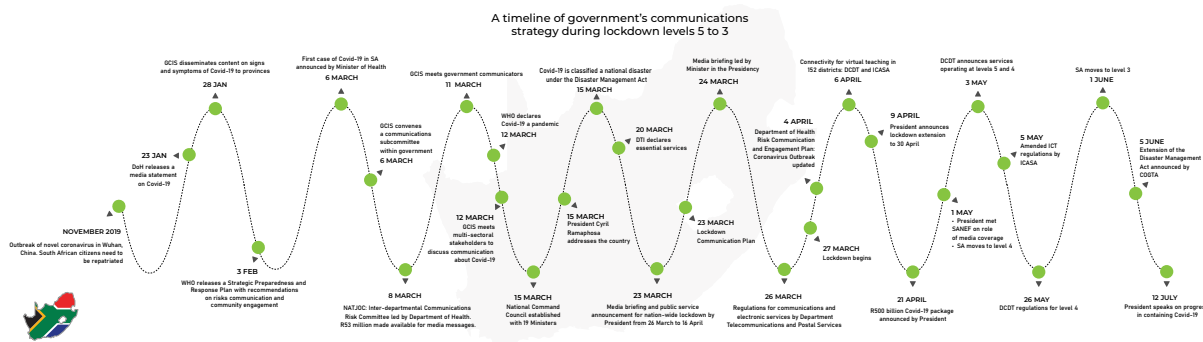
GOVERNMENT'S COMMUNICATIONS STRATEGY FOR COVID-19

On 23 January 2020, well before any Covid-19 cases had been recorded in South Africa and two months before the first lockdown, the Department of Health put out a media statement informing the South African public about the new virus (Figure 4.1). On 6 March 2020, just after the first local cases had been recorded, the GCIS convened a Communications Subcommittee with representatives from a range of government departments. The aim was to develop a communications toolkit, make decisions about media engagement and social media posts, develop messages, monitor the media, plan rapid responses, manage issues, and monitor 'fake' news. On 8 March an interdepartmental Communications Risk Committee, led by the Department of Health, made R53 million available for media messaging. The GCIS was appointed the lead agency and took responsibility for working closely with the Minister of Health's media liaison, Dr Lwazi Manzi (Box 4.5), to formulate an effective strategy from the national level, across departments, through provincial structures, and down to the district and municipal levels. On 11 March

2020 the GCIS met communicators from various government departments. The next day it held a meeting with 75 officials from the public and private sectors, taxi associations, non-governmental and non-profit organisations, business, labour, and

gender-equality groups. The GCIS and the National Institute for Communicable Diseases held provincial roadshow sessions during March and April and made presentations to provincial executives and communicators.

Figure 4.1: Timeline of government's communications strategy, alert levels 5 to 2



Government's communications response to Covid-19 had been effectively formulated in preparation for the 15 March statement by the president, the formation of the National Coronavirus Command Council, and the use of the Disaster Management Act to manage the pandemic. Thus, by the time the president briefed South Africans via live television on 23 March 2020 that the country would enter a three-week lockdown (from midnight on 26 March to 16 April, subsequently extended to 30 April), a lockdown communication plan had already been established. It provided clear direction on messages to convey, key messenger to speak on behalf of government, and a multipronged strategy to reach people across all communication platforms. Its aims were to manage the announcement of the lockdown efficiently and within a proper context, protect the reputation of the country nationally and internationally, consistently provide the public with credible information, and project the authority of the state through sustained and consistent communication.

The plan included arrangements on:

- Content development, messaging production, and information dissemination

- Monitoring, analysis, research, and rapid response
- Intergovernmental coordination
- Media engagement, including social media and digital platforms
- Public and stakeholder engagement
- The establishment of a contact centre.

Authorised messengers for the communication plan (Table 4.1) included the president as the primary spokesperson (communicator-in-chief), supported by the Minister in the Presidency, Jackson Mthembu, and the Minister of Health, Dr Zweli Mkhize. Cabinet ministers would communicate on their respective portfolios, supported by media liaison officers who would amplify and/or provide more details on the president's messages. Cognisant of the WHO guidelines for the communications strategy to 'build trust, announce early, be transparent, design messages that bridge the gap between expert knowledge and public knowledge, and couple risk communications with risk analysis and risk management' (WHO, 2017), the GCIS strategy published in early April 2020 (GCIS, 2020a) built on the Department of Health's Risk Communication and Engagement Plan (DoH, 2020).

Table 4.1: Authorised messengers of the GCIS communications strategy

Role	Designated person or institution	Topics
Messengers	President	Country readiness and announcements
	Minister of Health	Daily updates and weekly media briefings
	Minister of Police	Enforcement of regulations
	Minister of Defence	Role of the South African National Defence Force in controlling the spread of Covid-19
	Minister of Home Affairs	Management of ports of entry
Experts	National Institute of Communicable Diseases	
	Public health scientists	
	Representatives of the WHO, health Members of the Executive Council (MECs), and designated health and communications experts	

The main messages the plan aimed to convey were to:

- Inform people about steps they should take to reduce transmission of the virus and its impact on health, social life, and the economy.
- Ensure health workers could engage with patients and caregivers, report effectively to the relevant health authorities, and protect themselves.
- Position health officials as the trusted source of information.
- Ensure consistency in information and language from all partners.
- Avoid misinformation and rumours.
- Inform people about the public health response.
- Ensure the participation of and engagement with relevant communities to address barriers to the implementation and uptake of public health measures.

The success of the communications plan would be measured through (a) changes in observable behaviour (e.g., the extent to which social distancing, cleaning of hands, and disinfection of working places were adopted);

(b) increased awareness of Covid-19 signs and symptoms, and where to seek medical care; and (c) reducing the stigmatisation of people who tested positive.

The GCIS was very conscious of the spread of dis- and misinformation, including conspiracy theories that linked the virus to the rollout of 5G telephony. Claims that the virus had been engineered in a laboratory and deliberately released for nefarious purposes were also common on social media platforms. To combat such claims, the DCDT set up a command centre to monitor these messages, working with companies like Facebook, Twitter, and WhatsApp, along with Real411, Media Monitoring Africa, and the GCIS. The sacoronavirus.co.za website was established to disseminate useful and scientific information, and a section was dedicated to warning people about disinformation. The government website also alerted people to the dangers of fake news and the ways to report it.

To reach across departments and through the spheres of government, GCIS structures

(with their dedicated officers at national, provincial, and municipal levels) were deemed the optimal means of ensuring a coherent message. The GCIS's 55 district information centres and communication development workers would be drawn into the strategy. The GCIS would also work closely with the Department of Cooperative Governance and Traditional Affairs, the South African Local Government Association, the offices of the provincial premiers and their media liaisons, and the provincial departments of health.

The communications command team, led by Minister Mthembu, met three times a week and reported to the NatJoints, which in turn reported to the National Coronavirus

Command Council. There were also daily 'rapid response' meetings and reflection and strategising workshops.

In consultation with the Department of Health, a 'segmented audience approach' was chosen, which reflected the highly fragmented nature of media use in South Africa. Sophisticated, English-speaking, urban users obtain information primarily online and from social media, whereas speakers of African languages in rural areas rely on the public broadcaster (particularly radio) and word of mouth. To reach across this spectrum of use and languages, the GCIS used different forms of messaging (Table 4.2).

Table 4.2: Forms of messaging in the pandemic communications plan

Physical spaces	Billboards
	Shopping mall bathrooms
	Screens at taxi ranks and in taxis (80)
	Posters at fuel stations
	Leaflets handed out (1 994 400)
	Loudhailing on the streets
	Door-to-door visits
	Posters in hotspots (32 500)
	Community marketing events (12 at taxis, 11 at intersections, 11 at malls and schools)
	Train activations
	Community dialogues (7)

Television and radio	Adverts
	News clocks
	Live broadcasts
	Paid-for spots on primetime shows (Skeem Saam, Muvhango, Generations, 7de Laan, Uzalo, Rhythm City, Scandal, Imbewu) and during news bulletins Simulcasts to 65 community radio stations (27 content packages prepared)
	Regular content on 35 radio stations (18 public broadcast stations in 12 languages and 17 English-language commercial stations, reaching about 49 million listeners)
Phone	Hotlines
	Text messages (twice daily)
	WhatsApp
Online	Facebook posts (government page reached 38 million and has 140 000 new followers)
	Instagram
	Twitter (2000 messages posted; as of 16 April, @GovernmentZA had 248 500 followers; tweets were also sent from @PresidencyZA, @HealthZA, @CyrilRamaphosa, @DrZweliMkhize and @JacksonMthembu)
	YouTube
Industries	Information and education toolkits were shared for use in various sectors of the economy. Bread producers put Covid-19 messaging on the packaging of their products.

Source: GCIS

The GCIS estimates that from March to July 2020, there were 34 352 outputs carrying Covid-19 and behavioural change messaging (e.g., Figure 4.2). The SABC also set up outside-broadcast vans at the GCIS offices in Pretoria to help keep the public informed and alert. To assist the community media sector (which is crucial for messaging at provincial and local level), R40 million was provided to the MDDA to distribute to small media facing financial difficulties in the pandemic. GCIS sentiment analysis of the 'tone' of media coverage shows that there were 2200 positive stories,



9224 neutral stories, and 2462 negative stories during the hard lockdown (alert level 5). The latter largely involved police brutality in the enforcement of lockdown regulations, corruption around the handling of food parcels, and the increase in gender-based violence.

In a presentation on 13 July 2020, the GCIS (2020b) concluded that:

- About 93% of South Africans had heard or read about Covid-19.
- The two most-recalled messages were staying at home and wearing a mask.
- The president was trusted to lead the nation during the pandemic.
- Health experts, followed by government, were the most trusted sources of information.
- People were aware of the need to play their part in stopping the spread of the virus; however, compliance was a 'mixed picture'.
- Although 70% of people thought alcohol bans contributed to illegal trading, 64% believed such bans were necessary.
- Fear of hunger exceeded the fear of infection.
- There was great uncertainty about allowing children to go to school.

At the same time, in assessing the move between the various alert levels, the GCIS recognised that effective behavioural change could be impeded by people externalising risk ('it won't happen to me', weak social norms ('nobody else is doing it') or competing priorities (something more urgent requires attention). Enhanced coordination across government departments was seen to need multi-faceted, reassuring messaging that continued to insist on each person's responsibility for safe behaviour. Feedback loops on experiences and behaviours from all provinces were important for government communications efforts, as was a stronger

focus on community messaging, especially in townships.

Box 4.4 reflects on the GCIS's role in the pandemic, based on interviews with senior staff. Of particular concern among the issues raised is the positioning of the GCIS. In a democracy it is never acceptable for government communications to report to a security structure such as NatJoints. The attitude of the public towards the security forces is influenced both by the pervasive memory of state brutality under apartheid and by more recent experiences such as Marikana and the quelling of the #FeesMustFall movement. Over the past decade, people have demonstrated against a spectrum of grievances, including poor service delivery, government corruption, crime, unemployment, and police brutality. '2020 was no different; and with the full economic impact of Covid-19 still to be felt, the stage is set for a wave of public unrest in the coming months' (Institute for Futures Research, 2020:32).

The Covid-19 national strategy relied on positioning the might of the state in the early phases of lockdown to enforce compliance. Given the levels of civic protest as well as the unfortunate, and in some cases tragic, conflicts with armed forces in the lockdown ([Chapter 3.2](#)), this role was not well received. Had security structures positioned themselves more as a humanitarian force deployed to assist the public during a crisis, their role might well have been better accepted. However, this would require genuine internal and external organisational culture change within the security sector. In response to queries about the role of NatJoints, GCIS managers felt, however, that in the communications workstream (involving about 60 people), civilian viewpoints and ideas had dominated.

Box 4.4: The GCIS's role in communications during the pandemic

Several senior officials at the GCIS were interviewed for this research. Their names and designations have been anonymised, as per the ethics clearance prescripts recommended by the Human Sciences Research Council.

On the positive side, the officials spoke highly of the leadership provided by the President, the late Minister in the Presidency, and the Minister of Health, and of the laws and policies framing this work. They noted that the pandemic had contributed to political coherence. Being made the spearhead of the communications strategy for Covid-19 had allowed the GCIS to show the 'full extent' of its capabilities; it also highlighted the need to keep the GCIS district offices running.

On the negative side, GCIS officials pointed to the instability in the Ministry of Communications: six ministers had occupied the post in the previous five years, and the latest minister had flouted lockdown regulations and had been suspended. Under the Zuma-led government, there had been a 'deviation' from the commitment to development communications, and multiple scandals took up the entity's time.

Structurally, the GCIS depended on national departments to call on it for assistance in devising communication strategies; this meant it had to rely on departmental budgets for such work. Covid-19 had shown how effective the GCIS could be with adequate resourcing and good cooperation across departments. Said one manager: 'We do not have the funding for mass campaigns; we are consistently saying if mass penetration doesn't happen, it's because we don't have financial muscle.'

An important 'deficit' in GCIS capability is translation – the language translation unit is small. Also, although sign language is an important consideration for 'every single briefing', it could not always be supported.

Phumla Williams, Director-General of the GCIS, provided written replies to research questions. She described the task of the GCIS as 'to convey a message that is anchored in hope and confidence' (Williams, 2020). 'Our message of hope will focus on keeping South Africans abreast of progress in the recovery of our economy from the impact of Covid-19 and creating jobs, particularly for young people', she said. Williams confirmed that her department would 'concentrate our products, services and engagements on dissemination of information that yields tangible results for South Africans on jobs, opportunities and access to government programmes in a post-Covid-19 environment'.

COMMUNICATING THE SCIENCE OF COVID-19: THE DEPARTMENT OF HEALTH

The Department of Health led government's Covid-19 and health-related communication, with the minister also being the authorised source of information on new cases and fatalities. On 4 April 2020 the department put out its Risk Communication and Community Engagement Plan for the pandemic (DoH, 2020). The plan set out basic information the public should know about the spread and

symptoms of the virus and the precautions to take. It also specified that media briefings, workshops, and interviews should be include the department, and that adverts were to be placed in radio, on television, and in print media. It outlined a plan to identify audiences, partners, stakeholders, influencers, gatekeepers, and decision-makers who needed to be engaged. The ministry distributed 50 million pamphlets, leading Dr Lwazi Manzi (Box 4.5) to say that no one in the country did not have basic information on the pandemic.

The Ministry of Health set up several advisory committees to work with government on the science of the pandemic ([Chapter 2](#)). The chair of the Ministerial Advisory Committee (MAC) on Covid-19 was Professor Salim Abdool Karim, while the Pathologists and Laboratories Committee was chaired by Professor Koleka Mlisana, the Clinicians Committee by Professor Marc Mandelsohn, the Research Committee by Professor Glenda Gray, the Public Health Committee by Professor Shabir Madhi, and the Vaccine

Committee by Professor Barry Schoub. The MAC on Social and Behavioural Change, chaired by Bishop Malusi Mpumlwana, also involved reporting to the Minister of Social Development ([Chapter 8](#)). These committees were to make recommendations on:

- Case management
- Public health interventions
- Communications strategies
- Research priorities
- Economic impacts on the medical field.

Box 4.5: Dr Lwazi Manzi and the Covid-19 communications strategy

GCIS officials expressed their appreciation for the leadership on Covid-19 communications provided by Dr Lwazi Manzi, media liaison for the Minister of Health. Her scientific and medical knowledge, coupled with her experience as a filmmaker, combined to ensure that messaging was given clear direction (see Dorasamy, 2021). Dr Manzi (2020) noted two unique things about the communications strategy: it replicated the National Coronavirus Command Council structure in being both vertical and horizontal, and it produced 'one message and one voice', so that government's messaging would be both coherent and trusted. A big challenge for communication was the speed at which things progressed from November 2019 to March 2020 and the 'rapidly evolving' situation. Dr Manzi conceptualised the situation as being composed of two fluid spaces, one technical and one media – she saw her role as translating the technical knowledge into useful media information.

Dr Manzi had seen many countries devolving into 'messy' communications in the pandemic. To avoid that, South Africa had to be 'led politically'. But because of her years in the music, film, and television industry, she knew the most effective communication had to be influenced by effective storytelling. A powerful motivator in her thinking was communicating with an African society and being conscious that South Africa was very different from Europe or the United States. This resulted in the decision to have a single figurehead (the president) holding a 'family meeting' whenever government needed to convey an important message. Repetition of a clear message was important, but it was critical to understand diverse audiences and find the right media through which to speak to them.

A February 2021 SABC Market Intelligence report (SABC, 2021) shared with the research team describes how the president's addresses to the nation – quickly dubbed family meetings – recreated the television medium's traditional power of the singular, shared moment. Like real family meetings, they were approached with both hope and dread. The host channel, SABC 2, posted record ratings for the presidential address of 21 April 2020. It attracted 5 million viewers, almost four times the norm for that time slot.

Dr Manzi also said that separating the messages to the public from the debates over 'the science' was critical. Debates and arguments could be confined to 'expert spaces', but ordinary South Africans also needed to 'engage with the science'. The MACs were filled with top scientists, many of them with media profiles. The mainstream media were often not satisfied with the government voice and wanted a diversity of opinions and contradictions. There were pressures on the MAC members and, while advising government, they also had to consider their own situations within their fields and as professionals.

An interesting development that challenged Dr Manzi was not just putting her medical knowledge into media practice, but also balancing health-related imperatives with concerns about their economic effects. She saw the epidemic as an opportunity to work towards universal healthcare for South Africans and to focus attention on the health sector. 'We must take advantage of every single opportunity,' she said.

BRIDGING THE DIGITAL DIVIDE: THE DCDDT

Digital technology is central to the success of an information society that functions for all people; the Covid-19 pandemic underlined the importance of progress towards a society in which all can access such technology. The digital divide between rural and urban communities, and between richer and poorer communities, affects access to education, health, employment opportunities, and other essential information. In a pandemic, such access can mean the difference between life and death. A significant challenge, particularly for rural communities, is unreliable cell phone network coverage. South Africa's apartheid-legacy geography, high levels of poverty, and low population densities between major centres are challenges for cell phone companies, who provide the infrastructure ([Chapter 6.6](#)). In 2019 only 10,4% of households had Internet access at home; in rural areas, the figure was only 1,7% (Stats SA, 2019). People in rural areas have to resort to using cell phones, despite high data costs and limited coverage.

Although data usage had increased over the previous five years, in 2018, 47% of South Africans still did not use the Internet because devices and data were unaffordable (Mothobi et al., 2018). Thus, 'any online solution using smartphones (interactive websites, mobile apps or video-streaming) was inaccessible to half of the population' (Harrison, 2020:52).

The Department of Communications and Digital Technologies (DCDDT) was established in June 2019 via the merger of the [Department of Communications \(DOC\)](#) and the [Department of Telecommunications and Postal Services \(DTPS\)](#). It is responsible for creating the enabling environment for the provision of inclusive communication services to all South Africans. As the Covid-19 pandemic took hold in South Africa, it was the DCDDT that was responsible for the legislation and the oversight of these services. Section 2 of the Disaster Management Act 57 of 2002 provides for 'the dissemination of information required

for dealing with the disaster ... for the purposes of assisting and protecting the public and providing relief to the public' (RSA, 2003).

The ICT National State of Disaster Regulations by ICASA (2020) provided for minimum standards to:

- Facilitate the dissemination of information to deal with the national disaster.
- Facilitate the national response to the disaster and the post-disaster recovery and rehabilitation.
- Enable the implementation of measures to prevent an escalation of the disaster or to alleviate, contain, and minimise its effects.
- Ensure the continued provision of services.

To address the growing demand for both mobile and data usage during the lockdown, ICASA rolled out a temporary radio frequency spectrum nationwide until November 2020; this has been extended to 31 August 2021 (Reuters, 2021). Despite this roll-out, some communities remained unable to receive adequate information or to use the toll-free Covid-19 support services for various reasons:

- They did not have a strong-enough signal for cell phone calls (including phoning for an ambulance) or even to send and receive text messages.
- In the Northern Cape, some communities could not listen to the radio because a broadcasting tower was shut down for a mega science project.
- People in areas that depend on solar power or have no power at all could not watch television.

DCDDT officials' view on these issues is reflected in Box 4.6. The DCDDT is taking significant steps to address these constraints; its rapid deployment policy aims to enable operators to roll out networks at a faster pace. As part of her performance agreement with the President, the Communications and Digital Technologies Minister, Stella Ndabeni-Abrahams, has undertaken to ensure that 80% of the population has access to the Internet by 2024. The Minister must also see to the implementation of phase 2 of SA Connect

to provide 42 000 government sites with a connection of at least 10 Mbps. In addition, she must review the model for SA Connect to increase private sector participation, with government as a buyer of services. Other commitments are that policy direction on 5G must be issued by December 2021; the cost of data must be reduced; ICASA must

be monitored and adequately resourced to license 4G spectrum; the State Information Technology Agency is to be repositioned to drive the use of local technologies; and the Broadcast Digital Migration project and the rearranging of spectrum radio frequencies must be completed in 2021 (BusinessTech, 2020).

Box 4.6: Telecommunications in the pandemic

In an interview with the Acting Director-General of the DCDT, Ms Nonkqubela Jordan-Diyani and her senior management team, they acknowledged that the private telecommunications industry supported the Covid-19 government efforts through 'voluntary compliance ... with some companies approaching the Department to see how to assist, while over 1000 websites were zero-rated during the lockdown period' (Jordan-Diyani, 2020). The Chief Director for Telecommunications and IT policy, Alf Wiltz, noted that by the end of the hard lockdown, the operators started pushing back, saying 'it's going too far' and 'they were unlikely to continue'. Jordan-Diyani also indicated that the roll-out of infrastructure for schools was hampered by delays in technology shipments during the lockdown.

The DCDT officials noted the range of policy and regulatory measures put in place in the telecommunications space. Whereas some have worked, others have not. It is, therefore, a challenge for government to connect the unconnected. Government has provided good policies, but there is a shortfall in funding. Provincial and local governments have developed different initiatives to complement those of national government, but they too face funding challenges. A key cost driver for the roll-out of digital technology infrastructure, besides the capital expenditure, is the operating expenses linked to ongoing maintenance of the infrastructure.

The officials also noted that private sector companies are not building infrastructure, because rolling out signal distribution infrastructure in rural and low-income communities does not yield significant returns.

Cabinet approved the draft White Paper on Audio and Visual Content Services Policy Framework in September 2020 (DCDT, 2020). It sketches various policy positions on how infrastructure connectivity can be improved, sets out the aim of reducing the cost of communication, and suggests various interventions to achieve that end. Some of the policy directives include:

- Improving competition
- Enabling open access by promoting the sharing of infrastructure by dominant operators
- Improving the current spectrum framework
- Opening up networks as a platform for many other service providers.

The draft White Paper is now in the public consultation phase and is expected to be submitted to parliament for consideration and approval in 2021.

PUBLIC INFORMATION AND EDUCATION: THE PUBLIC BROADCASTER

The SABC has a clear public information and education mandate. According to its Chief Executive Officer, Madoda Maxekwa, SABC platforms reach about 52 million people every month (Maxekwa, 2020). This, he said, 'gives us

- so much credibility, but at the same time, so much responsibility to ensure that the content is in line with the public model.' Despite the myriad platforms mushrooming in the digital environment, SABC Radio remains the market leader in audience share, with more than 72% of local audiences tuning into the medium. As the country's public broadcaster, the SABC is expected to communicate a plurality of local ideas and opinions and to provide a range of edutainment-type programming (NAB, 2020). This mandate dates back to 1999 when the SABC, with 19 radio stations and 5 television channels, was by far the biggest broadcaster. This made the SABC the go-to media platform for advertisers and sponsors.

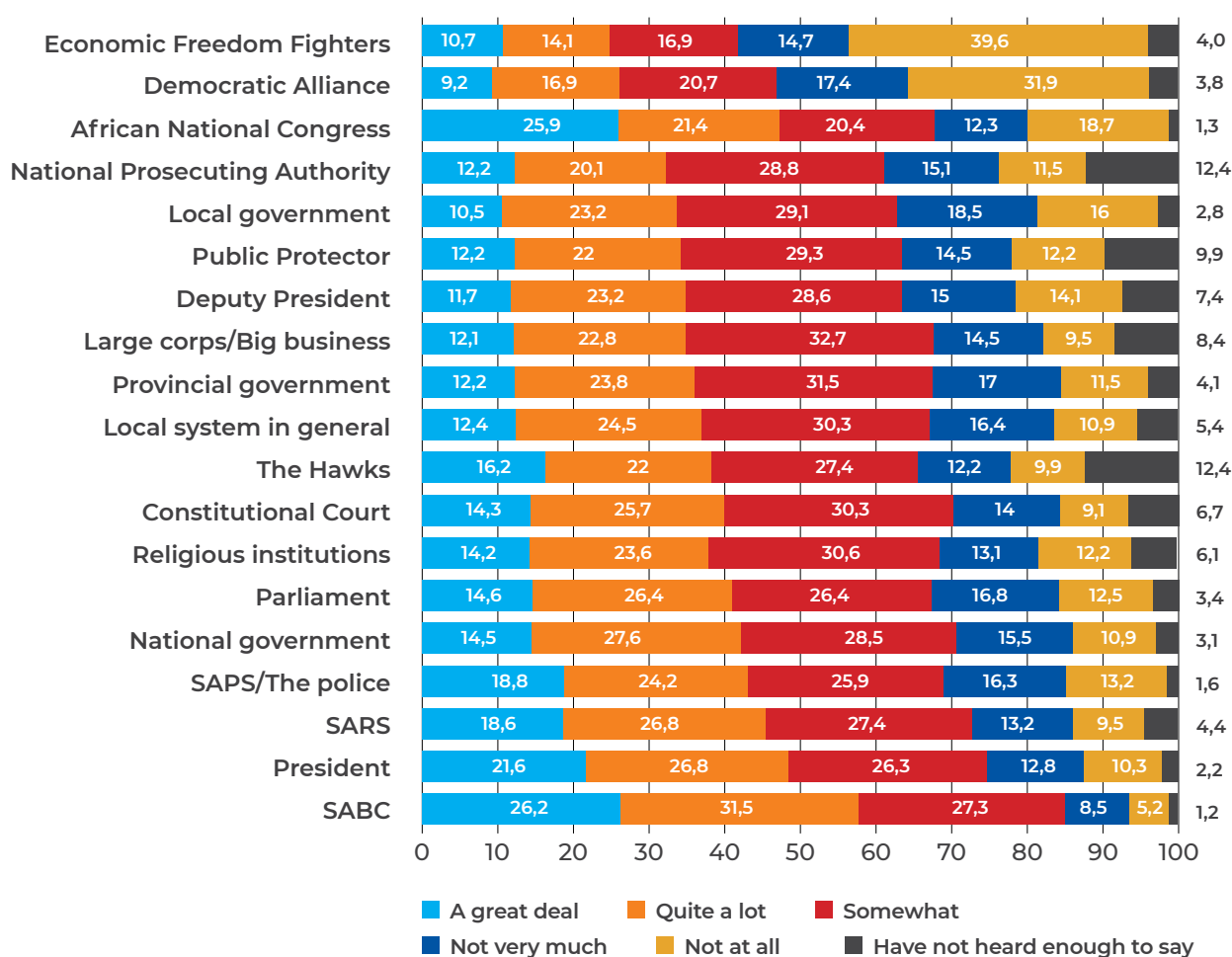
The last report of Radio Audience Measurement – collected just before the first

lockdown – revealed that the SABC was ideally positioned to fulfil its accelerated mandate to inform, educate and entertain.

Available data suggests that radio and audio consumption rose considerably in 2020 (SABC, 2021). The SABC enjoys high levels of trust and confidence among South Africans, estimated at 85% (Figure 4.3). According to the Institute for Justice and Reconciliation (2019:39):

In 2019, as in 2017 [and 2015], the SABC features as the institution that South Africans have the most confidence in. The integrity of the public broadcaster thus continues to be an indispensable part of political life in South Africa, also given that television and radio are the most trusted sources of political information and news.

Figure 4.3: Reported confidence in institutions, 2019



Source: SA Reconciliation Barometer, Institute for Justice and Reconciliation, 2019

Reflecting on the impact and immediacy of radio in informing the nation, Maxekwa (2020) said:

All our programming on radio was focused on important developments around the pandemic. This created awareness and drove traffic to various platforms where live briefings by the President, government and Ministers were scheduled to take place. Further to this we participated in various campaigns through other radio stations in the country, and the idea there was to drive specific messages.

One example was the collaboration with the Department of Education and other stakeholders to create a multimedia program to ensure students could continue to receive support. Maxekwa described the general programming used to focus on Covid-19 information: 'It could be in cartoon or in other formats that were more crisp and more understandable for various audiences, and we also ensured that this was translated into various languages.'

The SABC helped to alleviate lockdown pressures by providing entertainment when people were subjected to curfews under lockdown. Its broadcast of the movie *Contagion* on SABC 3 in April 2020 became a national event, attracting ratings equivalent to 1,3 million people watching the entire movie at the same time (over five times the normal audience in that slot). SABC 3 also broadcast content for the 2020 class of matric learners. However, despite the importance of young people having access to such content, this did not translate into actual viewing. The channel lost over half its normal ratings from audiences aged 15–19 in all the slots where *Woza Matric* was scheduled, prompting a rethink of this crucial public service during the pandemic. The public broadcaster was at its most effective in the provision of news and current affairs, with the tagline 'Independent and impartial'.

As with the SABC News channel, the SABC's online audience – driven by www.sabcnews.co.za

– also grew. After increasing to over 2 million browsers at the height of the lockdown in April and May 2020, the online platform's audiences settled at levels higher than before the lockdown. SABC Radio's social media followers on Facebook and Twitter grew from 1 million to 11 million from April to December 2020. Over the same period, YouTube views of SABC Radio's video content grew from 36 million to 41 million, while streaming sessions grew from 841 000 in April to 1,2 million in December 2020.

Maxekwa said the SABC sometimes had to develop its own Covid-19-related content for educational and sensitisation purposes. It could not always rely on government departments because messaging from the various departments was sometimes confusing. The SABC decided to consolidate generic materials and translate them into various languages, while ensuring that they were aligned with the national guidelines.

This reference to the translation of the messaging into African languages touches on a major source of concern: the lack of resources in the GCIS to translate material expeditiously. This is critical because behavioural change is impossible to achieve if audiences do not understand what is expected of them. Still, audiences were huge, Maxekwa said, especially on television, 'because people were thirsty for information'. SABC News – on DStv and digital terrestrial television – more than doubled its audiences month-on-month from February to April 2020 at the height of uncertainty about the virus and the lockdown provisions. By June 2020 audiences had settled into levels almost double those of a year before. The SABC News channel's audience remained consistently above prior-year levels, especially if the effects of load-shedding in September 2020 are discounted. (This trend is also evident in data from global news organisations, all of which report increased listening, viewing, and reading in 2020).

- None of this is to imply that the SABC did
- not face any challenges. Adequate funding
- for the public broadcaster was highlighted as a key concern because it affects its ability to invest in new content and in innovation. The funding model of the SABC is seen as crippling, given some of the components of its mandate. Covid-19-related programming tended to displace programming that would normally generate substantial revenue, especially the presidential addresses. This deepened the broadcaster's financial problems. The SABC was also not involved in the frequent virtual meetings that the GCIS hosted with communicators from all national departments, even though its inclusion may have improved the coherence of the messaging.

COMMUNITY MEDIA AND SUSTAINABILITY DURING THE PANDEMIC

Recognising the critical role of community media in the dissemination of information, the MDDA Board provided a Covid-19 emergency response fund to assist ongoing print and broadcast projects during the lockdown (Phakathi, 2020). Launched at the end of March 2020, the first tranche of R10 million supported content creation, fuel, distribution costs for print, telecommunications, and hygiene essentials. The MDDA approved another R10 million to be allocated should the lockdown be extended and to monitor further developments during 2020/21. Funds from the first tranche were disbursed in March and April 2020 to 228 print and broadcast projects.

According to the Chief Executive of the MDDA, Zukiswa Potye, the MDDA also facilitated interviews around Covid-19 with the Minister in the Presidency on community radio stations and distributed government messages and radio advertising to MDDA beneficiaries. It further linked community radio stations to civil society organisations in the Eastern Cape and other provinces, to support public health messaging on community media platforms.

PANSALB AND THE QUESTION OF LANGUAGE

Before the democratic dispensation, only English and Afrikaans were classified as official languages in South Africa, and African languages were not supported. Since then, the 1996 Constitution has been clear about the need to use and promote the 11 official languages, along with other languages such as the Khoi, Nama, and San languages, as well as South African Sign Language. This is not the case, however – this constitutional stipulation and the Use of the Official Languages Act 12 of 2012 are largely disregarded. English is seen as the language of communication and business and is (wrongly) perceived to be accessible to all.

The Pan South African Language Board (PanSALB) was established through the Pan South African Language Board Act 59 of 1995, with the exclusive mandate to promote and create conditions for the development and use of all official languages of the Republic of South Africa, including the Khoi, Nama, and San languages, as well as South African Sign language. PanSALB monitors government's use of the official languages. Every national department and public entity or enterprise must submit to PanSALB an annual report on the activities of its language unit, the implementation of its language policy, and how it handled any language-related complaints. PanSALB also holds public hearings on how departments implement multilingualism.

When the national disaster was declared in March 2020, PanSALB called for information to be provided in all official languages and in South African Sign Language (PanSALB, 2020). It also offered translation services to government departments, though this was not strictly in its mandate. In this regard, PanSALB wrote a letter to the Inter-Ministerial Committee on Covid-19 on 20 March 2020, stating that they should adhere to the 2012 Official Language Act. The PanSALB Board subsequently wrote to the Presidency, noting

that it had received numerous complaints from the deaf community about their limited access to critical information. The letter pointed out that South African Sign Language was the home language of many people and reiterated the need to provide information in all official languages and in sign language. The Board advised that:

1. Provisions be made for South African Sign Language interpreting during media briefings on Covid-19 updates in all spheres of government
2. Regulations issued in terms of section 27(2) of the Disaster Management Act 57 of 2002 be made available in South African Sign Language.

PanSALB wrote a third letter on 28 April 2020 to the Department of Basic Education on the exclusion of deaf learners from televised lessons. The letter recommended:

1. Establishing a working relationship between the Department of Basic Education and the SABC to ensure the inclusion of deaf learners through the provision of sign language interpreters and subtitles across all televised learning programmes
2. Assistance with regard to the database of interpreters for South African Sign Language.

PanSALB argues firmly that to participate effectively in any agenda of the country, the public should have access to information in their own language. However, government has not yet achieved much in terms of the multilingual agenda. PanSALB had to offer translation assistance in a time of crisis when government should already have established language units to offer these services in all official languages. South Africa still operates largely in English, which has been ineffective in ensuring access to information. Covid-19 has shown that the inability to reach the public in their own languages may be a matter of life and death. PanSALB holds that the country needs to commit to multilingualism and adhere to its language policies by involving and communicating with the public in their own languages.

COMBATING COVID MYTHS



The pandemic has reinforced inequalities worldwide, and vulnerable groups have been the hardest hit (Mulholland & Sinha, 2020). Similarly in South Africa, those who are already disadvantaged have been disproportionately affected by the economic and social consequences of the pandemic (Arndt et al. 2020; Mulholland & Sinha, 2020; see also [Chapter 5.3](#)). In communities across all provinces, alarming misconceptions and misinformation about Covid-19 could have contributed to infections, and even deaths. Government therefore criminalised the spreading of fake or misleading information, as noted. In terms of Regulation 11(5) under the Disaster Management Act 57 of 2002 (Truter, 2020):

any person who publishes any statement, through any medium, including social media, with the intention to deceive any other person about Covid-19; the infection status of any person; or any measure taken by the Government to address Covid-19, commits an offence and is liable on conviction to a fine or imprisonment.

Media Monitoring Africa and CovidComms SA played an important role in combating misinformation and fake news ([Annex 4.3](#)). They use Real411, a platform that tests the validity of news and information, distributes accurate information, and helps combat digital disinformation. The DCDT, as the lead government department tasked with tackling fake news, worked with both Media Monitoring Africa and CovidComms SA in combating the 'disinfodemic', in an example of a public-social partner compact in the interests of the public (Mzekandaba, 2020). Media Monitoring Africa helped the department monitor fake news in real time; the department itself set up WhatsApp and other digital platforms to enable the reporting of fake news.

CovidComms is a network of communications volunteers producing and disseminating

- credible, easily understood, and helpful
- information on the pandemic. Information
- is produced in English and most official South African languages, using social network platforms. The network regards disinformation as being as much of a threat to public health as no information. It prioritised partnering with entities combating false information on issues such as the source of the pandemic, how it is transmitted, the efficacy of immune boosters and medicines, and whether vaccines would kill Africans. It produced several 'myth buster' information products that clarify what Covid-19 is, how the virus is spread, why it is important to practise safe health, and the like. Chris Vick, the founder of CovidComms SA, was seconded onto a Ministerial Task Team established by Communications Minister Stella Ndabeni-Abrahams to help distribute government messaging through the CovidComms networks. This included the development of a communications strategy and media plan to raise public awareness of the steps to follow in verifying information and/or reporting disinformation.

Other civil society organisations also played a vital role in spreading messages about the pandemic. Case studies of such initiatives are provided in [Annex 4.3](#). The role of civil society in partnering with government on public health communications is significant, given the country's recent emergence from a protracted period of conflict between civil society and government in the communications sector. It perhaps points to a resetting of relationships between civil society and the newly formed department, whose officials appear determined to breach the digital divide.

THE NEWS MEDIA'S EXPERIENCES DURING THE LOCKDOWN

The research team interviewed the South African National Editors' Forum (SANEF) and the Spotlight editorial team to review the role and experiences of the news media during the pandemic.

THE SOUTH AFRICAN NATIONAL EDITORS' FORUM

SANEF's Executive Director, Kate Skinner, highlighted some of the key challenges facing the news media during the lockdown (Skinner, 2020). SANEF represents editors, senior journalists, academics, and media trainers organised across different platforms – broadcast, online, and print – and across the public (SABC), commercial, and community media. Its mandate, according to Skinner, is to

conduct research, policy work, capacity building and, most importantly, to fight for the constitutional principles of media freedom, freedom of expression, access to information, and to ensure that the environment is conducive to journalists doing their work, which we believe is absolutely essential for democracy.

SANEF interacted mainly with the GCIS during the pandemic; the GCIS was open to supporting the media, journalists, and freelancers in the hard lockdown. SANEF helped ensure journalists and editors understood the Covid-19 regulations relevant to the activities of journalists as essential workers on the frontline. SANEF also had several engagements with stakeholders in the security cluster about ongoing harassment of journalists by security officials (Box 4.7). SANEF was, however, unable to engage directly with the Ministry of Health. This was frustrating for journalists, as they had to rely on the GCIS facilitating their requests for information and data from the ministry.

Box 4.7: Journalism and the role of the security forces in the pandemic

SANEF Executive Director Kate Skinner, in her assessment of the performance of government communicators during the lockdown, said that 'given the circumstances and things shifting all the time, the intentions in terms of putting out the information that was needed, were definitely there'. 'In order for the government to be held to account, and for the security authorities to be held to account, journalists had to be out there,' said Skinner, 'and there were a number of incidents where journalists and freelancers were harassed'.

The Independent Panel Inquiry into Media Ethics and Credibility led by retired Judge Kathleen Satchwell, and commissioned by SANEF, noted

the bravery of reporters risking their own health to report on the news during the pandemic – from health facilities, overcrowded protest actions and other perilous locations – and the exposure by the media of abuses such as the brutal killing of Collins Khosa and the physical abuse of many others by authorities over-zealously imposing a curfew in the early weeks of the pandemic' (Satchwell et al., 2021).

Skinner acknowledges that there is always a tension in the role of security forces in a national emergency: 'in the case of a national health emergency like Covid-19 there was a sense, from the "outside looking in" of the strong arm of the state, the might of the state coming to bear down on citizens to ensure that lockdown is enforced, as opposed to a more humanitarian role where security forces are coming to help the people'.

On the issue of language and the overwhelming use of English as a medium of communication by government and the media, Skinner said the dominance of English has received attention for some time. 'We have established a Diversity and Ethics Committee to look into the issue of language, and we feel that the community media sector has a significant role to play in language diversity.'

SANEF's position is that beyond the Covid-19 pandemic, public interest journalism websites should be zero-rated alongside educational and public health websites to ensure that people can access vital information. 'Something interesting that we picked up during the lockdown was that middle-class people flocked to the online platforms but working-class people who didn't have access to the Internet at home, and who generally consume local community publications, were unable to receive these publications and the result was a real drop in readership; it is a worrying trend,' Skinner said.

A significant focus of SANEF's work is the sustainability of the media sector (see Rumney, 2020; OSF-SA & Rhodes JMS, 2021), which is already struggling with the rapid loss of advertising revenue to technology

multinationals such as Facebook, Google, and YouTube and the rise in digital media consumption. During the lockdown the hardest-hit sector was print media, with many publications closing and hundreds of jobs lost. SANEF launched a fund to assist journalists in the hard lockdown, but more needs to be done. A task team had been established in the Presidency under the late Minister Jackson Mthembu to consider policy interventions for dealing with Facebook and Google, the zero-rating of news websites, and the establishment of a media sustainability fund. SANEF believes that the establishment of this committee in the Presidency affirms the strategic importance of the media and public interest journalism in a thriving democracy

SPOTLIGHT AND PUBLIC HEALTH INFORMATION

[Spotlight](#), published by SECTION27 (a public interest law centre) and the Treatment Action Campaign (an HIV advocacy organisation), is a digital, public interest health publication established to address the poor coverage of important health issues in the mainstream

- media. The research team spoke with
 - Spotlight Editor Marcus Low and Deputy
 - Editor Alicestine October about their
- experience of government communications and the challenges of reporting in the lockdown (Low & October, 2020).

Box 4.8: Access to public health information in the pandemic

For the Spotlight team (Low & October, 2020), the Covid-19 pandemic was an opportunity to intensify its journalistic efforts. Editor Marcus Low noted that there had been problems with government communications on healthcare even before Covid-19:

In our experience if you contact provincial health departments, there is a reticence to share relevant information and data. In a crisis like Covid-19, the challenges became much clearer – there was suddenly a more pressing need for accurate information, and we were just not getting that information – it is a critical weakness. There seems to be an attitude in many provincial health departments that there is no obligation to share information with the public. At the national level the picture is mixed – there has been transparency, for example when Professor Abdool Karim did the webinar live on television explaining the science behind the decisions being made by the government.

Low pointed out that other information, such as advisories, took time to be released into the public domain. 'At the provincial level the impression is created that information is shared when it is politically convenient to do so, and if it is not politically convenient, you can ignore the media.'

Another challenge is the lack of communications capacity in critical health organisations, such as the South African Health Products Regulatory Authority, the National Institute for Communicable Diseases, and the Department of Health. 'There are some good communications people there, but they are completely overworked. The government is very good at using the media as conduits for information but when we start to ask the hard questions, there is this paranoia that information is on a need-to-know basis,' Low contended.

Reflecting on the challenges faced by journalists covering the pandemic, Low and October said: 'We want our writers to get into communities to see the realities of what they are reporting on. As our journalists were at risk, we would say to journalists that they should not go out unnecessarily, and that's been quite unusual because it is the opposite of what we would want, but we have responsibility to our journalists as well.'

Another key concern is the lack of female voices quoted in the media during the pandemic. October referred to the findings of a Media Monitoring Africa study,¹ which drew data from the [Real411](#) website. The study showed that although the media responded rapidly in reporting on Covid-19, 'the people interviewed for views on the matter were mainly government officials, possibly as a result of government's efforts to constantly and consistently communicate with the public and possibly curb and avoid dis/

misinformation during this time of uncertainty and anxiety' (MMA, 2020c). Coverage was also heavily dominated by male voices, most of whom were in prominent government positions, including the president and the ministers of Health, Finance, and Police. The report commented: 'Interestingly, very little was heard from experts and ordinary citizens on the ground who are most affected by the pandemic and lockdown in this period.' One of its main recommendations is that 'it would be prudent for the media to seek to include

¹ Analysis of Covid-19 Media Coverage Briefs (MMA, 2020a; 2020b; 2020c; 2020d; 2020e; 2020f; 2020g).

more voices from both ordinary members of the public, especially women and young people, but also more medical experts on the issue of Covid-19 and its consequences' (MMA, 2020c:12).

LESSONS LEARNT

In March 2020 the government communications sector launched an unprecedented and historic public health communications campaign to help protect the people of the country. The scale of the campaign and efforts made by government communications entities led by the late Minister Jackson Mthembu sets a new benchmark for public health emergency communications in South Africa. It is interesting to note that common themes of language use, the digital divide, outdated policies, private sector investment challenges, and a lack of government resources (both human and financial) emerged as challenges to both government and civil society. The lessons learnt and recommendations below are based on the research and many interviews done for this chapter.

In summary, this chapter:

- Reaffirms the constitutional mandate that places an obligation on government to communicate; this underpins the ongoing legitimacy of government, especially in times of national emergency or disaster.
- Highlights the relevance of the development communications approach to communication between government and the public.
- Urges government to fast-track the approval and implementation of policy initiatives to address the digital divide.
- Motivates for the urgent prioritisation of digitally accessible, multilingual communications with a feedback loop from the public that is both transparent and responsive.
- Identifies the cost of data and cell phone network coverage as ongoing obstacles to people's access to the Internet as a public good.
- Affirms the move to enable people's access to zero-rated websites for education and health – although this has been a valuable initiative towards combating data costs, it is neither extensive nor permanent.
- Recognises the precedent set by news media to provide all Covid-19 journalism and reportage free of charge as playing a significant role in treating certain kinds of information as a public good.
- Underscores the need to understand South Africa as a highly diverse communications space in which new media digital platforms exist alongside more traditional communication methods (e.g., loud-hailing, posters, and messages on product packaging).

RECOMMENDATIONS

Planning communications during futures waves of the pandemic or other disasters should factor in the following issues:

1. COMMUNICATIONS APPROACH

- 1.1 The communications approach should have humanitarian overtones first, rather than a security-driven approach that projects the might of the state towards enforcing behavioural change. The approach should emphasise public health communications principles and use African storytelling techniques to customise generic public health messaging for a diverse population.
- 1.2 The approach should also use integrated communications practice – recognising the diversity of language and digital access – rather than the more conventional market segmentation approach of private sector marketing. The recognition of South African Twitter, Instagram, and Facebook users as interlocutors with the potential to breach the rural–urban divide would increase the

- circulation of public health information.
- The 'black Twitter' community should be recognised as a relevant interlocutor between different forms of media and different communities. People with access to social media and the Internet should be encouraged to share public health messaging within their communities. For example, the online vaccine registration drive will only reach across the rural-urban divide if the digital citizens help others (particularly elderly or vulnerable people and those with underlying health challenges) who have no access to data and/or the Internet, to register.

- 1.3 Stakeholder relationships between private, public (SABC), community, and government media should be cultivated for public emergencies in the context of a public information and education campaign. The SABC should be included in GCIS planning meetings of communicators across government. These are critical to a shared strategy for any future public health emergency.
- 1.4 There is a wealth of knowledge in universities and non-governmental and civil society organisations that the public sector can leverage. Academic, civil society, and social partner networks are very important during crises.
- 1.5 A presidential committee should look into the sustainability of the public, private, and community media to ensure that the media sector survives the challenges of economic stagnation, multinational tech monopolies on advertising, and the changing patterns of media consumption to digital platforms.

2. DIGITAL ACCESS

- 2.1 The DCDT must actively pursue policies to roll out infrastructure to service all communities and seek solutions that can lower data costs and ensure the permanent zero-rating of public interest websites (e.g., education, health, and news information).

- 2.2 Various departments (and regulators) responsible for telecommunications, spectrum, universal access, and regulation have long produced reviews, reports, policy documents, and White Papers without significant progress towards empowering all South Africans with affordable access to the Internet. Without political will at the highest levels and the Presidency and cabinet driving this programme, the intentions set out in the 2015 National Integrated ICT Policy Review Report (DTPS, 2015) and the 2020 White Paper on Audio and Audiovisual Content Services (DCDT, 2020) might well meet a similar fate. Integration of departments, regulations, and services is critical to treating the entire communications landscape (which is now fundamentally digital) as one entity requiring cohesive and comprehensive plans and strategies.

3. CAPACITATING GOVERNMENT COMMUNICATIONS

- 3.1 A growing cadre of new government communicators is needed, who embed communications work in broad civil society activism and form stronger partnerships with civil society.
- 3.2 The Department of Planning, Monitoring and Evaluation should engage with the National Treasury and other departments to improve their understanding of the role of the GCIS as the department planning and buying media on behalf of government. The GCIS should be empowered to manage (adequately resourced) communications campaigns on national emergencies, which require the obligatory use of the GCIS for media buying.
- 3.3 More significant investment is needed in the promotion and use of all 11 official languages across all government communications platforms. A multilingual approach that includes sign language is vital for public health

messaging. The language services unit at the GCIS should urgently be capacitated, so that government messaging can be distributed in all official languages on government websites and social media accounts. This approach will set an important precedent and needs to be adequately resourced.

4. CAPACITATING THE SABC

- 4.1 Given the SABC's strategic importance in terms of its audience reach and multilingual platforms, it is arguably the most important media entity for reaching South Africans in a credible, consistent manner. Adequate funding for the public broadcaster is needed to support its public mandate, particularly during public health emergencies. The SABC's current funding model, which relies on advertising revenue and licence fees for the bulk of its operating expenses, makes the public broadcaster particularly vulnerable to income loss during a national emergency.
- 4.2 The PanSALB's working relationship with all government departments (particularly Health and Basic Education) and the SABC needs to improve to ensure the inclusion of deaf learners.

5. CAPACITATING COMMUNITY MEDIA

- 5.1 Funding is needed for community radio stations and small independent publishers to fulfil their mandate on media diversity and development.
- 5.2 Community media organisations need to draw on credible community-based leaders and individuals from within local and district municipalities to share information. The relatability of the messenger is key to localised public health messaging.
- 5.3 The government communications system and the public broadcaster

should work more closely with the MDDA to share relevant public health content across all community media networks.

- 5.4 To maximise the potential of community radio and television stations and the network of independent publishers as expressions of media diversity and development, more coherent, sustainable funding grants are needed for public health content, capacity building programmes, and the development of an enabling environment for sustainable community media.

6. CREATING AN ENABLING ENVIRONMENT FOR PUBLIC INTEREST JOURNALISM IN THE PRIVATE SECTOR

- 6.1 As a partner in health and risk communication, the private media are as important as the public and community media; a good partnership that fosters a relationship with news journalists and editors is key in times of crisis. At present this relationship is brokered by the SANEF with the Presidency. It could be strengthened by the Presidency recognising the importance of a healthy, functioning, and permanent forum through which to engage on a regular basis with public, community, and private news media.
- 6.2 Covid-19 has intensified the financial sustainability crisis facing commercial media, large and small, as digital advertising has been drawn towards the multinational social media platforms and Google. As in other countries, government needs to develop a strategy to deal with platforms that operate internationally without paying taxes and whose dominant share of advertising revenue has had such damaging effects on national media. Government must also pay attention to the call for financial support from tax income for public interest media, which disseminates key information to the wider population.

- Three recent reports on the financial crisis of the South African media all call for intervention at the highest levels to rescue the industry (Rumney, 2020; Satchwell et al., 2021; OSF-SA & Rhodes JMS, 2021). The existing vehicle, the MDDA, could be enlarged in scope to act across the news media industry to provide funding and ensure a healthy and diverse public interest media. However, the MDDA would need to operate with transparency, oversight, and credibility to fulfil this role.

7. FURTHER RESEARCH

Since the Covid-19 pandemic still lingers, and given the likelihood of future public health emergencies, an independent, longitudinal research study is needed into the effectiveness of government communications and engagements with civil society and other relevant agencies in combating Covid-19.

The next phase of this report will seek to frame the longitudinal study, which will include a financial analysis of media spend across government, a review of the role of service providers in the roll-out of the communications campaign, and mechanisms of accountability for communications campaigns led and managed by government communicators. An intersectional (gender, race, and class) analysis of the drivers of messaging will be included, given the initial findings by various studies that men have by far been the most prominent sources of information in 2020. The next phase will examine the vaccination campaign as a focal point for the communications strategy roll-out.

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● ANNEX 4.1: ● THEORETICAL ● FRAMEWORK

The South African Government's 2018 Communication Policy stressed 'communication driven by democratic principles of openness and participation, which are guided by transparency, accountability and consultation' (GCIS, 2018:7). Key development communication scholars likewise emphasise a process based on dialogue that '[seeks] change at different levels, including listening, building trust, sharing knowledge and skills, building policies, debating and learning for sustained and meaningful change' (Dagron, 2009:6). This approach seeks to empower audiences and encourage participation in collective decisions at all levels of society. Servaes and Malikhao (2004:1) echo the need for dialogue and stress the social nature of the process:

In essence development communication is the sharing of knowledge aimed at reaching a consensus for action that takes into account the interests, needs and capabilities of all concerned. It is thus a social process. Communication media are important tools in achieving this process, but their use is not an aim in itself – interpersonal communication too must play a fundamental role.

Development communication policy prioritises the promotion of participation and social change, using methods and instruments of interpersonal communication, community media, and modern information technologies (Fraser & Restrepo-Estrada, 1998). This has enormous potential in health emergencies.

Regarding communications in a health crisis, Miller (2017) posits that appeals induce an emotional reaction, such as an obligation or responsibility. Nagler and LoRusso (2018), on the other hand, suggest that health and risk communication must draw from

both scientific and political domains. They caution against inconsistent, divergent, or contradictory messaging, which could create confusion about what to do and how to behave. Messaging must draw on credible sources like the WHO, science experts, medical practitioners, and ministries of health.

The efficacy of health risk communication is influenced largely by the type of risk, the current knowledge of that risk, and the psychological and sociocultural factors that affect how the message is communicated (Lyyttimäki & Assmuth, 2017). Because Covid-19 was a novel virus, much of the science around it was uncertain. This made it imperative to be as transparent as possible and to update messaging continuously. In communicating about health risks, the issue is not only about determining the message (i.e., what to say); rather, it is a multifaceted process of understanding the nature of the risks, the diversity of stakeholders, the complex media environment, the attitudes of people that can affect their risk perceptions, and considerations of how, to whom, at what point, and through which medium content is delivered (Paek, 2016). In public health crisis like Covid-19, health communication experts, health behavioural change professionals, patient education specialists, health experts, and relevant agencies and institutions must join forces to respond to and manage the crisis.

Dutta (2015) recommends the culture-centred approach to communicating during a crisis. Health messages must be framed with erased voices and the most vulnerable populations in mind, while using local understanding of healthy behaviours and what people value to inform health messages and local programme development. Culture-centred tactics may include collecting evidence from communities about attitudes, beliefs, and perceptions through community engagement activities and then letting such evidence inform both the content of messages and the channels for communicating them. Another strategy is using opinion leaders and

community- or faith-based organisations to convey health messages in a language and manner with which communities can identify. Using community members to reach vulnerable communities can also be effective in local contexts.

Such strategies are likely to be useful in communicating about Covid-19 risk. When science experts or scientific organisations

propose guidelines for communicating and/or responding to the pandemic, attention should be given to the cultural contexts within which communication occurs. Recommended communications approaches and content must be adapted to help people understand the messages and recommendations for behavioural change (e.g., changing from shaking hands to bumping elbows).

ANNEX 4.2: ICT POLICIES AND LEGISLATION

Table 4.3: Timeline of ICT-related policies and legislation

1994	Reconstruction and Development Programme of the Government of National Unity (replaced by the National Development Plan)
1996	White Paper on Science and Technology (1996), followed by the National Research and Technology Foresight (1999), and the National Research and Development Strategy (2002)
	Sentech Act 63 of 1996
	Telecommunications Act 103 of 1996
1999	Broadcasting Act 4 of 1999
2000	Independent Communications Authority of South Africa Act 13 of 2000
2002	South African National System of Innovation
2003	Broad-Based Black Economic Empowerment Act 53 of 2003
2006	Black Economic Empowerment Charter for the ICT Sector Council
2007	Broadband Infraco Act 33 of 2007
2008	Department of Science and Technology's Ten-Year Innovation Plan (2008–18)
2010	Karoo Core Astronomy Advantage Area (Karoo Core AAA) declared a protected area

2011	New Growth Path
	Draft Under-Serviced Area Definition Regulations and the Explanatory Memorandum
2012	Presidential Infrastructure Coordinating Commission launched Strategic Integrated Project 15: Expanding Access to Communication Technology
	National Development Plan
2013	South Africa Connect: Creating Opportunities, Ensuring Inclusion (Broadband Policy)
	ICT Research, Development and Innovation Roadmap
2014	Electronic Communications Amendment Act 1 of 2014
	ICASA Amendment Act 2 of 2014
	Infrastructure Development Act 23 of 2014
	The Square Kilometre Array and MeerKAT Telescopes categorised as Strategic Integrated Project 16 under the National Infrastructure Plan
2015	Broadcasting Amendment Bill of 2015
2016	South African Research Infrastructure Roadmap
	National Integrated ICT Policy White Paper of 2016
2017	National Research and Development Strategy of South Africa
2019	Electronic Communications Amendment Bill of 2018 [letter of withdrawal, 13 February 2019]
	White Paper on Science, Technology and Innovation of 2019
	Data Services Market Inquiry Final Report (2 December 2019) – Recommendations
2020	Strategic Infrastructure Projects, which include:
	No. 22: Digital Infrastructure
	Subproject: a. National Spatial Infrastructure Hub
	No. 30: Digitising of Government Information Programme
	No. 35: SA Connect Phase 1B Programme
	South African Science, Technology and Innovation Indicators Report
	Electronic Communications Act 36 of 2005
In progress	Invitation to provide written comments on proposed policy and policy direction on rapid deployment of electronic communications networks and facilities
	Decadal Plan for White Paper on Science, Technology and Innovation (2020–30)

ANNEX 4.3: CIVIL SOCIETY COMMUNICATIONS INTERVENTIONS

To begin to outline civil society's responses to government communications in the pandemic, the research team interviewed the founder of CovidComms SA, a community leader in the Western Cape, and activists from the Eastern Cape Health Crisis Action Coalition (EHCAC).

COVIDCOMMS SA

CovidComms SA was established in recognition of the need for authoritative, easy-to-understand information in as many South African languages as possible, which could be distributed within the constraints of the national lockdown. Chris Vick (2020) had triggered a discussion on social media, after which several communicators, journalists, and others came together. The founders' goal was to 'fill the gaps' in government communications, and participants were united by a desire to use their skills to make more public health information available to people at large. The core principle was to produce material that would lead to behavioural change to mitigate the impact of Covid-19. The emphasis, therefore, was on producing compelling, well-written, and well-designed information products that could easily be disseminated through social media and on WhatsApp; no print products were produced because of the restrictions on movement. Information was gathered from government regulations and press releases, labour organisations, scientific organisations, and trusted sources of local and international news.

From the outset, the founders saw CovidComms SA's initiatives as assisting government in addressing the massive challenges around communications and behavioural change. But, Vick stresses, the

initiative was not part of any government project. Rather, it was a civil society initiative, and the network has prioritised links with social justice initiatives. Nevertheless, it kept government informed of its programmes, meeting with senior officials to brief them on the network's objectives and programme. Government expressed support but did not provide any practical assistance. Given the challenges of this environment, the CovidComms SA team focused on engaging with civil society. The team has ongoing discussions with SECTION27, Corruption Watch, the Ahmed Kathrada Foundation, and Gauteng Together about expanding its scope of work to include other social challenges, such as racism, xenophobia, corruption, gender-based violence, and economic exclusion.

CovidComms SA is formalising its existence. 'We recently applied to the Department of Social Development for registration as a non-profit organisation. We have been informed that approval of the application is in its final stages', said Vick. Discussions are ongoing about the future of the network, which is contingent on the immediate threat of Covid-19 and on the appetite within civil society for a progressive, professional communications agency providing end-to-end communications services to the social justice sector. Key elements of these discussions are the importance of growing a cadre of new communicators, embedding communications work in broad civil society activism, and building stronger partnerships with civil society organisations with a common purpose.

CONFLICTING COMMUNICATIONS IN THE WESTERN CAPE

Faizel Petersen is the Chairperson of the Goodwood Ratepayers Association, where he represents his community in interaction with all levels of government (Petersen, 2020). Goodwood is predominantly a middle-

- to upper-income community, and many
- residents have higher education and formal-sector jobs. They have their own smartphones and good Internet connectivity, and many have DSTV. During alert levels 5 and 4, Petersen's role centred on the compliance of homeless people who had not been moved to shelters.

Petersen also represents the Manenberg Aftercare Centre, an afterschool centre where children can do sport, art, music, and the like. They receive a warm, cooked meal at the end of the day. Petersen mentors some of the children and helps them draft CVs, apply for ID documents, and so forth. Many residents of Manenberg are poor, with precarious, often casual, employment; they were especially badly affected by the lockdown. This community predominantly gets its news through the radio and tabloid newspapers like *The Daily Voice* and *Die Son*.

Petersen engaged extensively with government to have the Manenberg Aftercare Centre declared an essential service. He is well positioned to assess the differential access to and impact of government communications in the two areas. In his view, media campaigns in both communities were extensive, and communities knew what was required because government used a wide range of communication channels, including television, radio, newspapers, billboards on streetlamps, and even pamphlets on bathroom doors. In some areas, ward councillors drove around with loudhailers, telling people they needed to be inside, and when venturing out in public, had to wear masks, maintain social distancing, and sanitise. Nevertheless, the two communities experienced lockdown differently: there was more compliance in Goodwood, whose residents appeared to have a clearer understanding of the reasons for the lockdown and the importance of social distancing, as well as greater means to sustain such practices. The Manenberg community was less compliant: many people still walked around in groups, and children played in the streets. People could not look for casual labour

during the hard lockdown and depended on assistance from area-based feeding schemes. Critically, information on where residents could access government food aid was non-existent. Many residents were therefore willing to risk breaking lockdown rules and regulations to find food.

Petersen observed significant misalignment between communication from local, provincial, and national government levels. Communication was too top-down in orientation, with an 'us versus them' approach when it came to national, provincial, and local governments. The president addressed the nation after consultation with national ministers and the National Coronavirus Command Council. However, Petersen argues there should have been engagement with the leadership of the various provinces and local governments, as each province has unique concerns. For example, the Manenberg community looked to the City of Cape Town for food parcels but were told it was a national issue. The lack of clear messaging around where to get help led to frustration and anger, undermining trust in 'government'.

Many community organisations defied the lockdown regulations to set up feeding schemes to assist struggling communities. The Manenberg Aftercare Centre wanted to continue to provide food for the children but were forced to shut down under alert level 5. Petersen reached out to the national and provincial departments of social development, but 'was given the run-around. No one was willing to take a stance and give a clear direction.' Approval was only granted six weeks after the start of the lockdown.

Petersen, who is classified as an essential worker, travelled between communities in the lockdown. But he was never stopped or questioned by any authorities who were supposed to be enforcing the restrictions. Such a lack of enforcement contributed to increasing non-compliance. While the military had been deployed, they were only stationed at strategic points. Police sometimes

appeared to be unaware of their role during lockdown and what the lockdown rules were. Their main tool to enforce compliance was to arrest the person breaking the rules and release them on a R1 500 admission of guilt fine, but because few people could afford this, police seldom used this authority.

Government stated that homeless people would be placed in shelters (Cocks & Roelf, 2020). One such facility established by the City of Cape Town was a tented camp erected at the Strandfontein sports ground. Petersen argued that the City appears to have underestimated the number of people in need of shelter. Questions were also raised about why community centres were not used, rather than establishing an expensive new facility. Also, a large group of refugees were illegally camped in the Cape Town central business district – they wanted to be moved to other countries and not repatriated to their countries of origin. After legal proceedings, they were moved to Bellville (Paint City) and Goodwood (Wingfield) (Makinana, 2020). The Goodwood community were concerned because the refugees did not follow all the health regulations. Petersen raised these concerns with the authorities, but no one took responsibility for these sites.

A High Court ruling prevented evictions under the lockdown, which may have encouraged land invasion on open land. The resulting settlements were not serviced, which contributed to community protests (Evans, 2020). The invasions also created tension with people who had long been on housing waiting lists; they were pushed further down the list when the groups setting up the shacks demanded housing in exchange for agreeing to be moved.

Schools were another source of mixed messaging. For example, the national government wanted school feeding schemes to be halted, but the Western Cape chose to allow them to continue. Plans to reopen the schools also changed frequently and were poorly communicated, and a briefing by the

Minister of Basic Education on 31 May 2020 was cancelled at the last minute (Mailovich, 2020). This led to confusion and frustration for learners and their parents.

Petersen also noted that there was little meaningful communication with communities to notify residents about door-to-door testing programmes or where testing would take place, and obtaining this information was not straightforward. Information on how to access government assistance (e.g., Covid grants) was hard to obtain when the roll-out was delayed. This led to a breakdown of trust, especially when allegations of corruption emerged. Petersen's role as a community leader was to proactively bridge the gap between his community organisations and local provincial and national government. He went the extra mile to obtain information critical to his community; in some cases, he was able to access the offices of relevant ministers to obtain the information and the necessary resources to provide emergency relief. The communications weaknesses he observed affected all the people of the Western Cape, and it is unlikely that many could secure the same access to information that he did. The absence and, in some cases, the contradictory nature of information caused confusion and even contributed to hunger among communities.

THE EASTERN CAPE HEALTH CRISIS ACTION COALITION

The Eastern Cape Health Crisis Action Coalition (EHCAC) began to provide information on Covid-19 because of significant gaps in the information being shared with many rural communities (EHCAC, 2021). The coalition noticed that in the early stages of the lockdown, information shared on radio and television focused primarily on the precautionary measures people needed to take to prevent infection. However, it did not consider the varying nature of communities (geographical, socio-economic, cultural, etc.) or variations in the existing burden of

- disease, levels of health literacy, and access to
- healthcare.
-

Karessa Govender, a programme manager at the Rural Health Advocacy Project, and Tlamelo Mothudi, health researcher at the Public Service Accountability Monitor, drove a Covid-19 Information Dissemination campaign on behalf of EHCAC, contributing information that was particularly relevant in the Eastern Cape (Govender, 2020). Their objective was not to repeat government's messaging, but rather to share information on the context in which communities live and why they experience the pandemic differently. The campaign identified gaps in information via a brief survey conducted by the Rural Health Advocacy Project in the communities of Ngqeleni in the OR Tambo District; monitoring media in the province; and discussions within civil society and on social media.

According to Govender, the EHCAC used radio because of its wide reach in the Eastern Cape: 'not a lot of people have Internet at their homes, not a lot of people have the luxuries that we have, like being able to go on a computer or to Google something. Some of them only have a radio, or they will have a phone that doesn't have WhatsApp, but they can access the radio on their phone and so they can get information that way.' They focused on the relationship between Covid-19 and variables such as diet-related non-communicable diseases, HIV/AIDS, mental health and well-being, the use of chronic medication, attending funerals, using homemade and traditional medication, food security, and the management of grief. The range of topics addressed was influenced by current events, and the team continued to assess local developments to ensure the topics were relevant.

IsiXhosa is the main language spoken in the Eastern Cape, so the EHCAC 'primarily sought speakers who were fluent in IsiXhosa. Speakers who were from the Eastern Cape or lived in the province were particularly welcomed

because of their understanding of the region and their ability to contextualise information.' Speakers ranged from academics, healthcare workers, and doctors to community health workers, dieticians, psychologists, community and traditional leaders, and grassroots organisations. It was important that 'the people of the Eastern Cape were able to see themselves in the speakers.'

The EHCAC collaborated with seven local radio stations, providing content for around 130 slots from May to late-2020, through interviews or audio recordings.

We drew on the principle of community radio stations' playing a developmental role and leveraged this to share extremely important information, much of which was missing in the national and provincial discourse. We were unable to carry out a formal evaluation to determine the efficacy of the campaign meeting the needs of the communities in the Eastern Cape, but we received a positive response from many of the radio stations that we worked with.

The EHCAC interventions are a prime example of organised civil society networks taking the initiative on public health emergency communications.

CONFLICT IN SCIENCE COMMUNICATION: THE SCIENTISTS COLLECTIVE

As happened many other countries, there were tensions between government's approach to managing the pandemic and the views of eminent scientists, some of whom served on the MACs set up by the Department of Health.

The first widely publicised disagreement involved Professor Glenda Gray, President of the South African Medical Research Council, who publicly criticised the phased exit out of the hard lockdown as 'nonsensical' and 'unscientific' (Karrim & Evans, 2020; see also Chapter 3.1). Health Minister Zweli Mkhize

responded by saying the reports of her statements contained inaccuracies and in particular, her statements about seeing more cases of malnutrition at Baragwanath Hospital were 'factually incorrect' (Karrim, 2020). He also responded to dissatisfaction among some scientists that government was not taking their advice seriously by saying government had accepted all 50 advisories from the MACs. One result of this public fallout was the creation of the Scientists Collective, which then used the online Daily Maverick as a vehicle to disseminate information on Covid-19 directly to the public.

Gray convened members of the Scientists Collective for an interview with the research team for this chapter (Gray et al., 2020). In response to questions about their experiences of serving on the MACs, Marc Mendelson, Professor of Infectious Diseases and Head of the Division of Infectious Diseases and HIV Medicine at Groote Schuur Hospital, University of Cape Town, spoke of the frustration he and others felt when information they had given the minister was not made public. Dr Wendy Stevens, Head of Molecular Medicine and Haematology at Wits University, felt that 'the communication about testing was appalling across the board', which meant that 'most people did not understand testing'. James McIntyre, Chief Executive of Anova Health Institute, said of the scientists in the MACs: 'the depth of knowledge assembled was astounding' and 'world class', yet the knowledge did not reach the 'people who made the decisions'.

Concerns were also raised that information from the scientists was 'cherry picked'. There was no transparency about how government used the knowledge or who the gatekeepers were. Shabir Mahdi, Professor of Vaccinology and Director of the Respiratory and Meningeal Pathogens Research Unit at Wits University, said: 'There was significant gatekeeping.

... There was very selective citing of the information from the MACs, and sometimes recommendations from other advisory committees (such as those consulted by other departments) trumped the medical advice given to the Minister of Health. But those on the MACs did not know who was advising other departments; they were not public, not named.' It was difficult for the scientists to understand the processes and where the gatekeeping was happening. Dr Jeremy Nel, Head of the Department of Infectious Diseases at Helen Joseph Hospital, said that the structure of the MACs was 'ill conceived', adding that 'an independent advisory body was needed' with a 'public separation' from the Department of Health. By pulling the MACs into the Department of Health so that their communication was intended only for government, there was 'no independent voice for the scientific community', he said.

Professor Gray and several other scientists also felt that government was not communicating clearly enough with the public. They approached Mark Heywood, editor of *Maverick Citizen* (and former Treatment Action Campaign activist) and began to write for the public. They styled these articles as 'advisories' and tried to anticipate how South Africans could cope with the pandemic, be safe, and still live normal lives (Daily Maverick, 2021).

Initially the Collective involved professors Madhi, Gray, Mendelsohn, and Francois Venter, Director of Ezintsha at the Wits University Reproductive Health and HIV Institute; Dr Lucille Blumberg, Deputy Director of the National Institute of Communicable Diseases; and Dr Aslam Dasoo, Convener of the Progressive Health Forum. Others were drawn in for expert advice depending on the topic. A series of health advisories written by the Scientists Collective was published in the *South African Medical Journal* (Gray et al., 2021) and the *Daily Maverick* (2021).

CHAPTER 5
SOCIAL AND HUMAN
DEVELOPMENT
RESPONSES



CHAPTER 5.1

HEALTH SECTOR

CHAPTER 5.1: HEALTH SECTOR

ABSTRACT

South Africa has recorded the highest number of Covid-19 cases in Africa and early in the pandemic arguably implemented some of the strictest restrictions in the world in an effort to contain the spread of the SARS-CoV-2 virus. It mobilised multiple health resources through a cohesive response between the public and private sectors, solidarity support from the business and non-governmental sectors, and expertise from academic and research sectors. At the vanguard was the health sector response, led personally by the Minister of Health. The response was coordinated by the Incident Management Team, with expert advice from the Ministerial Advisory Committee and multiple joint outbreak response committees. This chapter gives a 'first take', high-level overview of the national health response to Covid-19, using the eight-stage implementation framework adopted by the sector: preparation, prevention, surveillance,

hotspot identification, lockdown regulations, quality medical care, psychosocial impact, and ongoing vigilance. Preliminary evidence suggests the health sector response was comprehensive. The healthcare system benefited from the lockdown restrictions, which helped reduce emergency and trauma cases, and from decentralising chronic care services. While the healthcare system was resilient, provinces such as the Eastern Cape were under strain. The health response also had some unintended consequences, and some services were compromised. The emergence of a new variant, B.1.351, complicated South Africa's response to the second wave of the pandemic. Excess mortality numbers suggest that the impact of Covid-19 may have been more severe than initially documented; further research is needed to investigate the drivers and effects of these excess deaths. Socio-behavioural interventions were introduced when the risk to vulnerable communities was highlighted early in the pandemic. As the country experiences multiple surges, special attention needs to be paid to preventative measures and the roll-out of vaccines.

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ABBREVIATIONS AND ACRONYMS

ACE2	angiotensin-converting enzyme 2	RBD	receptor binding domain
CDC	Centres for Disease Control and Prevention	RNA	ribonucleic acid
HIV	human immunodeficiency virus	RT-PCR	reverse-transcriptase polymerase chain reaction
HSRC	Human Sciences Research Council	SAMRC	South African Medical Research Council
ICU	intensive care unit	SARS	severe acute respiratory syndrome
IPC	infection prevention and control	SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
MAC	Ministerial Advisory Committee	SPAR	Strategic Preparedness and Response
MERS	Middle East respiratory syndrome	WHO	World Health Organization
NICD	National Institute for Communicable Diseases		

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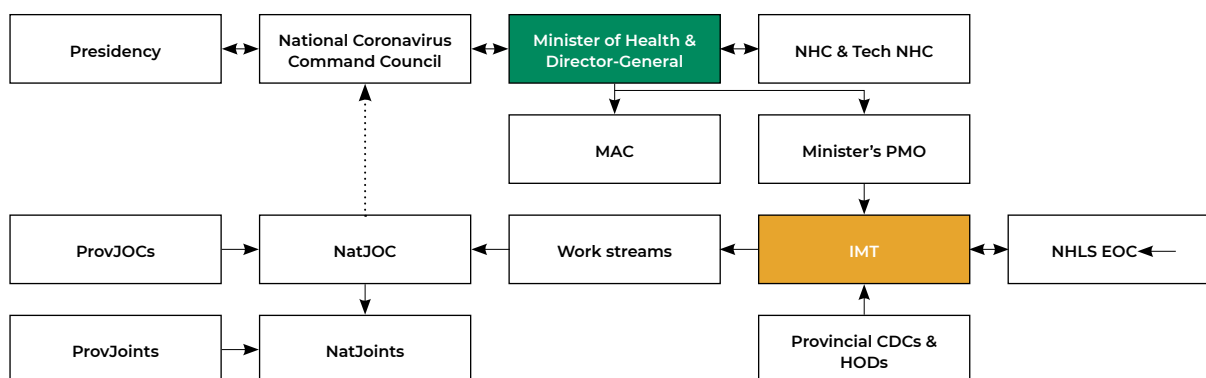
INTRODUCTION

The response of the South African health sector to the Covid-19 pandemic was led by the national Department of Health, with the Minister of Health, Dr Zwelini Mkhize, playing a key role. Government introduced several laws and measures under the National Disaster Management Act (CoGTA, 2020). The country's response was consistent with the Covid-19 Strategic Preparedness and Response (SPAR) operational planning guidelines of the World Health Organization (WHO), released in February 2020. The WHO (2020e) guidelines set out several measures that countries were encouraged to adopt to help contain the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). They include various pillars to combat the spread of the virus and a methodology for evaluating the efficacy of a government's response. One such methodology uses 18 different indicators from SPAR to compile a preparedness index and an operational readiness index. South Africa had a moderate SPAR score of 62 in terms of preparation but was considered among the top three countries in Africa at risk of importing Covid-19 (Gilbert et al., 2020). It also had a relatively high infectious disease vulnerability index (0,69), ranking 143rd out of 195 countries (Moore et al., 2016). Thus, South Africa had both a high risk of importing the

disease and a relatively high vulnerability to its spread.

Government mobilised a multisector response, within which the health response was integrated, and established the National Coronavirus Command Council to guide the lockdown regulations (Chapter 2). The health minister set up the Ministerial Advisory Committee (MAC) on Covid-19 on 25 March 2020 (Singh, 2020) to provide evidence-based guidance to the Department of Health. The initial 51-member committee, chaired by Professor Salim Abdool Karim, comprised clinicians, virologists, epidemiologists, modellers, public health practitioners, and other experts. Its reporting structure is shown in Figure 5.1.1. In September 2020 the membership of the MAC was modified to include Professor Marian Jacobs as co-chair, and a new MAC on Vaccines was established, chaired by Professor Barry Schoub. In March 2021 Professor Karim stepped down as co-chair of the MAC after a one-year tenure and was replaced by Professor Kholeka Mlisana. The Incident Management Team on SARS-CoV-2 Disease 2019 was set up to coordinate Covid-19 response operations, working with provincial and district joint outbreak committees countrywide. Policies were developed at national level and were implemented mainly by provincial departments (Pillay, 2020a).

Figure 5.1.1: Organisational structure of the health sector response in a government context



Source: Singh, 2020

The national health response plan consisted of eight overlapping stages (Figure 5.1.2):

- **Stage 1** was about preparation, including establishing national testing and surveillance capacity.
- **Stage 2** focused on primary prevention and commenced 10 days after the first South African case of Covid-19 had been confirmed. Government declared a national state of disaster, international travel was banned, schools and universities were closed, gatherings were restricted, and social distancing and handwashing were promoted. The MAC (discussed above) was set up.
- **Stage 3** enacted the national lockdown, with regulations implemented on 26 March 2020 (Singh, 2020). The lockdown comprised five levels (Table 5.1.1 and Figure 5.1.19 below), ranging from extensive restrictions on movement and economic activity (alert level 5) to the easing of nearly all restrictions (alert level 1) (Garba et al., 2020).
- **Stage 4** started on day 33 of the lockdown. Government deployed more than 28 000

community health workers to undertake active house-to-house screening and case finding, particularly in high-risk communities (e.g., informal settlements).

They used a mobile phone app to administer a symptom checklist, and data for each household was uploaded with location coordinates to a central database to allow mapping. Suspected Covid-19 cases were referred to mobile testing stations or health facilities for further assessment.

- **Stage 5** involved identifying hotspots and putting in place preventative measures in areas with localised outbreaks.
- **Stage 6** involved the provision of medical care, including investment in infrastructure in the form of field hospitals.
- **Stage 7** took a psychosocial perspective, addressing deaths, burials, and the mental health challenges associated with bereavement.
- **Stage 8** ensures vigilance through continued case-finding and monitoring immunity levels, using surveillance in anticipation of potential subsequent waves of the epidemic (Abdool Karim, 2020).

Figure 5.1.2: Stages of the South African response to Covid-19

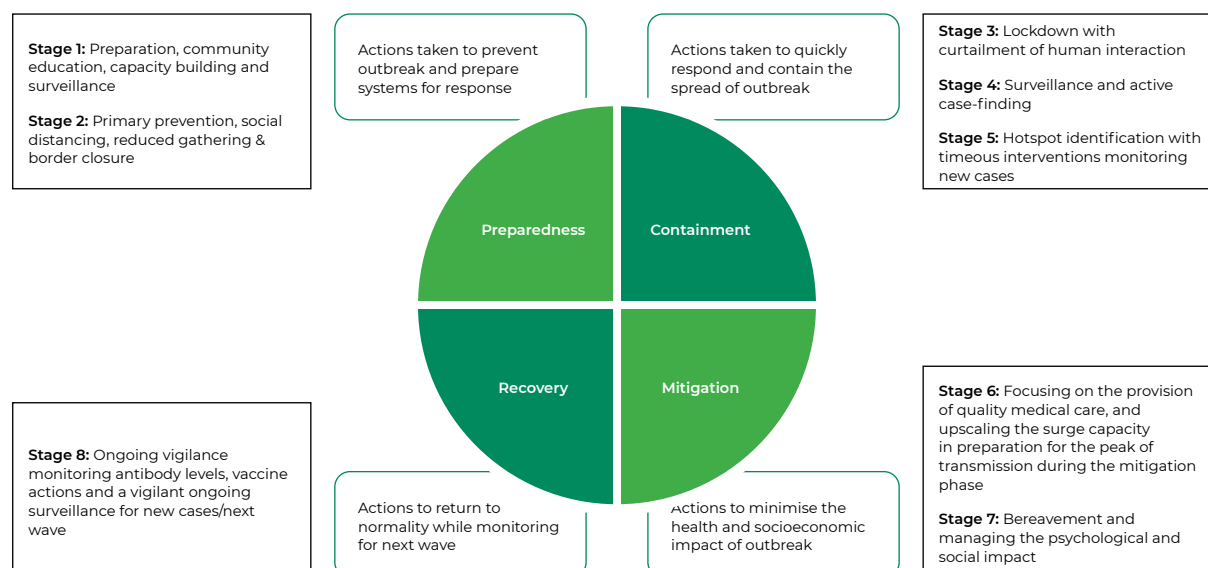


Table 5.1.1: Covid-19 alert levels

Alert level	Timeline
Level 5 (Lockdown)	The full national lockdown began at midnight on Thursday, 26 March, and continued until midnight on Thursday, 30 April. Its drastic measures helped contain the spread of the virus.
Level 4	Restrictions were then in place from 1 to 30 May 2020. Some activity was allowed to resume, subject to extreme precautions to limit community transmission and outbreaks.
Level 3	This level, in effect from 1 June to 17 August 2020, eased some restrictions, including on work and social activities. It was implemented again on 29 December 2020, with adjustments.
Level 2	From 18 August to 20 September 2020, alert level 2 further eased restrictions but maintained physical distancing and restrictions on some leisure and social activities.
Level 1	From 21 September to 28 December 2020, level 1 allowed most normal activity to resume, subject to precautions and health guidelines. It was implemented again on 1 March 2021.

This chapter critically reviews key interventions implemented by the Department of Health to contain and mitigate the Covid-19 epidemic in South Africa. It focuses on the impact of the national health response plan on the epidemiology of Covid-19, with due cognisance of the physical, biological, economic, social, cultural, and behavioural determinants of the health and wellness of the country's diverse population. Table 5.1.2 shows the broad scope of these interventions. The chapter interrogates

- the evidence base and rationale for the interventions,
- the implementation process,
- indicators of success (process and output),
- enablers of and/or barriers to success,
- mitigation strategies to address any barriers, and
- recommendations for optimising the health sector response.

This chapter begins with a brief overview of the epidemiology of Covid-19 and correlates changes over time with the country's risk-adjusted, alert levels containment strategy. This is followed by an analysis of healthcare system readiness, along with key clinical, public health, health policy, and socio-behavioural interventions. [Annex 5.1.1](#) discusses SARS-CoV-2 as the causative agent, the clinical manifestations of Covid-19, and guidelines for its management. [Annex 5.1.2](#) discusses SARS-CoV-2 variants and highlights the need for continued genomic surveillance.

Note that this chapter focuses on the first and second waves of the pandemic. The health impact and response during the further progression of the pandemic will be discussed in the second edition of the Country Report.

Table 5.1.2: Interventions by the Department of Health

Intervention area	Subcomponents
Governance and leadership	- Governance and leadership
Medical supplies	- Medical supplies
Port and environmental health	- Port health - Environmental health
Epidemiology and response	- Epidemiology - Laboratory - Contact tracing and community screening
Facility readiness and case management	- Facility readiness - Quarantine and isolation - Case management - Emergency medical services
Information systems	- Information systems
Risk communication and community engagement	- Risk communication and community engagement
Occupational health and safety	- Occupational health and safety - Infection prevention and control
Infection prevention and control	- Infection prevention and control
Human resources for health	- Human resources for health

Source: Pillay, 2020b

EPIDEMIOLOGY OF COVID-19 IN SOUTH AFRICA

The earliest known case of Covid-19 was identified on 17 November 2019 in Wuhan, the capital of Hubei province in China; Chinese authorities reported the outbreak in December 2019 (Romagnani et al., 2020). Initial zoonotic transmission, presumably from bats or pangolins, was followed by extensive human-to-human spread through respiratory droplets, either directly, by contact with infectious individuals or indirectly, via contact with contaminated objects (Garba et al., 2020). Both air travel interconnectivity (which grew substantially around the Chinese New Year on 25 January 2020) and

the efficacy of the virus contributed to its rapid global spread (Adamu et al., 2020). The WHO declared Covid-19 a pandemic on 11 March 2020.

THE FIRST SURGE OF INFECTIONS

South Africa's first case of Covid-19 was confirmed on 5 March 2020 in KwaZulu-Natal in a citizen returning from vacation in Italy. Imported cases rose steadily that week in Gauteng, the Western Cape, and KwaZulu-Natal, all provinces with large urban populations and international airports. While most cases in Gauteng involved relatively affluent, middle-aged individuals who had vacationed (and been infected) abroad, KwaZulu-Natal saw a significant nosocomial

- (hospital) outbreak with a higher case fatality rate early on (Box 5.1.6 below). The first suspected case of local transmission was reported on 13 March 2020 (Giandhari et al., 2020). By 9 June 2020, South Africa had 52 991 reported cases, 66% of which had been in the Western Cape (NICD, 2020b).

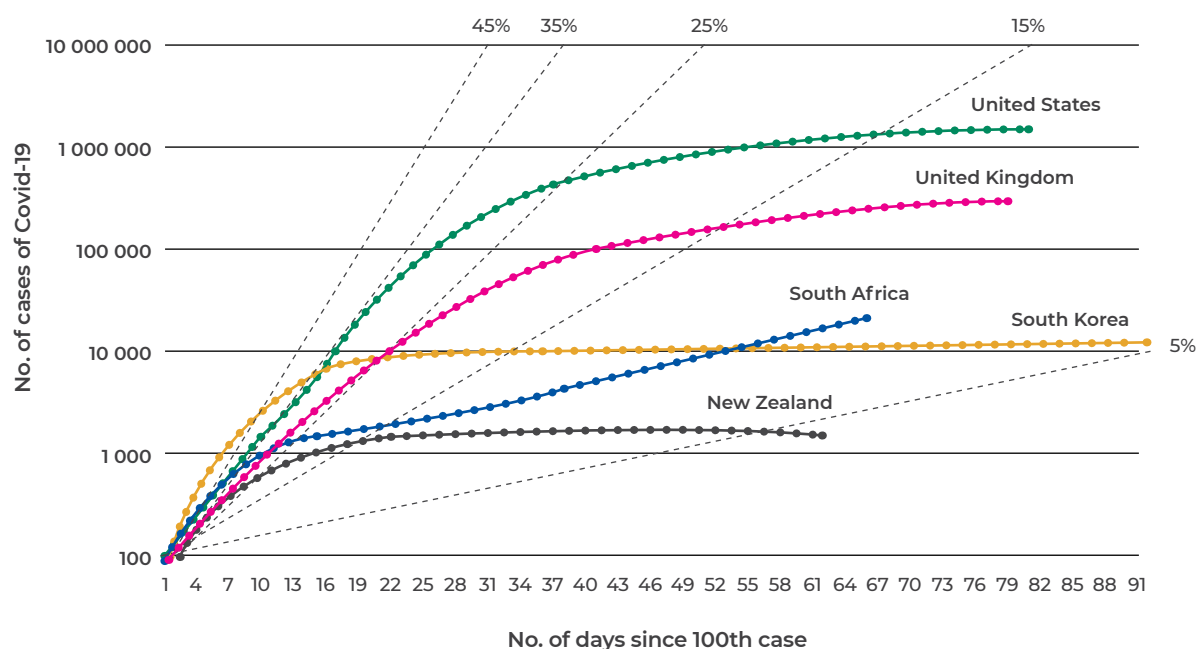
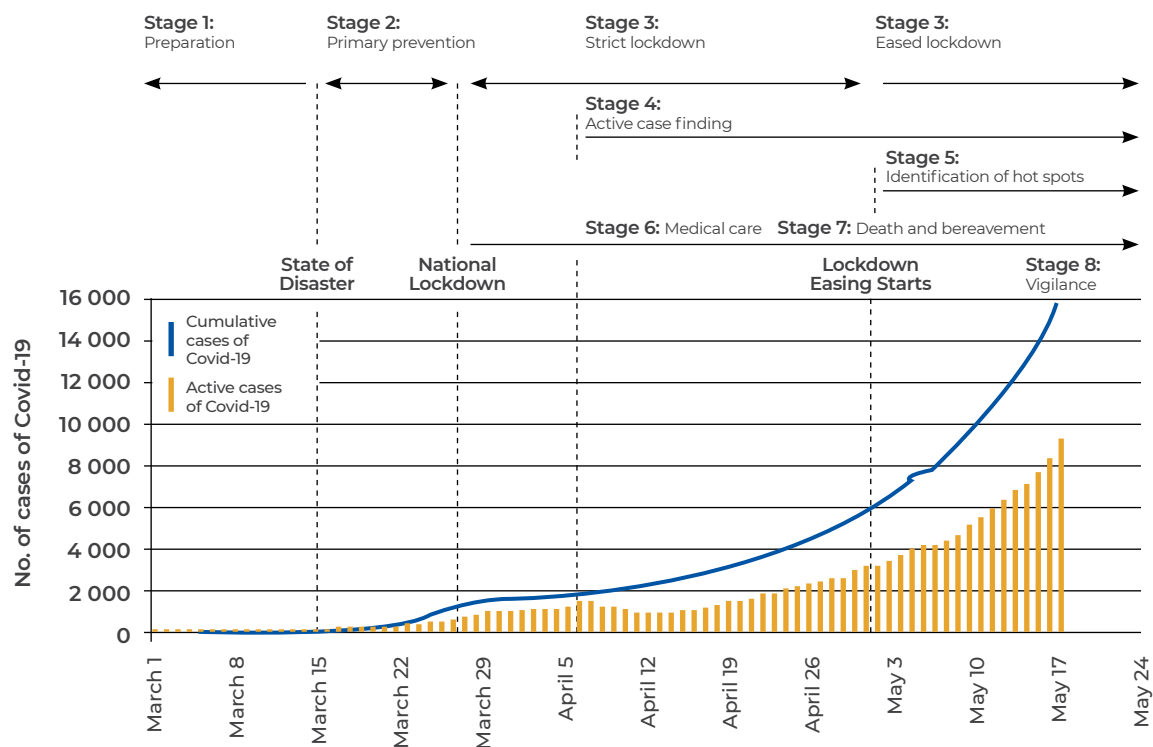
Covid-19 cases proliferated as a result of community transmission but levelled off during the strict lockdown. However, as the country incrementally eased lockdown levels, case numbers increased exponentially (Abdool Karim, 2020). Figure 5.1.3, panel A shows the cumulative and active Covid-19 cases in correlation with the national response. A flattening of the curve is evident in weeks 13–15, followed by an exponential increase from week 16. Panel B shows the trajectory of the epidemic compared with select other countries (diagonal lines predict trajectories by percentage increase in cases). South Africa had one of the highest number of infections in the world (varying between fifth and twentieth) and the highest number in Africa – a cumulative total of 681 289 cases and 16 976 deaths by 6 October 2020 (WHO, 2021b). This gives a mortality rate of 2,5%. A total of 614 781 recoveries have been reported, giving a recovery rate of 90% (NICD, 2020b).

Figure 5.1.4, panel A shows the cumulative case count by date and sector, stratified by province, age and sex. Panel B shows the percentage of positive cases (total and new) stratified by sector and province as of October 2020 (NICD, 2021). The cumulative number of confirmed Covid-19 cases in South Africa on 4 October was 681 790 from 4 328 008 tests, of which 57,8% (393 971) were female. The vast majority of cases were among people ages 25–54. The high incidence of cases among younger people and women contrasted with global reports of higher risk among older people and men (de Lusignan et al., 2020; Kopel et al., 2020).

At 32,4%, Gauteng has the highest share of cases, almost double that of KwaZulu-Natal (17,6%) and the Western Cape (16,4%). The Eastern Cape follows with 13,2% of cases, and the remaining provinces are in single digits, ranging from 2,3% in Limpopo to 7,1% in the Free State. The Western Cape bore the brunt of the epidemic in May 2020 (possibly reflecting its greater testing capacity); numbers peaked in Gauteng and the Eastern Cape in June, in KwaZulu-Natal in July and August, and in the Free State in August and September 2020.

Figure 5.1.3: Trajectory of the epidemic

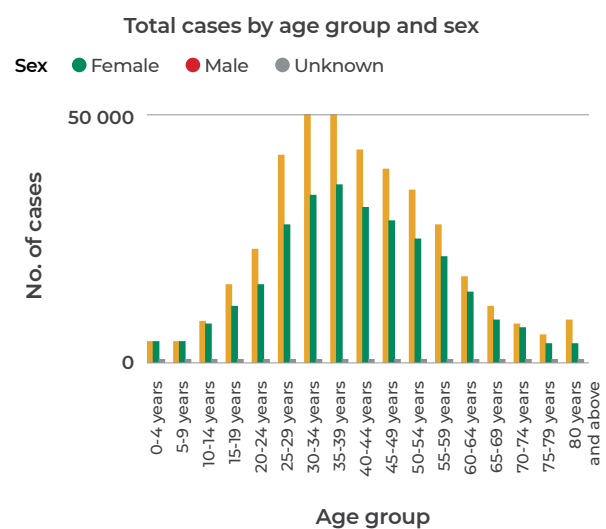
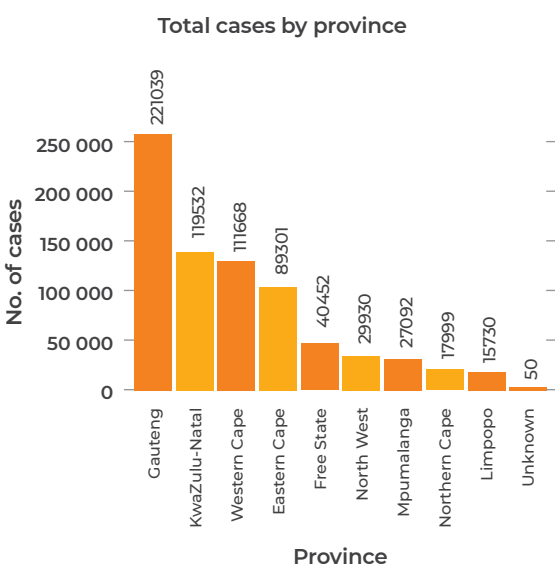
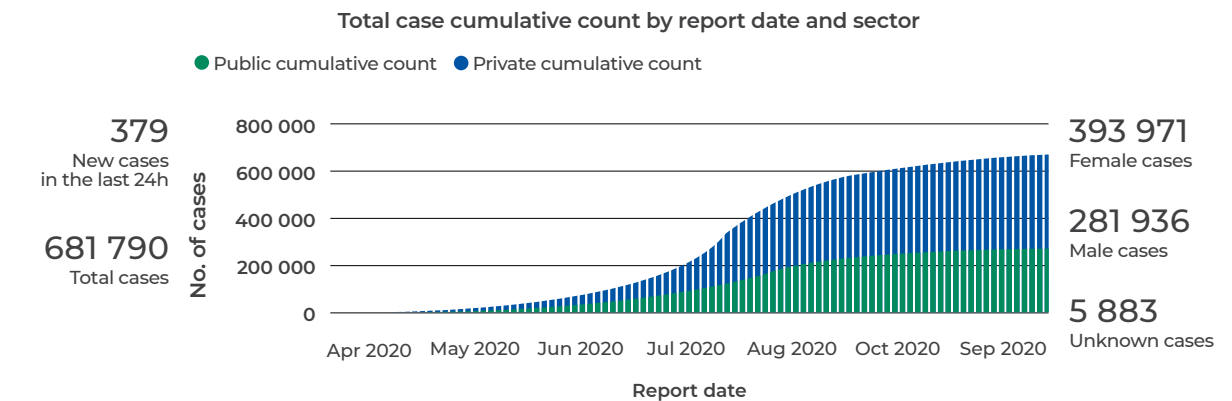
Cases and stages of response



Source: Abdool Karim, 2020

Figure 5.1.4: Covid-19 daily report, 4 October 2020

Covid-19 case data



Covid-19 test data

Sector	Total tests	% total tests	New tests	% new tests
Private	2 465 106	57%	10 699	57%
Public	1 862 902	43%	8 082	43%
Total	4 328 008	100%	18 781	100%

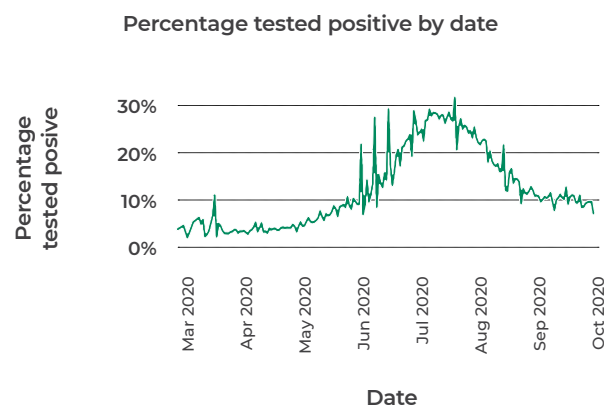
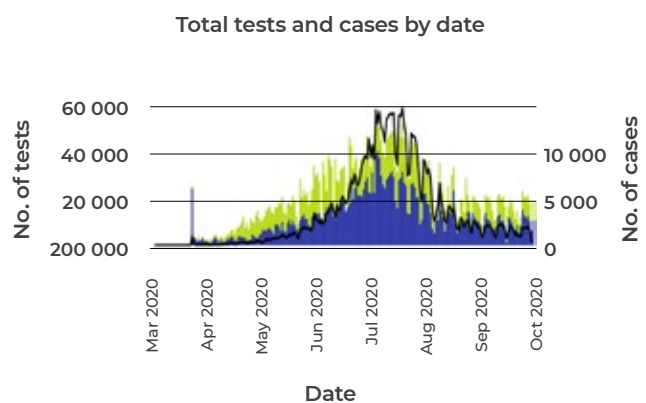


Figure 5.1.4: continued

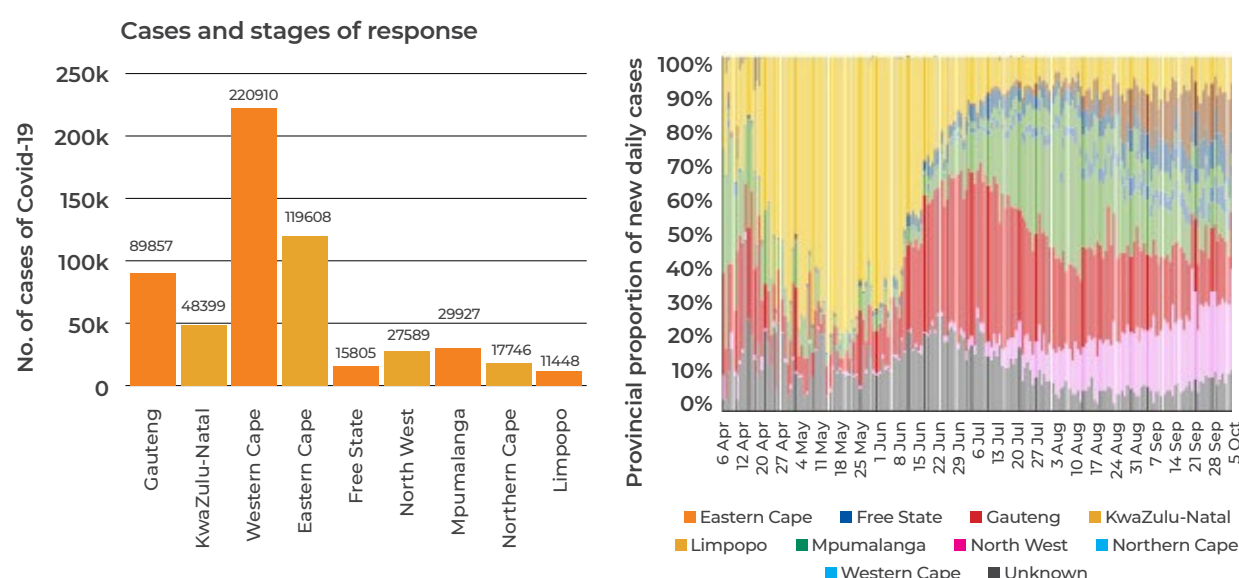
Province	Total cases	Total tests	Total percentage tested positive	New cases	New tests	New percentage tested positive
North West	29 930	105 981	28,24%	15	463	3,24%
Eastern Cape	89 801	442 841	20,28%	9	1 082	0,83%
Free State	48 452	260 439	18,60%	69	1 830	3,77%
Northern Cape	17 898	100 522	17 81%	86	895	9,61%
Western Cape	111 666	649 817	17,18%	50	2 698	1,85%
Limpopo	15 730	92 503	17,00%	20	362	5,52%
KwaZulu-Natal	119 532	747 569	15,99%	11	2 076	0,53%
Mpumalanga	27 692	178 026	15,56%	22	978	2,25%
Gauteng	221 039	1 499 180	14,74%	97	3 711	2,61%
Unknown	50	251 130	0,02%	4	18 781	0,02%
Total	681 790	4 328 008	15,75%	379	18 781	2,02%

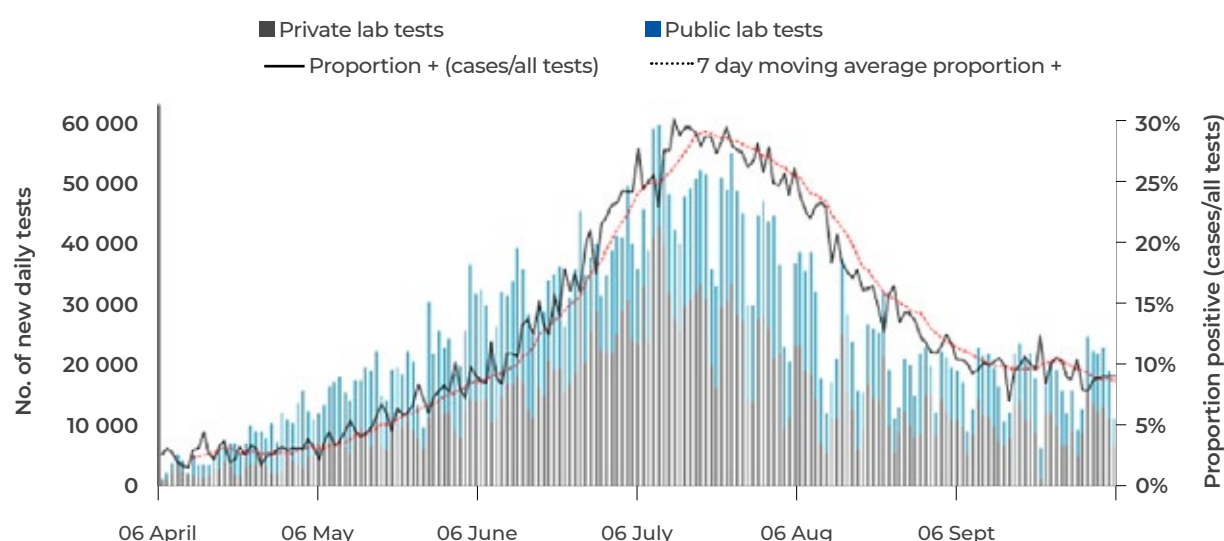
Source: NICD, 2021

Figure 5.1.5, panel A shows the cumulative cases by province. Panel B shows the distribution of cases by province over time, and panel C shows the proportion of positive cases in the public and private sectors, with the red trend line reflecting the seven-day moving average. The proportion of positive cases over

time exhibits a typical bell-shaped epidemic curve. This is in line with the study by Garba et al. (2020), who modelled the epidemic with the unique inclusion of the environment as a variable. They predicted this scenario, provided people wore masks and complied with social distancing and basic hygiene measures.

Figure 5.1.5: Covid-19 cases by province, first surge





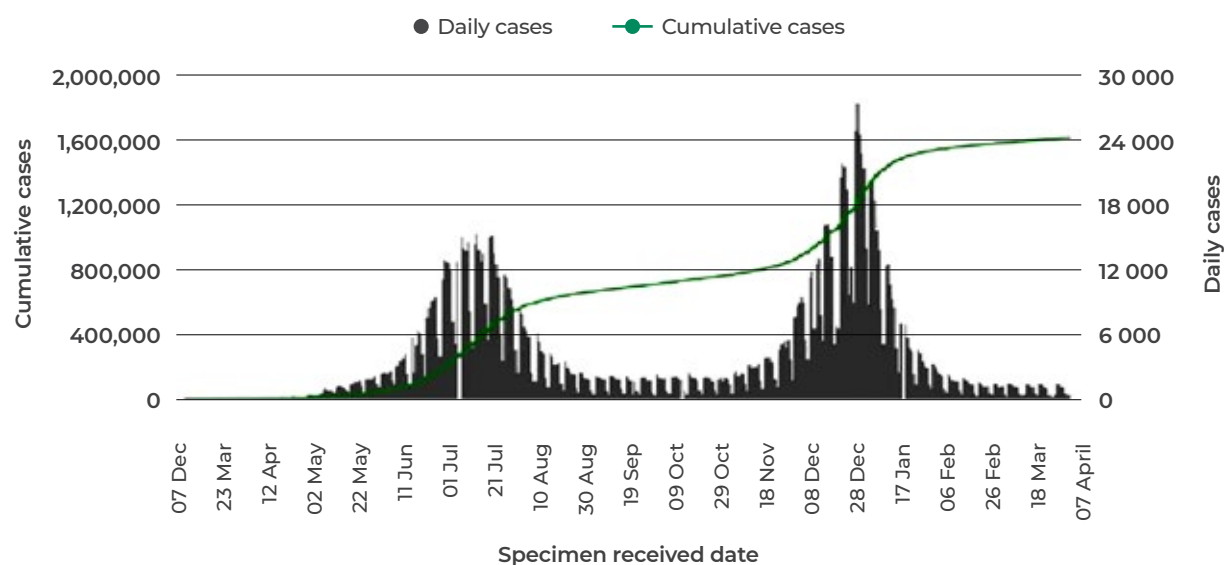
Source: NICD, 2021

THE SECOND SURGE OF INFECTIONS

South Africa experienced its worst surge of infections between October 2020 and March 2021, with a peak of infections in January 2021 (Figure 5.1.6). By 13 April 2021, the country had stabilised in a post-second-wave phase. It had completed 10 181 143 Covid-19 tests and diagnosed 1 559 960 patients with Covid-19, according to the NICD (2021). It identified fewer than 1000 cases per day at this point,

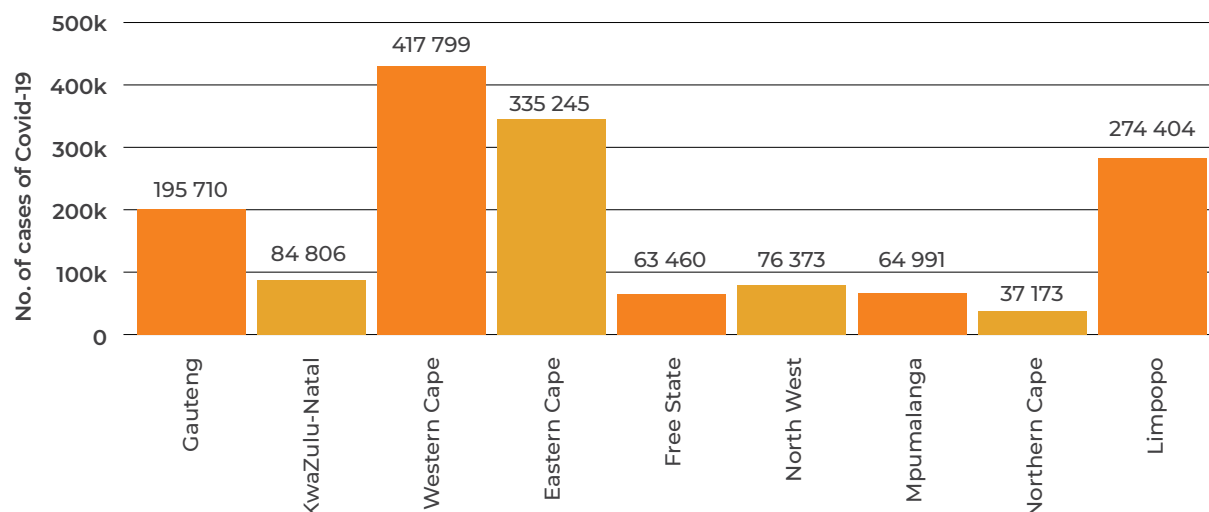
confirming a 'pandemic in remission'. As in the first wave, the provinces with the highest number of infections were Gauteng (417 799), KwaZulu-Natal (335 245), the Western Cape (284 404), and the Eastern Cape (195 710), as per Figure 5.1.7. The lowest number of cases were in the Northern Cape (37 173), Limpopo (63 460), and the North West (64 991).

Figure 5.1.6: Second wave of infections, December 2020 to April 2021



Source: NICD, 2021

Figure 5.1.7: Covid-19 cases per province, second surge

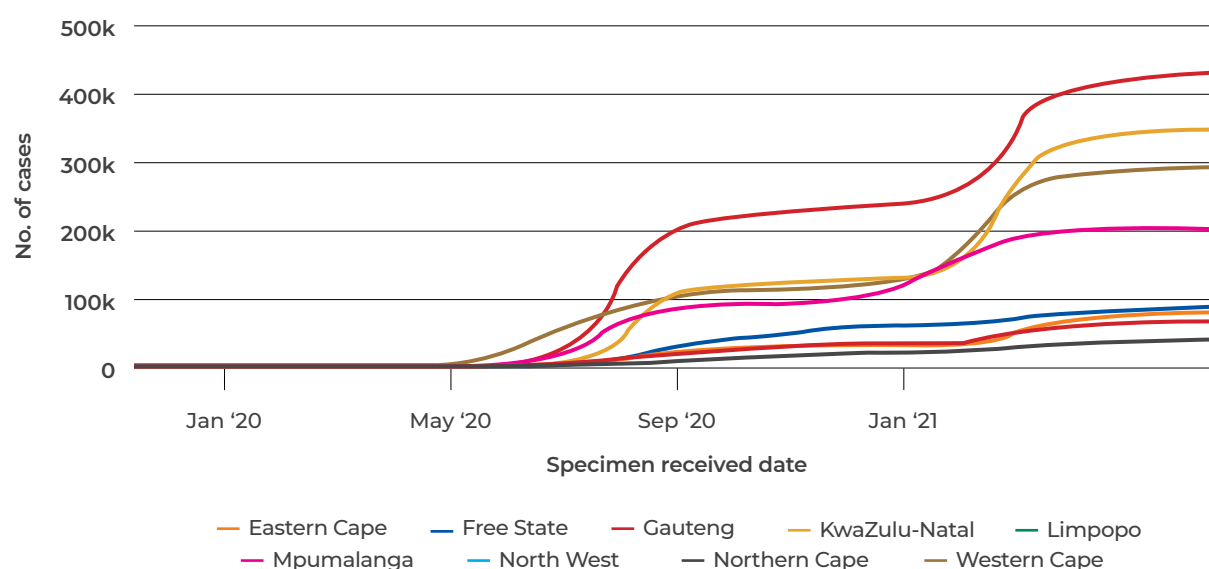


Source: NICD, 2021

As a proportion of the population, the province most affected in terms of cases per 100 000 persons was the Western Cape (4060), followed by KwaZulu-Natal (2907), the Eastern Cape (2906), the Free State (2896), the Northern Cape (2875), and Gauteng (2698). The least-affected provinces by population size were Limpopo (1084), the North West (1582), and Mpumalanga (1632). Figure 5.1.8 shows that the Eastern Cape experienced the

second surge of infections before the other provinces, followed by the Western Cape and then KwaZulu-Natal and Gauteng. Among the worst-affected provinces, KwaZulu-Natal experienced the largest share of infections in the second surge, as Gauteng had in the first surge of infections. Among the least-affected provinces, the Free State had the largest share of infections in the first surge and Limpopo had the largest share in the second surge.

Figure 5.1.8: Provincial trends in Covid-19 infections, January 2020 to April 2021

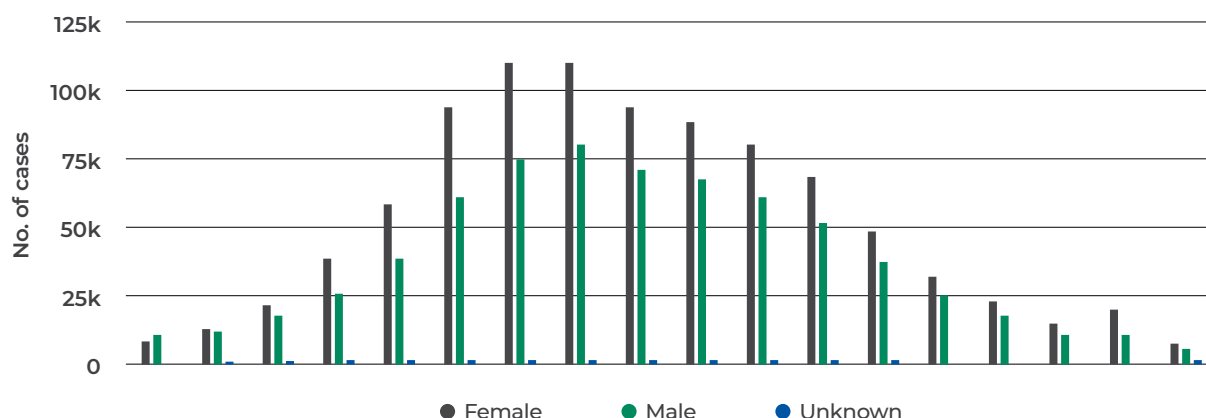


Source: NICD, 2021

- As shown in Figure 5.1.9, the highest number of Covid-19 cases was observed in the age group 30–39 years, with females diagnosed more frequently than males in all age categories, except among children under the

age of 10. Other age categories most affected in terms of caseload were 25–29 and 40–49. (A small fraction of cases could not be allocated to sex classification category).

Figure 5.1.9: Incidence of Covid-19 infections by gender group, April 2021



Source: NICD, 2021

REPRODUCTION AND DISPERSION OF THE VIRUS

During alert level 5 the national average reproductive number (R) was 1,29 (95% CI [1,06–1,58]), escalating to nearly 1,5 by end-April, then dropping steadily to 1,27 (95% CI [1,06–1,51]) during level 4 and finally to <1 at level 3 in the last weeks of July (Box 5.1.1). This decrease in transmission rates could possibly be attributed to good public adherence to the socio-behavioural interventions of physical distancing, hand hygiene, and the use of masks. The R values are confounded by different testing and reporting practices in and among provinces, changes in the determination of death rates, the risk profiles of cases, and the delay between symptom onset and the reporting of death over time. Also, estimates of R for more recent periods may be less reliable, because of a decrease in mortality associated with the introduction of dexamethasone treatment and the use of high-flow nasal oxygen since mid-June 2020 (NICD, 2020c).

Box 5.1.1: The effective (R) and basic reproductive number (R_0)

The effective reproductive number (R) and the basic reproductive number (R_0), both transmission metrics of SARS-CoV-2, were estimated over time from laboratory-confirmed Covid-19 deaths.

- R_0** is the average number of secondary infections produced by a typical case of an infection in a fully susceptible population in the first few weeks after a novel infectious agent has been introduced into the population.
- R** is the average number of secondary, infectious cases in a mixed susceptible and non-susceptible population once the infectious agent is circulating.
 $R > 1$ – an increasing number of new cases.
 $R = 1$ – the number of new cases is stable.
 $R < 1$ – a decline in new cases.

During the second surge, the national average R initially remained steady under adjusted alert level 3 and then declined in the first three weeks of January 2021 (Figure 5.1.10). It stabilised briefly towards the end of January 2021 and then gradually increased through the beginning of alert level 1 in March 2021. R almost reached one at the end of the estimation period. At a provincial level, the trends were generally similar to the national one, with R near 1 at the end of the estimation period, except in the Northern Cape, where it exceeded 1 (NICD, 2021). The increasing trend in R indicates increasing transmission and may be driven in part by the relaxation of controls. It is essential that recommended measures to control the spread of Covid-19, including physical distancing, hand hygiene, good ventilation, adherence to venue capacity limits, and wearing masks, continue to be implemented. (Box 5.1.2 discusses the dispersion, or clustering, of the virus).

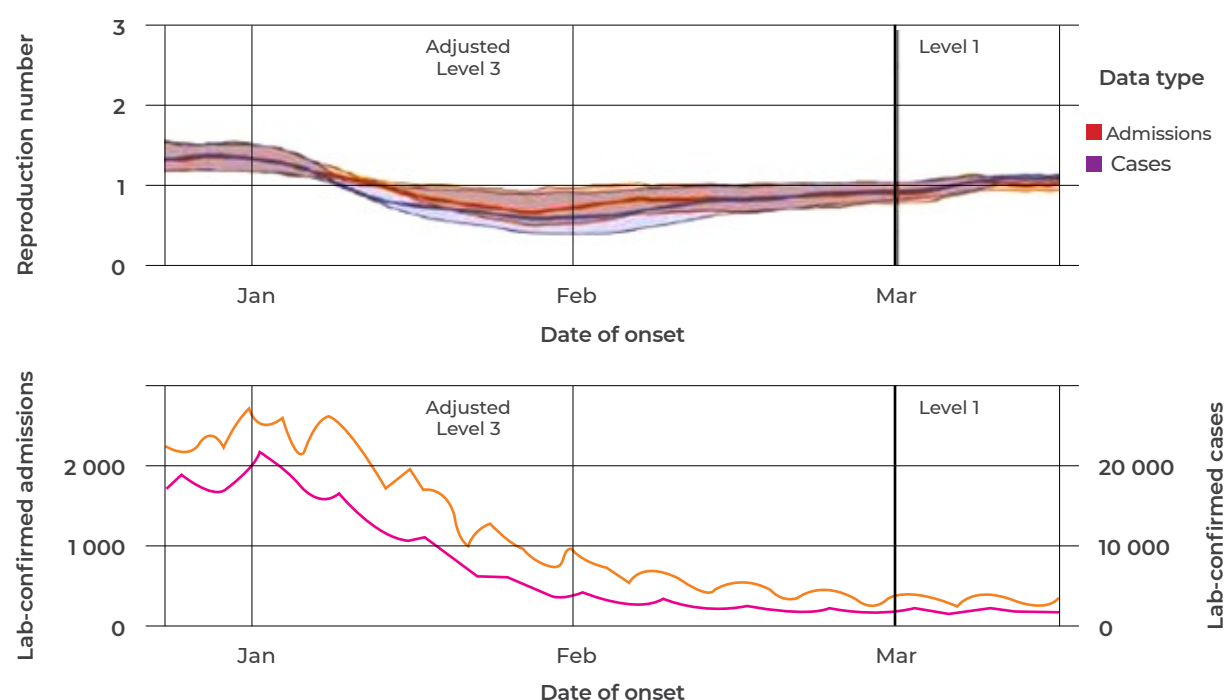
Box 5.1.2: The dispersion factor (k)

The dispersion factor (k) describes how much a disease clusters. The lower the k , the more the transmission can be attributed to a small number of infected people, the so-called super-spreaders. The 2005 severe acute respiratory syndrome (SARS) had a k of 0,16, the 2012 Middle East respiratory syndrome (MERS) an estimated 0,25, and the 1918 flu pandemic a k value of 1, indicating that clusters played a smaller role. Covid-19, in contrast, has an estimated k of 0,1 where it is thought that 10% of cases result in 80% of the spread. Possible explanations proposed for the disease cluster of SARS-CoV-2 include:

- the manner of spread by droplets and aerosols
- individual patient characteristics where some cases shed more virus for longer periods or have stronger/weaker immune systems
- indoor versus outdoor environments, with the latter considered to be less transmissible,
- the nature of activities – those resulting in heavy, deep, or rapid breathing are more likely to spread the virus.

Source: Kupferschmidt, 2020

Figure 5.1.10: Reproductive number, January to March 2021



Source: NICD, 2021

DISEASE PROGRESSION AND OUTCOME

Of the 70 592 hospital admissions related to Covid-19 as of 19 September 2020, 65 373 patients had recorded in-hospital outcomes (death or discharge). The in-hospital case fatality rate was 19%, with a higher rate among males (22,3%) than females (16,8%) ($p < 0,001$). According to the NICD (2021), 254 912 patients were admitted and 52 374 died in the first year of the pandemic from confirmed Covid-19 (Table 5.1.3). In line with international experience (Box 5.1.3), in-hospital mortality was associated with older age groups, the male gender, non-Caucasian race, public sector admission, and comorbidities such as diabetes, hypertension, chronic cardiac disease, chronic renal disease, malignancy, HIV, tuberculosis (current and/or past), and obesity (NICD, 2020a). The effect of patient demographics, health behaviours and comorbidities on the severity, progression, and outcome of Covid-19 in recovered patients and those managed as out-patients is yet to be elaborated.

Box 5.1.3: Covid-19 outcomes

The vast majority of Covid-19 patients develop mild (40%) or moderate (40%) disease; about 15% develop severe disease requiring oxygen support, and 5% have critical disease characterised by complications such as respiratory failure, acute respiratory distress syndrome, sepsis and septic shock, thromboembolism, and/or multi-organ failure, including acute kidney injury and cardiac injury (WHO, 2020a).

Adulthood, the male gender, older age (Kim et al., 2020; de Lusignan et al., 2020), location in urban or deprived areas (Singu, et al., 2020) and smoking are demographic and lifestyle risk factors for the disease. Underlying chronic diseases such as hypertension, cardiac disease, diabetes, chronic lung disease, cerebrovascular disease, chronic kidney disease, immune suppression and cancer are clinical risk factors for severe disease and death.

Table 5.1.3: Reported Covid-19 admissions by province and sector, 2020

Province	Facilities reporting	Admissions to date	Died to date	Discharged to date	Currently admitted	Currently in ICU	Currently ventilated	Currently oxygenated	Admissions previous day
Eastern Cape	103	31 617	9 430	20 475	75	14	3	10	2
Private	18	9 443	2 277	7 084	42	13	3	2	2
Public	85	22 174	7 153	13 391	33	1	0	8	0
Free State	55	14 321	2 787	9 975	294	33	31	91	23
Private	20	6 374	1 040	5 124	126	31	16	15	6
Public	35	7 947	1 747	4 851	168	2	15	76	17
Gauteng	130	65 693	12 168	50 716	1 339	297	129	285	28
Private	91	36 408	5 707	29 451	944	275	116	178	16
Public	39	29 285	6 461	21 265	395	22	13	107	12
KwaZulu-Natal	115	48 142	10 687	34 713	463	73	32	111	13
Private	45	36 408	5 707	29 451	944	275	116	178	16
Public	70	21 152	5 641	13 482	96	4	5	36	7
Limpopo	48	9 243	2 552	6 344	45	7	4	10	1

Province	Facilities reporting	Admissions to date	Died to date	Discharged to date	Currently admitted	Currently in ICU	Currently ventilated	Currently oxygenated	Admissions previous day
Private	7	4 390	969	3 324	25	5	2	1	0
Public	41	4 853	1 583	3 020	20	2	2	9	1
Mpumalanga	40	9 635	2 320	6 850	172	39	26	51	4
Private	9	5 022	725	4 159	85	29	18	6	2
Public	31	4 613	1 595	2 691	87	10	8	45	2
North West	28	13 806	1 745	10 587	314	41	22	119	15
Private	12	5 822	721	4 711	119	33	13	34	3
Public	16	7 984	1 024	5 876	195	8	9	85	12
Northern Cape	25	4 266	739	3 124	186	21	34	77	5
Private	8	2 370	324	1 880	73	12	7	9	4
Public	17	1 896	415	1 244	113	9	27	68	1
Western Cape	100	58 189	9 946	47 287	760	107	27	36	9
Private	41	19 660	3 244	15 999	304	77	27	36	5
Public	59	38 529	6 702	31 288	456	30			4
Total	644	254 912	52 374	190 071	3 648	632	308	790	100

Source: NICD, 2021

HEALTHCARE SYSTEM INTERVENTIONS

Interventions in the healthcare system formed the vanguard of the South African health sector's response to Covid-19, with the preparation of the system being the main focus in the early stages of the pandemic. This formed the rationale for 'flattening the curve' – delaying and reducing the peak of the epidemic curve for Covid-19. Several measures were put in place to prepare the healthcare system for the large number of cases anticipated at the height of the pandemic, as follows:

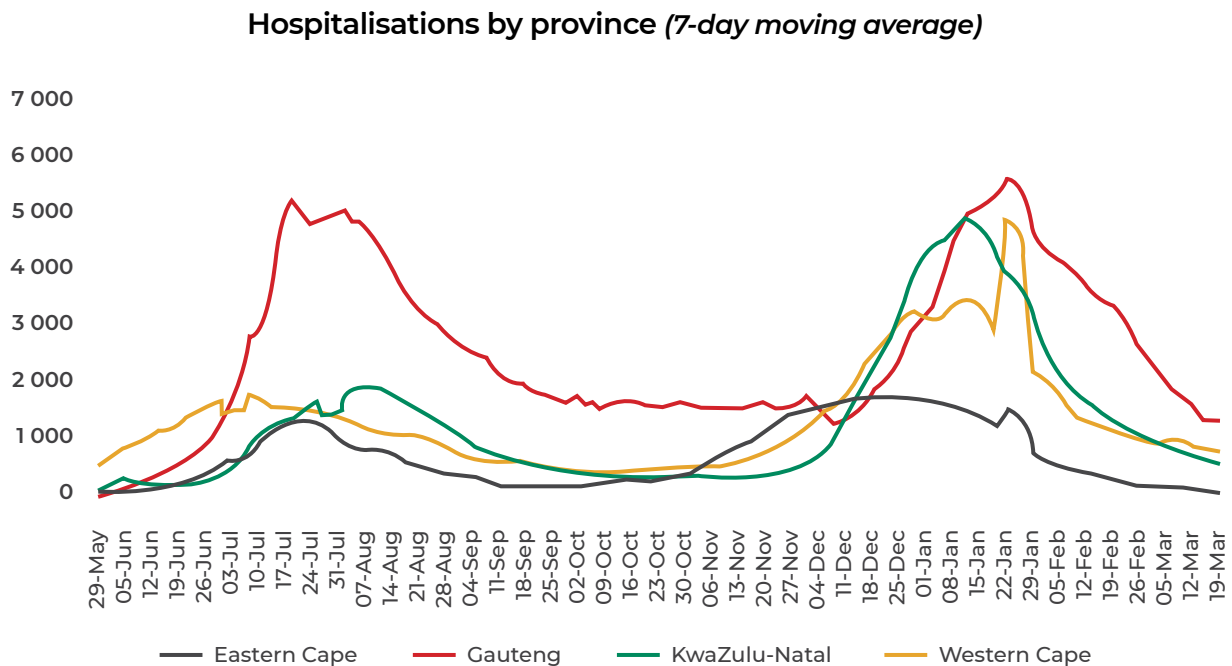
- The healthcare system sought to build bed capacity to admit ill patients, including setting up field hospitals and strengthening intensive care unit (ICU) infrastructure.
- Processes were put in place to build the capacity of frontline health workers to manage Covid-19 patients, including triage,

diagnosis, clinical care, and discharge of patients.

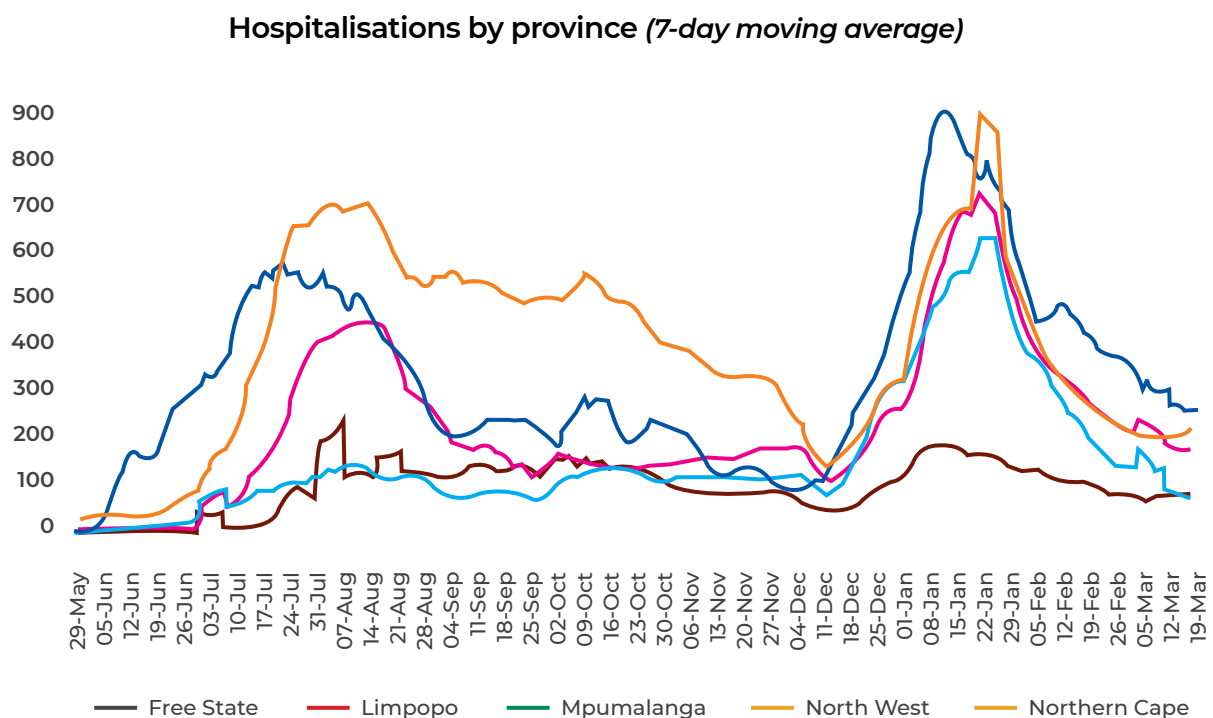
- Infection prevention and control measures were implemented to prevent healthcare-associated Covid-19 infections among health workers and patients, including procuring personal protective equipment (PPE), zoning hospital areas, and decanting healthcare facilities (moving patients).

These measures were implemented over time, guided by the eight-stage pandemic response framework adopted early on (Figure 5.1.2) and subsequently, according to the five alert stages (Table 5.1.1 above). The success of the health sector response was assessed largely in terms of the capacity of the system to cope with anticipated demand at the height of the pandemic (e.g., Figure 5.1.11). These measures did not stand alone; they were augmented by other public health interventions, including socio-behavioural ones. The key components of interventions in the healthcare system are discussed below.

- Figure 5.1.11: Trends in hospitalisations, 29 May 2020 to 26 March 2021
- Panel (a): Eastern Cape, KwaZulu-Natal, Western Cape and Gauteng



Panel (b): Free State, Limpopo, Mpumalanga, North West and Northern Cape



Source: Department of Health

BUILDING CAPACITY TO ADMIT PATIENTS WITH COVID-19

Given the relative weaknesses of the South African healthcare system, it was anticipated that the need for care at the height of the pandemic would severely strain the system, as occurred in other countries (Box 5.1.4). Scenario modelling was used to estimate trends in caseloads. The projected numbers suggested a need to increase both overall beds and ICU beds equipped with ventilators. Initially, it was acknowledged that the modelled projections were the only sources of data to inform decisions on bed capacity. With hindsight, according to Dr Anban Pillay (2020a), the impact was overestimated, and numbers had to be revised. While the scenarios were generally accepted, there were different views on 'how' to increase bed capacity (e.g., setting up standalone field hospitals or adding capacity in existing structures).

Box 5.1.4: Impact on health systems worldwide

The impact of Covid-19 in other countries, starting in China, revealed the burden of confirmed cases on healthcare systems. Estimates suggested that nearly 20% of patients would suffer a severe form of disease, and about 5% would need critical care support. China had to rapidly construct a new hospital to increase bed capacity. In Italy, which had one of the strongest health systems in the world, the healthcare system all but collapsed. Other countries, including the United States, erected field hospitals to increase capacity for the management of Covid-19, particularly the emphasis on the triaging of patients.

Government designated 147 hospitals across the nine provinces as 'sentinel hospitals' for managing Covid-19 cases (DoH, 2021). The Department of Health also started constructing Covid-19 field hospitals in high-burden areas. Existing hospitals were zoned into Covid-19 and non-Covid-19 areas, and elective procedures were suspended to increase bed capacity. Government also partnered with the private sector to optimise the use of available beds and reduce inequalities between the public and private sectors. The design of operational plans and their implementation were left to each province, with support from the national department.

BUILDING CAPACITY TO MANAGE PATIENTS WITH COVID-19

The clinical management of patients with Covid-19 was in line with the guidelines jointly issued by the Department of Health and the National Institute for Communicable Diseases (NICD), underpinned by the WHO guidelines. National guidelines were updated regularly as new evidence emerged. The MAC also advised the minister on clinical areas of uncertainty, taking into account best current and emerging evidence. Healthcare workers were trained to manage patients clinically depending on severity of illness and level of care. Guidelines were designed for patients with asymptomatic, mild, and severe disease, as well as for critically ill patients. Much emphasis was placed on risk factors, such as age and comorbidities. Lessons from the Western Cape, which saw the first surge in cases, were shared with other provinces (e.g., Box 5.1.5). As healthcare workers gained experience, some of the treatment modalities also improved with the benefit of lessons learnt.

One area perhaps overlooked initially was the preparation of the health workforce. As the world began to document the negative impact of Covid-19 on healthcare workers, concerns also emerged in South Africa.

- A study of healthcare workers conducted by the Human Sciences Research Council (HSRC) showed high levels of psychological distress, particularly among nurses. Concerns around inadequate PPE resulted in industrial action and tension between labour unions and government. Government began to monitor and report infections and deaths among healthcare workers. The HSRC work also showed that healthcare workers in the private sector suffered significant income losses, and many were later engaged in the public sector. Government also recruited

healthcare workers and experts from Cuba to reinforce health response teams in provinces, as discussed in [Chapter 7](#).

The South African Medical Research Council (SAMRC) monitored excess mortality and indicated that deaths designated as non-Covid-19 could be the result of Covid-19 or due to interventions to mitigate Covid-19 (Figure 5.1.15). Although excess deaths cannot be conclusively linked with Covid-19, research is underway to provide a detailed account.

Box 5.1.5: Groote Schuur Hospital

At Groote Schuur Hospital in Cape Town, in anticipation of severe pressure on ICU beds, patients with laboratory-confirmed or highly suspected Covid-19 pneumonia and severe respiratory failure were placed in non-critical medical wards and treated with high-flow nasal canula and awake self-proning as a pre-ICU intervention. Despite the compromises in offering this therapy in a less-monitored setting with a lower patient-to-nurse ratio than in an ICU, it resulted in lower overall intubation rates, lower utilisation of ICU resources, and cost savings.

As part of the early planning for the anticipated dramatic increase in intubation, the hospital created protocols for safe intubation, with defined roles, checklists, and systems. They used their simulation experience to provide open training sessions for all staff in the appropriate use of PPE, especially for aerosol-generating procedures, rapid intubation, and patient transfers. These simulations were conducted in theatres, emergency departments and wards, and cross-disciplinary participation of staff in interchangeable roles was encouraged. In addition, as routine and elective surgery decreased, the Department of Anaesthesia and Perioperative Medicine redeployed about half its consultants and registrars to a dedicated Covid-19 Anaesthesia and Airway Team. This interdisciplinary approach strengthened systems by the repeated testing, improvement, and standardisation of protocols.

In line with clinical guidelines, patients on ventilation were treated with intravenous dexamethasone and, wherever possible, oral prednisolone to help avoid the use of venous catheters. Similarly, all patients with suspected or confirmed Covid-19 pneumonia received venous thromboembolism prophylaxis, unless there was a contraindication. However, although low-molecular-weight heparin is recommended (NICD, 2020a), the practice at Groote Schuur was changed to enhanced or 'intermediate' dose enoxaparin prophylaxis. This was to overcome suspected heparin resistance and potentially provide better protection for obese patients who might be under-dosed because of a failure to do accurate weight-based dosing. This dosing strategy was informed by expert opinion and the practice in international hospitals.

Source: Mendelsohn et al., 2020

In the early stages of the health sector response, there was concern that some vital services (e.g., child healthcare) would be compromised during the hard lockdown. It

was also clear that patients would, and did, stay away because they feared contracting Covid-19 at health facilities. Some work has been done to assess the effect of the lockdown

regulations on health services, as discussed in [Chapter 5.4](#) on the effect on maternal and child health visits.

BUILDING CAPACITY FOR INFECTION PREVENTION AND CONTROL

The South African health sector has long prepared for controlling infectious diseases. In April 2007, the director-general of health published the National Infection Prevention and Control Policy and Strategy (DoH, 2007), which set minimum national standards for the effective prevention and management of healthcare-associated infections. This was updated in March 2020 with the Draft National Infection Prevention and Control Strategic Framework (DoH, 2020d) in line with the WHO (2016) Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Acute Healthcare Facility Level. These policies informed the Covid-19 Disease: Infection Prevention and Control Guidelines Version 1 (DoH, 2020e). The Department of Health (2020c) then implemented draft Covid-19 Infection Prevention and Control Guidelines.

Global experience showed the risks of Covid-19 among healthcare workers even before South Africa's first case had been

confirmed. Particular concerns related to the shortage of PPE and environmental risks of exposure. The global shortage of PPE forced South Africa to find innovative ways of centralising the international procurement of PPE, leveraging the strengths of the private sector. Early in the pandemic, hospital outbreaks were common, in both the private and public sector as the caseload continued to grow (Box 5.1.6). These outbreaks raised serious concerns about hospital-acquired infections among healthcare workers and patients and highlighted the need for better infection control and prevention. As noted, the shortage of PPE resulted in industrial action by healthcare unions. Along with the procurement of PPE, occupational health and safety committees were formed and national guidelines developed for Infection Prevention and Control for Covid-19 (DoH, 2020a & 2020b). These committees also informed the guidelines on managing Covid-19 among healthcare workers. The HSRC national survey of healthcare workers highlighted the critical need for other aspects of infection prevention and control, such as environmental controls. The survey also showed the importance of focusing not only on the availability of PPE but also on its correct use. Evidence suggests that the business sector helped boost the supply chain for the national response, particularly around the international procurement of PPE and testing kits ([Chapter 8](#)).

Box 5.1.6: Netcare St Augustine's Hospital

One of the first Covid-19 outbreaks occurred at Netcare's St Augustine Hospital in Durban, KwaZulu-Natal, setting the stage for a systematic investigation of outbreaks (Lessels et al., 2020). The hospital had taken measures to prepare for the pandemic long before the first documented case in South Africa – on 7 February 2020, its initial facility Covid-19 readiness assessment identified areas that required improvement, including the lack of a facility preparedness and response plan, policies and procedures for monitoring and managing healthcare workers and patients with potential for exposure to SARS-CoV-2 and an event-based response system. It also identified the need to review plans for visitor access and movement and for staff training in the management of specimen packaging and transport. The hospital provided training to nursing and non-nursing Netcare staff (> 80% by 19 March 2020), along with contract and outsourced staff (43%). However, no doctors were trained, and it was unclear whether they received training from any other sources. On 6 March, hospital-initiated entry screening was implemented, which reduced the number of entry points to the hospital. In early March, an operational manual was released, and

a Joint Operations Committee was formed, comprising physicians, surgeons, anaesthetists, and intensivists. On 16 March a repeat facility readiness assessment was performed, and no areas for improvement were identified.

However, this preparation did not prevent an outbreak among patients and staff in the hospital. Several lessons were learned from this outbreak:

- Early recognition and isolation of patients with suspected Covid-19 is essential to prevent or limit transmission in healthcare settings. All patients with an acute respiratory illness should be suspected of having Covid-19 and investigated accordingly.
- Healthcare workers should be alert to symptoms developing in people already in hospital and should be particularly vigilant in green zones, which house people thought to be at low risk of Covid-19.
- The Covid-19 isolation and triage areas are to be completely separate from other patient care areas (with separate entrances and exits) to limit the potential for transmission.
- Although current PPE guidance is appropriate, the focus on the type of masks provided to healthcare workers and the anxiety around mask use detracted from the importance of good mask etiquette and also from other components of infection prevention and control.
- Hand hygiene remains the most important intervention to prevent transmission of SARS-CoV-2 inside and outside hospitals.
- Monitored environmental hygiene, with regular cleaning and disinfection, is also critical.

Source: Lessels et al., 2020

PERFORMANCE OF THE HEALTHCARE SYSTEM

Evidence on the performance of the health system comes from data provided by the Department of Health and the NICD, several local surveys, and various case studies. South Africa also invited the WHO to help it prepare for the resurgence of the virus; the first main activity was an intra-action review of the country's response, nationally and per province. In addition, the Department of Planning, Monitoring and Evaluation commissioned provincial evaluation reports through the departments in each province. This section also draws on routine healthcare data and published literature and reports.

Overall, current evidence suggests the healthcare system was strained but resilient to the shock of the Covid-19 pandemic. The best data source for tracking the performance of the healthcare system is the sentinel hospital surveillance (DATCOV) through the NICD. Data collection improved gradually to include nearly all hospitals admitting Covid-19 patients in both the public (99%) and the

private (100%) sectors (see also Table 5.1.3 above). By 7 November 2020, 606 facilities (358 public and 248 private) in all nine provinces have reported 96 399 admissions. Although some hospitals are yet to capture initial admissions, most of these are in the private sector. Admissions were highest in Gauteng (30%), the Western Cape (21%), KwaZulu-Natal (16%), and the Eastern Cape (14%). Slightly more women (56%) than men were admitted, with the incidence of admission increased with age. After the surge, the number of admissions decreased in all provinces; these will continue to be monitored.

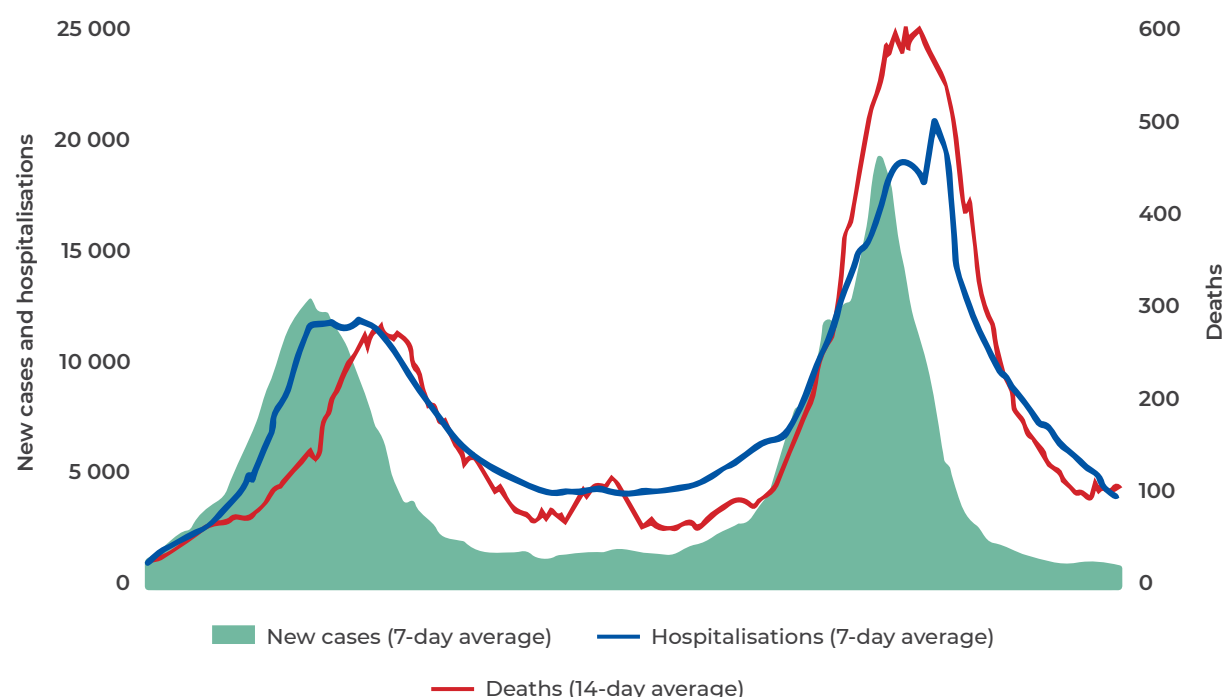
Another indicator of the effect of the pandemic on the health sector is mortality (Figure 5.1.12). Confirmed Covid-19-related deaths exceed 20 000, with 16 381 documented deaths occurring in hospital (a case fatality rate of 18%). For nearly 7% of admissions, an outcome – either died or discharged – is yet to be captured. The cumulative incidence risk of death increased with age and was higher for men than women over 40 years of age. A study in the Western Cape (Boulle et al., 2020) found that HIV or current tuberculosis in

patients was independently associated with higher Covid-19 mortality. The public sector experienced slightly more deaths than the private sector, particularly during the surge of the pandemic.

Most deaths were reported in Gauteng (25%), followed by the Western Cape (22%), the Eastern Cape (21%), and KwaZulu-Natal (15%). The cumulative incidence risk per 100 000 people was highest in the Western Cape (53), the Eastern Cape (52), and the Free State (45), and lowest in the North West (12),

Mpumalanga (8), and Limpopo (5). Figure 5.1.13 shows the relative number of deaths per province as a relative height, using a vertical height factor of 20x to highlight the differences. The mortality rate for each province is shown in $\frac{1}{4}$ standard deviation classes as colour. The Western Cape has the highest relative mortality rate (deaths/cases) at 3,78% and the second-highest number of deaths (4182). Gauteng has the highest number of deaths (4244) but the fourth-lowest mortality rate (1,93%).

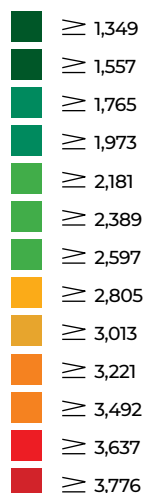
Figure 5.1.12: Cumulative Covid-19 cases, hospitalisations, deaths, March 2020 to March 2021



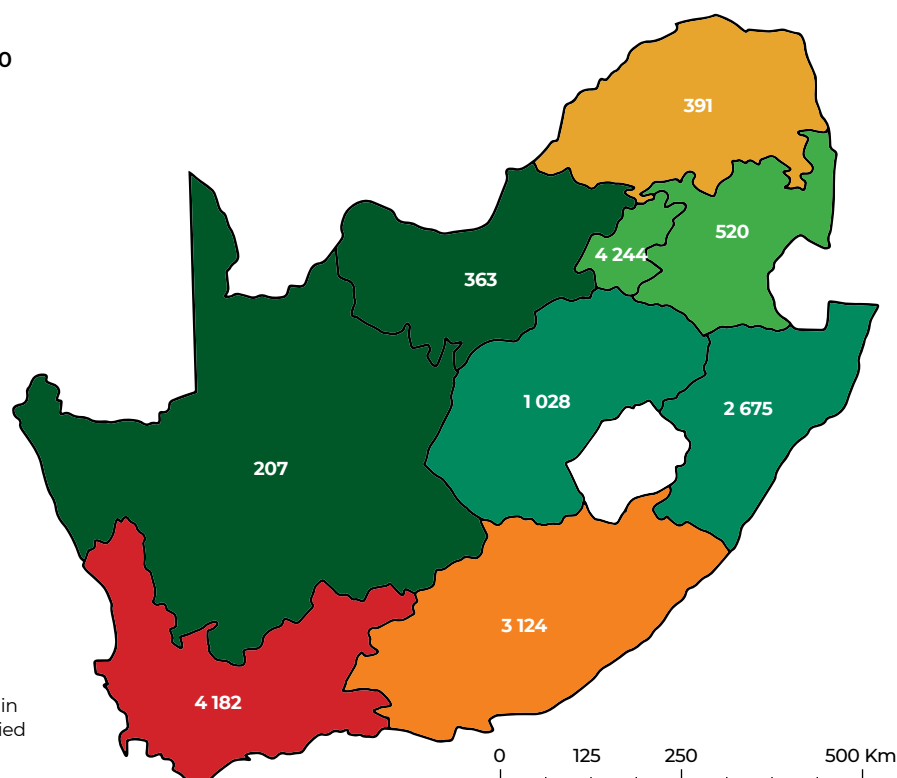
Source: NICD, 2021

Figure 5.1.13: Covid-19 relative provincial mortality rate and total death, end-September 2020

Covid-19 deaths: 30 Sep 2020
Mortality Rate (1/4 Std Dev)



This map shows Covid-19 deaths in relative height (Factor Of 20 applied for visibility) and % Mortality per province as colour

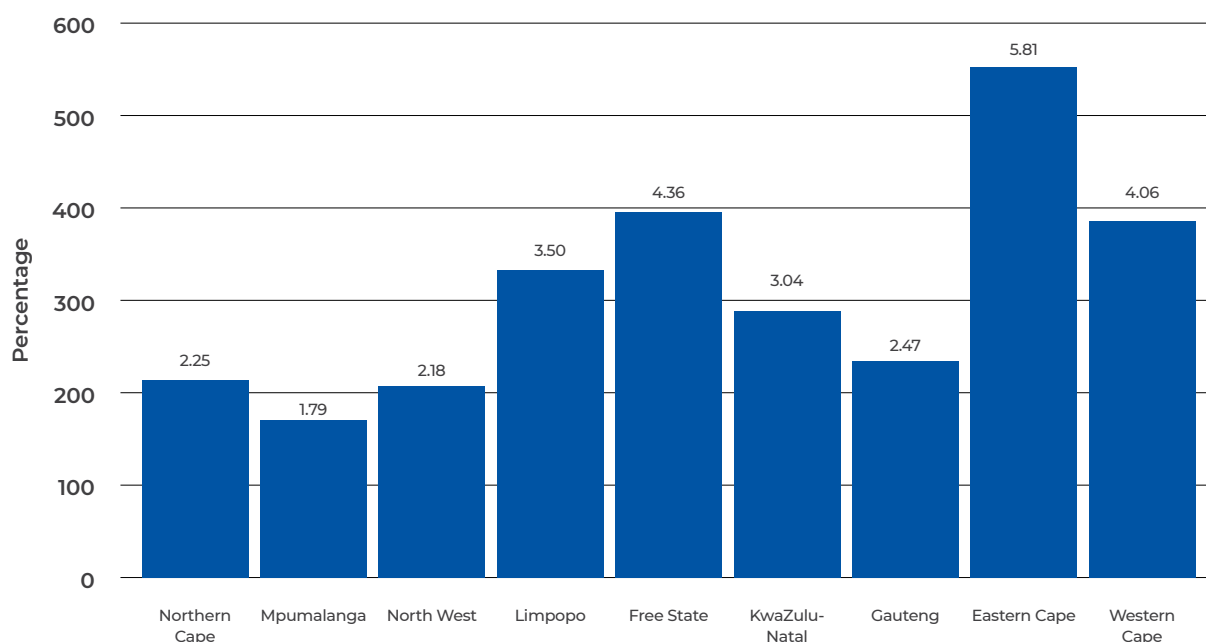


Sources: Mortality numbers (DoH, 2020g); Population data: NCEM za_data.xlsx dem (SACMC, 2020); Provincial boundaries: Demarcation Board 2016 provincial boundaries

As noted, SAMRC data suggests that South Africa experienced excess deaths during the pandemic, some of which could be undocumented cases of Covid-19 (Dyer, 2020). The [South African SARS-CoV-2 website](#) showed 16 118 Covid-19-related deaths as of 22 September 2020. The SAMRC's weekly death report for the week of 22 September (Bradshaw et al., 2020) shows a definite change from

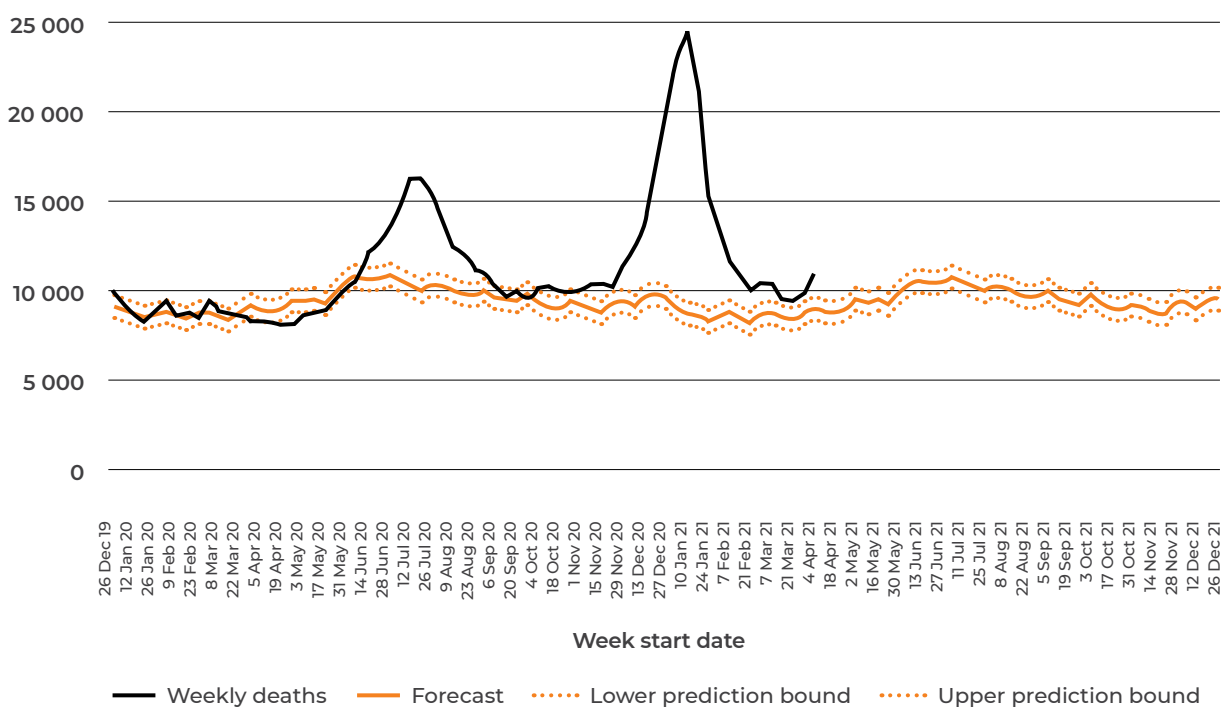
anticipated 'normal' mortality rates (Figure 5.1.15). The excess number of natural deaths was calculated at 44 793 for persons 1 year and older from 6 May to 22 September, with the highest proportion (66,5%) being over 60 years of age. This increase has not yet been scientifically explained, but Covid-19 appears to have been a contributing factor.

Figure 5.1.14: Covid-19 relative provincial morbidity rate, end-March 2021



Source: Mkhize, 2021

Figure 5.1.15: Weekly deaths from all causes 1+ years, 29 December 2019 to 10 April 2021



Source: Bradshaw et al., 2020

- The evidence suggests that the healthcare system benefitted from drawing on both public and private healthcare sectors, hospitals, and general practitioner networks. The only province widely reported to have struggled with admissions was the Eastern Cape; this necessitated direct intervention by the Minister of Health. Although the collapse of the Eastern Cape system was an exception to the overall performance of the healthcare system, it illustrates that any further strain in a resurgence may put other provincial healthcare systems in trouble. That said, factors that helped the healthcare system cope with the Covid-19 surge included:
 - Restrictions on movement, which reduced the demand on the healthcare system
 - Restriction of alcohol, likely linked to a lower demand for emergency care (e.g., trauma and accidents)
 - The suspension of elective procedures to reduce the demand for routine surgical care
 - Extended prescriptions for chronic medication, intended to reduce the demand for chronic care services, particularly on primary healthcare services.

There were unintended consequences from the redirection of resources. In some respects, care was compromised and might have contributed to excess mortality (Dyer, 2020). Unintended consequences were felt mostly by people who could not access needed healthcare because of movement restrictions, temporarily suspended healthcare services, fear of acquiring Covid-19 in healthcare facilities, and a lack of funds to access healthcare because of loss of income. These are discussed in more detail in [Chapter 5.3](#) on vulnerable groups and [Chapter 5.4](#) on gender. The long-term impact of these unintended consequences remains unclear. For example, the decision to redirect HIV and tuberculosis resources to support the Covid-19 response risks eroding gains made over several decades (Abdool Karim & Abdool Karim, 2020). However, Keene et al. (2020) argue that the systems developed to cope with Covid-19 could be used to strengthen HIV and tuberculosis services once the pandemic is under control, with lasting benefits for the overall performance

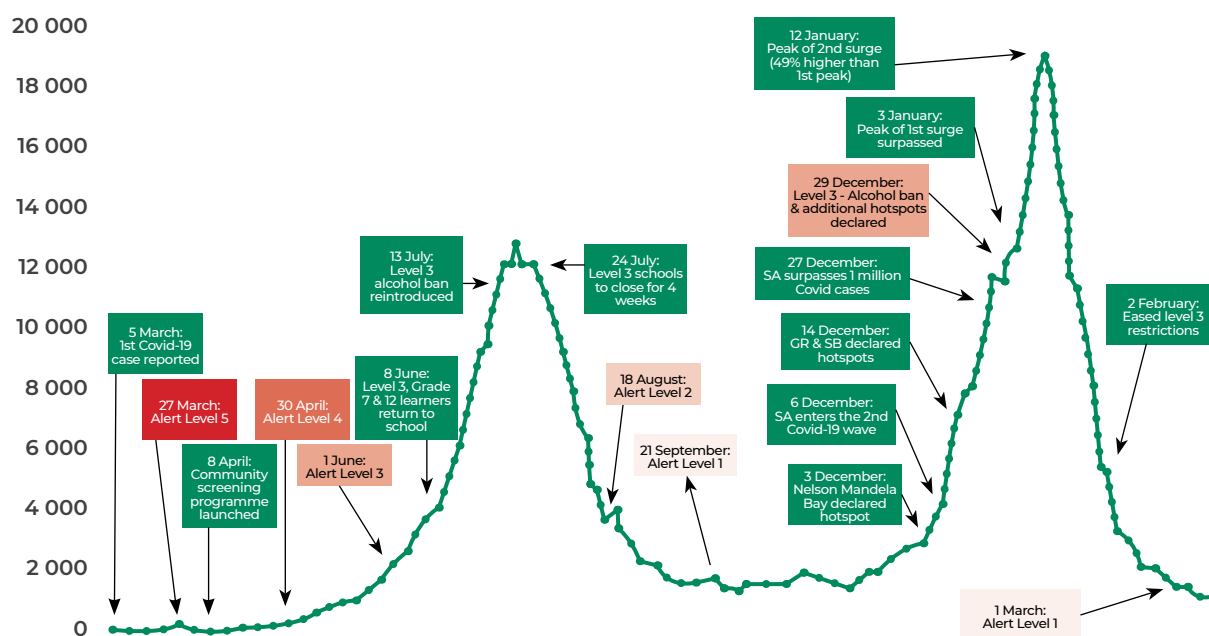
of the healthcare system. It is imperative that South Africa continue to monitor the effects of Covid-19 on the healthcare system in relation to both its ability to cope with Covid-19 and any unintended consequences.

PUBLIC HEALTH INTERVENTIONS

TIMELINE OF INTERVENTIONS

Public health interventions, the first line of the Covid-19 response in South Africa, aimed to monitor infections, detect cases, prevent transmission, and contain outbreaks. One of the first measures implemented by the Department of Health and the NICD was setting up laboratory testing (Figure 5.1.16). In the early weeks of the pandemic, new cases were mainly imported, and the surveillance of ports and travellers was the primary focus. After the borders were closed, local transmission became the priority. When the lockdown was introduced, surveillance shifted towards monitoring the contacts of cases and the emergence of community transmission without known contacts. Initially the Minister of Health provided much public detail about each case, but this was reduced as the caseload increased. As community transmission took hold, containment and mitigation strategies became the primary focus, necessitating the coordination of 'outbreak response teams'. Early on, technical support teams from the NICD assisted provinces with case management and contact tracing. As provinces gained experience, interventions were gradually handed over to provincial and district teams, and municipal health services were also actively involved. These teams were often reinforced by representatives from the NICD, the WHO, and the Centres for Disease Control and Prevention (CDC), as well as local academic institutions. The setting for these interventions ranged from healthcare (e.g., hospitals and clinics) to the social environment (e.g., households, transport systems and workplaces).

Figure 5.1.16: Public health interventions, 5 March to 21 August 2020



Source: Department of Health

The implementation of these interventions varied between provinces but included the following measures:

- Case-based surveillance (including ports)
- Contact tracing and tracking measures (including quarantine and isolation facilities)
- Outbreak investigation and containment (including hotspots and infection and prevention control measures).

Community health workers were mobilised to the highest-risk communities to undertake active house-to-house case finding. If they found a positive Covid-19 case, contact tracing was undertaken. In this way, about 11,4 million people (some 20% of the population) were screened. A mobile phone app was used to administer a symptom checklist, and data for each household was uploaded, along with its location, to a central database. People with Covid-19 symptoms were referred to mobile testing stations or nearby health facilities for treatment.

Traditional health practitioners felt excluded from the national response to Covid-19. Whereas they had been trained by government to identify and refer HIV and tuberculosis patients to hospitals, they were not included in combating Covid-19. They requested PPE and information on best practices for seeing patients (Bornman, 2020). Traditional health practitioners appear not to have received PPE.

CASE-BASED SURVEILLANCE

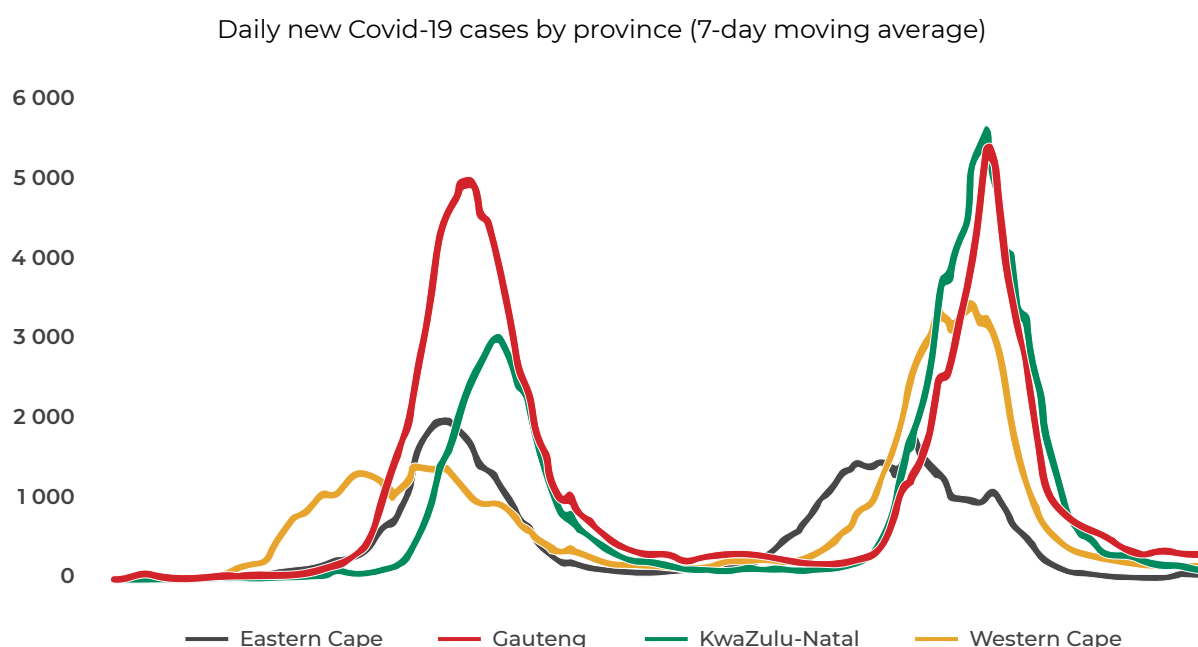
Laboratory testing for Covid-19 is perhaps the most important step in the identification of cases; this meant that South Africa needed to build robust testing capacity. The Covid-19 surveillance measures include total cases, new cases, recovered cases, the number of tests, and the testing positivity rate. Initially led by and centralised at the NICD, the public health sector's capacity to test was gradually expanded to all provinces, with the goal of conducting over 30 000 tests a day.

- The private sector played an important role in making Covid-19 testing available, particularly in the early months. At the time, most South Africans with Covid-19 or their contacts were perceived to be of higher economic status, as most cases were imported by people who travelled abroad for work or vacation. They were more likely to be able to pay for tests in the private sector.

However, once community transmission was widespread, most patients could not afford to pay for tests and needed free testing in the public sector. The private and public sectors

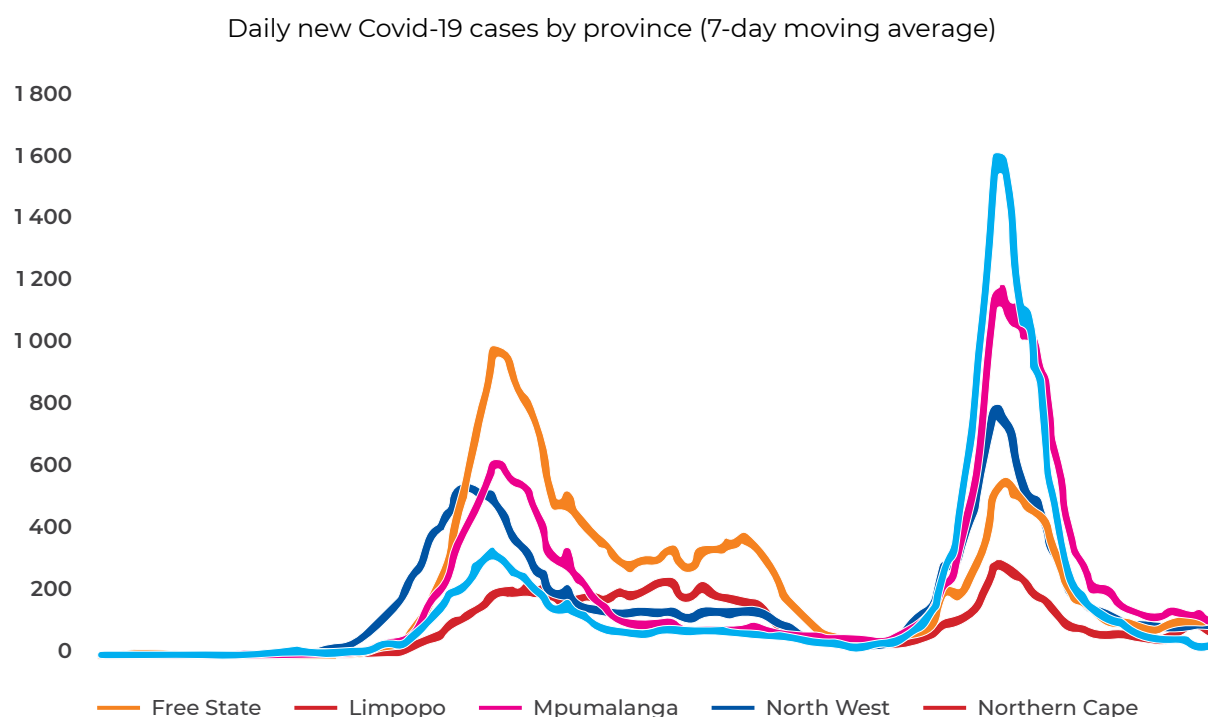
coordinated efforts, holding regular joint meetings to minimise competition and enable quality assurance. Case-based surveillance depends on the accuracy of data captured at the point of contact with patients, and for a time it was difficult to ensure that the person-under-investigation forms were completed correctly. Once this had been addressed and the capacity for testing developed in all provinces, the next problem was a shortage of testing kits and reagents. However, this was resolved, and the situation improved after the country overcame the first surge in the pandemic (Figure 5.1.17 and Figure 5.1.18).

Figure 5.1.17: Covid-19 cases, high burden, March 2020 to March 2021



Source: Department of Health

Figure 5.1.18: Covid-19 cases, low burden, March 2020 to March 2021



Source: Department of Health

CONTACT TRACING, QUARANTINE, AND ISOLATION

Once a case had been identified, their contacts were identified, traced, and tracked over time. For every case, a line list of contacts was created. Tracer teams, which formed part of the local response teams, visited these contacts to assess the feasibility of self-isolation and quarantine. While community-based management of Covid-19 was prioritised in this way, people with mild Covid-19 who had other risk factors might be admitted to hospital or dedicated facilities for observation and support. Forced admission to hospital was controversial in the early stages, but this was handled better later on, when self-isolation at home was permitted. Still, provided their facilities allowed this, most people opted to self-monitor and isolate in their own homes. This raised the risk that self-isolating cases could expose household members and contacts to infection, which made contact monitoring imperative.

Guidelines on managing contact testing were regularly reviewed. Issues included:

- Testing of known asymptomatic contacts, given the need to balance the cost against the continued risk of transmission
- Time, given the window period of infection and transmissibility once symptoms have developed – determining at what point people needed to be tested after exposure, when they might expect symptoms, and how long they should stay in quarantine.

Guidelines were also released for facilities for isolation and quarantine; the latter was reserved for potentially exposed individuals with no facilities to self-isolate at home, but without evidence of infection or a positive test. As these patients were otherwise well, many did not take up the offer to use these quarantine facilities. Instead, tracer teams managed them remotely, monitoring their symptoms where testing without symptoms was not allowed and initiating testing once symptoms emerged. It was important in these circumstances to shield household members at higher risk of severe disease, including

- elderly people and those with comorbidities.
- For example, although a young person might
- have milder symptoms, contact with an elderly relative could put the latter at risk of severe illness and even death.

The success of these measures was based on the prevention and early detection of new infections. South Africa, like other countries, developed an app-based alert system. Covid-Alert was used to detect potential contacts using Bluetooth on mobile phones and could anonymously notify these contacts of potential exposure.

OUTBREAK PREVENTION, CONTAINMENT, AND MITIGATION

South Africa acknowledged that small outbreaks were likely to occur as cases began to cluster and coalesce, and these could escalate into larger outbreaks. The NICD, supported by partners such as the WHO, the CDC, and academic institutions, investigated early outbreaks and helped build capacity in provinces and districts to investigate these outbreaks. In designated districts, the response was driven by communicable diseases units, including environmental health units, with the support of provincial and district health leadership.

The teams, often referred to as joint outbreak committees, anticipated outbreaks by maintaining a high index of suspicion and reviewing the data to monitor trends. They identified any outbreaks, usually by observing a cluster of cases, then activated outbreak investigations to assess and confirm the outbreak. The source of infection would be identified, the index case isolated, and the contacts traced, quarantined, and monitored. A thorough investigation of an outbreak is a labour-intensive process and may include genomic studies to assess whether cases are connected. The teams constructed data in ways that allowed them to view the epidemic curve, monitor the effect of any outbreak

response interventions, and declare whether the outbreak had ended. They worked with environmental health specialists to put in place measures to prevent further outbreaks; these almost always involved changes in standard operating procedures in areas where the outbreak occurred.

Some outbreaks were so severe that they were not easy to contain and continued to flare up because of behavioural and environmental factors. In such cases, the teams would take mitigation measures, often including more aggressive interventions such as shutting down facilities, restricting movement, and isolating particular geographic areas. In these areas, often referred to as hotspots, transmission rates were so high that movement restrictions became the most effective way to limit the spread of the virus. Since people tend to cluster in certain environments, such as funerals, religious events, schools, work and transportation, social gatherings are very effective at setting off cluster outbreaks. Controlling such gatherings was often the most important way of limiting the rate of new infections and preventing an epidemic surge.

As noted, the prevention and control of infections was a prominent aspect of minimising outbreaks, in line with the guidelines for Covid-19 Infection and Prevention Control (DOH, 2020d). These were useful in both healthcare and for society as a whole, providing environmental and behavioural pathways for containing the virus. ***The effective control of outbreaks depended not only on isolated measures being implemented effectively, but also on maintaining the chain of all measures intended to prevent infection at all vulnerable points in the cycle of transmission.***

PERFORMANCE OF PUBLIC HEALTH MEASURES

The success of these public health measures has not yet been adequately assessed, but

isolated case studies and performance reports help to identify some of the strengths and weaknesses of these interventions.

Perhaps the most prominent public health intervention was the early use of the lockdown in an effort to flatten the epidemic curve, at a time when the caseload was relatively low. The sudden turn in the curve was evidence enough that the lockdown strategy slowed the spread of the virus, and South Africa was seen to have achieved early success. Although it seems counterintuitive that 'mitigation' strategies could be introduced early in the pandemic, South Africa focused on slowing the rate of infection rather than trying to stop transmission. This arguably allowed the country to 'acclimatise' to Covid-19 by preparing its health system for a surge and its population for behavioural changes.

It is also counterintuitive that South Africa eased restrictions when the caseload was clearly increasing during the surge. While the easing of restrictions to alert level 3, just before the peak of new infections, might have hastened the peak and even exacerbated the surge as the economy opened, the caseload was still lower than expected in the initial worst-case scenario. As noted, the surge did not occur simultaneously throughout the country: cases first rose rapidly in the Western Cape and then in the Eastern Cape, Gauteng, and KwaZulu-Natal, followed by the North West, the Free State, and the Northern Cape. Population density, economic activity and migration patterns all contributed to transmission dynamics.

Thus, economic interests were pitted against public health interests, mirroring the worldwide debate about health versus economy, and lives versus livelihoods. South Africa's early mitigation measures were clearly introduced for public health reasons, but the easing of restrictions was clearly for economic reasons. Some of the outbreak containment and mitigation measures were effective but disruptive, and early prevention measures were implemented to minimise the need for

further containment measures. In all of these measures, the most important determinant of success is informed decision-making supported by data and evidence, and this was the case in South Africa. The decision to 'go hard early' was informed by the best available public data at the time, and the decision to change to five alert levels was informed by data from multiple sectors, including the economy. The decision to ease through alert levels was an attempt to balance risk with benefit; hence, the five alert level approach was dubbed a risk-adjusted strategy.

With data so important for decision-making, the NICD and other stakeholders were frustrated by the limitations of the incoming data and the lack of standardised data collection tools; many did not provide data in real time. The public health data system developed in the Western Cape came in handy when the pandemic took hold, allowing the country to get early evidence of risk factors and surveillance data.

SOCIO-BEHAVIOURAL INTERVENTIONS

Socio-behavioural interventions for public health are a critical part of controlling the spread of Covid-19. In the absence of an efficacious vaccine or cure, the most potent tool for controlling the pandemic is measures or actions taken by individuals, institutions, communities, local and national governments, and international bodies to slow or stop its spread. Public health and socio-behavioural measures such as quarantine, isolation, social distancing, and lockdown quickly became standard measures against Covid-19 worldwide (Wilder-Smith & Freedman, 2020). However, the successful implementation of public health and socio-behavioural interventions largely depends on human behaviour and the public's willingness to comply with such measures. In this regard, Box 5.1.7 sets out a theoretical framework for socio-behavioural interventions in South Africa.

Box 5.1.7: Theoretical framework: The health belief model

The health belief model attempts to explain health-related behaviour in terms of a belief pattern. A belief refers to a conviction that something is real or true (Kok, 1991 & 1992; Bandura, 1975; Ajzen, 1991). This model is based on the assumption that a perceived threat will motivate recipients into protective action, provided that the recommended action is deemed effective in averting the perceived threat (or disease) and is feasible. More specifically, the perceived threat or risk perception is a combination of (a) **perceived susceptibility** – the subjective perception of one's risk of contracting a health problem in the absence of visible symptoms (e.g., 'I had unprotected sex with multiple partners'), and (b) **perceived severity** – feelings about the seriousness of contracting the illness or leaving it untreated. This involves evaluations of medical and social consequences (e.g., Covid-19 infection may lead to serious illness or death). Whether the recommended action will be performed depends on (c) **perceived benefits** – a belief in the effectiveness of a particular action (e.g., 'reducing my sexual partners will decrease my risk of getting infected'), and (d) **perceived barriers** – the potential negative aspects of a particular health action. This is what is referred to as outcome expectations of performing the behaviour, which can either be positive or negative. Finally, there must be (e) a **'cue to action'** – a precipitating force that makes the person feel the need to act (e.g., a friend or family member who has decided to wear a mask).

Several studies demonstrate that people's risk perception of the Covid-19 pandemic is a key factor helping to increase community participation and the adoption of preventative measures (Mabaso et al., 2020). Relative to other countries on the continent, South Africa had the highest self-perceived risk of catching Covid 19, albeit still low – only about half of participants in the HSRC Covid-19 Lockdown Survey believed they were at risk of contracting the virus (Reddy et al., 2020).

LOCKDOWN AND DISTANCING

STAY-AT-HOME LOCKDOWN

The South African government's response to the pandemic is aligned with the WHO's guidelines for managing and containing Covid-19. At the time the nationwide lockdown was declared on 26 March 2020, the country had only reported 927 cases of Covid-19 (DoH, 2020f), mainly in clusters in the metros. The total lockdown, originally intended to last for 21 days, imposed a stay-at-home order on the entire population; closed down non-essential services, schools, and institutions of higher learning; and advised the public to remain indoors and avoid unnecessary social contact. The strict lockdown was enforced by police and the army in certain communities. The initial lockdown was for three weeks and was subsequently extended by two weeks until 30

April 2020.¹ The key elements of the lockdown are discussed in the next section.

South Africa was strongly praised by WHO officials, including the Director-General, Dr Tedros Adhanom Ghebreyesus, for the way it acted decisively to implement a lockdown deemed one of the most effective worldwide. However, the lockdown was criticised by a few local scientists, including members of the MAC ([Chapter 3.1](#)). Some expressed their views in the media, asserting that the lockdown was 'nonsensical and unscientific' (DoH, 2020c). The country briefly found itself in what seemed to be a fight for scientific independence, pitting government against academics, including its own advisors. Since then, events have moved on, but concerns remain as to what constitutes personal opinion vis-à-vis scientific advice. Trust, transparency, and consensus are important for a successful national response, and failure to protect these values can erode social solidarity and the compact with the nation.

¹The HSRC conducted an online survey during the hard lockdown (alert level 5) to explore people's COVID-19 experiences and preparedness (Reddy et al., 2020), the economic impact of the lockdown, food security, and adherence to the lockdown regulations (Sifunda et al., 2020), among other issues.

RESTRICTIONS DURING THE LOCKDOWN

Behavioural measures during the lockdown included restrictions on social gatherings, physical distancing, handwashing, and the wearing of masks. These are discussed in turn below.

Restrictions on social gatherings: During the initial lockdown, gatherings were limited, as follows:

- **Schools and tertiary institutions** were closed with effect from 15 March 2020 across all provinces.
- **Restaurants**, night clubs, gyms, sports stadiums, and other facilities that allow large gatherings were closed when the country moved into total lockdown on 26 March 2020.
- **Religious places of worship**, including churches, mosques, and synagogues, were closed, as these gatherings had been identified as 'super spreader' events (see also Box 5.1.2). Early on, a large church gathering in Bloemfontein had led to a significant Covid-19 outbreak; many attendees contracted the virus, and infection spread to other provinces.
- **Gatherings for funerals** were limited to 50 people per event. Traditional funeral practices were banned; they remain banned at level 1 lockdown, as they are likely to increase transmission of the virus among the attendees.

Physical distancing: Social distancing, later called physical distancing, is a key strategy for curbing the spread of the virus. South Africa

adopted physical distancing as a strategy immediately after the first case of Covid-19 had been reported in KwaZulu-Natal. The message to stay well apart in public spaces has been consistent. However, ambiguous messaging on the actual distance needed to prevent the spread of the virus, whether 2 metres, 1,5 metres or 1 metre, has caused some confusion.

Mask wearing: Initially, the wearing of masks was recommended only for people who directly cared for Covid-19 patients and for frontline workers in health facilities with Covid-19 patients (WHO, 2020b). But as the evidence evolved, the general wearing of masks was encouraged. South Africa first adopted mask wearing in public spaces on 10 April 2020, even though at that point it was only recommended and not a mandatory measure (DoH, 2020a). South Africans generally embraced this initiative, and most businesses enforced the regulations. Complying with mask regulations became increasingly normative.

REOPENING THE ECONOMY

As part of the gradual re-opening of the economy, on 1 May 2020 the president announced a strategy to ease the lockdown through five alert levels (Figure 5.1.19 and Table 5.1.1 above). In contrast, many countries that implemented lockdowns did not have clear plans to ease lockdown or to transition to various levels or stages, which led to confusion.

Figure 5.1.19: The five alert levels of the lockdown

Summary of alert levels				
ALERT LEVEL 5	ALERT LEVEL 4	ALERT LEVEL 3	ALERT LEVEL 2	ALERT LEVEL 1
OBJECTIVE				
Drastic measures to contain the spread of the virus and save lives.	Extreme precautions to limit community transmission and outbreaks, while allowing some activity to resume.	Restrictions on many activities, including at workplaces and socially, to address a high risk of transmission.	Physical distancing and restrictions on leisure and social activities to prevent a resurgence of the virus.	Most normal activity can resume, with precautions and health guidelines followed at all times. Population prepared for an increase in alert levels if necessary.

WHATSAPP SUPPORT 0600 123 456
 EMERGENCY NUMBER 0800 029 999
 sacoronavirus.co.za

REPUBLIC OF SOUTH AFRICA

2030 NDP

Source: South African Government, 2020a

CORONAVIRUS BURNOUT AND PANDEMIC FATIGUE

Several months into the lockdown, 'coronavirus burnout' and 'pandemic fatigue' emerged across the globe. Pandemic fatigue among the South African population was identified by researchers from the University of Johannesburg and the HSRC. They found that adherence to mask-wearing regulations decreased over time, with only about 73% of respondents reporting that they 'always' wore a face mask in public spaces. About 15% wore a mask 'most of the time', and about 10% wore one less regularly or never at all (UJ & HSRC, 2020). Risk perceptions had likewise diminished. Respondents put their chance of catching Covid-19 at about 46%, down from around 50% earlier on. People also appeared to be more sceptical – those who thought the threat of SARS-CoV-2 exaggerated rose from the initial 33% to 40%.

COVID-19 VACCINATION CAMPAIGN

As South Africa emerged from the second surge of Covid-19 infections, the country launched its vaccination campaign on 17 February 2021. The initiative was implemented under the Sisonke Phase 3b trial registered with the South African Health Products Regulatory Authority, as an implementation study targeted at healthcare workers ([Chapter 3.1](#)). By 13 April 2021, 292 623 healthcare workers had been vaccinated. Sisonke was a follow-on study from the Ensemble Phase III trial, which tested the safety and efficacy of the Johnson & Johnson Covid-19 vaccine by Janssen Pharmaceuticals. The preliminary results of this study were released in February 2021. The vaccine was shown to be safe and efficacious in South Africa, with an efficacy rate of 89%

against severe disease and 48% against mild-to-moderate disease. At the same time, the results of the Oxford/AstraZeneca vaccine trial in South Africa were released. Whereas the global efficacy of this vaccine was 79%, it was only 22% locally, largely because of breakthrough infections caused by the variant dominant in South Africa, M501Y.V2 (B.1.351).

At this point, South Africa had already procured 1,5 million doses of the Oxford/AstraZeneca vaccine from the Serum Institute of India, a million of which had been delivered on 1 February 2021, awaiting quality assurance results. These vaccines had been procured in December 2020 after much public outcry during the second surge of infections about the lack of vaccines and the slow pace of vaccine procurement by the state. They had been intended for use among healthcare workers (about 1,25 million people), as part of the first phase of the national roll-out of Covid-19 vaccines. The second phase of the roll-out would include people with comorbidities and risk factors for Covid-19, as well as those considered essential workers across different sectors. The third phase would include other South Africans with or without risk factors, 18 years and older, in order to achieve population herd immunity of 67%. Although vaccine hesitancy had been a concern before the vaccination campaign, studies suggest that the willingness to receive a vaccine increased from 56% in December 2020 to 67% in February 2021. Also, demand for the Johnson & Johnson vaccine was very high in the Sisonke trial.

Government had planned to launch the national vaccine roll-out at the beginning of February 2021 and to complete phase 1 (i.e., healthcare workers) by the end of March. Given the weak

results of the Oxford/AstraZeneca vaccine trial, the national roll-out was halted. South Africa approved the Sisonke implementation study discussed above, which aimed to vaccinate 500 000 healthcare workers with the Johnson & Johnson vaccine. The vaccines were donated by the Janssen Pharmaceuticals by the end of April 2021, and doses were received in small batches weekly or fortnightly. The national vaccination roll-out was expected to commence again at end-April or early May 2021, which suggests a two-month delay from the envisaged completion date. (The impact of this disruption could be assessed to some extent through an evaluation of Covid-19 infections among healthcare workers between 1 April 2021 and the completion of phase 1 in May 2021. Such an evaluation could assess the number of infections, hospitalisations, and deaths that could have been avoided if vaccinations had not been disrupted).

South Africa sold its stock of Oxford/AstraZeneca vaccines to the African Union at a price initially paid to the Serum Institute; these were then distributed to several countries on the continent. South Africa was reimbursed for the remainder of the 500 000 vaccine doses not yet delivered. Since then, it has concluded negotiations to procure 31 million doses of the single-dose Johnson & Johnson vaccine and 30 million doses of the two-dose Pfizer-BioNTech vaccine, expected to cover 46 million eligible people. South Africa has also considered other vaccines from the list in Figure 5.1.20, but no other contracts had been finalised by 13 April 2021. Given the country's difficult experience with the choice and procurement of vaccines to date, all vaccines will be subjected to implementation study protocols to monitor their safety and effectiveness.

Figure 5.1.20: Comparison of selected Covid-19 vaccines

Company	Type	Doses	Storage
 Oxford Uni- AstraZeneca	Viral vector (genetically modified virus)	x2 	 2 to 8°C (6 months)
 Moderna	RNA (part of virus genetic code)	x2 	 -25 to -15°C (7 months)
 Pfizer-BioNTech	RNA	x2 	 -80 to -60°C (6 months)
 Gamaleya (Sputnik V)	Viral vector	x2 	 -18.5°C (liquid form) 2 to 8°C (dry form)
 Sinovac (CoronaVac)	Inactivated virus (weakened virus)	x2 	 2 to 8°C
 Novavax	Protein-based	x2 	 2 to 8°C
 Janssen	Viral vector	x1 	 2 to 8°C (3 months)

Source: UK government, Reuters

BBC

COVID-19 AND ACCESS TO SERVICES

WATER AND SANITATION

SARS-CoV-2 has shone light on the importance of hygiene, particularly through hand sanitising with either alcohol-based sanitisers or handwashing using regular soap and water. The latter was the key strategy for hand hygiene, as most households did not have the financial resources to buy alcohol-based hand sanitisers. However, this meant that access to clean water had to be improved in almost every community in the country.² Government measures to provide water to vulnerable communities included the provision of water tankers and storage tanks ([Chapter 5.3](#)). The Department of Water and Sanitation said on 16 June 2020 that since the establishment of the National Command Centre at Rand Water, an agency of the department, almost 19 000 water storage tanks and 1299 water delivery tankers had been delivered (SANews, 2020). But, as noted by the Minister of Human Settlements, Water and Sanitation, Lindiwe Sisulu, some businesses were sabotaging the delivery of water for financial gain (South African Government, 2020b). Although the impact of the provision of water to vulnerable communities has not yet been quantified, the inclusion of measures to address water and sanitation challenges in the Covid-19 stimulus package was both necessary and timely (Mudombi & Montmasson-Clair, 2020).

The Water Research Commission partnered with Waterlab, the Council for Scientific and Industrial Research (CSIR, 2020a), and the University of Pretoria to validate the applicability of the wastewater-based epidemiology approach for the surveillance of Covid-19 at community level (WRC, 2020). There are no reports of faecal-oral

transmission of Covid-19, but it is not known whether the virus in sewage can cause infection. The technique used to detect the virus in wastewater picks up fragments of the RNA nucleic acids but cannot determine if the virus is intact and infectious.

HUMAN SETTLEMENTS

Certain communities were more vulnerable to the spread of Covid-19. This included people in informal housing and crowded areas, who found it difficult to implement measures such as physical distancing (Abdool Karim, 2020; see also [Chapter 5.3](#)). People living under these conditions have limited access to adequate water and sanitation. For example, communal water sources such as stand taps are often located in difficult-to-access locations (e.g., road servitudes or the perimeter of informal settlements). About 68% of households have to share toilets, and 6,8% still use a 'bucket system' (SERI, 2018).

The CSIR (2020b) assisted the National Disaster Management Committee in identifying the most vulnerable communities. A geographic information system, ArcGIS Desktop 10.6, was used to identify the areas classified as informal in the 2018 South African Landcover Database (DEFF, 2018) to quantify the spatial extent of informal settlements and establish their population density. Based on the hypothesis that informal areas would be the highest-risk areas for the spread of Covid-19, it was expected that the highest correlation between cases per province and housing type would be for informal dwellings. A statistical comparison of Covid-19 cases by province as of 30 September (month-end of alert level 2) revealed a correlation coefficient of 0,911 with all dwelling type counts in each province. The highest correlation by dwelling type was 'flat or apartment in a block of flats' at 0,985. This is notable, as during the initial Covid-19 outbreaks in China, 79,9% of outbreaks

²The General Household survey (Stats SA, 2019) shows that access to piped water for households increased from 9,3 million in 2006 to 13,8 million in 2018. About 46,3% of households had piped water in their dwellings, 28,5% had water on site, 12,3% relied on communal taps, and 1,9% relied on neighbours' taps. However, 2,7% of households still had to fetch water from untreated sources such as rivers, dams, and wells in 2018.

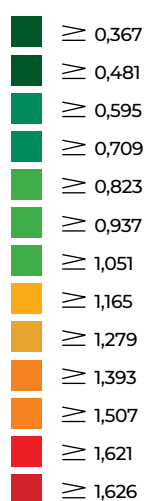
- occurred indoors, almost all of these in
- apartment settings (Qian et al., 2020). Informal
- settlements had a correlation coefficient of 0,916, while the lowest correlation was semi-detached houses at 0,633. This underlines the need for interventions in densely populated formal areas, with a possible focus on identifying the primary means of spread in these environments.

Figure 5.1.21 shows the relative number of Covid-19 cases per province as relative heights for each province, superimposed with their totals. The relative incidence rate is shown in ¼ standard deviation classes as a percentage of the total population per province. The

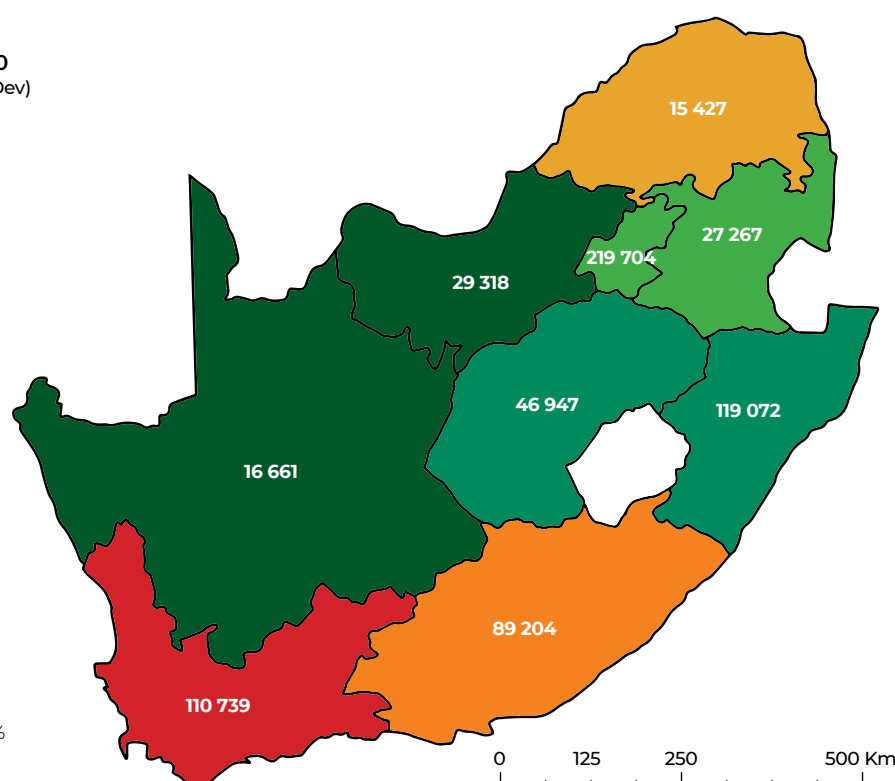
average recorded case incidence across South Africa at the end of September was 1,15%. Although the Free State recorded only 46 947 cases, its relatively small population means it has the highest incidence rate (1,63%). It also has the highest relative proportion of bucket toilets in any province (5,5%). Limpopo had the lowest incidence of Covid-19 at 0,26%. The largest province in terms of population, Gauteng (15,18 million people), also had the largest number of cases (219 704) but only the third-highest incidence rate (1,45%). The highest correlation of water supply type to Covid-19 cases per province was 'regional/ local water scheme' (0,955), while boreholes were the 'safest' in this regard (-0,148).

Figure 5.1.21: Covid-19 cases and relative incidence rate per province, end-September 2020

Covid-19 casess: 30 Sep 2020
Relative incidence rate (1/4 Std Dev)



This map shows Covid-19 case numbers in relative height and % incidence per province as colour



Source: Case numbers (DoH, 2020g). Population data: NCEM za_data.xlsx dem (SACMC, 2020). Provincial boundaries: Demarcation Board, 2016 provincial boundaries

CONCLUDING REMARKS

The health sector showed resilience during the first surge of the pandemic. Still, important weaknesses were revealed, particularly in the Eastern Cape. Covid-19 has also had a marked impact on healthcare workers, including long-term moral injury and mental health effects, as well as infections and deaths, and the consequent erosion of the health workforce. The main issues of occupational health and safety were infection prevention and control, including PPE and environmental controls, and other prevention and mitigation measures. The negative impact of the surge on routine and chronic healthcare services was also of concern, and further work is needed to systematically investigate this problem. The root cause of excess deaths, and the extent to which these were caused by Covid-19 directly or indirectly (by exacerbating other health conditions), is yet to be documented.

One critical issue was the importance of surveillance and robust data systems and the need to improve local systems of surveillance (Box 5.1.8). South Africa needs to strengthen its data collection and analytical systems as a matter of priority to support public health decision-making. Tools such as Covid-Connect and Covid-Alert may be a step in the right direction, but more data science capacity is needed so that data can be displayed on dashboards in real time, with assisted technology to pick up abnormal trends. This would allow South Africa to leverage other forms of surveillance (e.g., sewage system sample collection and monitoring), along with other forms of environmental and longitudinal surveillance. Public health needs reliable data to enhance the performance and success of its interventions.

Box 5.1.8: Emerging recommendations

1. Strengthen data systems and science for decision-making
2. Strengthen outbreak prevention and containment measures
3. Integrate behavioural interventions into the health sector
4. Protect vulnerable individuals, groups, and communities
5. Limit unintended consequences and excess deaths
6. Ensure supportive legislation to protect public health and wellbeing
7. Monitor measurable outcomes of vaccination campaign
8. Maintain case-based and genomic surveillance
9. Conduct implementation studies for vaccination roll-out to monitor safety and effectiveness

Special attention needs to be paid to vulnerable communities and more generally to how infections and deaths tracked the social determinants of health. More in-depth research is needed on the spatial and socio-economic distribution of Covid-19 cases at a higher spatial resolution to analyse the spread of the virus and help combat any future outbreaks. A multidisciplinary approach is essential, as Singh (2020) argued. Until vaccination has been rolled out, behavioural modification and adherence to regulations remain critical in combating the pandemic. Singh's synopsis is that without a transparent, inclusive, multidisciplinary approach, South Africa's response to the Covid-19 pandemic will falter.

As surges appear inevitable, it is important to continue to monitor infections, cases, admissions, and deaths to identify signs of resurgence and to institute interventions early. Table 5.1.4 shows the indicators used by the Incident Management Team and the provinces to monitor any resurgence. While there is positive news with respect to vaccines, it remains imperative that behavioural interventions be maintained to minimise the risk of new infections.

Table 5.1.4: Incident Management Team indicators

Indicator*	Description
1 New Covid-19 cases per day	New Covid-19 cases reported within a geographic region Consider the additional descriptive indicators of the new cases: gender, age, and geographic area. The rate of change of daily new cases from one week to the next should be calculated and measured against the thresholds.
2 Testing rate/ unit population	The testing rate per 100 000 population should be greater than 41 tests per 100 000 people per day. <i>Note: Testing rate data is currently only available for the public sector,</i>
3 Percentage positivity rate (note within which population groups)	The positivity rate should be less than 20% (at least 5 tests for every positive case). Percentage of positive tests of all tests conducted within a defined geographic area Note within which population groups the high positivity rates occur.
4 Active cases (incidence risk)	Active Covid-19 cases per 100 000 population Confirmed cases – Covid-19 deaths – Covid-19 recoveries
5 Current Covid-19 hospital admissions	Consider the percentage of hospital beds occupied by Covid-19 patients in a given geographic area. Consider the percentage of ICU beds occupied by Covid-19 patients.
6 Covid-19 mortality	Covid-19 deaths per 100 000 population Investigate factors associated with mortality and severity.
7 All-cause mortality	All-cause mortality per 100 000 population (compared to projections)

Source: Department of Health

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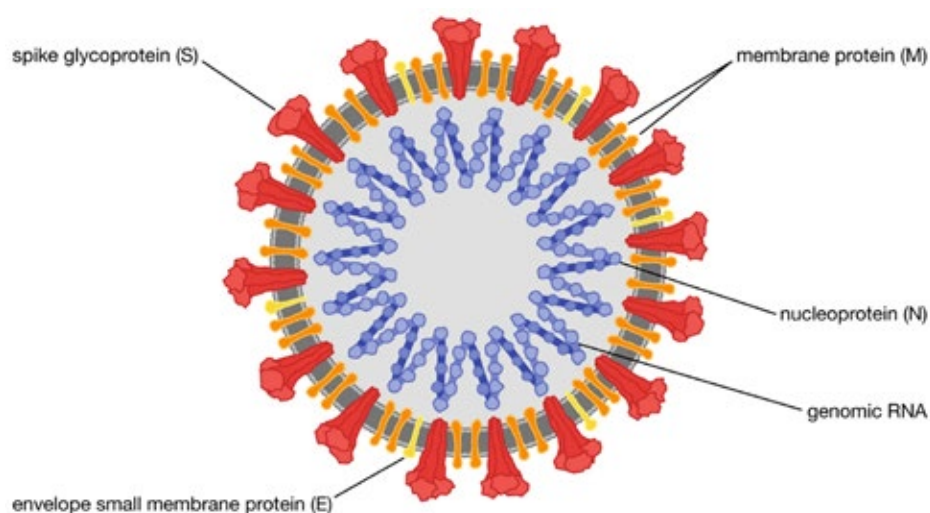
ANNEX 5.1.1: CLINICAL AND BIOMEDICAL ASPECTS

COVID-19 CAUSATIVE AGENT

Covid-19 (from 'coronavirus disease 2019') is caused by a novel coronavirus that was first identified from the respiratory tracts of pneumonia patients in Wuhan, Hubei Province, China, in December 2019 (Guo et al., 2020). The virus, subsequently named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is classified as an enveloped, non-segmented, positive sense ribonucleic acid (RNA) virus in the ortho corona virinae subfamily. This group of viruses is commonly found in various mammals, including humans (Astuti & Ysrafil, 2020).

The structure of SARS-CoV-2 consists of four main proteins – spike (S) glycoprotein, nucleocapsid (N) protein, membrane (M) glycoprotein and envelope (E) glycoprotein (Figure 5.1.22) (Jiang et al., 2020). The S glycoprotein protrudes from the surface of the virus (giving it the appearance of crown-like spikes) and plays an important role in binding to the host cell via the host receptor, angiotensin-converting enzyme 2 (ACE2) (Astuti & Ysrafil, 2020; Walls et al., 2020). The nucleocapsid (N) protein binds to the RNA of the virus and is involved in viral replication, while the M glycoprotein plays a role in determining the shape of the virus envelope and binds to all the other structural proteins, promoting completion of viral assembly. The smallest structural protein is the E glycoprotein, which also plays a role in the production and maturation of this virus (Schoeman & Fielding, 2019; Tai et al., 2020).

Figure 5.1.22: Structure of SARS-CoV-2



Source: *Encyclopaedia Britannica*, 2020

The process of viral entry into the host cell begins by the attachment of the S glycoprotein to the receptor (ACE2) of the

host cells. Although ACE2 is found in various organs, including the heart, lungs, kidneys and gastrointestinal tract, nasal epithelial

- cells (specifically goblet/secretory cells and ciliated cells) have the highest levels of ACE2 expression in the respiratory tract (Sungnak et al., 2020). Binding is followed by fusion of the viral membrane and host cell membrane and activation of the S proteins (Walls et al., 2020). This leads to conformational changes and allows the virus to enter the cells (Anand et al., 2020). Once SARS-CoV-2 has entered the cell, its RNA is released and can become translated into viral proteins in the host cell nucleus. The structural and accessory proteins of the virus are assembled in the host cell endoplasmic reticulum-Golgi intermediate compartment, forming small vesicles. The virus is then released through exocytosis (Fehr & Perlman, 2015).

CLINICAL PRESENTATION

One of the characteristics of SARS-CoV-2 infections is the occurrence of asymptomatic infections (Kimbal et al., 2020; Mizumoto et al., 2020; Oran & Topol, 2020). Although the proportion of these infections has not been well studied, data from large cohorts suggests it may be as high as 30–40% (Lavezzo et al., 2020; Oran & Topol, 2020). It must be noted that some individuals who are asymptomatic at the time of diagnosis do develop symptoms and are in fact pre-symptomatic (Sakurai et al., 2020; Wang et al., 2020).

It is generally accepted that the incubation period for Covid-19 is within 14 days after exposure, with most cases occurring 4–5 days after exposure (Guan et al., 2020; Li et al., 2020). The incubation period of SARS-CoV-2 is estimated to be 5,2–5,5 days and the serial interval, defined as the time between the successive onset of symptoms in a chain of transmission, is 7,6 days (Garba et al., 2020). However, determinations of the incubation period may differ, depending on the method used to assess exposure and the calculations used for the estimate. In a study of 1099 symptomatic Covid-19 patients, the median incubation period was 4 days (Guan et al., 2020). This is comparable with results from a modelling study that used data from 181 confirmed cases with identifiable exposure

to estimate a mean incubation period of 5,1 days. However, another study, using data from 1084 Covid-19 patients, suggested a longer median incubation period of 7,8 days, with a significant number of patients only developing symptoms 14 days or more after exposure (Qin et al., 2020).

There are no specific symptoms or signs that can reliably distinguish Covid-19 (Struyf et al., 2020). Commonly experienced symptoms are cough, fever, myalgia, headache, dyspnoea, sore throat, diarrhoea, nausea and vomiting, loss of smell or taste, abdominal pain, and rhinorrhoea (Goyal et al., 2020; Huang et al., 2020; Pan et al., 2020; Shi et al., 2020; Stokes et al., 2020; Wang et al., 2020). Less common symptoms include conjunctivitis (Colavita et al., 2020; Ma et al., 2020) and various dermatological symptoms (de Masson et al., 2020; Galván Casas et al., 2020; Recalcati, 2020). Pneumonia (characterised by fever, cough, dyspnoea, and infiltrates on chest imaging) is the most frequent serious clinical presentation of Covid-19 (Guan et al., 2020; Huang et al., 2020; Wang et al., 2020). In addition, smell, or taste disorders (e.g., anosmia and dysgeusia) are more common in Covid-19 than with other viral respiratory infections (Lechien et al., 2020; Mercante et al., 2020; Tong et al., 2020), with a prevalence estimate of 52% and 44%, respectively (Tong et al., 2020).

Importantly, fever (defined as temperature above 37,5°C) is not a universal symptom of Covid-19, even among hospitalised patients. In a study of 1099 hospitalised patients from China, only 44% had fever upon admission. This increased to 89% during hospitalisation (Guan et al., 2020). Another study of more than 5000 hospitalised patients in New York found that only 31% had fever on admission and a CDC report on the symptoms of over 370 000 confirmed Covid-19 cases indicated that 43% of individuals presented with fever (Stokes et al., 2020).

Serious complications of Covid-19 have been described. These include acute respiratory distress syndrome, often requiring ventilation or oxygen support (Wang et al., 2020,

Richardson et al., 2020; Petrilli et al., 2020), cardiac and cardiovascular complications (Wang et al., 2020; Arentz et al., 2020; Cao et al., 2020) and thromboembolic complications, such as pulmonary embolism and stroke (Danzi et al., 2020; Merkler et al., 2020). Another complication that is associated with serious and often fatal Covid-19 is an enhanced inflammatory response, characterised by persistent fever, increased inflammatory markers, and the release of pro-inflammatory cytokines (Huang et al., 2020; Mehta et al., 2020). A multisystem inflammatory syndrome with symptoms similar to those of Kawasaki disease and toxic shock syndrome has also been described (Shaigany et al., 2020; Sokolovsky et al., 2020).

Although secondary infections may not be a common complication, data from several countries shows fungal and bacterial co-infections in Covid-19 patients (Ezeokoli & Pohl, 2020; Fattorini et al., 2020). The majority of fungal infections are caused by *Aspergillus* (mostly *A. fumigatus*) and *Candida* species, while *Mycoplasma pneumoniae*, *Staphylococcus aureus*, *Legionella pneumophila*, *Streptococcus pneumoniae*, *Haemophilus* spp. and *Klebsiella* spp. are the main bacteria isolated from Covid-19 patients. These infections are not exclusive to Covid-19 but are often observed in patients admitted to ICUs (Bassetti et al., 2017; Fattorini et al., 2020). As many of these co-infections are drug resistant, they may increase mortality in Covid-19 patients. The infection fatality rate of Covid-19 across populations is 0,68% (0,53–0,82%), with the range affected by age and underlying comorbidities in the population (Meyerowitz-Katz & Merone, 2020).

CLINICAL MANAGEMENT GUIDELINES

Guidelines on clinical management of Covid-19 were published by the WHO (2020b & 2020c) and adopted by the NICD and the national Department of Health (NICD & DoH, 2020a, 2020b & 2020c). Clinical management

starts with identifying infected persons through screening; collecting specimens from the upper respiratory tract or, preferably, the lower respiratory tract of people suspected to be infected or presenting with typical symptoms; and performing reverse-transcriptase polymerase chain reaction (RT-PCR) tests for the presence of SARS-CoV-2.

Because there is no cure for Covid-19, the clinical management focuses on symptomatic relief and is based on the severity of the disease. Patients with mild to moderate Covid-19 may not require hospitalisation, but appropriate infection prevention and control measures, including isolation, are necessary to prevent the transmission of the virus. Patients should be provided with symptomatic treatment, such as paracetamol for pain and fever (NICD & DoH, 2020c), and should be counselled about the signs and symptoms of complicated disease. The WHO also noted that older patients and those with comorbidities may present with mild symptoms but have a high risk of deterioration; they should be admitted to a designated unit for close monitoring (WHO, 2020b).

Patients with severe Covid-19 should be hospitalised. Haematology and biochemistry laboratory testing and an electrocardiogram should be performed at admission and as clinically indicated to monitor for complications, such as acute liver, kidney, and cardiac injury or shock. Patients with severe acute respiratory infection and respiratory distress, hypoxaemia or shock should immediately be given supplemental oxygen therapy to a target of oxygen saturation (SpO₂) > 94% (WHO, 2020b), later reduced to SpO₂ > 90% (WHO, 2020c; NICD & DoH, 2020). Patients with severe Covid-19 should also be closely monitored for signs of clinical deterioration (e.g., rapidly progressive respiratory failure and sepsis), and clinicians should respond immediately with supportive care interventions. In patients with sepsis, empiric treatment with antimicrobials should be initiated within 1 hour of initial assessment and de-escalated on the basis of microbiology results and clinical judgement. Clinicians should understand the patient's comorbid

- condition(s) in order to manage critical illness
- and decide which chronic therapies should be continued or stopped temporarily.

Clinicians should recognise severe hypoxemic respiratory failure in critical Covid-19 patients who do not respond to standard oxygen therapy and should provide advanced oxygen/ventilatory support. Any endotracheal intubation should be performed by a trained and experienced provider using airborne precautions. Although not expressly stated in the NICD guidelines (NICD & DoH, 2020c), the WHO (2020b & 2020c) recommended that high-flow nasal oxygen and non-invasive ventilation be used only in selected patients with hypoxemic respiratory failure or mild acute respiratory distress syndrome. Patients treated with high-flow nasal oxygen or non-invasive ventilation should be closely monitored by experienced personnel capable of performing endotracheal intubation in case the patient acutely deteriorates or does not improve after a short trial (about 1 hour). In settings with access to the required expertise, patients with refractory hypoxemia despite lung protective ventilation may be referred for extracorporeal membrane oxygenation.

The initial WHO (2020b) guideline around de-isolation stated that in hospitalised patients with confirmed Covid-19, repeated upper and lower respiratory tract samples can be collected to demonstrate viral clearance. For hospital discharge of a clinically recovered patient, two negative tests – at least 24 hours apart – were recommended. This was amended in the March 2020 NICD guidelines, which recommended that patients be de-isolated without the need for repeat PCR tests; those with mild disease can be de-isolated 14 days after symptom onset and those with severe disease 14 days after achieving clinical stability (NICD & DoH, 2020a). In August 2020 (NICD & DoH, 2020c) the recommended time to de-isolate the patient was reduced from 14 to 10 days.

ADJUNCTIVE THERAPIES FOR COVID-19

CORTICOSTEROIDS

In March 2020 and again in May 2020, the WHO and NICD did not recommend the routine use of systemic corticosteroids for the treatment of viral pneumonia outside clinical trials (WHO, 2020b & 2020c; NICD & DoH, 2020a & 2020b). This was based on the use of corticosteroids in patients with SARS, MERS, and influenza. This advice was amended in the most recent NICD (2020b) guidelines and WHO (2020d) recommendations. The use of the corticosteroid dexamethasone was strongly recommended only for patients requiring supplemental oxygen or mechanical ventilation. This was based on results from a large-scale, randomised, controlled, open-label, multi-centre adaptive trial (The Recovery Trial), which recently reported that patients on invasive ventilation had an absolute reduction in mortality of 12% (95% CI [5,5–17,9]) on dexamethasone. The benefit for patients requiring supplemental oxygen was smaller, with a 3% reduction in mortality (95% CI [0,89–5,25]).

ANTIVIRALS, IMMUNOMODULATORS, AND OTHER THERAPIES

In May 2020 the WHO (2020c) recommended that chloroquine and hydroxychloroquine (with or without azithromycin), antivirals (including but not limited to lopinavir/ritonavir, remdesivir, umifenovir and favipiravir), immunomodulators (including but not limited to tocilizumab, interferon- β -1a, and plasma therapy) not be administered as treatment or prophylaxis for Covid-19, except in the context of clinical trials. This recommendation was based on the observational nature of the literature on these drugs and the paucity of clinical trials, which meant a lack of high-quality evidence in favour of any of these drugs. Also, significant side effects (including cardiotoxicity, gastrointestinal complications,

hepatic and renal side effects, fever, breakdown of muscle tissue, upper respiratory tract infections, nasopharyngitis, headache, and hypertension) have been observed. The use of heparin for venous thromboembolism prophylaxis is recommended for all hospitalised patients (NICD et al., 2020).

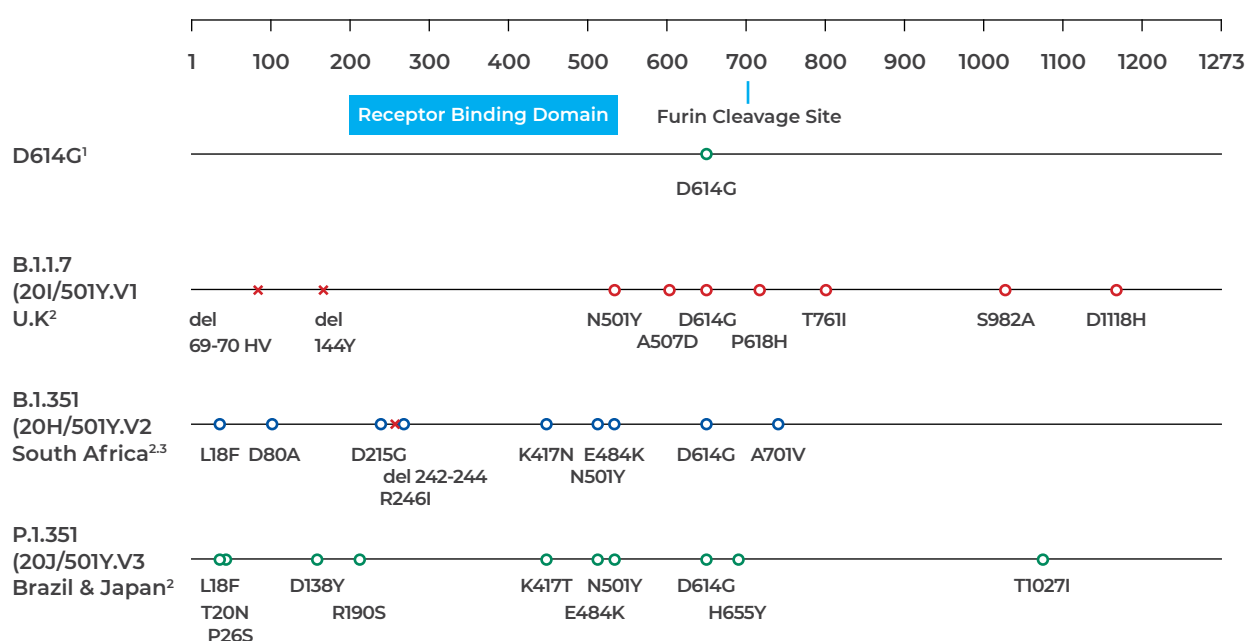
Similarly, the WHO (2021a) stated that the current evidence on the use of ivermectin (a broad-spectrum anti-parasitic agent) to treat Covid-19 patients is inconclusive. After evaluating data from 16 randomised controlled trials (total enrolled 2407), it found the evidence on the ability of ivermectin to reduce mortality, the need for mechanical ventilation, the need for hospital admission, and the time to clinical improvement in Covid-19 patients is of 'very low certainty'. This finding was due to the small sizes and methodological limitations of available trial data, including the small number of events. The WHO therefore recommended that ivermectin only be used in the context of clinical trials. (Chapter 3.1 includes a case study on legal issues around the use of ivermectin in South Africa).

ANNEX 5.1.2: SARS-COV-2 VARIANTS AND THEIR IMPACT

The spike protein (S) of SARS-CoV-2 contains 1273 amino acids and is currently the main target of vaccines against Covid-19 (Dai & Gao, 2020). As indicated in [Annex 5.1.1](#), the spike protein is crucial for recognising host cellular receptors and mediates viral entry. To date several mutations in the S gene have been identified, leading to variants of SARS-CoV-2.

This annex introduces the first reported SARS-CoV-2 mutation, D614G, which is now common to nearly all sequenced SARS-CoV-2 genomes worldwide. It then describes additional S protein mutations of three variants of concern, namely B.1.1.7 (first identified in the United Kingdom); B.1.351 (also known as 501Y.V2), first identified in South Africa; and P.1 (also known as 501Y.V3), identified in Brazil (Figure 5.1.23). It also mentions recent variants identified in the United States of America and Nigeria.

Figure 5.1.23: Amino acid changes in the spike protein of SARS-CoV-2 variants



Source: Hagen, 2021

D614G

The first reports of a mutation in the SARS-CoV-2 genome surfaced in March 2020. This mutation was called D614G (i.e., the aspartate (D) at amino acid number 614 was replaced by a glycine (G)). By the end of June 2020, D614G was found in nearly all SARS-CoV-2 samples worldwide. All variants discussed below have the D614G mutation.

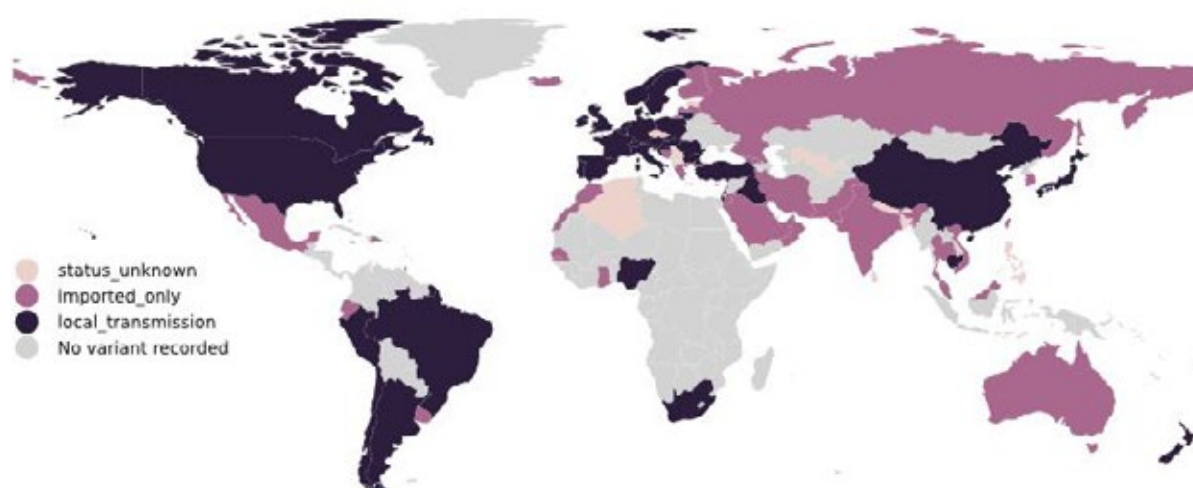
The result of this mutation is increased infectivity and viral replication in human lung epithelial cells and primary human airway tissues, as well as increased stability of virions (Plante et al., 2020; Zhang et al., 2020). This supported clinical evidence that the mutation enhances viral loads in the upper respiratory tract of Covid-19 patients and may increase

transmission. Due to the early emergence of this mutation and the fact that it became widespread before the release of Covid-19 vaccines, experts are confident that current vaccines protect against the D614G mutation.

B.1.1.7

In September 2020 SARS-CoV-2 samples collected from the United Kingdom were reported to contain a variant with several additional mutations. This variant became dominant in South East England and has since spread to at least 52 other countries. These include South Africa (O'Toole et al., 2021; O'Toole & Hill, 2021), where local transmission has been reported (Figure 5.1.24).

Figure 5.1.24: Local transmission of B.1.1.7



Note: Colours indicate reports of imported cases (pink) or of local transmission (darker purple).
Source: O'Toole & Hill, 2021

Sequencing revealed that the S protein of this variant contained a large number of mutations (Figure 5.1.23). These include deletions of amino acids 69, 70 and 114 in the (N)-terminal domain (NTD) of the S protein. Deletion of amino acids 69 and 70 is likely to cause a conformational change in the S protein (CDC, 2021), and preliminary results suggest it may lead to a two-fold increase in infectivity, compared to D614G (Kemp et al., 2021). In addition, deletion of amino acid 144 in

B.1.1.7 may also contribute to reduced binding capacity of certain neutralising antibodies (McCarthy et al., 2021).

B.1.1.7 also contains a N501Y mutation (substitution of asparagine (N) at position 501 with tyrosine (Y)) that affects the receptor binding domain (RBD) of the S protein. This has been shown in an animal model to improve the binding of the virus to ACE2 receptors (Gu et al., 2020). This mutation may

disrupt antibody binding to the RBD and could lead to lower antibody production. These findings suggest that SARS-CoV-2 variants with the N501Y mutation may have a higher potential for immune escape and result in breakthrough infections (Castro et al., 2021).

The furin cleavage site of S protein subunits S1 and S2 is essential for membrane fusion of SARS-CoV-2. B.1.1.7 has a proline to histidine substitution at position 681 (P681H), located near the furin cleavage site. This mutation may further impact viral infectivity, although it is not yet clear what the impact may be (Hagen, 2021).

Pfizer, in collaboration with University of Texas Medical Branch, announced that their vaccine could elicit neutralising antibodies against SARS-CoV-2 with this mutation in vitro (Pfizer, 2021). They also tested the sera from 20 vaccine trial participants, drawn 2–4 weeks after administration of the second dose of vaccine, and found that the vaccine remained effective against this mutation. However, it must be noted that the virus used in these tests did not contain the full complement of mutations seen in B.1.1.7. Another study tested the sera of 16 participants in the phase 1/2 clinical trial of the Pfizer vaccine against the original Wuhan strain and the full B.1.1.7 variant, drawn 21 days after the second dose of the vaccine. Preliminary data indicates

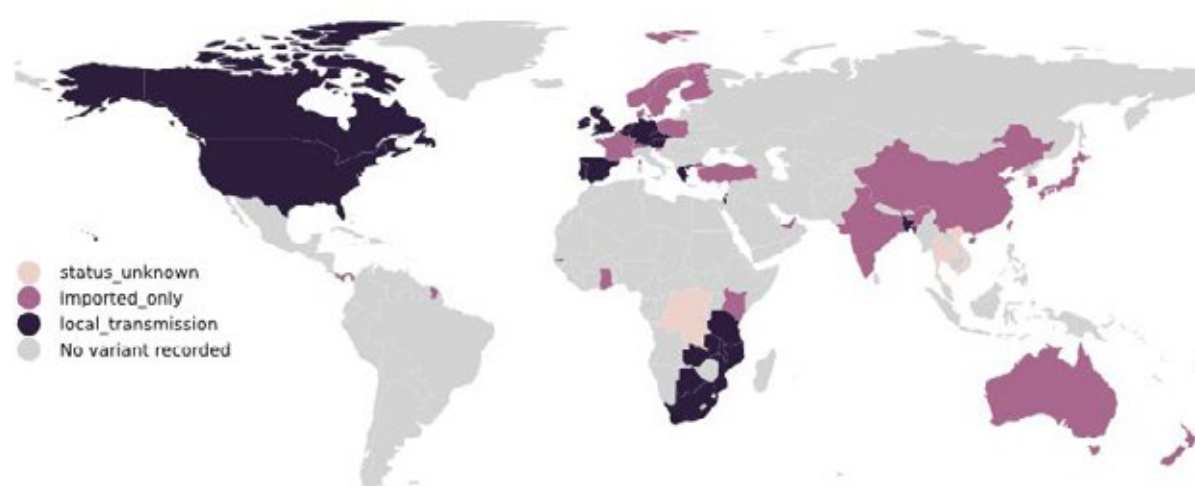
no difference in antibody neutralisation between the two viruses (Muik et al., 2021). This similarity in protection does not seem to be the case after only one dose of the vaccine, as preliminary results evaluating the antibody response of 23 trial participants against wild type and B.1.1.7, three weeks after the first dose of Pfizer vaccine, found a 3,85-fold reduction in viral neutralisation for B.1.1.7 (Collier et al., 2021).

Moderna tested sera from Phase 1 trial participants against SARS-CoV-2 pseudovirus from the original (Wuhan) isolate, D614G variant and B.1.1.7, and found no impact on neutralisation against B.1.1.7 (Wu et al., 2021). Although initial results indicated that patients infected with B.1.1.2 did not have an increased risk of more severe disease in any age group (WHO, 2020f; Brookman et al., 2021), a recent study, using a matched cohort approach, did find that infection with B.1.1.2 increased the risk of mortality by 64% (Challen et al., 2021).

B.1.351

Samples taken in October 2020 in Nelson Mandela Bay in South Africa contained a variant, designated B.1.351 or 501Y.V2, which contained a mutation similar to B.1.1.7. This variant is currently dominant in South Africa and has spread to at least 45 countries (O'Toole & Hill, 2021), with extensive local transmission in many of these countries (Figure 5.1.25).

Figure 5.1.25: Local transmission of B.1.351



Note: Colours indicate reports of imported cases (pink) or of local transmission (darker purple). Source: O'Toole & Hill, 2021

- Although this variant does not have the
- deletions in the N-terminal sequence as
- indicated for B.1.1.7, it has the N501Y mutation and several other mutations (Figure 5.1.23). These include a deletion of amino acids 242–244, associated with reduced binding of certain neutralising antibodies (McCarthy et al., 2021), and two additional substitutions in the RBD, K417N (lysine at position 417 substituted with an asparagine) and E484K (glutamic acid at position 484 substituted with a lysine). The combination of these three mutations causes a relatively big conformational change in the RBD, compared to N501Y alone, indicating increased potential for immune escape (Nelson et al., 2021). The ability of this variant to rapidly replace all other variants in South Africa indicates that B.1.351 is more transmissible (Tegally et al., 2020), although there is no indication that it causes more severe disease (CDC, 2021).

Preliminary results on the efficacy of the Moderna and Pfizer vaccines show that antibody neutralising activity in sera from 20 volunteers, taken eight weeks after the second dose, was reduced against the N501Y and the K417N:E484K:N501Y combination mutants (Wang et al., 2021). Similarly, Moderna also found that sera from phase 1 trial participants showed reduced neutralisation against B.1.351 (Wu et al., 2021). Importantly, even with this reduced activity, the sera that were tested could still fully neutralise the B.1.351 variant.

In the South African context, the efficacy of the Johnson & Johnson vaccine against variant B.1.351 is particularly important, as this vaccine is the first to be used in the Sisonke programme. According to the manufacturer's data, this vaccine is at least 64% efficient in

preventing moderate-to-severe cases of Covid-19, although their clinical trials did not take prior exposure to 'non-variant' SARS-CoV into account (FDA, 2021).

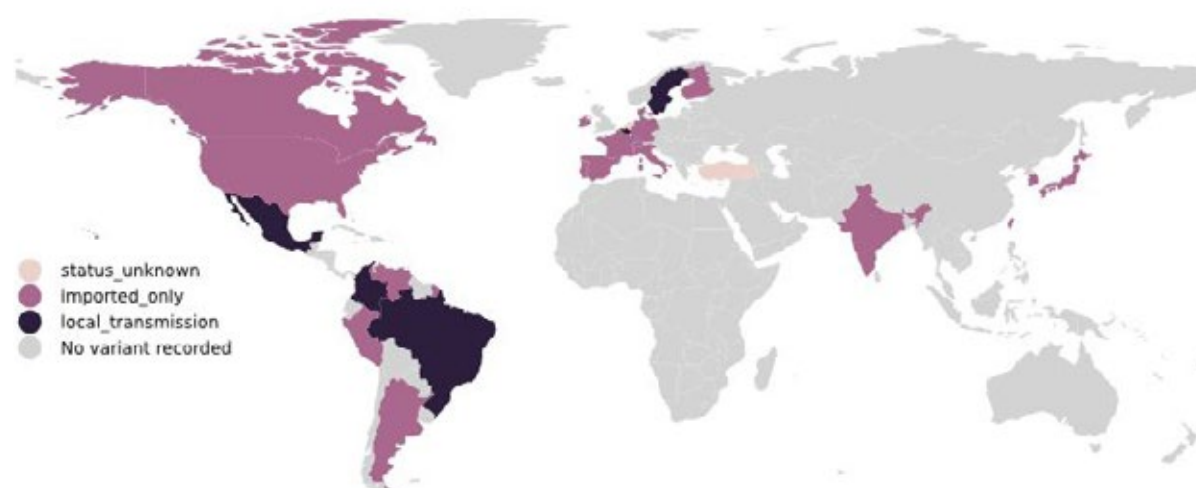
P.1

This variant (also known as 501Y.V3 or B.1.1.28) was first reported by the National Institute of Infectious Diseases in Japan in four travellers from Brazil, sampled during routine screening at Haneda airport outside Tokyo (CDC, 2021). Since then, it has been reported in at least 21 countries, with local transmission in some. As can be seen in Figure 5.1.23, it also contains the N501Y and E484K mutations seen in B.1.351. In addition, it has a similar mutation at amino acid 417, where the lysine has been replaced by a threonine (K417T). P.1 also has a number of amino acid substitutions in the N-terminal domain that are still of unknown significance.

OTHER RECENT VARIANTS AND THE NEED FOR CONTINUED GENOMIC SURVEILLANCE

During the course of the pandemic, it is expected that new variants will continue to emerge as mutations occur in SARS-CoV-2. Some examples are recent variants first reported from the United States (Pater et al., 2021; Zhang et al., 2021) and Nigeria (O'Toole & Hill, 2021). The threat of ongoing mutation emphasises the need for ongoing genomic surveillance programmes to track the evolution of SARS-CoV-2 and inform practices to curb its spread, including diagnostics and vaccine development and distribution.

Figure 5.1.26: Local transmission of P.1



Note: Colours indicate reports of imported cases (pink) or of local transmission (darker purple).
Source: O'Toole & Hill, 2021

CHAPTER 5.2
EDUCATION SECTOR

CHAPTER 5.2: EDUCATION SECTOR

Children are not the face of this pandemic. But they risk being among its biggest victims ... in some cases, by mitigation measures that may inadvertently do more harm than good. The harmful effects of this pandemic will not be distributed equally; they are expected to be most damaging for children in the poorest countries, in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations.

United Nations Policy Brief, 15 April 2020

ABSTRACT

The Covid-19 pandemic brought colossal shifts in education policy decisions globally. This chapter, which draws primarily on secondary data, examines measures adopted by the education ministries to contain the spread of the virus and continue the academic programme during the pandemic. Amid competing voices from many stakeholders, the ministries had to make unprecedented, complex policy decisions, including the closure of schools and the move to online learning. But such decisions brought existing educational inequity and inequality into sharp focus. For

example, the digital divide meant poorer learners had little access to online learning. Also, the neoliberal idea of 'homeschooling' was imposed on parents, many of whom lack educational capital themselves. When a phased reopening of schools was announced, measures were taken to contain the spread of the virus, curriculum content was decreased, and different timetable options were made available. The reopening was not without challenges: more middle-class than working-class learners returned to school, and financial constraints in some schools and institutions of higher learning made complying with Covid-19 protocols impossible. That said, the education sector achieved significant successes in implementing mitigation measures during the pandemic. The risk-adjusted, phased return of students; intensive collaboration with stakeholders to inform policy decisions; and the provision of data and devices for online learning were crucial. Further recommendations include improving school infrastructure, especially around water, sanitation, and ICT, and strengthening online learning platforms. At a deeper level, the assumption that middle-class families and students are representative of all South Africans needs to be challenged; it results in interventions that are feasible only for a privileged minority.

ACKNOWLEDGEMENTS

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ABBREVIATIONS AND ACRONYMS

DBE	Department of Basic Education
DHET	Department of Higher Education and Training
ECD	early childhood development
ETDP SETA	Education, Training and Development Practices Sector Education and Training Authority
FEDSAS	Federation of Governing Bodies of South African Schools
HSRC	Human Sciences Research Council
ICT	information and communications technology
ISASA	Independent Schools Association of Southern Africa

NIDS-CRAM	National Income Dynamics Study Coronavirus Rapid Mobile [survey]
OECD	Organisation for Economic Co-operation and Development
PPE	personal protective equipment
PSET	post-school education and training
SACPO	South African College Principals Organisation
SDG	Sustainable Development Goal
TVET	technical and vocational education and training
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
USAf	Universities South Africa
WHO	World Health Organization

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INTRODUCTION

Worldwide ‘mass school and university closures have been among the most shocking signs of Covid-19’s power to drive a global shutdown’ (Psacharopoulos et al., 2020). The year 2020 saw unprecedented disruptions in education, even when compared to previous disruptions from natural disasters, armed conflict, or other epidemics (Winthrop, 2020).

The World Health Organization (WHO) declared the novel coronavirus a public health emergency of international concern on 30 January 2020; South Africa initiated its Emergency Operations Centre on the same day. The country’s first case of Covid-19 was confirmed on 5 March, and it declared a national state of disaster on 15 March 2020. The different organs of state took drastic measures to curb the spread of the virus. Schools closed on 18 March (DBE, 2020d), all post-school education and training (PSET) institutions went into early recess, and academic activity was suspended (DHET, 2020g). But South Africa, like most other countries, was completely unprepared for what was to come (Keevy, 2020).

While cost of the pandemic in terms of human lives has been catastrophic, the havoc it is wreaking on education may be felt for many years to come (WBG, 2020). For example:

- The pandemic has severely tested the already stressed **funding for education**. This is a particular concern, as ‘despite occasional claims to the contrary, the best evidence suggests that the quality of education is also responsive to financial resources’ (Evans et al., 2020).
- The **months of tuition** lost may never be recouped. Furthermore, lengthy breaks in learning affect the quality of education – when learners and students are away from classes, they begin to forget what they have learnt. It had been anticipated that over 80 days of learning would be lost in 2020, and learners’ a priori knowledge would decrease and might have to be recapped

when schools reopened. The full effects of these interruptions may only become clearer many years into the future.

- It has **exacerbated inequalities** in education. In low-income countries, the rate at which children complete school is twice as high among wealthier (79%) than poorer families (39%). About 35% of primary schools lack basic infrastructure for handwashing. About 500 million students cannot access remote learning (UN, 2015). These inherent inequalities create deep divides in the levels of learning available. During the pandemic, some wealthy students could keep learning, unhindered, while others could not learn at all. ‘Without continued investment in education, the gap between the haves and have-nots will widen further as wealthy families purchase educational opportunities for their children that leave other students behind’ (Bernard et al., 2020). Learners in poorly performing schools in South Africa already fall far below international norms; the pandemic exacerbated this problem and deepened inequality (Van der Berg & Spaul, 2020).

Catch-up programmes should consider all these factors when planning for 2021 and beyond. The next section discusses the effect of Covid-19 on children and young people. The sections that follow report on the response of the South African education sector to the unfolding Covid-19 crisis. Note that this chapter focuses on the first and second waves of the pandemic. Education during the further progression of the pandemic will be discussed in the second edition of the Country Report.

THE EFFECT OF COVID-19 ON YOUNG PEOPLE AND CHILDREN

Across the world, ‘Covid-19 is disrupting children’s education, learning and wellbeing in substantial ways. The effects of the pandemic on children vary widely according to region

and other demographic characteristics including disability, minority status, indicators of poverty and gender' (Gordon & Burgess, 2020:22). This is also true for South Africa (Bangani, 2020; Van der Berg & Spaul, 2020).

The effects on children and young people will undeniably be felt in many ways. The United Nations (UN, 2020:4–5) distinguishes three channels through which these effects may manifest:

1. **Infection:** Children seem relatively less susceptible to the virus than do adults, possibly because they have fewer comorbidities. In South Africa over a third of the population is under the age of 18. Laboratory-confirmed Covid-19 statistics show that from March to September 2020, children comprised only 8% of all cases and 3,2% of admissions to sentinel hospitals; the cumulative incidence of Covid-19 was six times lower among children than adults. A higher incidence of infection and hospital admissions was seen among girls ages 15–18, possibly because of a disproportionate burden of care work or some unknown biological factor (NICD, 2020). However, although infections in schools appear to be low, they are not unknown – over a hundred students in one school in the Eastern Cape tested positive for the virus (UNICEF, 2020). Still, 'it is clear that the "regular" South African mortality risk in 2020 is far higher than the Covid-19 mortality risk for all age ranges' (Van der Berg & Spaul, 2020).
2. **Socio-economic effects of the virus and related measures:** According to the United Nations (UN, 2020:4) 'while children are not the face of this pandemic, its broader impacts on children risk being catastrophic and amongst the most lasting consequences for societies as a whole'. The African Child Policy Forum (Tesemma, 2020:30) concluded that although 'children are not as widely infected by Covid-19, they are disproportionately affected by the socio-economic impact'. 'Children are

at risk not only of infection, but also of losing or being separated from family members and caregivers' (Fore, 2020:1). Children also face worsening poverty, an inability to access education, and social isolation from their peers. When schools shut down, education came to a halt for financially deprived learners. Girls bore the brunt of care work and domestic labour at home, and children were more vulnerable to multiple forms of symbolic and substantive violence and crime. Some were also deprived of meals. Many learners were further 'peripheralised materially, spatially, linguistically and culturally' (Black et al., 2020:42).

3. **Longer-term efforts to achieve the Sustainable Development Goals (SDGs) to ensure the realisation of the rights of all children:** This relates especially to SDG4, which aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. Restricted access to schooling and finance for education during the pandemic undermines the global prospects for the development of children. In South Africa, existing fiscal constraints have been exacerbated during the pandemic, severely affecting children and young people. Also, 'extreme inequality means vulnerable and disadvantaged children will still bear the brunt of this educational disruption ... now and in the coming years. Those from impoverished backgrounds have inevitably fallen behind' (Bangani, 2020). Parsitau and Jepkemei (2020, in Bangani, 2020) note that 'for rural children of parents with low literacy levels and limited education resources, this risk of learning loss is heightened. Not only are these parents frustrated at having to homeschool without adequate preparation, but they also cannot reinforce their children's learning. Intermittent online learning is not effective for students already behind, and radio learning cannot replace classroom learning as it is intended to supplement the knowledge that children already have.' This holds

- true for all parents with low literacy levels
- and limited financial and educational resources. The lack of continuity of learning has a significantly negative impact on learners, as discussed later.

On 5 July, the Minister of Basic Education, Mrs Angie Motshekga (2020), announced that since the return of grade 7 and 12 learners on 8 June 2020 (i.e., about a month earlier), only 2740 of the country's 440 000 teachers (<1%) had been infected by the virus, as had 1260 (0,01%) learners.

REACTION OF THE EDUCATION SECTOR BEFORE 15 MARCH 2020

Despite South Africa's prompt reaction to the WHO announcement in January, no documents could be obtained that indicate any reaction from the departments of Higher Education and Training (DHET) and Basic Education (DBE) to the potential effects of the virus on the education sector. It appears that because the virus had not yet infected South Africans, there had been no substantive preparation for a possible calamity before the state of disaster was announced in March 2020.

For this chapter, a questionnaire was sent to educationists, principals, and teachers to assess measures taken to combat the pandemic. Three different questionnaires were created on Google Forms. The first was emailed to education officials and union heads, the second to principals and school personnel, and the third to university representatives. The response rate was low – only 24 responses were received. In the discussion below, responses to the questionnaires are shown in italics.

When educationists were asked about their initial reactions, as representatives of public education, to the WHO announcement, many

responses were aligned with the following: *'initially the virus seemed far removed from [South Africa]'. The consensus was that 'I wasn't sure of how serious it was, as it is a virus we knew little or nothing about';* therefore, people tended to believe that *'the problem will not affect us'*. Generally, respondents felt that in the absence of plans for combating the virus, the DBE had no option but to shut down schools. Principals and teachers said the first initiative taken by schools was to educate learners about handwashing and sanitising, but these *'plans only started in late March'*.

When questioned about the reaction of the departments of education to the WHO announcement, one member of a teacher union noted that *'the response seemed slow and muted at first. Then we were invited to government briefings but plans still seemed at the very embryonic stage.'* The opinions of principals and teachers about the DBE's response were divided. Some stated that *'Yes, there were published plans given'*, while others stated that *'No, not in February but later the [DBE] did put plans into place. There was no monitoring of schools to see how the schools are operating.'* These contrasting responses may be related to communication problems between the departments and individual institutions. One school head of department stated that:

When schools reopened, much confusion existed as to how schools will be managed. The [DBE] sent circulars to schools providing options for timetabling to address safe distancing. Schools with smaller numbers of units per grade would not have had a challenge in implementation. However, high schools with larger numbers of units, especially grade 12, had a challenge. Priority was given to matriculants – rightfully so – as opposed to other grades. Learners in the lower grades (8 and 9) attended school for fewer days a month. Most learning for these learners took place at home under parental guidance, with no support from the school. Learners taught themselves. For many learners, concepts were not

understood, and poor assignment results bear testimony to this. The hygiene aspect was addressed by the [DBE] by providing the necessary PPE [personal protective equipment] to schools.

The respondents were asked: Did you or the Department anticipate that it would affect South Africans and if you or the Department did, did you or the Department believe that we should begin our plans for preventative measures immediately? One respondent summed up the general view:

The Government had greater insight into the pandemic [than the DBE]. The severe lockdown ... helped curb the spread and limit the number of fatalities. The [DBE] reacted to the pandemic, but it was too late. Educators teaching in rural areas did not have the tools to assist their learners. The [DBE] did not have any plans in place for any catastrophe, let alone a crisis of this magnitude. Although the necessary [PPE is] currently provided to schools, the [DBE] has yet to address the lack of digital resources in many schools. Should the country go into lockdown again, the privileged schools with digital infrastructure would effortlessly use online classes while learners and educators in rural schools would simply have to wait for them to reopen.

In terms of the enforcement of lockdown procedures, the respondents stated that *'the [DBE] expected Principals and [School Management Teams] to enforce protocols, and the curriculum at all schools. Monitoring was also done by Principals and [School Management Teams]. Circuit Managers visited schools when problems arose and addressed issues. In the main, schools had to resolve their own problems.'* Another respondent stated *'Principals, with School Management Teams ...were expected to take precautions and actions required for schools to operate during the Covid pandemic. Our school worked as a team ensuring all regulations are carried out.'*

At a briefing on 9 March 2020, the Minister of Basic Education cautioned everyone involved in the schooling sector. Noting that the DBE had received enquiries about how they intended to deal with Covid-19 in schools, she emphasised the following socio-behavioural interventions:

We have redirected all the enquiries to the Department of Health, that is leading the interventions regarding the management of cases. We take this opportunity to remind South Africans about the basic hygiene practices that involve the (1) washing of hands; (2) covering of your mouth when you cough; (3) avoid coming into contact with people who are sick; (4) avoid touching your eyes, ears, and nose; and (5) seek medical help if you are sick. ... We have sent a Circular to all our schools to provide guidelines on ... general hygiene standards. The Department of Health, however, will communicate should any announcements be made specifically on the Coronavirus. The safety of our learners and teachers remains a priority in the sector.

At this point it was apparent that the DBE had no coordinated plan for mitigating the spread of the virus in schools. The circular (DBE, 2020b), the only document sent to schools before 15 March 2020, provided Covid-19 guidance for childcare facilities and schools. It showed how these institutions should monitor and plan for absenteeism, establish procedures for learners and staff who are sick at school, and create communication plans for use with the school community. It also provided guidelines on what school communities should do if learners planned to travel, or had recently travelled, to areas with community spread of Covid-19 or had been exposed to a suspected or confirmed case of Covid-19. It set out the procedure to be followed if institutions needed to be closed if the virus had spread within their community. It is clear from Figure 5.2.1 (panel a) and media reports on the pandemic that school closure as a measure to stem the spread of the virus was being implemented rapidly in the

- northern hemisphere. It is therefore difficult
- to understand why the DBE's response was
- mainly about infection and absenteeism. There is no evidence of serious consideration having been given to teaching and learning

remotely at that stage, despite the real possibility of school closure. Box 5.2.1 reflects the DBE's point of view, from an interview with the Director-General of the department.

Box 5.2.1: Point of view: The DBE's approach to the pandemic

In an interview for this chapter, Mr Hubert Mathanzima Mweli, the Director-General of the DBE, noted:

Like all sectors, the DBE took the lead from the President and the [National Coronavirus Command Council] when the pandemic was announced to have reached South Africa, and a hard lockdown declared in March 2020. The Department remained cautious in its approach and adopted:

- (a) The Covid-19 risk-adjusted strategy, and
- (b) A phased-in approach to the reopening of schools.

The announcement of the lockdown meant a loss of crucial teaching and assessment time for the delivery of quality education. The closure of schools then compelled the Basic Education Sector and all its partners to seek ways of supporting teaching and learning while learners were at home.

Support for learners during the lockdown

- (a) Before the lockdown, at the directive of the Heads of Department Committee (HEDCOM), the DBE had established Task Teams to lead a coordinated response by developing plans that would ensure learners receive support while under the lockdown. These Task Teams worked with their counterparts in [provincial education departments] as well as with other key stakeholders to put a plan in place and to monitor its implementation.
- (b) Considering the role that Technology would play in remotely supporting learning, a number of [information and communications technology] support packages were developed, [including]:
 - Online digital platforms
 - DBE and provincial websites
 - Websites of the DBE key partners, such as [the National Education Collaboration Trust], Vodacom, MTN, Siyavula, and many more
 - Broadcasting through the national, regional as well as community-based radio stations
 - Television channels dedicated for educational content.
- (c) The response also included the distribution of printed materials, namely workbooks as well as work sheets to learners.

The sector had to continuously revise the plans as things changed and the science evolved. These were enforced through the implementation, support and monitoring of the Directions, [standard operating protocols] and the adopted Safety Measures and Protocols.

COVID-19 AND THE EARLY CHILDHOOD DEVELOPMENT SECTOR

The early childhood development (ECD) sector was forced to close its doors on 18 March 2020, like the rest of the education sector. However, the reopening of ECD centres has been

fraught with uncertainty. Despite receiving judicial support for the centres to be opened, by the end of July 2020, very few had begun to work as normal. Wills et al. (2020:1) describe the situation as follows:

The short- and medium-term survival of the ECD sector is in a highly precarious position as it moves into the last quarter of 2020, with a real threat of permanent closures and large declines in ECD

enrolment in the coming year. This threat reaches beyond ECD operators to the lives of millions of children, millions of households and millions of adults who rely on these ECD services. Four months after the closure of ECD programmes, the sector is likely operating at less than a quarter of its pre-lockdown levels. It is not clear how many of the typically privately run ECD programmes across the nation will survive without a well-targeted financial stimulus.

In answering these questions, we draw on the second wave of the new telephonic National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM). These findings are corroborated against supplyside experiences collected from ECD providers through the First and Second Surveys Assessing the Impact of COVID on ECD1 (Bridge et al. 2020a, Bridge, et al. 2020b). The analysis of ECD and lockdown impacts using these data sources are situated within a socio-economic framework that views the ECD system in terms of three interconnected societal layers: (1) ECD providers themselves, (2) children using their services, and (3) parents and caregivers of these children. Pre-crisis and current ECD attendance at programmes are conceptualised in relation to this framework to explore the multi-faceted, socio-economic implications of COVID-related impacts on the sector.

Van den Berg and Spaull (2020:23) concluded after examining extensive evidence that keeping children out of ECD centres and crèches is not in their best interests. The authors further concluded that children should be allowed to return to ECD institutions immediately.

WHY SHOULD SCHOOLS REOPEN?

The decision to close and reopen schools was vigorously contested. For example, the closure of schools on 18 March 2020 was not supported by some academics (e.g., Van der Berg & Spaull, 2020). It was also not supported by the South African Paediatric Association (Sayed & Singh, 2020), despite it being clear that poorer schools were not sufficiently equipped and did not have the necessary infrastructure to implement measures to contain the spread of the virus. In this regard, analysts such as Sayed and Singh (2020) voiced concern about government's dependence on scientific experts to inform policy-related decisions, with limited input from experts in the humanities. The decision to close and reopen schools largely ignored the social reality of diverse schools and learners.

A framework for the opening of schools issued by UNESCO, UNICEF, the World Bank, the World Food Programme and UNHCR (2020) notes that there had been insufficient evidence at the time about disease transmission when schools are closed. However, 'the adverse effects of school closures on children's safety, wellbeing and learning are well documented' (p.1). It argued for reopening schools:

Disruptions to ... time in the classroom can have a severe impact on a child's ability to learn. The longer marginalized children are out of school, the less likely they are to return. Children from the poorest households are already almost five times more likely to be out of primary school than those from the richest. Being out of school also increases the risk of teenage pregnancy, sexual exploitation, child marriage, violence, and other threats. Further, prolonged closures disrupt essential school-based services such as immunization, school feeding, and mental health and psychosocial support, and can cause stress and anxiety due to the loss of peer interaction and disrupted routines. These negative impacts will

- be significantly higher for marginalized children, such as those living in countries affected by conflict and other protracted crises, migrants, the forcibly displaced, minorities, children living with disabilities, and children in institutions. School reopenings must be safe and consistent with each country's overall Covid-19 health response, with all reasonable measures taken to protect students, staff, teachers, and their families (p.2).

Vander Berg's (2020) motivation for reopening schools is based on the wider costs of school closure:

- Even before the lockdown, 2,5 million children suffered starvation. School feeding programmes are an important means of addressing food insecurity among children in schools. When malnourished children lose access to school meals, more lives could be lost.
- Lockdowns, school closures and natural disasters increase the risk of substance abuse, depression, fear, loneliness, domestic violence, and child abuse. Financial worries add stress to many households, raising levels of emotional exhaustion, depression, and anxiety.
- Recent surveys suggest that children are at higher risk of lasting psychological distress, including depression. For instance, after a month of school closures in Hubei (China), a quarter of children ages 8–12 showed symptoms of depression.
- Teachers would be unable to complete the curriculum, leaving many gaps in children's education. International research shows that such learning losses could have lasting implications, even affecting lifetime earnings. Poorer learners and schools would be least able to catch up again.

The DBE's Annual Performance Plan (2020a:20) states that 'the overall goal of the various actors in the basic education sector must remain to improve the quality of learning outcomes and reduce educational inequalities. We should not lose sight of this. South Africa has been on an upward trajectory in terms of the skills acquired by learners for around two decades. The momentum of this

improvement cannot be lost as a result of the pandemic.' Schools had to remain open to help ensure that learners did not lose the progress they had made. The document continues to say that 'in fact, we can think of illiteracy among our primary school learners almost in the way we have learnt to think about the coronavirus. It is a scourge which must be eliminated, by identifying "hotspots" where children are not learning as they should and intervening to ensure that people's futures are not compromised.' The DBE recognised that the pandemic would have a lasting but as yet unquantifiable impact on the education system. It identified Covid-19 as a key risk to the completion of the curriculum and assessments and to governing the sector to ensure quality, inclusive, safe and healthy basic education. It held that this risk could be mitigated through effective planning, management, better infrastructure, and other programmes to support effective learning and teaching.

The motivation for reopening schools, then, was influenced by various factors, including clinical evidence of the lower likelihood of children contracting the virus, the need to reduce the disadvantages and social and cultural challenges encountered by children who were not at school, and learning and health challenges based on the construction of schools as safe spaces that offer nutrition, health services and an environment that is conducive to education.

Box 5.2.2: Point of view: The DBE on the decision to close schools

According to the Director-General of the DBE, the closure of schools had been a health decision and not an educational one. The president had announced the closure of all schools nationally because of the health crisis, on the advice of the Minister of Health and the National Coronavirus Command Council. That decision had been based on the spread of the virus and the associated morbidity and mortality, and the capacity of the health system to cope with the increased demand for services.

Source: Interview with the Director-General of the DBE, Mr Hubert Mathanzima Mwel

GLOBAL MONITORING OF SCHOOL CLOSURES

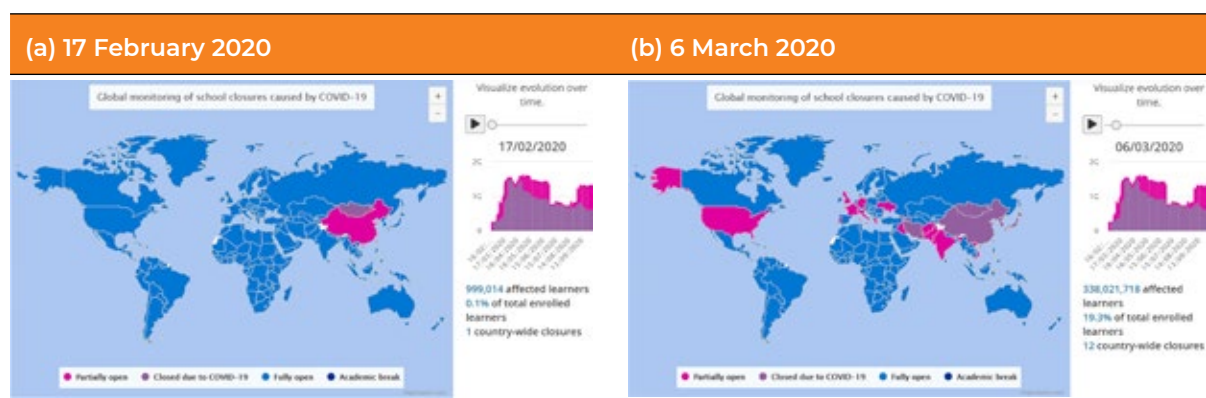
UNESCO (2020) monitored school closures worldwide (Figure 5.2.1) from February 2020.

- By **17 February 2020** (panel a), only China and Mongolia had responded to Covid-19; schools in China were partially open while those in Mongolia were completely closed.
- By **6 March** (panel b), countries in Asia and Europe, and the United States, were increasingly taking measures to reduce the spread of the pandemic. Schools in China were completely closed.
- By **18 March** (panel c), the declaration of the national state of disaster in South Africa precipitated the closure of schools and institutions in the PSET sector.
- **A week later**, almost every country in the world did likewise. Some countries, including South Africa, reconfigured the academic break to coincide with school closures (panel d).
- By **24 May** (panel e), some countries began to partially open their schools; most African schools remained closed.
- Although local schools were scheduled to reopen on **1 June** (panel f), they had to close

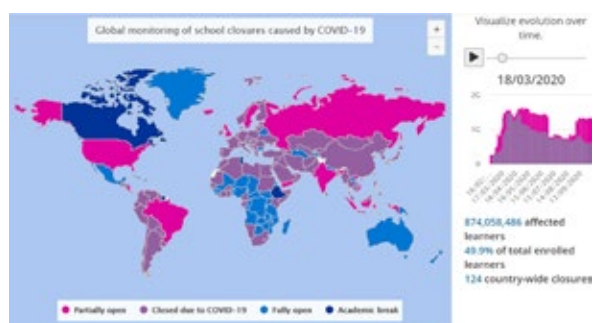
because of logistical challenges around compliance with Covid-19 measures and the unavailability of PPE.

- By **8 June** (panel g), schools in South Africa were opened partially, according to grades, the availability of PPE, and the local rate of infection.
- By **20 July** (panel h), South African schools closed again.
- An early vacation was declared as from **27 July** (panel i).
- South Africa was among the very few countries to fully open schools by **24 August** (panel j).
- By **22 October** (panel k), partial closures of schools in some African countries had increased, but South African schools remained open; on **24 October**, they closed for the academic break.
- By **11 December 2020** (panel l), schools remained partially open as the country approached the summer break.
- By **15 January 2021** (panel m), South African schools remained closed due to Covid-19.
- By **25 February 2021** (panel n), South African schools were only partially open; this was still the case by **17 March 2021** (panel o) and **2 April 2021** (panel p).

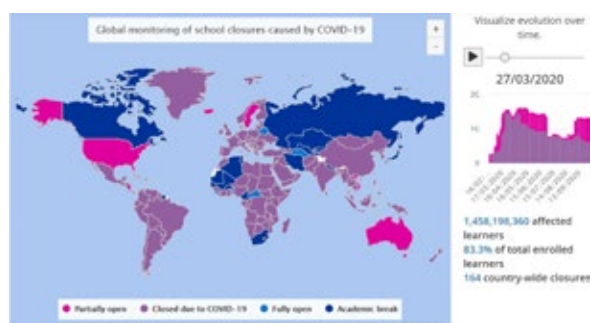
Figure 5.2.1: Global monitoring of schools, 17 February 2020 to 2 April 2021



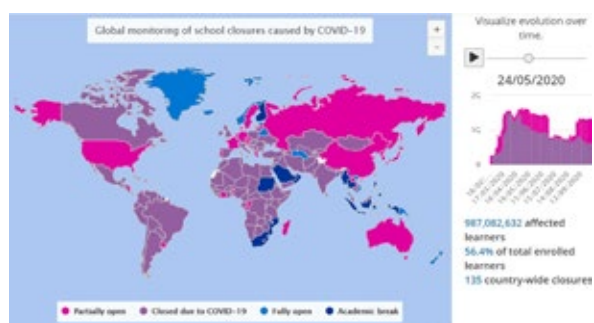
(c) 18 March 2020



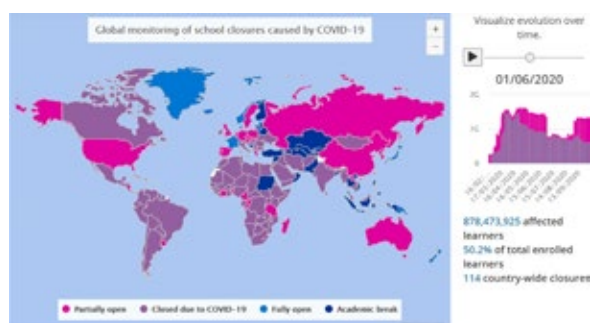
(d) 27 March 2020



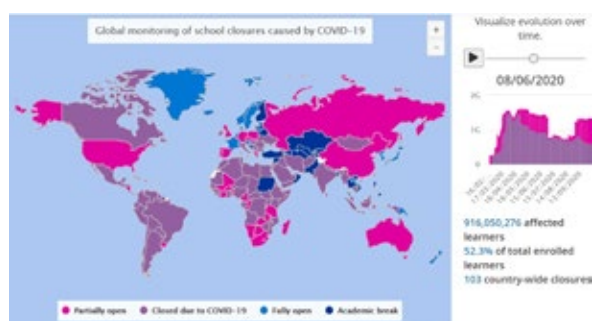
(e) 24 May 2020



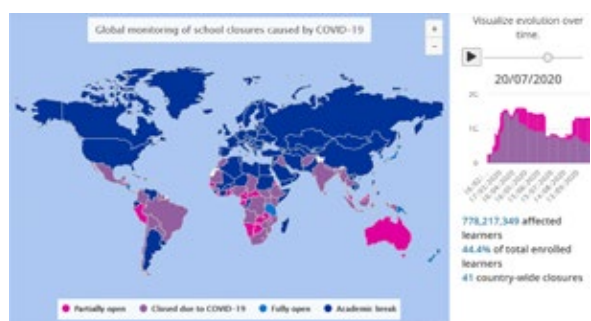
(f) 1 June 2020



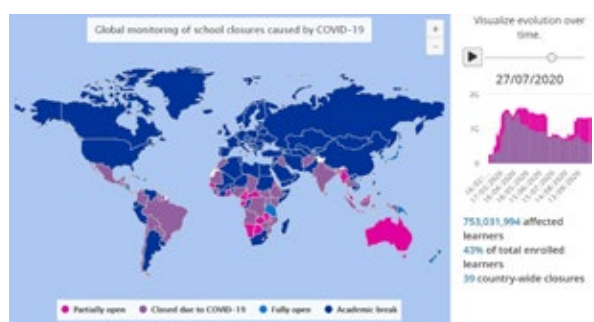
(g) 8 June 2020



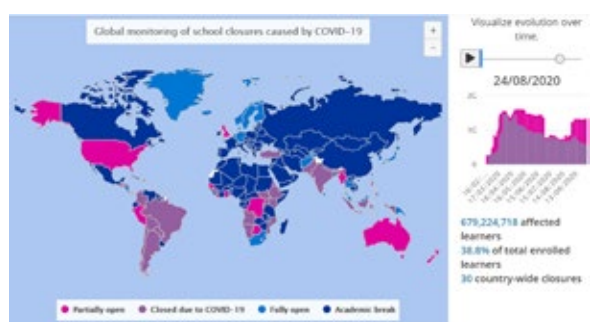
(h) 20 July 2020



(i) 27 July 2020

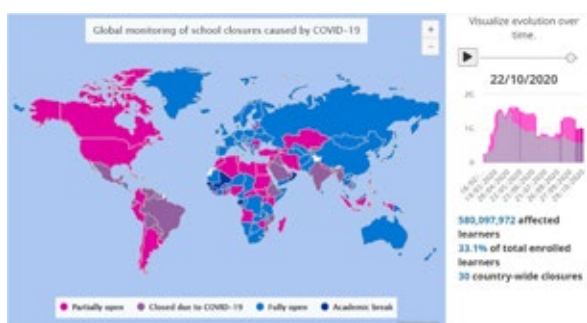


(j) 24 August 2020



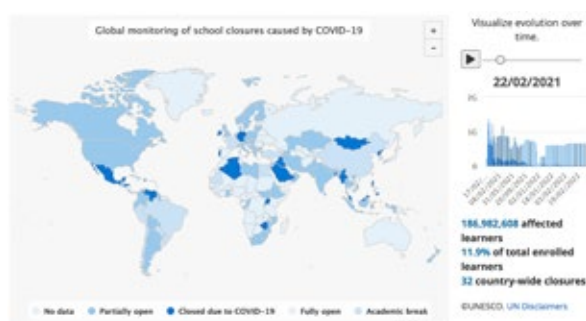
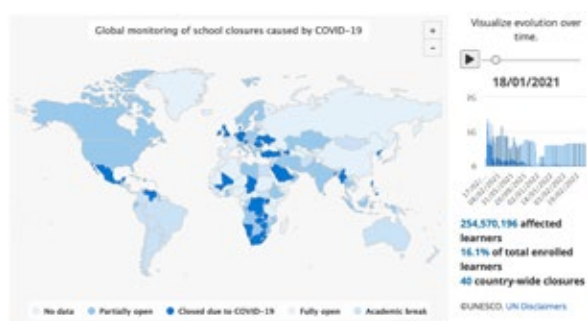
(k) 22 October 2020

(l) 21 December 2020



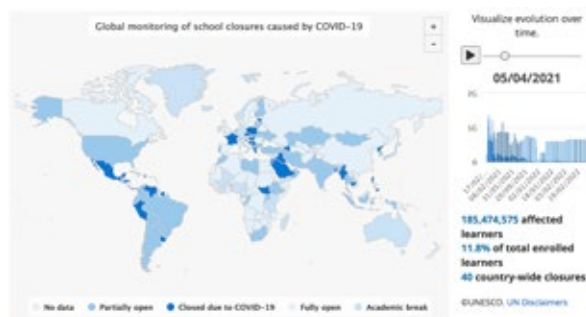
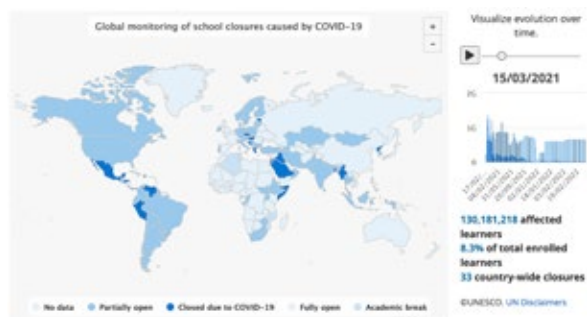
(m) 18 January 2021

(n) 22 February 2021



(o) 15 March 2021

(p) 5 April 2021



Source: UNESCO, 2021

MEASURES TO COMBAT COVID-19: A TIMELINE

DEPARTMENT OF BASIC EDUCATION

The basic education system comprises about 13,5 million learners and educators. On 16 March 2020, Minister Angie Motshekga

announced that the Council of Education Ministers had met after the president declared the national state of disaster. Schools were seen as fertile ground for the transmission of Covid-19, and the 'drastic' resolution was taken to close public and independent

- schools from 18 March 2020, as noted above.
- At that time, it was envisaged that 10 school days would be lost, and schools would reopen on 14 April 2020. In fact, schools only reopened, partially, on 8 June 2020 (panel g in Figure 5.2.1). To compensate for lost days, the plan was to shorten the mid-year holiday and increase tuition time. Each province, district, circuit, and school had to develop a recovery plan. Schools had to cancel or postpone events that involved large gatherings and to develop and distribute materials that learners could use to continue learning with help from their parents. The DBE committed itself to consulting school governing bodies and teacher labour organisations on future plans.

On 29 May 2020, the DBE (2020c) provided guidelines for the phased return of learners, educators, and officials to schools:

- **1 June:** Partial reopening: School of Skills (year 4) and mainstream public schools (grades 7 & 12).
- **6 July:** Further reopening: School of Skills (years 2 & 3), mainstream public schools (grades R, 3, 6, 10 & 11), ECD institutions, schools for learners with severe intellectual disabilities (grades 1–3 & 6), and special care centres for learners with severe and profound disabilities (years 1–3).
- **27 July:** Complete reopening of grade 1.
- **3 August:** Complete reopening of schools: School of Skills (year 1), mainstream public schools (grades 4, 5, 8 & 9), and schools for learners with severe intellectual disabilities (grades 4 & 5).

Box 5.2.3: Point of view: The DBE on mitigating the impact of school closures

According to the Director-General of the DBE, the department had always been sensitive to the fact that school closures affected the most vulnerable children more severely. As a sector, the department is strongest in contact teaching and learning, and it therefore sought to have learners back in class as soon as was feasible and safe. Various interventions were implemented to mitigate the impact of school closures, including:

- o continuing school feeding programmes,
- o worksheets and learning packs that could be fetched from school and returned for marking,
- o radio and TV lessons, including use of community radio stations, and
- o education materials available on zero-rated platforms.

Source: Interview with the Director-General of the DBE, Mr Hubert Mathanzima Mwel

The phased return of learners, educators and officials was contingent on schools and education offices complying with minimum health, safety, and social distancing measures. Parents could elect not to send their children to school. In this instance section 4 of the Schools Act (a learner may be partially or conditionally exempt from compulsory attendance at school, provided this is in the best interests of the learner) was invoked. However, the parent would then be obliged to apply for home education in accordance with the Act.

Events involving gatherings of learners and educators (e.g., choir rehearsals, sporting activities, and cultural festivals) were still suspended. The May/June 2020 Senior Certificate and National Senior Certificate examinations were to be administered in November/December 2020. Principals had to issue certificates and permits for travel to and from school. Schools and offices had to develop work plans. Parents and guardians were asked not to send learners with symptoms of Covid-19 to school.

Screening for observable symptoms, based on Department of Health guidelines, had to be conducted at schools and education offices. Reports of individuals presenting symptoms had to be sent to the designated official. If an individual presented with symptoms, the school or office needed to:

- (a) not permit the person to enter the premises; or (b) if the person is already on the premises of a school or office –
 - (i) immediately isolate the person, and

require that person or, in the case of a learner, advise the parent or guardian, to make arrangements to be transported in a manner that does not place any other person or members of the public at risk, either to be self-isolated or for a medical examination or testing; and (ii) assess the risk of transmission, disinfect the area and any official's, educator's or learner's workstation, refer those persons who may be at risk for screening and take any other appropriate measure to prevent possible transmission (DBE, 2020c).

An employee who contracted Covid-19 at the workplace could be compensated in terms of the Compensation for Occupational Injuries and Diseases Act. Anyone testing positive was required to self-isolate and only return to school/office once they had obtained a negative test result.

Schools and offices were required to have PPE that was effective and easily accessible, with adequate quantities of sanitisers, masks, disinfectants, and facilities for handwashing (with soap and water). Surfaces and equipment had to be cleaned before and after school or office work, and shared equipment or facilities had to be cleaned more often. Each educator or official had to be given two face masks, and any person entering the premises would be obliged to wear a face mask.

Social distancing (individuals at least 1,5 metres apart) had to be implemented; in lieu of this, schools could operate at a maximum of 50% of capacity. Timetable models could be '(i) daily or weekly rotation, (ii) bi-weekly rotation, (iii) platooning or shifts, (iv) traditional and daily, (v) hybrid' (DBE, 2020c). Schools with adequate space and facilities, and which could comply with social distancing, health, and safety regulations, did not have to change their timetables. Also, the curriculum would be de-densified and reorganised, in keeping with section 3(4)(l) of the National Education Policy Act.

THE PSET SECTOR

The PSET system comprises about 2,5 million students and staff. On 15 March 2020 Dr Blade Nzimande, the Minister of Higher Education, Science and Innovation, announced the suspension of academic activities in the PSET sector, and associated institutions went into early recess.

On 28 April 2020 the DHET (2020a) published a disaster management report that assessed the measures it had taken to deal with the pandemic. These were as follows:

1. The sector implemented the early recess (above), soon after the national state of disaster had been declared.
2. Most universities helped students to vacate residences (e.g., with transport to home provinces).
3. By the time of the lockdown, most students, including international students, had returned home. Of the total university student population of just over 1 million, only 6270 students remained on campus across 26 universities.
4. All technical and vocational education and training (TVET) colleges closed for early recess on 18 March and were expected to reopen on 15 April 2020. Examinations for the National Accredited Technical Education Diploma (Engineering Studies), which were scheduled to start on 30 March, were postponed, and students were advised to continue preparing for examinations. Lecturers were requested to issue assignments for students to complete during the recess to help them prepare for the examinations upon their return.
5. The TVET Branch issued a circular to regional offices and principals on 1 April 2020, setting out measures to support students with self-learning. Initiatives were set in motion to give students free access to data. The TVET Branch reviewed online programme offerings at public TVET colleges, 15 of which reported using some online methodologies in a blended learning environment.

- 6. The DHET acknowledged the importance of access to information and communications technology (ICT) for online learning. A ministerial task team (involving Higher Education, Science and Technology; and Communications and Digital Technologies) was set up to oversee the zero-rating of URLs for educational purposes.
- 7. The DHET developed a National Open Learning System, and the State Information Technology Agency migrated it to an operational site where lecturers and students could upload learning materials. As materials were being made available through TVET colleges, these were uploaded.
- 8. The National Open Learning System (a learning management system, a content repository, and an administrative module) became the DHET's primary site for supporting online learning.

On 29 April 2020, Dr Nzimande issued a notice on the provision of essential goods and services for higher education, science, technology, and innovation institutions. These included devices (e.g., laptops and modems) for online and blended teaching and learning; chemicals for the preservation of biological materials; food for laboratory animals; and hard copies of printed learning and teaching support materials, including textbooks and stationery, together with digitally stored materials. The transport of learning and teaching support materials was declared an essential service (DHET, 2020d).

On 1 May 2020, South Africa moved to alert level 4. Based on recommendations by the National Command Council, Dr Nzimande announced the decision not to allow students to return to public and private PSET institutions for contact-based learning on campuses. Final-year medical students could assist the Department of Health at this time. To facilitate the change, 'effective, multimodal remote learning systems [complemented by] physical delivery of learning materials' were envisaged. Data provision and connectivity support were being leveraged from mobile

network operators; emergency funding for higher education institutions would be secured; and plans for deep cleaning all PSET institutions were announced (DHET, 2020b).

On 26 May 2020, Minister Nzimande announced that final-year medical students could travel and restart their studies (DHET, 2020e). On 9 June 2020, he announced a risk-adjusted, phased return of students to PSET institutions: 'We want to ensure all students and campus staff have the tools and information necessary to deal with coronavirus.' Government adopted the motto 'Save The Academic Year, Save Lives'. To assess the readiness of higher education institutions for a phased return of students, Dr Nzimande visited Tshwane University of Technology, the largest contact university in Africa. He found that the university had reprioritised funds to implement Covid-19 measures, using their chemical engineering laboratories to produce sanitisers and disinfectants for the institution. He was very satisfied that their plan for multimodal learning was advanced and effective in reaching students in very remote areas (DHET, 2020c).

Higher Health supports the health and well-being of students in PSET institutions. It launched an app called HealthCheck to help detect and monitor Covid-19 (students and staff were to use the app daily to assess their risk level before entering the campus). Higher Health also addressed substance abuse and mental health issues that could be exacerbated by the pandemic. Along with issuing a Protocol on Routine Cleaning for Covid-19 Prevention, it dealt with social distancing, personal hygiene, screening booths, student residences, campus canteens, proactive screening and testing, and medical care and quarantining. Higher Health was expected to extend its services to private higher education institutions and community training centres.

From 1 June 2020 to 31 August 2020, students funded from the National Student Financial Aid Scheme and Funza Lushaka

obtained 10 GB daytime and 20 GB night-time data subsidised by government. Plans to zero-rate the local educational content of private and public universities and TVET, community education and training, nursing and agricultural colleges were advanced. Access to these institutional websites would be free of charge, although embedded content (e.g., YouTube videos) might incur charges. The Covid-19 Responsiveness Grant for universities was expected to cover students' data costs. Universities reached individual agreements with mobile network operators and provided them with students' details (DHET, 2020c). Nationwide zero-rating of a number of educational websites was announced on 5 June (DCDT, 2020). However, not all websites were zero-rated (including Zoom, for example). High data costs made remote learning impossible for many students, especially if they needed to download videos and materials from non-zero-rated websites. Finally, providing access to online learning also required the institutions to incur significant data costs.

As had the DBE, the DHET often emphasised the need for caution in the reopening of educational institutions. The gradual reopening of all institutions announced on 8 June 2020 (DHET, 2020f) took into consideration the preparedness of infrastructure and teaching and learning spaces; screening of staff, students/learners and members of the public visiting these institutions; physical distancing; and the implementation of hygiene protocols in terms of the regulations.

THE EFFECTS OF THE MEASURES

In the PSET sector, the DHET approach helped prevent the spread of the virus. The number of university students and staff who have been infected by the virus remains small. Given the rapid lockdown, any spread from infected individuals was prevented. As large numbers of students live in campus-based and off-campus residences, with many

sharing rooms and bathrooms, physical distancing on university campuses would have been extremely difficult.

There is very little statistical information on the effect of the lockdown. One exception is the NIDS-CRAM survey, which found that inequality in especially basic education increased during the lockdown. Middle-class children were twice as likely to attend school as those in no-fee schools. About 70–80% attendance was recorded for 'open' grades (6, 7, 9, 11 & 12) across all groups in July. For 'closed' grades (1–5, 8 & 10) attendance was 50% for fee-paying schools and 15–20% for no-fee schools (Mohohlwane, Taylor & Shepherd, 2020).

Mohohlwane et al. (2020) also found as follows:

- South Africa was among 193 countries that closed schools in April 2020, but by June it joined only 81 other countries in partially reopening schools. The scheduling of the reopening was different for private and public schools, depending on available facilities. Indecision around reopening schools and the timing of DBE statements in this regard caused significant anxiety.
- While policy measures had been set out, financial support for implementing them was not always sufficient. For example, the directives for the phased reopening of PSET institutions (DHET, 2020f) were extensive and adequate, but funding was a critical problem. Institutions incurred huge costs for purchasing data, computers, and other specialised technology. This forced many to make internal financial adjustments; for example, some withdrew staff performance bonuses.
- Uncertainty about the return to schools was exacerbated by both inadequate preparation and a lack of PPE. Initially it was envisaged that schools would reopen on 1 June 2020; this was changed to 8 June 2020 'when provincial monitoring reports indicated that schools had not completed all Covid-19 protocols' (Mohohlwane et al., 2020:3). The DBE recognised the need to return to school, but schools had to close again between 27 and 30 July 2020 because of rising infection rates and

- concerns expressed by parents and other commentators.

Stakeholders held strong and opposing views on the closing of schools. Based on a survey conducted by researchers from the University of Johannesburg and the Human Sciences Research Council (HSRC), Alexander and Bohler-Muller (2020) found that 60% of adults thought schools 'should not reopen this year'. Table 5.2.1 reflects their findings on this issue

in terms of political party allegiance. Of the small percentage (14%) of the sample who motivated for schools to open, the largest portion supported the Democratic Alliance (24%). A greater proportion of supporters among all political parties preferred schools to remain closed. This was despite an earlier round of this survey (13 April to 11 May 2020), in which 79% of respondents had been 'very concerned' that Covid-19 would have 'a negative impact on [their] child's education'.

Table 5.2.1: Support for reopening of schools, by political party allegiance

Schools have begun to reopen, which one of the following statements comes closest to your view?	African National Congress	Democratic Alliance	Economic Freedom Fighters	Another party	Would not vote	Don't know/ refused	Total
Schools should reopen for all grades	11%	24%	8%	23%	14%	16%	14%
Schools should only reopen for Grade 7 and Grade 12 learners	30%	11%	25%	18%	13%	15%	21%
Schools should not reopen this year	56%	55%	64%	55%	65%	63%	59%
(Don't know)	3%	10%	3%	4%	8%	6%	5%
Total	100%	100%	100%	100%	100%	100%	100%

Source: Alexander & Bohler-Muller, 2020

The Minister of Basic Education's gradual reopening of schools was a bold step considering the opposition she encountered. 'The decision to reopen schools has been contested publicly by political and education commentators and teacher unions, amongst others' (Mohohlwane et al., 2020:3). Powerful opposition also came from school governing bodies and student bodies, such as the Congress of South African Students. The South African Democratic Teachers Union was quoted as saying that 'corpses can neither be taught nor can they teach' (Van Bruwaene et al., 2020:574). The union's National Executive Committee 'resolved

that schools close until the end of the peak. [Secretary General] Maluleke said evidence on the ground showed there was no effective teaching and learning at schools during the current conditions' (The Citizen, 2020).

Naptosa's proposals for the responsible reopening of schools (Oudtshoorn Courant, 2020) 'outlined a number of proposals, which were agreed to with other unions, around the closing of schools:

1. Schools should be closed with immediate effect to allow the peak and winter to pass. The system should use this time to attend to all outstanding issues, including ... the provision of water, the building of toilets

- and additional classes and providing the required number of teachers.
2. Schools should reopen at the end of August 2020 unless the situation dictates otherwise.
 3. Education departments should provide teachers with the necessary tools to work from home and prepare work for the reopening of schools and return of learners.
 4. Grade 12s should be prioritised and different modes to assist them while they are at home should be investigated. Grade 12s should return on Monday, 17 August 2020.
 5. The DBE and stakeholders should discuss the curriculum post this calendar year, focusing on reading for the remaining months of 2020.
 6. The DHET should be engaged to consider late registration for first years in 2021.
 7. All stakeholders should focus on advocacy campaigns, educating the nation about this invisible enemy but also urging them to follow all precautionary measures, including staying at home.'

There were other reasons for the resistance to the reopening of schools. The WHO cautioned against the concept of 'herd immunity': opening schools early, without knowing how prone children are to being infected or infecting others, could be disastrous for the entire community (Sayed & Singh, 2020).

But the motivation to reopen schools was also strong. Covid-19 underscored deep inequalities in education. Most South African children lacked access to the digital resources needed to study online. The same was true in sub-Saharan Africa, where the vast majority of learners do not have access to either household computers (89%) or the Internet (82%). Almost half of the 56 million learners worldwide who do not have mobile network coverage live in this region (Sayed & Singh, 2020:29). Such problems were compounded by the prolonged neglect of schools, which entrenched inequality long before the pandemic; Black and colleagues (2020:46) refer to these as 'societal comorbidities'.

Another aspect of inequality was parental education. Parents with better education were likely to possess the tools, financial resources, and digital know-how to help their children access online teaching websites and materials. Poor children, in contrast, had little access to tutors, whether online or face-to-face. Not all parents could homeschool, as this required a basic knowledge of the different disciplines and the capacity to read and understand the child's work. Homeschooling is more complicated if the children in the household are in different grades. Post-school students coped better, although they were hampered by problems of data provision and connectivity. Overall, 'students from privileged backgrounds, supported by their parents and eager and able to learn, could find their way past closed school doors to alternative learning opportunities. Those from disadvantaged backgrounds often remained shut out when their schools shut down' (Schleicher, 2020:4). Families who could barely manage to survive financially had very few options to advance their children's education.

The DBE (2020d) standard operating procedures for schools set out steps principals had to follow if Covid-19 cases were found in their schools.

- *'Ensure that learners and employees are screened when the schools reopen using the [national Department of Health] Covid-19 procedure and questionnaire. Learners and employees should report any of the following additional symptoms: body aches, loss of smell or loss of taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness.'* There was some scepticism around this. Many schools did not have (sufficient) screening kits, and simply asking about the children's health might not have been enough. Also, young people seem more likely to be asymptomatic carriers; they could unknowingly infect other children, who could in turn infect their communities.
- *'Ensure that learners and employees are informed, trained and instructed as to the correct use of cloth masks.'* Some respondents to the questionnaire noted

- that children resisted the use of the cloth masks for a full school day because the masks were highly restrictive.
- 'Ensure that a risk assessment is conducted to identify categories of employees requiring ... PPE. Those employees should be provided with the accredited PPE in accordance with Department of Health guidelines.' Several respondents indicated that no PPE had been provided, although it was clear that the DBE promised to provide PPE only if there was an established need.

The document also stipulated that all members of the school community should:

- 'Avoid gatherings as the disease is spread through direct contact with the respiratory droplets of an infected person, which are generated through coughing, sneezing or talking' and 'maintain a social distance of at least 1,5 to 2 meters with others, where possible. It is recommended that a phased approach to the arrival and departure of learners and employees should be followed to further limit social interaction. Staggering break times will prevent a concentration of learners in common areas.' This was a difficult because teachers struggled to manage and establish such control. Young children tend to enjoy social games from distances less than 1 metre apart.
- 'Frequently wash hands with water and soap. If water is not available, use a 60% alcohol-based hand sanitiser. Resources should be available to all learners and staff to practice uninterrupted hygiene.' Clean water and soap were often not readily available, and many schools could not afford the alcohol-based hand sanitiser. The sanitiser provided by the DBE had, in many instances, been depleted rapidly. Hygiene is taught as part of the Life Orientation curriculum in the further education and training phase (grades 10–12). However, it is not covered in the general education and training phase (grades 1–9). Health and hygiene had formed a key part of the Health Education subject in the pre-1996 era. Learners might have adjusted more easily to the sanitary measures around Covid-19

had they received formal education on health and hygiene.

- 'An employee exposed to an unconfirmed case of Covid-19: If an employee has been in contact with a person who is a suspected case but has not yet received a positive result for the Covid-19 test, the [Head of Department] will decide whether restrictions or special control measures are necessary. [This] decision will be guided by the [national Department of Health], Legal Services and Human Resources' (section 5.5.3). While this might be a useful mechanism to protect schools from being overwhelmed with teacher absences, the risk of having a person with the potential to spread the virus among many hundreds of students is hard to contemplate. The DBE has to reconsider the weight of this risk against the possibility of losing teaching and learning time. Again, the DBE had taken a brave decision in opening schools in the absence of sufficient data about transmission and the effects of the virus on children.

CONSULTATIONS DURING THE PANDEMIC

On 30 April 2020, the Minister of **Basic Education**, Mrs Angie Motshekga, released a list of extensive consultations and discussions with experts in the field (see [Annex 5.2.1](#)). This list includes the Council of Education Ministers. In broad terms, the consultations centred around the reopening of schools at the appropriate time, the provision of PPE, and the reopening of special schools.

The DHET established a Covid-19 Command Council to coordinate the sector's response and collate institutional case management reports. The Council comprises Universities South Africa (USAf), the South African College Principals Organisation (SACPO), Higher Health, and health experts. The team was led by Deputy Minister Buti Manamela, giving the Command Council a very high profile.

The DHET worked in close consultation with public higher education institutions and the Department of Health in developing its response. Most PSET institutions cancelled large events, such as graduations, along with contact lectures. On 17 March 2020, Minister Nzimande met with USAf, SACPO, and the South African Union of Students to agree on a common national Protocol and Management Plan across the sector. He also received written submissions from these entities, as well as from student political organisations, trade unions, Higher Health, state organs, and interest groups.

The following protocols were agreed upon:

1. All international travel would be cancelled or postponed.
2. Individuals who had travelled abroad in the past three weeks had to self-isolate for 14 days.
3. Travel within South Africa would be limited to essential journeys.
4. Institutions had to develop communication strategies for regular interaction with communities.
5. PSET student health clinics would work with Higher Health on Covid-19 preparedness.
6. Students and staff were urged to implement social distancing protocols strictly.

SUCCESSSES AND CHALLENGES

The education sector has achieved some significant successes in implementing

mitigation measures during the pandemic. Highlights include the following (see also Box 5.2.4):

1. The relative ease with which some schools and post-school institutions transitioned into online and blended learning modes, providing training and continuing with teaching within a few weeks.
2. The close collaboration between the PSET sector and Higher Health, and at school level, between the DBE and the Department of Health.
3. The phased return of students according to need and stage of study: universities allowed students in their final year of study and those who needed practical laboratory sessions to return first.
4. The DBE's risk-adjusted differentiated approach to reopening schools: grade 12 and 7 learners were phased in first, because they were at important stages of transition (from school to higher education and from primary to secondary school, respectively).
5. The curriculum trimming and the reorganisation of school timetables.
6. Visits by ministers or their representatives to schools and universities to monitor adherence to regulations, provide support, and inform future decisions.
7. The rapid provision of data and subsidised laptops for students by some institutions.
8. The successful completion of most first semester sessions in most PSET institutions, albeit using online technology for teaching and assessment.
9. No large-scale infections reported in educational institutions in general.

Box 5.2.4: Point of view: The DBE on its achievements during the pandemic

The DBE also acknowledged the following successes in its response to the Covid-19 pandemic:

1. The use of economies of scale to save money (e.g., when purchasing PPE), and having a special team to determine the quality of items in terms of minimum standards.
2. Entrenching minimum standard operating procedures during emergencies/crises.
3. Consultation and working with all stakeholders to find solutions – the department met with much resistance from unions and parents about children returning to school in June 2020. Managing the stigma associated with the virus was also important.
4. The DBE is now 'wiser' in terms of how to respond to the pandemic because of the knowledge and science related to the virus and the availability of tools and instruments, including directions and standard operating procedures.
5. The DBE was able to explore, invest in and activate sustainable access to ICT infrastructure for all stakeholders. According to the department, it was able to ensure 'all' learners have access to digitised learning materials and to remote (online) learning opportunities. The DBE also broadened the availability of training in remote learning for teachers and learners.
6. The department ensured access to psychosocial support for learners, parents, and educators through partnerships with the departments of Social Development and Health, as well as non-governmental organisations. It recognises the importance of ensuring that school-based and district-based support teams are fully functional. It also supports the use of virtual training and debriefing, as well as telephonic and online counselling.
7. It recognises the need for stronger, more comprehensive support for learners with disabilities.
8. The department encouraged the use of virtual platforms and remote working arrangements towards better efficiency, effectiveness, and cost and time savings. The significant savings made in travel and accommodation could be used to increase investment in ICT capacity and functionality.

Source: Interview with the Director-General of the DBE, Mr Hubert Mathanzima Mwel

However, the implementation process also brought new challenges for education at all levels:

1. **Impact on vulnerable children and students from low-income families:** These children had little opportunity for learning during school closures because they could not engage in remote learning, buy the required resources, consult with private tutors, or obtain material or other support from their parents. This was true in most low-income countries: only about a quarter of poor countries could provide remote online and broadcast learning opportunities (Bernard et al., 2020).
2. **Reprioritisation of 2020/21 state funds for Covid-19:** The earmarked grant for infrastructure, the efficiency grant, and university subsidies were decreased as funding was reprioritised for Covid-19-related activities.¹

3. **Parents not trained to teach:** During the lockdown, parents were expected suddenly to assume the position of homeschool teacher. Traditionally, parents engage in children's education when there is a problem, for example, when a child is underperforming. In the South African context, few parents have the resources (time, money, and qualifications) to adjust their schedules to support their child's academic needs and social and emotional well-being in full. Most parents would have been unable to provide their children with the requisite pedagogical knowledge for future grades. This work might have to be redone or excluded completely from the curriculum.
4. **Social distancing with large classes:** At least 50% of learners are in classes comprising 40 or more learners, and 10–

¹ <https://www.rodoyowebdesign.co.za/ADDENDUM.pdf>

20% are in classes comprising 60 or more learners. Classrooms are too small to seat this number of learners 1,5 m apart, and 'at least half of South African learners will not be able to practice social distancing within a classroom' (Van der Berg & Spaul, 2020:16). Note that social distancing was not a problem for the PSET sector, which engaged in online learning.

5. **Unavailability of PPE.**
6. **Teacher and lecturer burnout:** With a change in the style of teaching and in the content of the curriculum, teachers and lecturers have been working tirelessly to produce new materials; some experienced burnout because of the continued, intense demands on them in a disruptive year.
7. **Private school closures:** One respondent to a questionnaire noted that a private school had to close because learner numbers had decreased, and the school was no longer viable.
8. **Communication** between departments of education and institutions, learners/students, parents, and staff had not always been adequate or effective.

PRELIMINARY LESSONS LEARNT

Even at this stage of the pandemic, several preliminary lessons can already be identified.

DEPARTMENT OF BASIC EDUCATION

1. **School infrastructure must be upgraded.** The lack of basic infrastructure (e.g., water and sanitation) in schools needs to be addressed as a matter of principle, not in response to a crisis. Borrowing from Ndlovu-Gatsheni (2020), Covid-19 is more than a health crisis – it has revealed a systemic, civilisational crisis. It has also revealed a human rights crisis. The need for the Covid-19 Emergency Water Supply to schools, for the installation of water tanks at schools, and for Covid-19 Emergency Sanitation (chemical toilets) at schools shows that the provision of basic infrastructure, to which all people have a right, has long been neglected.
2. **ICT infrastructure in schools need to be upgraded.** Teachers highlighted the lack of computers, Wi-Fi and other technology that could have provided a better remote learning service. Bangani (2020) notes that 'the digital learning divide has been highly evident. Learners from impoverished areas attend government-funded schools where education is free, but [they] are marked by dilapidated infrastructure, illiteracy, a lack of books, overcrowding, fewer teachers and high dropout rates. The disparities ... between fee and no-fee schools and private schools in terms of quality of education and access to resources ultimately determine the success or failure of the learner.'
3. **Connectivity was a problem.** Again Bangani (2020) found that: 'Internet connectivity issues, limited data and a lack of resources are the three main barriers to online learning for school children in impoverished areas.' The education departments should work with mobile network operators to provide ALL students with low-cost data for particular websites.
4. **Mobile Wi-Fi hotspots should be established** in villages, towns, and cities, so that students can access information without travelling great distances.
5. **Students should be taught about health issues in schools** (e.g., cleanliness and hygiene), not simply during a pandemic. Nutrition and hygiene should be a compulsory part of Health Education from the earliest grades.
6. **Community centres and libraries must be upgraded** to give students spaces to work, access and download information, be taught, and write examinations, if necessary.
7. **Continuous teacher professional development** should include blended learning and the use of innovative tools of pedagogy.

8. A portion of the funds from the National Student Financial Aid Scheme, Funza Lushaka and other bursaries/scholarships should be allocated to **meet the costs of devices and data**; remaining funds could then be disbursed to students.
9. **Communication with schools, parents, and teachers should be regular and ongoing.** Parents could be helped to teach their children the value of learning and assist them in developing into successful learners. Parents understand their children's weaknesses and strengths. They can, with support from the school, become more engaged in their children's learning, help them address their weaknesses, and build on their strengths.
10. UNICEF (2020) claims that 'at least 6,2 million children have been provided with **remote learning resources**, including through online platforms, broadcast (radio and TV) and social media'. But Statistics South Africa (Stats SA, 2020) found that only about 5% of respondents used material on radio and about 28% on television. The majority of respondents in the Statistics South Africa study were from higher-income provinces (Gauteng and Western Cape) and might well have already had access to the necessary media devices. A more extensive study might find much lower access to such media when all children are counted. These media need to be exploited further to help compensate for the lack of digital devices among learners in poorer areas.

DEPARTMENT OF HIGHER EDUCATION AND TRAINING

Based on the DHET's Covid-19 Pre-Disaster and Disaster Management Phase Report of 28 April 2020, the following observations can be made:

1. Coordination, communication, planning, teamwork, and swift implementation of the Covid-19 measures were critical

elements of the DHET's response and remain vital during the pandemic.

2. The DHET has made significant strides in safeguarding students while also saving the academic year. It has considered the pandemic's impact on the way universities teach and conduct research.
3. The capacity and capability of educational institutions are uneven. The DHET worked with all institutions to ensure their readiness and analysed individual university plans for remote learning. Some of these plans offer important lessons for future teaching and learning across the system.
4. The DHET recognised the need for support interventions at some institutions; this will be an important area of its future work and will also change the way universities work.
5. The DHET noted the number of foreign students who returned to their home countries at the start of the lockdown and the need to deal with the modalities of their return.

PREPARATION FOR A 'SECOND WAVE'

Attempts to find tangible evidence of plans for a second wave of the pandemic were quite unsuccessful. The teachers, principals, and union members who responded to the questionnaire expected no new plans in this short period. This may well not be the case – the departments may have been planning to mitigate the possible effects of the second wave.

The PSET sector has adapted to online learning and is considering retaining this form of teaching well into 2021. This almost seamless transition bodes well for dealing with a potential second wave of the pandemic and for the future of the sector.

² <https://www.education.gov.za/covid19supportpackage.aspx>

In the basic education sector, however, when schools were first closed and later reopened, attempts were made to produce online materials, use television and radio, and print hard copies of work materials² for all school learners. It is not clear how many learners accessed these different modes of content presentation, given the difficulties noted above. In preparation for a second wave of the pandemic or for future disasters, the DBE should institute substantive methods to monitor and control the use of alternate curriculum media.

In its Annual Performance Plan, the DBE (2020a:11) 'reprioritised considerable amounts of its budget towards responding to infection control, school rearrangement, curriculum recovery and emergency space and sanitation requirements'. Crucially, it re-examined its priorities around reducing poverty and inequality. The DBE also committed itself to improving learning outcomes by expanding the provision of books, quality teaching, infrastructure, and support for early grade reading. If these commitments could be met, even partially, this would help the sector cope with a second wave.

In preparing for a second wave, the education departments have the advantage of building on the experience of the first wave. Carvalho et al. (2020:ii) stress the five critical dimensions required for the reopening and recovery of schools. These are:

1. Engaging communities in reopening plans
2. Targeting resources where they are most needed
3. Getting children back to school
4. Making school environments safe
5. Recovering learning loss and improving on past experience.

These are important dimensions for the departments to consider. Plans must be acceptable to the community, including staff, students/learners, parent bodies, student unions, staff unions, non-governmental organisations, and other interested parties.

Resources can be shuffled within and across institutions, depending on need, but education budgets should not be reduced. As a priority, children and young adults must be returned to their educational institutions, albeit under controlled and safe conditions. Not only should there be an attempt to recover the lost learning time and content, but there must also be a deliberate effort to develop a more resilient curriculum and teaching-learning environment, to ensure that education as a whole becomes stronger after the pandemic.

CONCLUSION AND RECOMMENDATIONS

The unprecedented Covid-19 crisis has presented the education sector with a unique opportunity to show that the departments of education, schools and higher educational institutions can and must:

1. Adapt to the changing teaching and learning environment.
2. Transform the status quo (e.g., the socio-economic and digital divides) in South Africa.
3. Provide leadership to prepare all South Africa's people for overcoming this crisis and provide all learners and students with tools to handle future pandemics and other crises.
4. Develop programmes to address the lost teaching and learning time and mitigate the effects of the missing curriculum content. Consider conceptual progression in future years.
5. During lockdown periods, maintain contact with learners and students – the PSET sector was generally successful in maintaining an online presence. The school system, however, needs better ways of online teaching and learning. Rather than wait for the next crisis, it should start developing structures and methodologies to help educators and learners engage with innovative strategies.

- 6. Develop effective communication systems to avoid confusion and ensure that all are fully aware of the policy, procedures, and actions to be undertaken.
- 7. Ensure that decisions to close or reopen schools are not driven solely by health considerations (e.g., mortality or morbidity among children). People's needs, especially those in vulnerable, high-risk settings, should be an equally important consideration.
- 8. Rethink the meaning of learning. In the pandemic, learning was equated to curriculum coverage. However, it transcends the curriculum to include socialising, interacting with peers and teachers, and developing skills for cooperation, teamwork, critical thinking, problem solving, and so on.
- 9. If social justice is to be a central feature of offering quality education for all in times of crises, decide how this could be achieved.
- 10. Ensure political will to drive sustained investment in quality education (with its infrastructure) and healthcare, so that institutions can weather the effects of disasters.

In this regard, the DBE's Annual Performance Plan (DBE, 2020a) identified the following outcomes:

- 1. Maintain and develop the system of policies, including for curriculum and assessment, governing the basic education sector to advance a quality, inclusive, safe, and healthy basic education system.
- 2. Maintain and develop information and other systems that enable transformation and an efficient and accountable sector.
- 3. Maintain and develop knowledge, monitoring and research functions to advance more evidence-driven planning, instruction, and delivery.
- 4. Advance the development of innovative and high-quality educational materials.
- 5. Conduct strategic interventions to assist and develop provincial education systems.

- 6. Communicate information to, and partner with, relevant stakeholders in better ways.

On 5 July 2020, the Minister of Basic Education (Motshekga, 2020) announced that strategic plans on improving school infrastructure (including general maintenance, water and sanitation, and ICT) had to be brought forward and fast-tracked.

An important learning point from the pandemic is that the departments of education should assess the preparedness of educational institutions to operate safely under difficult conditions. This should include the availability of sanitisers, PPE, cleaning agents, and cleaning and screening personnel. More importantly, the assessments of infrastructure must include the teaching and learning environment. Are teaching staff safe (e.g., their own health)? Can institutions manage with the current number of staff, or should more personnel be deployed? Could certain institutions share resources and infrastructure? Could spatial limitations around safe distancing be addressed by sharing spaces among different schools (e.g., allowing school halls to be used by other schools)? Could teachers from some schools be sent to others where staff may be older, for example, and there may be fears around comorbidities?

As a final recommendation, any decision to close educational institutions and continue with learning at home must consider the spatial, infrastructural, and socio-economic disadvantages that are the lived experience of a majority of students.

ASPECTS BEYOND THE SCOPE OF THIS CHAPTER

Despite the extensive research involved in this chapter, limited time and resources meant that some aspects could not be addressed, including the following:

1. The actual number of infections among teachers and the effects this has had on their mental and personal lives.
2. An in-depth study of the effects of poor school infrastructure and the resultant inability of schools to maintain social distancing.
3. The psychological impact of Covid-19 on learners because of the loss of their families and educators. This chapter could not assess the anxiety of learners who were writing matric exams.
4. The three court cases that involved the DBE.
5. Some previous study results may have been based on small samples, but this paper argues that the findings are useful to develop discussion and further explorations.

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ANNEX 5.2.1: CONSULTATIONS ON BASIC EDUCATION

On 30 April 2020, Minister Angie Motshekga released a list of extensive consultations and discussions with experts in basic education, as shown below. The list includes the Council of

Education Ministers.

1. On 7 and 26 April 2020, the DBE consulted with the South African Democratic Teachers Union, the National Professional Teachers Organisation of South Africa, the Suid-Afrikaanse Onderwyser Unie, the National Teachers Union, and the Professional Educators Union.
2. On 10 and 26 April 2020, the DBE met with the following organisations:
 - South African Association for Special Education
 - Education Management Association of South Africa
 - South African Principals' Association
 - Federation of Governing Bodies of South African Schools (FEDSAS)
 - National Association of School Governing Bodies
 - Governing Body Foundation
3. On 2 April 2020, the DBE consulted the Independent Examination Body and the National Alliance of Independent Schools Associations.
4. On 25 and 28 April 2020, the DBE met with the South African Comprehensive Assessment Institute and the Southern Africa Union Conference of the Seventh-day Adventist Church, respectively.
5. On 13 and 17 April 2020, the DBE consulted Umalusi; the Education Labour Relations Council; the South African Council for Educators; the Education, Training and Development Practices Sector Education and Training Authority (ETDP SETA); and the National Education Collaboration Trust.
6. On 22 April 2020, the DBE met a number of organisations, including the National Association of Social Change Entities in Education, TeachSA, the Primary Science Programme, COUNT, Maths Centre Incorporating Sciences, the Centre for the Advancement of Science and Mathematics Education, Nal'ibali, the Molteno Institute for Language and Literacy, Room to Read, Project Literacy, the Read Educational Trust, the New Leaders Foundation, Symphonia for South Africa, the Programme to Improve Learning Outcomes, UNICEF, MIET Africa, Save the Children, Section27, the Equal Education Law Centre, the DG Murray Trust, the Independent Philanthropy Association South Africa, ETDP SETA, Nedbank, FirstRand, Standard Bank, Zenex, Anglo American, Old Mutual, Kagiso Trust, Trialogue, the Education Deans' Forum, Nelson Mandela University, the University of Johannesburg, the University of the Free State, Ilifa Labantwana, and Smartstart.
7. After the consultation with the governance structures of independent schools (ISASA, 2020a), the Independent Schools Association of Southern Africa (ISASA) took the following decision: 'ISASA is not a public health expert and, consequently, will take its lead from the relevant government departments who will issue updated guidelines, as the need arises. We commit to keeping membership updated through a dedicated tab on the website, where all pertinent materials submitted to ISASA by member schools or gathered from media reports will be available' (ISASA, 2020b).



CHAPTER 5.3

IMPACT ON VULNERABLE GROUPS



CHAPTER 5.3: IMPACT ON VULNERABLE GROUPS

ABSTRACT

Vulnerability is a multifaceted dilemma, influenced by complex social, economic, and environmental processes. This chapter reviews some of the vulnerabilities that existed among people in South Africa before the Covid-19 pandemic and assesses the extent to which the pandemic exacerbated these vulnerabilities. It considers the socio-economic context of vulnerable and marginalised groups, including refugees and migrants, in the face of the Covid-19 pandemic. The chapter also examines how the pandemic affected people's basic needs and services. It finds that Covid-19 has

exposed and broadened vulnerabilities, while also increasing several risk factors, such as access to water, healthcare, and food. These impacts have been felt most strongly by women, children, elderly and disabled people, as well as refugees and migrants. Overall, it is clear that stronger data and monitoring and evaluation systems in various departments are urgently required, including those that can enable a more systemic and nuanced assessment of vulnerabilities, across a range of scales, to accurately assess the impact of Covid-19 on government's social activities and basic services. Note that any conclusions in this chapter are still preliminary and will be refined based on stakeholder consultations and feedback from readers.

ACKNOWLEDGEMENTS

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Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria: June.

ABBREVIATIONS AND ACRONYMS

CRAM	Coronavirus Rapid Mobile [survey]	NIDS	National Income Dynamics Study
CSIR	Council for Scientific and Industrial Research	SARS	South African Revenue Service
HIV	human immunodeficiency virus	TERS	Temporary Employee/ Employers Relief Scheme
MATCH	Maternal and Child Health [survey]		

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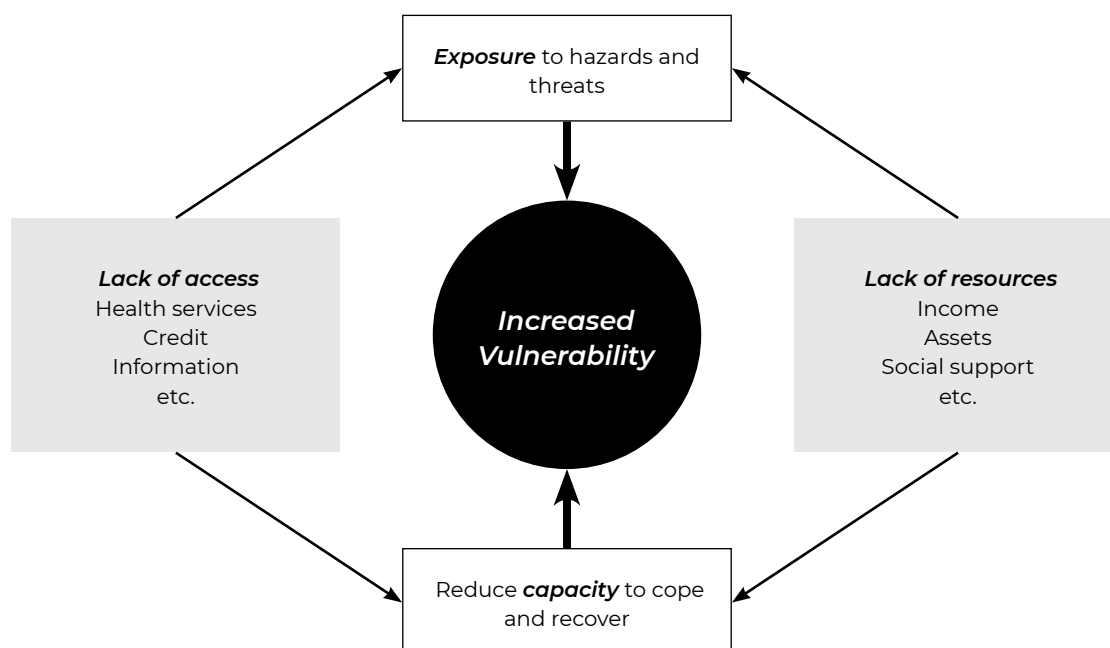
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INTRODUCTION

Vulnerability is not just a physical state or a condition; rather, it is determined and influenced by complex social, economic, and environmental processes. The concept of vulnerability usually comprises three key components: exposure, sensitivity, and the inability of people to adapt or cope (Cutter, 1993; Cutter et al., 2000). As this chapter shows, various **underlying drivers of vulnerability**, both historical and current, are generally exposed when a crisis strikes; this has definitely been the case in the Covid-19 pandemic.

People's risk and susceptibility to the damaging effects of specific hazards are affected by their underlying vulnerabilities (Holloway et al., 2010). Various conceptual models have been used to examine vulnerability. The pressure and release model (Blaikie et al., 1994) is useful here, as it identifies both the internal 'drivers of vulnerability' and the 'external forces or stresses' that exacerbate it (Figure 5.3.1). Vulnerability is thus driven by **exposure to hazards and threats** (e.g., a pandemic) and by **the ability to cope and recover**. Factors influencing this duality include access to capabilities and resources (e.g., health services, credit, and information) and one's overall stock of resources (access to e.g., income, assets, and social support).

Figure 5.3.1: Intersectionality of factors driving vulnerability



Source: Adapted from Blaikie et al., 1994

A key issue is, therefore, to distinguish between the (contextual) vulnerability that already exists in a given context and the (outcome) vulnerability that is generated by a shock or stressor. Both contextual (underlying, existing) vulnerabilities and outcome (newly generated) vulnerabilities are seen in the Covid-19 pandemic (O'Brien et al., 2007). When designing interventions, it is essential to understand how vulnerability is framed, whether as a contextual case or as a result of a stressor that produces outcome vulnerability.

The water crisis (see [p. 305](#) and [Chapter 6.6](#)) is one example of how existing vulnerabilities in the system compounded the vulnerabilities arising through the pandemic. This crisis stemmed from systemic governance failures in which community pleas around the non-delivery of services had not been effectively addressed. As a result, some communities needed water to be tankered in during the pandemic; for example, the South African Water Caucus listed 27 communities that faced considerable problems around water access in this time. These communities had to cope with the triple threat of drought, unemployment, and Covid-19 (Bruce, 2020). Wider and deeper issues around the procurement and delivery of water tankering in this case also included the drivers of wider and deeper system failures, such as corruption. Corruption can 'cause the taps to run dry' and exacerbate challenging situations: 'municipal officials, the tanker owners and even tanker drivers can all benefit from tanker use' (Muller, 2020: 36–7). Water tankering and the role it played in water service delivery, therefore, need much more careful interrogation. 'Water is too important to allow its management to be undermined. Because of corruption, fewer people have reliable water supplies and many, particularly young children, old people, and those with compromised immune systems become ill' (Muller, 2020:76). These underlying processes increase contextual vulnerability, which can

exacerbate critical outcome vulnerabilities and, in this case, even lead to a loss of life.

What does it mean to be vulnerable? In the context of the Covid-19 pandemic, an editorial in *The Lancet* (2020:1089) defines vulnerable people as those who are 'disproportionally exposed to risk'. This can change over time: 'A person not considered to be vulnerable at the outset of a pandemic can become vulnerable depending on the policy response'. The editorial stresses the importance of identifying vulnerable groups to ensure that those most at risk can be supported effectively. Addressing the root causes of vulnerability (Blaikie et al., 1994), however, remains a significant challenge in terms of both identifying vulnerable groups and aligning interventions to address these vulnerabilities.

This chapter reviews vulnerability in South Africa both before and during the lockdown. It first explores contextual vulnerability as defined by the country's socio-economic context and marginalised groups, and then discusses some of government's responses, including social protection measures. It next turns to people's basic needs and the way these have been affected by the pandemic. The chapter notes that children tend to be most affected by poverty and disparity; they are among the groups most vulnerable to a range of stressors. Finally [Annex 5.3.1](#) outlines some of the drivers of both acute and chronic vulnerability and provides a case study of vulnerability in Gauteng.

Note that any conclusions in this chapter on the strengths and limitations of the Covid-19 response are still preliminary and will be refined based on stakeholder consultations and feedback from readers. This chapter focuses on the first and second waves of the pandemic. The impact of the further progression of the pandemic on vulnerable groups will be discussed in the second edition of the Country Report.

SOCIAL PROTECTION

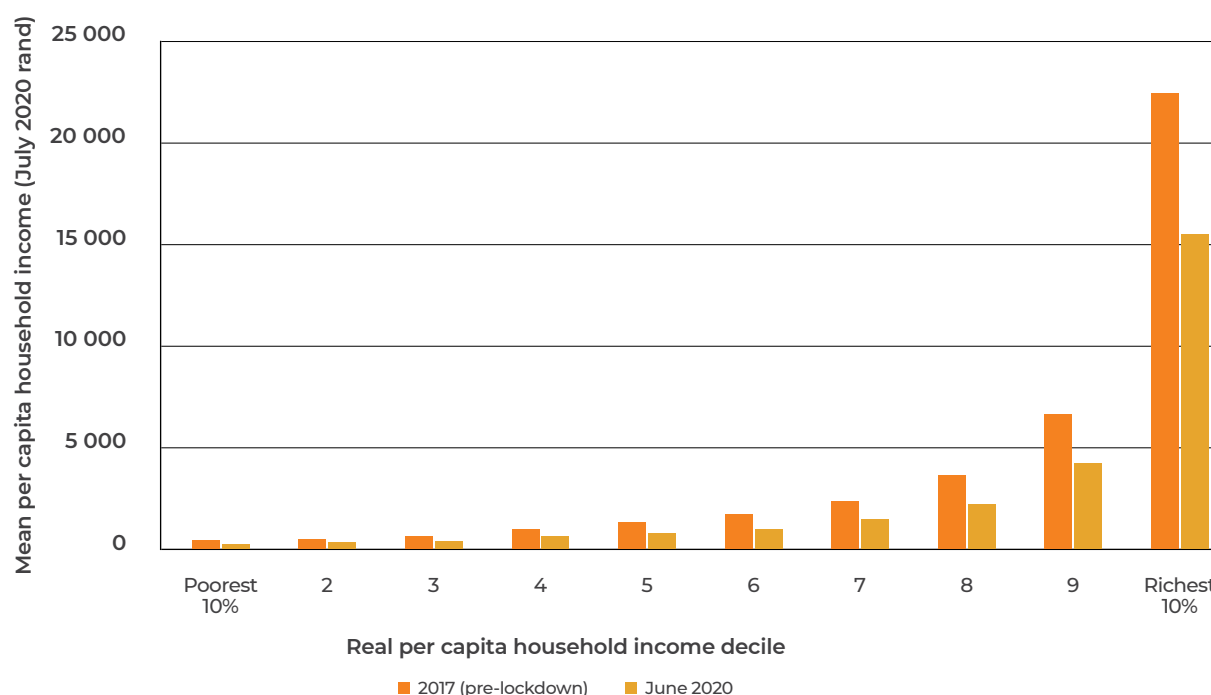
CHARACTERISTICS OF VULNERABLE AND MARGINALISED PEOPLE

Vulnerability has many dimensions, and vulnerable groups can be identified in various ways. This section identifies a subset of vulnerable people based on their income and other demographic and labour market characteristics to help understand the extent to which they benefited from some form of social assistance during the pandemic. These characteristics include, for example, household per capita incomes below the income and food poverty lines, subminimum wages, unemployment, and working in the informal sector. Very little data on the impact

of the pandemic is available as yet; the main source is the National Income Dynamics Study's Coronavirus Rapid Mobile (NIDS-CRAM) survey.

Income vulnerability in South Africa is not necessarily confined to the poorest households. Using data from NIDS Wave 5 (SALDRU, 2017) and NIDS-CRAM Wave 2 (2020b), Figure 5.3.2 divides households into income deciles and shows the mean per capita income in each case. It is immediately clear that income vulnerability extends relatively far into the 7th and 8th deciles, where per capita income in June 2020 (during the lockdown) was under R5 000 per month. Relative to 2017, every decile saw a decline in real per capita household income; the extent of the decline was much worse for poorer households.

Figure 5.3.2: Distribution of per capita monthly household income, 2017 and June 2020



Source: Authors' calculations, based on NIDS Wave 5, 2017 & NIDS-CRAM Wave 2, 2020b.

Notes: All estimates weighted using sampling weights and computed bracket weights. Adjustments to household income as per Köhler & Borat, 2020b.

Table 5.3.1 identifies six particularly vulnerable groups whose vulnerability is in some way linked to income and the labour market: people whose wages are below the

national minimum wage (R20/hr), those whose incomes are below the food poverty line, workers in low-skilled occupations, informal workers, people who have less

than a secondary level of education, and unemployed people. For each of these groups, the demographic characteristics (age, sex, population group and geographic area) are shown, along with the extent to which they are covered by social grant(s), including the new Covid-19 social relief of distress grant.

Across these categories of vulnerability, some defining characteristics are familiar in the South African context. Vulnerable individuals are more likely to be young, black South Africans, and women face higher levels of labour market vulnerability than do men.

Table 5.3.1: Demographic characteristics and grant receipts, select vulnerable groups, June 2020

	Low wages ($<$ NMW)	Below food poverty line	Low-skilled workers	Informal workers	$<$ completed secondary	Unemployed (broad)	All
Total	32,21	30,30	20,47	28,18	49,96	32,22	100,00
Age group							
18–34	43,36	46,22	39,71	44,85	32,94	55,5	42,86
35–54	44,66	37,7	45,84	45,58	39,17	37,62	36,94
55–64	11,99	16,07	14,45	9,57	27,89	6,88	20,19
Population group							
African/black	81,56	89,72	88,19	81,79	83,48	87,55	78,61
Coloured	10,16	6,95	11,61	9,74	11,15	8,72	9,24
Indian/Asian	2,84	1,42	0,00	3,28	1,04	1,29	2,41
White	5,43	1,91	0,21	5,19	4,33	2,44	9,74
Sex							
Male	44,87	37,99	32,34	59,13	47	42,71	46,86
Female	55,13	62,01	67,66	40,87	53	57,29	53,14
Geographic area							
Urban	57,46	48,65	52,73	60	51,94	52,02	59,57
Rural	42,54	51,35	47,27	40	48,06	47,98	40,43
Personal grant receipt							
Any grant	31,72	43,26	31,76	27,52	43,85	38,80	33,91
Child support	18,21	21,79	18,92	12,18	14,54	20,12	12,61
Old-age pension	2,63	7,16	1,63	1,72	16,32	1,76	9,72
Covid-19 grant	8,10	11,25	7,49	9,11	8,85	12,46	7,60

Source: Authors' calculations, based on NIDS-CRAM Wave 2, 2020b.

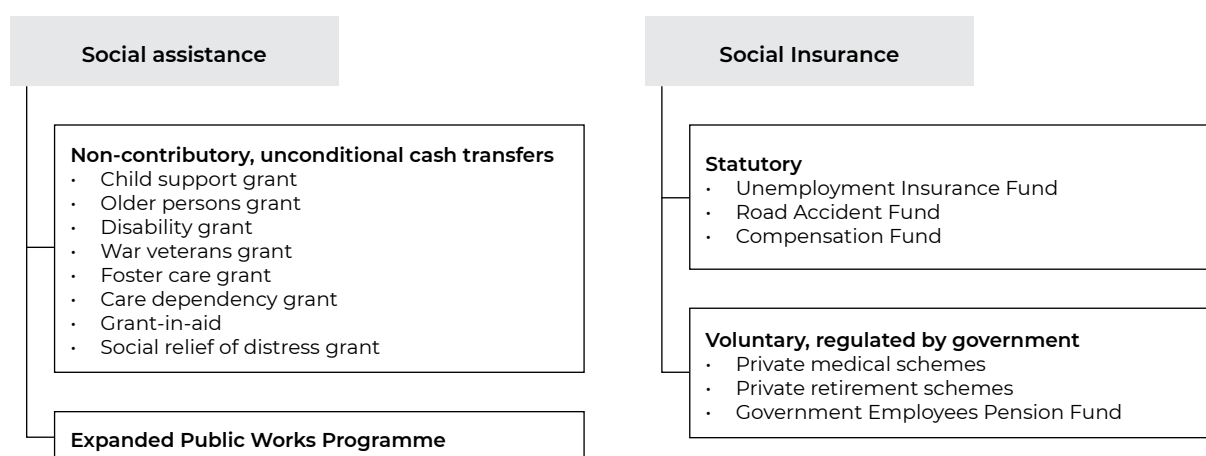
Notes: [1] All estimates are weighted using sampling weights. [2] Sample is restricted to people 18 years and older. [3] Low-wage workers are defined as employed individuals earning less than R3 500 per month; individuals live in households below the food poverty line if their per capita monthly post-tax household income is below the inflation-adjusted food poverty line of R585; low-skilled workers are defined as those whose main South African Standard Classification of Occupations code relates to 'elementary occupations'; informality is measured by whether an individual's employment contract is verbal rather than written.

LEGAL AND REGULATORY ENVIRONMENT

The basic structure of South Africa's social protection system is shown in Figure 5.3.3, distinguishing between social assistance (protecting poor people via cash or in-kind transfers) and social insurance (protecting individuals against adverse events). The system primarily consists of tax-financed, unconditional, and means-tested cash

transfers to vulnerable children, elderly people, and disabled people. Since 1994, social assistance has been expanded significantly; in 2019/20, it covered nearly 18 million beneficiaries (about one in three South Africans) at a cost of 3,4% of the gross domestic product (SASSA, 2020). This spending is relatively well-targeted towards poor people, mainly because it is means-tested (Moore & Seekings, 2019).

Figure 5.3.3: Basic structure of South Africa's social protection system



Source: Köhler & Bhorat, 2020b

As discussed in Köhler and Bhorat (2020b), another element of social assistance is the Expanded Public Works Programme, which provides employment-based basic income security for people of working age. Introduced in 2004, it is a government supply-side programme that aims to create employment, promote skills development, and provide income relief for unemployed people through temporary work. However, the programme's scale is determined by government's capacity to create employment opportunities. It therefore cannot provide jobs to all unemployed people looking for work (Peres, 2019).

Social insurance involves payouts to individuals in response to specific claims and primarily protects people in formal employment (Van der Berg, 1997; Woolard et al., 2011). In contrast to the rapid expansion of social assistance, relatively little progress has been made in extending social insurance. People who work in the informal sector remain largely outside this system of protection (Woolard et al., 2011). Seekings and Matisonn (2012) describe the social insurance architecture as a 'semi-social insurance system', because only former contributors are eligible for benefits in the short term; therefore, few chronically poor people are

covered. The main social insurance measures are:

- The **Unemployment Insurance Fund (UIF)** provides short-term protection against unemployment, illness, unpaid maternity leave, unpaid leave for the adoption of a child, and death. It is conditional on prior formal employment, registration, and monthly contributions to the fund.
- The **Road Accident Fund**, introduced in 1996, provides compensation for a loss of earnings, general damages, injuries, or death and funeral costs arising from accidents involving motor vehicles. Given its mandatory nature, the fund effectively operates as a universal social insurance scheme (Moore & Seekings, 2019).
- The **Compensation Fund**, introduced in 1993, compensates workers in case of disability, illness or death resulting from workplace-related injuries and diseases.

In addition to these government-operated schemes, the social insurance system includes a regulated, voluntary component with private medical and retirement schemes for those who can afford it (Köhler & Bhorat, 2020b). Public sector employees also belong to the Government Employees Pension Fund, a defined-benefit pension fund established in 1996, which is mandatory for government employees.

In response to the pandemic, government introduced several relief programmes for people in the formal sector, who work for firms registered with the South African Revenue Service (SARS); however, the firms had to apply for and facilitate these programmes. The Department of Employment and Labour provided additional assistance through the UIF, allowing workers who lost their jobs for Covid-19-related reasons to obtain assistance, even if they had not previously registered for unemployment insurance. Government also introduced a short-term wage subsidy programme – the Temporary Employee/Employers Relief Scheme (TERS) – to help prevent retrenchments by providing wage support, as discussed below.

Social grants are arguably the backbone of South Africa's social assistance policy, given their extensive coverage, and they have been central to government's Covid-19 relief plan. The child support grant is the largest in terms of number, accounting for 71% (or nearly 13 million) of the total number of grants distributed in 2019/20. As of June 2020, caregivers of 64,2% of children received this grant on their behalf (Köhler & Bhorat, 2020b). (Box 5.3.1 reflects on children, poverty, and social grants).

Box 5.3.1: Poverty among children

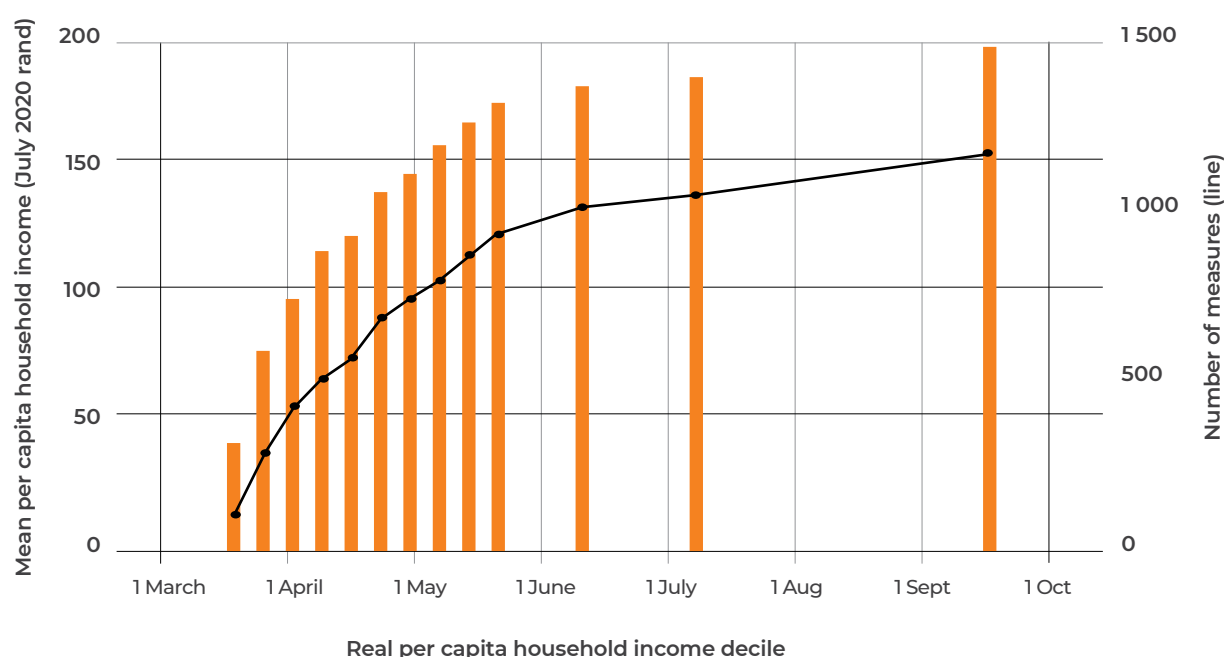
The South African Constitution guarantees every child the right 'to basic nutrition, shelter, basic healthcare services and social services'. However, children tend to be most affected by poverty and disparity – about 62,1% of children under 18 are multidimensionally poor. Children suffered deprivation in an average of four out of the following seven dimensions: housing; protection; nutrition; health; information; drinking water, sanitation, and hygiene; and education. The rate of poverty was much higher among children in rural areas (88,4%, as against 41,3% in urban areas) (Stats SA, 2020a). It is therefore likely that the lockdown worsened the levels of poverty and inequality among children and adolescents. Through the various social support instruments (e.g., the child support, foster child, care dependency, and disability grants), it is reasonable to conclude that government provided a safety net to mitigate against the harsh impact of Covid-19.

The take-up of the child support grant has increased over time because the threshold age of eligibility was gradually raised and means-testing made less stringent. The overwhelming majority of its recipients are women. By end-June 2020, of the 7,2 million recipients (not beneficiaries) of the child support grant, just 166 000 (2,3%) were men (SASSA, 2020). The older persons grant (formerly the old-age pension) and disability grant (the only grant intended for working-

- age adults) are the second and third largest,
- collectively accounting for about a quarter of
- grant recipients. Both are means-tested, and their benefits are more than four times larger than that of the child support grant. Taken together, over half of South Africans live in a household that receives either child support or older person grants (Bassier et al., 2020).

Worldwide, governments instituted nearly 1200 additional social protection measures during the pandemic. About a third of these are cash transfers (grants) and 68% are brand new. To contextualise the local response, Figure 5.3.4 shows this global expansion in social protection month by month.

Figure 5.3.4: Global trends in Covid-19 social protection measures, March to September 2020



Source: Authors' calculations, based on Gentilini et al., 2020

SOCIAL ASSISTANCE

The South African government, as did many governments, expanded social assistance by increasing the value of all existing grants and introducing the new Covid-19 social relief of distress grant (Table 5.3.2). Existing grants were increased by R250 per month, a relative increase of 13–24%, from May to October 2020. The exception was the child support grant, which was increased by R300 for May (or almost 70%, because of its relatively low pre-Covid-19 level of R440) and by R500 per caregiver (regardless of the number of

eligible children) from June. This decision was presumably taken because the Covid-19 social relief of distress grant had been introduced and other grants increased. The social relief of distress grant was set at R350 per person and is aimed at unemployed people who did not receive any other form of government assistance. It was later extended to January 2021, and then again to April 2021.

By end-December 2020, the overall grant system supported just under 40% of the South African population directly (Table 5.3.3); this share rises substantially when household

co-residents are included. The significant increase in coverage is mainly due to the introduction of the Covid-19 social relief of distress grant. In December 2020, this grant brought 5,25 million previously unreachable individuals into the social assistance system

– a substantial reach in a relatively short time. The number of beneficiaries of existing grants increased slightly but not substantially; instead, as noted, the main impact from these grants was from the change in their value rather than their coverage.

Table 5.3.2: Changes to South Africa's social grants, May to October 2020

Grant	Pre-Covid-19 amount (rand per grant per month)	Absolute (rand per grant per month, unless indicated otherwise) and relative (%) increase		Covid-19 amount (rand per grant per month, unless indicated otherwise)	
		May	June – October	May	June – October
Older persons grant*	1 860	250 (13,44%)	250 (13,44%)	2 110	2 110
War veterans grant	1 880	250 (13,30%)	250 (13,30%)	2 130	2 130
Disability grant	1 860	250 (13,44%)	250 (13,44%)	2 110	2 110
Care dependency grant	860	250 (13,44%)	250 (13,44%)	2 110	2 110
Foster child grant	1 040	250 (24,04%)	250 (24,04%)	1 290	1 290
Child support grant	440	300 (68,18%)	500 per caregiver	740	440 per grant + 500 per caregiver
Covid-19 social relief of distress grant	NA	NA	NA	350	350

Source: Köhler & Bhorat, 2020a. Note: *The older persons grant amount of R1 860 is for people ages 60–75 years; it increases to R1 880 for people older than 75.

Table 5.3.3: Number of grant beneficiaries by grant type and period

Grant type	Number of beneficiaries (millions)		Change	
	End-2019/20	December 2020	Million	%
Child support grant	12,78	12,95	0,17	1,33
All others	5,22	5,32	0,10	1,92
Covid-19 social relief of distress	0,00	5,25	5,25	
Total	18,00	23,52	5,95	33,06
% of population	30,62	39,45		31,19

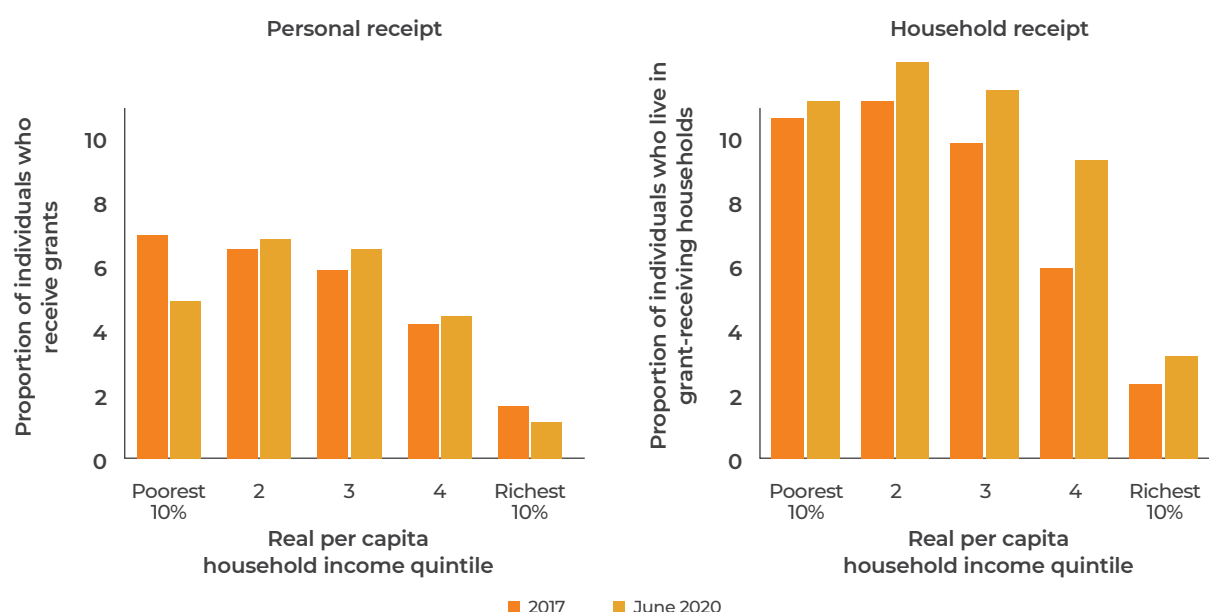
Source: Authors' calculations, based on National Treasury, 2020 & SASSA, 2020.

Notes: [1] Covid-19 grant recipients refer to the number of people paid in December 2020. [2] Child support grant beneficiaries refer to the number of children, not caregivers. [3] Population based on Statistics South Africa's mid-year population estimates of 58,78 million in 2019 and 59,62 million in 2020.

- Across most of the per capita household income distribution, a larger proportion of individuals and households were supported by social grants in June 2020 than in 2017 (Figure 5.3.5). Given the extent of vulnerability across the household income distribution and the importance of the Covid-19 social relief of distress grant, Figure 5.3.6 shows the distribution of applications for and receipt of this grant by income decile in June 2020. Estimates suggest that of the 11,33 million people who applied for the grant, 4,32 million (38,1%) were successful. The remaining 7 million people reported either a pending (38,5%) or a rejected (23,4%) application. However, both the application for and receipt of the grant

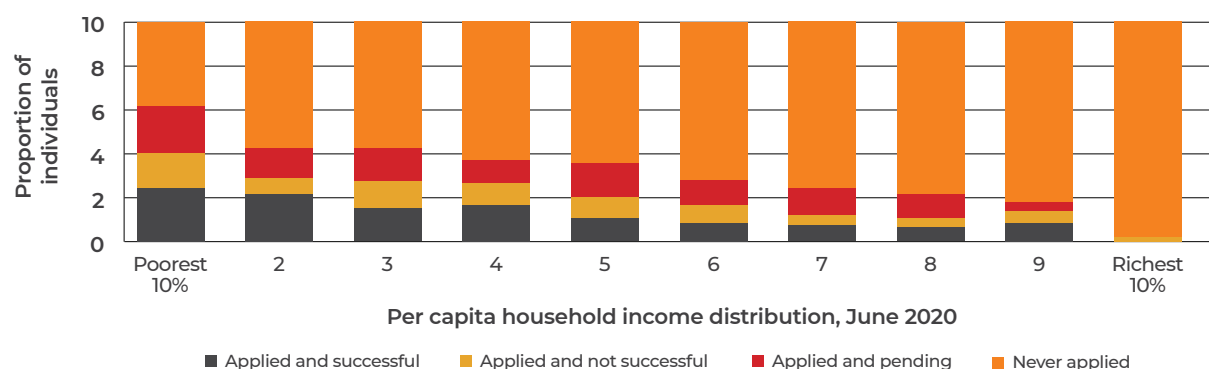
seem relatively pro-poor – most people who applied for the grant and were successful were in the middle and lower parts of the household income distribution in June 2020. Of those who applied, 23% (1,4 million) in the poorest quintile of households were successful, as against only 4,5% (250 000) in the richest quintile. Almost 90% of people in the latter group never applied, in contrast to nearly one in every two people in the poorest quintile. Up to the richest quintiles, pending applications do not vary much across the income distribution, although people in the poorest quintile were more likely to still be waiting for a response (17,6%, or 1,1 million individuals) (Köhler & Bhorat, 2020b).

Figure 5.3.5: Distribution of personal and household-level grant receipt, 2017 and June 2020



Source: Authors' calculations, based on NIDS Wave 5, 2017 & NIDS-CRAM Wave 2, 2020b

Figure 5.3.6: Application status for social relief of distress grant, by income quintile, June 2020



Source: Authors' calculations, based on NIDS Wave 5, 2017 & NIDS-CRAM Wave 2, 2020b

In both absolute and relative terms then, the distribution of the Covid-19 grant has been progressive. Many eligible people, however, did not receive it. Of the estimated 6,5 million eligible non-recipients in June, nearly half lived in the poorest third of households. There may be several reasons for this exclusion error. For example, many people may not actually be in distress. They may technically have no income but be fully supported by their partners, or they may be self-employed but not registered with SARS. Another challenge is ensuring that ineligible people do not receive the grant. About 28% of ineligible people who have received the grant live in the richest tercile of households. Although the child support grant has much lower leakage figures, it is important to note that the Covid-19 grant brought millions of previously unreachable people into the system who could not have been reached through the existing eligibility criteria of the child support grant alone (Köhler & Bhorat, 2020b).

SOCIAL INSURANCE

Responding to the crisis: An expansion of the Unemployment Insurance Fund

The UIF is the primary social insurance measure available in South Africa. It provides short-term income protection for periods of unemployment, illness, maternity, the adoption of a child, and death, conditional on prior formal employment. As of the third quarter of 2020, about 8 million individuals (or 54% of employed people) contributed to the UIF, with matched contributions by their employers.¹

In response to the pandemic, government initially allocated R40 billion (or 8%) of its Covid-19 fiscal support package to the

expansion of the UIF to provide wage support to workers affected by illness, reduced work time, and unemployment. As noted, it also launched the TERS. Gazetted by the Department of Labour and Employment on 8 April 2020, the TERS is technically a wage subsidy-based job retention scheme, which aims to prevent retrenchments (it is not applicable to cases where employment relationships have been completely terminated). The TERS provides wage support in cases where employers have fully or partially closed operations. It covers a portion (38–60%) of a firm's wage bill, with a maximum salary threshold of R17 712 per worker per month, for up to three months.² The scale of TERS payouts to individuals as a form of income relief was thus substantially larger than pandemic-induced social grant top-ups.

Government programmes of this nature became relatively common in response to the 2008 financial crisis. They are seen as important tools for speeding up economic recovery by avoiding the delays and labour market friction that prevent workers who have lost their jobs in a crisis from being rehired quickly (Giupponi & Landais, 2020). The portion of a workers' salary that is covered by the TERS varies by salary level, with low-wage workers receiving proportionally more support. For instance, the maximum benefit for a high-income earner is 38% of R17 712 per month, which is equivalent to R6 730 per month. The minimum benefit is no less than the monthly equivalent of the minimum wage of the relevant sector – R3 500 per month for most workers.³

Initially, only UIF contributors were eligible to apply for relief from the TERS, but at end-May 2020 the scheme was expanded to include any worker who could prove an employment

¹ Calculated using microdata from Stats SA, 2002b.

² The TERS may be used only to cover the cost of salaries and not any other expenses of the firm. Employers are permitted to supplement TERS support, but employees may not get their full salary in addition to the benefit. Thus, the maximum employees are permitted to receive is equivalent to 100% of their salary.

³ At the time of writing, the sectoral minimum wages were as follows: R15,57 per hour for domestic workers, R18,68 per hour for farmworkers, R11,42 per hour for public works workers, and R3 500 per month for other workers. Wages for workers covered by Bargaining Councils are relevant to their main/collective agreements.

- relationship regardless of whether they
- were registered with the UIF or not (CWAQ, 2020). The duration of the scheme was also extended. It was initially only planned to be available for 3 months – from April to June 2020 – but this was later extended to the end of 2020. In President Ramaphosa's 2021 State of the Nation Address, the scheme was extended a second time until 15 March 2021; access was restricted to sectors that have been unable to operate during the lockdown (The Presidency, 2021).

The TERS has been the largest component of UIF during the lockdown. The UIF paid out R7,5 billion, in 1,3 million payments, for non-TERS benefits. In contrast, by February 2021 the TERS had paid out about R57 billion in over 13 million payments to more than 4,5 million unique individuals (The Presidency, 2021). This is equivalent to about one in every three individuals employed in the formal sector, or half of all UIF contributors.⁴

Analysing TERS receipts during 2020

The three waves of the NIDS-CRAM survey data provide comprehensive, broadly representative information on TERS receipts during the pandemic. Some research has already been done on this TERS data. Jain et al. (2020) show that in April 2020, only 20% of temporarily unemployed⁵ individuals received a TERS payout, possibly because of initial system delays. Bridgman et al. (2020) consider its role in ensuring food security, finding that individuals who co-resided with a TERS recipient in June 2020 were significantly less likely to report going hungry in the prior week than were those without any such recipients in their household. Casale and Shepherd (2020) call attention to gender inequality in payouts, showing that in June 2020 only 41% of TERS beneficiaries were women, despite women

accounting for 58% of those who lost their jobs between February and June (however, this comparison may not be appropriate – the TERS was only intended for people who had not become unemployed)⁶.

No research has yet been done on TERS receipt among key vulnerable subgroups. Using the weighted NIDS-CRAM data, cross-sectional receipt amongst employed people in April, June, and October 2020 is analysed here, focusing characteristics such as sex, race, age, education, industry, labour market earnings, and additional identifiers of vulnerability discussed above.

Number of recipients: A substantial number of individuals (1,76 million, or 13,5% of the employed) reported receiving a TERS payout in April 2020 (the first month of the scheme) under alert level 5 (Figure 5.3.7). Receipt rose marginally during alert level 3 in June (1,83 million, or 14%). In the most recent period for which data is available, October 2020 (alert level 1), about 1,4 million individuals (11,6%) received the TERS. This reduction in reach may be partially explained by the response of the labour market to the easing of lockdown restrictions over the period.

Repeat payments: Many individuals were eligible to receive a TERS payout more than once, depending on the evolution of their employment circumstances. The NIDS-CRAM does not have explicit data on the number of TERS payouts a given individual has received; however, it is possible to assess whether the same individual received a payout in more than one wave. The analysis suggests that about 3,2 million unique individuals received a TERS payout at least once in either April, June, or October 2020 – not far off the 4 million individuals reported in official records for December 2020. Most individuals (70,4%, or 2,27 million) received

⁴ Calculated using microdata from Stats SA, 2020b.

⁵ Defined as those who retained an employment relationship with their employer but reported zero days of active work.

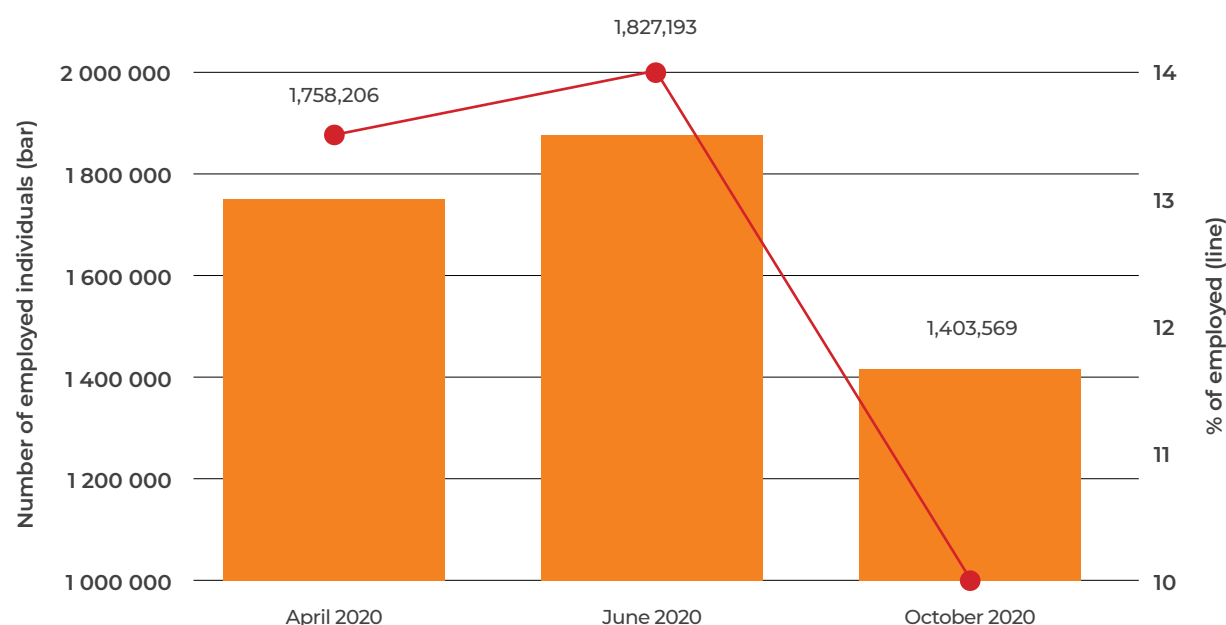
⁶ This finding by Casale and Shepherd (2020) ought to consider that the TERS is not applicable to cases where employment relationships are completely terminated; that is, it is intended for job-retainers, or the 'temporarily unemployed' as per Jain et al.'s (2020) definition. Given that 44,6% of the employed in June 2020 were women, and 41% of TERS recipients were women, the distribution of TERS payouts may not be so unequal along gender lines.

a payout only once; 25,8% (831 000) received it twice; and just 3,8% (122 000) received it three times.⁷ Ideally, an analysis of the TERS should include its 'sufficiency', or to what

extent it compensated workers for their loss in labour market income. Unfortunately, the detailed data needed for such an analysis is not currently available.



Figure 5.3.7: Absolute and relative TERS receipt, by month



Source: Authors' calculations, based on NIDS-CRAM, 2020a, 2020b, and 2021.

Notes: [1] All estimates are weighted using sampling weights. [2] Wave 3 estimates weighted using weights that include the top-up sample.

Recipient subgroups: Table 5.3.4 shows the distribution of TERS receipt from April to October 2020 across selected subgroups. The share of TERS receipt across all groups closely followed their respective employment shares, with little within-group change in these shares over time. In an average month, men comprise the majority of recipients (60%, or over 1 million men); this is slightly disproportionate, given that they account for only 55% of employment. By population group, self-reported African/black individuals accounted for close to three-quarters (74%) of recipients. People aged between 35 and 59 years received the majority of payouts (54% in October 2020), closely followed by young people (40%); this is in line with their employment shares of 56% and 40% respectively.

Vulnerable groups: Close to one-third (31,5%) of TERS recipients in April and October 2020 were low-wage workers (Table 5.3.4); this is similar to their employment shares (32–37%) during the period. Similarly, less-skilled workers (in elementary occupations) accounted for 15–27% of recipients and about 20% of employment. The same holds for those whose highest level of education is incomplete secondary – they represented 40% of employment and 36–48% of TERS recipients. Perhaps more of a concern is that workers in households below the food poverty line comprised only 8–11% of recipients from April to June 2020, despite representing about 15% of employed people during that period. Informal workers were also

⁷ However, note that respondents in the data may have received more payouts than reported, given that the questionnaire only asked about TERS receipt in either April, June, or October 2020, and not any other month.

- disproportionately overlooked, representing
- 28–32% of employment but just 18,2–24,5% of TERS recipients. The reasons why certain
- groups of employees were less likely to apply or receive TERS payouts remain unclear.

Table 5.3.4: Distribution of TERS receipt across select demographic groups, by month

TERS receipt	April 2020		June 2020		October 2020	
	Number	% of total	Number	% of total	Number	% of total
Gender						
Male	1 072 884	61,02	1 076 462	58,91	856 191	61,00
Female	685 322	38,98	750 731	41,09	547 377	39,00
Race						
African/black	1 324 314	75,32	1 278 943	69,99	1 084 010	77,23
Coloured	220 994	12,57	184 677	10,11	202 027	14,39
Indian/Asian	35 804	2,04	125 225	6,85	6 168	0,44
White	177 093	10,07	238 348	13,04	111 363	7,93
Highest education level						
Up to primary	146 356	8,34	204 881	11,21	146 016	10,49
Up to secondary	505 588	28,81	664 397	36,36	358 427	25,76
Complete secondary (matric)	500 776	28,54	417 190	22,83	351 471	25,26
Tertiary	601 951	34,31	540 725	29,59	535 532	38,49
Select vulnerable groups						
Low-wage workers	553 876	31,50	418 698	22,91	432 934	30,85
Below food poverty line	194 871	11,08	141 897	7,77	–	–
Less-skilled workers	270 260	15,37	371 254	20,32	378 070	26,94
Informal workers	327 245	18,61	448 318	24,54	255 698	18,22
< completed secondary education	651 944	37,08	869 278	47,57	504 443	35,94

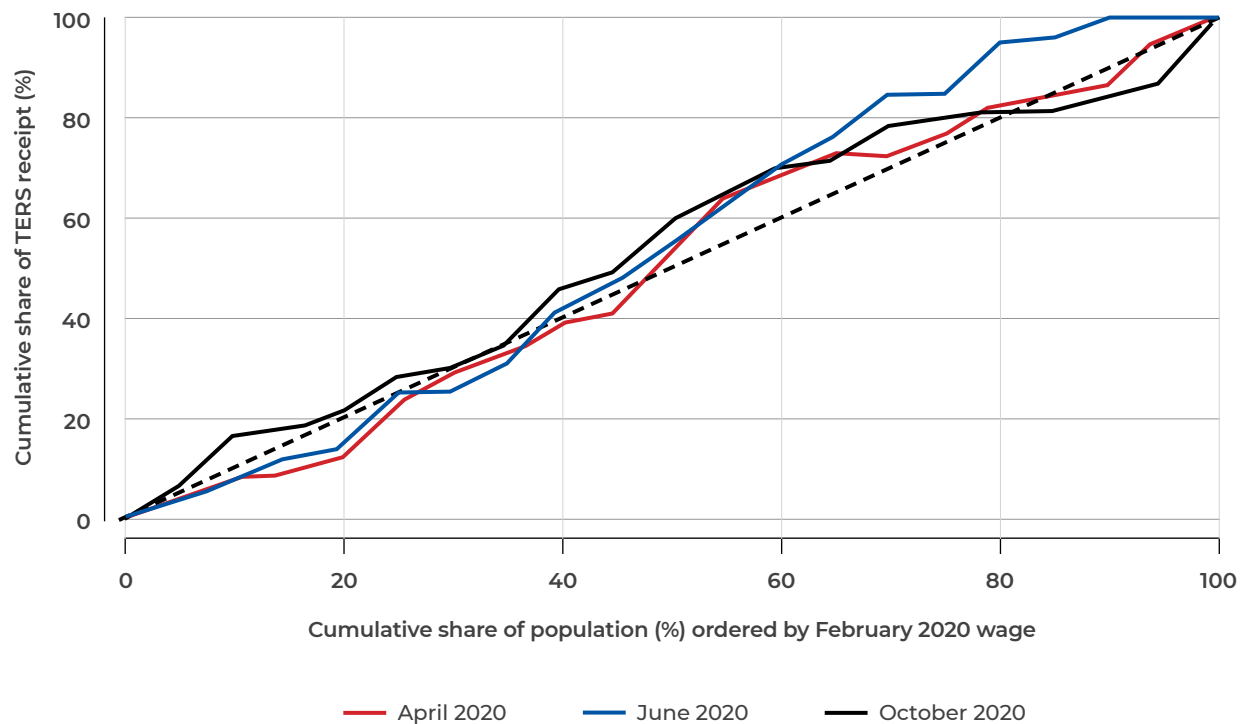
Source: Authors' own calculations, based on NIDS-CRAM, 2020a, 2020b, and 2021.

Notes: [1] All estimates weighted using sampling weights. [2] Wave 3 estimates weighted using weights that include the top-up sample. [3] Sample restricted to the employed who received a TERS payout in a given wave. [4] Wage and household income data adjusted as per Köhler & Bhorat (2020b); household income data not available in Wave 3 data. [5] Low-wage workers are defined as employed individuals earning less than R3 500 per month; individuals live in households below the food poverty line if their per capita monthly post-tax household income is below the inflation-adjusted food poverty line of R585; low-skilled workers are defined as those whose main South African Standard Classification of Occupations code relates to 'elementary occupations'; informality is measured by whether an individual's employment contract is verbal rather than written.

Distribution: In line with the above findings, TERS receipt was also relatively distribution-neutral across the entire wage distribution over the course of 2020. Figure 5.3.8 presents concentration curves that plot the estimated cumulative share of TERS receipt against the estimated cumulative share of employed adults, ordered from poorest to richest based on pre-pandemic (February 2020) wages, over time.⁸ A distribution is regarded as pro-poor when the curve lies below the 45-degree line, and pro-rich if it is above the line. It is

clear that for all months, the TERS curves are close to the 45-degree line and never move significantly away from it. Furthermore, the distributions for April, June, and October 2020 are not statistically different from one another, as indicated by their overlapping 95% confidence intervals. To summarise, these estimates suggest that the poorest 40% (or so) of earners accounted for 40% of TERS payouts in April, June, and October, at least based on pre-pandemic wages.

Figure 5.3.8: Concentration curves of TERS receipt, by month



Source: Authors' calculations, based NIDS-CRAM, 2020a, 2020b, and 2021.

Notes: [1] All estimates weighted using sampling weights. [2] Wave 3 estimates weighted using weights that include the top-up sample. [3] Sample restricted to the employed, and adjustments to wage data follow Köhler & Borat (2020b). [4] Shaded regions represent 95% confidence intervals.

⁸These estimates rely on wage data from the NIDS-CRAM and are subject to some caution. There are concerns about the reliability and accuracy of wage data in the survey, in part because data was collected telephonically through a retrospective question, and issues around selection (providing a numeric or bracket response or responding at all). Although the data has been adjusted to account for outliers, missing values, and bracket responses, these estimates should still be treated with caution.

Summary

The expansion of social protection was central to government's response to the Covid-19 pandemic. Both social assistance (grant top-ups and the special Covid-19 grant) and social insurance (primarily the TERS) were used to distribute targeted income relief to economically vulnerable individuals, households, and firms.

Evidence suggests that job losses were more severe among low-wage and other vulnerable workers. Although the **grant top-ups** quickly increased income flows to poorer households and provided much-needed relief to these groups, they were unlikely to sufficiently compensate for losses in labour market income.

The introduction of the **special Covid-19 grant** provided important relief for a group of people previously excluded from the system; it reached over 6 million unique individuals during 2020, the majority of whom live in low-income households. However, one eligibility criterion for the grant – that existing grant recipients were ineligible – excluded many unemployed women who would otherwise be eligible had they not been receiving a child support grant on behalf of their child(ren).

By far the largest component of social insurance in the pandemic was the **TERS programme**. This wage subsidy programme aimed to curb job losses and benefitted over a third of people in formal employment. Receipt of the TERS closely followed employment shares across groups. However, two vulnerable groups – informally employed people and those in the poorest households – were to some extent disproportionately unreached, despite the programme being extended to both UIF contributors and non-contributors at the end of May 2020. This is a concern, given that these groups of workers are more likely to transition into unemployment.

MEETING BASIC NEEDS

HUMAN SETTLEMENTS

Another dimension of vulnerability is that coupled to settlement. At a macro scale, density matters in a pandemic, because the virus spreads where people live. Low-rise, high-density living is not, however, necessarily a problem. Many highly dense international cities, such as Hong Kong or Singapore, have not been severely affected by Covid-19. Rather, the quality of settlements, conditions of overcrowding, and internal population densities are more important (Pafka, 2020). Densification, for example (discussed in some detail below), can provide far more opportunities and benefits than negative impacts (Kling, 2020). Attempts to de-densify informal settlements have, however, been widely criticised (Daily Maverick, 2020); arguably, they may have created more vulnerabilities than they sought to alleviate.

Spatial disparities and inequalities have long persisted in South Africa. The pandemic, in many instances, has merely magnified these contextual, persistent, and underlying vulnerabilities. The NIDS-CRAM survey shows that overall, metropolitan areas have been the most resilient in the pandemic, while rural areas, townships, and informal areas have seen severe economic impacts that exacerbated existing vulnerabilities. These effects have been particularly stark in urban areas – job losses in townships reached 15% and among shack-dwellers an extraordinary 27% (Visagie & Turok, 2020). These job losses had knock-on effects on food security ([p. 310](#)), as people had less money to buy food, which was also more expensive during the lockdown.

It would be an oversimplification to assess the rural and urban impacts of the pandemic at a gross scale. Economic conditions and types of **vulnerabilities vary greatly across spatial typologies** (Turok, 2018), with very different impacts on suburbs, townships, and informal

areas. Suburbs, for example, have been the least vulnerable in the pandemic, because people in these areas had higher levels of formal employment (58%) and more secure financial resources. The **types of housing and settlement organisation** also need more interrogation. Spaces with shared facilities (or shared air), such as long-term care facilities, hostels, and prisons, have been particularly at risk.

Long-term care facilities that cater for elderly or infirm people, or those in need of specialised medical or mental healthcare, include retirement villages, rehabilitation centres and specialised facilities for people with mental and physical disabilities. They typically have many shared amenities, services and common spaces that would make social distancing difficult. Many residents in these facilities have been isolated from the rest of society long before Covid-19. Many would also have comorbidities and conditions that would make them particularly vulnerable to infection. Worldwide, long-term care facilities have been disproportionately affected by the pandemic, with high death rates (WHO, 2020b). While national data is limited, data from Gauteng shows that the impact of the pandemic on these facilities has been widespread and severe (Maree & Khanyile, 2020).

PROVISION OF TEMPORARY HOUSING UNITS

The response from the Department of Human Settlements to the risk posed by overcrowded and dense human settlements was to propose a programme of **'de-densification'**. The aim was to move residents to completed residential units or temporary units built during the lockdown. To this end, 29 informal settlements were identified across

the country, targeting 356 010 households (Maseko, 2020). However, this target has not been met; in fact, progress has been very slow, particularly in the provision of temporary housing units, in part because of inadequate coordination between government spheres and departments. The Auditor-General also noted discrepancies in the quality of units and in their pricing and allocation to beneficiaries (AGSA, 2020a:19).

Many non-governmental organisations have opposed the de-densification programme – they saw it as inappropriate and raised concerns about the social and economic impact of moving beneficiaries to locations that are disconnected from the socio-economic fabric of cities. Several civil society organisations made a submission to the Department of Human Settlements on 18 April 2020 (ACSS, 2020). The absence of a clear programme and policy on de-densification early on led to different interpretations and inconsistent implementation across the country, as well as variation in the quality of temporary housing units. For example, in Sekhukhune, Limpopo, 30 tin shelters were erected at the cost of R64 000 each before the project was stopped because the units were unsuitable and of poor quality (Molefe, 2020).

A further point of contestation during the lockdown was **evictions**. Government issued a directive that no tenant could be evicted during lockdown (CoGTA, 2020). However, some municipalities continued evictions; such incidents were widely covered in the media. For example, in Cape Town, a naked man was dragged from his shack by members of an anti-land invasion unit (Howa & Tembo, 2020). That said, the problem is complex, as illegal land invasions continued during lockdown; these negatively affected service delivery programmes already under development.

Summary

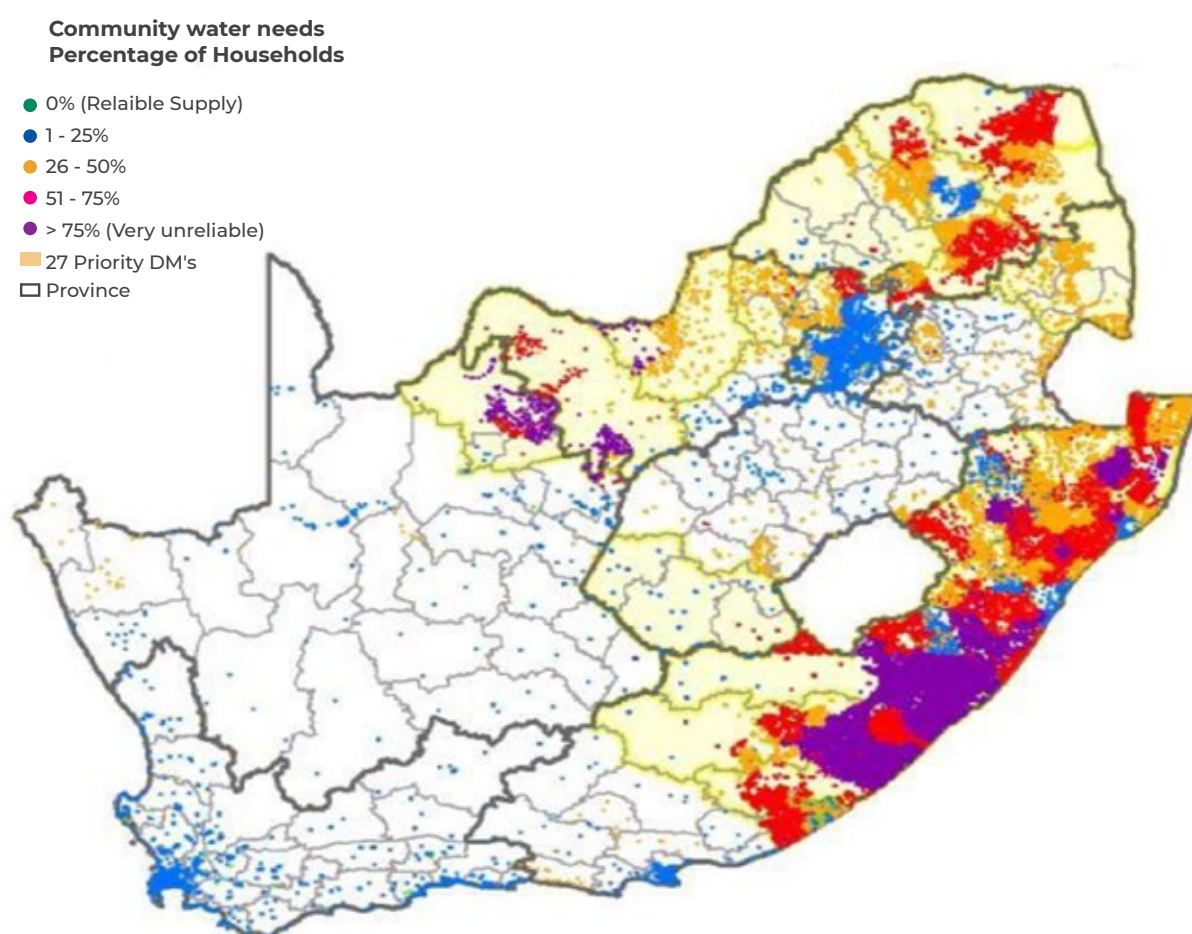
People living in informal settlements are likely to have some of the highest levels of vulnerability. Women and township areas were likely to be the most affected in the pandemic (Zali, 2020). Female-headed households, in particular, have been disproportionately affected. Households with incomes that depend on the informal sector, with lower education levels, and with larger household sizes have suffered severe setbacks during lockdown. These increases in poverty and inequality will be difficult to redress. The Covid-19 pandemic has, therefore, created new vulnerabilities but has also exposed existing ones even more.

BASIC SERVICES, WATER AND SANITATION

Ensuring that all households have access to reliable and safe basic services has been a challenge for decades, with contextual vulnerabilities a persistent feature. The Covid-19 pandemic has brought this into sharp focus, as households without access to running water, sanitation or electricity would probably have had both higher risks (e.g.,

difficulty maintaining hygiene practices) and higher levels of overall vulnerability (Figure 5.3.9). A household without access to running water, for example, would have to source water from a communal source, creating a transmission risk. As of 2019, about 12% of the South African population did not have access to a basic water supply, while about 21,3% did not have access to basic sanitation services (Figure 5.3.10 & Figure 5.3.11; see also [Chapter 6.6](#)).

Figure 5.3.9: Access to reliable water infrastructure, 2019

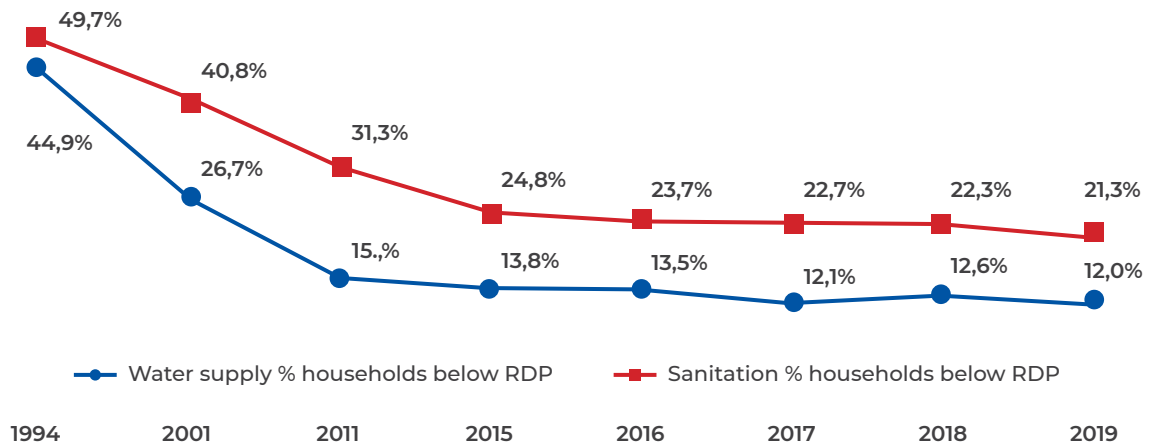


Source: Manus, 2020

The provision of water and sanitation to vulnerable communities to help curb the spread of Covid-19 cannot focus only on access and supply; it also needs to consider the general management of water resources to help prevent disease and ensure that vulnerable groups do not face added dangers in securing

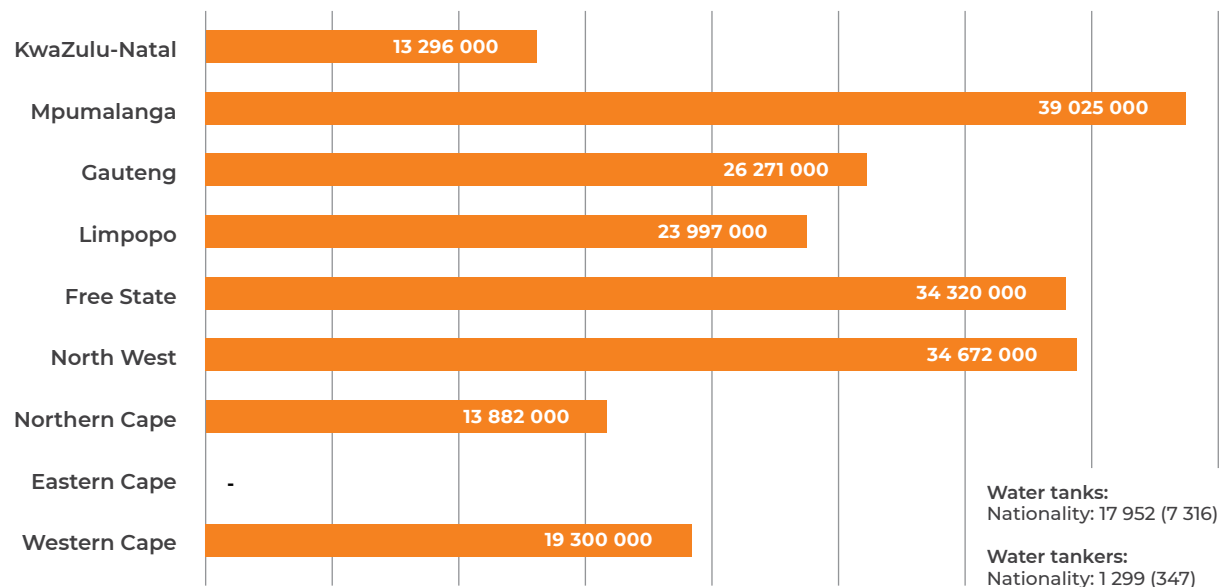
water. Further, issues of water quality; the functionality of infrastructure for water and sanitation; the perils faced by women and girls in securing water and by people working with wastewater, pit latrines and septic tanks; and prevailing weather and climate conditions all further complicate water security.

Figure 5.3.10: Inadequate access to basic water and sanitation services, 1994 to 2019



Source: Manus, 2020

Figure 5.3.11: Volume of potable water supplied, 26 April to 3 May 2020



Source: Manus, 2020

In its initial response to the pandemic, the Department of Water and Sanitation rolled out water tankers to communities without access to potable water, with a focus on rural areas. The department worked through its implementation agent, Rand Water,⁹ and

R306 million was made available for water supply and sanitation (Table 5.3.5; AGSA, 2020a). The department reported securing 41 000 water tanks for distribution (SABC News, 2020); a total of 196 Ml of water was delivered nationally between 28 March and

⁹Two departments used Rand Water as its implementation agent – Water and Sanitation, for rolling out water to communities, and Basic Education, for rolling out water to selected public schools in six provinces.

- 3 May 2020. There were delays, however, in
- setting up all the tanks by the first week of
- May 2020, and the water supply initiative soon fell behind schedule because of various challenges experienced during the lockdown. Figure 5.3.12 shows the cumulative volumes supplied (litres/per day) for each province. The number for the Eastern Cape appears low,

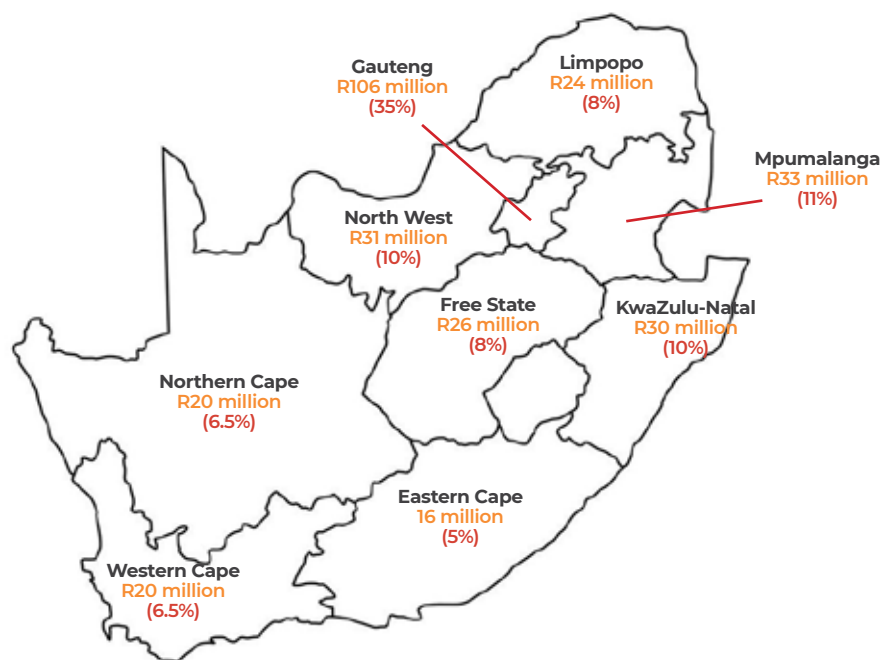
but it had earlier been declared a drought disaster province and the department had already put drought interventions in place in the province before the pandemic. By July 2020, 77% of the R306 million available had been spent, according to unaudited reports of the National Disaster Water Command Centre.

Table 5.3.5: Expenditure on various water and sanitation initiatives, 31 July 2020

Expenditure item	Budget (R million)	Expenditure by 31 July 2020 (R million)	% spent
Sanitation packs	44,1	44,2	100
Water tanks	94,8	57,8	61
Water tankers	76,5	100,9	132
Monitoring and evaluation	28,8	12,9	45
Installation of tanks by other water boards	43,1	4,6	11
Disbursements	3,1	5,8	190
Implementing agent fee, including project management fee	16,1	11,3	70
Total	306,5	237,5	77

Source: AGSA, 2020a

Figure 5.3.12: Provincial allocation of funds spent on water provision and hygiene

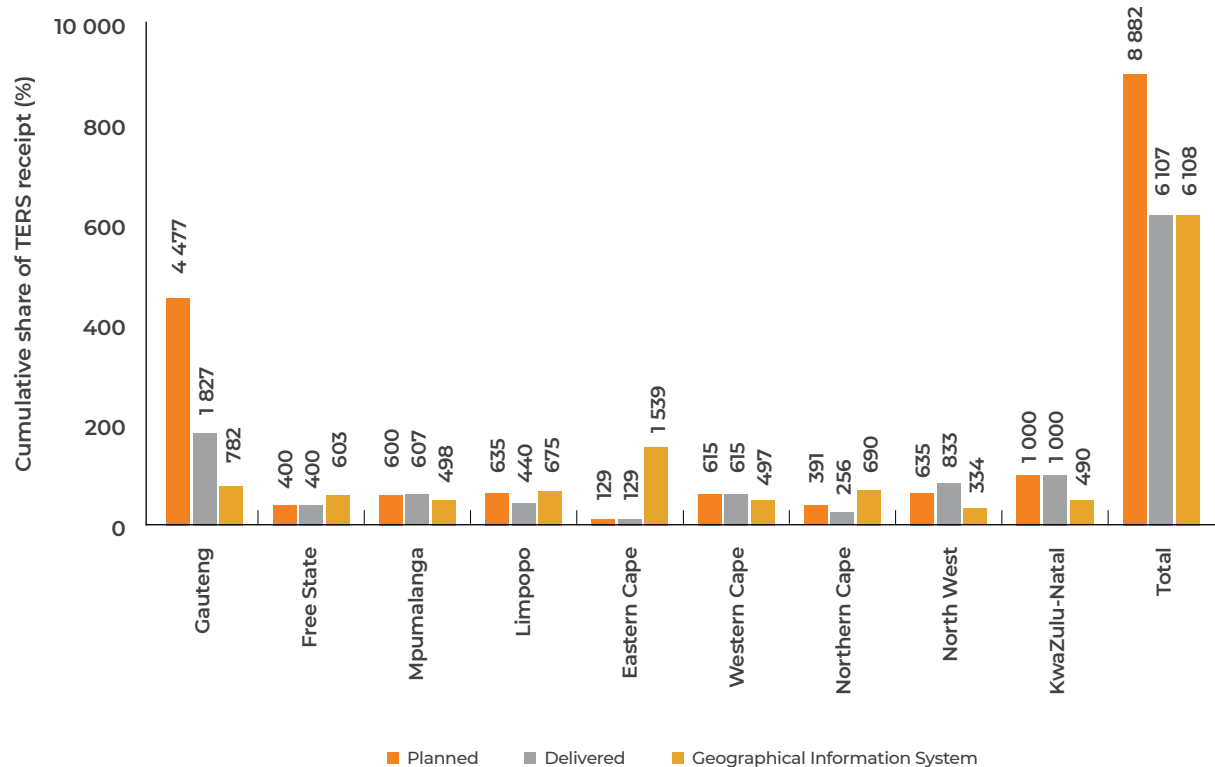


Source: AGSA, 2020a

In Gauteng and Mpumalanga, Rand Water was responsible for the delivery and installation of water tanks. In the other provinces, tanker installation and delivery were handled by the water boards. Figure 5.3.13 compares

the planned number of tanks with verified delivery numbers for each province. In some provinces, the level of underdelivery is significant.

Figure 5.3.13: Water tanks planned and delivered per province



Source: AGSA, 2020a

There is currently no reliable information on the **quality** of water delivered through this programme or on the water quality at point-of-use in households and, hence, about a possible link between water and various health outcomes (i.e., the incidence of diarrhoea). The National Disaster Water Command Centre attempted to ensure water quality by maintaining ownership and largely preventing private delivery and ownership of tanks. Still, although water in tankers or water used to fill tanks might come from potable sources, it could easily deteriorate at point of use, and communities still need to treat and safely store the water before use and practise good hand hygiene (Singh, 2013; DWS, 2020; DHS & DWS, 2020; Jack & de Souza, 2020).

Deterioration also occurs when water sources are mixed. It is not known whether the need to treat the water at point of use was emphasised when it was delivered.

Media footage shows that water from tanks and tankers was mainly collected by **women and girls**, often without adequate social distancing and handwashing facilities. In the early stages of this programme, many communities had also not been tested for Covid-19, and asymptomatic people could have passed on the virus under these conditions. It is also unclear whether taps, hosepipes and other surfaces involved in the delivery of water were disinfected regularly. Another concern, for which data

- is also not available, is whether the time
- spent on fetching water negatively affected
- the livelihoods of people, especially working women and school-going girls. Finally, these interventions were only short term and did not create regular access to water services in underserved communities. Hence, the underlying vulnerabilities and problems persist. These require urgent attention, not only in preparation for any successive waves of the pandemic but also for other crises (e.g., climate change).

The Department of Water and Sanitation also provided **health and hygiene-related** products to vulnerable communities. As discussed below (p. 313; see also [Chapter 5.4](#)), women bear the brunt of caring for sick people, often in environments without sufficient access to water and sanitation. For them, access to gloves, hand sanitisers and masks remains vital. Other vulnerable groups include households that use basic pit latrines or ventilated improved pit latrines. While they are at a low risk of Covid-19, they need to maintain proper hygiene and handwashing practices. Without access to treated water this would have been near impossible, and it was recommended that they at least use a hand sanitiser. Workers in the sanitation sector also face higher risks, especially those who work with faecal sludge, fix sewage systems, or empty septic tanks and pits.

In terms of the emergency supply of water and sanitation to **public schools**, the Department of Basic Education took on the

responsibility of providing such services in six provinces – KwaZulu-Natal, the Eastern Cape, Mpumalanga, Limpopo, the North West, and the Free State. Its implementation agents were Rand Water (for water) and Mvula Trust and the Development Bank of Southern Africa (for sanitation). Money for this initiative (R258,2 million) was made available from the conditional education infrastructure grant and the equitable share. Four chemical toilets were provided to each of the 3000 schools deemed in need of assistance (because they relied solely on pit latrines). Water supply to schools in need was more challenging. There were difficulties with the installation of infrastructure (stands) according to approved designs. Also, funds were not transmitted in time and by 31 July 2020, water tanks had still not been installed at some of the schools identified for emergency supplies (AGSA, 2020a).

A further consideration in the medium term is that the pandemic could have reduced households' ability to **afford municipal services** and that municipal revenues may decrease. Already-stretched local governments are likely to face growing financial pressures. The diversion of infrastructure investment resources to fund short-term disaster responses and operational costs could also undermine critical longer-term investment in infrastructure and reduce capital budgets (Butler et al., 2020).

Summary

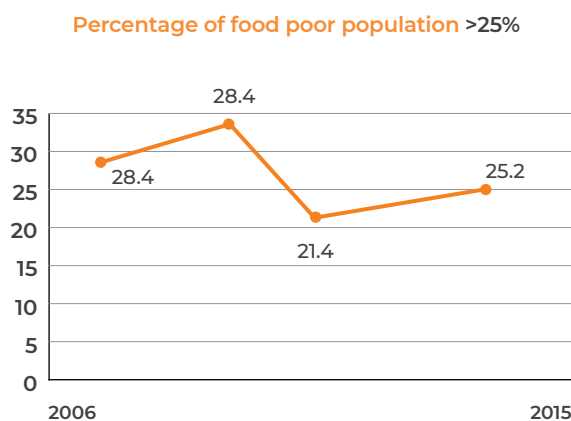
Access to adequate water and sanitation is critically important for practising preventative hygiene. Many communities in South Africa did not have access to adequate sanitation and water supply before the Covid-19 pandemic. Although efforts were made to get water to many (largely rural) communities during the lockdown, these efforts focused on temporary water tankers. Many vulnerable communities continue to face inadequate access to water and sanitation services.

FOOD AND NUTRITION

Food insecurity in South Africa is high and persistent, affecting between 25% (Figure 5.3.14) and 10% (Figure 5.3.15) of households, depending on the measure used (see also [Chapter 6.2](#)). Food insecurity has decreased since 2002 (Figure 5.3.16), when more people

started receiving social grants, especially older person and child support grants. Grants are paid to about 45% of households and represent the main source of income for about 20% of them (NIDS-CRAM, 2020a; Figure 5.3.17). People's underlying vulnerability to food insecurity can be exposed and amplified by shocks such as Covid-19 or the rapid food price increases of 2007.

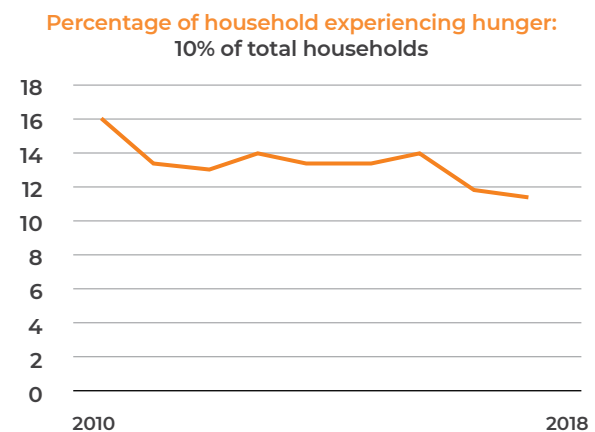
Figure 5.3.14: Percentage of food-poor people in South Africa, 2006 to 2015



Source: Stats SA, 2019

Women, children, and elderly people are particularly vulnerable to food insecurity. The South Africa Demographic and Health Survey (DoH et al., 2019) suggests that about 18% of adults either experienced or were at risk of hunger in 2016; the rates were 15% in

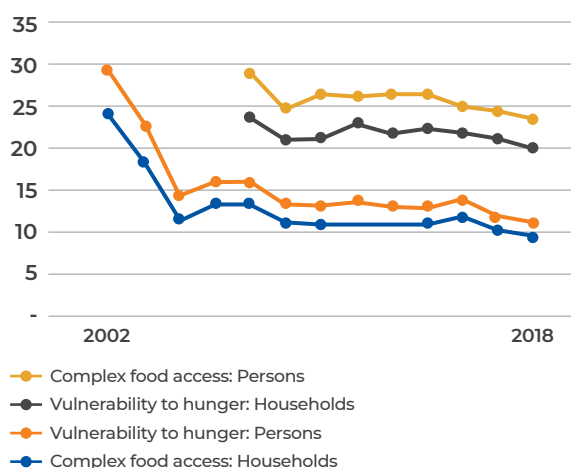
Figure 5.3.15: Percentage of households experiencing hunger, 2010 to 2018



Source: Stats SA, 2019

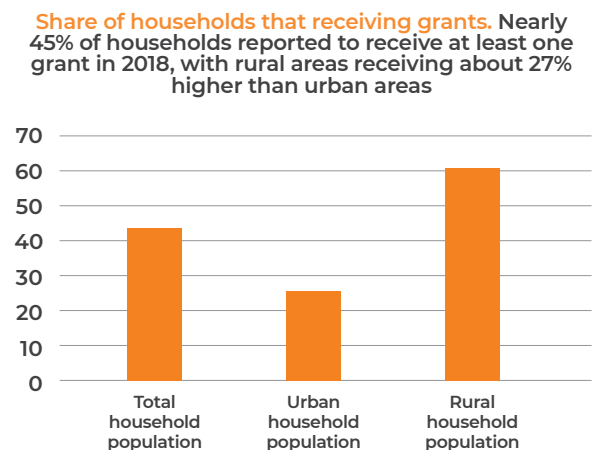
urban areas and 27% in non-urban areas, and 33% and 3% in the lower and higher wealth quintiles, respectively. For children, the figures were 20% at national level, 17% urban and 25% non-urban, and 28% and 6% for the wealth quintiles, respectively.

Figure 5.3.16: Food security trends, 2002 to 2018



Source: Stats SA, 2019

Figure 5.3.17: Share of households that receive grants, 2018

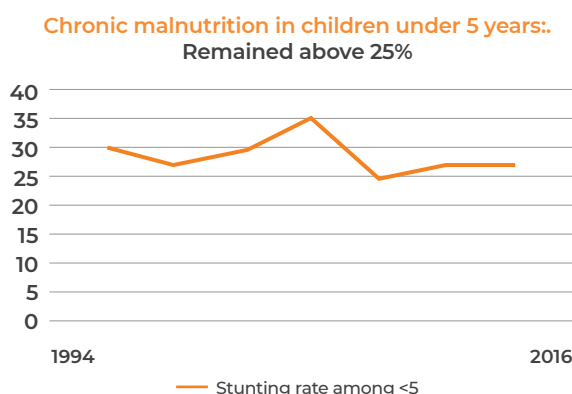


Source: Stats SA, 2019

- Another dimension to food insecurity
- is **malnutrition**, and undernutrition in particular. Chronic malnutrition (stunting) has remained above 25% since the beginning of the democratic era (Figure 5.3.18). Linked to this is micronutrient deficiency (Figure 5.3.19)

relating to vitamin A and food rich in iron. Along with its limited progress in reducing rates of undernutrition, particularly stunting, South Africa has also seen a significant rise in rates of overweight and obesity since the late 1990s.

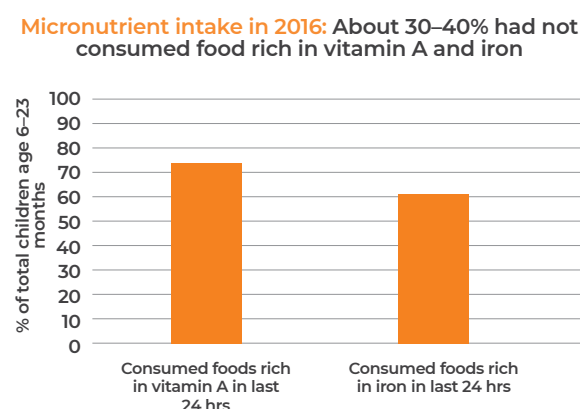
Figure 5.3.18: Stunting rates, 1994 to 2016



Source: DoH et al., 2019. Note: Calculated using data from WHO, 2020a

Different forms of malnutrition increasingly coexist in the same communities, households, and even the same individuals (e.g., a stunted child in an obesogenic environment is more at risk of becoming overweight). The prevalence of obesity and overweight among women is 41% and 27%, respectively, and under-five stunting remains high at 27% (DoH et al., 2019). These issues underpin the high rate of non-communicable diseases and comorbidities that increase vulnerability to Covid-19. A key factor here is that local markets in both urban and rural areas are full of cheap, ultra-processed foods that are low in nutrients and high in sugar, salt, and fat. These help fuel the rapid rise in obesity and non-communicable diseases, with many children trapped in obesogenic food environments where healthy foods are increasingly unaffordable. Furthermore, nutrition transition and internal mobility mean that many people increasingly shift from traditional diets to more unhealthy western diets.

Figure 5.3.19: Micronutrient consumption by children, 2016



Source: DoH et al., 2019

These official statistics reflect the prevalence of food insecurity before lockdown. This situation has compelled a concerted policy response, and food and nutrition security features prominently on the country's developmental agenda, including in the constitutional mandate (section 27), the National Development Plan 2030, the National Policy on Food and Nutrition Security (2013), the National Food and Nutrition Security Plan (2017–22), and the Department of Social Development's Household Food and Nutrition Security Programme, as well as in the United Nations Sustainable Development Goals 1, 2 and 12. The National School Nutrition Programme, urban agriculture and gardening programmes, food regulations (e.g., the mandatory salt reduction in 2015 and the sugary drinks tax in 2017), and the integration of nutrition into early childhood development programmes are other examples of policy responses. In addition to these initiatives, non-governmental organisations and individuals have also responded to the country's food security needs.

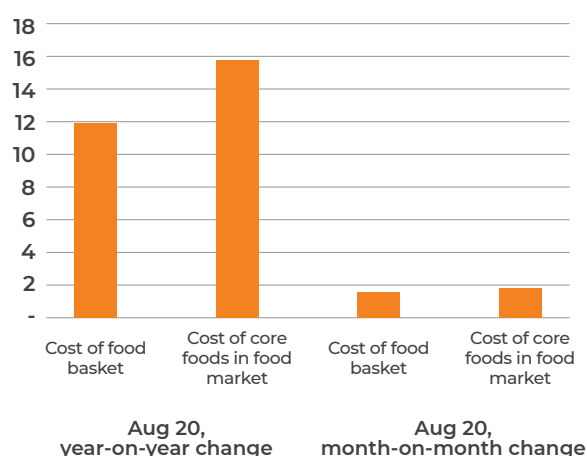
The latest NIDS-CRAM survey (2021) and the 2020 South Africa Child Gauge (May et al., 2020) provide compelling evidence that the food system, in which various food value chains are embedded, is not working. Food access is a daily struggle for over 14 million South Africans, with malnutrition in its various forms a significant health challenge. As the NIDS-CRAM survey shows, 'child hunger has now increased across the country, returning to the highest levels of the hard lockdown in May 2020'. In December 2020, one in six households with children reported a child had gone hungry in the past week. The NIDS-CRAM paper on hunger argues, 'The magnitude of food insecurity is still such that the need for social relief efforts remains undiminished and that the reduction and phasing-out of some of the social grants will have severe hunger consequences' (van der Berg et al., 2021).

The food choices facing households are shaped in powerful ways by their immediate food environment and the broader food system. This system includes all the elements

involved in taking food from producers to consumers (e.g., production, processing, packaging, distribution, marketing, and retail) and is increasingly dominated by commercial interests. A key characteristic of food and nutrition security in South Africa is that the majority of households access food via the market rather than via production and social transfers. Thus, food prices become a major factor affecting food security. During Covid-19, the price of staple food has remained stable at national level; however, the cost of core foods appears to have increased by more than 15% in low-income areas (Figure 5.3.20). In January 2021, the average cost of the household food basket was R4 051,20; in contrast, the national minimum wage was only R3 321,60. Thus, many households would find the food basket largely unaffordable (PMBEJDG, 2021). This suggests that the affordability of a nutritious diet or even a core food diet could be compromised in low-income areas. Fluctuating food prices (e.g., Figure 5.3.21) would further increase food inaccessibility because of the limited purchasing power of vulnerable groups.

Figure 5.3.20: Cost of food basket in low-income areas, August 2020 (% change)

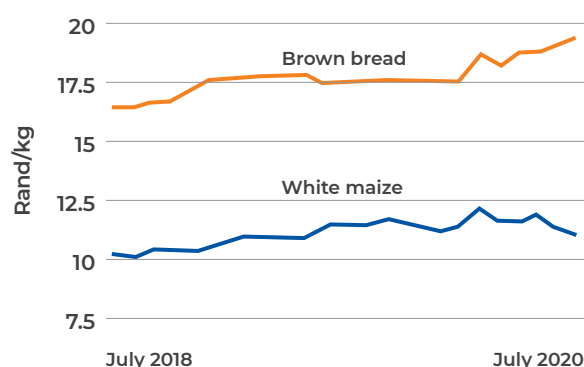
Rising cost of food basket in low-income areas:
By August 2020, the cost of a food basket had risen by more than 12% since August 2019 and about 2% since July 2020



Source: PMBEJD, 2020

Figure 5.3.21: National average price of bread, 2018 to 2020 (R/kg)

Staple food national average prices: Price variation <2,5 rand in the last two years. Maize meal price decreasing since last July



Source: FAO, 2020

Summary

Food insecurity was already prevalent before the lockdown, as demonstrated by the indicators of stunting and hunger. Persistent challenges around food accessibility and availability seem to be influenced by economic status and price volatility. Vulnerable groups, including children, would have been at a high risk of food insecurity both before the lockdown and throughout the pandemic. Food insecurity is, thus, another example of chronic, persistent vulnerabilities that are exposed and often heightened by a shock such as the pandemic.

PRIMARY HEALTHCARE

When considering Covid-19 and vulnerability from a health perspective, the terms 'clinically extreme vulnerable' and 'vulnerable' refer to people at higher risk of severe illness from Covid-19 (NI Direct, 2020). However, as noted, in the context of this chapter vulnerability refers to people's risk of being affected by a hazard (e.g., a pandemic) as determined by complex social, economic, and environmental processes. The pandemic put vulnerable persons at even higher risk of health consequences. This section briefly describes the primary healthcare situation in South Africa before the lockdown and then summarises the impact of the lockdown on the access of more vulnerable groups to non-Covid-19-related healthcare (see also [Chapters 5.1](#) and [5.4](#)).

About 90% of the country's population can access free primary healthcare within a 5 km radius, through over 3500 clinics and community health centres. Services are nurse based, with doctor-supported infrastructure, and are underpinned by community health workers conducting home visits. Empirical data on healthcare access is limited. Primary healthcare visits rose from 68 million visits in 1998 (1,6 visits per capita) to 120 million visits in 2015 (2,2 per capita) (WHO, 2017).

Primary healthcare faces many challenges, such as the unequal distribution of resources, management and leadership crises, higher disease burdens, growing patient numbers (often including unregistered migrants), and slow progress in restructuring the healthcare

system (Maphumulo & Bhengu, 2019). Access to public primary healthcare is also unequal among the regions. More people from township areas (who are more vulnerable, given their socio-economic status) use public primary healthcare than do people from suburban areas (Figure 5.3.22). Because the population density in these areas is high, the demand for public primary healthcare is relatively higher (Hamann & de Kadt, 2019).

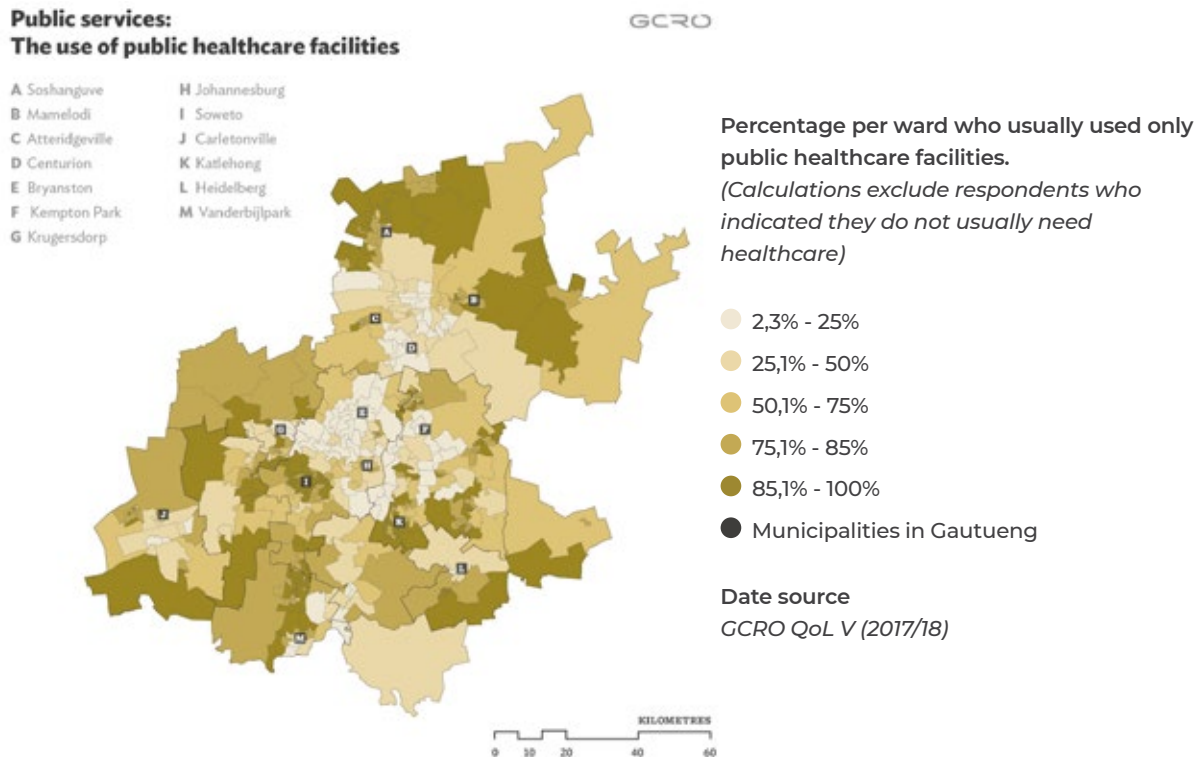
During alert level 5, people's movements were restricted, except for those 'performing essential services, obtaining an essential good or service, collecting a social grant or pension, or seeking emergency, life-saving or chronic medical attention'. This meant that no restrictions were placed on access to or the delivery of healthcare services (Siedner et al., 2020). To help avoid overcrowding at primary healthcare facilities, over 28 000 health workers were mobilised to conduct door-to-door screening for Covid-19 risk factors (Mogotsi & Bearak, 2020); these included an additional 2587 community health workers who had been appointed by 30 June 2020 (AGSA, 2020a). In dense townships, pop-up clinics were set up for this purpose (Mogotsi & Bearak, 2020).

Even though there were no restrictions on care and additional services were provided, the pandemic still negatively affected access to public primary healthcare. People who require primary healthcare are typically vulnerable because of some physical state or condition, whether chronic or acute. Many people living with some non-communicable or infectious diseases require chronic medication. Apart from being at higher risk of contracting the

virus because of epidemiological risk factors (e.g., diabetes or cardiovascular disease), accessing healthcare in itself increases their risk of exposure. To access care, people had

to leave their homes, use transport services, and enter facilities where testing for Covid-19 might have been underway.

Figure 5.3.22: Persons who usually access only public primary healthcare (%)



Source: Hamann & de Kadt, 2019

An assessment of 11 primary healthcare facilities in rural KwaZulu-Natal found the main impact of the lockdown to have been on childcare visits (Siedner et al., 2020). Visits for adult healthcare (i.e., HIV follow-up treatment, perinatal care and family planning, or chronic care) were reasonably constant. However, in the national Maternal and Child Health (MATCH) survey, conducted by text message in June 2020, 23% of respondents said they could not access medication, condoms, or contraceptives. About 22% reported not seeking acute care when needed, and 4% did not seek chronic care (Burger et al., 2020). A major concern in rural KwaZulu-Natal was a significant drop (over 50%) in visits for child health. By June 2020 (three months after the start of the lockdown), child health visits had returned to pre-lockdown numbers; however,

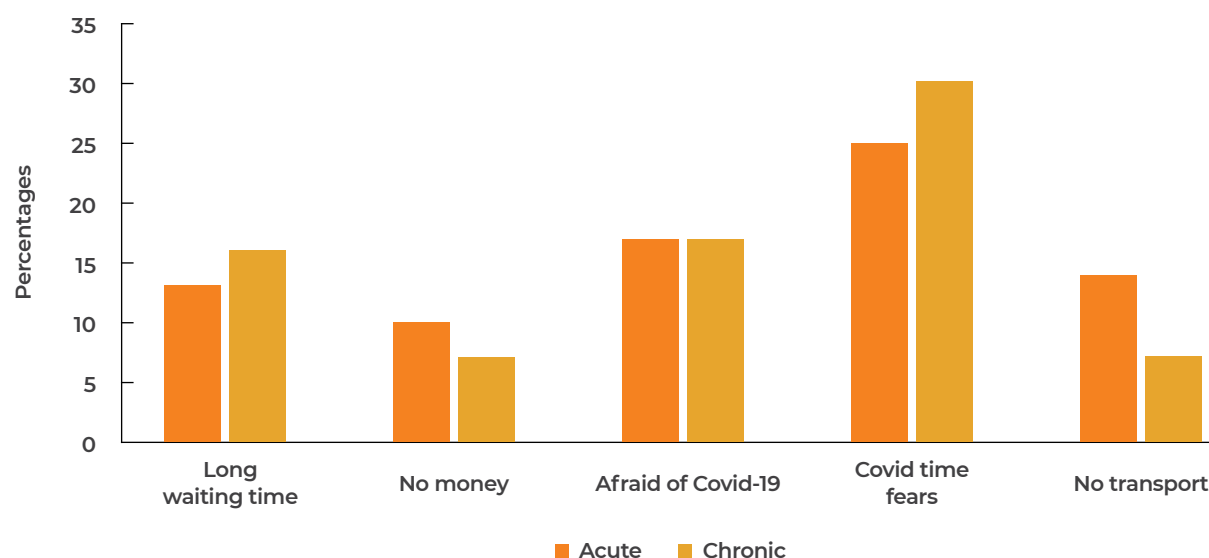
the effects of these missed visits cannot yet be determined. In the MATCH survey, 16% of the mothers and pregnant women reported not visiting a clinic in the previous two months. About 25% of babies who needed vaccinations had not been taken to the clinic in that period.

Large numbers of women do not have a live-in partner during pregnancy or are single mothers of young children (DoH et al., 2019). They bear the sole responsibility for finding the time and carrying the expense of travelling to primary healthcare services. Many also experienced hunger during the pandemic, which is a strong predictor of maternal mental health (Spaull & Tomlinson, 2020); this may have negatively affected their decisions on taking children for health visits. Restricted

- transport options, financial pressures and
- social fear also contributed to the reduction
- in the use of basic public healthcare. In the MATCH survey (Figure 5.3.23), the main reason respondents gave for not attending required healthcare visits was fear of contracting the

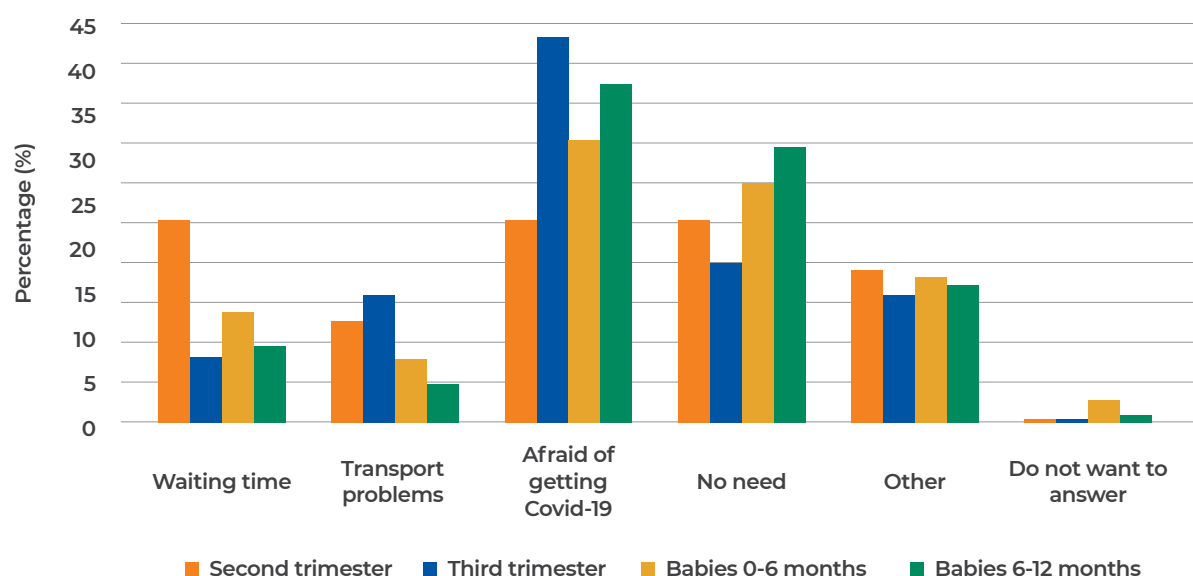
virus (Burger et al., 2020). As for maternal and childcare, apart from pandemic-related fears, many women felt there was no need for healthcare visits, especially for children (Figure 5.3.24).

Figure 5.3.23: Reasons for not attending required healthcare visits



Source: Burger et al., 2020

Figure 5.3.24: Perinatal and childcare: Reasons for not attending required healthcare visits



Source: Burger et al., 2020

Maintaining access to healthcare during a pandemic requires a careful balance between providing primary healthcare, protecting

vulnerable populations from Covid-19 infection, and ensuring they have the means to reach healthcare services. Longitudinal

work is needed to assess the impacts of even modest drops in perinatal care, child vaccination rates, and child health visits (Siedner et al., 2020) during the pandemic. In communicating with the public, it is critical

for government to address people's fears around attending healthcare facilities and emphasise that preventative healthcare visits for children are essential for their short- and long-term health.

Summary

People's healthcare-seeking behaviour for non-Covid-19-related services changed during alert level 5. The likelihood of medical visits fell, especially for child healthcare services. Fear of contracting the virus played a key role in the decision not to seek healthcare services, but this was compounded by restrictions on transport and financial pressures. These factors should be taken into consideration in initiatives to maintain access to healthcare during lockdown.

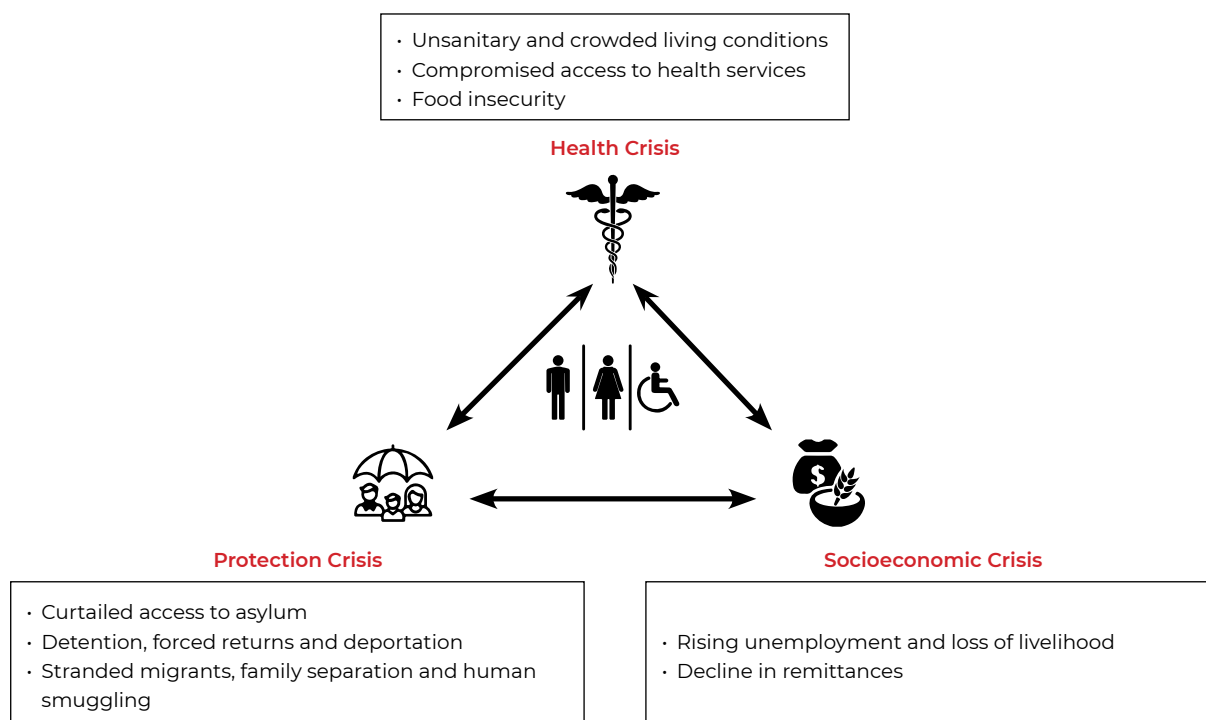
REFUGEES, ASYLUM SEEKERS AND MIGRANTS

Even before the pandemic, the circumstances under which asylum seekers, refugees and migrants lived had already been precarious, with 'relatively weakened social support structures, bleak socio-economic prospects, unequal access to healthcare and social services, precarious housing conditions, tenuous living and working conditions, and higher risks of exploitation and abuse' (Mukumbang et al., 2020:3). Human rights and other commentators (e.g., Global Detention Project, 2020; Human Rights Watch, 2020b; Mbembe, 2019) have expressed concern about the treatment not only of refugees but also of other foreign nationals, for example political narratives 'scapegoating' foreign nationals, high levels of xenophobic crime, and a dysfunctional asylum system (Mengistu, 2020; Amnesty International, 2019a & 2019b). In the pandemic, foreign nationals experienced ongoing harassment, discrimination, and marginalisation. Mukumbang et al. (2020) argue that migrants, refugees, and asylum seekers were disproportionately affected by the pandemic; this further exacerbated their existing problems (Figure 5.3.25).

Moyo and Zanker (2020) note that despite the changes to all aspects of life wrought by the pandemic, one thing that remained the same is government's treatment of migrants and asylum seekers, which 'is mostly business as usual', by which they mean 'anti-migrant' (Mukumbang et al., 2020:3). They see this attitude exemplified in the 19 March announcement by the Public Works Minister, Patricia de Lille, of a plan to build a 40 km fence along the border with Zimbabwe (eNCA, 2020). At the time, the number of infections in Zimbabwe were much lower than in South Africa (11, as against 1845), and it appeared that the main source of infection in South Africa was people arriving from Europe by air.

If migrant and asylum seekers had been a low priority before Covid-19, the pandemic appears to have pushed them lower still (Ozah, 2020 cited in Ho, 2020). Their marginality was exacerbated by the lockdown's stringent containment measures, as 'they found themselves suddenly jobless, being evicted from their homes, hungry, insecure, and trapped in dormitories or camps where adequate physical distancing is impossible' (Mukumbang et al., 2020:3). As most of this group works in the informal sector and relies on daily income, their inability to work during the lockdown had immediate repercussions for their physical and mental wellbeing.

Figure 5.3.25: Impact of the Covid-19 pandemic on 'foreign-born migrants'



Source: Adapted from UN, 2020, by Mukumbang et al., 2020:3

In addition, various support interventions were only available to people with South African identity documents and social security cards (Human Rights Watch, 2020a). These included the social relief of distress grant, the increased child and other social support grants, and the Business Relief Fund (Mukumbang et al., 2020). To qualify for the latter, for example, a business had to be tax compliant and 100% South African-owned or have at least a 70% South African workforce (Business Insider South Africa, 2020 cited in Mukumbang et al., 2020). The official stance also appeared to exclude migrants deliberately. For example, when the Minister for Small Businesses Development, Khumbudzo Ntshaveni, announced government's relief package for the informal sector on 24 March 2020, she indicated that only South African spaza shops could remain open during lockdown (Khubeka, 2020), implying that the quality of products from foreigner-owned shops could

not be guaranteed. Her statements, labelled 'xenophobic' by Sizani (2020), resulted in police closing some foreign-owned shops in Port Elizabeth. Although in retrospect the Minister's actions may have been renegade, the fact that they were made at all, at such a high level of government, is very problematic.

The 2 million migrants, refugees and asylum seekers in South Africa were also affected in other ways. The closure of the Department of Home Affairs meant many could not renew their permits, leaving them vulnerable to harassment and extortion by law enforcement agents. This led Tshepo Madlingozi, the Director of the Centre for Applied Legal Studies, University of Witwatersrand, to call on the department to set out explicit directions on the treatment of foreign nationals. In a joint statement, this centre and the Centre for Human Rights of the University of Pretoria¹⁰ called on government to address the plight

¹⁰ Centre for Human Rights & CALS, 2020

of migrants, refugees, and asylum seekers on issues such as non-discrimination in access to treatment, testing, palliative care and food aid, and in the potential de-densification of human settlements (discussed above). They also asked for asylum seekers whose permits had not been processed before lockdown to be protected, and for women and girls who experienced gender-based violence (see [Chapter 5.4](#)) to have access to assistance irrespective of their nationality.

That said, certain broad-based relief measures benefitted refugees and migrants to some extent:

- On 25 March 2020, the Department of Home Affairs (DHA, 2020) announced that there would be no penalty or arrests of asylum seekers whose visas expired after 16 March, provided they 'legalise their visa within 30 calendar days of the lockdown being lifted'. However, deportations appear to have continued despite this announcement, under the guise of containing the spread of the virus (Global Detention Project, 2020). Through directions issued by the Minister of Home Affairs on 22 July and 30 September 2020, the validity of asylum seeker permits and visas was extended first until 31 October 2020 and then until 31 January 2021.
- Bidvest and ABSA banks confirmed they would continue to provide banking services to people whose asylum or refugee documentation had expired, a position confirmed by the Banking Association of South Africa in May 2020 (Scalabrini, 2020). Many foreign-born migrants, however, still had their bank accounts frozen (Mengistu, 2020; Mukumbang et al., 2020).
- As noted, government placed a moratorium on evictions and the demolition of shelters during lockdown (SERI, 2020; see also [Chapter 5.4](#) for a detailed discussion). However, SERI (2020) notes several cases of evictions, demolition, and disconnection of services under lockdown.

In addition, civil society attempted to assist vulnerable migrants and refugees during the pandemic. For example, the Scalabrini Centre of Cape Town won a court order that could result in asylum seekers being able to apply for the Covid-19 social relief of distress grant (Mukumbang et al., 2020).

To alleviate the plight of refugees, asylum seekers and migrants as the pandemic plays out, the following interventions are recommended:

- Hunger alleviation through food parcels donated by the Department of Social Development and non-governmental organisations
- Provision of shelter for people rendered homeless by unemployment during the pandemic
- Assistance with relevant documentation to ensure that this group does not sink further into vulnerability and destitution in this or any future disaster
- Relief granted by banks to be extended to migrants and refugees
- Access to adequate testing and treatment
- Psychosocial support to deal with the impact of the disaster.

CONCLUSION

This part of Chapter 5 examined various vulnerabilities that existed among people in South Africa before the Covid-19 pandemic and then discussed how these have been exacerbated by the pandemic. Many vulnerabilities are **structural** and the result of various factors, including systemic governance failures. Blaming such vulnerabilities on the pandemic thus would not be correct; they are not merely its outcomes. The call for greater attention to doing the 'basics' of development in just and fair ways, with accountability, remains clear. Adequate and urgent policy responses to the crisis must take existing vulnerabilities into account.

- At the household and individual level,
- **vulnerability to poverty** has increased
- significantly, with real per capita income falling for households across the income distribution. In many cases, income poverty overlaps with other markers of vulnerability, such as working in the informal sector, having little formal education, or being employed in poorly paid jobs. The existing social assistance infrastructure is key to poverty alleviation and has become even more so in the pandemic.

Spatial variations in **living conditions and access to services** provide another vital lens through which to consider the uneven impacts of the pandemic. People in places that are overcrowded with few basic services face much higher risks. The widespread lack of access to adequate water and sanitation in both rural and urban areas is one example of how the pandemic has exacerbated pre-existing structural problems. Attempts to mitigate these by distributing water and hygiene products remain a short-term, unsatisfactory solution. Linked to spatial and income vulnerability are a lack of access to both **food and healthcare**. Many households had already been food insecure, and the pandemic has worsened this insecurity. Also, the historical spatial inequalities that affect access to primary healthcare facilities have led to overcrowding and a lack of basic care. These structural vulnerabilities affect certain groups more acutely – **women, children, elderly people, people living with disabilities, refugees and migrants all face higher levels of economic insecurity**.

South Africa's institutions and regulatory environment also influenced how vulnerable groups have been affected by the pandemic. A major consideration in this regard is how the **social grant** system has been mobilised to alleviate the negative economic impacts on vulnerable people through higher grant amounts and the introduction of the Covid-19 social relief of distress grant. These measures were in line with international responses and had a progressive, direct impact on household incomes. Government's

healthcare response has also been relatively rapid, and the mobilisation of community health workers has helped to mitigate some of the negative effects of the pandemic on vulnerable groups. It has, however, seen a reduction in primary care visits for many already vulnerable individuals – a lack of access to transport, money pressures, and the risk of contracting Covid-19 have kept them away from healthcare facilities.

Much like other shocks and challenges (e.g., extreme droughts, floods, or massive job losses with varying global economic cycles), the pandemic underscores the importance of **enhancing people's ability to respond, reduce risks, and adapt**. Remedial, reactive measures are not sufficient – effectively, they only help people to lurch precariously forward into a range of uncertain futures. What the pandemic offers the country is a serious and telling opportunity for 'self-examination' as a nation on questions such as: How is 'development going'? Who is being left behind? Who is vulnerable? And how can the tragedy of further loss be prevented? Paying attention to insidious, chronic vulnerabilities, therefore, must receive attention in all the sectors discussed here; it also requires a massive drive to enhance data capture, improve procurement systems, and strengthen monitoring and evaluation.

ASPECTS BEYOND THE SCOPE OF THIS CHAPTER

Determining details of the nuances of vulnerability to Covid extends beyond the scope of this overview. The brief for this initial vulnerability assessment was to focus on sector-specific vulnerability (e.g., water, food, social security, and housing) and to highlight some of the structural, underlying dimensions and drivers of vulnerability.

Clearly for each sector, and indeed for a more comprehensive vulnerability assessment, a finer investigation could include various vulnerable groups (e.g., young and elderly

people, rural women, sex workers, prisoners, and groups with disabilities). Other sectoral vulnerabilities may also need further work, such as economic vulnerabilities, geographic vulnerabilities, and vulnerabilities across different settlement typologies. Much more detailed research and data will be required, however, to fulfil such a brief. It may also be necessary to touch on how these vulnerabilities change as vaccination programmes are implemented. To this end, the following aspects should ideally be followed up in the second edition of the Country Report, with detailed research support: the extent to which long-term care residents and workers could provide support to vulnerable people (e.g., elderly people or people with mental and physical disabilities), and the need for psychological support for people in extreme lockdown. Finally, more vulnerability assessments will no doubt continue to emerge as the pandemic progresses, with organisations such as the United Nations Development Programme, Statistics South Africa, the Council for Scientific and Industrial Research, the Department of Cooperative Governance and Traditional Affairs, and universities conducting ongoing research.

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ANNEX 5.3.1: DETERMINANTS OF VULNERABILITY

AFRICA AND SOUTH AFRICA

Various attempts have been made to map vulnerability to Covid-19 in Africa and South Africa, for example using some of the drivers and contextual vulnerability factors mapped for Africa (ACSS, 2020). Spatial maps have been developed showing comparative vulnerabilities based on factors such as international exposure; the public health system density of urban areas; the urban population; the age structure of the population; government transparency; press freedom; the magnitude of conflict; and displaced persons. Other regional and national vulnerabilities to the Covid-19 pandemic have also been mapped (Blumberg et al., 2020; Surgo Foundation, 2020).

In the Surgo Foundation (2020) study, a comparative African regional and national assessment showed that South Africa is 'highly vulnerable to Covid-19' because of its high population density; a higher proportion of people aged 65 years and older; a high fragility context (e.g., food insecurity and civil unrest); and a high prevalence of epidemiological factors (e.g., HIV/AIDS). In April 2020, the Council for Scientific and Industrial Research (CSIR) also developed a national vulnerability index for the South African National Disaster Management Centre to help with Covid-19 response planning (WHO, 2020a). This index used

informality, population density, and a lack of access to basic services as a transmission risk, and age as a health susceptibility risk.

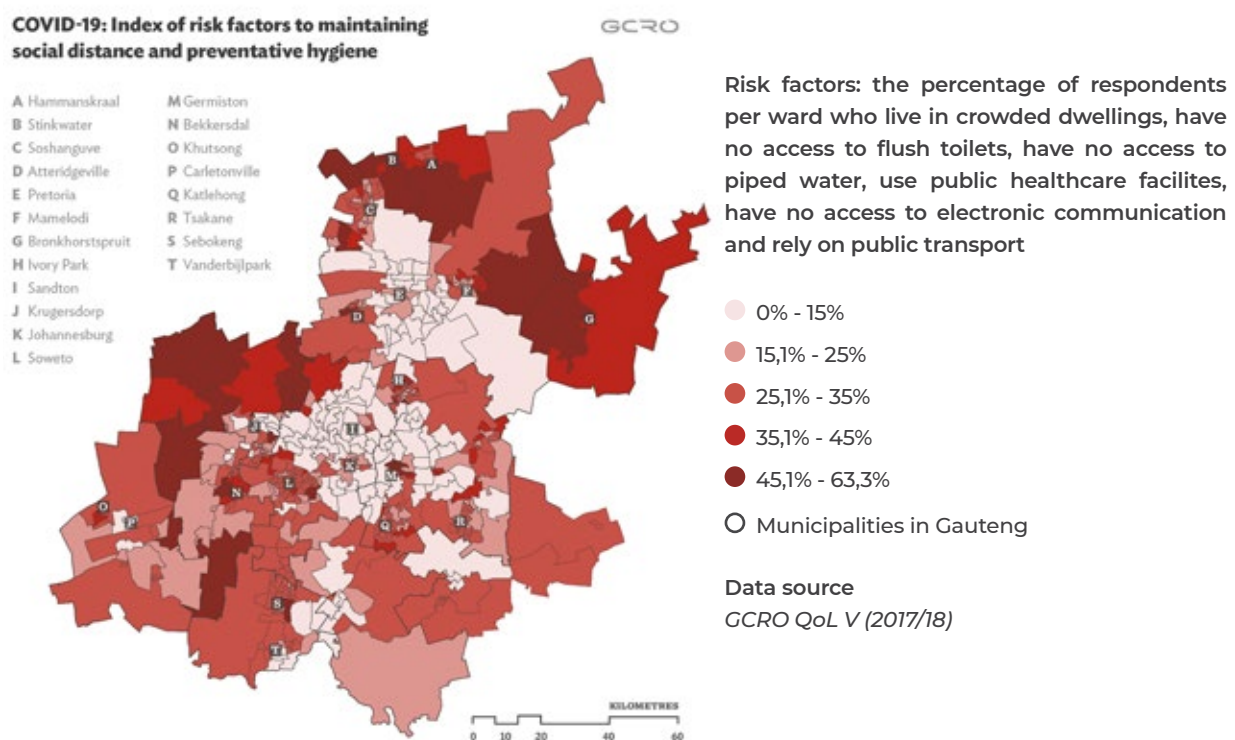
PROVINCIAL DETERMINANTS: THE CASE OF GAUTENG

A syndemics framework can also be used to probe some of the interlinkages between factors that contribute to vulnerability in the context of Covid-19. A syndemics framework means that the variables in the indices are interrelated, and it highlights the need for a nuanced approach. The framework assists in examining the consequences of epidemics as they interact with other diseases, in conjunction with social, environmental, and economic factors that both facilitate their spread and compound their impact (The Lancet, 2017). Using this framework, a vulnerability index was developed for Gauteng. The vulnerability and risk indices explored two key areas: (1) the multiple risk factors to maintaining basic preventative hygiene and

social distancing (Figure 5.3.26), and (2) the multiple risk factors in the context of major shutdowns and potential outbreaks (Figure 5.3.27) (de Kadt et al., 2020). For example, being in a Covid-19 high-risk category (over 70 years of age or having comorbidities such as diabetes or heart disease), while also living in a community with social and economic disparities significantly exacerbate the impact of the disease.

Social distancing and preventative hygiene have been incredibly important in managing the spread of Covid-19, yet not everyone can practise social distancing. Crowded living conditions (three or more people per functional room), a lack of indoor access to running water or sanitation, reliance on public transport and healthcare, and a lack of access to communication mechanisms all greatly increase risk. The vulnerability map for Gauteng (Figure 5.3.27) shows that risk levels are above average in more marginal areas, townships, informal settlements, and high-rise, high-density urban areas.

Figure 5.3.26: Average score per ward: Social distancing and preventative hygiene factors

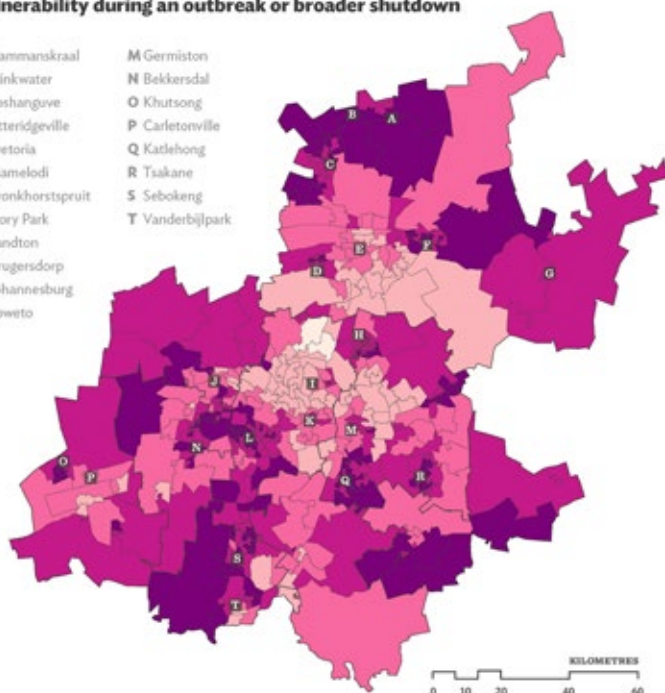


Source: De Kadt et al., 2020

Figure 5.3.27: Average score per ward: Social and health vulnerability factors

COVID-19: Index of risk factors that increase health and social vulnerability during an outbreak or broader shutdown

A Hammanskraal
B Stinkwater
C Soshanguve
D Atteridgeville
E Pretoria
F Mamelodi
G Bronkhorstspuit
H Ivory Park
I Sandton
J Krugersdorp
K Johannesburg
L Soweto
M Germiston
N Bakkedalsdal
O Khutsong
P Carletonville
Q Katlehong
R Tsakane
S Sebokeng
T Vanderbijlpark



Risk factors: the percentage of respondents per ward who have poor or very poor health, have no medical insurance, face hunger, have pre-existing health conditions, find it difficult to save money and failed to find healthcare when they needed it.

0% - 15%
15,1% - 25%
25,1% - 35%
35,1% - 45%
45,1% - 60,3%

○ Municipalities in Gauteng

Data source
GCRO QoL V (2017/18)

Source: De Kadt et al., 2020

It is worth noting that higher levels of risk have not directly translated to high numbers of infections in these communities. Media reports show the impact of high infection rates on communities like Alexandra in Johannesburg and Khayelitsha in Cape Town, but this does not seem to have been the norm (Isaacs, 2020). Detailed analysis in Gauteng has shown that many poorer informal and township areas have had very low numbers of cases. This may be for a number of reasons, including:

1. Poor geocoded data at a local level means that cases may not be allocated to these areas.
2. These areas typically lack health facilities, and people may not be accessing testing for Covid-19.
3. Relatively youthful populations may be presenting as asymptomatic.

4. Single or two-people households may be reducing the spread.
5. The virus is yet to affect some areas, and the spatially disconnected nature of many of these settlements may actually have shielded them (Maree & Gotz, 2020).

That said, communities with higher social and economic disparities, while not necessarily having higher numbers of Covid-19 cases, have borne the brunt of impact of the pandemic. Findings from the NIDS-CRAM study show that both hunger and joblessness have increased (Wills et al., 2020). Women have been disproportionately affected as they have higher levels of vulnerability and are more likely to test positive for Covid-19 (Casale & Posel, 2020; Parker et al., 2020; Global Health 50/50, 2020). These issues are discussed in more detail in [Chapters 5.1](#) (Health), [Chapter 5.4](#) (Gender) and [Chapter 6.1](#) (Economics)

Summary

Determining the risk, exposure and in particular vulnerabilities that emerged in South Africa during Covid-19 is extremely complex and requires much more targeted research. 'Understanding how vulnerability shifts alongside household structure is crucial to delivering targeted support' (Parker & de Kadt, 2020). Responses to risk therefore have to consider variations in the distribution and forms of risk. The pandemic also highlighted the role of gender, age, and other vulnerability factors that may not correspond to the usual assumptions. Female and larger households with women as primary caregivers may have higher levels of risk transmission and be more vulnerable during a lockdown.



CHAPTER 5.4

GENDER EQUALITY



CHAPTER 5.4: GENDER EQUALITY

ABSTRACT

Gender equality is entrenched in the South African Constitution, and women's empowerment is a priority of the post-apartheid government. However, achieving gender equality remains a challenge. Even before Covid-19, impediments to women's empowerment and gender equality persisted. Women are oppressed in various ways; the differences among them in terms of race, class, ethnicity, and sexuality help explain the extent of their marginalisation. Government interventions during the Covid-19 pandemic sought to ensure that gains in women's empowerment and gender equality would not be eroded. However, while some government interventions referred to women and gender, most regulations used gender-neutral language and so amplified women's marginalisation. Women's already marginal position in the economy also meant that few could access the various government measures intended to alleviate the impact of the pandemic and the lockdown. The

pandemic and the lockdown exacerbated existing fault lines in gender equality and women's empowerment. Overall, Covid-19 had a particularly negative effect on women in terms of employment, income, gender-based violence, access to housing and health services, and household and care responsibilities. Also, as they comprise the majority of frontline healthcare workers, women have been more exposed infection.

Gender mainstreaming of government interventions needs to be operationalised in a way that shows how key variables in women's lives intersect in complex ways to shape their experience of exclusion and marginalisation. It is no longer feasible to continue using the single lens approach that identifies patriarchy as the only basis of women's oppression and gender inequality, while ignoring deeply entrenched racial inequality. There is an urgent need to understand the differences among women in South Africa and to take these differences into account when implementing programmes and interventions during disasters such as the Covid-19 pandemic. Note that any conclusions on the strengths and limitations of the Covid-19 response are still preliminary and will be refined based on stakeholder consultations and feedback from readers.

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ABBREVIATIONS AND ACRONYMS

ART	antiretroviral therapy	SALGA	South African Local Government Association
CEDAW	[United Nations] Convention on the Elimination of Discrimination against Women	SAPS	South African Police Service
GAD	gender and development [approach]	SEFA	Small Enterprise Finance Agency
HIV	human immunodeficiency virus	SERI	Socio-Economic Rights Institute of South Africa
LGBTIQ+	lesbian, gay, bisexual, trans, intersex and queer	SMME	small, medium, and microenterprise
NIDS-CRAM	National Income Dynamics Study Coronavirus Rapid Mobile [survey]	TERS	Temporary Employee/ Employer Relief Scheme
NPO	non-profit organisation	UIF	Unemployment Insurance Fund
		WHO	World Health Organization

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INTRODUCTION

This chapter explores gender-responsive government interventions to mitigate the impact of the Covid-19 pandemic on women and girls, including on their access to sexual and reproductive health and rights, protection from domestic and other forms of gender-based violence, financial resources, decision-making, and access to effective remedies. The chapter starts with a gender analysis of government regulations during the pandemic and then addresses critical topics such as women's risks and vulnerability under lockdown, gender-based violence, human settlements, maternal and child health, and sexual and reproductive health and rights. The case of Gauteng is analysed to assess the effect of the interventions at provincial level. The final section presents recommendations. [Annex 5.4.1](#) sets the context for the discussion of gender in South Africa, while [Annex 5.4.2](#) provides a conceptual framework for the analysis.

To understand the positionality of women in South Africa during the Covid-19 epidemic, it is important to note that they are not a homogenous social category. Race is a key element that differentiates women in the country. The term black is used here to refer to African, Asian, and coloured people. Africans comprise 81% of the population (Stats SA, 2020), and African women comprise the majority among the most marginalised people. Most poor people, people who live in informal settlements and unemployed people are African and female (Ndinda et al., 2017). Women earn less than men with similar human capital endowments and are often overlooked for promotion and leadership positions. These challenges affect African and coloured women in different ways than white women. The intersectionality of gender and race is a theme that runs throughout the chapter.

This chapter is based on a desktop review of policy documents and literature, along with a secondary analysis of existing data sets. Empirical data on the topic is limited, in part because of the hurdles around seeking ethics approval for this work.¹ The findings of the chapter and the data limitations it identified underscore the need for gender-disaggregated data, the use of approaches that value women's ways of knowing, and innovative ways of conducting research. Note that these conclusions on the strengths and limitations of the Covid-19 response are still preliminary and will be refined based on stakeholder consultations and feedback from readers. Also, this chapter focuses on the first and second waves of the pandemic. Women's empowerment and gender equality during the further progression of the pandemic will be discussed in the second edition of the Country Report.

GENDER ANALYSIS OF GOVERNMENT REGULATIONS IN THE PANDEMIC

After the announcement of the national state of disaster in March 2020, regulations were developed to manage and control its implementation. These regulations aimed to ensure that all South Africans remained safe and to help the country navigate the epidemic of both disease and fear – the fear that accompanied the media reports on the Covid-19 pandemic was extraordinary both in this country and in places across the globe. The regulations were developed very quickly, and although they were clearly necessary, some gaps became evident in their application and implementation. Importantly, the policies were not all gender-sensitive and supportive of the more vulnerable sectors of society. Government should have ensured that the

¹ While the team notes the importance of protecting human subjects in social science research, this needs to be balanced with the need for data when no harm is posed to the study participants.

principles of equality, non-discrimination, human rights, and respecting human dignity applied in all of its policies. Box 5.4.1 below reflects on the efforts of the Department of Women, Youth and Persons with Disabilities (DWYPD) in this regard.

Box 5.4.1: Department of Women, Youth and Persons with Disabilities

The DWYPD has played an active role in the Covid-19 work streams of the National Coronavirus Command Council, where technical officials participated in the process ([Chapter 2](#)). However, its inputs in the work streams were not adequately reflected at the higher levels of the Command Council's coordinating process. Also, regulations developed by individual departments failed to mainstream gender from the start – the policy position of the DWYPD is that gender mainstreaming is the responsibility of every government official.

The DWYPD aimed to ensure that government's Covid-19 measures were responsive to issues of gender, youth, and disability, especially those with an economic impact. To this end, it hosted a two-day gender mainstreaming workshop with the economic sector departments during alert level 5. It also developed and presented to the social work stream a report on the gendered nature of the pandemic. A comprehensive gender tracker was developed and shared with the social and economic work streams, and progress reports were submitted to the president, initially every week and later, every month.

The DWYPD also played an important role in addressing issues around the multiple referral pathways for victims of gender-based violence to report such violence and access key services. Working with the Department of Social Development, the DWYPD helped ensure that anti-gender-based violence workers were classified as essential workers in the early stages of the lockdown. It also promoted the use of sign language interpreters in all media briefings, among other measures mainstreamed across the Covid-19 regulations.

COVID-19 AND STIGMA

The regulations asked the public to observe physical distance, sanitise their hands, wear masks, and avoid crowded spaces. However, the requirement for self-isolation and quarantine among people infected with Covid-19 and the way those who perished from the epidemic were buried aggravated the stigma around the disease. Stigma works in complex ways and brings to the fore people's own ignorance and prejudices. Public health programmes to deal with the stigma of HIV and AIDS are ongoing, but with every new pandemic or disease, stigma rears its head once more.

Pandemics contribute to the avoidance of and anxiety about populations where the condition is reported to be prevalent, leading to labelling and isolation of such groups (Turner-Musa et al., 2020). At the beginning of the Covid-19 pandemic, those known to have interacted with people who had contracted the disease were often stigmatised. In one case in the Eastern Cape, the names of people who attended a funeral were circulated in the local municipality with warnings that these people were potential carriers of Covid-19.

People tend to discriminate against others who are sick because of their own ignorance and fear of contracting infectious diseases. As noted, people living with HIV and AIDS also faced stigma, which was tackled through public health programmes. South Africa has consistently campaigned against the stigmatisation of people living with and affected by conditions such as HIV and AIDS. Civil society (community-based organisations, non-governmental organisations, churches, and others) worked alongside government in tackling stigma at the height of the AIDS pandemic (Parker & Aggleton, 2003; Ndinda et al., 2007; Liamputtong et al., 2009).

Government needs to strengthen policy and awareness programmes to stop discriminatory practices. Although the health department continued with messages

- against stigmatising and discriminating
- against people infected and affected by
- Covid-19, stigmatisation has been rampant, particularly in rural areas, and discrimination continues (Mehlwana, 2020 & 2021). Such discrimination exacerbates the multiple forms of oppression of women already face, including class, race, ethnicity, geography, gender, and sexual orientation, all of which increase their vulnerability during the pandemic.

ESSENTIAL ITEMS

In March 2020, the Minister of Trade, Industry and Competition published a list of 22 categories of items that the National Consumer and Competition Commission would monitor to guard against unjustified price increases. The list included basic food items (e.g., rice, maize meal, milk, canned vegetables, and meats), personal care products (e.g., toilet paper, baby formula, and nappies), hygiene products (e.g., disinfectant, hand sanitiser and cleaning agents) and key medical supplies (e.g., surgical masks and gloves). The usefulness of such regulations notwithstanding, they were gender-neutral and often gender-blind and failed to consider the needs of women (Box 5.4.2). As noted, gender-mainstreaming of the regulations should have occurred from the start to ensure that the regulations were gender-sensitive.

Box 5.4.2: Impact of gender-blind regulations on pregnant women and mothers

A woman from KwaZulu-Natal laid a complaint with the Commission for Gender Equality. She was about to give birth and because of the lockdown regulations, she could not access clothes for the baby. The regulations on essential items related only to baby food. Baby clothing was deemed non-essential, and even supermarkets that sold basic baby clothing had cordoned it off. Only after an investigation by the Commission and recommendations to the Minister did the department clarify that basic clothes for babies and toddlers were essential items in terms of the regulations.

EDUCATION

In terms of the Disaster Management Act, government decided to close schools from 18 March to 15 April 2020. The Act was revised to include Covid-19 guidance for childcare facilities and schools, with a focus on the continuity of education. The guidelines for schools included how to convert face-to-face lessons into online lessons and train educators to do so, and how to encourage appropriate adult supervision of learners engaging in distance learning. These guidelines did not consider **household gender roles** in a largely patriarchal society such as South Africa. While the responsibility for childcare should clearly not rest with women only, the household division of labour still assigns this role to them. The recommendations for reskilling teachers to carry out online lessons were important, but little consideration was given to the fact that the same teachers were also parents tasked with childcare responsibilities. The interventions to ensure continued learning called for adult supervision of distance learning, but this too would generally be carried out by women. Thus, while important, these guidelines failed to take due account of the main roles of women in most South African households.

While the closure of school and care facilities was meant to prevent the spread of Covid-19, the decision to implement these closures did not sufficiently consider the impact on learners who depend on schooling to meet their **basic needs**. For example, schools supplied girls from poor backgrounds with sanitary towels, but the regulations did not indicate how these girls would continue to receive such support from the education department. The regulations also initially affected school feeding programmes. Provinces such as the Western Cape continued these programmes, but without guidelines, the implementation of the programme was left to provinces and local municipalities. The regulations on basic education should have ensured that the support learners received from schools before lockdown would still be provided, in ways that complied with the lockdown regulations.

Another aspect not given due consideration in the decision to close schools is that many children have ***no caregivers during the day***, either because their parents were at work or because they come from child-headed households. The school closures increased the vulnerability of such children to domestic violence, sexual harassment, and rape.

COMMUNICATION

Although government prepared regulations and urged communications platforms to distribute Covid-19-related information, it failed to urge these platforms to consistently report on violence against women and gender-based violence during the lockdown. Still, President Cyril Ramaphosa took a strong stance and made several media briefings and public calls on gender-based violence. In March 2020, he launched the National Strategic Plan to end Gender-Based Violence and Femicide (DWYPD, 2020) on national television.

UNPAID WORK

Covid-19 amplified the vulnerabilities of women as caregivers and as employed workers (often in the care economy). The regulations required all non-essential companies to close temporarily and their employees to work from home indefinitely. But women working from home had to be both caregivers and employees in the same space. Although lockdown increased the time that men had with their children, the burden of care remained on women. Mothers and other females in the household had to assist with homework and caring for the sick, while also having to work online and be productive, as required by their employers. In female-headed households, women were both breadwinners and sole caregivers for children. How working from home directly affected their productivity (and therefore their ongoing employment) is still unclear. But the silence in the regulations on the care work of women in both the private and the public

spheres is problematic. Restrictions and regulations to prevent the spread of Covid-19 should recognise women's unpaid work and design interventions to support such work.

SPORT

The Covid-19 sport regulations were gender biased and prioritised male sports, almost to the exclusion of female sports. For example, precautionary measures were set out for football (a male-dominated sport) but not for sports dominated by women (e.g., netball). In particular, the sixth precautionary measure in the Covid-19 Safety Precaution Measures in Football cautioned against touching taps with bare hands when using toilets and advised spectators to use disposable towels to open and close taps. The assumption was that these towels would be available in all the spaces where sports events take place. However, the regulations were silent on women's sports. The failure to plan adequately for female sports in the initial phases of the pandemic meant that male physical activity was prioritised over that of women and girls. This ignored the challenges around low physical activity among women, the majority of whom (about 60%) are overweight or obese (Shisana et al., 2014; Ndinda & Hongoro, 2017).

A lack of physical activity is a key risk factor for non-communicable diseases such as heart disease and stroke, cancer, diabetes, and chronic respiratory disease (Ndinda & Hongoro, 2017). Physical activity was restricted during the hard lockdown, and sports venues were inaccessible in some lockdown phases. It is not clear what measures were taken to help people engage in physical activity. The Department of Sports and Culture provided much-needed support to professional athletes (Box 5.4.3). Given the high levels of obesity and overweight, especially among women (Shisana et al., 2014), the department should also promote physical activity among the wider public. Using a multi-sectoral approach, people should be encouraged to engage in sports in Covid-safe ways.

● **Box 5.4.3: Department of Sports: Supporting professional athletes in the pandemic**

'Relief measures were aimed at ensuring that we save livelihoods of athletes and at the macro level. The department availed R112 million in the form of grants to over 60 national sports federations based on the priorities they identified their applications, where the key focus areas were job retention, organisational functionality, [and] priority special projects and programmes. In addition, the department availed relief funds to athletes, coaches, technical support personnel and fitness practitioners. To date ... about 405 people have benefited through this intervention. ... In conjunction with the Solidarity Fund, the department availed ... food vouchers to sports persons who did not qualify in terms of the relief fund. So, we've tried the best that we can to ensure that we really save livelihoods. ... Through the [National Coronavirus Command Council] ... gradually you saw professional sport returning to play, of course without spectators ... [to ensure] that we do not create an environment for superspreading the virus ...'

Source: Key informant interview, Department of Sports and Culture

Gender equality and women's empowerment should be a concern not only equality and women's empowerment should be a concern not only under 'normal' circumstances but also during disasters, because that is when women, girls and children are most vulnerable.

WOMEN'S VULNERABLE EMPLOYMENT

The lockdown measures were important interventions that averted a national disaster. However, their gendered impact revealed much about women's vulnerability and further entrenched gender and racial inequality. A key area of impact was in terms of employment.

By 2018, only 38% of black women were employed (up from 26% in 2003), as against 50% of black men, 57% of white women, and 76% of white men. Only one in ten black women are employed in the private sector, as are over a quarter of black men, a third of white women and half of white men (TIPS, 2020). These findings are consistent with reports by the Commission for Employment Equity, which since their inception have shown the concentration of white people in the private sector (DOL, 2019). Black women tend to earn less than white women, black men and white men; the pay gap is wider among older people.

During the lockdown, the economy shed many jobs in services (515 000), trade (373 000), domestic work (311 000), finance (283 000), construction (278 000) and manufacturing (250 000) (Mosomi et al., 2020). The concentration of women in elementary occupations and low-paying positions (e.g., basic sales, services, clerical, and domestic work) made them more vulnerable to such job losses. Even when business operations resumed under alert level 3, the employment situation of women in elementary occupations did not improve. Recent studies (TIPS, 2020; Mosomi et al., 2020) suggest that black women were most affected by job losses; however, few could benefit from the Temporary Employee/Employer relief scheme (TERS). The TERS programme had raised R350 billion by June 2020 to cushion workers against job losses, with an average payment of R3 500 per month. Although domestic workers were eligible for the grant, many had not been registered for the Unemployment Insurance Fund and could therefore not receive the benefit. Out of over a million domestic workers, only 35 000 (3%) received Covid-19 relief, as against a third of all other workers (TIPS, 2020). Also, the large numbers of black women who are not in formal employment could also not receive the benefit. Many unemployed black women earn a living in insecure, unprotected, temporary, or part-time positions, where incomes are low and inconsistent; they were unable benefit from the Unemployment Insurance Fund when these positions disappeared during the

lockdown (TIPS, 2020).

Most workers in the retail, domestic, cleaning and catering services are women. More women are in caring occupations, such as nursing, education, and home-based care work. Black women (8%) and white women (3%) who work as educators kept their jobs during the lockdown. However, the National Treasury plans to reduce the pay of all public servants (including healthcare workers and educators) in the next few years, which will amplify their vulnerability. Occupations such as healthcare also put women at greater risk of infection. Black women comprise 60% of all (650 000) healthcare workers and white women 9% (TIPS, 2020). By August, about 24 100 healthcare workers had been infected, of whom 181 had lost their lives. The concentration of black women in healthcare puts them and their families at higher risk of infection. Thus, black women and their households were the most vulnerable social category in the pandemic, which exacerbated existing inequalities.

While women who could work from home did, they too faced new challenges. As noted, gender roles assign women the work of caring for young, elderly, and sick people. Under lockdown, women working from home had to balance their official work with the additional responsibilities of caring for family members and children. This could have affected their performance and contributed to job losses.

GENDER-BASED VIOLENCE

Gender-based violence has long been extremely high in South Africa. National

statistics are limited, but the South African Police Service (SAPS) reports persistently high levels of offences against women. It reported 51 895 sexual offences in 2015/16, 50 108 in 2017/18, and 53 293 in 2019/20, the highest number in the past five years. Of the 166 720 contact crimes reported in 2019/20, incidents against women accounted for 30,0% (50 857). Among the 165 494 common assault cases, women were victims of 50,2% (83 202) (SAPS, 2020a).

The data used in this section has several limitations, stemming largely from the lack of comprehensive, national, gender-based data. The chapter draws on the definition of gender-based violence in the National Strategic Plan,² which does not account for gender-based violence against sexual minorities and gender non-conforming persons, including lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+) persons. SAPS data does not reflect certain forms of gender-based violence identified in the National Strategic Plan, such as economic or educational deprivation. It also does not reflect domestic violence-related crime specifically; these are combined with common assault and assault with the intent to do grievous bodily harm (commonly known as 'assault GBH'). Likewise, femicide and the murder of women by their intimate partners or spouses are recorded as attempted murder and murder.

While the data for the entire period is not yet available, the victimisation of women by men has most likely continued during the lockdown, as has the victimisation of queer and LGBTIQ+ people by heterosexual persons

² The general term used to capture violence that occurs because of the normative role expectations associated with the gender associated with the sex assigned to a person at birth, as well as the unequal power relations between the genders, within the context of a specific society. Gender-based violence includes physical, sexual, verbal, emotional, and psychological abuse or threats of such acts or abuse, coercion, and economic or educational deprivation, whether occurring in public or private life, in peacetime and during armed or other forms of conflict, and may cause physical, sexual, psychological, emotional, or economic harm.

- Box 5.4.4 overleaf). Initial trends are as follows:
- • **Intimate partner violence and domestic violence:** In April–June 2019, 32 883 cases of domestic violence-related crimes were reported to the SAPS, as against 20 775 in April–June 2020. In July–September 2020, there were 15 233 cases, followed by 18 330 in the October–December 2020 reporting period. The Western Cape and Gauteng had the highest reported incidence of domestic violence-related crimes in both years. In the first month of the lockdown, under alert level 5, there were 13 192 verified accounts of domestic violence. This was below normal levels, suggesting that the lockdown prevented women from reporting abuse, possibly because they could not leave their homes. As noted, the SAPS does not record intimate partner and domestic violence as separate categories of crime, and thus there were no specific statistics for these offences in the second to fourth quarters of 2019/20. This limits the scope for comparison.
- • **Perpetration of domestic violence:** Boyfriends, husbands, ex-boyfriends, and brothers are the most common perpetrators of domestic violence-related crimes. In April–June 2020, boyfriends accounted for 39% of reported cases of common assault and 35% of cases of assault with intent to do grievous bodily harm against women (36% for the two categories together). Of the 308 domestic violence-related rape cases reported, 41% were by boyfriends, 28% by ex-boyfriends, and 7% by husbands. In total, boyfriends and husbands constituted 48% of sex offenders against girlfriends and wives, and ex-boyfriends 7%. Brothers are the next largest category, constituting 3,5% of all known sex offenders. This is in line with the literature that argues that intimate partners constitute a real danger to women's lives.
- • **Perpetration of femicide:** Of the 1482 domestic violence-related murders in 2019/20, 46,6% were committed by an intimate partner. The perpetration pattern of femicide (murder and attempted murder of women by intimate partners) is like that

of domestic violence. In April–June 2020, 90 women were murdered, almost half by boyfriends (24%) and husbands (21%). In the next quarter, July–September 2020, 86 of the 162 victims of domestic violence-related murders were women, and in October–December 2020, the numbers were 97 and 193. In April–June 2020, there were 189 cases of attempted murder (122 against women), mostly committed by boyfriends, ex-boyfriends, and husbands. Brothers commit 8% of attempted murders against women. The numbers for July–September 2020 were 112 attempted murders (79 against women), and for October–December 2020, 132 (92 against women). This data only reflects the first three quarters of 2020/21, but the trend is similar to previous years. (As with intimate partner violence, femicide or domestic-related murder, as defined by the SAPS, is also not a separate category for official statistics, and no numbers are available for the second to fourth quarters of 2019/20).

- • **Sexual offences:** Table 5.4.1 shows sexual offence cases in the first to third quarters of 2019 and 2020. Reported cases were sharply down in the hard lockdown period, possibly because the restrictions on movement meant women were less likely to report offences (they could not leave their homes). However, for the third quarter (October–December 2020), the numbers increased slightly. This suggests sexual offences continued to increase despite the lockdown restrictions. Once the restrictions were eased, women could report these offences. In 2019/20, of the 31 690 reported cases of completed rapes, 54,3% were perpetrated by a person known to the victim. The perpetrator was either in an intimate relationship with the victim or was another family member (e.g., an uncle, parent, guardian, son, or grandparent). Most (18 231) of these cases occurred at victims' private residences. Data for April–June 2020 suggests that boyfriends, husbands, and ex-boyfriends remained the category most likely to perpetrate sexual offences against women.

- **Sexual offences as a result of police action:** In 2019/20 the SAPS recorded 9614 counts of sexual offences as a result of police actions, up from 7976 in the previous year. Limpopo and KwaZulu- Natal recorded the highest number of sexual offences as a result of police action (SAPS, 2020a). In April–June 2020, 411 sexual offences as a result of police action were detected. This worrying trend suggests that police officers are an increasing category of sex offenders.

The trends in these statistics are like those in the literature on gender-based violence. Although the numbers are high, in the first two quarters of the 2020/21 reporting period (April–June and July– September) they were lower than in previous periods. The reasons

could include both restrictions on movement and the alcohol ban. Movement restrictions, as noted, meant women could not travel to police stations to report crimes. As many perpetrators were likely to be in the same household as the women, or were their intimate partners, victims were less able to escape and report the incidents of violence. The ban on alcohol could have helped reduce the enabling conditions for gender-based violence. In the third reporting period, there was a slight increase in reported sexual offences. As noted, this was expected because the move to alert level 2 and later to alert level 1 meant better access to reporting at police stations, at least for heterosexual women. The patterns of perpetration in terms of both assailant/offender and place of occurrence are similar to the literature.

Table 5.4.1: Sexual offence cases, April to December 2019 and 2020

Category	2019			2020		
	Apr–Jun	Jul–Sep	Oct–Dec	Apr–Jun	Jul–Sep	Oct–Dec
Sexual offences	12 094	13 730	15 325	7 296	11 423	15 595
Of which:						
Rape	9 737	10 985	12 037	5 805	8 922	12 218
Sexual assault	1 668	1 964	2 288	1 070	1 758	2 390

Source: SAPS, 2020b, 2021a & 2021b

Box 5.4.4: Non-profit LGBTQI+ organisation: Experiences in the pandemic

A non-profit organisation (NPO) that aims to '[eradicate] discrimination against and within LGBTQI+ communities' was interviewed about its experiences in the lockdown. Many of the cases described here were reflected in media reports, as cited. The NPO continued to provide services during the lockdown, mostly but not exclusively online. During alert level 5, it received a few permits to continue its services, and service users received data to ensure the ongoing provision of direct support. The lockdown seems to have exacerbated the violence that occurs in 'normal' times, such as intimate partner violence, 'family' or domestic violence against transgender women, and police brutality against transgender women and sex workers.

Gender-based violence and intimate partner violence: A lesbian couple recently moved into new rented premises. When the landlord discovered they were lesbian, the couple was beaten and chased out of their home. Their attempts to get help from the nearest police station resulted in further indirect violence from the police, and the NPO's Health and Support Services Programme

Manager had to access support via the Gender-based Violence Hotline. After a few hours, support was provided, and the couple was placed into a safe house. The NPO was also confronted with intimate partner violence cases within lesbian relationships that resulted in the hospitalisation and even death of a partner (see Francke, 2020).

'Family' violence against transgender women: Often transgender women need to be moved out of their homes to ensure their safety. This is always a challenge, but it was even harder during lockdown, not least because of the potential exposure to Covid-19. One transgender woman showed Covid-19 symptoms and had to be placed in isolation and/or a shelter. The health facility did not want to accept her in their isolation unit; the NPO's nurse drove to her and helped move her to a safe house. She was seen at the health facility the next day and tested positive for Covid-19; two other women in the same safe house were then retested for the virus. The woman is receiving gender-affirming care. Her move to the safe house was labour- and resource-intensive; for example, her files and chronic medication needed to be moved, a complicated effort involving both the clinics and the health department.

The SAPS and gender-based violence: There is very little implementation of the Standard Operating Procedure on the Detention of Transgender Persons in Conflict with the Law. Robyn Montsumi was a sex worker who died in police custody during lockdown in June 2020 (Grobler, 2020). Evidence suggests that she did not commit suicide, as the SAPS are representing. Several non-governmental organisations have lodged a complaint about her case with the Human Rights Commission; an investigation has been promised but has not been forthcoming (Human, 2020). Another case of a transgender women raped in police custody during lockdown has been taken up by Lawyers for Human Rights.

Court support: The NPO provided ongoing court support during the pandemic. Lockdown regulations limited the number of people attending court; this meant that a victim could only have one person (almost always a family member) to support them in court. The average court case takes three years, which usually includes multiple postponements.

Structural, sexual and gender-based violence: The intersectional approach in this chapter demonstrates how structural inequality, violence, marginalised populations, and gender-based violence are interconnected. A non-governmental organisation noted that the forced removals of homeless, transgendered sex workers in the lockdown resulted in several deaths, hunger, and violence (Tan, 2020). Likewise, the NPO was often asked during the lockdown to expand its services, including the provision of care or food packs. Food packs were sometimes used to negotiate safety within families and homes where there were threats of violence.

'Home is where the Hate is' – a youth campaign during lockdown: It is often assumed that 'home' is safe. However, the strict requirements for people to stay at home in lockdown contributed to a rising incidence of domestic violence and threats of violence. 'Home is where the Hate is' is a campaign involving younger people (school-going youth), which includes a play (performance theatre); it contributed to a rise in the number of referrals for the NPO.

Sexual and gender-based violence against LBGTQI+ communities has been exacerbated by the Covid-19 pandemic. Sex workers and transgender women in particular are subjected to brutal victimisation, often at the hands of the police. The NPO compiled a petition to the state on the dignity, security, and human rights of sex workers and LGTBQI+ people; no action has yet been taken (Mathe et al., 2020).

Women remain in danger at the 'hands' of intimate partners (boyfriends, husbands or ex-boyfriends), followed by family members such as brothers. For gender- and sexually diverse communities, their families remain a constant threat. Whether or not the country is in a pandemic, the question remains, when will this end? When will men and heterosexual 'families' take responsibility and remain accountable for the violence they perpetrate against women's and queer bodies?

Government aims to institute mechanisms that send a clear message of deterrence and accountability for crimes against women and LGBTQI+ communities. It is fast-tracking amendments to critical legislation, as per Box 5.4.5. As noted, the President also launched the much-awaited National Strategic Plan on Gender-based Violence and Femicide on 30 April 2020 (DWYPD, 2020).

Box 5.4.5: Strengthening legislation on gender-based violence in the pandemic

Government is fast-tracking amendments to three pieces of legislation related to gender-based violence:

- **Criminal Law (Sexual Offences and Related Matters) Amendment Act:** The amendment to this Act recognises sexual intimidation as an official offence, which the Act had not done before
- **Criminal and Related Matters Amendment Bill:** With this Bill, people accused of gender-based violence could only be granted bail under exceptional circumstances. If these circumstances were accepted, the court would then have to consider a number of factors before granting bail, including whether or not the survivor would feel safe with the decision.
- **Domestic Violence Amendment Bill:** This Bill would extend the definition of domestic violence to include victims of assault among those engaged to be married, those who are dating, those in customary relationships, and those in actual or perceived romantic, intimate, or sexual relationships of any duration.

In terms of government financial support, funding through the Solidarity Fund (2020) included:

- PPE and critical medical services were given to 133 shelters and care centres to assist women and children affected by gender-based violence
- In Phase 1 of the Gender-Based Violence Initiative, R1,7 million was provided across three areas:
 - a. Helping to scale up the national Gender-Based Violence Command Centre to deal with the rising number of calls
 - b. Supporting 78 victim shelters under the National Shelter Movement and 55 Thuthuzela Care Centres³ to increase access to safe spaces and services to victims of gender-based violence
 - c. Implementing a communications campaign to disseminate critical information.
- In Phase 2, R75 million has been allocated to service providers to provide support services across the gender-based violence ecosystem. In February 2021, government approved systemic and community-based organisation grants to 321 of these organisations.
- The Interim Steering Committee on Gender-Based Violence and Femicide, in partnership with the National Shelter Movement and UN Women, developed Emergency Pathways for Gender-Based Violence and Femicide in the context of Covid-19 (GBVF Interim Steering Committee, 2020).

Lastly, a survey conducted during the pandemic found high levels of awareness of government services around gender-based violence. Police were seen as the first point of formal referral, followed by clinics (19%) and social workers (18%). Very few respondents identified other services, such as social workers or gender-based violence centres (e.g., Thuthuzela Care Centres) (UN Women & South African Government, 2020).

³ Government, in partnership with various donors, introduced these designated 'one-stop' centres to provide emergency forensic and medical service to survivors of gender-based violence.

● WOMEN'S ACCESS TO ● HOUSING

Despite the gains in gender equality in the last three decades, women's right to adequate housing remains unrealised. While the right to adequate housing applies equally to men and women, women and girls have the primary responsibility for 'sustaining and maintaining the home and all the care responsibilities that go with this' (UN-Habitat, 2014:3). The home is also often the site for women's productive work. Women's relationship to the home therefore differs from men's, and their roles within it are either eased or hampered by adequate shelter, infrastructure, and services. Women's access to housing also potentially keeps them safe from gender-based violence.

The Covid-19 pandemic affected women in different socio-economic groups differently, with low-income women bearing the brunt of its impact, as discussed above. In declaring the lockdown, government did not sufficiently consider the socio-economic realities of poor African women. The lockdown regulations had no gender thrust, and if they benefitted vulnerable women, this was incidental (e.g., shelters for homeless people). One reason for the silence on gender issues may have been the lack of consultation on these measures, especially for alert level 5. Government did call for inputs on measures in subsequent alert levels (Blouws, 2020).

Some of the key variables affecting women's vulnerability in the pandemic were housing typology and form of tenure (e.g., rental housing or informal settlements) and household composition. The housing conditions of women can either protect them from disasters and pandemics such as Covid-19 or amplify their vulnerability and reinforce their poverty, oppression, and exclusion. Women live in a range of housing typologies (Figure 5.4.1). Most people (84%) who live in housing classified as 'other' are female. This is problematic, not least because it is unclear whether these women sub-let in

formal or informal dwellings. Homelessness among women is also concealed for their own security and safety. Relatively more women than men live in rooms (66,7%) and flats or apartments (50,9%). While their housing challenges are not that obvious, women who live in hijacked buildings (formal apartments) represent a significant proportion of those who live in inadequate housing (Dugard & Ngwenya, 2019). Conditions in the hijacked buildings are often the same or worse than in informal settlements. Slightly more women than men live in inadequate housing conditions in informal settlements (50,3%), where conditions are characterised by insecure tenure, crime, violence, and a lack of basic infrastructure services (Ndinda et al., 2017). Relatively fewer women than men live in housing classified as a brick structure on a separate stand (47,3%).

During the lockdown, households headed by women or with many women and dependants were disproportionately affected (Parker & de Kadt, 2020). The impact on various groups is explored below.

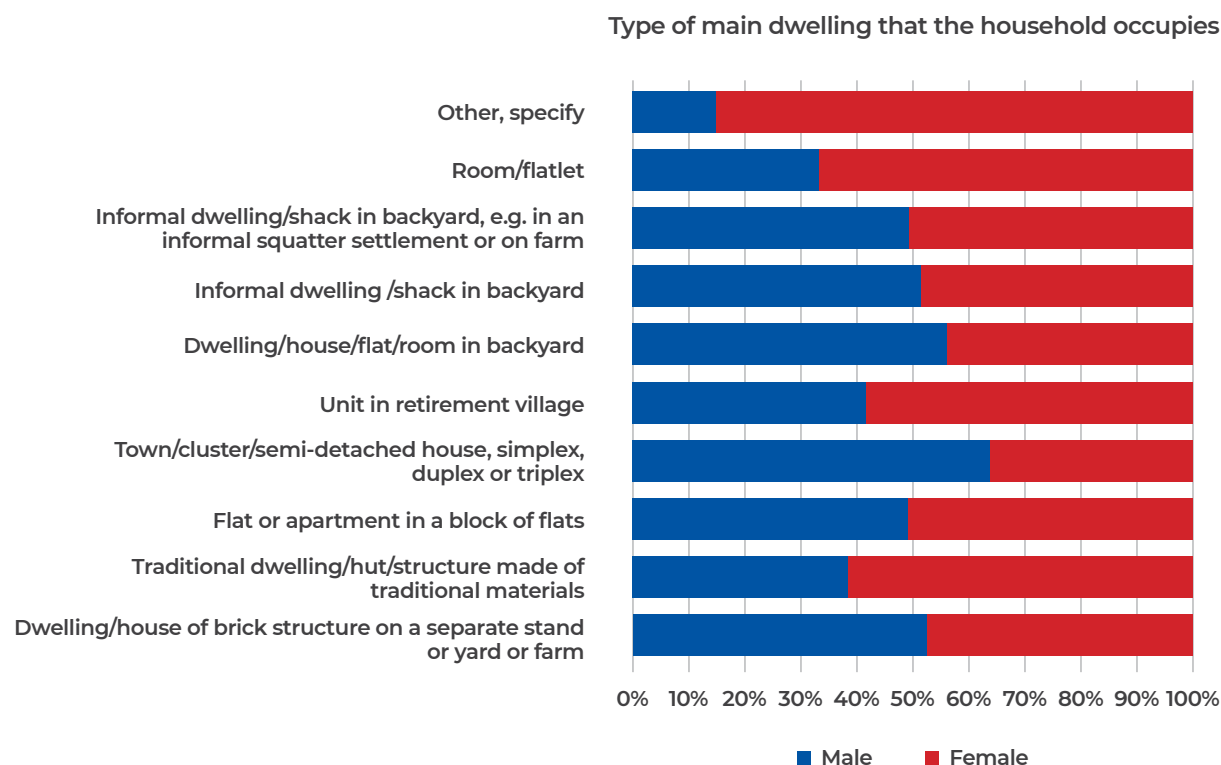
WOMEN IN HOSTELS

War on Want (2020) quotes Vusi Zweni, the chairperson of Ubunye Bama Hostela (which represents hostel residents in KwaZulu-Natal) as saying that 'the effectiveness of lockdown depended on proper housing, sanitation and healthcare'. These needs could not be met in the hostel environment, where 'households of up to 15 members [live] in one bedroom with three other families with similar conditions next door'. Women in hostels are 'domestic servants, street traders, students and [many] are unemployed'. The chairperson of the organisation's Women's Forum noted that 'lockdown has exposed the absence of interventions for vulnerable households such as those living in extreme poverty in hostels'. During lockdown, living conditions were appalling, with 'blocked sewers and restricted access to ablution facilities and water' (War on Want, 2020). Women could

previously have escaped these conditions by going to work, to school, or simply outdoors. But in the pandemic, they were particularly vulnerable (Parker & de Kadt, 2020) because of overcrowded living conditions, a lack

of access to piped water, inadequate and shared sanitation facilities, and dependence on the public healthcare and transport systems. (These conditions also occurred in informal settlements).

Figure 5.4.1: Housing typologies by gender, 2018



Source: HSRC, 2021

WOMEN IN INFORMAL SETTLEMENTS AND DWELLINGS

Most people who live in informal settlements are African and female, even though most households in these areas are headed by men (Ndinda & Ndhlovu, 2016; Ndinda et al., 2017). Urban informal areas (including informal settlements) have the largest share of very poor households – those in the first expenditure quintile. About 11,4% of Africans and 5,7% of coloured people live in informal dwellings, as against only 0,3% and 0,9% of whites and Indians, respectively; it is thus

likely that African and coloured women are overrepresented in informal settlements (Stats SA, 2016 cited in Umraw, 2018).

The National Housing Code (DoHS, 2009) lists the characteristics of informal settlements as ‘illegality and informality; inappropriate locations; restricted public and private sector investment; poverty and vulnerability; and social stress’ (Ndinda & Ndhlovu, 2016). Despite a decline in the share of people living in informal settlements in urban areas (from 17% in 2002 to 11% in 2014), the share of people living in informal dwellings did not change much (from 13,6% to 13,1%), possibly because the number of informal backyard dwellings

- increased (Stats SA, 2016). The dissatisfaction
- with poor living conditions in informal
- settlements is evident from ongoing service delivery protests. Although the housing policy supports the upgrading of informal settlements (DoHS, 2009), the scale of the problem, the limits of the fiscus, the land market, and the need for housing that poor people can afford make informal settlements an immovable feature of South African cities (Nengomasha & Adebayo, 2019).

Women in informal areas faced a vast range of problems even before the pandemic, including poverty, insecure tenure, inadequate basic services, a lack of personal safety, harassment, threats of eviction by authorities, and social and economic exclusion (Stats SA, 2016; SERI, 2018). Like women in hostels, their living conditions made them more vulnerable to Covid-19 transmission, and preventative measures such as social distancing and self-isolation were not realistic under these conditions. And for some the fear of eviction during the pandemic was not unfounded (see below).

EVICCTIONS DURING THE LOCKDOWN

Government aimed to safeguard vulnerable households from eviction during the lockdown through various regulations:

- **Alert level 5:** Regulation 11 CA of Government Notice R. 465 amending Notice 318 regarding the Disaster Management Act of 2002 (CoGTA, 2020g & 2020b) places a moratorium on all evictions, including previously authorised ones: 'No person may be evicted from their place of residence regardless of whether it is a formal or informal residence or a farm dwelling, for the duration of the lockdown'. Courts were prohibited from issuing eviction orders during this period (SERI, 2020).
- **Alert level 4:** Regulation 19 of Government Notice R. 480 (CoGTA, 2020h) permits

courts to grant eviction orders 'provided that any order of eviction shall be stayed and suspended until the last day of Alert Level 4, unless a court decides that it is not just and equitable to stay and suspend the order until the last day of the Alert Level 4 period'.

- **Alert level 3:** Regulations 36(1) & (2) of Government Notice 608 (CoGTA, 2020c) retain the level 4 provisions, suspending any eviction orders until the last day of this alert level.
- **Alert level 2:** Sub-regulation 53(1) of Government Notice 891 (CoGTA, 2020d), while still prohibiting eviction, further prohibits the demolition of a person's place of residence.⁴ Sub-regulation 53(2) retains the court's discretion to stay any order of eviction or demolition 'contemplated in sub-regulation (1) until after the lapse or termination of the national state of disaster unless the court is of the opinion that it is not just or equitable to suspend or stay the order'. Unlike previous regulations, Regulation 53(2)(a-i) lists of a range of circumstances that courts must consider in this regard, possibly to ensure that eviction or demolition is used only as a last resort. Sub-regulation 53(3) allows courts to 'request a report from the responsible member of the executive regarding the availability of any emergency accommodation or quarantine or isolation facilities', presumably to ensure that people are not rendered homeless. Regulation 54 deals with rental housing, stipulating that rental housing tribunals must determine fair procedures for hearing urgent disputes, while giving them discretion to grant ex parte spoliation orders to restore occupation of a dwelling or access to services 'provided that an affected party may, on 24 hours' notice, require that a hearing be promptly convened' (sub-regulations (1)(a) & (b)). Sub-regulation (2) (a-d) outlines conduct considered unfair practice, and sub-regulation 54(4) requires

⁴This qualification could have come about because of the widespread criticism levelled against city authorities that carried out evictions and demolished dwellings during lockdown; social justice organisations such as SERI lobbied the National Coronavirus Command Council and the Minister of Human Settlements to include a clause preventing the destruction of places of residence (Chabalala, 2020; SERI, 2020).

the minister responsible for Human Settlements to direct how tribunals should hold proceedings quickly and remotely (or at suitable locations).

- **Alert level 1:** Regulations 70 and 71 of Government Notice 999 (CoGTA, 2020e), which regulate eviction and rental housing matters as from 21 September 2020, respectively retain the provisions of alert level 2 Regulations 53 and 54 (outlined above).

Despite these safeguards, poor people, many of whom were women, were evicted from their homes, had their dwellings destroyed, and were even subjected to systematic violence during these illegal acts (Blouws, 2020; Kasambala, 2020; Lali, 2020; SERI, 2020):

- Hundreds of 'shack dwellers' were evicted by security forces in the Western Cape and KwaZulu-Natal soon after government declared the national lockdown in March 2020; this had a disproportionate effect on women and children (Kasambala, 2020:3).
- Some people evicted from the Empolweni informal settlement by Cape Town City's anti-land invasion unit explained that they had only recently erected their shacks after being forced out of backyard dwellings because they could no longer earn a living in the lockdown (Lali, 2020). One of the evictees, Moyeni, said township people who had previously given them jobs doing 'laundry, construction piece jobs, and domestic work' could no longer afford to do so because they themselves were not working. Another, Melaphi, said, 'when I saw my building materials scattered around, my heart ached'. She had previously 'rented a backyard shack for R500 per month in section 43, Makhaza, where she was cramped with her mother and four kids' (Lali, 2020:1). SABC News (2020) reported that the Cape High Court ruled these evictions illegal on 17 April 2020.
- The Socio-Economic Rights Institute of South Africa (SERI) documents many cases of individual and community evictions and attempted evictions during the lockdown. However, as there is no monitoring system for evictions, the data is not comprehensive.

Their report is based on media reports and records from a hotline set up by 'public interest legal services ... organisations' (SERI, 2020:6). Based on these, it seems that some evictions (e.g., of four female asylum seekers in Pretoria, discussed below) were thwarted when activist organisations and individuals intervened.

DOMESTIC WORKERS

Domestic workers have precarious and insecure jobs, which are often part-time (SERI, 2020). Domestic work accounts for 6% of total employment and around 15% of women's employment (Kannemeyer et al., 2020). About 95% of domestic workers are women, most of them poor and African (Stats SA et al., 2017). About 93% cite domestic work as their only source of income to support households with children (Kannemeyer et al., 2020). Domestic workers live in a range of housing situations, including informal settlements, backyard dwellings, inner city rentals and employer-provided housing.

Despite Sectoral Determination 7, passed in terms of the Basic Conditions of Employment Act of 1997 to protect the rights of domestic workers, this significant category of women is largely unregistered. As noted, this meant that many could not receive unemployment benefits. Live-in workers were particularly affected in the pandemic, as they also lost their accommodation and access to services. However, 75% of South African domestic workers reported that a household member received some form of government support (e.g., older person or child support grants) during the pandemic, and 87% had their normal grants increased or received some special Covid-19-related benefit. In stark contrast, only 4% of migrant domestic workers reported government support (Kannemeyer et al., 2020).

A SweepSouth survey conducted in September 2020 showed that while 63% of domestic workers had earned more than

- R2 500 per month before the pandemic,
- 74% earned less than this in the lockdown.
- The number of domestic workers who were sole breadwinners increased by 13% (from 2019), and many suddenly had to support a larger number of people. Those with five or at least six financial dependants rose by 5% and 6%, respectively. Lower incomes and higher dependency levels directly affect the affordability of housing. About 69% could not afford to pay their rent during lockdown; 57% fell (further) behind with their rent payments; 8% borrowed money for rent; and 4% moved to cheaper accommodation. Most did not know how they would cover rental arrears, raising the risk of further debt or eviction. About 30% reported rental assistance as their second greatest need, after getting back to work, which was the priority of 33% of respondents (Kannemeyer et al., 2020).

REFUGEE AND MIGRANT WOMEN

Statistics South Africa (Stats SA, 2020) designed a **vulnerability framework** that assesses people's vulnerability in terms of six indicators: aged 60 years and above; being unemployed; working part-time or in the informal sector; living in an informal dwelling or shack; having a household member(s) with a chronic illness; and living in crowded conditions. In terms of this framework, migrants fare worse than non-migrants on all the indicators of vulnerability except one – a household member with a chronic illness. However, the data was not gender disaggregated and could therefore not shed much light on the levels of vulnerability among migrant women and children. Another interesting finding is that among migrants interviewed during the lockdown, 82% reported that South Africa was their home, whereas 11% felt it made no difference whether they stayed or moved out of South Africa during the pandemic, as Covid-19 was a global threat.

Most informal sector workers are paid on a '**no work, no pay**' basis, which means they lose income every day they are absent from work. Relatively fewer migrants (51,4%) than non-migrants (77,3%) are employed full-time; a large proportion work in the informal sector or are self-employed. For them, the lockdown period resulted in a significant loss of income, which negatively affected their overall welfare and well-being. Not only were jobs and incomes affected, but migrant remittances also declined – only 18% of migrants could continue remitting funds during the lockdown.

For many migrants, the effect of the lockdown was profound and touched all aspects of their lives. For example, migrants whose **permits** expired during the lockdown suddenly became 'illegal' because of the temporary closure of Home Affairs offices. Although they were given a grace period until end-March 2021, it is not clear what proportion of migrants have become 'legal' again.

The expiry of these permits also affected the migrants' **access to healthcare services** in the public sector. The lack of policy coherence between the Department of Home Affairs and departments such as Health, Education and Labour amplified the vulnerability of migrants, especially women, during the lockdown (Mehlwana, 2021). Although some provinces (e.g., the Western Cape) have clear guidelines on access to healthcare for all pregnant mothers and children regardless of nationality (Mehlwana, 2021), the approach of other provinces is not clear. Inconsistencies in the interpretation and application of health policies leave migrants at the mercy of service providers at the point of care; the exclusion of migrants from healthcare is a serious concern (Mehlwana, 2020). Given their challenges in accessing healthcare, it is not clear how many migrants, including women and children, lost their lives to Covid-19 and other illnesses during the lockdown. Access to healthcare for migrants and particularly for pregnant women and children remains critical in a crisis

such as Covid-19. The relaxation of lockdown conditions did not radically alter the situation of migrants. In the move towards vaccines, there is need for clear policy direction and action to ensure migrants can access both treatment and vaccines. Excluding migrants from healthcare puts everyone else at risk.

Refugees, asylum seekers and migrant women who could no longer afford to pay rent were prone to harassment, violence, **eviction**, and displacement, in part because of their lack of protection under the law. No specific guidelines were outlined for these vulnerable groups, and they did not benefit from general government support (e.g., grants and food aid). However, some broad-based regulations potentially benefitted them, such as the moratorium on evictions discussed above. As noted, though, evictions, demolitions and disconnection of services still took place, often with intimidation and violence (SERI, 2020; Kasambala, 2020; Lali, 2020). SERI cites the eviction of four migrant women and their children from their rented accommodation in Pretoria, even though they had paid their rent. Private attorneys helped them regain occupation, but their experience highlights two important ways in which housing rights are compromised, despite apparent protection under the law:

- Very few low-income women can afford representation or know who to approach for help, especially under lockdown conditions.
- Refugee and migrant women may not want to draw attention to themselves by seeking help, which could very well expose them to victimisation or repatriation.

ACCESS TO SERVICES

Access to water is critical for preventing diseases such as Covid-19, but along with electricity, it is also critical for liveable and healthy human settlements and for home-based livelihood activities. Many housing situations where low-income women live already lacked basic services before the

pandemic – 3 million people had no access to water in informal settlements, derelict buildings, rural and peri-urban areas, and on farms (where women are farmworkers). Even for those with access to water, the service was unreliable, with a reliability rate of only 63% (CoGTA, 2020a). To address this during lockdown, Regulation 6.2 of alert level 5 Regulations (SERI, 2020) directed municipalities to provide water and sanitation to people living in overcrowded situations.

To this end, the Department of Water and Sanitation delivered emergency water tanks for distribution to settlements identified by municipalities. This was challenging at first because the materials for mounting the tanks (e.g., bricks, cement, and taps) could not be procured in the lockdown. Once these bottlenecks had been addressed, by June 2020 about 18 262 water storage tanks and 1299 water tankers had been delivered to various district and local municipalities (Tsunke, 2020).

In a briefing to the Parliamentary Monitoring Group (CoGTA, 2020a) on 28 April 2020, Mr Mthobeli Kolisa, the Acting Chief Executive Officer of the South African Local Government Association (SALGA) said the lockdown had affected the delivery of water and sanitation across the country, especially to poor and vulnerable communities, many of whom are women. SALGA reported working with the Department of Water and Sanitation to assist municipalities with the installation of water tanks. As for electricity, SALGA noted that municipalities had understood that 'they need to continue to provide electricity in a manner that does not allow for disruption in terms of the credit control measures'.

Municipalities were not prohibited from disconnecting utilities during the lockdown. SALGA reportedly requested them to suspend their credit control measures, and a number had been receptive to the suggestion not to disconnect the utilities of consumers in arrears. Others went further, like the City of Johannesburg, which also

- restored connections to people previously
- disconnected because of non-payment (SERI, 2020). SALGA also planned to request Eskom not to suspend electricity supplies in alert level 5. Despite these efforts, some people were still disconnected, often by landlords trying to force them to either pay or vacate the premises. Other intimidatory tactics include changing the locks or removing doors or windows (Harrisberg, 2020; SERI, 2020; Blouws, 2020). A woman from the Democratic Republic of Congo stated that both her water and electricity were disconnected because she could not afford to pay her rent (Harrisberg, 2020).

AFFORDABILITY OF HOME LOANS

The lockdown regulations did not provide any direct measures to assist with home loan repayments. However, to the extent that people with home loans are employed, regulations on unemployment benefits may, to a limited extent, have assisted people who lost their jobs during the pandemic.

On their part, the four big banks offered loan payment relief for three months (till end-June 2020), including for home loans (Matsemela, 2020; see also [Chapter 6.5](#)). This was, however, only for customers who had demonstrated 'sound banking behaviour, such as having honoured their repayments to the bank on a consistent basis before Covid-19', according to FNB (BusinessTech, 2020a). Standard Bank specifically focused its relief on customers earning R7 500 per month or less (BusinessTech, 2020b). FNB noted that interest and fees would continue to accumulate on outstanding balances, increasing both the debt load and the repayment period. It is not clear whether financially illiterate borrowers were helped to make informed decisions in this regard. In any event, the repayment 'holiday' was only for borrowers who were not already in arrears; this effectively excluded vulnerable homeowners, many of whom were women.

Among those who did qualify, the increased debt load and longer repayment period might also affect women disproportionately, as they tend to earn less and were worse affected by the lockdown. This might have forced more of them to take the payment relief.

HOMELESS PEOPLE

To address homelessness during the lockdown, Regulation 11D(2)(a) of Government Notice R. 398 (CoGTA, 2020f) required government to identify 'temporary shelters that meet the necessary hygiene standards for homeless people'. While many people had already been homeless before the pandemic, others were rendered homeless when they were evicted or had their shelters demolished during the lockdown, as noted. Outrage about the Western Cape evictions at the height of winter drew attention to local governments' response to land occupations in times of crisis.

GOVERNMENT RESPONSE

The living conditions of poor households, including those headed by women, were profoundly affected by the Covid-19 pandemic. At the start of the pandemic, government assisted households in informal settlements by providing **water and sanitation** to reduce the levels of viral transmission, particularly in areas that lacked basic water and sanitation facilities (Sisulu, 2020; see also [Chapters 5.3](#) and [6.6](#)).

With the **national housing backlog** at 2,6 million units, government intervened to address the need for housing among the most vulnerable communities, particularly female-headed households:

- Some housing applications were fast-tracked. In the Khutsong informal settlement, 1500 households were approved for relocation to newly constructed units by June 2020 (Sisulu, 2020).

- Recognising that overcrowding in hostels helped spread Covid-19, the national Department of Human Settlements embarked on a dedensification process. In Mamelodi, for example, it constructed 1000 temporary residential units for households living in hostels.
- Victims of **farm evictions** who had been living in tents for over four years were given shelter. Within three weeks of assistance from a private firm, the City of Johannesburg, the Housing Development Agency, and the national Department of Human Settlements worked together to build 70 units for the evicted families.
- During the pandemic, the Housing Development Agency delivered 8000 housing units using alternative technology; this was commended by the World Bank.
- Government allocated R4,6 billion to provinces and metros for the incremental upgrading of informal settlements. The Department of Human Settlements allocated R831 million for the provision of emergency response housing for women, children, and elderly people.
- The Department of Human Settlements also addressed challenges facing stakeholders in the housing sector. It allocated R600 million in relief to social housing tenants who could not afford rent in the pandemic; removed penalties for estate agents who failed to submit audited financial statements by 30 October 2020; and rearranged loan repayments for retail lenders who were unable to service loans from the National Housing Finance Corporation (Sisulu, 2020).

The Department of Small Business Development took various steps to support **small, medium, and microenterprises** (SMMEs). During the lockdown, jobs in the formal sector were cushioned by the TERS ([Chapter 6.1](#)). But unregistered businesses, which are mostly informal and run by women, could initially not access government support. The department realised that many SMMEs had not registered their workers with the Unemployment Insurance Fund (UIF),

making them ineligible for these benefits (Box 5.4.6). From June 2020, it allowed employees, including workers not registered with the UIF, to claim the benefit directly. Also, many SMMEs funded through the Small Enterprise Finance Agency (SEFA) could not meet their loan obligations during the lockdown. The department, through SEFA, provided payment holidays to these SMMEs for the period in which they could not operate. It also prioritised SMMEs in the procurement of personal protective equipment (PPE) and created a database to ensure the supply of PPE. However, the scandals around the procurement of PPE ([Chapters 2](#) and [6.1](#)) put a negative spotlight on such initiatives. Without gender-disaggregated data, it is not clear how women benefitted from these interventions, which women benefitted, and what has shifted for the women most affected by the Covid-19 pandemic.

Box 5.4.6: Department of Small Business Development: Supporting SMMEs in the pandemic

'And one of the things that we discovered ... is that most of our SMMEs did not register their employees with the UIF, ... [therefore] we thought we should include the payment of salaries.

And then through SEFA we asked them to call a payment holiday for [recipients of] SEFA loans because it was clear that if they are not operational, they wouldn't be able to pay the money that they owe SEFA ...

[The] products and supplier development work stream ... [identified] priority products because we had anticipated that our SMMEs would be the biggest beneficiary of PPE procurement ... [It created] a database of SMMEs that are ready to supply PPE products.'

Source: Key informant interview, Department of Small Business Development

Government provided the **Covid-19 social relief of distress grant** of R350 per month ([Chapter 5.3](#)) to people with no other form

- of government support (SASSA, 2020). The
- approval process was quick; applicants only
- had to electronically confirm their vital details held by the Department of Home Affairs. This basic grant kept many households from destitution during the lockdown.

A major challenge related to human settlements was the **inability to pay rent** among households in both social housing developments and private rental premises (Karpman et al., 2022). In response, the national Department of Human Settlements designed a residential rental relief scheme and allocated R600 million to help such households meet their rental obligations. While this initiative was important and commendable, by April 2021, the funding had not been released. The failure to release the R600 million to vulnerable households was attributed to a lack of policy to guide the allocation. The lack of policy guidelines on the release of Covid-19 funds is not limited to this department but is also a concern in other sectors.

In a key informant interview in February, the Department of Labour confirmed that no national policies or regulations had been developed to support **working from home** (Box 5.4.7). Likewise, few firms had developed guidelines for employees to work from home. Thus, many employees had to find new ways of operating without the benefit of either business or national policies. There were few guidelines on working from home, limited assessments of the conditions under which workers had to deliver on their targets, and no general review of policies and processes to accommodate the new conditions under which workers, especially women, worked. Workers often had to maintain the same levels of productivity and meet the same targets as before Covid-19. The pandemic highlighted the need for policy development, both for government to deal with future emergencies and for businesses to accommodate working from home in the post-Covid-19 period.

Box 5.4.7: Department of Labour: Working from home

'In the Scandinavian countries, the concept of working from home has been practised and perfected, so you have companies developing working-from-home policies, and that will require somebody from the company coming to do an assessment of whether your home will be suitable for the kind of work that you have to do and what resources would you require for you to be productive and work effectively. ...

Now in South Africa, if there were companies that were [working from home] before lockdown, they were very few So, people must work from home now [without] policies to guide them in terms of how they were going to do that. And our advice now to companies is that ... policies must be developed so that workers can know what is right and what is wrong, what are the protocols. ... [We] will be looking at the existing policies ... [and] legislation and see what is it that we can do to cater for the new normal situation. ...

[Many] people who were classified as independent could not get assistance from government because they were not classified as workers ... So, the policy landscape is going to change completely because we need to take in to account what is happening now, and the reality [that] we are never going to go back to the kind of environment or the kind of a labour market that we had previously. Things are going to change, and ... we need to make sure that our policy is also keeping pace with what is happening.'

Source: Key informant interview, Department of Labour

ACCESS TO MATERNAL AND CHILD HEALTH SERVICES

Table 5.4.2 shows that access to maternal and child health services dropped sharply in the hard lockdown period (alert levels 5 and 4), with some recovery once the lockdown was eased.

Table 5.4.2: Maternal and childcare indicators, March to July 2020

Indicator	March	April	May	June	July
Antenatal first visit before 20 weeks (%)	69,7	66,7	66,5	69,6	68,6
Antenatal first visit coverage (%)	84,0	72,8	87,7	80,9	79,8
Total deliveries in facility	88 529	76 938	80 257	79 680	75 224
Total births in facility	91 953	85 908	89 609	87 679	86 942
Delivery by caesarean section (%)	29,0	31,9	31,2	30,2	32,4
Mother postnatal visit within 6 days (%)	81,5	81,1	79,9	83,5	81,7

Source: Department of Health, Health System Data, September 2020

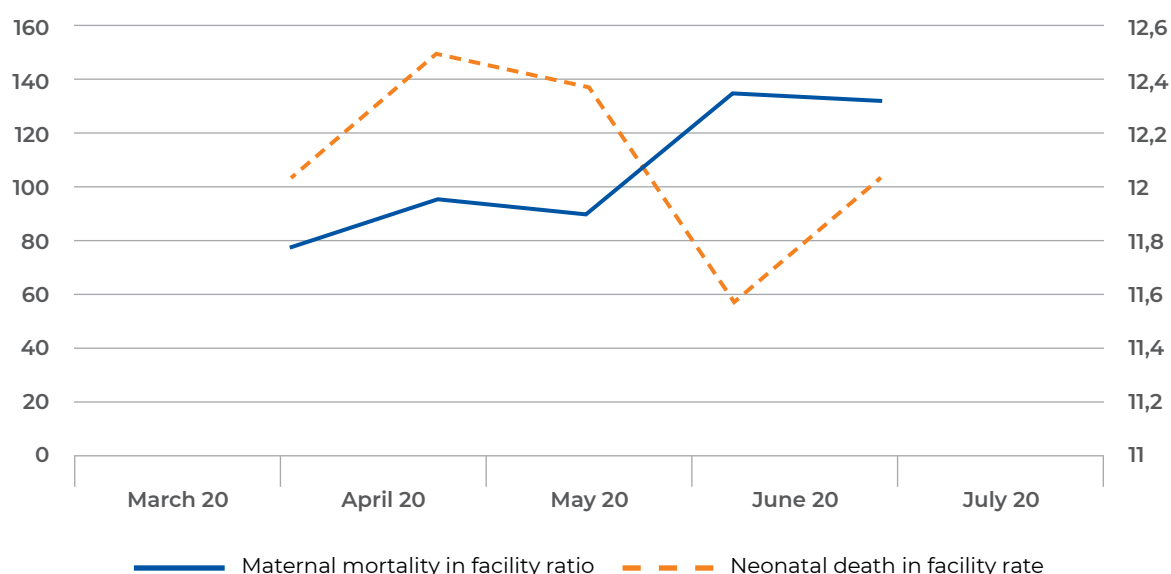
Antenatal visits: Antenatal care, which monitors the health of the mother and unborn child, fell significantly during the hard lockdown period, with the rate of access hovering at about 69.

Delivery and postnatal care: Raw numbers from the Department of Health information system show a decrease in the number of deliveries and births at facilities in the hard lockdown. This implies that more births occurred outside facilities, possibly under conditions that could have contributed to maternal and neonatal mortality (see below). However, it is heartening that the rate of 'mother postnatal visit within 6 days' was about 80% throughout the period, as the days and weeks following childbirth are a critical period in the lives of mothers and newborn babies.⁵ The data also shows an upward trend in delivery by caesarean section from 29% in March to 32,4% in July 2020. In comparison, in the South Africa Demographic and Health

Survey (DoH, Stats SA, SAMRC & ICF, 2019), the caesarean section rate at public health facilities was 22%; other reports put the number at 26% (Clifford, 2020; Medical Brief, 2019).

Maternal and neonatal mortality: Both maternal and child survival fell during the hard lockdown. Neonatal mortality in facilities (i.e., child deaths within the first 28 days) increased in April and May, rising above 12 per 100 live births, the Sustainable Development Goal target that South Africa had achieved before the lockdown (Figure 5.4.2). The 'maternal mortality in facility' ratio – women dying between conception and six weeks after delivery (the postpartum period) per 100 000 live births – increased significantly from 90 in May to 134 in July. This may be due to poor maternal health, inadequate care during the pregnancy and the postpartum period, or both. A confidential enquiry into these deaths during the lockdown is a matter of urgency.

Figure 5.4.2: Maternal mortality and neonatal death rate in facility, March to July 2020



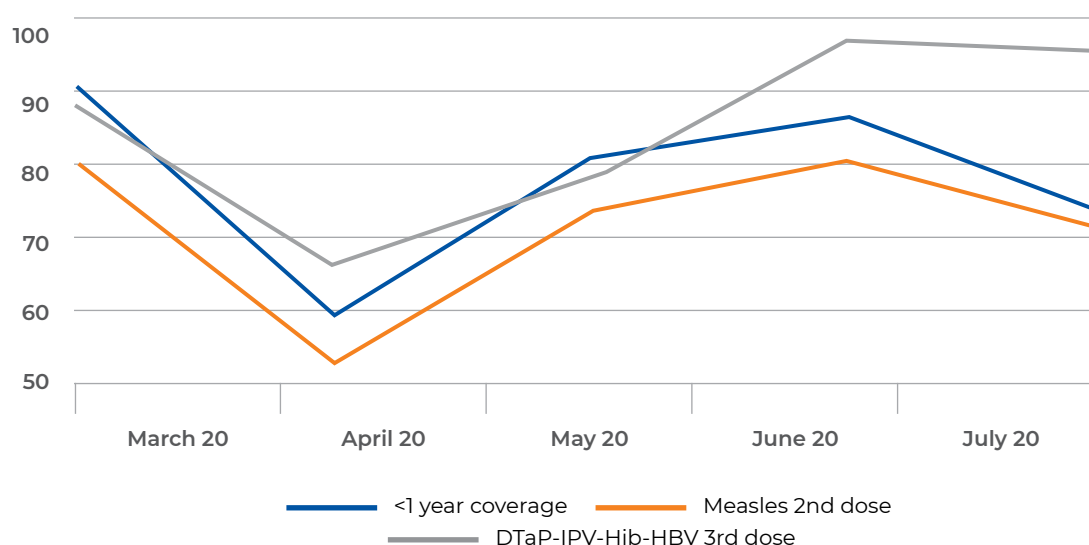
Source: Authors calculations, based on Department of Health, Health System Data, September 2020

Infant immunisation: In the August edition of the South African Medical Journal (Hofman & Madhi, 2020), members of the Academy of Science of South Africa's Standing Committee on Health argued that disruption to maternal, newborn and child health services could have as devastating an impact as Covid-19, despite children being at very low risk of severe Covid-19 illness. They stressed the importance of routine childhood immunisation against diseases such as measles. The World Health Organization (WHO) and UNICEF warned that the world could see a resurgence of measles and polio if immunisation programmes were disrupted during the pandemic. South Africa has already had three laboratory-confirmed cases of measles in the Eastern Cape and KwaZulu-Natal (NICD, 2020b).

The disruption in child immunisation during the pandemic is shown in Figure 5.4.3, which uses data for DTaP-IPV-Hib-HBV (third dose) administered at 14 weeks, measles (second dose) at 12 months, and immunisation coverage under 1 year (percentage of children under a year who have received all the immunisations up to nine months). Coverage of the first vaccine recovered quickly and remained above 90% in June and July, but the latter two vaccines showed a downward trend. As Dr Lesley Bamford, Acting Chief Director of Child, Youth and School Health at the Department of Health notes, 'Coverage tends to be very good in the early months when caregivers are very aware, and it is in the front of their minds to take the children for immunisation, but life happens, and people forget to get second doses' (Adelekan et al., 2020).

⁵ Most maternal and infant deaths occur in the first month after birth; almost half of postnatal maternal deaths occur within the first 24 hours (WHO & Jhpiego, 2015).

Figure 5.4.3: Child immunisation coverage, March to July 2020



Source: Authors calculations, based on Department of Health, Health System Data, September 2020

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Access to sexual and reproductive health services was also reduced during the lockdown. NIDS-CRAM Wave 1 data (Burger et al., 2020) shows that 23% of healthcare users could not access contraceptives, condoms or medication in the four weeks before the survey. The worst affected were poor people and those without medical aid. Poor people more often reported fear of contracting Covid-19 as a barrier to accessing these services, probably because of the real or perceived risk of transmission on public transport or in congested public facilities with long waiting times (see also [Chapter 5.3](#)). Transgender healthcare, including hormone treatment, was also compromised (Lynch & Teagle, 2020).

CONTRACEPTION AND FAMILY PLANNING

The analysis of contraceptive methods shows a less than optimal distribution of contraceptive methods during the lockdown

period (Table 5.4.3). This unmet need for contraception may lead to more unplanned pregnancies, particularly the context of women spending more time than usual with their partners, at home, during the lockdown.

- **Barrier methods:** The female condom is a woman-initiated barrier method to prevent pregnancy and protect against sexually transmitted infections. The distribution of female condoms fell drastically during alert levels 5 and 4, before the numbers recovered in June 2020.
- **Hormonal methods:** The distribution of both short-acting hormonal and long-acting reversible contraception was disrupted during the hard lockdown period. However, the distribution of the medroxyprogesterone injection ('Depo'), which is given every three months, rose while that of the monthly oral contraceptive pill fell. This suggests a shift from shorter-duration to longer-duration hormonal methods. Reasons for such a shift could include both service provider and client factors.
- **Overall contraceptive use,** measured in terms of an aggregate couple year protection rate,⁶ declined from 51% in March to a low of 31,8% in April (Figure 5.4.4). In comparison, the rate ranged between 60% and 68% in 2014 to 2018 (DoH, 2020).

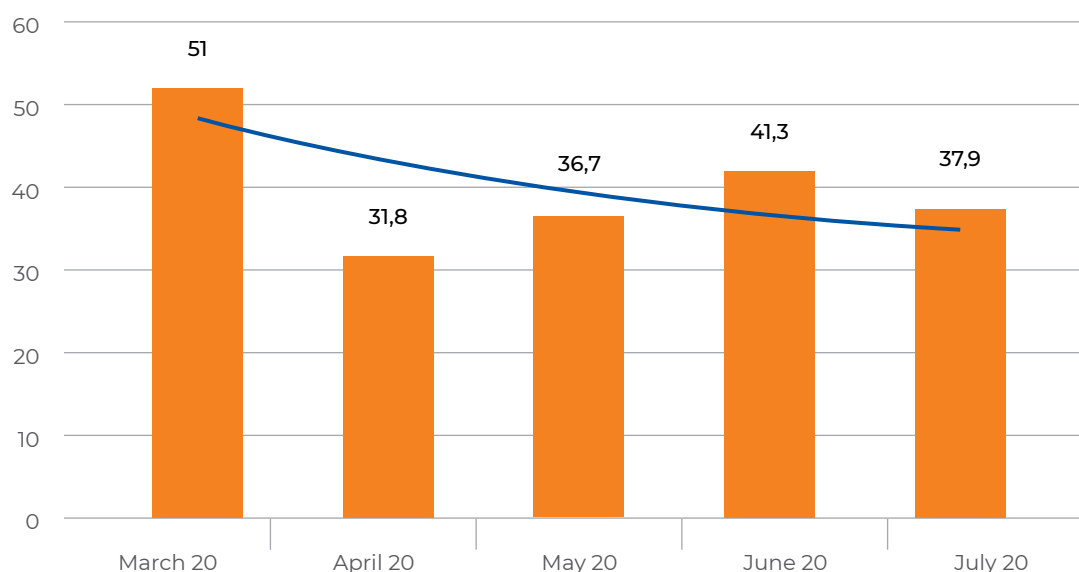
⁶ Defined as women protected against pregnancy by using modern contraceptive methods, including sterilisation. It is also a proxy for the contraceptive prevalence rate – the proportion of women of reproductive age using a modern contraceptive method. Each contraceptive type is adjusted by a factor to convert it into a contraceptive year (Massyn et al., 2020).

Table 5.4.3: Methods of contraception distributed, March to July 2020

Method of contraception	March	April	May	June	July
Barrier methods					
Female condoms distributed	1 261 603	781 599	542 191	1 300 931	1 500 018
Short-acting hormonal methods					
Medroxyprogesterone injection	462 527	391 237	464 855	444 069	431 978
Norethisterone enanthate injection	168 855	146 479	193 002	203 093	218 143
Oral pill cycle	310 923	307 422	296 726	261 253	274 769
Long-acting reversible contraception					
Intrauterine device inserted	4 704	3 483	4 131	4 024	3 908
Subdermal implant inserted	11 586	8 429	10 585	10 743	10 559
Permanent contraception					
Sterilisation – female	4 042	3 727	3 813	3 238	3 185

Source: Department of Health, Health System Data, September 2020

Figure 5.4.4: Couple year protection, March to July 2020



Source: Department of Health, Health System Data, September 2020

More detailed data is available for Gauteng. Table 5.4.4 shows that in the month before lockdown, access to contraception and termination-of-pregnancy services at primary healthcare facilities in Gauteng

decreased; the fall was worse in April. The pre-lockdown decline may well be because users avoided visiting health facilities given the risk of contracting Covid-19 (Adekan et al., 2020).

Reduced access to abortion care is a particular concern, given the role of unsafe abortions in maternal morbidity and mortality (Amnesty International, 2017). Doctors without Borders Southern Africa reports that during lockdown,

some abortion facilities considered 'safe termination of pregnancy as an elective procedure and, as a means of preventing congestion in hospitals, cancelled their pregnancy termination services' (Reddy, 2020: par. 2).

Table 5.4.4: Pandemic-related sexual and reproductive health impacts in Gauteng

Contraceptive and termination-of-pregnancy services, compared to previous two years	
Injectable contraception	-45%
Subdermal implants	-48%
Intrauterine device	-10%
Oral contraceptives	Similar
Termination of pregnancy	-17% in second trimester; -5% overall

Source: Adelekan et al., 2020

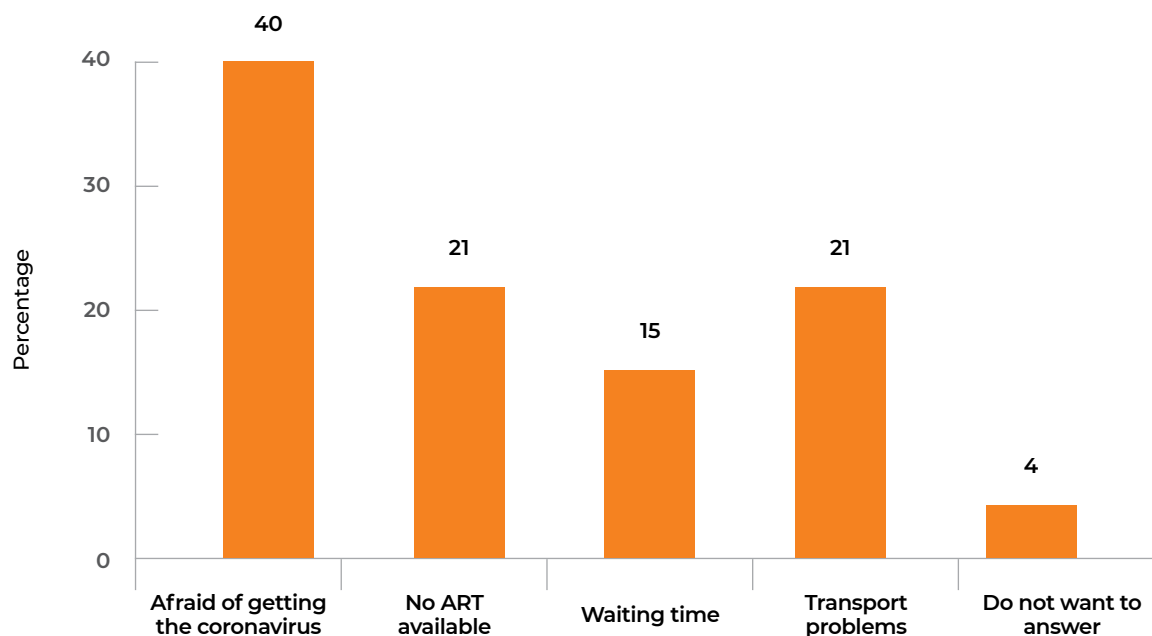
Promising innovations to address limited access to termination-of-pregnancy services include the provision of self-managed abortion to eligible healthcare users through telemedicine. While the Choice on Termination of Pregnancy Act does not provide for service provision via telemedicine, the Health Professionals Council of South Africa guidelines instituted telemedicine as a measure to improve access to healthcare during the pandemic (HPCSA, 2020). The guidelines 'provide a unique opportunity to allow for the virtual prescription of contraceptives and self-managed medical abortion pills, in line with international practices as per WHO clinical guidelines. The ability to access healthcare telephonically reduces the need for women to travel to clinics and the risk of exposure to Covid-19' (Stevens, 2020: par. 11). While these services are not available in public healthcare yet, in April 2020 Mary Stopes introduced self-managed termination of pregnancy and abortion aftercare via telemedicine for women in private care who were less than nine weeks pregnant. Data from April to July 2020 indicate consistent monthly increases in the uptake of this service (Chinogwenya, 2020). This provides

a model for more accessible, safe, cost-effective, and confidential abortion care with potential for adaptation in the public health sector.

HIV AND SEXUALLY TRANSMITTED INFECTIONS

Continuity in HIV prevention, treatment and care amid the pandemic is vital if the gains made over the past decade are to be preserved. Not only can interrupted medication supply contribute to drug resistance, but modelling data (Jewell et al., 2020) also suggests that a six-month disruption in antiretroviral therapy (ART) could trigger 'up to half a million additional deaths, double mother-to-child transmission in sub-Saharan Africa over one year, and increase mortality by up to 40% over the next 5 years' (Keene et al., 2020:844). Emerging evidence supports these concerns. The NIDS-CRAM Wave 1, for instance, reports that 11% of mothers living with HIV ran out of ART during lockdown. Alarming, 21% attributed ART interruptions to clinic stockouts (Burger et al., 2020; Figure 5.4.5).

● Figure 5.4.5: Reasons for ART interruptions during lockdown



Source: Burger et al., 2020

Given the disproportionate HIV prevalence among girls and young women ages 15–25 (Simbayi et al., 2019), disruptions in sexuality education and sexual and reproductive health services are cause for concern for adolescent health (IPPF, 2020; Isaacs et al., 2020). Pandemic-related school closures cut young people off from the sexual and reproductive health information, services and support typically provided through schools. Data on these impacts is not available; such data gaps, as well as on other vulnerable groups with disproportionate HIV burdens, need to be addressed urgently (Evans et al. 2016; Cloete et al., 2019). Research on Covid-19-related disruptions to HIV programming by Jewell et al. (2020:639), for example, does not analyse disruptions of services ‘to key populations, such as female sex workers or homosexual men and other [men who have sex with men] but, given the levels of stigma around these populations, they could be particularly susceptible to interruptions in services’.

CHALLENGES AND LESSONS LEARNT

Though devastating, the impact of Covid-19 on sexual and reproductive health services and outcomes presents an opportunity for long-term, systematic change that ‘transforms inefficient, paternalistic policies and practices’ (Keene et al., 2020:845). The sexual and reproductive health and rights of women, girls and other vulnerable groups have been severely compromised, with potentially long-lasting impacts on their health and well-being. However, counter-intuitively, the pandemic also removed barriers to care that could otherwise have taken years to overturn (Bateson et al., 2020). Through rapid legal, regulatory and programmatic changes by government, private providers and civil society, the healthcare sector has seen simplified decentralised collection of medication; increased self-management of certain health issues; extended medication refills; reduced clinic visits; and lowered healthcare costs without comprising patient health outcomes (Jewell et al., 2020; Keene et al., 2020; Mendelsohn & Ritchwood, 2020).

Novel thinking has been critical, particularly since fear of contracting Covid-19 features prominently in healthcare users' unmet need for sexual and reproductive health services; this has prompted alternatives to in-person service delivery that runs in parallel with facility-based care. Anticipating restrictions on access to medication during lockdown, the Western Cape Department of Health implemented a system of rapid home delivery to patients early in the pandemic. The system entails linking non-profit organisations, community health workers and innovative modes of delivery – including Uber, bicycles and electric scooters – to deliver long-run supplies of medicines to patients with chronic conditions (Brey et al., 2020). For persons living with HIV, the reduced burden of frequent clinic visits and better access to medication might contribute to better retention in care, 'because patients are ... empowered to manage their own health' (Mendelsohn & Ritchwood, 2020:2756).

The integration of sexual and reproductive health services with existing Covid-19 relief measures also shows promise. In May 2020, the Department of Women, Youth and Persons with Disabilities and the Department of Social Development announced a joint initiative with the United Nations Population Fund to distribute sanitary wear to vulnerable communities, using the same mechanism as Covid-19 food parcel deliveries (Naidoo, 2020).

Finally, the pandemic has helped telemedicine gain ground, in both South Africa and the region (Oyediran et al., 2020). While telemedicine is not appropriate for all sexual and reproductive health services, it can help mitigate the impact of the pandemic 'by making these services available to the most vulnerable in some of the hardest-to-reach communities' (Oyediran et al., 2020:53). Digital platforms have been key in reaching young people. Governments and civil society in Eastern and Southern Africa

have expanded their online reach through initiatives that provide information on sexual and reproductive health and rights and link adolescents to services via social media (Isaacs et al., 2020). The severe constraints on the health system during this crisis have stimulated innovative responses that could improve service delivery beyond the pandemic. Still, the sexual and reproductive health and rights of women, girls, sexual and gender minorities, and other vulnerable groups require urgent prioritisation to avoid the pandemic reversing gains made over recent decades, thereby further entrenching health inequalities (Adelekan et al., 2020:151).

GAUTENG CASE STUDY

In Gauteng, 56% of people who tested positive for Covid-19 between 6 March and 7 August were women.⁷ The gender gap is largest for women of working age (20–65 years) and the very elderly. Although the share of female cases exceeds 55% in quite a few developed countries, it mostly stems from cases among people over 80 (UN-Women, 2020). For those aged 85 and older, the number of female cases is nearly double the number of male ones, internationally and in Gauteng, mainly because women live longer. In developing countries, the share of male cases is higher. However, internationally and in South Africa, mortality among men is higher rates (Galbadage et al., 2020).

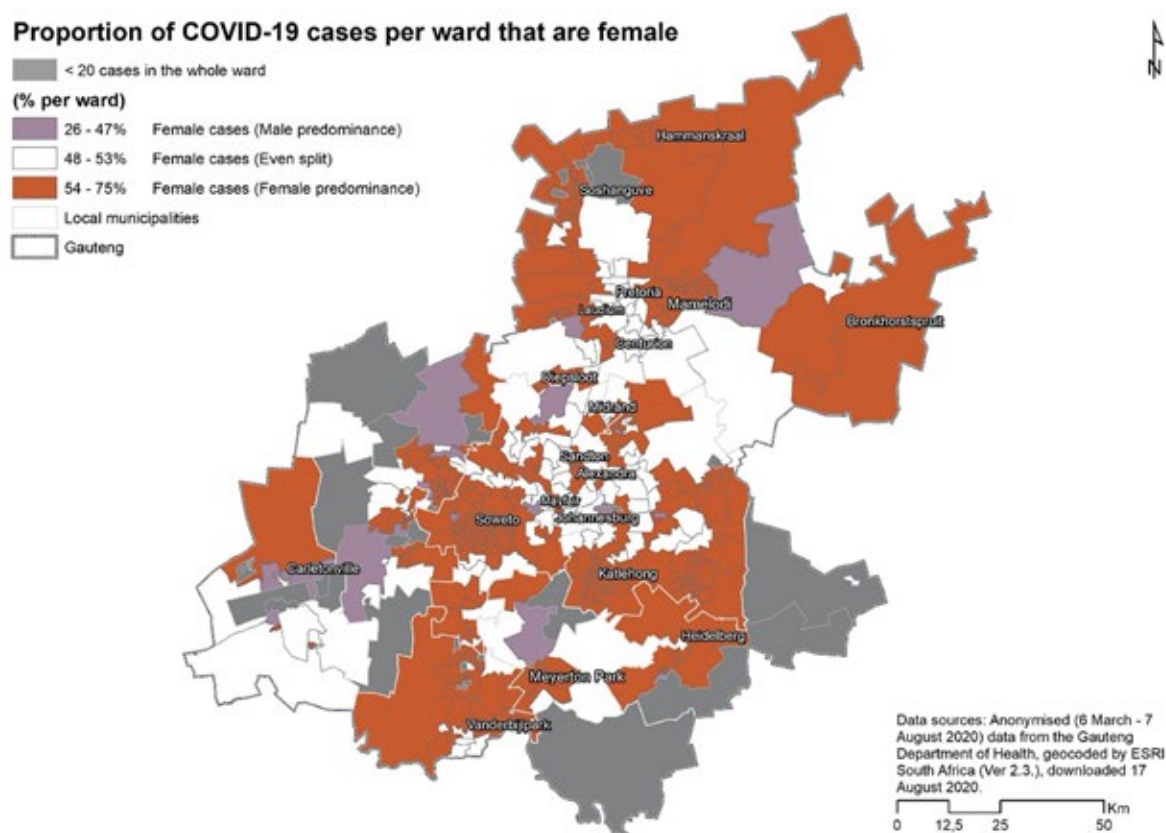
This case study draws on infection data from the Gauteng Department of Health (6 March –7 August 2020) and the Gauteng City-Region Observatory's (GCRO) Quality of Life V (2017/18) survey data (GCRO, 2020). The Covid-19 infection data and the GCRO's vulnerability indices point to a double burden for women. Women test positive at a higher rate than men, and they are more vulnerable both socially and economically during lockdown; women of working age are the most affected.

MAPPING FEMALE COVID-19 CASES PER WARD

Using anonymised infection data from the Gauteng Department of Health, Figure 5.4.6 shows the share of female cases of Covid-19 per ward. Wards shaded in orange have relatively more female cases, and those in purple relatively more male ones. Wards shaded in white are close to an even split (48–53% female cases), and those in grey have fewer than 20 cases in the ward. Over two-thirds of wards (68%) in Gauteng have a greater share of female Covid-19 cases, while only 6% have a greater share of male cases. Many of the latter are in mining areas (e.g., Carletonville, Westonaria and Randfontein), where men make up the bulk of the workforce. In others (e.g., Mayfair, Fordsburg and Laudium), the higher share of male cases may be driven by mostly men worshipping in mosques.

The gender split of Gauteng's population was even (50:50) in 2020, according to Statistics South Africa. However, the split of Covid-19 cases is 56:44 (women to men). In Figure 5.4.7, which shows Covid-19 cases by age and gender, the size of the bubbles represents the total number of cases for each age. The colour of the bubbles represents the share of female infections: orange indicates a higher share of female and purple a higher share of male infections in that age. The clustering of the bubbles highlights the excess infections among people of working age. The share of female infections is higher for younger working adults (in their twenties) and drops to the average of 56% for older working adults. Among people over the age of 80, the dark orange shows a much larger share of female cases in line with the higher life expectancy of women. The larger share of male infections is evident mainly for a few ages under 10 years.

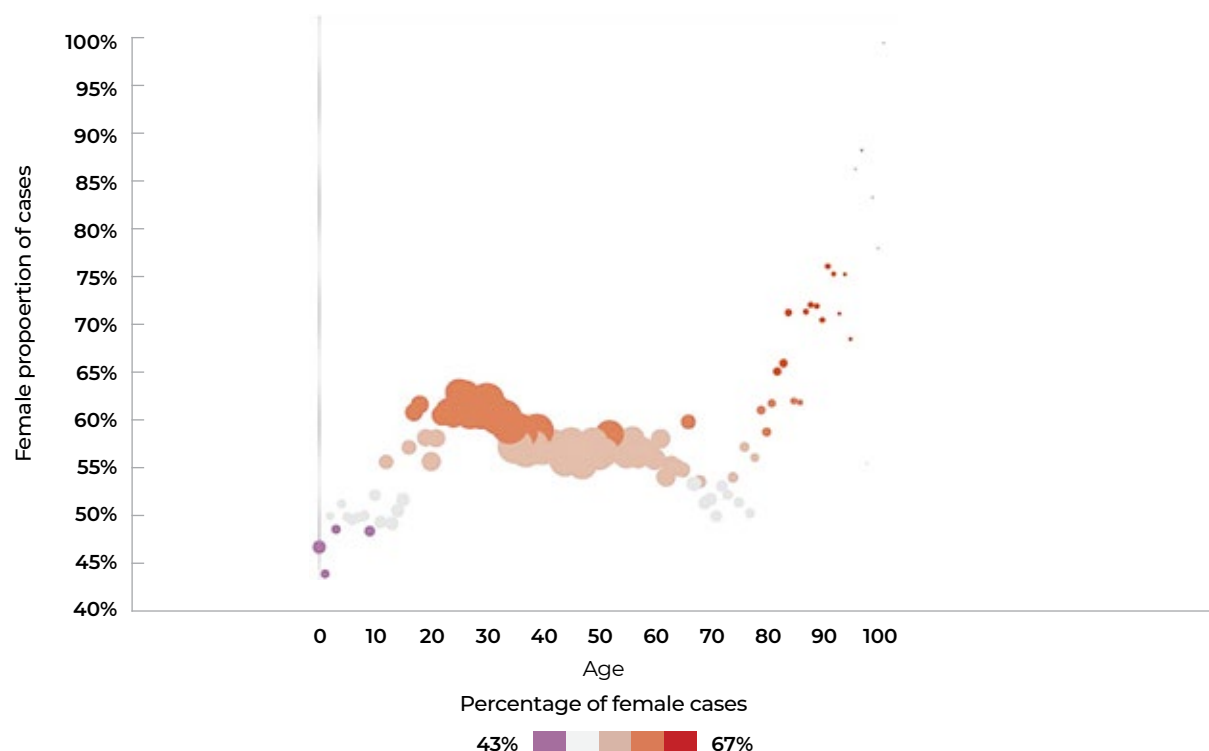
Figure 5.4.6: Female Covid-19 cases per ward, 6 March to 7 August 2020 (%)



Source: Gauteng Department of Health (see [footnote 7](#))

⁷Data from the Gauteng Department of Health, with geocoding by ESRI South Africa (ver. 2.3); includes all confirmed cases from 6 March to 7 August 2020, downloaded on 17 August 2020. The data does not reflect the overall number of infections in Gauteng, only the number of confirmed cases.

Figure 5.4.7: Female Covid-19 cases by age, 6 March to 7 August 2020 (%)



Source: Gauteng Department of Health

Testing data shows that more women are being tested for Covid-19 (56%) and that women are slightly more vulnerable to contracting the disease (59%) (NICD, 2020a).⁸ Women may be tested more than men for various reasons. It may be part of routine pre- and post-natal care; women who experience symptoms may be more willing to seek care; or women may experience more symptoms, for various reasons (see below). As of 1 July 2020, the death data disaggregated by sex showed a higher level of mortality for men, which is in line with global patterns; this suggests that the higher incidence of cases does not result in a higher mortality rate for women (MediaHack, 2020).

DRIVERS OF HIGHER COVID-19 INFECTIONS AMONG WOMEN

There may be many reasons why working women are more exposed to Covid-19 in

Gauteng. Women returning to work may be more likely to be employed in vulnerable higher-contact care and frontline service work (e.g., as cashiers, cleaners, or nurses). Also, women comprise most social grant recipients; they may be contracting the virus at a higher rate than men because more of them stand in queues for monthly payments. GCRO's two risk indices related to Covid-19 vulnerabilities were used to examine the drivers of female infections (De Kadt et al., 2020). Index 1 considers risk factors related to preventative measures (e.g., personal hygiene and social distancing). The risk factors include living in crowded dwellings; the absence of piped water; shared or inadequate toilet facilities; using public healthcare facilities; limited access to communication tools; and reliance on public transport. Index 2 examines risk factors around lockdown conditions that could increase health and socio-economic vulnerability. These include existing health and socio-economic conditions, such as the

⁸ Based on week 32 data, which corresponds to the last week of infection data presented here.

- risk of hunger, ability to save money, and
- access to medical aid. Each index ranges
- from 0 to 100, with 0 representing the lowest and 100 the highest level of risk.

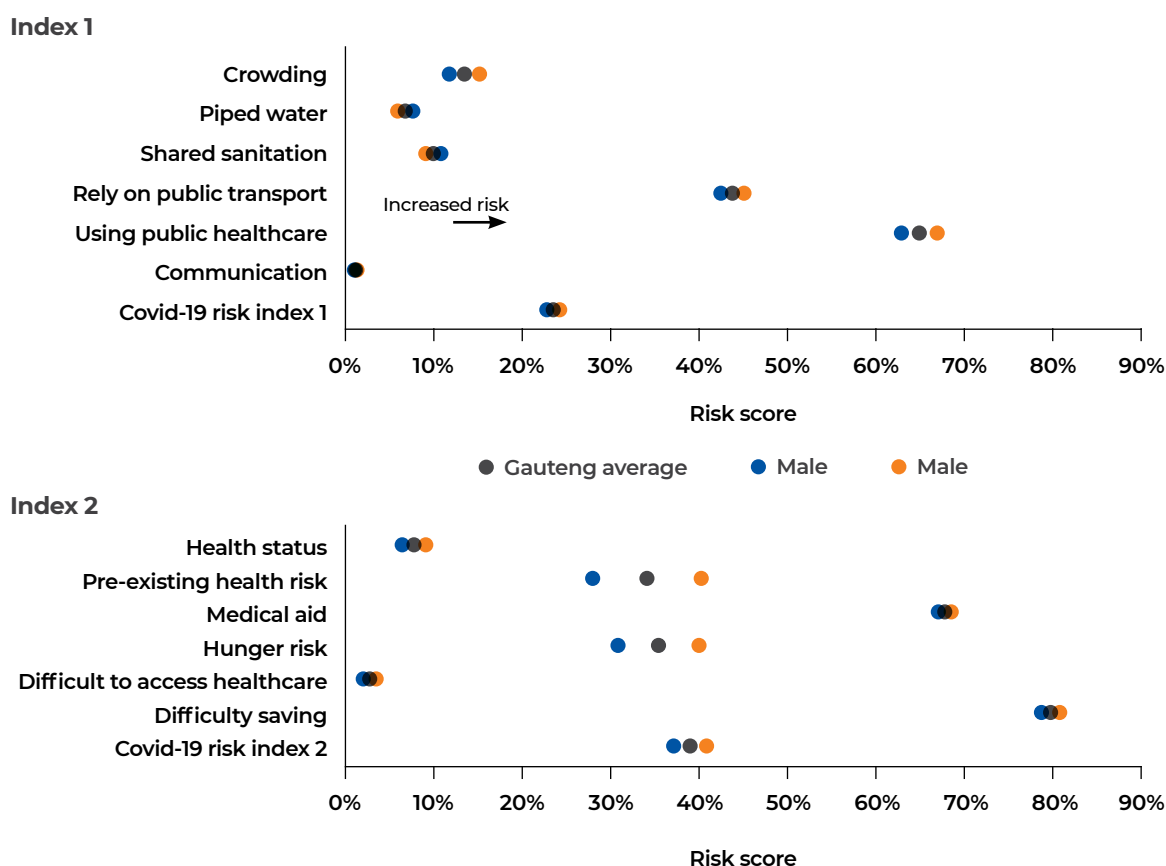
Figure 5.4.8 shows the relationship between gender and these two risk indices. Women are more likely to live in crowded conditions (not least because they tend to live in larger households). Women are more vulnerable across all six factors related to the socio-economic and health impacts of the pandemic (index 2). They are more likely to report poor health and to live in households with pre-existing health conditions. More women live in households facing hunger and have difficulty saving money. They are less likely to have access to medical aid and are more likely to use public healthcare.

Given their burden of care for children and elderly people, more women tend to visit public health facilities. This may mean they

are more likely to access testing services and/or be exposed to the virus at these facilities. Part of women's vulnerability in terms of social distancing stems from their greater reliance on public transport. More women use minibus taxis for their most frequent trips (49%, as against 43% of men). In contrast, more men (29%) than women (21%) use a car as a driver, where the risk of infection is much lower. More men use the train (3,6%, as against 2,4% of women), although both proportions are low.

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Figure 5.4.8: Covid-19 risk scores by sex for index 1 and 2



Source: De Kadt et al., 2020

IMPLICATIONS OF THE GENDER IMBALANCE IN INFECTIONS

The relatively higher numbers of female Covid-19 cases compound the existing vulnerabilities of women and female-headed households. As noted, women were more severely affected during the lockdown. They accounted for most job losses, were more likely to live in households that ran out of money for food and tended to spend more time on childcare (Casale & Posel, 2020). Linked to this, women are more likely to live in larger households, and hence are at higher risk of intrahousehold transmission. More men live in single-person households (73% of such households); as household size increases, so does the proportion of women. Of those living in households with at least seven members, 65% are women. The mean household size for male respondents is 2,85, as against 3,67 for female respondents. Larger households are associated with a lower quality of life and are more likely to have resource constraints and a higher risk of hunger. More women have more dependent children: 77% of adult women (65% of men) have dependent children, and women have a mean of 1,93 dependent children (men have 1,63) (GCRO, 2020). This implies that more people, particularly children, are affected when women are ill and unable to do paid work and/or provide unpaid care.

It is, therefore, critical to address the health of women and their apparently higher risk of infection. Interventions at taxi ranks and at healthcare services could assist women using these services in reducing their risk of contracting Covid-19. This would benefit not only the women directly but also the family members they support or who are in their care.

CONCLUSIONS AND RECOMMENDATIONS

If gender equality is enshrined in the Constitution, the general assumption is that before any bill is submitted for public comment and approved, gender would be addressed as a key element. This chapter underscores the need for gender mainstreaming in regulations and interventions designed to address disasters such as Covid-19. While the interventions were designed to assist at-risk social categories, they should have been more intentional to ensure that vulnerable social categories, including women, were supported. The following recommendations can be made in this regard:

- The gender roles of female teachers in the household should be accommodated in the design of interventions aimed at supporting their professional work under lockdown conditions.
- Disaster regulations for sporting events should not only focus on male sports but also include and encourage female sports.
- Disaster regulations need to consider the need for physical activity among both men and women and set out precautionary measures for all.
- All data collected on Covid-19 should be disaggregated by gender and race. This should include migration data if it is to be useful in designing gender-responsible migration policies.

Recommendations for addressing gender-based violence include the following:

- A documented reporting system is needed to record gender-based violence against LGBTIQ+ persons.
- A system needs to be developed to remove (alleged) sexual or gender-based violence offenders from the shared residence.
- The reporting system should be able to dispatch safe transport to a survivor to enable them to travel to report domestic violence and access support structures (e.g., health and shelters).

- Police officers who perpetrate sexual or gender-based violence should be dismissed, and criminal cases should be pursued.
- A referral system is needed that can alert 'safe' women's and LGBTQI+ groups to provide support within the victim/survivor's community.
- The provision of safe housing and safe transport for LGBTQI+ persons should be prioritised.

Recommendations for promoting sexual and reproductive health and rights are as follows:

- Gender equality is a constitutional imperative, and gender should be mainstreamed in all policies, programmes, and regulations.
- Women constitute the majority of the population in South Africa. To assess the impact on women of government interventions during the pandemic, data needs to be disaggregated by gender and race to understand how households were affected by Covid-19.
- The impact of Covid-19 mitigation measures on vulnerable and marginalised groups should be interrogated. Blanket regulations often overlook the realities of vulnerable and marginalised groups and may inadvertently compound negative sexual and reproductive health outcomes.
- The socio-economic drivers of adverse pandemic-related sexual and reproductive health outcomes create a disproportionate burden on poor and vulnerable persons and need to be addressed. Poverty and inequality affect sexual and reproductive health and rights both directly and indirectly. For example, poor households may be unable to afford commodities for menstrual hygiene management. For many healthcare users, distance to facilities and transport costs are barriers to access these services. For pandemic-related interventions to be effective, they need to consider deepening impoverishment and inequality.

- Critical data gaps on sexual and reproductive health and rights, notably on abortion care and on vulnerable groups (e.g., LGBTQI+ persons, persons with disabilities, and other marginalised groups) should be urgently addressed. To this end, data sets should be disaggregated, and where diverse data is not routinely collected, rapid studies should be considered.
- Where safe and appropriate, digital health platforms should be expanded. This would require policymakers, regulators, and healthcare managers to develop guidelines and protocols, including quality assurance processes for telemedicine and similar innovations prompted by the pandemic.
- Efficient systems are needed to respond rapidly to medication stockouts, link vulnerable persons to services, and expand self-managed and home-based sexual and reproductive health services. Burger et al. (2020) recommend employing community health workers more effectively as service linkers to take government sexual and reproductive health services into the home. Such initiatives can also be used to increase community knowledge on Covid-19 and the higher risk of individuals with comorbidities. Keene et al. (2020:844) add that that HIV treatment and care can benefit from community health workers who are trained and paid to support 'self-testing, provision of pre-exposure prophylaxis with nursing support, [and] linkage to care for newly identified cases and those who have been lost to follow-up'.

The Gauteng case study highlighted two main issues:

- It is critical to address the health of women and their apparently higher risk of infection.
- Interventions at taxi ranks and at healthcare services could assist women using these services in reducing their risk of contracting Covid-19. This would benefit not only the women directly but also the family members they support or who are in their care.

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ANNEX 5.4.1: GENDER IN THE SOUTH AFRICAN CONTEXT

Gender is the social construction of femininity and masculinity. The term not only underscores the gendered categories of person but also encompasses the operationalisation of gender in different socio-cultural contexts and the differences among women, for instance in terms of race, ethnicity, and sexuality (Woodward, 2011). In South Africa gender equality/inequality remains a focal point of interest, as it continues to be used to advance or discriminate against women in social practices and institutions. While gender equality is entrenched in the Constitution, women's empowerment is a policy imperative because of decades of **hierarchical racism and sexism**. Hierarchical racism refers to the organisation of privilege and oppression, where white people were the most privileged, followed by Indian and coloured people, while African people were the most oppressed. Women remain less privileged relative to men of their own race (Ndinda & Uzodike, 2008). In this context, African women still experience triple oppression, by virtue of their race, gender and class.

Like elsewhere in the world, women in South Africa are **not a homogeneous category**. They have differences in terms of race, class, geography (rural/urban), ethnicity, age, and sexuality, among other variables. Although there are dimensions of commonality, these differences imply that government and other actors have to ensure that interventions intended to address gender equality and women's empowerment benefit the most oppressed women. Government and international institutions recognise that liberalism – the pervasive ideology that advocates the rights and freedom of the individual – is inadequate for tackling women's subordination and oppression. No powerful group relinquishes its power

without resistance, hence the need for global and national interventions to ensure gender equality and women's empowerment. The European Union, while acknowledging the notion of gender rights, took the critical decision of ensuring that women's rights and gender equality remain on their development agenda (Dahlerup, 2018). Similarly, the United Nations and the African Union, in acknowledging that women remain the most oppressed groups in any society, have maintained their focus on gender equality and women's empowerment.

The UN (1979) ***Convention on the Elimination of Discrimination against Women*** (CEDAW) remains an important guideline to governments in addressing women's oppression and discrimination. CEDAW gives a feminist lens to the Universal Declaration of Human Rights, which underscores its belief in human dignity and worth as fundamental human rights and reiterates the belief in the equality of men and women. The value of CEDAW to the struggle for women's rights and gender equality lies in its emphasis on the need for governments to outlaw discrimination based on sex in all its forms. The CEDAW document contains a preamble and 30 articles, all of which address sexist discrimination in all its forms across the globe. The United Nations requires signatories to the document to submit progress reports on interventions for achieving gender equality. The Beijing Platform for Action provides a framework that governments use to report on their progress in addressing gender discrimination and achieving gender equality.

South Africa is a signatory to CEDAW and the African Charter on Human Rights, which seeks to remove discrimination against women and ensure women's empowerment. The Constitution (1996) promotes gender equality and prohibits discrimination on any grounds. It entrenches socio-economic rights, which implies that the state is bound to provide for citizens, particularly in times of unprecedented crisis. Before the pandemic, South Africa already had anti-discrimination

legislation and implemented affirmative action measures and other sectoral interventions to prevent discrimination against women because of their gender, race, religion, or any other attribute. Workplace policies also include measures to ensure that men are not discriminated against, particularly in terms of childcare. The Beijing +25 country report for South Africa (DWYPD, 2019) details the progress made by the post-apartheid government toward addressing discrimination against women and achieving gender equality. The report focuses on women's empowerment and gender quality.

Government has made much progress in this regard since 1995, but the pandemic presents new and different challenges. The lockdown interventions added complexity to the operationalisation of gender equality in the context of crisis. Despite the Constitution, policies and programmes, government intervention remains necessary for redistributing resources to women, addressing the feminisation of poverty, providing social services that reach the masses of poor women, providing public housing programmes and transport to meet women's housing and economic needs, and ensuring that women are protected from sexual violence regardless of their race, ethnicity, or nationality. While measures exist to tackle the concerns of women under normal circumstances, government also needs to address gender inequality in its disaster mitigation measures.

The focus on gender is about acknowledging that gendered relations and structures have different outcomes for men and women in society. The notion of gender equality and women's empowerment acknowledges the underlying tensions, the resistance to gender equality, and the interventions that government has put in place to address women's empowerment. Although gender is characterised by enduring inequalities, these inequalities interact in a complex way with race to shape the vulnerability of poor women, the majority of whom are black.

- While patriarchal dominance persists and
- accounts for inequality in many spheres of
- life, it is dynamic and subject to change. The intersection of gender with various forms of discrimination results in unequal outcomes for women, but these outcomes depend on the positionality of women in terms race, class, ethnicity, and sexuality, among other variables. What persists is the racialised nature of poverty and inequality, which until now has meant that African women are over-represented among the poor. While South Africa has shown that change can be negotiated and transformation is possible, the persistence of gender inequality and vulnerability requires further targeting to ensure equity and empowerment.

ANNEX 5.4.2: CONCEPTUAL FRAMEWORK

The chapter uses the gender and development (GAD) approach (Ndinda, 2009; Ndinda & Uzodike, 2012), which recognises that men and women benefit differently from programmes and policies designed to tackle various challenges in society. GAD further interrogates the assumption of homogeneity among women and asks, 'which women?' (Ndinda, 2009).

In addition to GAD, this chapter employs intersectionality as a feminist framework developed to address the marginalisation of African American women (Ndinda & Uzodike, 2012). Intersectionality derives from the work of Kimberlé Crenshaw, who argued that treating social categories such as gender and race using a single-axis approach was problematic and failed to address how these were experienced in the lives of African American women (Crenshaw, 2011). Black women did not experience gender and race as mutually exclusive social categories; rather, these categories interacted in complex ways to shape their experience of discrimination. Black women's experience of discrimination

was distinct and different from that of white women, because of race. By virtue of their race, white women benefit from white privilege. The experience of discrimination among black men was different and distinct from that of white men, because of race. But men (regardless of sexuality) benefit from patriarchy.

Intersectionality has been critiqued by various scholars as being vague and being an approach rather than a theory (Lutz et al., 2011; Law, 2011). Others have viewed it as a heuristic device useful for understanding feminist analysis. Despite these critiques, intersectionality has come to be regarded as essential to feminist politics and theory. It is used in understanding how gender discrimination is experienced by women of different ethnicities, languages, and migration status. It has also become invaluable to queer theorists, who use it in their critique of heteronormativity in society.

The value of intersectionality is embedded in the notion that women cannot be perceived through the singular lens of gender; instead, race and other variables interact in complex ways to shape their experience of discrimination or privilege in different social contexts. Race collides in a complex way in the lives of African women to amplify their disadvantage in society. The intersectionality of race and gender is critical in understanding how Covid-19 mitigation measures were experienced. In terms of the GAD approach, however, women remain the guiding light throughout the analysis.

Understanding the gendered nature of Covid-19 interventions requires exploring the extent to which policies and regulations on the pandemic were crafted from a gender equality perspective. Gender equality is entrenched in the Constitution, but beyond that few policies are gendered. Furthermore, few attempts have been made to mainstream gender across policies and guidelines on disaster responses. Embracing a gender equality perspective implies exploring the extent

to which women's interests and concerns were mainstreamed. Gendered concerns include addressing both the practical and the strategic needs of women. Practical needs include access to shelter, water, sanitation, health, and other basic requirements. Strategic gender needs are long term and encompass interests that shift gender relations in society to ensure equality and empowerment (Dahlerup, 2018). Gendering policies, programmes and regulations implies addressing strategic gender concerns, such as access to healthcare, education, income, housing and public transportation, protection from sexual violence, and action against the feminisation of poverty. Gendered concerns also include the redistribution of resources and access to public services for the care of children, disabled persons, and the elderly,

because where these services are not provided, women carry the burden of care.

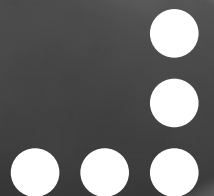
Gender equality denotes equal access to opportunities for both men and women, so that all can participate in every sector of society and the economy without any barriers, whether cultural, political, or economic (Evans, 2017). Gender equity is about fairness; it is about putting in place interventions so that individuals that have historically been disadvantaged can compete on the same terms as everyone else. Equity results in equality. Empowerment is about people taking charge of their lives. Women's empowerment refers to the notion of women taking charge of their lives, having agency, setting their own agenda, and everything else (Evans, 2017; Ndinda, 2003).

CHAPTER 6
ECONOMIC AND
INFRASTRUCTURE
RESPONSES



CHAPTER 6.1

MACROECONOMIC IMPACT AND POLICY



CHAPTER 6.1: MACROECONOMIC IMPACT AND POLICY

ABSTRACT

In the decade before the Covid-19 pandemic, the South African economy had already been bedevilled by sluggish growth, severe unemployment, extreme poverty and inequality, and low levels of saving and investment. The pandemic, and the lockdown measures that followed, amplified these challenges in an unprecedented manner, with real GDP per capita falling to levels last seen in 2005. The lockdown sharply reduced consumption and production in various sectors, especially during the initial hard lockdown phase in the second quarter of 2020. Overall, real gross domestic product fell by 7% in 2020 – the largest annual contraction in a century. Gross fixed capital formation fell by 17,5%, as investors predictably reduced their spending. The various restrictions on activity necessitated by the pandemic led to a significant loss of livelihoods and a loss of business and investor confidence, as reflected

by the poor economic growth and jobs numbers for 2020. However, at a sectoral level, the impact of the pandemic was profoundly asymmetrical, with stark differences between relative ‘winners’ and ‘losers’. The fiscus, which had already been in a precarious position, experienced a sharp reduction in revenue because of lower levels of economic activity. This, combined with Covid-19 containment and stimulus spending demands, caused the budget deficit to widen even further. Monetary authorities responded by cutting interest rates to historic lows. The repo rate was rapidly reduced from 6,25% pre-lockdown to 3,5% in July 2020, where it has remained through June 2021. Despite these and other policy interventions, the economic costs and fallout of the pandemic and lockdown restrictions will likely be felt for many years to come, as the government struggles with a heavily constrained budget and stubborn inefficiencies in the implementation of key policy reforms.

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ABBREVIATIONS AND ACRONYMS

CPI	consumer price index	PPE	personal protective equipment
EPWP	Expanded Public Works Programme	SARB	South African Reserve Bank
GDP	gross domestic product	SARS	South African Revenue Service
MEC	Member of the Executive Council	SME	small or medium enterprise
MTBPS	Medium Term Budget Policy Statement	TERS	Temporary Employee/ Employer Relief Scheme
NIDS-CRAM	National Income Dynamics Study Coronavirus Rapid Mobile [survey]	UIF	Unemployment Insurance Fund

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INTRODUCTION

In the decade before the Covid-19 pandemic, the South African economy had already been bedevilled by sluggish growth, severe unemployment, extreme poverty and inequality, and low levels of saving and investment. The pandemic, and the lockdown measures that followed, amplified these challenges dramatically. The various channels through which the health and economic fabric of the country were simultaneously affected placed policymakers in uncharted territory, having to manage the most unenviable of balancing acts. The economy was hard hit by supply and demand shocks that disrupted domestic production, international trade, and investor spending. The initial hard lockdown phase sharply reduced the consumption of many goods and services, while productive activities in sectors deemed non-essential ground to a halt. This led to a significant loss of livelihoods and a further loss of business and consumer confidence. The net result was the largest contraction in economic activity in over a century, with the real gross domestic product (GDP) falling by 7% in 2020. The fiscus, which had already been in a precarious position, experienced a sharp reduction in revenue because of the reduced economic activity. This, combined with Covid-19 containment and stimulus spending to mitigate the worst of the health and economic fallout, caused the budget deficit to widen even further.

It has been difficult to disentangle the costs of the pandemic itself from the disruption associated with behavioural responses and lockdown regulations, both nationally and internationally. The cross-cutting and interconnected nature of the effects of the pandemic and required policy responses has been one of the most problematic aspects in finding good and broadly accepted strategies in dealing with the Covid-19 crisis, as well as isolating and measuring the impact of the pandemic on the economy. Therefore, at this stage, this analysis considers the overall impacts and trends. As various early and

ongoing research efforts to date have shown, the quantum of the economic costs depends on various aspects, including the trajectory of infections, the effectiveness of response measures, the extent of the lockdown, and the exit strategy employed. Some of these costs were felt immediately; others are becoming clearer over time (Ajam, 2020).

The impact of government measures differed across sectors, depending on whether these sectors were deemed essential or non-essential, for example. The pandemic necessitated large, coordinated, targeted and timely fiscal and monetary measures in three main areas:

- Funding was needed for **public health and related interventions**, such as emergency care, mass-based testing, and processing; the procurement of personal protective equipment (PPE), medical equipment (e.g., ventilators), and supplies; surveillance, tracking and contact tracing; quarantine accommodation; and public communication. Related support functions, such as temporary field hospitals, public order policing, and the deployment of the defence force also required funding.
- Interventions were needed to **mitigate the economic fallout** of the lockdown and social distancing on companies and workers. Government provided bridging liquidity to sustain companies as going concerns to facilitate a fast post-lockdown recovery, prevent insolvencies and lay-offs, and provide wage support. Monetary authorities responded swiftly, with the South African Reserve Bank (SARB) reducing the repo rate from 6,25% before the pandemic to 3,5% by July 2020. Various banks and financial institutions granted distressed individuals and companies loan payment holidays and other forms of accommodation. The Presidency launched the Reconstruction and Recovery Plan to stimulate the economy and boost its ailing infrastructure.
- **Social safety nets** were provided to prevent hunger and ensure food security.

- This chapter considers the impact of the pandemic on the overall economy, along with the fiscal and monetary policy responses. Its sectoral impact is discussed in Chapters 6.2 to 6.5. This chapter focuses on the first and second waves of the pandemic. Policy responses during the further progression of the pandemic will be discussed in the second edition of the Country Report.

MACROECONOMIC IMPACTS

This chapter draws on official secondary data sources, including the National Treasury,

the SARB, and the Auditor-General of South Africa, up to the end of 2020.

ECONOMIC GROWTH

South Africa's economy had already been in technical recession before the pandemic (Figure 6.1.1) as real GDP contracted in three consecutive quarters (-0,8%, -1,4% and -1,8% respectively) until the first quarter of 2020 (National Treasury, 2020c). More worrying was that in per capita terms, real GDP had been declining since 2015, leaving little or no buffer for the working class to accommodate another economic shock.

Figure 6.1.1: Real economic growth per quarter, 2018 to 2020 (%)



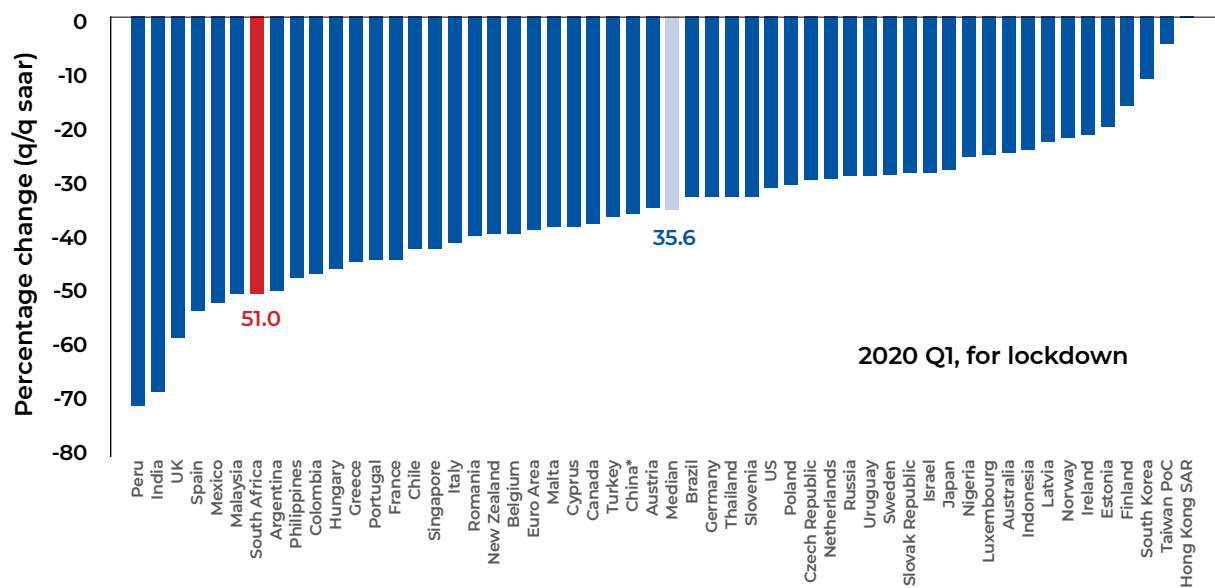
Note: Quarter-on-quarter, seasonally adjusted and annualised figures. Source: National Treasury, 2021

After the hard lockdown started on 27 March 2020, real GDP in the second quarter plummeted by 17,1% quarter-on-quarter or 51% on a seasonally adjusted, annualised basis – the country's largest-ever recorded decline in economic activity.¹ It dwarfed that of the global economic crisis, which saw annualised growth rates fall to -2,3% in the

last quarter of 2008 and to -6,1% and -1,4% in the first two quarters of 2009. Also, as Figure 6.1.2 shows, this quarterly contraction was among the most severe in the world, well above the median (-35,6%) and exceeded by only six other countries in the sample, such as Peru, India, the United Kingdom and Spain (SARB, 2020).

¹When an economy experiences large temporary shocks or rebounds, looking at annualised quarterly growth figures may well be misleading. For example, the annualised growth figures for the South African economy showed an exaggerated 51,7% drop in the second quarter of 2020, followed by a 67,3% recovery in the third. Statistics South Africa has since decided to place less emphasis on annualised figures for headline growth indicators.

Figure 6.1.2: International comparison of annualised economic growth, Quarter 2 2020

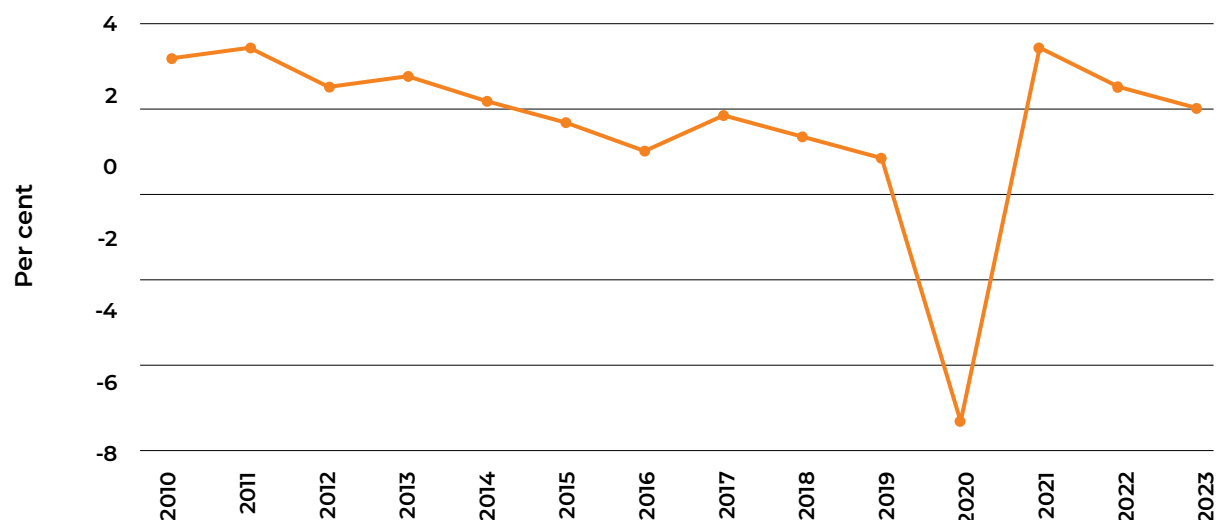


Source: SARB, 2020

As expected, economic growth bounced back strongly in the third quarter of 2020 when lockdown restrictions were eased. However, the recovery in the third and fourth quarters of the year did not fully offset the initial decline. In March 2021, it was revealed that the economy had contracted by 7% in real terms in 2020. Gross fixed capital formation and exports had been particularly hard hit, falling by 17,5% and 10,3%, respectively (Stats SA, 2021b; SARB, 2021a).

By March 2021, lockdown restrictions had largely been lifted, but the travel and hospitality industries remained severely affected by international travel restrictions and a loss of traveller confidence ([Chapter 6.3](#)). The National Treasury currently expects economic growth of 3,3% for 2021 and 2,2% for 2022 (Figure 6.1.3 and Table 6.1.1). Whilst growth above 3% would be the highest South Africa has achieved since 2011, it would not be nearly enough to repair the damage of 2020 in a reasonable time.

Figure 6.1.3: Real economic growth and projections, 2010 to 2023 (%)



Source: National Treasury, 2021

Table 6.1.1: Impact on key macroeconomic variables and projections, 2017 to 2023 (%)

	2017	2018	2019	2020	2021	2022	2023
Percentage change	Actual			Estimate	Forecast		
Final household consumption	2,1	1,8	1,0	-5,9	2,9	2,4	2,0
Final government consumption	0,2	1,9	1,5	1,2	-0,1	-1,6	-1,7
Gross fixed-capital formation	1,0	-1,4	-0,9	-18,4	-2,4	3,9	3,9
Gross domestic expenditure	1,9	1,0	0,7	-8,9	3,5	2,7	1,6
Exports	-0,7	2,6	-2,5	-10,9	5,7	3,0	2,8
Imports	1,0	3,3	-0,5	-16,5	6,3	4,6	2,5
Real GDP growth	1,4	0,8	0,2	-7,2	3,3	2,2	1,6
GDP inflation	5,3	3,9	4,0	4,6	3,5	3,7	4,1
GDP at current prices (R billion)	4 654	4 874	5 078	4 935	5 273	5 590	5 915
CPI inflation	5,3	4,6	4,1	3,3	3,9	4,2	4,4
Current account balance (% of GDP)	-2,5	-3,5	-3,0	1,7	-0,1	-1,0	-1,4

Source: National Treasury, 2021

Sectoral growth figures for 2020, shown in Figure 6.1.4 provide additional insight into the asymmetric economic effects of the pandemic. Only the agricultural sector emerged a relative winner in 2020 on the back of a good rainfall season and the comparatively minor restrictions during lockdown (Chapter 6.2). The slight growth in the government sector was accompanied by a large increase in debt. Future government spending will now have to strike a careful balance between supporting the recovery effort (especially in heavily affected sectors such as construction, transport, and tourism) and the general socio-economic and development needs of the country that existed before the pandemic. Apart from the agriculture and government sectors, all other sectors declined in real terms; the construction, transport (Chapter 6.4), and hospitality industries (Chapter 6.3) performed worst because of their unique exposure to the lockdown regulations and subsequent economic fallout.

At present, conservatively projected growth will only see South Africa return to pre-pandemic levels of real GDP by the end of 2023 – one of the slowest anticipated recoveries among the G20 group of countries. This is mainly due to the negative momentum in the economy that predated the pandemic. With real GDP per capita sinking to 2005 levels by the end of 2020, average South African income levels have effectively been set back more than a decade.

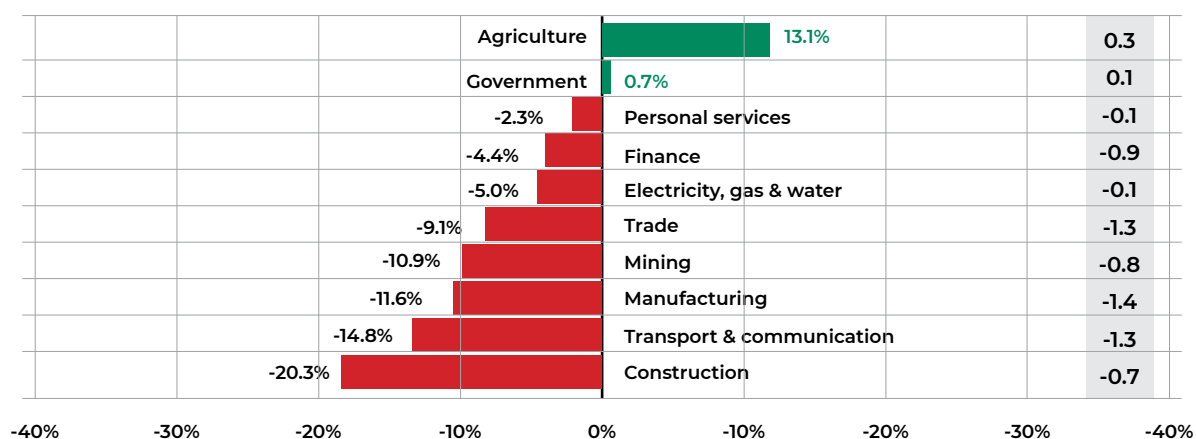
As with investment, international trade was heavily affected in the first and second waves of the pandemic. Both imports and exports fell significantly in 2020, by 16,6% and 10,3% respectively (SARB, 2021). The impact peaked during the second quarter of 2020, when most of the global economy faced lockdown restrictions that either directly limited trade or caused significant disruption to the supply chain. South Africa reported its first current annual account surplus since 2002 on the back of strong

export commodity price growth and depressed import demand. Interestingly, despite the large increase in the government borrowing requirement, for the first time in nearly 20 years domestic savings was sufficient to meet the investment financing demand.

Inflation, as measured by the consumer price index (CPI), was predictably subdued during 2020, coming in at 3,3% for the year, as a result of lockdown restrictions and limited demand-side pressure. Inflation is projected remain muted and below the SARB's mid-range target of 4,5% over the medium term, suggesting that low interest rates should be sustainable over this time horizon.

The effects of the lockdown were exacerbated by extensive load-shedding that persisted into 2021, despite the easing of demand-side pressure; worse, there is little hope of improvement in the near term (Chapter 6.6). However, other conditions are conducive to a recovery: production will be boosted in 2021 by a reversal of the steep destocking that occurred in 2020, a recovery in business investment, and the apparent buoyancy of the global recovery. Also, prices for export commodities have risen, and relief from drought in many areas has increased agricultural exports (Chapter 6.2). At the end of 2020, South Africa's terms of trade was quite favourable (SARB, 2020).

Figure 6.1.4: Sectoral growth, 2020 (%)

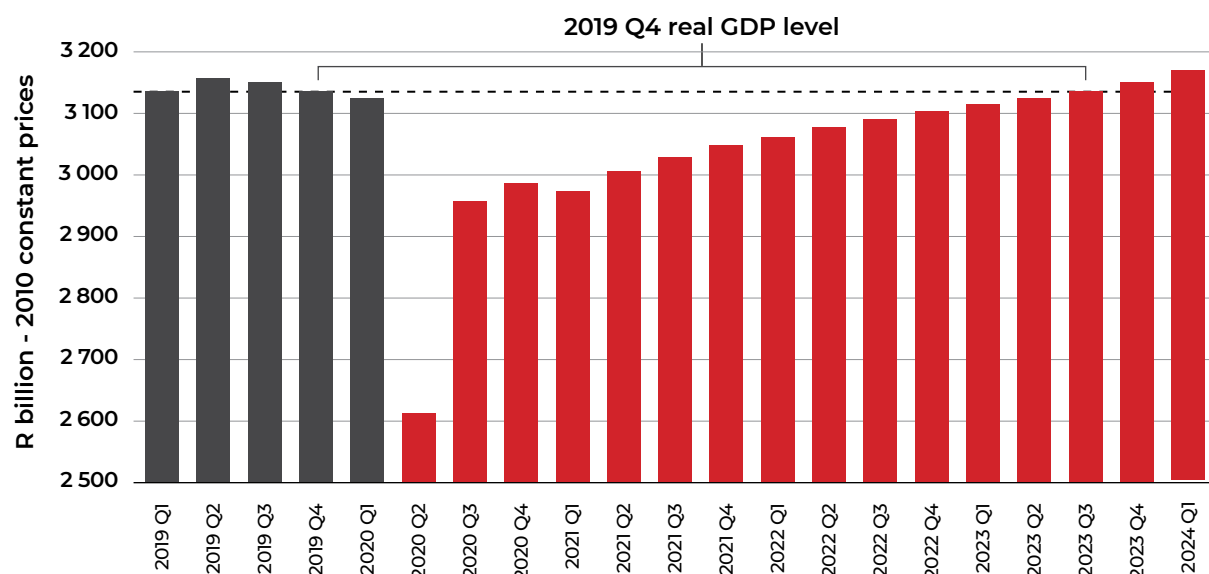


Source: National Treasury, 2021

Despite these conducive conditions, the negative impact of the pandemic is expected to persist, as noted. Figure 6.1.3 and Table 6.1.1 above, which show the short-term economic forecasts produced by the National Treasury in the February 2021 Budget Review, indicate that although output should rebound somewhat, it may only return to

pre-pandemic levels in 2023. Figure 6.1.5 shows these projections on a quarterly basis. Whilst great uncertainty dominates these forecasts, the slow and protracted nature of the recovery projected in these estimates highlights the cautious approach authorities are currently forced to adopt (National Treasury, 2021).

Figure 6.1.5: Anticipated recovery in real GDP



Source: National Treasury, 2021

The Treasury also published a sensitivity analysis to these projections, as per Figure 6.1.6. Scenario A assumes better than anticipated implementation and pace of fiscal and essential economic reforms, while Scenario B reflects the impact of another wave of Covid-19 infections, with a weaker vaccine response failing to stem further infections. As can be seen in this analysis, downside risks weigh heavily on the already poor outlook. The deviations shown in Figure 6.1.6 should be interpreted relative to the projected baseline growth (Figure 6.1.3) of 3,3%, 2,2% and 1,6% for 2021, 2022 and 2023, respectively.

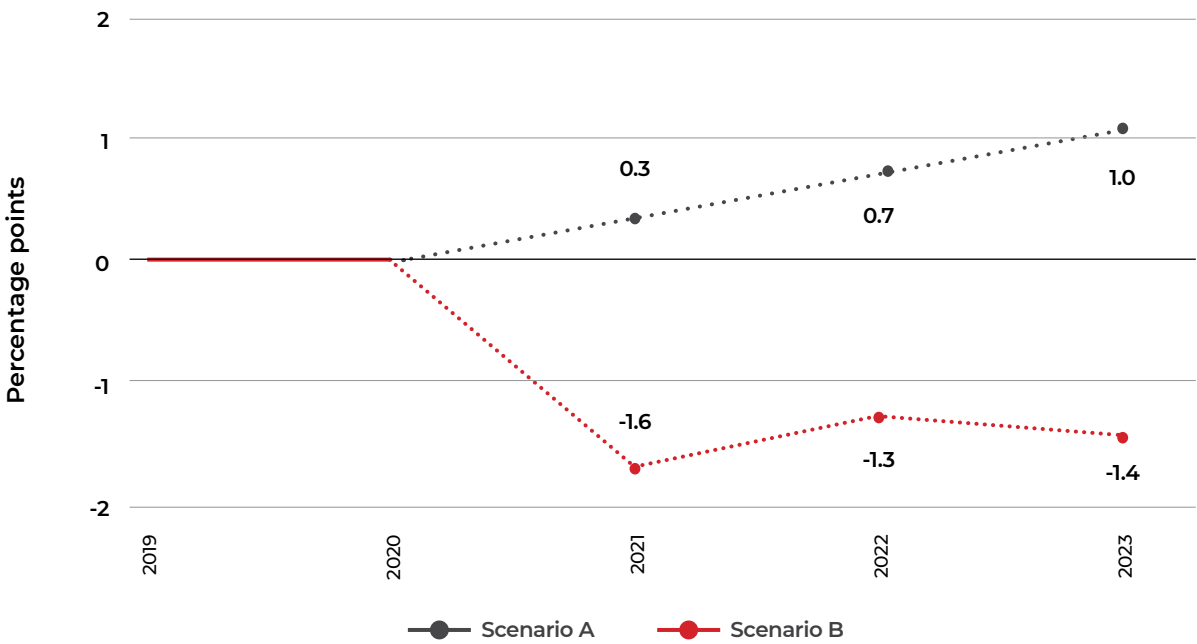
A final note on economic growth relates to the Presidency's Reconstruction and Recovery Plan announced at the end of 2020. Whilst this is discussed in more detail later, it is worth noting the potential contribution of this plan to a recovery in investment. South Africa's ailing infrastructure is set to receive a huge boost, with particular emphasis

on energy and green economy ventures. The combination of short-term spending stimulus and long-term productivity benefits is ideal for improving the economic growth prospects of the country in the wake of Covid-19.

LABOUR MARKET

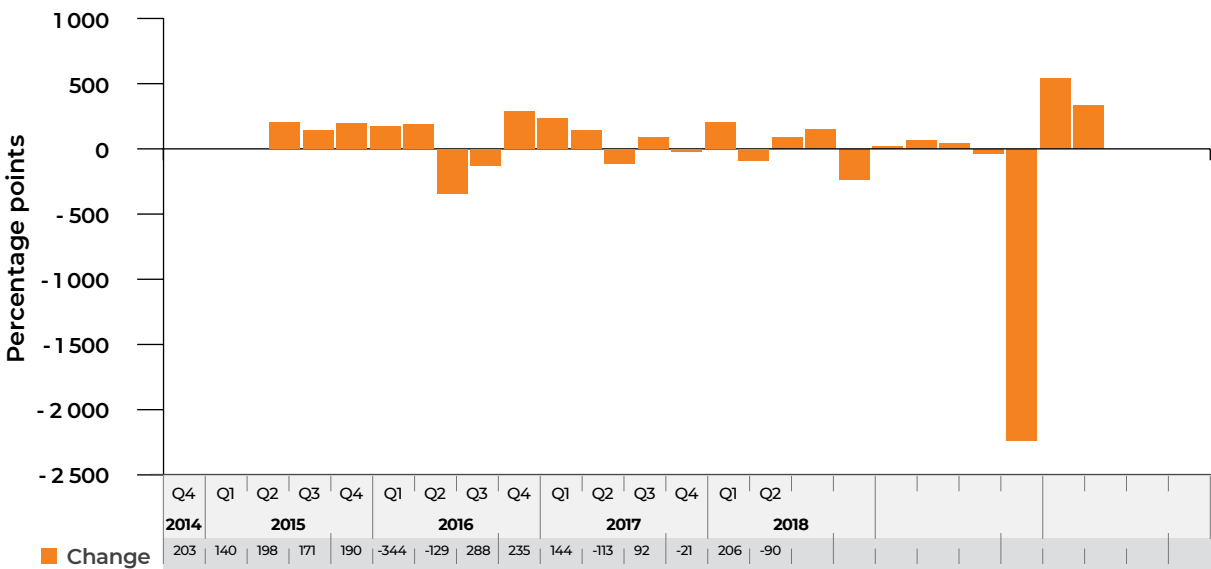
Figure 6.1.7 shows the impact of the lockdown on the labour force in terms of employment. This data from the Quarterly Labour Force Survey indicates that over 2 million jobs were lost during the second quarter of 2020, when strict lockdown measures were in place. The majority of people who lost their jobs were informal sector workers and those in sectors hit hardest by the restrictions, such as construction and tourism. By the end of 2020, total employment was still down nearly 1,4 million (8,5%) relative to levels at the end of 2019.

Figure 6.1.6: Deviations from baseline GDP forecast



Source: National Treasury, 2021

Figure 6.1.7: Impact on employment, 2014 to 2020



Source: Stats SA, 2021a

- As did the annualised GDP growth figures,
- unemployment figures initially caused
- confusion because of the way the official 'narrow' definition of unemployment is calculated. With unemployed workers unable to actively look for work – a requirement to be considered part of the labour force – during the second quarter of 2020 because of lockdown restrictions, official unemployment actually fell, despite the massive number of jobs lost. This anomaly was reversed once lockdown restrictions had been eased. The official unemployment rate reached a record high of 32,5% during the fourth quarter of 2020. In terms of the expanded definition, which adds discouraged work seekers, unemployment was an even more depressing 42,6% (Stats SA, 2021b).

The National Income Dynamics Study (NIDS) ran the first Coronavirus Rapid Mobile (CRAM) survey in June 2020, asking questions about February and April 2020. Wave 2 asked questions about the experience of the 6000 adult respondents during June 2020. It found that employment may have fallen by up to 3 million people (-18%) from 17 million in February 2020 to only 14 million in April 2020 (Figure 6.1.8). Also, the jobs lost between February and April had not returned by June. In addition to the people who lost their jobs, 1,4 million were furloughed – they did not work or receive salaries but could return to their jobs at a later stage. By June 2020, the number of furloughed workers had returned to pre-Covid levels, with half being 're-employed' and about 40% being retrenched.

For many people, childcare was a significant problem during lockdown. About 3,4 million female and 1,7 million male respondents reported that looking after children in June

2020 either prevented them from going to work or made work very difficult. Similar numbers said they struggled to work their usual hours or search for jobs for this reason.

Vulnerable employees (especially women, young, rural, unskilled manual and less-educated workers) bore the brunt of the job losses. The poorest 50% of workers saw a net decline of 31% in employment, whereas the figure for the richest 25% was only 3%. Informal workers experienced a net 14% decline, twice that of workers in the formal sector (Spaull, Oyenubi et al., 2020).

About 30% of newly retrenched or furloughed people had no access to social grants ([Chapter 5.3](#)). About 47% of respondents said they had run out of money to buy food in a single month (April), up from 21% of households before the pandemic. By end-June, a UNDP (2020) study concluded that the stimulus package might be insufficient, given that households would lose at least 40% of their income even if they qualified for the special Temporary Employee/Employer Relief Scheme (TERS).

The third wave of the NIDS-CRAM survey (Wave 3) was conducted in October 2020. It showed evidence of a strong labour market recovery as lockdown restrictions were progressively eased. These findings were supported by the results of Statistics South Africa's Quarterly Labour Force Survey for the period. Although the survey did not show quite as strong a recovery as did NIDS-CRAM, this might be due to timing and coverage effects. As Figure 6.1.9 shows, in Wave 3 the percentage of people employed was much closer to its pre-pandemic level in February 2020, albeit still fractionally lower.

Figure 6.1.8: NIDS-CRAM Survey Wave 1



New findings on SA unemployment & hunger

3m South Africans lost their jobs during lockdown (Feb to April)



-18%

18% decline
in employment
(February to April)



1-in-3

lost their income: 33% of
those who earned an income
in Feb 2020 did not earn an
income in April 2020.

At least 1.5m had jobs, but no
pay. In addition to the 3m
people who lost their jobs, an
additional 1.5m (9%) reported
zero pay although they had a
job to return to.

BREAKDOWN OF JOB LOSSES:



-24%

Manual
labourers



-5%

Professionals



-22%

Verbal
contracts



-8%

Written
contracts



-26%

Women



-11%

Men



-10%

Tertiary
education



-23%

Matric
or less

Women bore the brunt of job losses: Of the 3m job losses 2m were women. Among those groups of people that were already disadvantaged in the labour market, and already faced a disproportionate share of job losses from the pandemic (the less educated, the poor, black Africans and informal workers), women in these groups faced even further job losses putting them at a 'double disadvantage.'



Half of households (47%)
ran out of money to buy
food in April: 1-in-2 re-
spondents indicated that
their household had run out
of money to buy food in the month of
April.



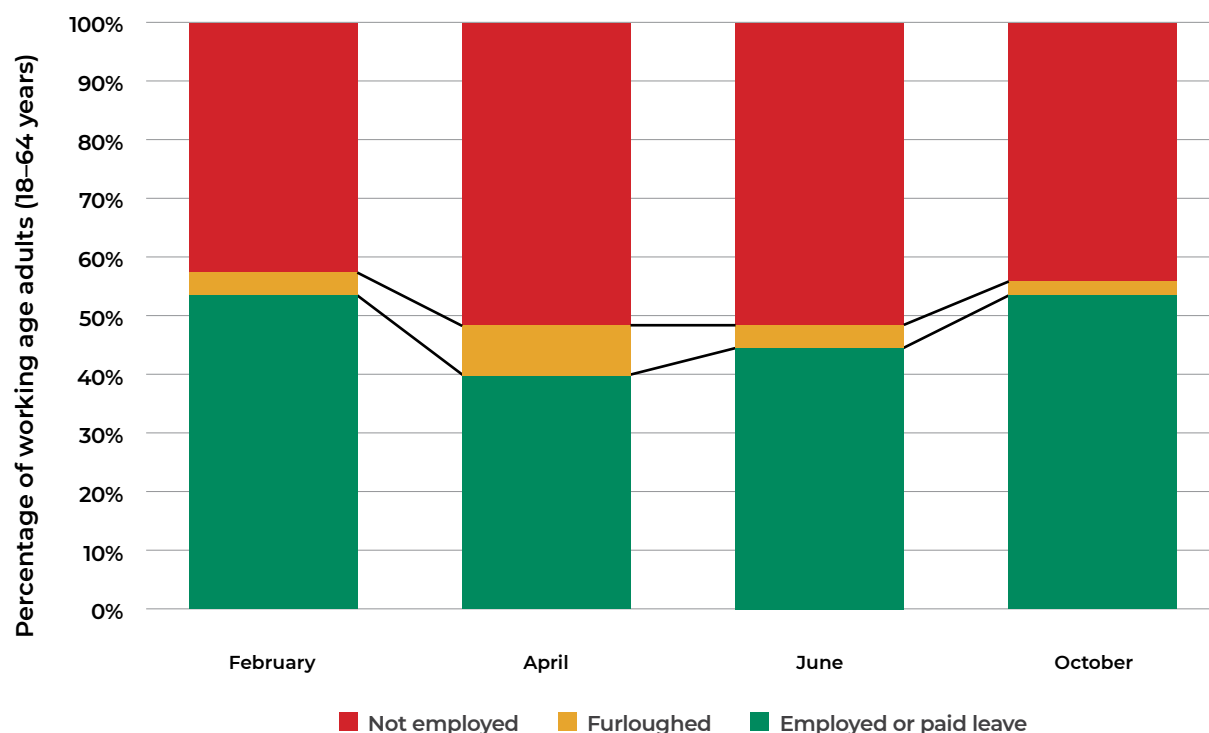
1-in-5

said that someone in the HH went hungry in the
last week, and 1-in-7 respondents said that a
child went hungry in the last week. 7% of adults
and 4% of children were perpetually hungry
(hunger 'every day' or almost every day').

Graphics: Nolo Moima Source: NIDS-CRAM

Source: Spaull, Ardington et al., 2020

Figure 6.1.9: Labour market transitions, February to October 2020



Source: Spaull, Daniels et al., 2021

GOVERNMENT'S COVID-19 ECONOMIC RESPONSE

Before the lockdown, government announced a raft of initiatives to cushion the impact of the pandemic (Table 6.1.2). It aimed to contain the virus, extend a social safety net, reduce job losses, and prevent a collapse in wage payments. The TERS programme, which had been announced immediately, had paid out nearly R60 billion by March 2021 (Chapter 5.3). In April 2020, President Ramaphosa announced a more substantial package of R500 billion. For various reasons, however, not all of these funds ended up being utilised. The first R310 billion comprised tax relief, a credit

guarantee scheme, and wage protection. The Covid-19 Supplementary Budget, tabled on 24 June 2020, set out another R145 billion, financed mainly from reprioritised spending (e.g., delaying infrastructure projects) and loans from the International Monetary Fund, the New Development Bank, and the African Development Bank. By the end of 2020, the Presidency published the basic details of its formal Reconstruction and Recovery Plan, which aims to stimulate the economy. The plan promises large-scale investment in basic infrastructure, with an emphasis on promoting energy security and the green economy. The February 2021 Budget prioritised significant resources and funding in this regard, although final details are still being worked out.

Table 6.1.2: Economic response measures

1	The Unemployment Insurance Fund (UIF) provided a Temporary Employee/Employer Relief Scheme (TERS) of over R30 billion to enable companies to pay employees directly and avoid retrenchment.
2	The Employment Tax Incentive was expanded to provide a subsidy of up to R500 per month for four months for private sector employees earning less than R6 500. Also, the payment of employment tax incentive reimbursements was to be accelerated.
3	From 1 April, social grants for older persons and disability grants increased to R1 860 and those for war veterans and persons older than 75 years to R1 880. Foster child grants rose to R1 040 per child, care dependency grants to R1 860, and child support grants to R440 per child.
4	R500 million was allocated to assist distressed small and medium enterprises (SMEs), using a simplified application process.
5	R3 billion was allocated to industrial funding for vulnerable firms and fast-track financing for companies.
6	R200 million was allocated for SMEs in the tourism and hospitality sector.
7	The Industrial Development Corporation allocated R3 billion in funding to allow firms that produce essential goods to scale up operations.
8	Tax-compliant businesses with a turnover of less than R50 million were permitted to delay 20% of their pay-as-you-earn liabilities between April and July 2020, along with a portion of provisional corporate income tax payments, without penalties or interest over the next 6 months.
9	The South African Future Trust was established to provide a further R1 billion in zero-interest funding to distressed SMEs. Government provided seed funding – R100 million from the National Treasury and R50 million from the National Lottery.
10	Employer contributions to the Skills Development Fund were suspended for four months.
11	The Compensation Fund was to pay employees who fell ill through exposure at their workplace.
12	All major banks announced options for payment holidays and debt restructuring for SMEs and individuals unable to meet their obligations.
13	Commercial banks were exempted from provisions of the Competition Act to enable them to develop common approaches to debt relief and other necessary measures.
14	The Presidency's Reconstruction and Recovery Plan was announced at the end of 2020, promising large-scale infrastructure and energy investments to help stimulate economic growth and job creation.

MONETARY MEASURES AND COSTS

The Reserve Bank is the monetary authority, the macro- and micro-prudential regulatory authority for the financial system, and the banker to the central government. Table 6.1.3 outlines the SARB's Covid-19 response,

which includes more accommodative monetary policy, a temporary relaxation of macro- prudential requirements, and a loan guarantee scheme, among other measures.

Table 6.1.3: SARB monetary response measures

1	Cut the repurchase ('repo') policy rate by 100 basis points to 5,25% on 20 March 2020, and again to 3,5% in July 2020, thereby injecting much-needed liquidity.
2	Signalled a more accommodative monetary policy stance, thereby influencing expectations.
3	Protected the functioning of financial markets, particularly the bond market, by purchasing government bonds across the entire yield curve on illiquid secondary markets. This supported liquidity, bolstered confidence in the bond market, and lowered long-term interest rates by reducing the bond supply.
4	Enabled temporary debt service relief to firms and individuals by temporarily amending Directive 7 of 2015 to lower the minimum capital requirements for banks relating to credit risk.
5	Helped sustain access to term credit by temporarily relaxing macro-prudential regulatory requirements: lowering the liquidity coverage ratio from 100% to 80%; temporarily reducing the systemic risk buffer (Pillar 2A) requirement to zero; and allowing banks to draw down on their capital conservation buffer of 2,5% as per regulation 38(8)(e)(iv)(D). This aimed to facilitate the extension of bank credit to sectors in need of liquidity, particularly households and small businesses.
6	Initiated a debt relief programme by issuing guidelines on 25 March 2020 for debt relief to bank customers. By 28 September 2020, commercial banks had extended R33,61 billion in payment breaks on credit agreements as voluntary relief (BASA, 2020).
7	Launched a loan guarantee scheme to incentivise banks, through a risk-sharing arrangement, to extend guaranteed loans at preferential rates (prime) to distressed businesses with an annual turnover of less than R300 million for operational expenses (e.g., salaries and rents). Firms should have been in good standing before the pandemic, be registered for taxes, have insufficient borrowing capacity to fund monthly operating expenses, and have been adversely affected by the lockdown. Banks get funds from the SARB at the repo rate plus 0,5% and on-lend to firms at the repo rate plus 3,5%, with 5 years for repayment and a 6-month payment holiday (National Treasury, 2020a). Any losses from loan defaults are first offset against margins earned on the portfolio of Covid-19 loans. Subsequent losses are offset against a guarantee fee payable to the National Treasury by banks, set at 0,5% of the loan. Any further losses are shared, with the first 6% absorbed by the banks and the rest by the National Treasury. See Chapter 6.5 for a more detailed discussion of this scheme.

Figure 6.1.10 shows that the day after the lockdown was announced on 23 March 2020, yields on long-term bonds shot up from 9% to 13%. The SARB took the unprecedented decision to inject liquidity into secondary bond markets by buying government bonds (as per Table 6.1.3). The bond markets stabilised, with yields dropping to around 11,4% in nominal terms and 8% in real terms. However, yields remained much higher than those for risk-free assets in comparable emerging markets; this potentially undermined the sustainability of debt servicing. Nominal yields continued

to decline, reaching 9,5% by November 2020, although rates remained fairly stable in real terms.

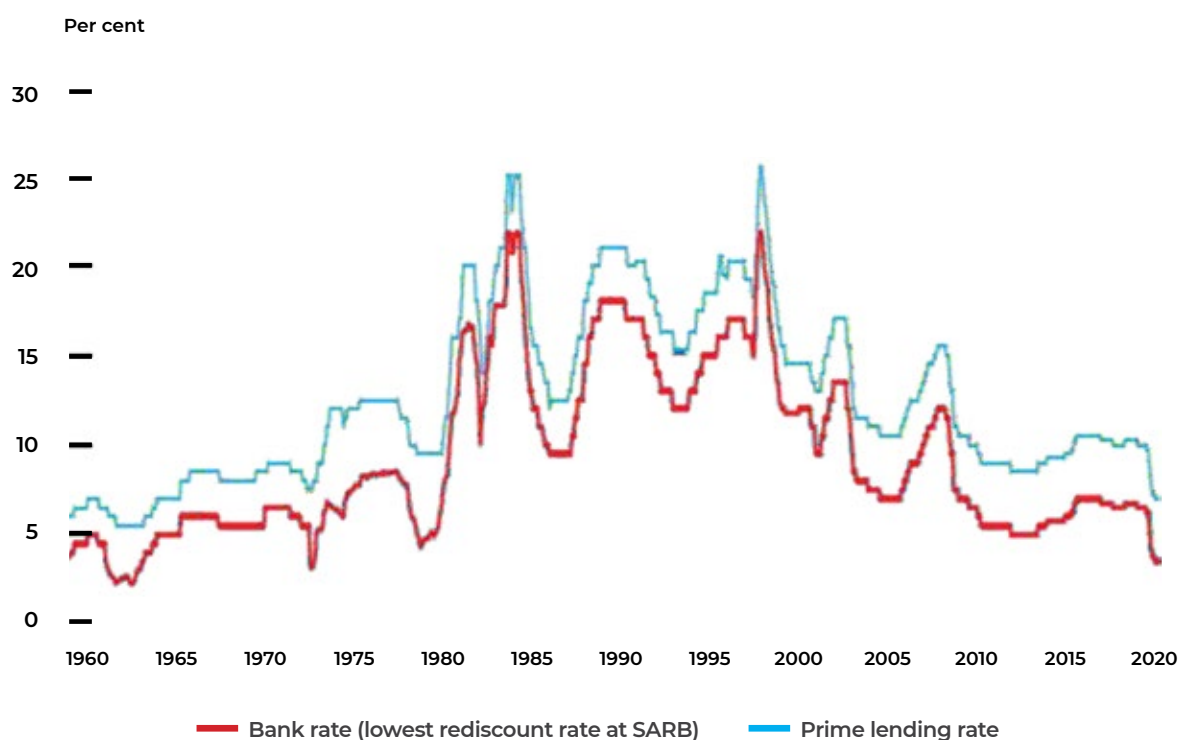
By adhering to prudent monetary policy and maintaining a flexible exchange rate, the SARB has helped maintain macroeconomic stability. It kept the repo rate at 3,5% from July 2020, where it remains in May 2021 – the lowest since its inception in 1998. This was appropriate given that inflation had also been well below the SARB's mid-range inflation target since 2020 (Figure 6.1.11).

Figure 6.1.10: Ten-year government bond yield, September 2019 to November 2020



Source: Trading Economics, 2020

Figure 6.1.11: Interest rates, 1960 to 2020 (%)

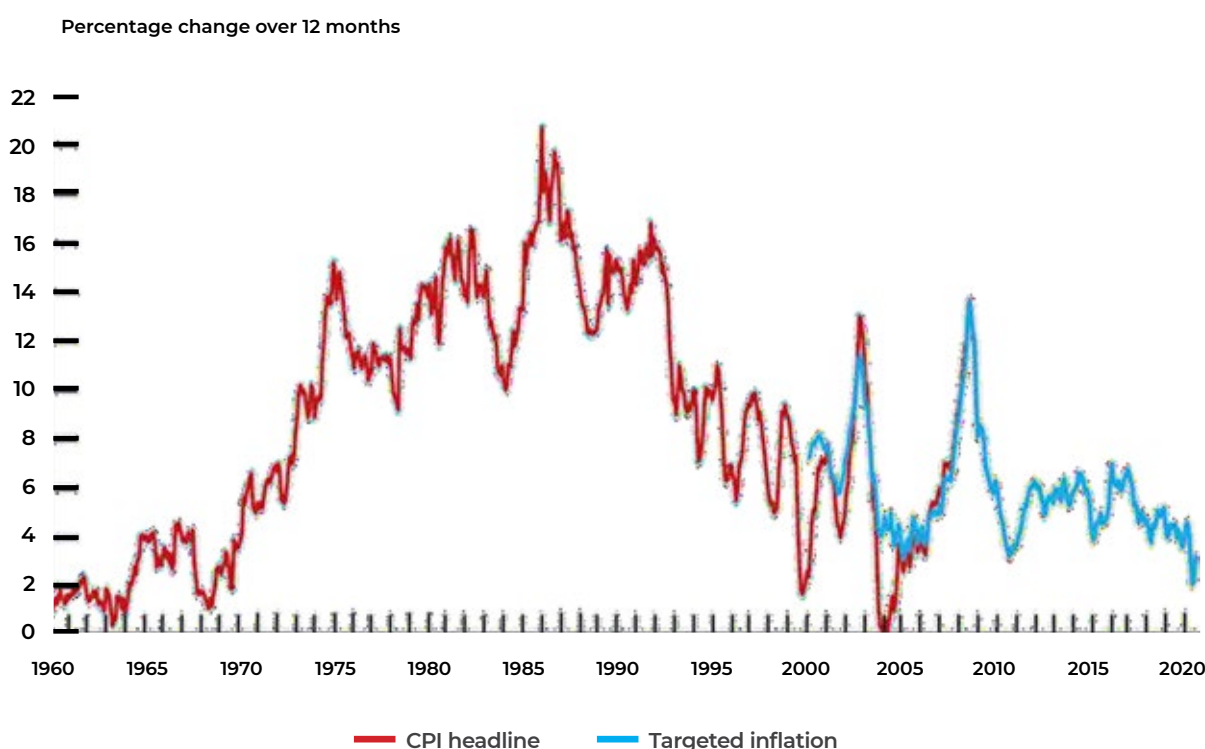


Source: SARB, 2020

- The inflation rate is shown in Figure 6.1.12
- and the exchange rate in Figure 6.1.13. March
- to May 2020 saw rapid depreciation of the nominal rand-US dollar exchange rate, which dropped to a record low of R19,36 to the US dollar on 6 April. Although the currency has since appreciated, it remains slightly weaker than pre-pandemic levels, fluctuating between R14,50 and R15,50 to the US dollar

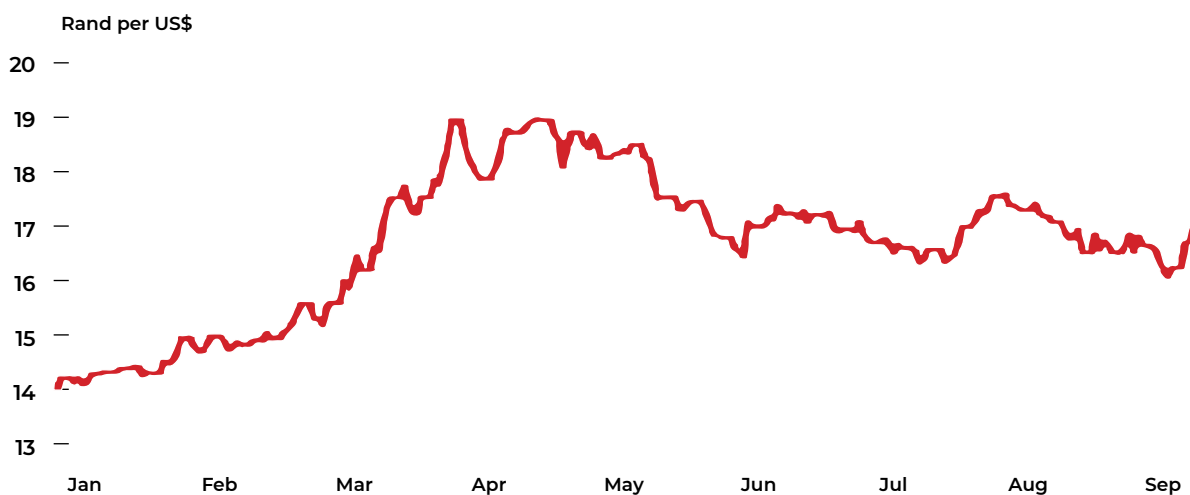
during 2021. The strong recovery of the rand since the second half of 2020 is illustrated in Figure 6.1.14, which shows the effective exchange rate. The South African currency outperformed all other emerging market currencies during this period up to the end of the first quarter of 2021, further damaging the country's beleaguered manufacturing sector ([Chapter 6.5](#)).

Figure 6.1.12: Inflation rate, 1960 to 2020 (% change over 12 months)



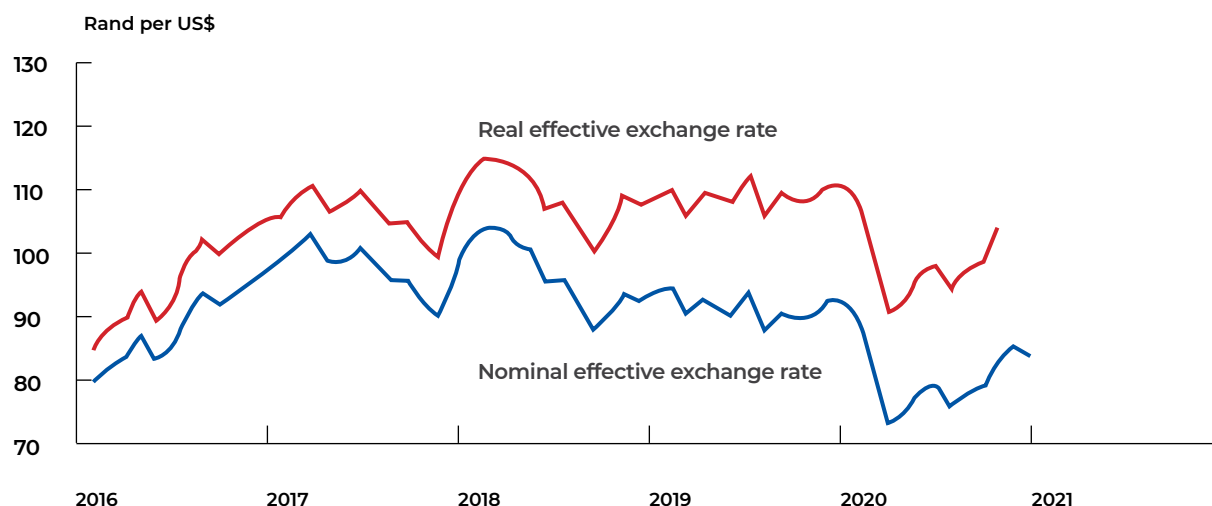
Source: SARB, 2020

Figure 6.1.13: Rand-US\$ exchange rate, January to September 2020



Source: SARB, 2020

Figure 6.1.14: Rand effective exchange rate, 2016 to 2021



Source: SARB, 2021

FISCAL MEASURES AND COSTS

The next section provides a broad timeline of fiscal measures during the Covid-19 pandemic, from the February 2020 Budget to that of 2021. Some specific relief measures are discussed – the UIF's TERS and the Covid-19 social relief of distress grant; this is followed by a brief look at some of the non-financial constraints in the provision of fiscal support.

FEBRUARY 2020 BUDGET

Despite government's stated commitment to fiscal consolidation for the better part of the last decade, the fiscus faced significant sustainability challenges even before the pandemic. The February 2020 Budget anticipated a budget deficit of 6,8% of GDP for the 2020/21 fiscal year even before the effects of Covid-19 started to unfold, up from an already precarious 5,7% the previous year. With economic growth stagnating, and falling in per capita terms since 2015, tax revenues had already been under pressure. Notwithstanding the structural deterioration in the economy, significant fiscal consolidation has long been

deferred to fund, for example, transfers to state-owned enterprises (e.g., Eskom), new entitlements (e.g., free university education), and the escalating costs of the public service wage bill.

JUNE 2020 COVID-19 SUPPLEMENTARY BUDGET

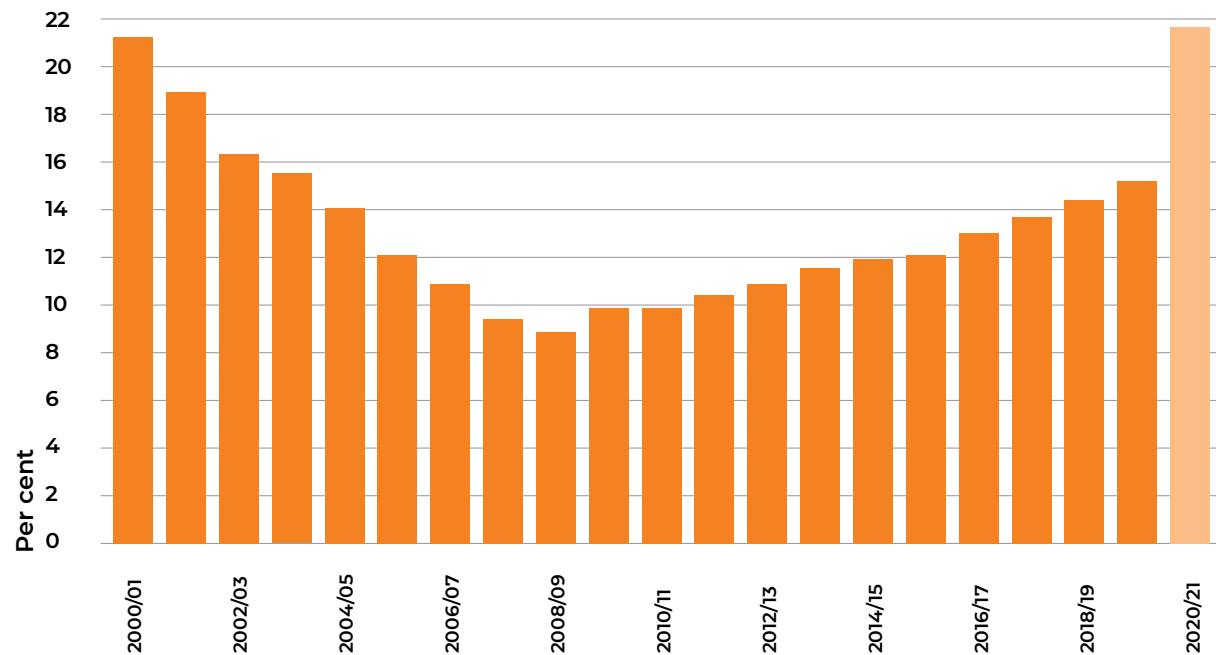
By June 2020, the fiscal situation had deteriorated significantly. The Covid-19 Supplementary Budget anticipated a main budget deficit of 14,6% for 2020/21 (Table 6.1.4) and a consolidated deficit (including municipalities, state-owned entities, and social security funds) of 15,7% of GDP. It envisaged a sharp rise in debt service costs to nearly 22% of main budget revenue (Figure 6.1.15) and 11,6% of consolidated expenditure in 2020/21. The debt-to-GDP ratio was expected to increase from 64% in 2019 to 82% in 2020/21. If a passive approach were followed, the debt ratio could spiral to 141% by 2028/29. To mitigate this risk, the minister of finance proposed an 'active' debt stabilisation trajectory which aimed to cap the debt-to-GDP ratio at a peak of 87% in 2023/24 before reducing it to under 74% by 2028/29 (Figure 6.1.16).

Table 6.1.4: Covid-19 Supplementary Budget, main budget framework, 2020/21

	2019/20	2020/21	
R billion / percentagte of GDP	Preliminary	Budget 2020	Revised
Main budget revenue	1 345,3 26,2%	1 398,0 25,8%	1 099,5 22,6%
Main budget expenditure	1 690,6 32,9%	1 766,0 32,5%	1 809,2 37,2%
Non-interest expenditure	1 485,8 28,9%	1 536,7 28,3%	1 572,7 32,4%
Debt service costs	204,8 4,0%	229,3 4,2%	236,4 4,9%
Main budget balance	-345,3 -6,7%	-368,0 -6,8%	-709,7 -14,6%
Primary balance	-140,5 -2,7%	-138,7 -2,6%	-473,2 -9,7%

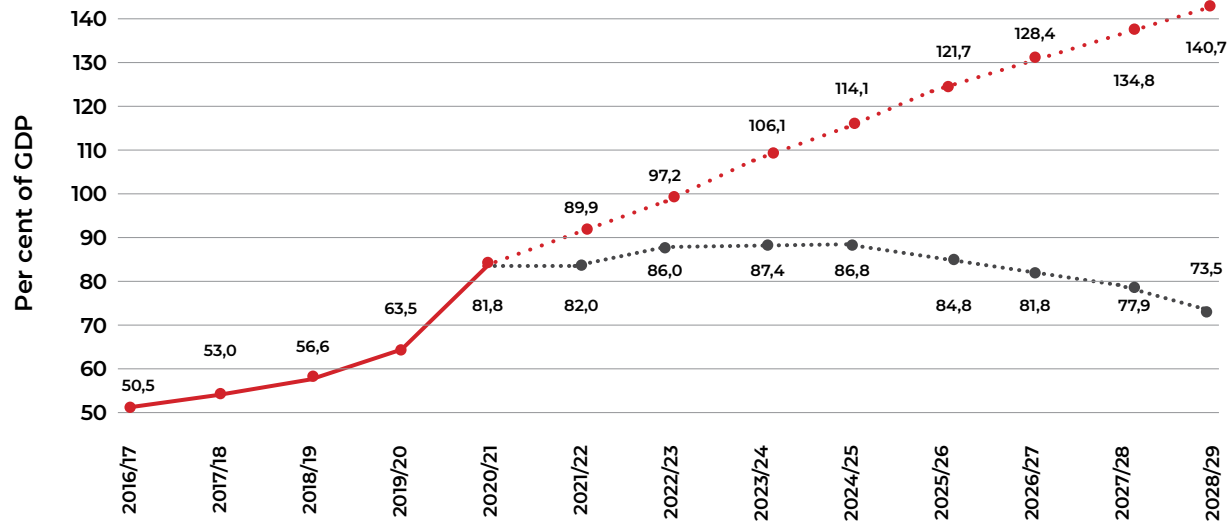
Source: National Treasury, 2020b

Figure 6.1.15: Main budget interest as % of revenue, Covid-19 Supplementary Budget



Source: National Treasury, 2020b

Figure 6.1.16: Debt outlook scenarios, June 2020 Covid-19 Supplementary Budget



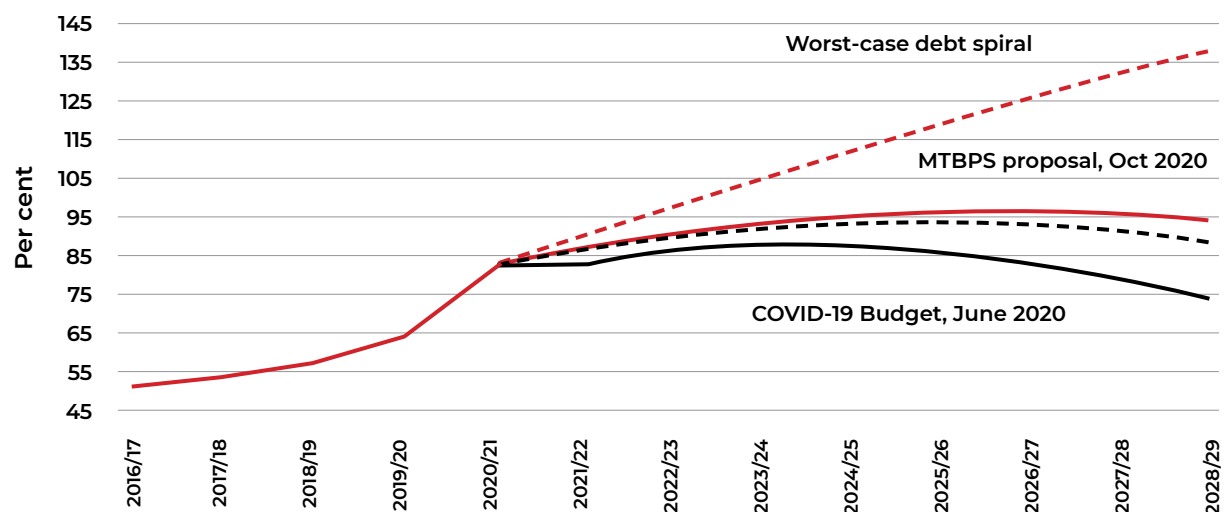
Source: National Treasury, 2020b

OCTOBER 2020 MEDIUM TERM BUDGET POLICY STATEMENT

By October 2020's Medium Term Budget Policy Statement (MTBPS), the outlook for economic growth had been reduced from -7.2% to -7.8% in 2020/21. Instead of the three-year fiscal consolidation proposed in June 2020, the consolidation period was extended to five years, with a debt-to-GDP ratio of 81.8%,

as against the 87% anticipated in June 2020 (Figure 6.1.17). Whereas the revised 2020/21 outcome in the MTBPS was largely the same as in the Covid-19 Supplementary Budget (Table 6.1.4 above), the main budget deficits over the medium term were projected at -10.1%, -8.6% and -7.3% of GDP in the next three years.

Figure 6.1.17: Debt outlook scenarios, 2020 MTBPS and Covid-19 Supplementary Budget



Source: National Treasury, 2020c

- Table 6.1.5 shows medium-term expenditure priorities from the 2020 MTBPS. Learning and culture (19,5%), social development (15,5%) and health (11,1%) are the largest expenditure items in 2020/21, accounting for almost half

of consolidated spending (including the June 2020 adjustments). Next largest are the national debt service obligations. Debt is the fastest-growing expenditure item, escalating by about 16,1% a year between 2021/22 and 2023/24.

Table 6.1.5: Consolidated expenditure by function, 2020 MTBPS

	2019/20	2020/21	2021/22	2022/23	2023/24	
R billion	Outcome	Revised ²	Medium-term estimates			Average annual growth 2020/21 – 2023/24
Learning and culture	383,4	398,3	399,0	406,7	411,3	1,1%
Health	223,2	226,2	235,3	242,0	246,3	2,9%
Peace and security	212,8	216,8	210,7	213,3	214,5	-0,4%
Community development	197,0	208,2	221,1	232,2	236,4	4,3%
Economic development	196,7	211,3	224,7	236,3	242,0	4,6%
General public services	66,2	69,8	71,0	70,4	71,2	0,6%
Social development	298,7	315,4	312,2	329,9	335,7	2,1%
Payments for financial assets	66,0	86,5	42,9	26,2	23,7	–
Allocated by function	1 644,0	1 732,6	1 716,7	1 757,0	1 781,0	0,9%
Debt-service costs	204,8	225,9	271,8	317,6	353,1	16,1%
Contingency reserve	–	–	5,0	5,0	5,0	–
Consolidated expenditure	1 848,8	1 958,4	1 993,5	2 079,6	2 139,2	3,0%
Consolidated expenditure including June 2020 budget adjustments	1 848,8	2 037,8	1 993,5	2 079,6	2 139,2	1,6%

Source: National Treasury, 2020c

Given that total consolidated spending over the medium term is expected to grow by only 1,6% per year, the increasing interest costs will crowd out other expenditure. The next-fastest growth is in economic development (4,6%) and community development (4,3%), mainly because of above-inflation growth in spending on road infrastructure and access to basic services, in line with the economic recovery plan. Spending on health, learning and culture, and social development is expected to decline in real terms over the medium term (National Treasury, 2020c).

FEBRUARY 2021 BUDGET

By February 2021's Budget Review, more certainty was provided about the projected budget balances in the wake of the pandemic (Table 6.1.6). The National Treasury's latest projections saw the main budget deficit revised to 12,3% for 2020/21 and recovering somewhat to 6,5% by 2023/24, largely in line with estimates from the MTBPS. The Budget Review also confirmed the dire debt projections discussed above, with the debt-to-GDP ratio expected to stabilise at 88,9%

in 2025/26. Figure 6.1.18 shows the recent increases in the debt-to-GDP and projections as of March 2021. Table 6.1.7 in [Annex 6.1.1](#) shows the latest available expenditure priorities

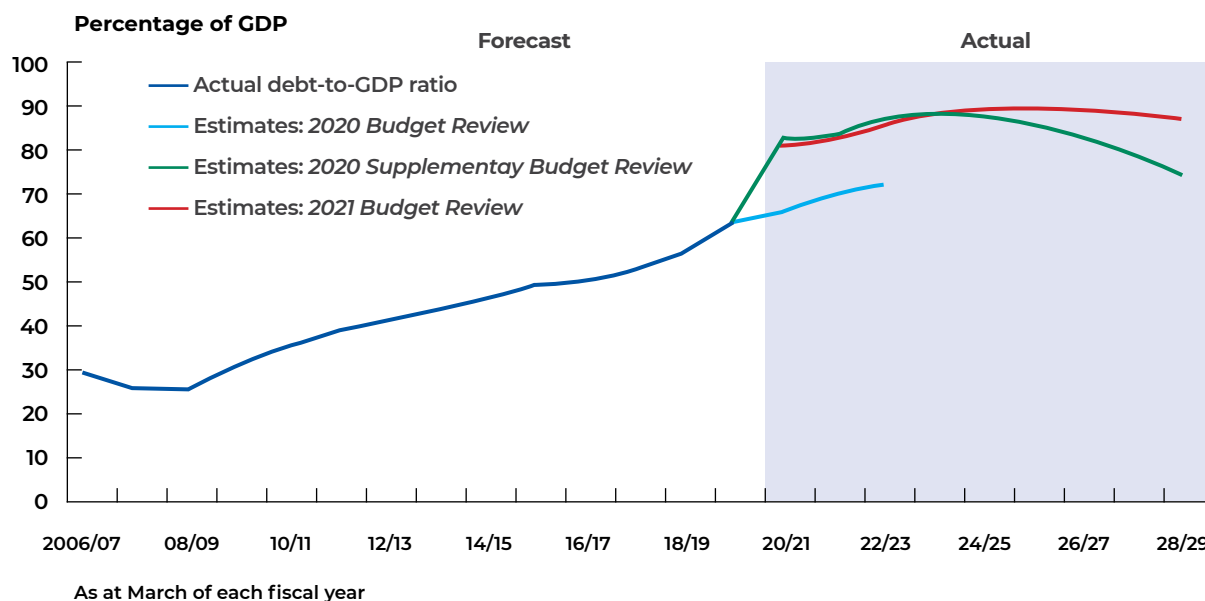
from the 2021 Budget Review. The structure of expenditure in the 2021 Budget was largely similar to that presented in the 2020 MTBPS (National Treasury, 2021).

Table 6.1.6: Main budget framework, 2021 Budget Review

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
R billion / <i>percentage of GDP</i>	Outcome			Revised estimate	Medium-term estimates		
Revenue							
Gross tax revenue after proposals	1 216,5	1 287,7	1 355,8	1 212,2	1 365,1	1 457,7	1 548,5
Non-tax revenue	19,2	23,9	27,6	26,4	27,7	28,6	30,4
SACU	-56,0	-48,3	-50,3	-63,4	-46,0	-33,4	-58,0
National Revenue Fund receipts	16,6	12,0	12,8	25,6	4,9	0,8	1,1
Main budget revenue	1 196,4	1 275,3	1 345,9	1 200,8	1 351,7	1 453,7	1 522,0
	25,5%	25,9%	26,1%	24,4%	25,3%	25,7%	25,4%
Expenditure							
National departments	592,6	634,3	749,7	804,5	763,3	736,3	739,0
Provinces	538,6	572,0	613,4	628,3	639,5	643,3	646,8
Local governments	111,1	118,5	123,0	138,1	138,1	146,1	148,4
Contingency reserve	–	–	–	–	12,0	5,0	5,0
Provisional allocation not assigned to votes	–	–	–	–	11,6	32,1	33,2
Non-interest expenditure	1 242,3	1 324,8	1 486,2	1 571,4	1 564,5	1 562,8	1 572,5
Debt-service cost	162,6	181,8	204,8	232,9	269,7	308,0	338,6
Main budget expenditure	1 404,0	1 506,6	1 690,9	1 804,2	1 834,3	1 870,8	1 911,0
	29,9%	30,6%	32,8%	36,7%	34,3%	33,0%	31,9%
Main budget balance	-208,6	-231,3	-345,1	-603,4	-482,6	-417,2	-389,0
	-4,4%	-4,7%	-6,7%	-12,3%	-9,0%	-7,4%	-6,5%
Primary balance	-45,9	-49,5	-140,3	-370,5	-212,8	-109,2	-50,4
	-1,0%	-1,0%	-2,7%	-7,5%	-4,0%	-1,9%	-0,8%

Source: National Treasury, 2021

Figure 6.1.18: National government gross loan debt, 2006/07 to 2028/29 (% of GDP)



Source: SARB, 2021

TARGETED INTERVENTIONS

TEMPORARY EMPLOYEE/EMPLOYER RELIEF SCHEME

The UIF's TERS plan covered workers who tested positive for Covid-19, who needed to be quarantined because of exposure, or whose work time or benefits had been reduced ([Chapter 5.3](#)). The benefit was made available to employers who had registered with the UIF and made the required monthly UIF contributions. It was payable for the shorter of the national lockdown period or three months, with subsequent extensions announced in 2021. The minimum benefit was equal to either the national minimum wage of R3 500 per employee or the sectoral minimum wage, and the maximum was R6 370.

At the start of the scheme, only employers could claim for their employees, and employees were paid through either the employer or the relevant Bargaining Council. As of June 2020, employees, including workers not registered with the UIF, could claim the benefit directly. By February 2021, the scheme had disbursed R57 billion to over

4,5 million beneficiaries from over 931 000 employers (National Treasury, 2020c & 2021). Some elements of the stimulus that were due to expire were extended in the February 2021 Budget. However, it should be recognised that administrative difficulties and delays caused significant frustration for many beneficiaries.

For example:

- Disbursements were made long after the months for which they were paid. A well-designed employee/employer relief scheme should be able to respond more quickly.
- There were long delays in government decisions on extensions during later lockdown periods.
- The various revisions to the directives contributed to disputes and differences of interpretation.
- There was a tension between the TERS and the National Treasury's wage incentive supplementary benefit – employers could not claim both, and the TERS payment had the effect of undermining the tax benefit.

This is a good example of poor policy coordination. This experience has served as a telling reminder of the need to modernise

the social insurance system in South Africa. Possible integration of the administration of this system with the South African Revenue Service (SARS) should be investigated.

COVID-19 SOCIAL RELIEF OF DISTRESS GRANT

The June 2020 Supplementary Budget formally appropriated monthly increases to existing social grants for six months (many until October 2020). A special R350 social relief of distress grant was appropriated over the same period to help compensate for income lost because of lockdown restrictions on economic activity. Child support beneficiaries received an extra R500 between June and October, and other grant beneficiaries were given R250. The MTBPS noted that government would discontinue these payments but allocated R6,8 billion to the Department of Social Development to extend the Covid-19 social relief of distress grant until 31 January 2021. Another R500 million was earmarked for direct food relief and R589 million for social workers and early childhood development workers, given how badly the sector had been affected by the pandemic (National Treasury, 2020c).

By the end of 2020, the social relief of distress grants had reached around 7 million people. The UIF supported another 4 million beneficiaries (National Treasury, 2021) and existing social grants about 17,8 million (12,8 million child support grants; 3,6 million old-age pensions; 1 million disability grants; 340 000 foster care grants; and 155 000 care dependence grants) (National Treasury, 2021). Adding these three numbers suggests that over 35 million payments for social support were made in 2020 during the pandemic, supporting a critical mass of vulnerable people in the economy (Stats SA, 2020).

CONSTRAINTS

STATE CAPACITY

Programmes that used existing infrastructure (e.g., child support and tax relief) were faster at rolling out relief, whereas new programmes (e.g., the social relief of distress grant) had 'teething problems' and took longer to become functional (National Treasury, 2020b). Social development services were also constrained by the lockdown and distancing requirements. Lines for support have been long, as have waiting lines for food parcels, with reports of older people dying in these queues. There have also been allegations of corruption in the distribution of food parcels, leading some to advocate the use of vouchers (WBG, 2020). This suggests that especially in the early part of the pandemic, state capacity and corruption were more of a constraint on social relief than were finances per se.

GRANTS TO NON-PROFIT ORGANISATIONS

Another constraint was the delay in or non-payment of grants by provincial social development departments to non-profit organisations for social welfare services. In a judgment handed down in October 2020 by Judge Nicolene Janse van Nieuwenhuizen of the Gauteng High Court, the minister of social development and provincial Members of the Executive Council (MECs) for social development (except the Western Cape) were ordered to pay all early childhood development centres 100% of the intended subsidy regardless of whether they were operational. Previously, only operational centres were paid, leaving others both unable to operate without subsidies and unable to access subsidies because they were not operating.

● PROCUREMENT

- After the national state of disaster was announced in March 2020, the National Treasury issued three instruction notes to regulate the emergency procurement of critical health supplies. The third note allowed more flexibility with suppliers to speed up delivery. Soon allegations of fraud and corruption in the procurement of PPE were widely reported in the media (National Treasury, 2020b; see also [Chapter 3.2](#)). On 19 August 2020 the Special Investigation Unit announced that it was probing 658 contracts worth R5,08 billion, or almost half the R10,4 billion PPE expenditure reported to the National Treasury.

The Auditor-General issued the first real-time audit report of R147,41 billion in Covid-19 expenditure up to 31 July 2020 (R135,92 billion of the R500 billion fiscal relief package and R11,49 billion in other funds). It noted that procurement controls had been compromised. Poor-quality PPE had been supplied at between double and five times the national prescribed prices, and to companies without tax clearance certificates or that were not registered on the central supplier database, for example. Via the Expanded Public Works Programme (EPWP), the Department of Public Works and Infrastructure (with the Independent Development Trust as implementing agent) was allocated R771 million to source 25 000 workers to help the Department of Health with screening, testing and educational campaigns. The Auditor-General found that by end-June, only 8229 workers had been recruited and R26 million spent on management, administration, and PPE for participants. Because the initiative had been delayed, no payments had yet been made to workers (AGSA, 2020). This does not augur well for scaling up the EPWP for the Covid-19 recovery phase.

Of the 139 companies awarded PPE tenders, the SARS is now investigating 22 tenders (R1,1 billion) that benefited 'politically exposed

persons' (the term used in the Financial Intelligence Centre Act for politically connected individuals). Sixty-five of the 139 companies should have been disqualified because they were not tax compliant. Other offences include not being registered for value-added tax or having outstanding tax returns. Some were listed as pubs, car washes, property letting companies or bakeries but were still awarded tenders. The SARS Commission even found that a R60 million contract had been awarded verbally (Merten, 2020).

The National Treasury withdrew the emergency regulations and required all government bodies to revert to an open-tender system. It published the details of Covid-19-related procurement, including the names of companies awarded contracts, and law-enforcement agencies are investigating cases of criminal behaviour. The Treasury also collaborated with the Auditor-General to publish Preventative Control Guidelines, a toolkit to identify fraud, corruption, and misappropriation of funds.

PRELIMINARY LESSONS LEARNT

There were significant problems in policy coordination and consistency in responding to the economic fallout of the pandemic across sectors, individual businesses, their workers, and households in general. This is highlighted by the number of stimulus and recovery plans announced since March 2020 that have not been implemented properly or failed to mitigate the economic effects of the pandemic as envisioned. Many small business and individuals were left frustrated as promised support either never materialised or was heavily delayed in a time of great distress.

The design of these programmes has been flagged as the most common concern. As noted, in some cases, dubious allocation of resources and awarding of tenders have drained key resources. This is not completely

surprising – the combined health and economic shock has been unlike anything the world has witnessed in about a century. There was, at least initially, much uncertainty about the pandemic and which course of action could simultaneously mitigate against the health and economic effects of the pandemic and the resulting lockdown restrictions. Typical oversight and procedural scrutiny were, understandably, partially set aside given the magnitude of the shock and the urgency of the required response. This inevitably led to weaknesses in planning and implementation, which could be exploited by bad actors. An in-depth and cross-cutting analysis into how to improve the coordination of complex emergency policy responses and to ensure officials are held accountable in the implementation of such policies should be conducted as a matter of urgency.

The lessons learnt about the policy response to the pandemic in the year since the start of the lockdown are difficult to disentangle from lessons about the general state of the economy. South Africa's macroeconomy entered the pandemic in an extremely fragile state. Institutions and state-owned enterprises were weakened by state capture, and confidence among both business and investors was generally low. GDP per capita had been falling since 2015, unemployment was already at near-record levels, and the fiscus was under severe pressure. These factors combined from the outset to hamstringing the country's ability to respond effectively to the demands of the pandemic.

The initial hard lockdown regulations in March 2020, which aimed to give health facilities time to prepare and help flatten the curve of Covid infections, were met with general support from the public. However, this support soon turned to frustration as it became clear that many health facilities remained ill-equipped and ill-prepared to cope with successive waves of the pandemic despite the lockdown and the vast sums of money allocated to PPE and other equipment. The qualifying criteria for government support also left many disillusioned, especially small

business owners. Other policies, such as the alcohol and cigarettes ban, were also questioned ([Chapters 6.2](#) and [6.5](#)). Apart from the fact that these policies cost the already constrained fiscus billions in excise revenue, their effectiveness in achieving their stated goals has not been proven; the costs may well have outweighed the benefits, at least from an economic point of view.

It is still truly difficult to know what has and has not worked in terms of South Africa's Covid-19 policy response. However, a few key lessons have emerged:

- Much better **coordination is needed both between authorities and with the private sector**. It seems clear that South African policymakers were not prepared for a shock of this magnitude. Using the well-established infrastructure of SARS to help administer grants should be strongly considered. The loan guarantee scheme was also less effective than envisioned, with only 10% of allocated funds distributed, partly because of a lack of coordination with private sector loan extensions ([Chapter 6.5](#)). All round, authorities must improve their planning and structures for future shocks. This pandemic has highlighted many weaknesses in implementation. Long-overdue administrative 'modernisations' (e.g., the UIF or collaboration between the health department and private health providers and hospital groups) need to be prioritised. Government should immediately identify and rectify problems that undermine the efficiency of its emergency policy response.
- **Lockdowns need to be smarter** and more targeted. Blanket bans and across-the-board lockdowns may not have struck the correct balance between protecting lives and protecting livelihoods. South Africans generally complied with mask-wearing mandates, and for the most part social distancing was well implemented in urban areas. Policymakers should learn from areas in which these basic mitigation measures were more successful, as this may allow

- for more a nuanced implementation of restrictions.
- • **Stringent oversight of emergency spending** and tender processes must be maintained, and harsh penalties or sanctions must be imposed on corrupt officials. Despite promises in this regard, South Africans were left fuming when tenders were flagged as corrupt or irregular, especially for the distribution of PPE in the early days of the pandemic. Such issues ultimately erode trust in government, which in turn undermines the implementation of policy and other measures to address the health and the economic fallout of the pandemic.
- The need for the macroeconomy to be in a **general state of readiness** to deal with crises should not be underestimated. South Africans were woefully exposed to the effects of the pandemic because of the fragile state of the economy and the inability of the fiscus to provide greater support. This has also played a role in the slow roll-out of vaccines, with significant delays in securing supplies and other infrastructure necessary for the most important step in overcoming the pandemic – a successful vaccination drive that will help South Africa achieve herd immunity and allow a return to a normally functioning health and economic system (Chapter 5.1). Ensuring that the macroeconomy is robust and better able to cope with large shocks will require stronger institutions, smart reforms, and greater accountability.

IMMEDIATE INTERVENTIONS

Policymakers are limited in their ability to add new stimulus interventions on top of existing policies because of the constraints on the fiscus. However, areas where **emergency response funds** have been misallocated or underused should be examined with a view to reallocating the funds. Bottlenecks in the application or payment process of support

to businesses or individuals should also be addressed as a matter of urgency.

Vaccine roll-out is, as of April 2021, the most pressing issue that needs to be resolved – only a fraction of healthcare workers and some politicians have received vaccines to date. South Africa's response in this regard lags far behind most countries, including many in Africa. Greater cooperation between government agencies and the private sector in securing vaccines and organising their roll-out, including clear communication, should be prioritised. Any delays in this process would cost both lives and livelihoods and further erode trust in government's policy response.

Another area of immediate focus is improving and strengthening institutions and coordination around the country's emergency policy response. The World Economic Forum's Global Risk survey suggests extreme weather events, infectious diseases such as Covid-19, and other events that could trigger economic crises rank highly in terms of both likelihood and impact (WEF, 2021). It is not a question of if, but when, the next crisis comes along that would require government's coordinated response to help mitigate its effects. The lessons from the Covid-19 experience should not be lost; rather, they should be used to drive a more efficient and capable policy response in future.

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ANNEX 6.1.1: EXPENDITURE BY FUNCTION

Table 6.1.7: Consolidated expenditure by function, 2021 Budget Review

R million	2020/21 Revised estimate	2021/22	2022/23	2023/24	Percentage of total MTEF allocation	Average annual MTEF growth	Average annual MTEF growth excluding COVID-19
Medium-term estimates							
Learning and culture	387 209	402 929	411 027	415 972	23,5%	2,4%	2,7%
Basic education	266 341	272 340	276 982	279 520	15,9%	1,6%	2,3%
Post-school education and training	11 664	119 587	122 824	124 973	7,0%	3,8%	3,3%
Arts, culture, sport	9 204	11 001	11 221	11 479	0,6%	7,6%	6,5%
Health	247 009	248 839	245 893	245 019	14,2%	-0,3%	2,5%
Social development	413 313	335 290	326 176	325 248	18,9%	-7,7%	2,4%
Social protection	256 813	229 354	239 579	240 845	13,6%	-2,1%	3,1%
Social security funds	156 500	105 936	86 597	84 404	5,3%	-18,6%	0,6%
Community development	211 473	218 795	233 966	240 671	13,3%	4,4%	5,6%
Economic development	191 931	207 529	210 871	217 187	12,2%	4,2%	5,0%
Industrialisation and exports	33 089	36 176	36 780	37 148	2,1%	3,9%	1,3%
Agriculture and rural development	25 326	27 400	28 142	28 432	1,6%	3,9%	1,6%
Job creation and labour affairs	31 585	33 396	23 997	24 229	1,6%	-8,5%	3,5%
Economic regulation and infrastructure	86 499	93 144	103 963	109 513	5,9%	8,2%	8,3%
Innovation, science and technology	15 431	17 412	17 988	17 866	1,0%	5,0%	2,1%
Peace and security	218 615	208 570	212 853	213 417	12,1%	-0,8%	-0,1%
Defence and state security	53 968	46 656	47 811	48 132	2,7%	-3,7%	-2,6%
Police services	106 603	104 570	105 946	105 994	6,1%	-0,2%	1,0%
Law courts and prisons	48 263	48 482	49 632	49 919	2,8%	1,1%	0,8%
Home affairs	9 780	8 862	9 463	9 372	0,5%	-1,4%	-3,2%
General public services	62 458	68 429	68 467	69 141	3,9%	3,4%	3,5%
Executive and legislative organs	14 368	14 476	14 818	14 998	0,8%	1,4%	1,2%
Public administration and fiscal affairs	40 934	46 066	45 417	45 853	2,6%	3,9%	4,4%
External affairs	7 156	7 886	8 233	8 291	0,5%	5,0%	3,0%
Payments for financial assets	87 594	48 240	27 221	24 900			
Allocated by function	1 819 600	1 738 619	1 736 474	1 751 555	100%	-1,3%	1,6%
Debt service cost	232 852	269 471	308 013	338 591			
Contingency reserve	-	12 000	5 000	5 000			
Consolidated expenditure	2 052 452	2 020 360	2 049 487	2 095 146		0,7%	3,3%

Source: National Treasury, 2021



CHAPTER 6.2

AGRICULTURE AND THE FOOD SUPPLY CHAIN



CHAPTER 6.2: AGRICULTURE AND THE FOOD SUPPLY CHAIN



ABSTRACT

Food production and the distribution and retailing of food were deemed essential services when the national state of disaster was announced. At face value, this suggested that the direct impact of the various Covid-19 regulations on the agricultural sector and the availability of food would be limited. Nevertheless, specific subsectors in the primary agricultural sector (e.g., wine, mohair, wool, flowers, leather, and tobacco) and the food service sector were severely affected by the regulations. Early on during the lockdown, the informal food supply chain and the livelihood of small-scale fishers were also disrupted – the initial ban on informal traders and food vendors and the restrictions on small-scale fishers during alert levels 5 and 4 affected the supply of food for many

vulnerable people and exacerbated food insecurity. Another factor that affected specific subsectors of the food supply chain was the critical lack of coordination and communication between the relevant national departments. Despite these specific circumstances and diverse impacts on the agricultural and food supply chains, the Department of Agriculture, Land Reform and Rural Development announced a blanket relief programme for all micro-scale farmers and for farmers in the Proactive Land Acquisition Strategy programme. Almost R500 million was allocated to 14 300 farmers without a proper assessment of the impact of the regulations on the sector. Finally, conclusions in this chapter exclude interventions made by relevant government departments. Such information will be included in the second edition of the Country Report.

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DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria: June.

ABBREVIATIONS AND ACRONYMS

BFAP	Bureau for Food and Agricultural Policy	GDP	gross domestic product
DALRRD	Department of Agriculture, Land Reform and Rural Development	NIDS-CRAM	National Income Dynamics Study – Coronavirus Rapid Mobile [survey]
DEFF	Department of Environment, Forestry and Fisheries	TERS	Temporary Employee/Employer Scheme

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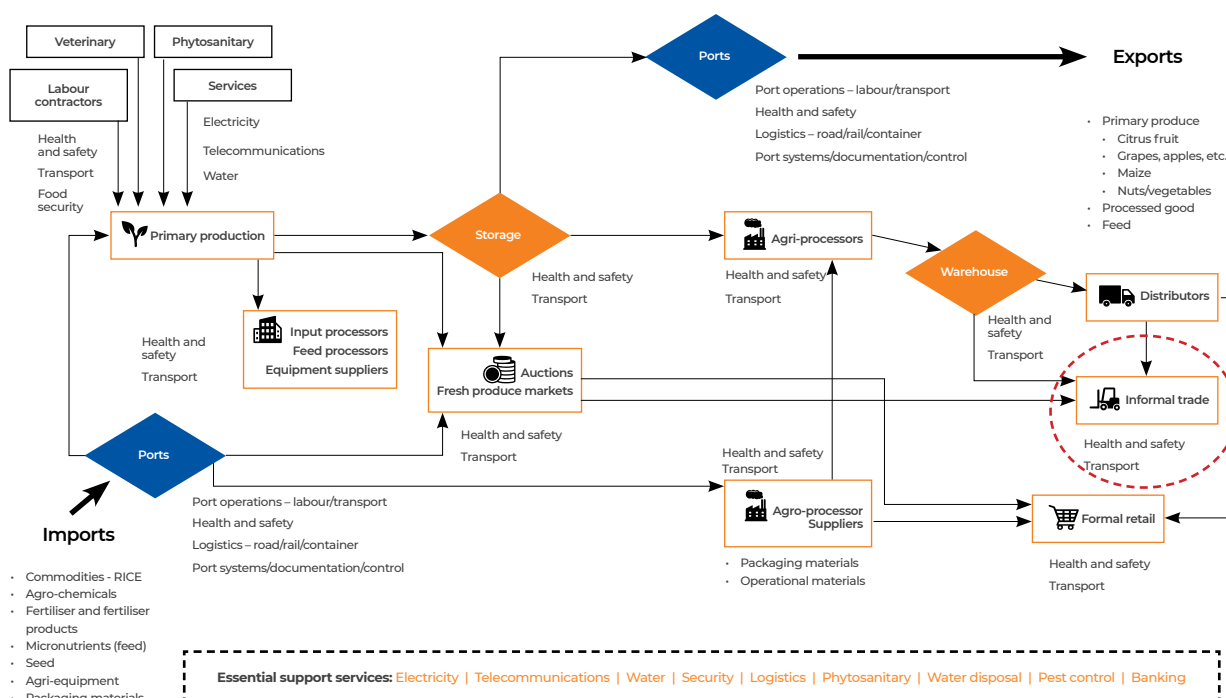
INTRODUCTION

When the South African government announced stringent lockdown measures on 26 March 2020, food production and the distribution and retailing of food were proclaimed essential services. At face value, this suggested that the direct impact of the Covid-19 regulations on the agricultural sector and the availability of food would be limited.

However, crises of any nature send shockwaves through food systems (Cullen, 2020; Schmidhuber et al., 2020). Examples of such crises include climate-related disasters, outbreaks of war, human displacement and more recently, the financial crisis in 2009 and the current Covid-19 pandemic. These food shocks are manifested in different ways but, importantly, they affect the health and

well-being of a population. The agricultural and food supply chain is a complex web of many interactions, including seed producers, farmers, agricultural support, food processing plants, ingredient and other service suppliers, transportation and shipping for food exports and imports, retailers, consumers, restaurants and more (CFS, 2015; FAO, 2019; Cullen, 2020). It is imperative during crises that countries keep food supply chains going (Cullen, 2020). To ensure the functioning of the food supply chain in South Africa during the Covid-19 pandemic, other essential support services needed to be available. In Figure 6.2.1, the Bureau for Food and Agricultural Policy (BFAP) shows the complex nature of the food system. It demonstrates how the regulations in many ways ignored the various support services playing an important role in the food supply chain and, hence, in the food security of the nation.

Figure 6.2.1: Agriculture and food supply chain



Source: BFAP, 2020b

The initial lockdown regulations under the Disaster Management Act omitted a broad spectrum of the **informal food retail sector** (e.g., spaza shops, 'bakkie' traders, hawkers, informal traders, and micro-caterers) from

the exemption list. This group of informal sector players is an essential part of the food system and contributes significantly to the economy, while providing accessible and affordable food to poor and vulnerable

groups. Likewise, thousands of **‘subsistence’ fishers** were unable to fish and faced both a loss of income and food insecurity during alert levels 5 and 4. As discussed below, this group has been formally assimilated into the Department of Environment, Forestry and Fisheries’ (DEFF) framework as small-scale fishers. However, in the assimilation process, some could not obtain permits as small-scale fishers, either because of administrative hurdles or because they did not meet the department’s requirements. They were forced to fish on recreational fishing permits. But whereas commercial and small-scale fishing was declared an essential service, recreational fishing was not allowed until alert level 3. This created significant difficulties for subsistence fishers, some of whom had to fish illegally to survive (which brought them into conflict with law enforcement). [Annex 6.2.2](#) provides a case study of fishers in KwaZulu-Natal – the South Durban Community Environmental Alliance requested that 12 000 members of the KwaZulu-Natal Subsistence Fisher Forum, who were not recognised as small-scale fishers, be allowed to fish to alleviate their food insecurity.

Lockdown regulations also led to significant uncertainty around the definition of essential services. A sizeable backlog developed at the office of the Registrar of Fertilisers, Farm Feeds and Agricultural Remedies of the Department of Agriculture, Land Reform and Rural Development (DALRRD) because of understaffing, as many employees who worked from home lacked the appropriate infrastructure. This backlog disrupted supplies of farm inputs. In other cases, critical support services for the food supply chain could not operate, leading to logistical problems in the food supply chain. BFAP’s End-to-End Agro-Food Chain Tracker highlights several of these issues (BFAP, 2020b).

Figure 6.2.2 illustrates the survey results for disruptions experienced at various nodes in the food chain during the lockdown (BFAP, 2020c). The main disruptions reported include the following:

- Sales were under pressure because of the closure of quick-service and other restaurants, as well as lower overall demand resulting from lower economic activity ([Chapter 6.3](#)). Sales did improve after quick-service restaurants were opened under alert level 3. However, interviews with the Restaurant Association of South Africa and the Restaurant Collective (which covers sit-down restaurants) suggested that they had not been consulted by government and felt ‘abandoned’ ([Anelich, 2020b](#)). Both organisations held that government failed to understand the importance of the sector to the economy. A lack of coordination and communication between departments was also indicated. Unlike South Africa, many countries permitted takeaway foods to be sold from the beginning of their lockdown periods. Allowing businesses to provide takeaway food, especially during the initial lockdown, would have significantly improved outcomes in the industry.
- Production operations were often disrupted because staff tested positive for Covid-19. For example, Tiger Brands, Fry Group Foods (both plants in KwaZulu-Natal) and Coca-Cola (plant in Gauteng) had to shut down because of Covid-19 outbreaks (Pillay & Comins, 2020).
- Congestion at Cape Town Harbour affected food exports, especially of citrus and pome fruit. Some shipping companies had imposed congestion fees, and some ships opted not to dock in Cape Town because of the delays. To avoid the congestion, fruit exporters trucked products to Port Elizabeth at extra cost. For food imported into South Africa, reports suggested that consignments that would normally be released within 72 hours now experienced delays of 3–4 weeks. This resulted in significant additional costs to the importers because of port overstays and demurrage.

Figure 6.2.2: South Africa's food chain node



Source: BFAP, 2020b

- Significant congestion was also reported at the Beitbridge border post between South Africa and Zimbabwe ([Chapter 6.4](#)). Early on in alert level 5, Zimbabwe's maize supplies were running low, and maize imports spiked right when the lockdown measures were announced. Participants

in the BFAP End-to-End Agro-Food Chain Tracker reported delays of 14–28 days at various regional border posts in April 2020.

- Imports of critical mechanical spares and some agricultural inputs (including ingredients) were also problematic, as these consignments were delayed at the ports.

The lockdown regulations prohibited the domestic sale and export of alcohol, which severely affected the wine industry. Government did not consult with this sector and made no attempt to understand the effect of its decisions on the supply chain. For example, grapes and barley for wine and beer-making, respectively, had to be harvested and processed into the respective products, which could then be stored for long periods. Dispensations had to be sought for every step of the process; this arduous procedure could have been avoided had there been adequate consultation upfront. The ban on exports resulted in South Africa losing important trading partners, some of which sought wine from other wine-producing countries to fill the gap. Securing an export market takes many months of negotiations, and once lost, they are very difficult to regain.

Within the first lockdown period, non-food agricultural activities such as **wool, mohair, floriculture, ostrich feathers and animal skins** were all deemed non-essential and were prohibited from operating.

As noted, the regulations also closed the **food-away-from-home market**, an important element in the food supply chain. This included quick-service restaurants, restaurants, hotels, guesthouses, coffee shops and catering businesses, along with entrepreneurs selling hot meals to passers-by and taxi drivers. Together these establishments demand a considerable volume of food products from the wholesale, fresh produce markets and food processing sections of the supply chain. Their closure brought temporary drops in farm prices, specifically red meat, vegetables, and fruit (Stats SA, 2020b).

The quick-service restaurant sector employed an estimated 330 385 people before the pandemic, virtually all of whom were negatively affected by the hard lockdown. Many of these employees were contracted on a no-work-no-pay basis or relied on gratuities and tips from clients. Thus, most workers in this industry did

not earn an income during alert levels 5 and 4. When restaurants began to open under strict health regulations and social distancing measures, many employers were unable to retain jobs. Some downsized, but others had to close. Many casual workers lost their jobs, which in turn affected their ability to buy food. Hopefully, they were assisted through social grants ([Chapter 5.3](#)), food vouchers and food parcels to help them afford a basic basket of food (Louw et al., 2020).

Statistics South Africa (Stats SA, 2020d) conducted a survey of tax-registered private and public enterprises that provide food and beverages for immediate consumption (i.e., restaurants and coffee shops, takeaway and fast-food outlets and catering services). Published in December 2020, the survey's key findings are as follows:

- Measured in real terms (constant 2015 prices), total income generated by the food and beverages industry decreased by 42,5% in September 2020 year-on-year. The largest decreases were in bar sales (-65,6%) and food sales (-41,2%). The main contributors to this decrease were restaurants and coffee shops (-61,9% and contributing -32,3 percentage points) and catering services (-54,0% and -8,2 percentage points).
- Total income decreased by 45,8% in the third quarter of 2020 as against the third quarter of 2019. The main contributors to this decrease were restaurants and coffee shops (-65,3% and -33,5 percentage points); and catering services (-60,6% and -9,3 percentage points).

All industry associations interviewed were very supportive of the initial lockdown period (alert level 5), particularly the first three weeks ([Anelich, 2020b](#)). However, trust was eroded quickly because poor coordination and communication between government departments resulted in draconian measures, confusion in the application of regulations, and unnecessary economic effects on many parts of the agriculture and food supply chain. Although elements of the regulations were

- deemed necessary to contain the pandemic,
- some were considered unnecessary and even
- harmful to businesses and livelihoods. Some agricultural enterprises correctly wondered why the sale of flowers, wool auctions, wine exports, and the like were banned in April. It was, therefore, a great relief that alert level 4 regulations allowed all agricultural activities to operate, except the domestic sale of alcohol.

Given the harmful impact of the regulations on livelihoods and economic activity, it is appreciated that government designed some relief programmes. However, the relief programme for the agricultural sector announced by DALRRD in May 2020 (DALRRD, 2020a) in essence assisted only small-scale farmers and farmers in the Proactive Land Acquisition Strategy programme, without paying specific attention to the industry-wide impact of the regulations.

These impacts are explored in more detail in the rest of this chapter, which is structured as follows: the first section discusses the direct and indirect impact of the regulations on food supply chains. This is followed by an assessment of the impacts on ports, production and trade, and agricultural employment. Next, a discussion of Covid-19 containment measures looks at both government and industry. Finally, conclusions and recommendations are provided. [Annex 6.2.1](#) sets out the research methodology, and [Annex 6.2.2](#) provides a case study of a vulnerable group. Case studies of three broad commodity value chains are provided in [Meyer et al. \(2021\)](#).

Note that this chapter focuses on the first and second waves of the pandemic. Agriculture and the food supply chain during the further progression of the pandemic will be discussed in the second edition of the Country Report.

FOOD SUPPLY CHAINS

DIRECT AND INDIRECT IMPACT ON THE AGRO-FOOD INDUSTRY

The economic impact during this crisis period can essentially be separated into three layers:

1. The pandemic per se: negligible impact, mainly restricted to short-term supply disruptions
2. The panic that translates into low business and consumer confidence: large impact
3. The lockdown regulations: yet larger and most serious impact.

The panic altered consumer shopping habits, with people relying more on online channels and large retail stores. This, combined with restrictions on going to village markets, for example, reduced the revenues of many firms, small farmers, and informal traders. In the lockdown, the sales of certain products originating from many firms were also banned. The details of the regulations in each alert level for the various agricultural and food industries are discussed below.

ALERT LEVEL 5: 26 MARCH TO 30 APRIL 2020

R398, 25 March and R419, 26 March 2020

Alert level 5 had the strictest lockdown regulations. The list of essential services and products was fairly short and even excluded certain industries within the agricultural sector. Only food-related agriculture (including animal food), livestock, the transport of live animals, and auctions and related agricultural services were deemed essential and were permitted to operate. Harvest activities and processing of non-essential agricultural products were also allowed. Several agricultural industries were commercially constrained because their products could not be traded; these include:

- Floriculture
- Wool
- Mohair
- Wine and other alcoholic beverages
- Tobacco
- Ostrich feathers
- Leather industry.

The feedback effect from the closure of all enterprises providing meals away from home (restaurants, fast-food outlets, and supermarkets) contributed to a drop in demand and a related reduction in farm prices for red meat, vegetables, and fruit.

ALERT LEVEL 4: 1 MAY TO 31 MAY 2020 **R480, 29 April 2020**

Under alert level 4, all agricultural and fishing activities (e.g., preparation, cultivation, harvesting, storage, transport of live animals, and auctions) were declared essential services. Exports of all agricultural and agro-processed goods, including wines, were allowed. However, serious bottlenecks in the ports (because of backlogs and unclear regulations) caused significant delays in the exports of citrus and pome fruits. Some of these delays had substantial financial implications for producers.

All agricultural producers could now do business. The only exception was that the local sale of alcohol was still prohibited; this negatively affected wine estates, cellars, and grape producers. Furthermore, sales in the restaurant and quick-service restaurant industry remained very low, because only home deliveries were allowed.

ALERT LEVEL 3: 1 JUNE TO 17 AUGUST 2020 **R608, 28 May 2020**

Under alert level 3, the economy was largely open, except for bars, taverns, restaurants, personal services, and large gatherings and events. The hotel and accommodation industry remained closed, but quick-service

restaurants could operate ([Chapter 6.3](#)). This continued to have a negative impact on domestic sales of meat, processed foods, and wine. Domestic sales of wine (and sales by the broader liquor industry) were permitted for home consumption only. Business hours were limited to 09:00 to 17:00 on Mondays to Thursdays. Local sales, however, continued to be hampered by the ongoing closure of restaurant, accommodation, and entertainment businesses.

The on-farm impact for most food-producing farms was marginal, with a slight drop in farm prices and volumes in the case of meats and some vegetables. However, farmers still had a substantive revenue stream, and they could continue to pay accounts and worker salaries. In line with BFAP's baseline 2020 projection of a 13% year-on-year rise in the real gross domestic product (GDP) of agriculture, Statistics South Africa confirmed growth of 13,1% in 2020 (Stats SA, 2021). This suggests that agriculture at the aggregate level was better off, driven by a bumper summer crop and record citrus exports at good prices (due to both a weaker currency and strong world prices). In industries where trade was more restricted, however, many individual producers came under severe pressure.

OVERALL IMPACT ON AGRO-FOOD SUPPLY CHAINS

Although the pandemic reduced incomes in most parts of the world, the agricultural sector is one of the few that have not been as badly affected. South Africa's agricultural and food exports increased from US\$10,6 billion in 2019 to more than US\$10,8 billion in 2020 (ITC, 2021). This expansion was driven by an increase in grains and horticultural output, favourable world prices (particularly for citrus products, which are high in vitamin C and seen as beneficial to the immune system), and the weakening domestic currency. It built on better coordination and collaboration between the public and private sectors (e.g., agriculture, agribusiness, logistics,

- and government), which worked together
- to ensure the functioning of the sector
- throughout the lockdown.

As noted, agriculture's contribution to the real GDP grew by 13,1% in 2020; this made it the strongest-performing sector by some distance, with government the only other positive contributor to the GDP (at 0,7%). In the second quarter of 2020 (April–June), which was hardest hit by lockdown restrictions, the agricultural industry was the only sector to exhibit positive real growth.

This is not to say that there were no challenges, but merely that the challenges were addressed and managed effectively. There are two key reasons why agriculture remained robust despite the wider effects of the pandemic:

- The sector was largely operational even during the strict level 5 lockdown, except for a few subsectors such as wine, tobacco, wool, and floriculture. These subsectors reopened under alert levels 4 and 3, except for the tobacco industry, whose sales remained prohibited until alert level 2, while harvest and fieldwork were permitted ([Chapter 6.5](#)).
- The lockdown started when South Africa had already reached the tail-end of the summer grain production season. The late start to the summer grain harvest season saw some of the summer crop harvesting activities occurring in May and June, during the less stringent level 3 lockdown. This meant that food production and harvesting activities were largely uninterrupted. South Africa delivered its second-largest maize harvest in 2019/20 season, along with the highest barley output on record. There was also a record citrus harvest, because of investment in orchard expansion in recent years and better weather conditions. Moreover, the output of wine grapes recovered because of improved rainfall after a few very dry seasons. This did, however,

present a challenge to industry when sales were initially banned for 9 weeks (26 March to 1 June 2020) and for another 5 weeks in a subsequent ban (12 July to 17 August 2020) for a total of 14 weeks in 2020. (Wine exports resumed on 1 May 2020, after which the ban only applied to the domestic market). A third ban was introduced on 28 December 2020 and only lifted on 1 February 2021.

DISRUPTION OF PORTS

The BFAP End-to-End Agro-Food Chain Tracker (BFAP, 2020b) and the mini report by ([Anelich, 2020b](#)) noted challenges at the ports, which led to delays in shipments of raw materials to processing plants and of final products to local, regional, and international markets (see also [Chapter 2](#)). This was of great concern, as the agricultural sector is export orientated. More so, the 2019/20 production season proved to be bountiful, with higher exported volumes of field crops and horticultural produce than in the previous year. Fortunately, as the lockdown progressed, ongoing cooperation between industry players and government improved conditions at the ports. However, some analysts still hold reservations about the impact of the regulations and persistent port challenges on trade. Another concern was the logistical challenges at the receiving ports of target markets, which had imposed lockdown restrictions of their own, and the general uncertainty about global trade. With longer offloading times, industries also faced intermittent container shortages. Both Cape Town and Durban harbours were affected by the delays, as noted. Furthermore, in the interviews, several organisations that rely on harbours for business purposes reported long-standing problems around capacity and failing infrastructure at ports. Covid-19 exacerbated these deficiencies, and significant funding is required to upgrade facilities for future trade.

PRODUCTION AND TRADE

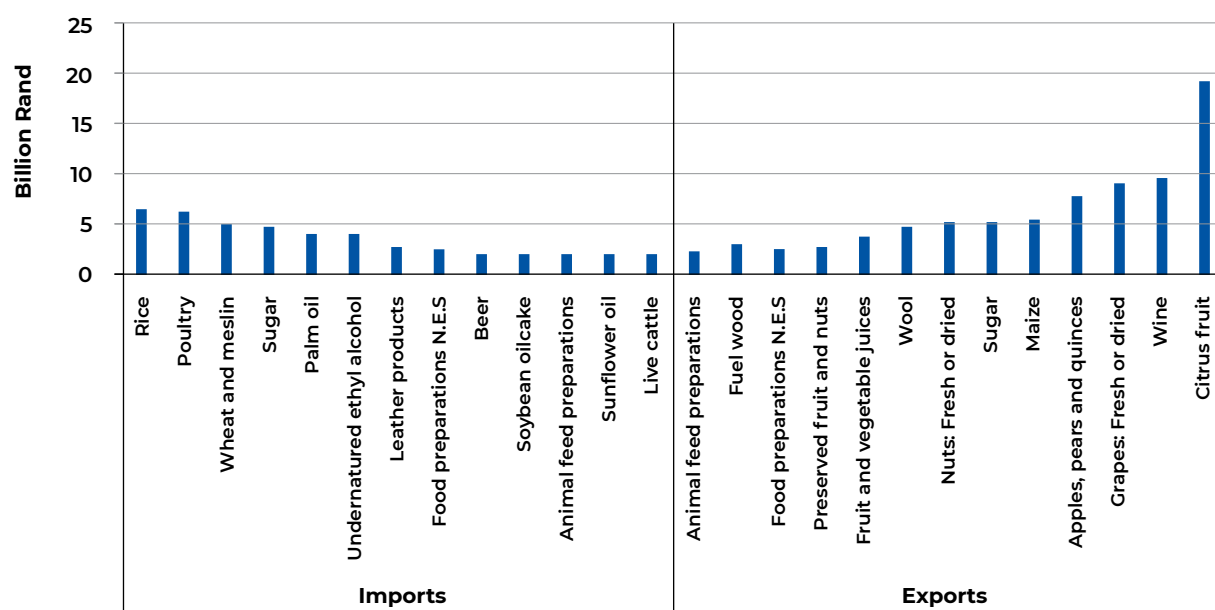
Although the overall impact of Covid-19 on the agricultural sector may not have been that significant, the sector was challenged in many respects. The impact of the pandemic has been nuanced, as the broader sector (which remained operational) showed normal to high levels of growth, while parts that were shut down or banned were badly affected, with low levels of growth or even contraction.

For example, the ban on alcohol sales resulted in 14 weeks of zero trade and zero revenue in 2020 (this equates to 17% of sales in a normal year), with a further 5 weeks of zero trade in 2021. The larger players managed to recover from the effects of the ban when trading began on 1 June 2020. Some smaller operations did not survive, while others significantly reduced operations because of cash flow constraints. Many report that they will take years to recover. About 80 wineries, with almost 350 producers and 18 000 workers, reportedly went out of business. These problems were exacerbated by the second ban on alcohol sales imposed on 13 July 2020, which was

only lifted five weeks later in mid-August. The wine industry lost R200 million per week in export revenue during the four weeks of the export ban and R300 million in local sales per week. This created significant cash flow challenges, and at the time of writing, it remained unclear whether the resumption of exports and domestic sales would compensate for the negative impact on cash flow. Indirect costs, such as lost international reputations, lost listings and shelf space, and damage to relationships built over 30 years, are incalculable, particularly to an industry that exports half of its production. Wine stocks have reached an all-time high and will take many years to work out, especially as spending power will remain weak.

Beyond the negative impacts on the wine industry, South African agriculture maintained an overall trade surplus, which grew by 32% year-on-year in the second quarter of 2020 to US\$1,1 billion (Trade Map, 2020). Agricultural exports remained high, with minimal year-on-year changes, at US\$2,4 billion. Agricultural imports declined significantly to US\$1,3 billion because of slower domestic demand and large domestic crops. Figure 6.2.3 shows the structure of agricultural trade in 2019.

Figure 6.2.3: Major agriculture and food imports and exports, 2019



Source: BFAP, 2020a, based on compiled data from ITC Trade Map, 2020

- The growth in agricultural exports was
- underpinned by citrus, maize, apples,
- sugar cane, pears, avocados, grapes, and macadamia nuts. These products, along with an expected recovery in wine exports, will continue to support agricultural exports. Citrus features prominently in second- and third-quarter exports; for the year as a whole, it reached a record of 146 million cartons, up 15% year-on-year, according to data from the Citrus Growers Association of Southern Africa. Similarly, projections from BFAP and estimates from the Supply and Demand Estimates Committee point to maize exports reaching 2,5–2,7 million tonnes in the 2020/21 marketing season, up 89% year-on-year, following the bumper domestic harvest.

Africa and Asia were the largest markets for South Africa's agricultural exports in the second quarter of 2020, respectively accounting for 33% and 29% in value terms. Europe was the third-largest market, taking up 28%, and the balance of 10% by value was spread across the rest of the world. The main imports were wheat, palm oil, rice, poultry meat, sunflower oil, and sugar.

IMPACT ON FOOD PRICES AND AFFORDABILITY

Overall, food inflation in 2020 posed a more significant threat to dietary diversity (i.e., consumers being less able to afford fruit and animal-source foods) than to basic adequate energy intake. Inflation on basic starch-rich staple foods was less severe, averaging about 3,8% year-on-year average. From January to April/May 2020, year-on-year consumer price index inflation on food and non-alcoholic beverages¹ increased from 3,7% to 4,4%; it then fell to 3,9% in August/September. During the last quarter of 2020, food inflation reached the highest levels of the calendar year, increasing to 6,0% in December 2020. This was driven

largely by higher international prices for food-related commodities. In May to December 2020, inflation was particularly high for the following food categories: fruit (11,1% year-on-year average), oils and fats (7,5%), and milk, eggs, and cheese (5,3%). In the fourth quarter of 2020, the prices of sugar and sugar-rich foods increased by 7,3% year-on-year average and that of meat by 5,3%.

The BFAP Thrifty Healthy Food Basket measures the cost of basic healthy eating for low-income households in South Africa. The methodology takes into consideration national nutrition guidelines, the typical food intake patterns of lower-income households, official food retail prices from Statistics South Africa, and typical household demographics. Consisting of a nutritionally balanced combination of 26 food items from all the food groups, the BFAP Thrifty Healthy Food Basket is designed to feed a reference family of four (comprising an adult male, an adult female, an older child, and a younger child) for a month. From January to December 2020, the cost of the BFAP Thrifty Healthy Food Basket increased by R271 from R2 562 to R2 833 per month, with a maximum value of R2 857 in May 2020. Thus, for a four-member household with a dual minimum-wage income, benefiting from both child grants and a school feeding programme, the share of household income allocated to basic healthy eating would have increased from 29% to 31% from January to December 2020. This suggests that about half the South African population would have been unable to afford a basic healthy diet.

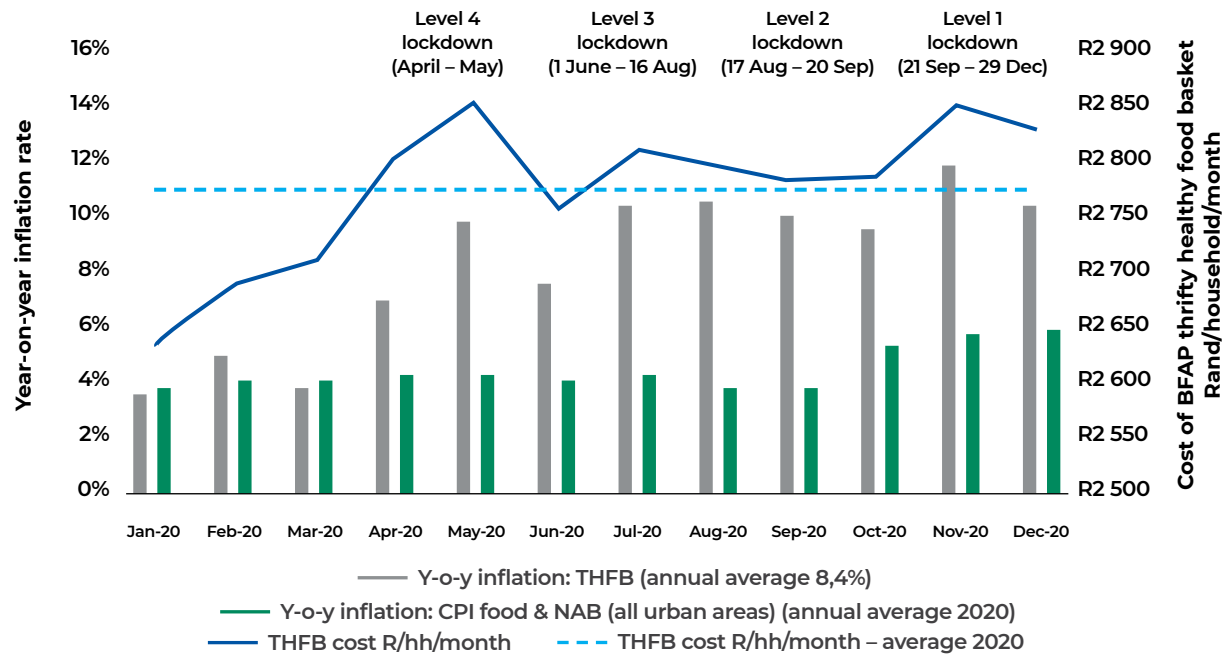
The BFAP Thrifty Healthy Food Basket comprises a relatively smaller staple component and relatively more items from food groups contributing to dietary diversity. The consumer price index, in contrast, has a relatively larger staple component, which reflects 'typical' food intake patterns. From April to December 2020, year-on-year inflation on the BFAP Thrifty Healthy Food Basket

¹ Official Statistics South Africa consumer price index data for 'all urban areas'

was consistently higher than consumer price index food inflation (Figure 6.2.4). This was due mainly to the combination of lower

inflation on staple foods and higher inflation on foods contributing to dietary diversity (e.g., fruit and animal-source foods).

Figure 6.2.4: Food inflation by month, 2020



Source: BFAP calculations, Statistics South Africa consumer price index data

Since food affordability is affected by both the cost of obtaining food and household income, the negative impact of the Covid-19 pandemic on household income and poverty should also be considered. According to the second wave of the Statistics South Africa survey on the impact of the pandemic on employment and income (Stats SA, 2020c), about a third of people reported lower income because of Covid-19. They might have lost their jobs, had to close a business, or had their salaries and wages cut. The most recent National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) reported household hunger (i.e., any household member(s) going hungry in the last seven days) as 23% in May/June 2020, improving to 16% in July/August 2020, but deteriorating again to 18% in November/December 2020 (Spaull et al.,

2021). In comparison, before Covid-19, only 5% of households skipped meals for '5 days in the past 30 days' in 2018 (Stats SA, 2019).

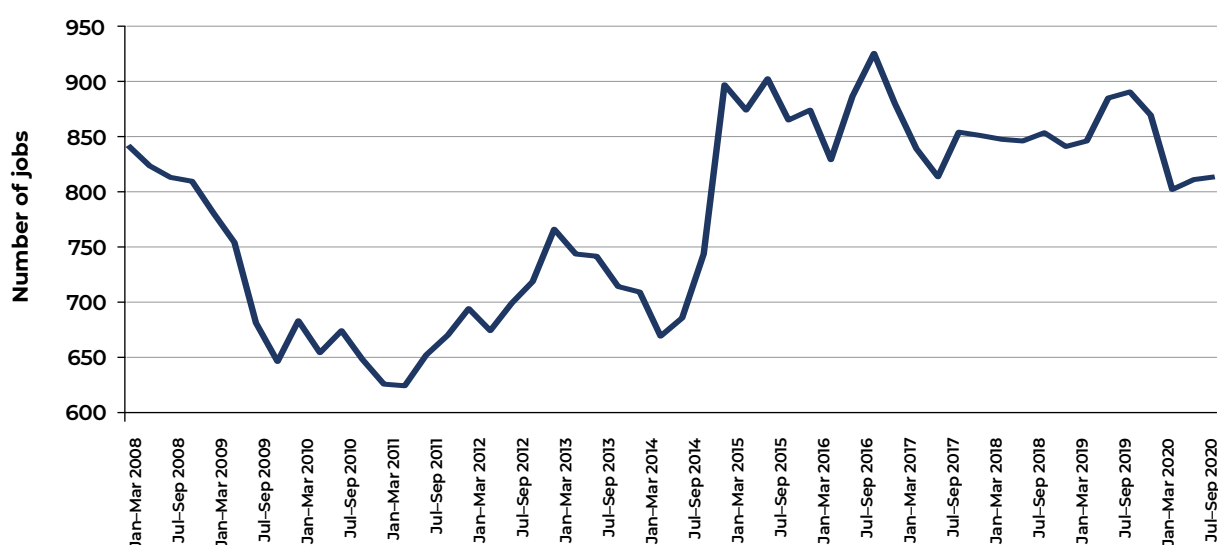
AGRICULTURAL EMPLOYMENT AND INCOMES

High production estimates typically imply higher employment in the farming sector. However, the social distancing regulations introduced in March 2020 limited the extent to which farmers and agribusiness could potentially increase employment, especially of seasonal labour. Growth in employment in 2020 did not occur to the same degree and in the same way as it might have done

- in the absence of the pandemic. Figure 6.2.5
- shows job trends in South Africa's primary
- agricultural sector, reflecting a substantial decline (66 000 jobs) in the second quarter of 2020. Most of these job losses were seasonal labour, which is not unusual in the months before the main summer season. However, in the rest of the year, the recovery in employment was limited. This may be because interviews were conducted telephonically,

which may have excluded some agricultural workers. Despite the job losses, the sector is resilient – output is higher and is projected to remain strong in 2021. This suggests that the sector will continue to require labour in the coming season, particularly once the harvesting season for winter fruits gathers momentum. Seasonal labour will, however, still be affected by the social distancing and other health regulations.

Figure 6.2.5: Trends in agricultural jobs, 2008 to 2020



Source: Stats SA, 2020a

OVERALL IMPACT OF COVID-19 ON AGRICULTURE

The main point from the analysis is that the impact of the pandemic on the agricultural sector was not uniform. Only a few sectors experienced considerable damage because of the regulations. For that reason, it would be logical for government to assess each sector (as was done with the three case studies in

[Meyer et al. \(2021\)](#), to help design specific relief programmes to address the damage caused by the pandemic. This needed to be done per sector and not by farm size, farmer typology, or the gender of the farmer. South Africa's precarious fiscal position requires a sensible, direct approach to minimise the impact of Covid-19 without undermining budget stability. To this end, Table 6.2.1 provides a qualitative assessment of the losses per industry caused by the regulations in the different lockdown periods.

Table 6.2.1: Qualitative assessment of the losses per industry

Key	No impact	Minimal impact	Low impact	Medium impact	High impact	Severe impact
Industry	Level 5: 26 March – 30 April 2020	Level 4: 1 May to 31 May 2020	All alert levels: 1 June 2020 – 31 March 2021			
Maize	Intermittent disruptions in the supply of raw materials and products. Ports were not operating efficiently, as they were understaffed, with some terminals closed. This worsened congestion. Labour movement was constrained by curfews and interprovincial travel restrictions. Workers had to produce proof that they were essential, but some seasonal workers were unable to comply. Manufacturers of packaging materials were closed, leading to a shortage of packaging materials.	Improved seaport operations meant greater capacity to support movement of grain in and out of the country. However, inland border posts still had bottlenecks and challenges – especially Beitbridge and the Lebombo border posts. Shortage of packaging material was reported, as consumers switched to bigger packages because they shopped less frequently, and packaging material manufacturing was not at full capacity.	No impact			
Soybeans	No impact	No impact	No impact			
Wheat	No impact	No impact	No impact			
Sunflower	No impact	No impact	No impact			
Canola	No impact	No impact	No impact			
Barley	Despite restrictions on alcohol sales, local contracting for barley production continued. However, malting restrictions reduced processing volumes, leading to stock build-up.	Barley planting increase by 10 000ha from 2019 levels	Owing to restrictions on beer sales and less malting (20% decline year-on-year for the 2019/20 marketing year until end-September 2020), barley stock levels are at a record high.			
Grain sorghum	No impact	No impact	No impact			
Oats	No impact	No impact	No impact			
Potatoes	Potato market prices in April 2020 R10/package lower than the same month in 2018 and 2019	Impact (prices and volumes not back to normal levels)	Impact from weaker demand and restaurant closures			
Tomatoes	Reduced demand and lower prices	Reduced demand and lower prices	Reduced demand and lower prices			



Key	No impact	Minimal impact	Low impact	Medium impact	High impact	Severe impact

Industry	Level 5: 26 March – 30 April 2020	Level 4: 1 May to 31 May 2020	All alert levels: 1 June 2020 – 31 March 2021
Other vegetables	Reduced demand and lower prices	Reduced demand and lower prices	Reduced demand and lower prices
Citrus	Minimal impact because of logistical bottlenecks at ports but support from the weak exchange rate & high world prices	Minimal impact because of logistical bottlenecks at ports but support from the weak exchange rate & high world prices	Minimal impact because of logistical bottlenecks at ports but support from weak exchange rate & high world prices
Deciduous fruit	No impact	No impact	Some impact from port delays due to container shortages
Table grapes	No impact – bulk of season concluded by the time lockdown was introduced	No impact	Some impact from port delays due to container shortages
Wine grapes	Some wineries/cellars unable to pay producers for February and March deliveries	Minimal impact	Lower prices because of sales restrictions on wine
Wine cellars and estates	Full impact – all sales and exports prohibited. Dramatic impact on stock levels, cash flow and profitability. Local wines lose market share abroad. No other wine exporting country banned exports.	Wine cellars and wine cooperatives continue to experience cash flow strain because of the ban on local sales.	Reduced demand owing to no tourism or restaurant sales; sales restrictions imposed in December 2020.
Nuts	No impact	Minimal impact because of logistical bottlenecks at ports but support from the weak exchange rate	Minimal impact because of logistical bottlenecks at ports but support from the weak exchange rate
Mangoes	No impact	No impact	
Avocadoes	Minimal impact because of logistical bottlenecks at ports but support from the weak exchange rate	Minimal impact because of logistical bottlenecks at ports but support from the weak exchange rate	Minimal impact because of logistical bottlenecks at ports but support from the weak exchange rate
Litchis	No impact	No impact	
Bananas	No impact	No impact	
Beef cattle	Closure of food service sector cut demand. Producer prices low, but retail prices firm	Reduced demand and lower producer prices	
Dairy	Reduced demand and lower prices because of bans on quick-service restaurants	Reduced demand and prices because of bans on quick-service restaurants	

Key	No impact	Minimal impact	Low impact	Medium impact	High impact	Severe impact
Industry	Level 5: 26 March – 30 April 2020	Level 4: 1 May to 31 May 2020	All alert levels: 1 June 2020 – 31 March 2021			
Lamb and mutton	Reduced demand and lower prices	Minimal impact: Prices at pre-Covid-19 levels	No impact			
Wool	Auctions and all fibre activities suspended. Cash flow impact for farmers with wool in value chain/auctions	No impact	No impact			
Mohair	Auctions and all fibre activities suspended. Cash flow impact for farmers with mohair in value chain/auctions	No impact	No impact			
Animal skins/leather	No trading and transport – cash flow impact on abattoirs and beef and lamb farmers	No impact	No impact			
Broilers	Closure of restaurant sector reduced demand – estimated 20% of consumption through food service sector. Some imported vaccines difficult to obtain because lack of flights, which also affected vitamin prepacks for animal feed sector	Sit-in restaurants still not allowed; food only served on a takeaway basis; this continued to subdue demand				
Eggs	Drop in volumes and prices because of bans on takeaways and restaurants. Temporary shortage of packing material, as recycling facilities were not operational	Drop in volumes and prices because of bans on takeaways, restaurants				
Pigs	Reduced demand and lower prices	Reduced demand and lower prices				
Ostrich meat	Minimal impact	Minimal impact	Minimal impact			
Goats	Reduced demand and lower prices in informal markets	Reduced demand and prices in informal markets	Reduced demand and lower prices in informal markets			
Live game	Major cancellations from international hunters	Sharp decline in hunting and thus economic activity	Overall hunting activity and linked agri-tourism still low			
Lucerne	No impact	No impact	No impact			
Sugar cane	No impact	No impact	No impact			

Industry	Level 5: 26 March – 30 April 2020	Level 4: 1 May to 31 May 2020	All alert levels: 1 June 2020 – 31 March 2021
Cotton	Harvesting and ginning halted for alert level 5; some delays in exports, as cotton is a non-food product.	Some delays in exports, as cotton is a non-food product.	No impact
Flowers	Trade prohibited – destruction of large volumes of produce; cash flow impact	No impact	No impact
Nurseries	Trade prohibited – cash flow impact	No impact	No impact

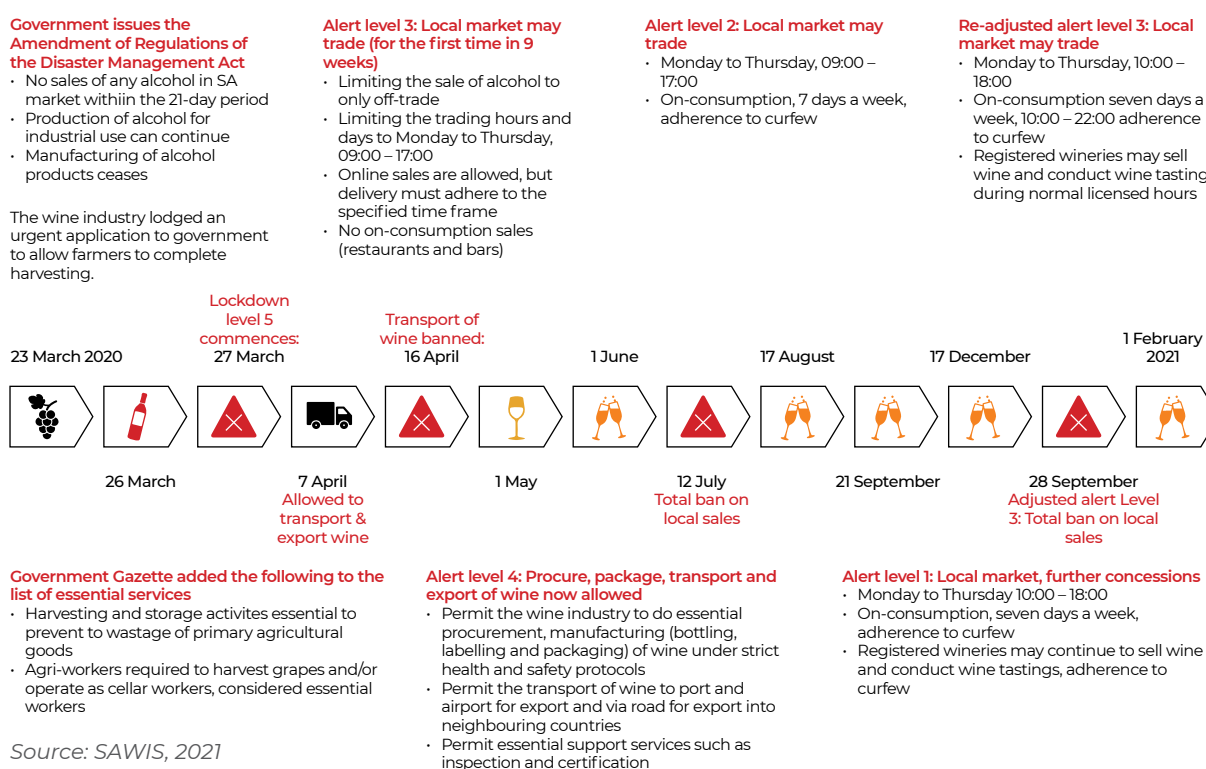
Source: Authors' analysis

IMPACT ON THE WINE INDUSTRY

The qualitative analysis above highlights the devastating impact of the various regulations on the wine industry (Figure 6.2.6). This impact is explored below, in two ways: (a) performance in 2020 is compared with that of 2019; and (b) a modelling exercise was used to calculate the

impact in terms of various economic metrics relative to a baseline projection for 2020. The baseline projection was informed by the actual crop harvested and the reality of the general economic environment under Covid-19 restrictions. However, because it assumes that trade carried on unrestricted, both domestically and in the export market, it presents a benchmark against which the impact of the restrictions per se could be evaluated.

Figure 6.2.6: Timeline of regulatory measures specific to the wine industry



Source: SAWIS, 2021

To assess the effect of the ban on alcohol sales in 2020, the modelling exercise calculated the total impact – the sum of the direct, indirect, and induced impact of the alcohol value chain on the South African economy – expressed on an annualised basis. It used the following scenarios:

- **Scenario A:** the absolute impact of a 9-week sales ban, including a 5-week ban on exports
- **Scenario B:** the absolute impact of a 9-week domestic sales ban
- **Scenario C:** the absolute impact of a 12-week domestic sales ban
- **Scenario A + Scenario B:** the cumulative impact of the initial 9-week sales ban, including a 5-week ban on exports, and a further 9-week domestic sales ban.

The modelling exercise estimated the cumulative impact of the 14-week ban on alcohol sales and a 5-week ban on imports as a **R30,4 billion loss in GDP** on an annualised basis, equivalent to 0,7% of GDP (Figure 6.2.7). The cumulative loss to employment of the first and second alcohol bans was 165 137 jobs, equivalent to **1% of employment** (Figure 6.2.8). The annualised loss in tax revenue (excluding excise tax) of the ban on alcohol sales is R19,4 billion. This is equivalent to **1,6% of national tax revenue** (excluding excise tax) (Figure 6.2.9). The total loss in excise taxes is R5,8 billion, equivalent to **14,1% of national excise tax revenue** (Figure 6.2.10). The total loss in **sales volumes is 1 billion litres** (Figure 6.2.11). The total loss in **sales revenue is R25,7 billion** (Figure 6.2.12).

Figure 6.2.7: Annualised impact of alcohol ban on GDP at factor cost

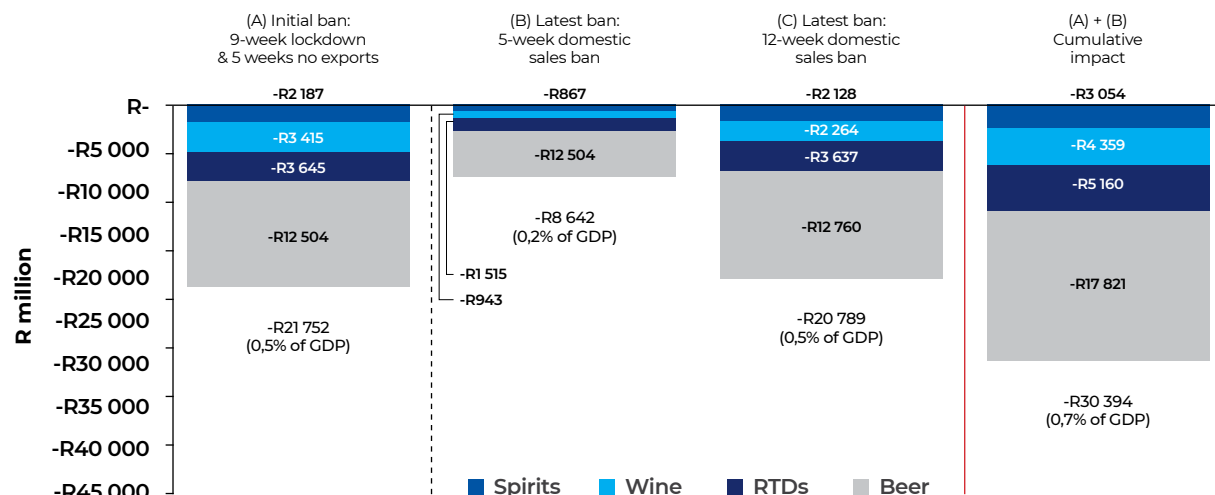


Figure 6.2.8: Annualised impact of alcohol ban on employment

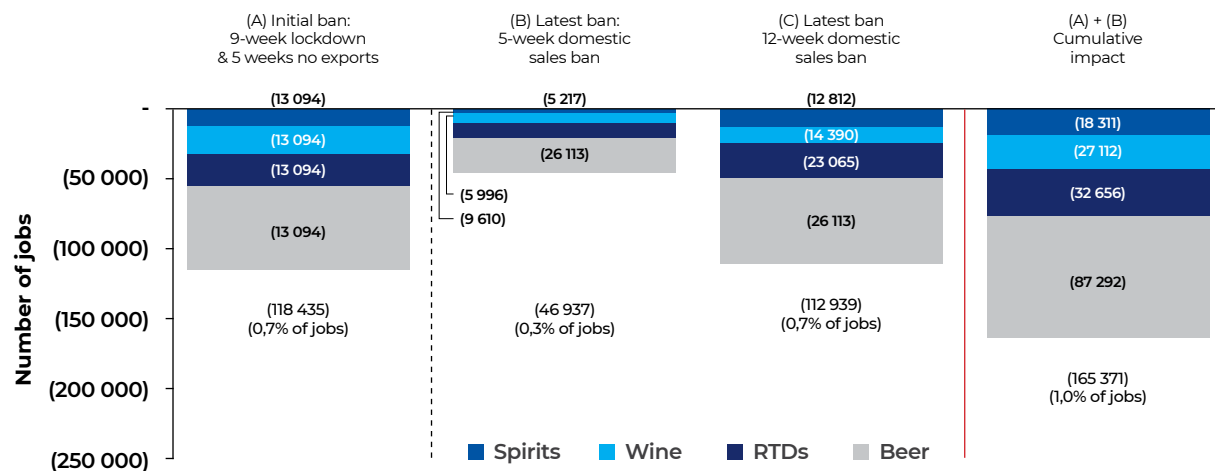


Figure 6.2.9: Annualised impact on tax revenue (excluding excise tax)

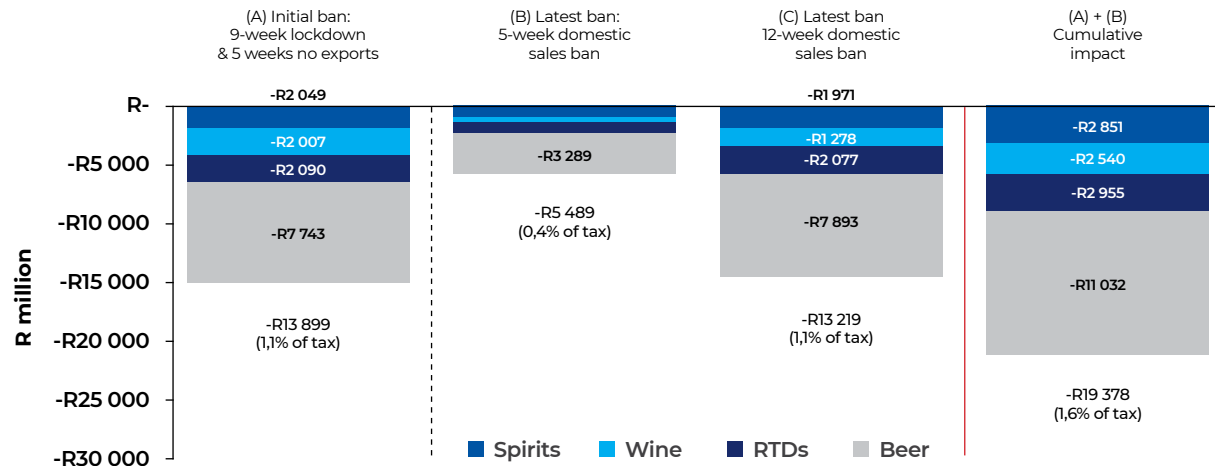


Figure 6.2.10: Annualised impact on excise tax revenue

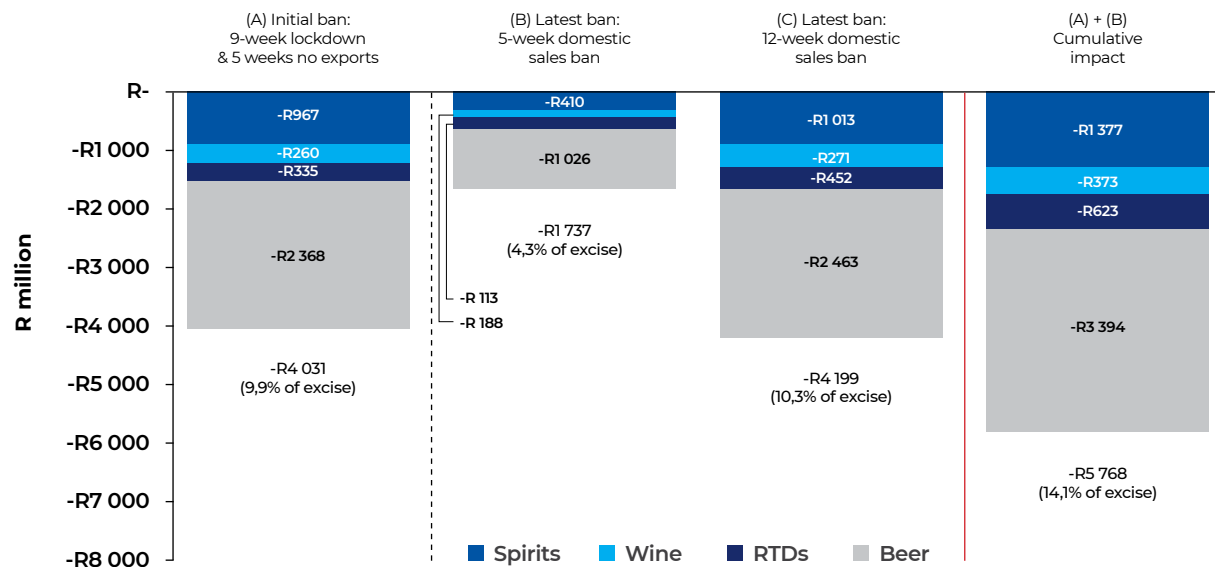


Figure 6.2.11: Annualised impact on sales volumes

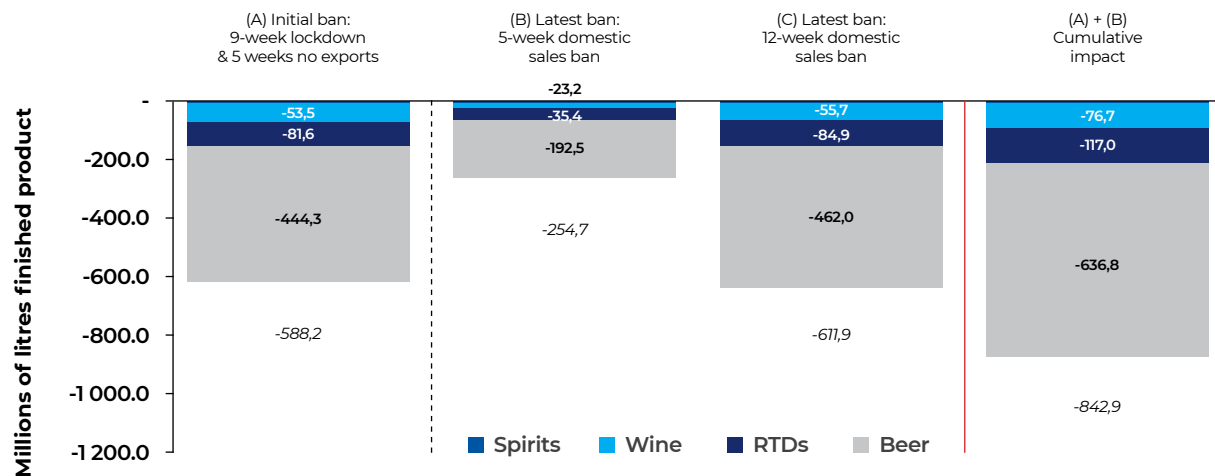
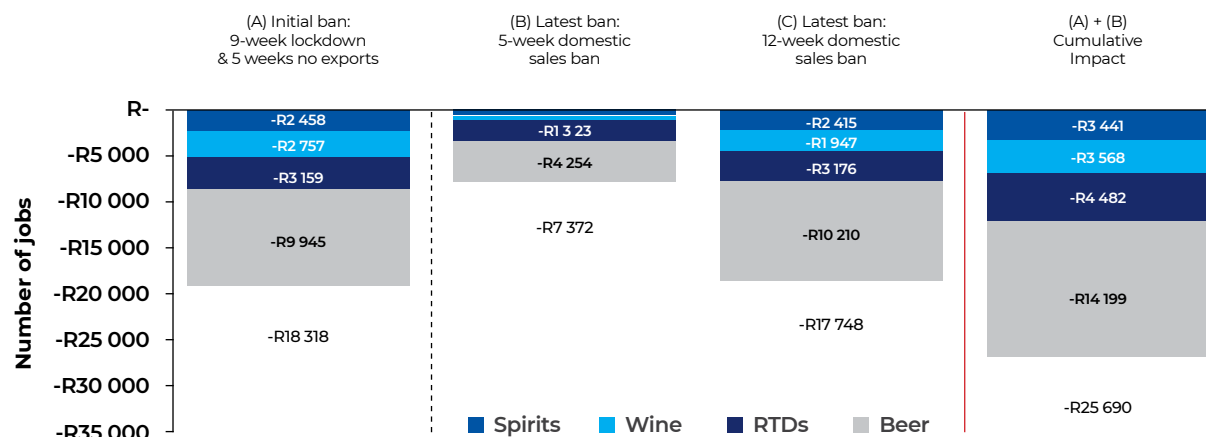


Figure 6.2.12: Annualised impact on sales revenue



Industry statistics for 2020 confirm the sombre picture painted by the modelling exercise. After several years of decline, wine production increased by 6,7% year-on-year in 2020, mostly because of better weather conditions. In contrast, domestic sales of still and sparkling wine declined by 20% year-on-year (SAWIS, 2021), which reflects both the various sales restrictions (Figure 6.2.6) and weak consumer spending power. Although export volumes remained stable year-on-year, it must be noted that 2019 volumes had already been more than 25% lower than in 2018; therefore, 2020 volumes are well below average. The value of exports was supported by the weaker exchange rate, which yielded higher rand-based prices.

When the first restrictions on wine sales were imposed in April 2020, wine prices fell sharply, by 20% month-on-month. This was followed by a steady recovery, as wine is not perishable and could simply be stored for later resale. However, the combination of weak sales and higher production caused storage capacity to fill up rapidly. By October 2020, stocks had reached an all-time high. Consequently, in the last quarter of 2020, prices were around 10% below the levels recorded in the first quarter. Industry estimates suggest that by end-December 2020, stock levels were almost 43% above the levels recorded at the end of 2019. Thus, even if sales were unaffected for the rest of 2021, prices might well come under further pressure. BFAP (2020a) suggests

that the high level of stocks will take several years to clear. Modelling exercises estimate that this, combined with weak consumer spending, would result in a 6% year-on-year decline in bulk wine prices in 2021, even before accounting for the domestic sales ban until the end of January. When this ban is accounted for, a 10% year-on-year decline in bulk wine prices is expected in 2021, even if sales were unaffected for the rest of the year.

IMPACT ON VULNERABLE SECTORS

INFORMAL TRADERS

Informal traders play an essential part of the food system and contribute significantly to the economy, while providing accessible and affordable food to poor and vulnerable groups. It is estimated that informal traders contribute 8–10% to South Africa's GDP. In 2018, the informal sector comprised at least 40% of the food market, the rest being formal retailers. In the same year, the informal sector was valued at R404 billion, whilst the entire market was worth R1,02 trillion (Bhana, 2018). About 50% of sales from the Johannesburg Fresh Produce Market go to the informal market. These traders also sell various sources of protein, such as pork and chicken, and about 10% of all broilers reared in the country are sold as live fowls. About 60% of all bread

- is sold through the informal sector. Informal
- traders are difficult to regulate, which
- explains why they were initially omitted in the regulations. However, in recognition of the importance of the informal food trade, this regulation was quickly amended (by 6 April 2020), and informal traders were allowed to trade.

The systemic risk, however, is that informal traders typically operate from traditional high-density areas and/or townships. These areas are difficult to monitor, and lockdown protocols could be routinely violated. Given the lack of data on the informal food system, the extent to which the Covid-19 pandemic and the lockdown affected livelihoods and rural economies is not yet clear. However, several organisations interviewed for this chapter (Table 6.2.3 in [Annex 6.2.1](#)) commented on the effects of the initial days of lockdown on the sector. These included:

- Consumers paid higher prices for goods they would normally purchase for much less through the informal sector.
- Consumers needed at times to travel (at extra cost) to a formal retailer instead of conveniently obtaining food closer to home through the informal sector.
- Workers were unable to purchase hot meals from street vendors.
- As their products were not being sold by the informal sector, fresh produce markets, pork and chicken producers, and the like experienced a knock-on effect.
- Hundreds of households that rely on this form of trade as their sole source of income could no longer earn income; this reduced their purchasing power and undermined their food security.

SUBSISTENCE AND SMALL-SCALE FISHERS

The DEFF has recognised three groups of fishers since the amendment of the Marine Living Resources Act in 2014: commercial, small-scale, and recreational fishers (RSA, 2014). After the declaration of a national state of disaster, the minister of environment, forestry and fisheries approached the

National Coronavirus Command Council to declare commercial fishing and small-scale fishing as essential services (Sunde & Erwin 2020), given that 'the fisheries sector is crucial for domestic food security' (DEFF, 2020d). To ease on the movement of people during this time, the DEFF granted a three-month exemption on the renewal of existing fishing permits (DEFF, 2020d). Later, permits that had lapsed during alert levels 4 or 3 were extended until the end of level 3 (DEFF, 2020f). Therefore, both commercial and small-scale fishers could continue operating under their existing fishing permits. Small-scale fishers working in cooperatives needed to carry permit conditions circulated by the DEFF, along with a Letter of Grant from the cooperative that confirmed its status as a recognised cooperative with fishing rights (Sunde & Erwin 2020).

The DEFF announced some exceptions to accommodate fishers. For instance, commercial and small-scale fishers of the Western and Northern Cape were given permission to take advantage of the snoek run in the Northern Cape, provided their fishing permits were valid, and the municipalities permitted the *langana* (fish buyer/seller) (DEFF, 2020a). Further, for small-scale fishers in the Western Cape who could not sell abalone and West Coast rock lobster to their traditional markets (e.g., China) in January and February 2020, the fishing season was extended to July 2020; under alert level 4, ways were sought to export catch (DEFF, 2020a). The DEFF and private industries countrywide also planned to distribute over 10 000 food parcels and interim relief to small-scale fishers in need (DEFF, 2020a).

When the amendments to the Marine Living Resources Act were adopted by Parliament in 2014, the term 'subsistence' fisher disappeared from the legislation (Sunde & Erwin, 2020). The DEFF held that in terms of the Act, subsistence fishers counted among small-scale fishers (DEFF, 2020e). The inclusion of former subsistence (now small-scale) fishers in the new regulations necessitated a process to register them as a group recognised by the DEFF; the DEFF had

facilitated this process for the last few years. However, some subsistence fishers were unable to be registered as small-scale fishers and receive fishing permits. They argued that there had been insufficient dialogue during this process and their specific needs (e.g., how they rely on fishing for their livelihoods) were not represented by the policy. Durban subsistence fishers saw the DEFF's public participation process as inadequate (Sunde & Erwin, 2020). Because they were not given small-scale fishing permits, many subsistence fishers turned to recreational fishing permits. The prohibition on recreational fishing during alert levels 5 and 4 left many fishers of this category food insecure ([Annex 6.2.2](#)).

COVID-19 CONTAINMENT MEASURES

As the agricultural and food supply chain was not severely affected by the lockdown regulations, the general understanding was that there should be no need for government relief or support measures, except for farms and businesses in a few sectors. Nevertheless, government thought it prudent to announce a relief package for the agricultural sector. On 6 April 2020 the Minister of Agriculture, Land Reform and Rural Development, Ms Thoko Didiza, announced the department's measures to mitigate the impact of the Covid-19. The details of the programme are:

An amount of R1,2 billion for assistance to mainly target financially distressed small-scale farmers. Of the R1,2 billion, R400 million has been allocated for farmers within the Proactive Land Acquisition Strategy ... programme, and the remainder will be channelled towards all other farmers that are mainly within the following commodity sectors:

- **Poultry:** *Day-old chicks, point-of-lay chickens, feed, medication, and sawdust.*
- **Other livestock:** *Feed and medication.*
- **Vegetables:** *Seedlings, fertiliser, pesticides, herbicides, and soil correction (DALRRD, 2020b).*

All citizens who had been actively farming for at least 12 months, who were in the production season or cycle, and who had an annual turnover of R20 000 to R1 million were eligible, with some exclusions:

- Mechanisation, infrastructure, and overhead costs were not supported.
- Farmers who were preparing for the 2020 summer production season would not be supported.
- Farmers receiving other government support, such as through the Comprehensive Agricultural Support Programme, would be excluded.

There is no clear link between these interventions and the impact of the regulations on the sector. Government does not appear to have analysed the pathway from the impact of the regulations to the relief measures; this blanket approach, when fiscal resources were already under strain, is not beyond criticism. The main aim of the relief programme was to provide immediate to near-term support to smallholder farmers currently affected by Covid-19, but the department failed to illustrate how the pandemic and regulations affected this class of farmers within this specific scale of operation.

By the time the application for the relief funds closed on 22 April 2020, 55 155 applications had been received. These were evaluated from 23 April to 8 May 2020, after which successful farmers received vouchers to collect inputs from various retailers, wholesalers, and cooperatives. The vouchers were capped at R50 000 per farmer and earmarked for specific inputs. Some provinces allocated the maximum amount to most of the applicants, while others analysed their needs in detail and allocated different amounts up to R50 000. Some, such as Limpopo, Mpumalanga, the Western Cape, and the Northern Cape, applied due diligence and evaluated all applications in detail. In contrast, in the North West all farmers received either R50 000 or R30 000. In total, 14 339 applicants (25%) were successful, and R545 million was distributed to them at an average of R38 000 per farmer (Table 6.2.2).

Table 6.2.2: Successful applicants and approved relief amounts per province

Province	# of successful applicants	Amount approved for disbursement
Western Cape	1 554	R58 105 486
Northern Cape	1 413	R45 620 090
Gauteng	981	R37 551 000
Mpumalanga	810	R38 239 079
Free State	393	R17 496 583
KwaZulu-Natal	2 791	R97 959 061
Eastern Cape	1 551	R63 838 134
North West	2 906	R104 222 995
Limpopo	1 940	R82 387 350
Total	14 339	R545 419 778

Source: DALRRD, 2020a

As noted, the distribution of the R545 million took place via input vouchers for the collection of inputs from approved suppliers across the country. The validity to the vouchers was extended twice – first from 30 June to 31 July and then again to 30 September, because of various supply chain disruptions stemming from the lockdown regulations.

As part of the relief package, a further R400 million was channelled to farmers within the **Proactive Land Acquisition Strategy** who had already been approved for the department's stimulus package (in the 2019/20 budget). It is, however, unclear how this funding is linked to the pathway of the pandemic and the related regulations. No details have been made public.

The minister also announced that the department set aside R100 million for a Covid-19 grant scheme, which would be made available through the **Land Bank** to existing smallholder clients (i.e., with an annual turnover below R10 million) who were in distress because of Covid-19. The fund was to be used as a loan instalment waiver of no more than one year of instalments per farmer. The closing date for applications at the Land Bank was 16 October 2020; the Bank rigorously vetted applicants to ensure that

their financial problems could be attributed to the Covid-19 regulations.

The **wine industry** was given some relief on excise duties. Government announced the deferral of excise payments on alcoholic beverages on 23 April and again on 11 August. The Government Gazette of 11 August 2020 (Notice R.876) deferred excise tax payments for tobacco products and specific alcoholic beverages by (a) 150 days for taxes on tobacco products due between 1 May and 30 June, and (b) 90 days for taxes on specific alcoholic beverages due between 1 May and 30 June, and 1 August and 30 September (SARS, 2020).

The Western Cape Department of Agriculture supported employees in the wine tourism sector through the **Wine Tourism Worker Support Stipend**. The aim of the fund was to safeguard the permanent employment of wine tourism workers by subsidising their salaries for a key quarter of the tourism calendar. It is noteworthy that this decision was made by the provincial government rather than the relevant national departments. The programme defined wine tourism workers as wine and food service employees permanently employed in a winery tasting room in the Western Cape. A total of R12 million was made available, which would

support 1333 workers. A stipend² of R3 000 per month would be allocated per worker for three consecutive months to mitigate projected job losses. Wineries could claim from December 2020 to February 2021, traditionally the peak domestic and international tourism months. Each winery was allowed claim for no more

than ten employees to give as many wineries as possible access to the fund and to limit the size of payments to single, mega wineries.

The wine and alcohol industry also took measures to assist the broader community (Box 6.2.1).

Box 6.2.1: Covid-19 initiatives of the food supply industry

The larger wine and alcohol industry made some important contributions to the fight against Covid-19:

- Donated 160 000 litres of pure alcohol for use in hand sanitisers
- Produced 45 000 litres of sanitiser for distribution in communities
- Commissioned the production 114 000 litres of hand sanitiser for donation to frontline workers:
 - o 10 000 litres of sanitiser for communities in Gauteng
 - o 4000 litres of sanitiser distributed to public health facilities in KwaZulu-Natal
 - o 100 000 units (500 ml) to hospitals and communities in Gauteng, KwaZulu-Natal, and the Western Cape, working with the Department of Health
- Set aside at least R2 million for employees in the trade and hospitality sector who lost their income
- Donated R7 million to the Covid-19 Solidarity Fund
- Converted crates to face shields and donated 100 000 face shields to hospitals.

Source: SALBA, Vinpro & BASA, 2020.

CONCLUSIONS, CHALLENGES AND LESSONS LEARNT

Government regulations to contain the pandemic had a minimal impact on the food supply chain in terms of production, manufacturing, and retail. In many respects, this was because real-time communication and reporting mechanisms were put in place, such as the BFAP End-to-End Agro-Food Chain Tracker (BFAP, 2020b). These

mechanisms allowed stakeholders to report bottlenecks quickly; these concerns could be escalated and addressed through strong collaboration between government and industry. However, the restaurant industry was and is still severely affected ([Chapter 6.3](#)). Government would have been well served by assessing the damage to individual sectors and providing targeted relief rather than implementing a blanket relief programme. Box 6.2.2 proposes some considerations for the design of a targeted relief programme.

²A stipend is a fixed payment intended to help offset costs. Stipends are considered taxable income.

Box 6.2.2: Design considerations for a relief programme

Ideally, relief should have been provided to industries whose cash flow had dried up for at least one month or whose sale volumes dropped dramatically. These include **wine cellars, wine estates, and wine grape producers; broilers; wool; mohair; floriculture, and animal skins.**

Only individual farmers (small or large) and companies in these qualifying industries should have been allowed to submit damage claims to the DALRRD. To ensure an orderly process based on clear evidence, the following should have been required:

- Must be registered on the farm register of the department
- Tax clearance certificate
- Companies and Intellectual Property Commission confirmation of (a) business and (b) that annual reports are up to date
- Audited financial statements for 2017/18, 2018/19 and 2019/20
- Sales volumes in April 2018, 2019 and 2020
- Turnover values for April 2018, 2019 and 2020
- The estimated loss in revenue attributed to the Covid-19 regulations based on this documentation.

To protect the fiscus and reach more farmers, the department's assistance to primary producers should not exceed 75% of loss estimates.

Smaller farmers operating outside the formal sector might not have these documents. For them, a blanket approach of R50 000 per farmer could have been used, with three critical requirements:

- Must be registered on the farmer register of the department
- Should provide proof that their farming activity falls within the six affected industries
- Should not have received any of the other special Covid-19 grants.

Other firms in the supply chain that are not primary producers but were also affected should have applied to the other assistance programmes of the Department of Trade, Industry and Competition, the Unemployment Insurance Fund, and the Temporary Employee/Employer Relief Scheme (TERS).

Overall, Covid-19 highlighted several weaknesses in government structures, services, communication, and decision-making processes. However, some mutually beneficial new connections were also made between the industry and government. Also, where the industry developed protocols to share with government, these were accepted. This increased trust and communication between the parties. It is hoped that these connections will be strengthened and not lost after the pandemic. Another important finding from this chapter is the interconnectedness between the formal agricultural sector and the informal food traders.

The interviews conducted ([Anelich, 2020a](#) & [2020b](#)) suggested that the larger industry organisations were approached by either DALRRD or the Department of Trade,

Industry and Competition; within those structures, there was good communication from government. However, there was little to no communication with those that were not part of these larger organisations or with small businesses that did not belong to formal associations. This created significant difficulties and much confusion before and during the first few weeks of lockdown. Government's communication strategy in this regard was clearly inadequate.

South Africa did not experience a shortage of food; rather, it had difficulty providing accessible food for vulnerable groups. This is in part because informal traders did not receive enough support and were not allowed to trade in the first days of the lockdown. This restriction affected both the affordability and the accessibility of food for vulnerable people.

Also, as informal traders are responsible for about 40% of the food trade, several suppliers of agricultural products were affected negatively by their inability to trade. For the thousands of subsistence fishers who could not fish during alert levels 5 and 4, the resulting loss of income affected their ability to purchase food. Even though the DEFF formally assimilated them into its framework of small-scale fishers, several could not gain recognition because of administrative hurdles or simply not meeting department's requirements.

Some government regulations were promulgated without a clear understanding of their impact on the food supply chain. Infrastructure to support the roll-out of and compliance with regulations and requirements was also inadequate. Government also greatly underestimated the knock-on effects of decisions made before alert level 5. The highly regulated food industry is a complex web of interactions; it is extremely interconnected, and what happens at one point in the chain affects the entire chain, including the livelihoods of people operating in that vast industry. Being well organised, the industry was in a better position than government to address several important issues.

Communication from national government to the provincial and local levels was not well coordinated, resulting in confusion in enforcing regulations. Several organisations at different points in the food chain reported intimidation by the South African Police Service, because of a lack of clarity about which services were deemed essential. Provinces likewise interpreted and enforced regulations differently, creating difficulties and confusion for food businesses with facilities in several provinces.

The way in which the economy was opened after alert level 5 was not considered useful; the industry has raised serious concerns about the economy's ability to revive and attract sufficient investment.

It is important to note that later in the research process, several government departments were interviewed about their roles and interventions in the pandemic. This chapter does not contain those findings, which will be included in the second edition of the Country Report.

RECOMMENDATIONS FOR IMPROVEMENT

The South African government failed to implement a rational and well-informed relief programme for the food supply chain during the Covid-19 pandemic. Instead of conducting a detailed analysis of the pathway of damages incurred in each sector, it resorted to a blanket relief programme. In the process, the industries that were harmed most by the regulations have not received substantive relief and will battle to survive and provide employment for thousands of workers. It is the contention here that the approach followed was not responsible and further undermined the fiscus. Furthermore, a clear understanding of the contribution of certain sectors in the agriculture and food supply chain to the economy (e.g., informal markets, small-scale fishers, the alcohol industry, and the restaurant sector) is required to prevent similarly catastrophic outcomes. A lack of consultation, a lack of understanding, and a lack of coordination between departments all contributed. Government needs to review the **classification of essential services** urgently to help avoid similar mistakes in any future crises.

South Africa must develop a **disaster preparedness plan** in line with the specifications of the World Health Organization, which is tested and reviewed regularly to ensure its relevance. The food industry forms an essential part of the health and well-being of a nation and must be included in this process; both the formal and informal food sector should be included. The disaster preparedness plan

- should address the weaknesses and learnings documented here.
-

An effective and inclusive **communication strategy** is required. While many issues need attention in such a strategy, it should at the very least include a communication plan, structures, and resources to engage with relevant organisations in the food sector effectively and proactively. It should also address interdepartmental communication to avoid conflicting messages to industry, which create confusion and potentially disrupt the food supply chain. To ensure the communication strategy is implemented effectively, a mechanism should be established that includes effective communication channels to provincial and local government and to the enforcement services to facilitate consistency in the implementation of the regulations.

The current criteria for appointing experts to the **Ministerial Advisory Committee** only provide for healthcare experts. These criteria should be amended to provide for the appointment of food supply chain and other food-related experts. This is essential for providing vital information and advice to ministers on the supply of food and to help minimise disruptions to that supply.

Government should consider urgent investment in **port infrastructure**, as South Africa's food trade is growing. The Covid-19 pandemic highlighted many existing weaknesses in the port system.

Where essential services for food exports and imports are required from specific departments, such as DALRRD, effective planning to resource **remote offices** should be established, together with an effective coordination mechanism. This may well also apply to other government departments with a food-related mandate.

The **informal sector**, including **small-scale fishers**, requires urgent attention. Government needs to make a concerted effort to understand the complexity of the sector and develop a plan to provide infrastructure and other support to ensure that the sector continues to contribute

significantly to the economy. Furthermore, a well-run informal sector would provide an essential service to many, protect the livelihood of millions of people, and enhance food security. The formal agricultural and food sectors should be included in any such discussions, to draw on their valuable experience.

Government must urgently prioritise the creation of an **enabling environment** for reinvestment in the South African economy and to prevent disinvestment. A clear strategy should be developed together with the agriculture, food industry and tourism sectors, all of which are critical to the economy.

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ANNEX 6.2.1: RESEARCH DESIGN AND METHODS

At the heart of this chapter is a qualitative assessment of the impacts of the containment measures on the operations of the various agro-food sectors. This is based on interviews with key stakeholders in the agricultural supply chains (Table 6.2.3) and the authors' professional understanding of the various

sectors and the stages in the production cycle of the different commodities during the lockdown. The chapter also assessed value chain resilience and the extent to which value chain players coped with and adapted to Covid-19 regulations.

Table 6.2.3: List of organisations interviewed

Association	Scope
Agricultural Business Chamber of South Africa (Agbiz)	Agribusiness
AgriSA	Agriculture
Association of Meat Importers and Exporters (AMIE SA)	Meat imports and exports
Citrus Growers' Association of Southern Africa (CGA)	Citrus fruit
Consumer Goods Council of South Africa	Food manufacturers and retailers

Dairy Standards Agency (DSA), including South Africa Milk Processors' Organisation (SAMPRO) and Milk Producers' Organisation (MPO)	Milk and dairy products
HORTGRO	Pome fruit and stone fruit
Potatoes South Africa (PSA)	Potatoes
Restaurant Association of South Africa (RASA)	Restaurants
Restaurant Collective (RC)	Sit-down restaurants
South Africa Liquor Brand Owners' Association (SALBA)	Alcohol products
South Africa Meat Processors Association (SAMPA)	Processed meat
South Africa Pork Producers' Organisation (SAPPO)	Pork producers

The Department of Planning, Monitoring and Evaluation provided researchers with a letter briefly explaining the project and the need for collecting data. The author who interviewed the associations prepared additional documentation that was sent to each invited interviewee as follows:

- An information sheet containing a more detailed explanation of the scope of work, introducing the researcher, and addressing matters such as confidentiality of information and an agreement to being interviewed (either in writing or verbally, by virtual means)
- A consent form for the interviewee to sign to (a) consent to the interview, (b) decide on attribution, and (c) for a verbal interview, agreeing to have the interview recorded for transcription
- A list of questions in tabulated form for ease of completion, adapted slightly for each sector.

An email with all this documentation was sent to each organisation; if no responses were received within five days, follow-up calls were made. For recorded interviews, brief notes were made and elaborated upon by transcribing recordings of the interviews. For written interviews, follow-up verbal discussions were held for clarification of some elements contained in the written responses. Two mini reports ([Anelich, 2020a](#) & [2020b](#)) were prepared, summarising the findings of the interviews.

ANNEX 6.2.2: DURBAN SUBSISTENCE FISHING COMMUNITY

As discussed in [Meyer et al. \(2021\)](#), the food system was disproportionately affected by the Covid-19 restrictions; this was certainly the case for vulnerable sectors. This case study of the impact of the restrictions on the Durban subsistence fishing community provides some insight into the hardships experienced by vulnerable groups in South Africa.

Some sections of the eThekweni subsistence fishing community were not included in legislation for fishing rights and permits, and their unique heritage, status, and culture were not accommodated. When the amendments to the Marine Living Resources Act were adopted by Parliament in 2014, there was a perceived lack of communication, consultation, and accommodation (Sunde & Erwin, 2020). In the amendment, the term 'subsistence' fisher disappeared from the legislation, as they were thought to be included among small-scale fishers.

The inclusion of former subsistence (now small-scale) fishers in the new regulations necessitated the registration of small-scale fishing communities. According to the DEFF, over 10 500 small-scale fishers have been organised into 110 cooperatives nationwide (DEFF, 2020b). In KwaZulu-Natal, more than 2100 fishers were registered and granted

permits as small-scale fishers (Lutchman, 2020). However, many in the subsistence fishing community were not registered. Some said they were left out during the registration process, while the DEFF holds that they did not comply with its rules. Denied permits, many subsistence fishers continued to fish on recreational permits. One estimate suggests that around 50% of subsistence fishers are fishing on recreational permits and are thus not recognised by the DEFF as small-scale fishers (Sunde & Erwin, 2020).

As cited in Sunde & Erwin (2020), the economic situation of most urban subsistence fishers is as follows (Burger, 2015):

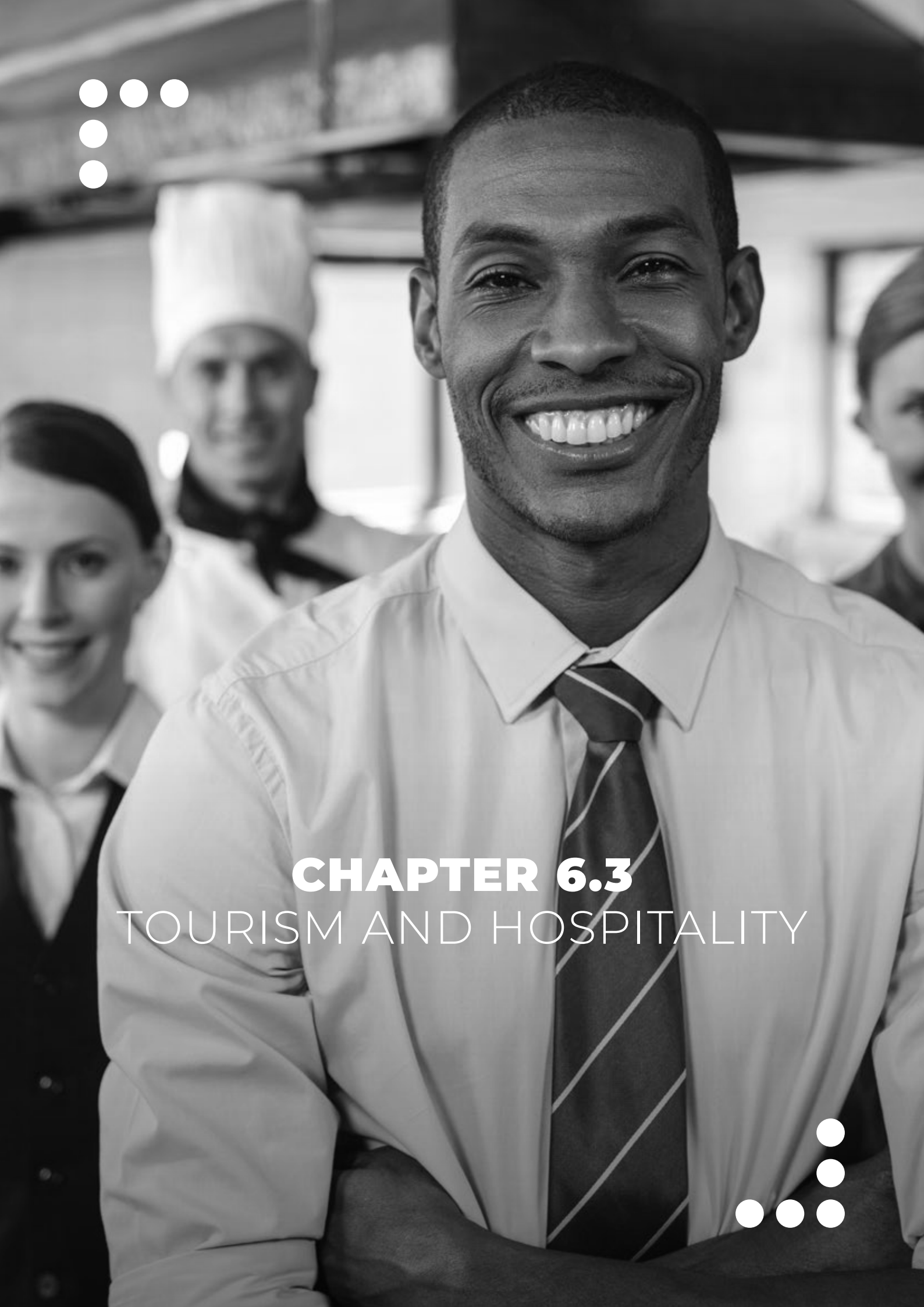
- They use most of the catch (57%) themselves.
- Earnings from the sale of excess fish, after the cost of bait, transport, and licence fees has been deducted, averages less than R500 per month.
- The average income of households (3–4 people) was R4 500 per month.
- Recreational fishing permit holders may not lawfully sell their catch; many sell illegally, while others do not sell anything and lose out on income (Lutchman, 2020).

The Covid-19 lockdown regulations did not allow recreational permit holders to fish under alert levels 5 and 4 (from 26 March to 31 May 2020). Their inability to access fishing grounds for about two months highlighted the Durban fishers' critical dependence on fish, and their situation was widely debated in the news. Both the KwaZulu-Natal Subsistence Fisher Forum and the South Durban Community Environmental Alliance acted on their behalf. The former represented the group of fishers recognised by Transnet as port users, whereas the latter communicated with the DEFF (Sunde & Erwin, 2020). Since these fishers were not part of a cooperative, a Grant of Right letter could not be issued; they were therefore not registered and were not allowed to fish. Many who depend on fishing for their livelihood carried on fishing, which brought them into conflict with law enforcement. On 27 April 2020 the South

Durban Community Environmental Alliance asked for 12 000 KwaZulu-Natal Subsistence Fisher Forum members to be allowed to fish during alert levels 5 and 4 (Comins, 2020; Lutchman, 2020).

Starting with alert level 3 on 1 June 2020, recreational fishing (except for charters) was allowed on the advice of the minister to the National Coronavirus Command Council (Lutchman, 2020). A steadily growing number of subsistence fishers on recreational licences returned to fishing (Dawood, 2020). Many normally fish from beaches. During the beach ban, however, even if they were permitted to fish, they could not access their fishing spots. An eThekweni spokesperson was cited (Rall, 2020) as saying that people 'can only fish from estuaries, rivers, dams and piers at this stage. Beaches are still closed.' However, this advice considered neither the inadequate transport to other fishing spots nor the increased pressure on the fish resources of these other ecosystems by theoretically over 10 000 fishers. Fishing from piers in Durban was apparently restricted to 30 people on the north and south piers, the South Durban Community Environmental Alliance said (Rall, 2020).

The status of these fishers remains the same as before the pandemic – they are legally not subsistence fishers, as the term does not exist in the current legislation. They did not manage to be included in the small-scale fisheries permits, and therefore continue fishing on recreational permits. Solutions to their situation could include a new public participation process, an amendment to the definition of the 'community of interest' that could act as a cooperative, a recognition of cultural fishing rights, ongoing collaboration, and communication on the inclusion of various categories of cultural and economic activities into current legislation (Sunde & Erwin, 2020), and compliance with stock assessment outcomes to ensure sustainable use of the resource. The allocation of small-scale fishing rights is under review in the Western Cape (DEFF, 2020c; Sunde & Erwin, 2020), but not currently in KwaZulu-Natal (Sunde & Erwin, 2020).



CHAPTER 6.3

TOURISM AND HOSPITALITY

CHAPTER 6.3: TOURISM AND HOSPITALITY

ABSTRACT

Covid-19 triggered a profound crisis for the global tourism industry, having effectively halted the operations of the tourism sector. In the case of South Africa, the tourism and hospitality sectors have been among those worst affected by the debilitating ramifications of the pandemic. This chapter draws upon a range of sources to investigate South Africa's tourism industry in the Covid-19 environment. It builds on an emerging corpus of international and local research on the impact of the pandemic and responses by government and the sector. Considerable use is made of research studies

produced by the Department of Tourism and its partner, South African Tourism, as well as findings from commissioned research for the Department of Tourism undertaken by the University of Johannesburg, which involved 60 primary interviews with tourism businesses (from December 2020 to February 2021) around the impact of the pandemic and their adaptation strategies. Highlighted issues are the uneven geographical impacts of the pandemic, government's fiscal policy responses and non-fiscal recovery measures, and 12 policy recommendations from the University of Johannesburg research study.

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ABBREVIATIONS AND ACRONYMS

BBEEE	broad-based black economic empowerment	TERS	Temporary Employee/ Employer Relief Scheme
IDC	Industrial Development Corporation	UIF	Unemployment Insurance Fund
PPE	personal protective equipment		

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INTRODUCTION

Covid-19 triggered a profound crisis for the global tourism industry, having effectively halted the operations of the tourism sector (Hall et al., 2020; Gössling et al., 2021; Pham et al., 2021; Sharma et al., 2021). The travel and social restrictions around the pandemic severely disrupted tourism – global tourist arrivals declined by 74% during 2020, resulting in falling earnings, business closures, and an estimated 174 million job losses (UNWTO, 2020; WTTC, 2020). Covid-19 is unlike many other disasters and crises that previously affected the tourism sector (Hall et al., 2020), because a return to the ‘normal’ that existed before the pandemic seems unlikely (Brouder, 2020; Sigala, 2020; Gössling et al., 2021). Tourism activities that involve direct contact between consumers and service providers have been worst affected by restrictions on movement and social distancing requirements. Thus, the pandemic strikes at the very DNA of hospitality – social distancing is the antithesis of what one traditionally expects from hospitality and tourism (Garrido-Moreno, et al. 2021). Indeed, the very essence of hospitality is to create unique experiences, often based on closeness with customers and personalised interactions.

Much research has been done on the impact of Covid-19 on the tourism and leisure industries (Kwok & Koh, 2021). Some tourism scholars suggest its catastrophic disruption of consumer demand and supply chains represents a ‘turning point’ for the global tourism industry (Bianchi, 2020; Sigala, 2020). ‘In contrast to previous disruptions, whether brought about by terrorism, natural disasters, financial crises or indeed previous pandemics, the outbreak of the Covid-19 pandemic has precipitated an unprecedented shutdown of travel and tourist destinations on a truly

global scale’ (Bianchi, 2020:80). For tourism businesses, Covid-19 ‘has been one of the most impactful and tragic pandemics of modern times’ (Assaf & Scuderi, 2020:731). Strategies to flatten the curve of the pandemic, such as lockdowns, stay-at-home orders, social distancing or travel and mobility restrictions, have brought about the temporary (and increasingly permanent) closure of many tourism establishments (Gursoy & Chi, 2020).

Saarinen & Wall-Reinius (2021) identify two narratives or schools of thought on the impact of Covid-19 on the tourism sector. Both highlight the seriousness of the pandemic for global tourism, but they differ on what comes or should come next.

- The **resilience school of thought** stresses the historical capacity of the tourism sector to adapt to shocks, including the global financial crisis, SARS, and natural events such as earthquakes or tsunamis (Saarinen & Wall-Reinius, 2021:145). The emphasis is upon the sector’s capacity to return to pre-crisis growth paths. This perspective is projected by much of the tourism industry and most national governments, including the Department of Tourism in South Africa and South African Tourism.
- The **readjustment school of thought** emphasises the need to rethink the ‘growth at all cost and volume at all cost’ path for tourism that has dominated in recent years and contributed to the current crisis (Saarinen & Wall-Reinius, 2021:146). This school sees Covid-19 as a watershed or turning point for tourism, with irreversible impacts that will fundamentally shift the nature of tourism and human mobility in future (Higgins-Desbiolles, 2020; Sigala, 2020). It argues that the time has come to ‘question the sustainability of success defined by growth in visitor numbers or increases in material consumption’ (Hall et al., 2020:591). From a New Zealand

- perspective, for example, the pandemic represents 'an opportunity to re-envision our economies, possibly accelerating governments' responses to environmental practices that have negatively impacted nature' (Carr, 2020:30). Higgins-Desbiolles (2020:70) sees Covid-19 as a possible game changer for global tourism, which offers 'a chance to turn away from the hegemony asserted by market forces for their profit and return to an earlier vision of tourism as a social force'. Many contend that because Covid-19 exacerbates social and economic inequalities, recovery strategies should identify locally tailored solutions to redefine tourism based on local rights, interests and benefits (Rastegar et al., 2021).

Against this backdrop, this chapter draws upon a range of sources to investigate South Africa's tourism industry in the Covid-19 environment. It builds on an emerging corpus of international and local research

on the impact of the pandemic. Secondary research sources, including official statistics, were used to establish tourism's contribution to the economy (Box 6.3.1), assess the pandemic's impact on the sector, review regulations affecting the sector, and describe the economic measures adopted. Considerable use is made of research studies produced by the Department of Tourism and its partner, South African Tourism. The chapter also uses findings from commissioned research for the Department of Tourism undertaken by the University of Johannesburg, which involved 60 primary interviews with tourism businesses (from December 2020 to February 2021) around the impact of the pandemic and their adaptation strategies. Finally, a virtual interview was held on 20 October 2020 with the chief executive officer of the Tourism Business Council of South Africa to discuss organised tourism businesses' experience of the pandemic and the related measures (Tshivhengwa, 2021).

Box 6.3.1: Tourism's contribution to the economy

Tourism is measured through a consumption-based approach that identifies industries in which visitors spend money, such as transport, accommodation, restaurants, entertainment, recreation, travel agencies, and culture and sports (Stats SA, 2019). The retail sector is included, as visitor expenditure on retail (mostly on petroleum) comprised 7–8% of all retail income in 2018. Air passenger transport and accommodation rely mainly on visitors, as do tour operators, tour guides and some accommodation establishments (e.g., luxury lodges and hotels). Cultural and sporting activities and restaurants rely more on local residents.

Among these tourism-related industries, transport ([Chapter 6.4](#)) and soft drinks and tobacco ([Chapter 6.5](#)) were particularly vulnerable to the Covid-19 pandemic. Hotels, restaurants and similar firms spent a large share of their procurement bill on soft drinks and tobacco products in 2017. This also constituted a large share of supply in these industries (Rivett-Carnac, 2020).

IMPACT OF THE COVID-19 PANDEMIC ON THE TOURISM SECTOR

In the pre-Covid era, South Africa welcomed 10,2 million foreign tourists (mostly regional arrivals from sub-Saharan Africa) and recorded 28,2 million overnight domestic trips in 2019 (SA Tourism, 2020a & 2020b). In 2018 tourism contributed 2,7% of the country's gross domestic product (R130 billion) and supported about 740 000 direct jobs (Stats SA, 2019) and another 740 000 indirect jobs (WTTC, 2018). The tourism sector's 2018 balance of payments was R36,3 billion, slightly down from previous years.

COVID-19 RESTRICTIONS

As in the rest of the world, tourism businesses in South Africa have been hit hard by the pandemic and related restrictions on their operations. The first restriction was the closure of the country's borders. On 18 March 2020, the borders were closed to arrivals from high-risk countries such as Italy, Iran, Korea, China, and the United Kingdom, and they were closed completely on 27 March 2020. This triggered a dramatic collapse in international arrivals, from which the sector has not yet recovered (Box 6.3.2). Further operating restrictions meant that accommodation establishments, restaurants (except takeaways), visitor attractions, and the like could not trade even under alert level 4, and for some this extended into alert level 3 (Box 6.3.3). Industry criticised certain restrictions (e.g., on interprovincial leisure travel) as detrimental to the sector (Mabuza, 2020).

Box 6.3.2: International tourism flows

The first detailed official statistics on the pandemic's impact on tourism flows in South Africa appeared in a South African Tourism (SA Tourism, 2021) report released in March 2021. The report paints a gloomy picture of international tourism, with downturns of more than 70% in arrival data for all regions. It notes that 'the outlook for resumption of international travel for tourism is still minimal' (SA Tourism, 2021:10). For long-haul markets, international travel 'remains low' (SA Tourism, 2021:10). Since the opening of South Africa's borders to international travel in August 2020, the leading source markets have been the United Kingdom, Germany, the United States, France and the Netherlands (Table 6.3.1). In terms of the volume of flows, most countries were described as 'still 90% lower than the previous year' (SA Tourism, 2021:10). Regional African arrivals similarly 'remain low' (SA Tourism, 2021:10). This said, African arrivals were almost ten times higher than long-haul arrivals. The major source markets in Africa were Zimbabwe, Mozambique, Lesotho, Eswatini and Namibia

Table 6.3.1: Leading source markets for international tourism arrivals, August to December 2020

Rank	Country	Arrivals
1	Zimbabwe	101 852
2	Mozambique	77 511
3	Lesotho	35 021
4	Eswatini	25 999

5	Namibia	18 413
6	Zambia	14 827
7	United Kingdom	12 485
8	Botswana	12 368
9	Malawi	10 040
10	Germany	7 759
11.	United States	5 943
12	France	3 553
13	Netherlands	2 996
14	Democratic Republic of Congo	2 710
15	Tanzania	2 518

Source: Based on SA Tourism, 2021

Box 6.3.3: The restaurant sector in the pandemic¹

The restaurant sector was severely affected by the restriction on trade during the lockdown. While other countries allowed takeaway meals during hard lockdowns to assist the industry to some extent, South Africa did not. Both the Restaurant Association of South Africa and the Restaurant Collective (which covers 'sit-down' restaurants) reported not being consulted by government before lockdown, with little or no consultation during the initial and subsequent lockdown levels. There were reports of intimidation by the police, probably because the regulations were not well understood. Some noted that government did not appear to understand the restaurant industry or how it operates, and that it requires better recognition and more direct representation with the minister of tourism.

Domestic tourism was allowed to resume in late July 2020, and total overnight trips recovered 'to levels approximately 50% lower than in 2019' (SA Tourism, 2021). Tourism spiked because of visits to friends and relatives shortly after domestic travel reopened, holiday travel in October, and business travel in September and November 2020. Most restrictions on domestic travel were lifted under alert level 1. However, restrictions on tourism from red-listed countries and on operating hours, customer volumes and alcohol sale windows remained in place until 11 November.

According to the Tourism Business Council (TBCSA, 2021) the prospects for domestic leisure travel in the summer season initially appeared promising. However, as the second wave of Covid-19 infections took hold, restrictions (including beach closures) were imposed on the Eastern Cape and Garden Route on 15 December 2020. On 28 December 2020 tighter restrictions were announced on all beaches in KwaZulu-Natal and the Western Cape; access to rivers, dams and lakes was closed; and alcohol sales were banned. South African Tourism data suggests domestic tourism contracted in December

¹ Anelich, 2020a & 2020b; see also Chapter 6.2 on agriculture and the food supply chain.

2020, with 'total trips tapering to 60% lower than before' (SA Tourism, 2021:11).

TOURISM SPENDING

With the restrictions on tourism came substantially lower spending on related activities. Households spent 99,9% less on restaurants and hotels in the second quarter of 2020 than in the first (Stats SA, 2020a). Accommodation establishments, which had already been affected in March, saw their income dropping precipitously between April and August 2020 (Table 6.3.2), with a 98,6% year-on-year decline in April, for example (Stats SA, 2020b). Restaurants, takeaways, catering and fast-food outlets likewise saw income falling by 31,4% year-on-year in March, 95,5% in April and 86,6% in May 2020.

The decline was more muted from June to August 2020 (Stats SA, 2020c). The Tourism Business Council estimated the daily revenue lost to the sector before the resumption of domestic and foreign tourism at R748 million (Tourism Update, 2020). Box 6.3.4 provides some examples of the experience of selected subsectors of tourism and hospitality.

By December 2020 'income generated across the accommodation sector was still 60% lower than when compared to 2019, highlighting the struggle that formal establishments are facing' (SA Tourism, 2021:13). The tourism businesses that could still operate faced extra costs to realign their operations in compliance with Covid-19 regulations and the global trend towards the contactless economy and 'untact' or minimal contact in tourism operations (Rogerson & Rogerson, 2021a).

Table 6.3.2: Income from tourism, current prices, March to August 2020 (% change year-on-year)

	March	April	May	June	July	August
Tourist accommodation income						
Income from accommodation	-41,7	-98,0	-98,1	-94,2	-91,0	-82,4
Total income incl. restaurant and bar sales and 'other income'	-33,6	-98,6	-97,9	-95,0	-88,6	-81,2
Food and beverages income						
Food sales	-30,1	-95,7	-86,2	-56,4	-47,4	-41,0
Bar sales	-43,4	-100,0	-100,0	-96,1	-94,2	-86,4
Other income	-42,2	-77,4	-68,0	-63,9	-57,7	-70,8
Total income	-31,4	-95,5	-86,6	-59,3	-50,8	-44,8

Source: Stats SA, 2020b & 2020c

Box 6.3.4: Case studies of selected tourism subsectors

Hotels: The annual results of JSE-listed City Lodge Group for the year to 30 June 2020 showed that 62 lodges closed under lockdown, and 32 were gradually reopened. Occupancy rates in local operations were only 7% in July and 10% in August (City Lodge Hotel Group, 2020).

Restaurants within the Spur group traded at 73,8% of 2019 turnover in September 2020, up from 36,5% in July and 56,7% in August. About 600 franchisees of 631 outlets were trading by September. Franchise and marketing fees were discounted, and payment terms were extended on certain debts (Gunnion, 2020).

A survey of 496 **game lodges** (35% in Limpopo and 34% in Mpumalanga, and 51% within the Greater Kruger Protected Area network) showed that 86% of these firms would run out of funds by year end. Together they employ 19 700 people, of whom 16 600 are from the local (rural) areas. Salaries to local people amounted to about R1,5 billion per year and local procurement spending to some R1,2 billion. Conservation programmes received about R789 million (Scott, 2020).

Beyond the 'reduced income for establishments that managed to keep doors open, a count of how many establishments have had to close their doors has been difficult to ascertain' (SA Tourism, 2021). Earlier on, surveys of tourism firms in March and June 2020 respectively attracted 1610 and 1501 responses (DT, 2020a & 2020b). The first survey found that 69% of these businesses had temporarily closed; by June, this had decreased slightly to 61%. Across the spectrum of accommodation services, the segments of 'caravan and camping' and 'guest houses and farms' seem to be better off because of their association with 'open spaces' and prospects for social distancing.

The tourism dependence of an area can be assessed based on the relative share of tourism in the local economy (i.e., the gross domestic product). This is a critical indicator of the area's vulnerability to the impact of Covid-19 on tourism relative to the broader structure of the local economy (Rogerson & Rogerson, 2020). Arguably, more economically diversified urban centres (e.g., the major metropolitan areas) would potentially be more resilient to the negative local effects of Covid-19. Correspondingly, localities that are most heavily tourism-dependent (being highly concentrated around the tourism sector) are most at risk or vulnerable to these effects (Rogerson & Rogerson, 2020 & 2021b).

GEOGRAPHICAL IMPACT

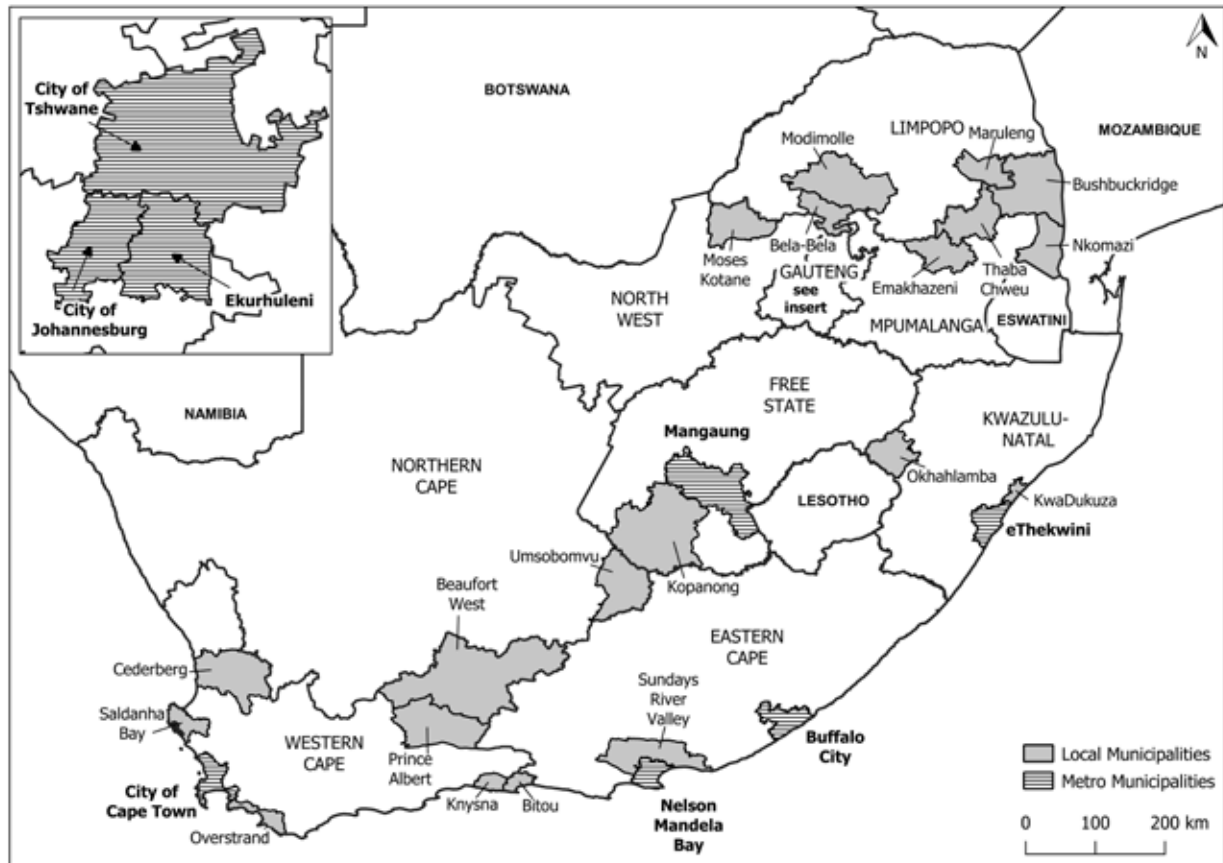
The Covid-19 pandemic has been shown to have uneven geographical effects, but as Turok & Visagie (2021:1) note, 'the geography of South Africa's twin public health and economic crisis has received little attention to date, given the focus of the pandemic analysis and response at the national and provincial levels'. Although the lockdown regulations have essentially been 'place-blind' on the grounds of simplicity, they have had multiple unintended consequences (negative economic and social impacts) for particular geographical areas and local communities. Their effects have not been space-blind, as is clear from the spatial impacts on the tourism sector.

Figure 6.3.1 shows the 20 most tourism-dependent local municipalities in South Africa. This list is dominated overwhelmingly by small towns that are traditional destinations for leisure tourism, such as Bela-Bela, Plettenberg Bay (Bitou), Knysna, Overstrand, the Drakensberg mountain resorts, and small towns around the Kruger National Park. Bela-Bela emerges as South Africa's most tourism-dependent local government. In terms of city destinations, the most vulnerable are the Cape Town metropolitan area and the secondary cities of Mbombela (a gateway to the Kruger National Park) in Mpumalanga, Stellenbosch in the Western Cape, Polokwane in Limpopo, and Mogale City in Gauteng (Rogerson & Rogerson, 2021b). A finer-grained analysis would also highlight the plight of many local communities in the immediate vicinity of the major nature tourism destinations, whose

livelihoods have been decimated by the loss of international tourism. Most of the severely affected local communities are in Limpopo

and Mpumalanga, followed by the Eastern Cape, the North West, KwaZulu-Natal, the Northern Cape and even the Western Cape.

Figure 6.3.1: South Africa's 20 most tourism-dependent local governments



Source: Rogerson & Rogerson, 2021b

PROSPECTS FOR DOMESTIC TOURISM

Given the collapse of international tourism, domestic tourism is viewed as critical to the resilience of the national tourism sector. However, the Tourism Business Council report (TBCSA, 2021) cautions against over-optimism around domestic travel:

- **Domestic leisure travel** remains subdued for various reasons, such as lower discretionary income for travel because of the overall economic downturn, a fear of travel stemming from the perceived risks of infection, and the absence of the festivals,

sports events or concerts that form the base of much domestic leisure travel.

- **Domestic business travel** is weak because of lower levels of corporate activity; internal corporate advisories that limit travel as part of Covid-19 risk policies; the lack of meeting, conference or exhibition travel; and minimal government travel because of both risk and budget constraints.

South African Tourism (SA Tourism, 2021) notes that domestic tourism mobilities by private (or rented) car have become relatively more important. This points to growth in 'drive tourism', a phenomenon observed

- in countries such as Australia (Rogerson & Rogerson, 2021a). One consequence of changes in domestic consumer travel after Covid-19 is the opening up of potential opportunities in less-visited tourism spaces, which might help improve the overall geographic spread effect of tourism (Rogerson & Rogerson, 2020 & 2021a; Bama & Nyakana, 2021), as discussed below.

GOVERNMENT'S FISCAL RESPONSES

The South African government quickly instituted a number of targeted fiscal relief measures to assist hard-hit tourism operators and areas. Over time, these included the Tourism Relief Fund, the Tourist Guides Fund, the Tourism Equity Fund, the Industrial Development Corporation's (IDC) Covid-19 Distressed Funding, and others. Tourism business could also draw on more general government support, as discussed below. Note that the financial and non-financial support provided by provincial tourism departments is not included here and will be reviewed in the second edition of the Country Report.

TOURISM RELIEF FUND

In March 2020 the national Department of Tourism announced a R200 million Tourism Relief Fund to be financed from reallocated funds. It was to provide cash relief (a once-off R50 000 grant) to qualifying small or medium enterprises to subsidise 'fixed costs, operational costs, supplies and other pressure cost items'. The fund was explicitly guided by the Tourism Broad-Based Black Economic Empowerment (BBEEE) Codes of Good Practices. Funding allocations were also to be spread equitably among the provinces. The fund was reserved for firms in the main tourism industries and excluded certain passenger transport services (e.g.,

air transport and minibus taxis), fast-food and takeaway outlets, nightclubs, bars, gaming and gambling venues, franchised restaurants, and restaurants attached to tourism facilities wholly or partially owned by government (DT, 2020c).

The fund accepted applications in April and May 2020 and paid out in July and August 2020. South African Tourism was the paymaster (AGSA, 2020). AfriForum and Solidarity challenged the distribution of the fund, specifically the use of BBEE codes as a criterion, in a court case (Lekaba, 2020). The case, and the May 2020 appeal, was dismissed.² The fund received 7288 applications, of which 4000 were successful (Table 6.3.3). The successful applicants had a wide geographical footprint, and just over 2000 were black-owned businesses (DT, 2020c). Media reports suggest that 3284 applications were unsuccessful because the fund lacked resources; some of these applicants had met the criteria (Selisho, 2020). Although successful recipients were grateful for the funding, some businesses owners pointed out it was simply 'a drop in the ocean' relative to the finance they needed to survive (Booyens et al., 2021).

The Auditor-General's special report into the financial management of government's Covid-19 initiatives reviewed the Tourism Relief Fund noting that payments had been delayed by information technology challenges (AGSA, 2020:144). Key audit observations from the report include:

- The criteria for assessing beneficiaries were amended from a score matrix to a compliance list, which also ranked successful applicants on a first-come, first-served basis.
- The manual verification and assessment process could be prone to human error.
- There was a risk of reviews not being comprehensive because of the volume of work.

² *Solidarity Obo Members v Minister of Small Business Development and Others*, 2020.

Table 6.3.3: Tourism Relief Fund: Approved applications per province and business type

Province	Total applications received	Total approved applications	Accommodationss (hotels)	Hospitality and related services (restaurants)	Travel and related services (vehicle hire, bus companies)	Other (events organisers)
Eastern Cape	746	457 (11,0%)	255	111	62	29
Free State	285	133 (3,3%)	65	43	18	7
Gauteng	1 752	1 017 (25,4%)	246	257	439	75
KwaZulu-Natal	1 149	610 (15,3%)	233	176	155	46
Limpopo	529	294 (7,4%)	123	74	76	21
Mpumalanga	434	238 (6,0%)	119	56	48	15
North West	298	161 (4,0%)	90	29	25	17
Northern Cape	222	124 (3,1%)	77	24	12	11
Western Cape	1 876	966 (24,2%)	352	179	348	87
Total	7 291	4 000	1 560	949	1 183	308

Source: AGSA, 2020:144

- Duties in capturing and verifying banking details on the system were not segregated.

The Auditor-General's report indicates that the department's accounting officer and management team felt confident that existing controls were sufficient to mitigate these risks (AGSA, 2020:145–6).

TOURIST GUIDES FUND

In July 2020 the Department of Tourism launched a second fund to help tourist guides who could not claim from the Tourism Relief Fund because of their freelance status (DT, 2020a). This fund, capped at R30 million, was to pay each qualifying tour guide R1500 a month for three months. Provinces submitted to the national tourism department a list of 9380 guides who were being assessed to avoid 'double dipping' from the Unemployment Insurance Fund (UIF) (Selisho, 2020).

TEMPORARY EMPLOYEE/EMPLOYER RELIEF SCHEME

In April 2020 the Tourism Business Council signed an agreement with the UIF and the Department of Labour to assist with Temporary Employee/Employer Relief Scheme (TERS) funding applications for tourism (Masihlelo, 2020). Precise numbers of applications and successful applicants from the tourism sector are not publicly available, but many tourism firms appear have benefitted from this funding (Tshivhengwa, 2021). Research conducted by the University of Johannesburg on the impacts of the pandemic on a cross-section of 60 tourism businesses highlighted the critical importance of TERS funding for these businesses. The TERS support was widely welcomed as perhaps the most impactful of all government interventions supporting the tourism industry. In his State of the Nation address on 11 February 2021,

- President Cyril Ramaphosa announced that
- the UIF Fund would extend the TERS benefits
- to 15 March 2021 (SAnews, 2021b:1).

TOURISM EQUITY FUND

The R1,2 billion Tourism Equity Fund was officially launched on 26 January 2021. At this virtual event, President Ramaphosa welcomed the fund as a support for the Economic Reconstruction and Recovery Plan, one measure of which was transformation 'to protect the supply-side capacity of the tourism sector'. The Tourism Equity Fund would be the vehicle to aid the recovery of the sector by fostering large capital investments (The Presidency, 2021:3). The fund was established by the Department of Tourism in partnership with the Small Enterprise Finance Agency to deepen transformation of the tourism sector.

As they did with the Tourism Relief Fund, AfriForum and Solidarity took legal action, with the AfriForum Head of Campaigns, Monique Taute, maintaining that the Department of Tourism did not have the interests of all its constituencies at heart. She was quoted as saying it 'was now abusing the situation by using it as an opportunity to promote its race-driven goals' (Mackenzie, 2021). In response the department reiterated that the fund was not a 'relief fund' but rather a public-private partnership that aimed to 'crowd-in investments in the tourism sector so as to increase diversification and the broadening of ownership of tourism attractions' (Mackenzie, 2021). Arguably, according to Zille (2021:2), the Covid-19 crisis created 'opportunities for meaningful transformation, rooted in inclusive business partnerships across all segments of the tourism economy'.

Critics of the fund point to the timing of its launch, given the devastation faced by the majority of tourism businesses. They argue that government 'placed transformation

ahead of a growing industry, thus hurting the very people that such a fund should support' (Mackenzie, 2021). Zille (2021:2) maintains that whilst the fund's purpose of providing debt and grant funding to facilitate equity ownership and project development by black entrepreneurs 'is clear and urgently needed, its funding model is vague and ill-defined', as 'it is devoid of the solid funding criteria needed to ensure transparency, impact and sustainability and to avoid cronyism and corruption'. A future is threatened of 'a generously funded pipeline of struggling businesses unable to survive without ongoing subsidy and support'; this in turn would feed 'the perception that government is using the crisis to drive a racially exclusive transformation agenda in tourism' (Zille, 2021:6). As the South African tourism sector is haemorrhaging jobs, Zille (2021:4) questions why the core empowerment criterion is the 51% black ownership requirement and why 'job retention and job creation, surely the most important broad-based empowerment considerations of our time, don't warrant a mention'.

FISCAL TRANSFERS TO HERITAGE AND PROTECTED AREA INSTITUTIONS

Tourism is a major source of income for parks and conservation areas. In 2017/18, South African National Parks (SANParks) earned R1,6 billion from tourism, up from R972 million in 2014 (SANParks, 2019). Of this amount, R1,06 billion came from 50 public-private partnerships (e.g., luxury lodges and the Table Mountain Aerial Cableway Company). To soften the blow of lost tourist income during the pandemic, the Department of Environment, Forestry and Fisheries recently transferred R39 million to the Isimangaliso Wetland Park Authority and R961 million to SANParks (Carney, 2020).

IDC COVID-19 DISTRESSED FUNDING

The IDC offered relief funding for distressed businesses that had been directly or indirectly affected by the pandemic (i.e., unable to meet their obligations because of the impact of the pandemic). This fund also provided support to sectors such as agriculture, agro-processing and light manufacturing.

NON-FISCAL COVID-19 SUPPORT AND RECOVERY MEASURES

Both government and industry provided non-fiscal support to firms, as set out below.

DEPARTMENT OF TOURISM'S RESPONSE STRATEGY

In August 2020 the Department of Tourism published a draft tourism sector recovery plan for comment (DT, 2020d). The plan has three main thrusts: protecting and rejuvenating supply (tourism firms and air access), reigniting demand (domestic and foreign marketing), and enabling capacity (e.g., e-visas). In March 2021 it was reported that the recovery plan to resuscitate the sector and tourist value chains was 'soon to be presented to Cabinet for approval' (SAnews, 2021a:1).

HEALTH PROTOCOLS

In May 2020 the tourism industry published standard protocols for managing the Covid-19 health risks of both guests and staff at tourism businesses (TBCSA, 2020). Aligned with international and national guidelines, the protocols cover practices such as customer information, personal protective equipment (PPE), physical distancing, and sanitisation and hygiene.

INSURANCE PAY-OUTS

Many tourism businesses struggled to access their business continuity insurance. In July 2020 the Financial Sector Conduct Authority and the Prudential Authority reached an understanding with non-life insurers to consider interim relief to their policyholders (FSCA, 2020). On November 17, in a case brought by Ma-Afrika Hotels and Stellenbosch Kitchens, together with Insurance Claims Africa, representing over 750 tourism and hospitality businesses, the Western Cape High Court found that Santam was liable to pay business interruption losses related to the Covid-19 lockdown (van der Merwe, 2020; see also [Chapter 6.5](#)).

INDUSTRY SUPPORT SCHEMES

Several industry schemes supported tourism businesses, especially restaurants, and their local communities. These included the Support Stellenbosch Restaurant reward scheme (Visit Stellenbosch, 2020), the Rescue Restaurants voucher scheme (Restaurants Rescue Project, 2020), and the Eat Out Restaurant Relief Fund (Eat Out, 2020). Industry also launched marketing and public relations campaigns to highlight the importance of tourism to the economy, particularly to jobs, and lobby for the removal of certain restrictions. These campaigns include those run by South Africa is Travel Ready (2020a & 2020b), a '[public relations and] communications collaboration of influential agencies in the tourism and hospitality space which are supporting the inbound tourism industry's efforts to open the country to international tourism, create awareness of the role tourism plays and inspire visitors to return because South Africa is 'travel ready'.

● REPURPOSING

● Tourism businesses also repurposed their operations to provide broader support to the community. For example, Ubuntu Beds (2020), launched in April, helped accommodation providers provide free accommodation to essential service providers. Some restaurants and similar businesses provided free food (e.g., soup kitchens); Woodstock Brewery (2020) is one example, as is Grootbos Foundation (2020). Another element was digital tours and digital wildlife safaris, allowing audiences around the world to participate in virtual activities. WildEarth.tv is one example of a virtual wildlife offering that has received significant coverage (WildEarth, 2020).

OTHER NON-FINANCIAL SUPPORT

One of government's main non-fiscal interventions is the Database of Distressed High-Impact Tourism Project. Through this project, which is in line with the Tourism Sector Recovery Plan to protect and rejuvenate supply in the sector, the Department of Tourism helps tourism projects mobilise investment both domestically and abroad. It supports high-impact projects with critical backward and forward linkages, the collapse of which would affect businesses across the value chain. Businesses include Sun City in the North West, Tiger Lodge (Jozini) in KwaZulu-Natal, the Legend in Limpopo, Fish River Resort in the Eastern Cape, Fancourt Resort in the Western Cape, and other small, medium and microenterprises in the tourism industry. Furthermore, the Small Enterprise Development Agency provides non-financial support to small businesses in a range of sectors, including tourism.

PRELIMINARY LESSONS LEARNT

The Covid-19 pandemic has heightened awareness of the importance of tourism experiences and consumption for people and local communities (Saarinen & Wall-Reinius, 2021). The pandemic also continues to exert a drastic impact on the tourism sector and may well significantly reform future landscapes and servicescapes (Kowalska & Niezgoda, 2020; Gössling et al., 2021). Considerable international evidence exists of shifts in consumer demand and in the character and patterns of domestic tourism in North America, Europe and Australia (Rogerson & Rogerson, 2021a). Arguably, other changes may well emerge in the foreseeable future.

Given the decimation of tourism income and the continuing low levels of operational income in key tourism industries (e.g., restaurants and accommodation), the scale of funding relief to tourism businesses is unlikely to have been sufficient to stem job losses and business closures.³ From a comparative international perspective, the support the South African government provided to the decimated tourism sector has been relatively meagre (Booyens et al., 2021). As Turok & Visagie (2021:1) notes, 'South Africa's response was limited by the poor state of public finances'.

While the Department of Tourism launched the Tourism Relief Fund early in the pandemic, the fund was quickly depleted. It did meet its short-term objectives, particularly its focus on small, black-owned businesses, many of which are relatively recent entrants into the sector. The fund was not, however, sufficiently capitalised. It is also questionable whether the R50 000 grant would be sufficient to 'keep doors open' for tourism firms, many of which are likely to face poor trading conditions for some time. Furthermore, the Tourism Relief Fund provided relief only to registered

³This has been corroborated in interviews with the Restaurant Association of South Africa and the Restaurant Collective (which covers 'sit-down' restaurants), as per Anelich (2020a & 2020b). See also Chapter 6.2.

businesses. The relatively quick establishment of the Tourist Guides Fund is to be lauded as a responsive measure to address one part of the informal (albeit organised) tourism economy. Other informal operators could not access the once-off grant. There is little data on the number of such operators, because they fall outside the business registers used for surveys, so the extent of the impact is impossible to quantify.

Arguably, TERS funding has been most important for the survival of businesses, jobs and livelihoods in South Africa's tourism economy. The potential termination of this wage support is likely to have seriously negative consequences for many tourism employees, their families and communities, with government admitting that tourism levels will take considerable period to recover (SA Tourism, 2021). The devastating effects of the pandemic on tourism business survival are gradually becoming apparent. The impending permanent closure of many businesses is a threat to local economies and community livelihoods. The danger of closures is worsened by the pandemic's trajectory, continued travel restrictions (especially on international tourism), and the slow roll-out of vaccinations (SA Tourism, 2021). Arguably, to ensure the tourism sector is 'built back better', policymakers need to reflect on wider international trends, particularly the notion that tourism in the post-Covid-19 era should be aligned to a 'new normal' – achieving the United Nations Sustainable Development Goals, rather than simply chasing growth in visitor numbers at any cost.

According to the Department of Tourism, their strategy was not limited to the provision of financial support; instead, they focused on helping tourism operations reopen as soon possible (Tharage, 2021). Takeaway and sit-down restaurants were supported to ensure their early operationalisation, as was the use of tourism establishments as quarantine sites. To this end, the tourism sector was one of the first to develop and enforce protocols and translate them into directives.

IMMEDIATE INTERVENTIONS

A set of preliminary recommendations around immediate interventions for assisting the South African tourism sector were put forward in the University of Johannesburg investigation on the demand and supply-side impacts of Covid-19. These recommendations were workshopped at the Department of Tourism's webinar on Advancing Tourism Growth and Development through Research, held in March 2021 (Rogerson & Rogerson, 2021c). By way of conclusion, the 12 recommendations are summarised below.

- The importance of automobiles in South Africa will inevitably increase. It is recommended that the Department of Tourism **recognise the potential growth of drive tourism and initiate a set of policy interventions** to take advantage of the current window of opportunity to support this form of domestic tourism. Key initiatives would include:
 - revisiting tourism route planning
 - enhancing signage
 - improving local governments' awareness of the importance of drive tourism
 - working with the Department of Transport on improving road infrastructure, enhancing road safety, and preventing road accidents.
- Domestic drive tourism creates opportunities for addressing the uneven geographical spread of tourism, as people now seek out less-crowded places. It is recommended that the Department of Tourism **improve the awareness of local governments in rural and remote areas** – especially around nature tourism – of a vital window of opportunity to market those attractions to potential domestic tourists around 'natural open space', 'tranquillity' and 'seclusion'. Discovering and recommending tourist routes based on untact (e.g., drive routes, walking or bicycling trips) is recommended. In line with international trends, consideration should be given to local governments

- implementing a 'safety tourist destination' certification system.
- Growing tourism in pristine environments (e.g., national parks and nature reserves) will pose particular challenges for protected areas. It is recommended that the Department of Tourism launch a **monitoring study of the impacts of expanding domestic tourism flows into protected areas**, especially in terms of ensuring their long-term sustainability as spaces for improving physical and emotional wellness and mental health. Most of the benefits of enhanced health and welfare inevitably accrue to more affluent groups; ensuring that such benefits also filter down to lower-income and disadvantaged communities will be an important policy challenge. This point is reinforced by significant research findings on the travel intentions of domestic tourists in Africa, which highlight persistent issues of affordability and willingness to pay for most tourism products among the economically challenged domestic consumer market (see Woyo, 2021).
- As the demand for visits to national parks, green spaces and 'tourism in nature' increases (in part because of their physiological, psychological and mental health benefits), real opportunities exist to expand commercial nature tourism. It is recommended that the Department of Tourism launch a **research investigation into the experiential components and commercial design for different market segments of such nature forms of tourism**. The investigation can draw on existing research and debates, for instance in Australia (Buckley, 2020; Buckley & Westaway, 2020).
- For cities, the potential shifts in the travel behaviour of visitors offer opportunities to change the intra-city spatial distribution from major attractions to less-visited areas. Such a development could provide areas with new options for value creation and even allow cities to develop a more diversified portfolio of tourism products. This could make them more resilient and

provide residents with a greater range of local leisure opportunities and experiences. It is recommended that the Department of Tourism launch an **investigation into opportunities to develop new products**, such as creative tourism and off-the-beaten track tours to support the visitor economy of cities and increase the geographic spread of tourism impacts in the major cities.

- In relation to popular tourism attractions – whether in cities or national parks – it is recommended that the Department of Tourism **support the installation of technologies for flexible tourism demand management**. This would allow them to gather real-time data to inform control measures to minimise congestion and to maximise social distancing.
- As 'aquamobilities' in the form of cruise tourism appear unlikely to regain their pre-Covid-19 popularity, it is recommended that the Department of Tourism liaise with other departments involved in Operation Phakisa and the oceans economy to **urge the abandonment of plans for building new cruise ship terminals**. It should also revisit its Coastal and Marine Tourism Strategy, which feeds into planning frameworks around the oceans economy. (According to the Department of Tourism, the development of cruise terminals should remain on the agenda, as this would enable South Africa to take advantage of opportunities offered by this subsector when things return to normal (Tharage, 2021). By investing in supply infrastructure such as airports and cruise terminals, South Africa will be well placed to capitalise on future tourism in this sector).
- For reigniting international tourism and promoting 'untact tourism', it is recommended that the Department of Tourism expand the awareness of tourism businesses and of local governments of the potential and importance of **best practices relating to safety and cleanliness, the growth of the contactless economy, and foster an ecosystem of tourism services centred around the concept of untact**

(Jeon & Yang, 2021). In addition, it should initiate a process to identify safe, nature-friendly untact tourism attractions to be marketed internationally, especially in Asian markets.

- The use of **information technology for contactless services** should be supported. As demonstrated by the success of e-restaurants services such as Uber Eats and Mr Delivery, which were allowed to operate before normal restaurants opened, better technology could create new opportunities.
- Covid-19 and the lockdown have left tourism businesses in a fragile state. Although government financial assistance to firms is not expected, given the current direction of policies, a strong case exists for extending such assistance to workers in tourism and hospitality establishments. It is recommended that **TERS be extended for workers in the debilitated tourism and hospitality sector.**
- Domestic tourism is subdued in part because of a 'fear of travel' among potential local tourists, despite the legislated requirements for and commitment of the overwhelming majority of tourism and hospitality establishments to Covid-19 protocols and evidence of a local form of untact tourism. This underlines the need for the Department of Tourism to launch an immediate and energetic **marketing campaign about the safety of tourism establishments and commitments to high standards of hygiene and personal safety.**
- In some areas, major weaknesses in the quality of road infrastructure, signage and maintenance hamper opportunities for drive tourism. It is recommended that the Department of Tourism ensure that as part of the president's commitment to new infrastructure projects, **road infrastructure projects linked to existing tourism nodes are prioritised.**
- Finally, the potential loss of the tourism product base and of tourism skills is an immediate threat in many parts of South Africa. The impending closure of many tourism businesses, especially

in tourism-dependent areas, will badly affect local employment and livelihoods. It is recommended that the Department of Tourism launch an **investigation into the impacts of tourism establishment closures on local communities**, to help plan exit strategies from tourism and train or reskill communities for non-tourism livelihoods.

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CHAPTER 6.4

TRANSPORT

CHAPTER 6.4: TRANSPORT

ABSTRACT

South Africa's Covid-19 lockdown has had a massive effect on the transport sector. Restrictions on the movement of people and goods under the Disaster Management Act were supplemented by sector-specific regulations that included cross-border road transport, air services, seaports, public transport services, railway operations, and the provision of transport services in general. The financial impact on public transport services has been substantial. Rail services initially came to a standstill, and following vandalism during the lockdown, operators have found it

difficult to resume services at previous levels. Bus operators reported significant disruption and sizeable operating losses. Likewise, minibus taxi operators were severely affected by capacity restrictions and (ongoing) lower demand. The ban on travel also translated into lower revenue for airlines (which had already been in a financial predicament), cross-border transport services, and sea cruise operations.

Transport is essential to the functioning of the economy and society. Covid-19 has changed the face of transport and underscored disparities in its provision. The pandemic offers the chance to address systemic issues in the sector through, for example, a more equitable public transport subsidy policy, travel demand management initiatives, and better integration between modes of transport to enhance sustainability.

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ABBREVIATIONS AND ACRONYMS

ADT	average daily traffic	PRASA	Passenger Rail Agency of South Africa
ADTT	average daily truck traffic	SANRAL	South African National Road Agency Ltd
CoGTA	Department of Cooperative Governance and Traditional Affairs	WHO	World Health Organization
PPE	personal protective equipment		

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INTRODUCTION

The Covid-19 pandemic has significantly changed how people work and, hence, how they use transport. It has also underscored disparities in the provision of transport in South Africa. This chapter reviews government measures to limit the transmission of the virus through transport, along with the impact of various Covid-19-related restrictions on the transport sector. It is based on a synthesis of published information, empirical observations, interviews with selected stakeholders, and the interrogation of various datasets.

MEASURES AND REGULATIONS IN THE TRANSPORT SECTOR

Restrictions on the movement of people and goods are ordinarily provided for in section 27 of the 2002 Disaster Management Act (RSA, 2003) when a state of national disaster is declared under the auspices of the Department of Cooperative Governance and Traditional Affairs (CoGTA). Various ministries must thereafter publish sector-specific regulations in support of the CoGTA regulations.

Following several Covid-19-related alerts by the World Health Organization (WHO) from early January 2020 (WHO, 2020a), the first reported case in South Africa (from Italy) on 5 March 2020 (NICD, 2020), and the classification of Covid-19 as a pandemic on 11 March 2020 (WHO, 2020b), the South African president imposed a ban on travel to and from specific 'high-risk' countries as from 18 March 2020. These included China, Germany, Italy, Iran, South Korea, Spain, the United Kingdom, the United States, and France (The Presidency, 2020a).

On 15 March 2020, the minister of transport (DoT, 2020a) announced additional measures, including the following:

- Public transport operators should develop risk management plans.

- Operators should carry out a health and awareness campaign on Covid-19.
- Operators should provide adequate sanitisation equipment.
- Personnel in the transport industry should have sufficient personal protective equipment (PPE).
- Operators providing food on board should take special precautions.
- Train operators should provide marshals or security personnel on board to manage crowds and avoid overloading.

With rapidly rising Covid-19 cases, on 23 March 2020, the president announced a 21-day nationwide lockdown, effective from midnight on 26 March 2020 (SAnews, 2020a). The minister of CoGTA published nationwide lockdown regulations that included the following provisions (CoGTA, 2020a):

All commuter transport services including passenger rail services, bus services, taxi services, e-hailing services, maritime and air passenger transport are prohibited, except bus services, taxi services, e-hailing services and private motor vehicles for purposes of rendering essential services, obtaining essential goods, seeking medical attention, funeral services and to receive payment of grants: Provided that: (a) bus services, taxi services and e-hailing services shall not carry more than 50% of the licensed capacity; and (b) private vehicles shall not carry more than 60% of the licensed capacity, and that all directions in respect of hygienic conditions and the limitation of exposure of persons to Covid-19, are adhered to.

Following the president's announcement on 23 April 2020 of the risk-adjusted strategy for managing Covid-19 – the five alert levels – transport regulations were adjusted for each level (The Presidency, 2020b). These regulations, summarised here, are discussed in more detail in the next sections:

- **Level 4:** Interprovincial travel was still not allowed. However, special provision was made between 1 and 7 May 2020 to allow persons who had not been at their place

- of residence or work before the lockdown
- to travel to these places. Intra-provincial
- services for non-essential travel could operate only between 05:00 and 20:00, similar to private car travel. The Gautrain could operate.
- **Level 3:** Interprovincial and long-distance (>200 km) buses and minibus taxis could operate at 70% of capacity. Interprovincial travel was allowed. The Passenger Rail Agency of South Africa (PRASA) was requested to carry out infrastructure maintenance and testing of its fleet before opening lines, given that most of its network had been vandalised (discussed below). PRASA opened a few lines on 1 July (Pienaarspoort–Pretoria Central; Cape Town–Retreat; Port Elizabeth–Uitenhage; and East London–Berlin), limited to peak periods and at a capacity that ensured physical distancing of 1,5 m, which effectively meant 15–20% of train capacity. Domestic passenger flights were allowed at specific airports, but international flights were still prohibited.
- **Level 2:** All non-long distance (<200 km) road-based public transport services were allowed to load to 100% of their capacity. Passenger rail services were limited to 70% of capacity.
- **Level 1:** International flights were allowed under specific conditions. Road-based cross-border services were also permitted. Long-distance buses and minibus taxis were still only allowed to load up to 70% of capacity. The wearing of masks on public

transport remained mandatory.

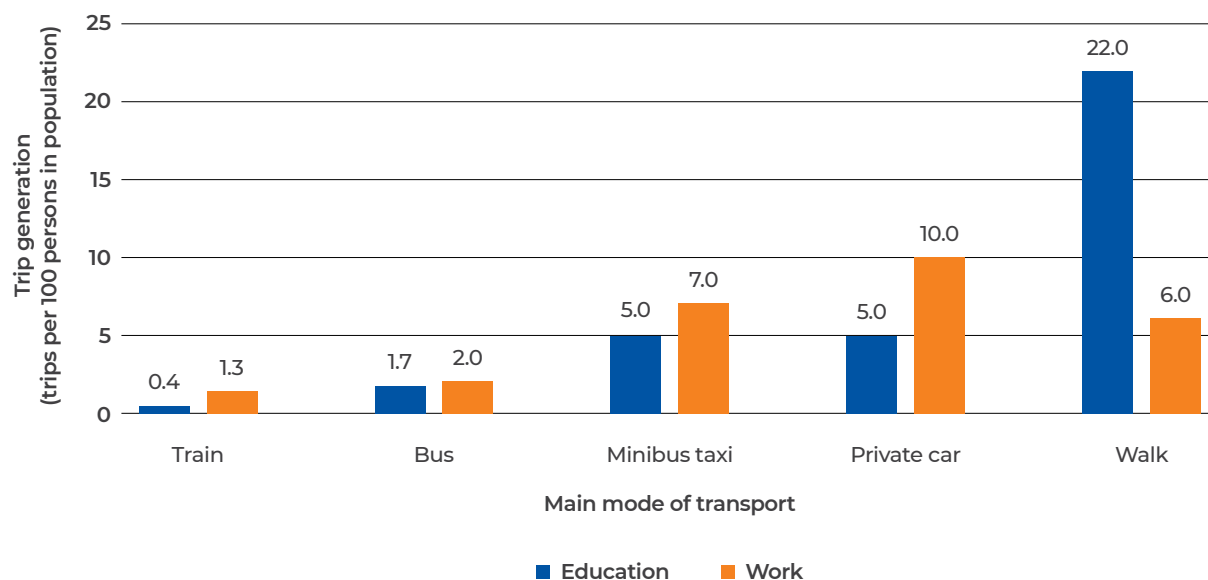
To help reduce the financial impact of the restrictions on subsidised bus services, the June 2020 Division of Revenue Amendment Act (RSA, 2020) made the following special provision:

to respond to the Covid-19 pandemic, provinces may use grant funds for the sanitation of public transport vehicles and other public transport facilities, including the provision of personal protective equipment for public transport workers, and hand-washing facilities and provisions for physical distancing. Provinces must report separately on Covid-19 expenditure, in their reports submitted in terms of section 12 of the Division of Revenue Act.

IMPACT OF THE REGULATIONS

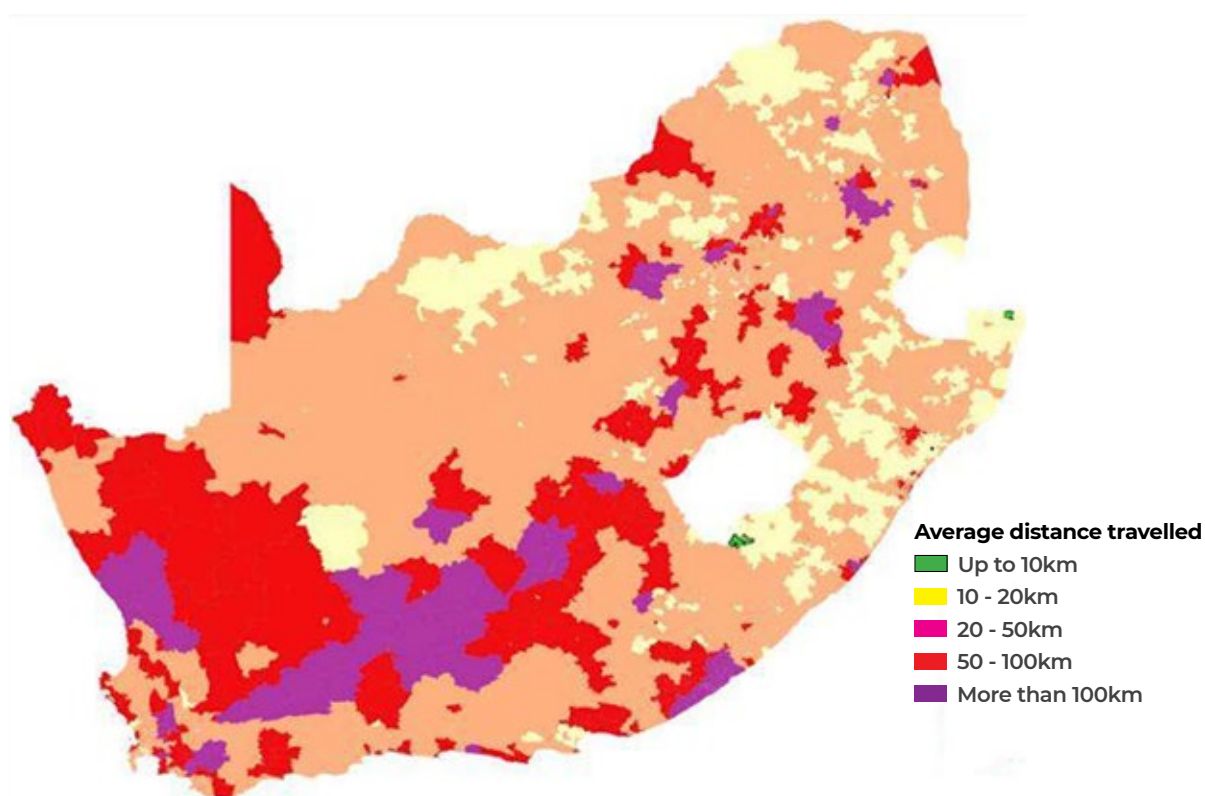
The travel restrictions discussed above significantly affected trip generation rates. Figure 6.4.1 shows ordinary trip generation rates for education and work, in terms of trips per 100 people. During the lockdown, the closure of schools and businesses and the banning of all travel other than for essential services substantially reduced road traffic. This obviously had a negative financial impact on minibus taxi, bus and train services. The ban on international travel likewise translated into lower revenue for airlines, cross-border road transport services, and sea cruise operations.

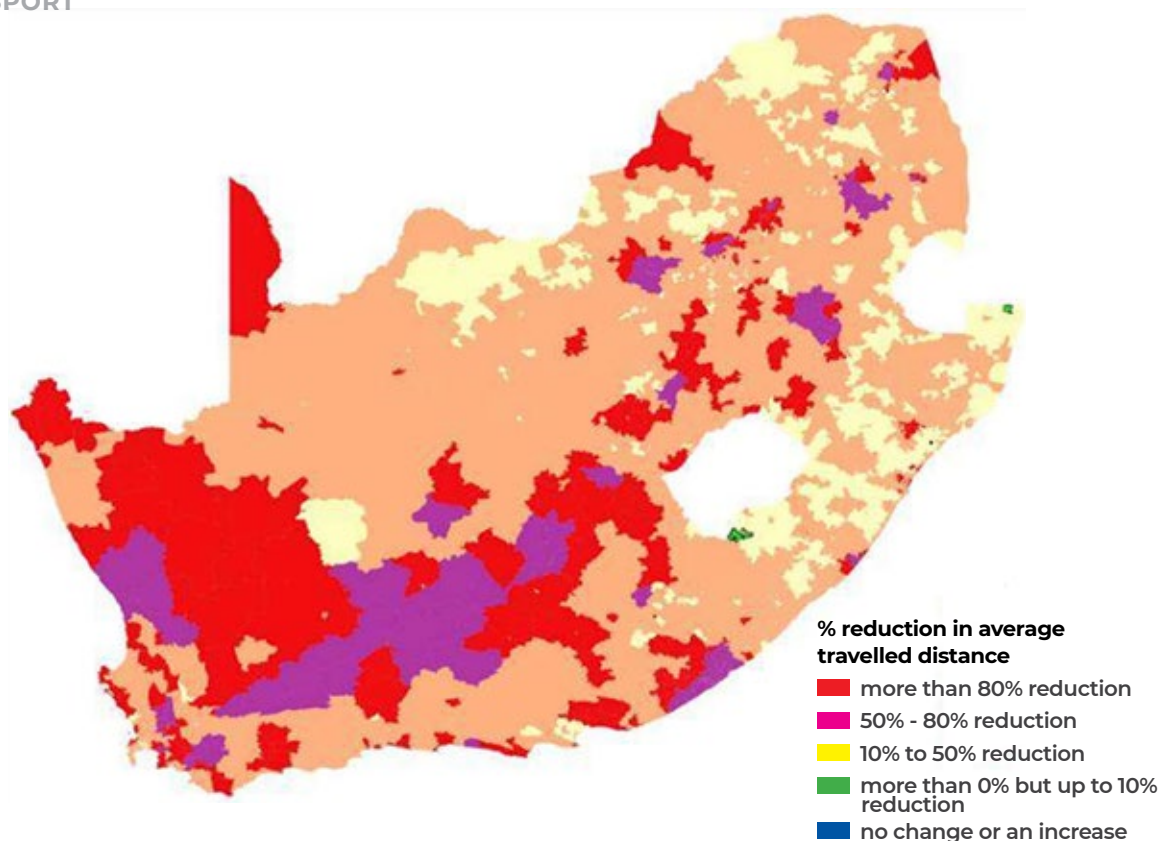
Figure 6.4.1: National baseline: One-way trip generation for education and work on weekdays



Note: Figures calibrated from the 2013 national household travel survey data. Source: Stats SA, 2014

Figure 6.4.2: Impact of level 5 lockdown on distances travelled





Source: Generated by the CSIR using data provided by Vodacom (i.e., limited to Vodacom mobile phone subscribers)

To demonstrate the impact of the restrictions, Figure 6.4.2 above presents two extremes: the upper map shows the average distance travelled per person, per municipal ward, on Wednesday, 4 March 2020. This represents a normal baseline weekday and includes travel for a variety of purposes. The lower map in the figure depicts the average distance travelled on Wednesday, 1 April 2020, soon after the start of the hard lockdown (alert level 5). Apart from a few isolated areas, mainly in rural parts of the country, the overall average distance travelled was lower during the lockdown. The consequences of such shorter travel distances include lower revenue generated by public transport services, lower fuel consumption, reduced expenditure on vehicle maintenance, and a reduction in emissions.

The next sections discuss the impact of changes in trip generation and other travel characteristics on road-based travel and public transport, drawing on data and information from the various alert levels. This is followed by an overview of freight transport and a discussion of the effect of the reduction in trips on road safety. The chapter

concludes with some lessons learnt and recommendations. Note that this chapter focuses on the first and second waves of the pandemic. Transport during the further progression of the pandemic will be discussed in the second edition of the Country Report.

ROAD-BASED TRAVEL

Data on road-based traffic volumes is aggregated for all modes of road-based transport to give a general indication of the demand for travel during the different alert levels. The data, provided by the South African National Road Agency Ltd (SANRAL), relates to daily traffic volumes, known as average daily traffic (ADT). It was collected by roadside traffic sensors mainly along national routes, in both urban and rural areas.

LOCAL TRAVEL

During alert levels 5 and 4, only limited local travel was allowed within cities (Table 6.4.1). Figure 6.4.3 shows daily travel for various

locations in Gauteng, demonstrating that daily trips fell dramatically at the start of the lockdown on 27 March. In April, traffic was at 20–30% of normal levels, and it increased to 40–60% of normal levels during alert level 4. Traffic increased again at the start of alert level 3 and then stabilised. Local road volumes showed high variability across locations. For example, traffic on the N4 west of Pretoria and the N12 on the East Rand had recovered to 80% of 2019 ADT by alert level 3 and approached normal levels by September

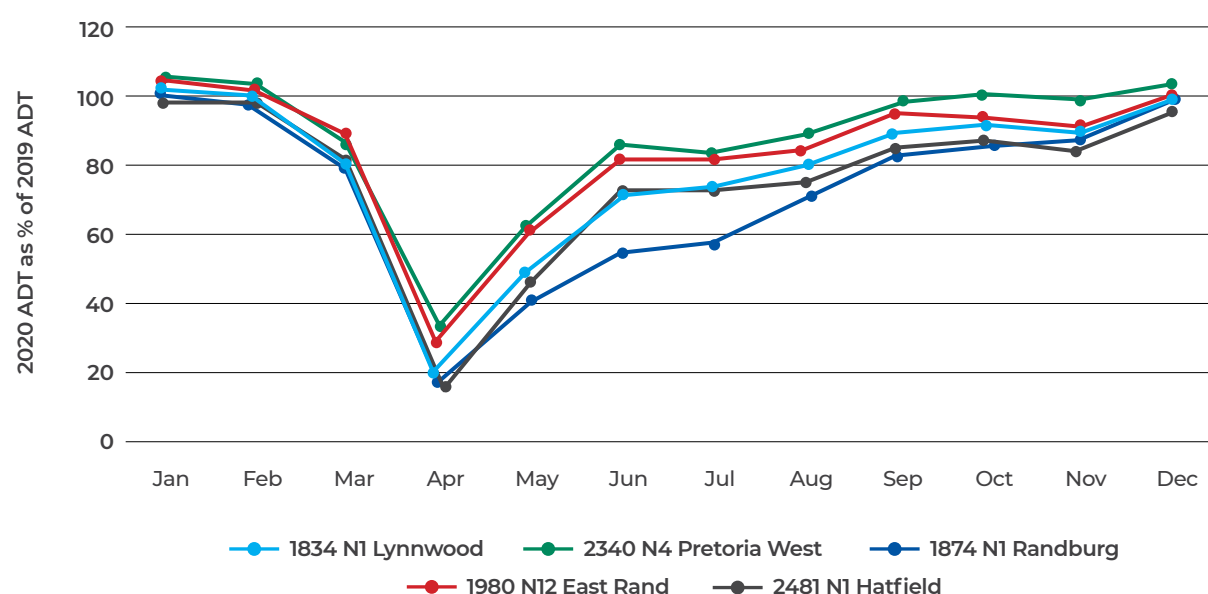
2020. In contrast, traffic on the N1 through Randburg, Lynnwood and Hatfield remained subdued throughout level 3 and was still below 90% of 2019 levels by September. Traffic levels in Gauteng appear to have reached 85–100% of normal levels by alert level 1, suggesting a recovery in economic activity. In December 2020 traffic throughout the region approached 100% of normal levels; however, it should be noted that traffic is usually lower in December than in the rest of the year because of the festive season.

Table 6.4.1: Restrictions on local, intracity travel

Level	Restrictions
5	Local travel permitted only for essential workers to reach their place of work and for members of the public for grocery shopping and medical purposes
4	Local travel to available services allowed, and travel to places of work allowed with permits
3, 2 & 1	All local travel permitted for allowed activities

Source: [DPME, 2021](#)

Figure 6.4.3: Variation in ADT in Gauteng, January to December 2020 (% change year-on-year)



Source: Based on data from SANRAL

LONG-DISTANCE TRAVEL

Private, long-distance travel was strictly regulated during alert levels 5 and 4 (Table 6.4.2). Under alert level 3, travel was only allowed for particular purposes. Figure 6.4.4 shows long-distance travel along four major routes – the N1 north of Bloemfontein and near the border with Zimbabwe at Musina, the N2 at Storms River, and the N3 at the Tugela Toll Plaza. Similar to the urban pattern, traffic dipped in March 2020 and then dropped to 20–40% of normal levels in April. Traffic on three routes (the N1 in both locations and the

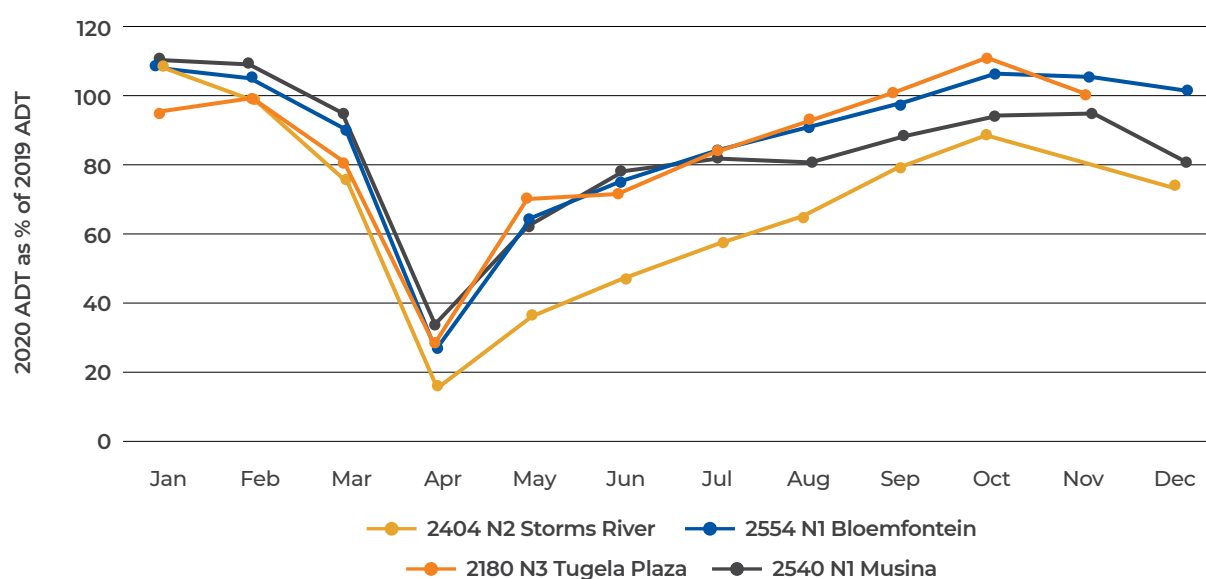
N3) recovered to over 60% of normal levels by May. Traffic on the N2 remained below 40% of normal levels, probably because it is partly a tourist route. Long-distance traffic volumes recovered steadily from May to October 2020. Interestingly, in December 2020 all traffic was relatively lower than in the corresponding period in 2019. Closer inspection showed that this was not due to an actual decline in traffic in the holiday period. Rather, traffic levels were fairly constant but simply much lower than in previous holiday seasons. This suggests that relatively less long-distance travel was undertaken over the festive season.

Table 6.4.2: Restrictions on long-distance, intercity travel

Level	Restrictions
5	No travel permitted between provinces, metropolitan areas and districts
4	No travel permitted between provinces, metropolitan areas and districts Once-off special dispensation for long-distance travel between 1 and 7 May 2020 for people who were not at their place of residence when alert level 5 commenced to return home.
3	Long-distance transport between provinces, metropolitan areas and districts allowed for permitted persons, according to a limited list of allowable trip purposes
2 & 1	Interprovincial travel permitted for all purposes

Source: DPME, 2021

Figure 6.4.4: Variation in long-distance ADT, January to December 2020 (% change year-on-year)

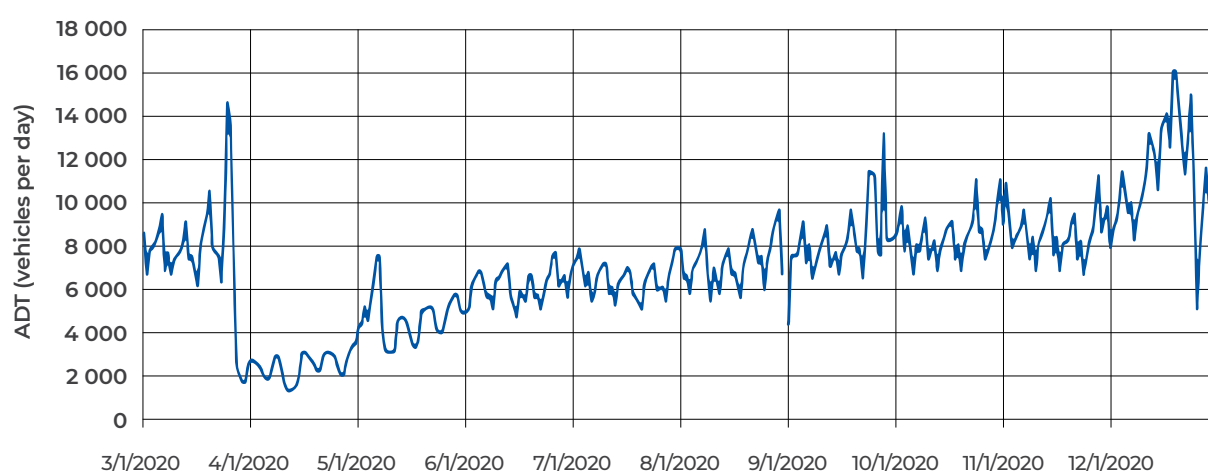


Source: Based on data from SANRAL

Figure 6.4.5 shows the daily variation in ADT along the N1 north of Bloemfontein from 1 March to 31 December 2020. Before the lockdown, very typical long-distance traffic patterns were evident, with traffic increasing during the week, reaching a maximum on Fridays, and falling to a minimum on Mondays. Two lockdown peaks can be observed: the two days before the start of the lockdown, when traffic nearly doubled, and the first week of May, when people could return home

under a special dispensation. Throughout the rest of the lockdown, daily traffic has increased gradually. Since alert level 3, traffic has reverted to the typical long-distance pattern, albeit at a lower level than before. By November 2020, traffic patterns were fairly similar to those in March 2020, before the lockdown. Traffic increased notably in the December festive season, as well as around the long weekend associated with Heritage Day in September.

Figure 6.4.5: Daily variation in ADT, Station 2554 (N1 north of Bloemfontein)



Source: Based on data from SANRAL

ROAD-BASED, CROSS-BORDER TRAVEL VIA LAND PORTS

No travel across land borders was permitted during alert levels 5 to 2, other than for repatriation. Borders were opened to international travellers only from alert level 1. Even before the official lockdown, the pandemic had already affected cross-border migration. Total arrivals of South African citizens in March 2020 were down 35,6% year-on-year (33,7% for foreigners), while departures dropped by 45,0% for citizens

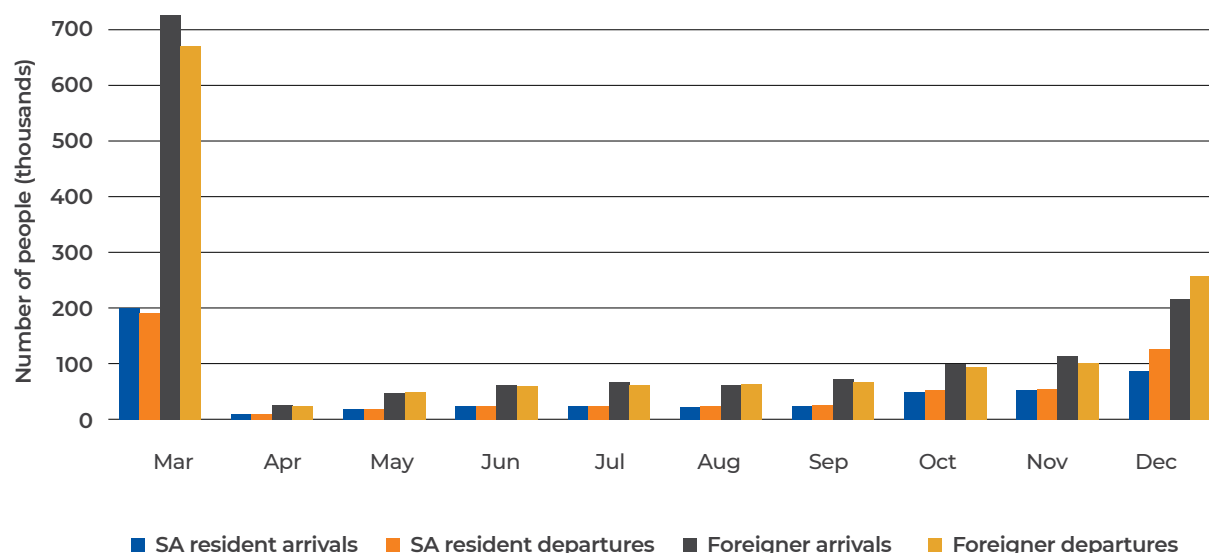
and 25,2% for foreign travellers (Stats SA, 2020b). April 2020 saw a dramatic change, as migration figures dropped by 97% for citizens (both arrivals and departures), and arrivals of foreign travellers fell by 98% (Stats SA, 2020c).

Figure 6.4.6 summarises the impact of alert levels 5 to 1 on road-based travel across borders. Initially, as noted, the main reason for cross-border travel was repatriation; travel increased slightly as restrictions were eased. From the start of alert level 1 on 21 September 2020, cross-border travel was allowed without special dispensation. Soon, the cross-border

- movement of both South African and foreign nationals doubled; however, it remained
- dramatically lower than before. In December 2020, the increase in cross-border movement was even more significant, presumably

because both migrant workers and holidaymakers travelled for the festive season. Box 6.4.1 discusses the resulting pressures on one border post, Beitbridge.

Figure 6.4.6: Cross-border arrivals and departures by road, March to December 2020



Source: Based on Statistics South Africa's monthly Tourism and Migration Statistical Releases

Box 6.4.1: Congestion at Beitbridge border post

The Beitbridge border post between South Africa and Zimbabwe was heavily congested in December 2020, and the resulting delays were severely criticised in the media. At the peak of the congestion, vehicle queues exceeded 15 km on both sides of the border. The line on the South African side stretched all the way into the town of Musina. It was reported in the media that four travellers, including two truck drivers, died waiting to cross the border during December 2020, reportedly from thirst, hunger, and exhaustion – some had waited to cross the border for about 5 days.

The congestion was caused by a combination of factors, linked with regulations imposed by the Department of Home Affairs and customs operations. Thirty-three land ports had been closed, leaving the remaining 20 to deal with significantly more traffic. In December 2020, for example, about 2000 more trucks used the Beitbridge border post than in December 2019. When holding areas overflowed, trucks were forced to park on the side of the road and eventually in traffic lanes, completely blocking traffic. Also, many people did not have the requisite Covid-19 test results before reaching the border post. Many opted to be tested at the border instead, possibly because the tests were significantly cheaper in South Africa than in Zimbabwe. The high number of people who needed to be tested at the border post created serious backlogs. A final factor was the curfew imposed in South Africa, which required the post to be closed between 22:00 and 04:00, further disrupting traffic flows.

In December 2020 the South African cabinet approved the draft One-Stop Border Post Policy, which aims to harmonise the movement of people and goods between the country and its neighbours. A project to upgrade the Beitbridge border post is underway, which will increase the capacity of the bridge and will separate freight from passenger traffic. However, the project has reportedly been hampered by the lack of counter-funds from the Government of Zimbabwe. The Department of Transport earlier requested the transfer of road ownership in the vicinity of border posts from the Department of Public Works and Infrastructure to SANRAL. However, the roads will be transferred to the Border Management Authority; the aim is to improve efficiency by providing a single authority to oversee all aspects of the border environment.

Source: SABC News, 2020

PUBLIC TRANSPORT

Public transport can be a rapid transmission medium for Covid-19 (Zhen, et al., 2020), because the virus is transmitted through air-suspended respiratory droplets lasting up to three hours or through objects contaminated with such droplets (known as fomites), on which it lasts from a few hours to a few days (UITP, 2020a). The risk of transmission increases in crowded, indoor spaces, especially where air is recirculated. The efficacy of physical distancing is limited indoors, particularly for longer exposures. Based on a survey of another influenza virus, H1N1, infected persons were six times as likely as uninfected ones to have recently used public transport (Zhen, et al., 2020). Precautionary measures to minimise transmission in public transport elsewhere in the world include encouraging people to reduce their use of public transport, making PPE compulsory, and rotating staff periodically.

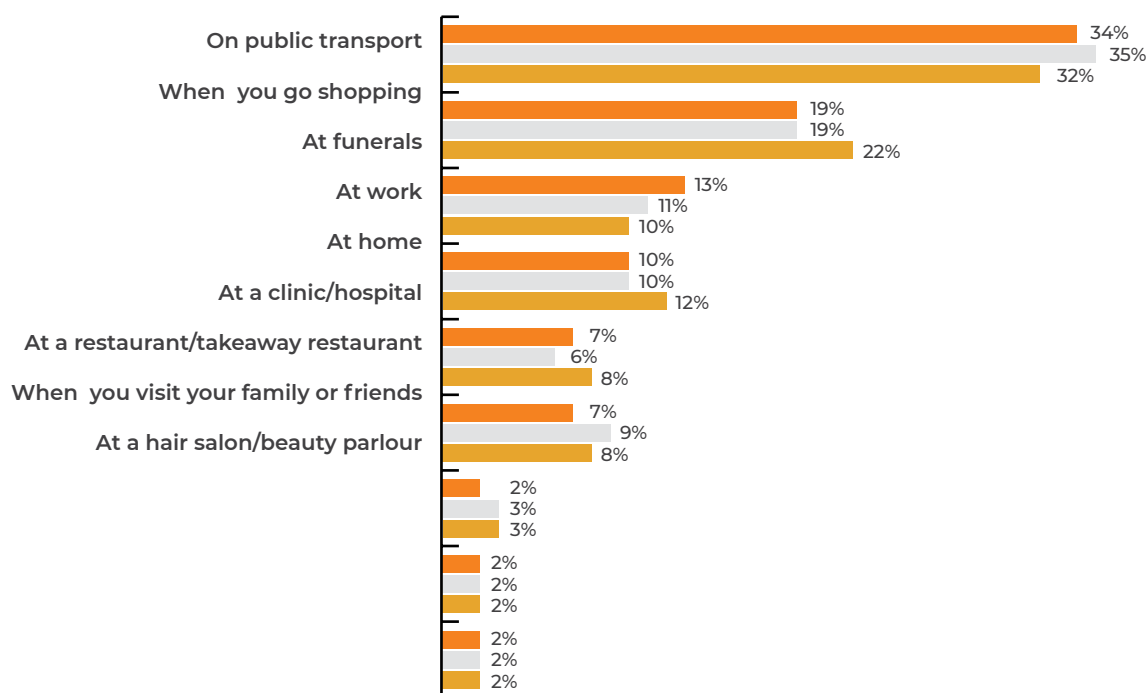
The pandemic saw a reduction in the use of public transport by as much as 80% in some parts of the world (UITP, 2020a). Still, analyses of reported cases suggest that public transport has been responsible for

a relatively small proportion of community transmissions, for example as little as 0,2% in Germany and 1,2% in France (UITP, 2020b). That said, South Africa's characteristically long commutes and highly peaked travel demand create particularly favourable conditions for infection.

South African commuters were clearly aware of these risks, as demonstrated in research conducted by Ask Afrika's (2020) market research (up to alert level 3). They found that:

- Many users of public transport did not feel safe from the virus in buses or taxis (only 40% felt safe on buses and 31% on taxis). Commuters saw public transport as the highest risk factor for contracting Covid-19 (Figure 6.4.7).
- Most people welcomed the requirement to wear masks on public transport.
- Over half of people travelled by minibus taxi during the lockdown; the highest usage figure was in the townships (74%). Only 14% of township residents used buses to commute.
- Most taxi commuters wore masks (96%) or sanitised their hands before (75%) and after (70%) leaving the taxi. They found social distancing difficult.

Figure 6.4.7: Public perceptions of high-risk areas for contracting Covid-19



Source: Ask Afrika, 2020

The minister of transport published regulations on 1 May 2020 (DoT, 2020b) to mitigate the spread of the virus among people using public transport. These included the following:

- All long-distance and interprovincial services would be prohibited throughout the lockdown.
- Public transport would only be permitted to ferry essential service workers and could only operate from 05:00 to 09:00 and from 16:00 to 20:00.
- No person would be allowed to travel while standing in a public transport vehicle.
- All operators had to sanitise vehicles before picking up and after dropping off passengers.
- All public transport operators had to provide disinfection information, materials and procedures.
- All drivers had to wear a mask.
- Marshals interacting with members of the public were required to wear a mask.

Commuters who rely on public transport were severely affected by these regulations. Waiting times were excessive during peak

periods, and train users had to switch to more expensive modes (typically paying two to three times more) because passenger rail services were halted. The impact on each mode of public transport is addressed in the sections below.

RAIL SERVICES

PRASA

PRASA passenger rail services had been decreasing steadily even before the pandemic, because of reduced operational capacity and poor service quality. In 2019 the number of rail passenger journeys fell by about 31% year-on-year (Stats SA, 2020a). January and February 2020 also saw significant decreases in passenger numbers – over 40% year-on-year. By April, lockdown restrictions meant that no rail trips were made (Table 6.4.3). Passenger numbers recovered only marginally once the various services came back online. In July and August 2020, when some PRASA services resumed, passenger rail trips were

still between 98% and 97% lower, respectively, than during the same months in 2019. By November 2020 (alert level 1), PRASA operated

about 250 weekday train trips, significantly fewer than the about 1750 trips under its full timetable.

Table 6.4.3: Restrictions on passenger rail services

Level	Restrictions
5	All public and private long-distance and commuter rail services are suspended.
4	PRASA and Metrorail long-distance and commuter rail services remain suspended.
	Gautrain operations resume (except the airport service) at 50% coach capacity and during limited hours of operation (05:00–12:00 and 15:00–20:00).
3	PRASA and Metrorail commuter rail services remain suspended at the start of alert level 3. From 1 July, some PRASA commuter routes are reinstated.
	Long-distance rail passenger transport remains suspended.
	Gautrain operations continue at 50% coach capacity, with the airport service reinstated.
2 & 1	The majority of commuter passenger rail services resume at 70% coach capacity.
	All long-distance passenger rail services are permitted at 70% coach capacity.

Source: [DPME, 2021](#)

When commuter rail services in urban areas were stopped early in the lockdown, train stations were severely vandalised, in part because of protracted legal battles between PRASA and security service providers. A site visit to Soweto during alert level 3 found the Kliptown, Nancefield, Mlamlankunzi, Mzimhlope, Dube and Ikwezi stations in poor condition. Entrance kiosks, toilets, offices, windows and doors had been vandalised, and overhead high-voltage electricity cables had been cut (Nkosi, 2020). In its 2019/20 annual report, PRASA (2021) confirmed that overhead traction equipment cables were being stolen on daily basis, particularly in Gauteng, and some ticket offices had been badly vandalised. This undermines its longer-term capacity to generate revenue. PRASA reported a loss of about R100 million per month in April and May 2020, including the loss of tenant rental income. However, it continued to receive an operational subsidy, which in 2019/20 covered all employee-related costs, along with repairs

and maintenance (PRASA, 2021). Limiting the service capacity and associated loading from 1 July 2020 worsened PRASA's losses. Because electrical infrastructure on some lines had been vandalised, it deployed leased diesel locomotives for these lines, which further increased its operating costs. Some of these losses were offset by savings on energy and overtime payments.

PRASA (2020) blamed delays in the roll-out of its capital programme on the pandemic, for reasons such as the Treasury prohibition on advertising bids during lockdown; the non-evaluation of closed bids; the prohibition on construction work; and a shortage of supplies. These claims are refuted by the Department of Transport, which attributes the delays to the general lack of project management capacity within PRASA. It notes that under the same circumstances, SANRAL was able to mobilise resources for construction work when permitted by the regulations ([Moemi, 2021](#)).

- In October 2020, the National Treasury approved R900 million for PRASA, mainly to fund a responsive security solution to the rampant vandalism. PRASA suggested it needed to increase its personnel from 3 113 to 10 693; the funds from the Treasury would not be sufficient to support such an increase. However, PRASA also benefitted from R1,2 billion converted from its capital expenditure budget to the operational budget to help fund the management of Covid-19-related risks (PRASA, 2021).

GAUTRAIN

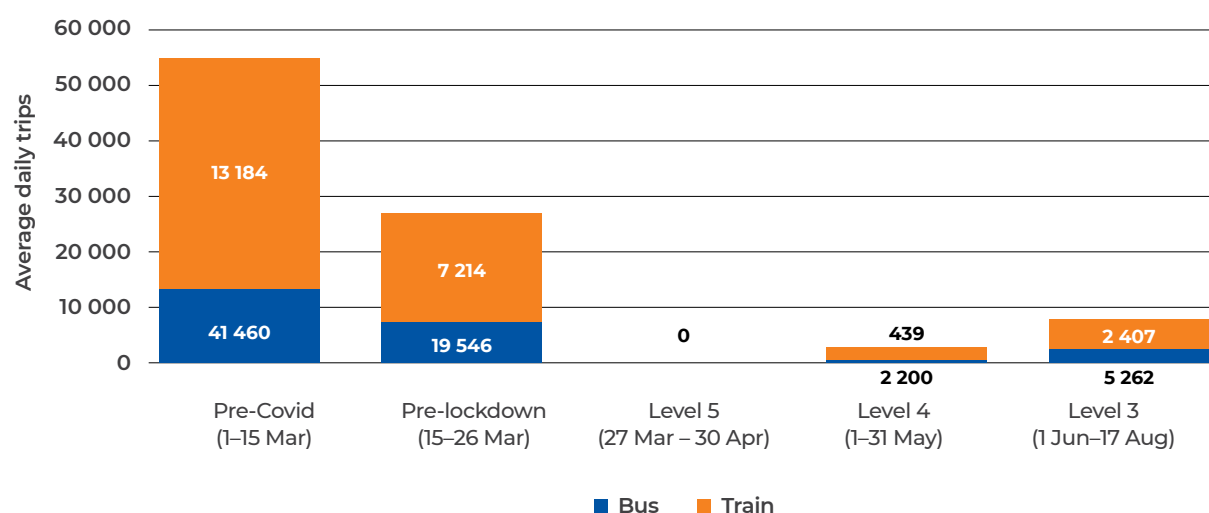
The Gautrain was permitted to resume operations at the start of alert level 4. Management focused on instilling confidence and ensuring passenger safety, and quickly put social distancing measures in place. In fact, Gautrain's response in this regard set good practice standards. Specific interventions included running the maximum number of eight-car (rather than four-car) trainsets to facilitate social distancing, introducing midi-bus taxi services, reviewing Gautrain bus routes to augment the number of feeder

and distribution routes around stations, and adding stops and changing routes to serve health workers in the catchment areas.

Gautrain ridership was seriously affected by the pandemic; a decline was already evident in the week before the lockdown (Figure 6.4.8). As travel restrictions eased, patronage increased slowly, but by alert level 3, it was still only about 10% of normal levels. Parking bays at Gautrain stations remain grossly underutilised even at alert level 1. For example, the Hatfield Station's 2300 parking bays used to be near full capacity, but fewer than 10% of bays were used on a weekday during alert level 1. By November 2020 passenger demand on the Gautrain stood at 30% of pre-Covid-19 levels; it was expected to remain low in the short run (National Treasury, 2021).

The revenue risk to the Gautrain operator, Bombela Concession Company, is relatively limited, as it has a patronage guarantee arrangement with the Gauteng Provincial Government. For 2020/21, Gauteng estimated that the patronage guarantee fee would come in at R400 million more than its original budget (National Treasury, 2021).

Figure 6.4.8: Average daily Gautrain trips



Source: Based on data from the Gautrain Management Agency

BUS SERVICES

The restrictions on bus services (Table 6.4.4) led to a drop in passenger numbers of about 80% year-on-year during alert level 5 (Figure 6.4.9). Bus passenger numbers increased somewhat in alert level 4, and by level 3, numbers stabilised at just below 60% of normal passenger volumes. The Southern African Bus Operators Association, which

represents about 70% of bus and coach public transport operators, reported significant disruption to the sector. During alert level 5, only 10% of its national bus fleet was in use; this rose to 33% during level 4. Many operators were not permitted to operate at all during alert levels 4 and 5, when long-distance travel was prohibited. Contracted commuter services experienced a decline in passenger numbers of 92% in April 2020.

Table 6.4.4: Restrictions on bus services

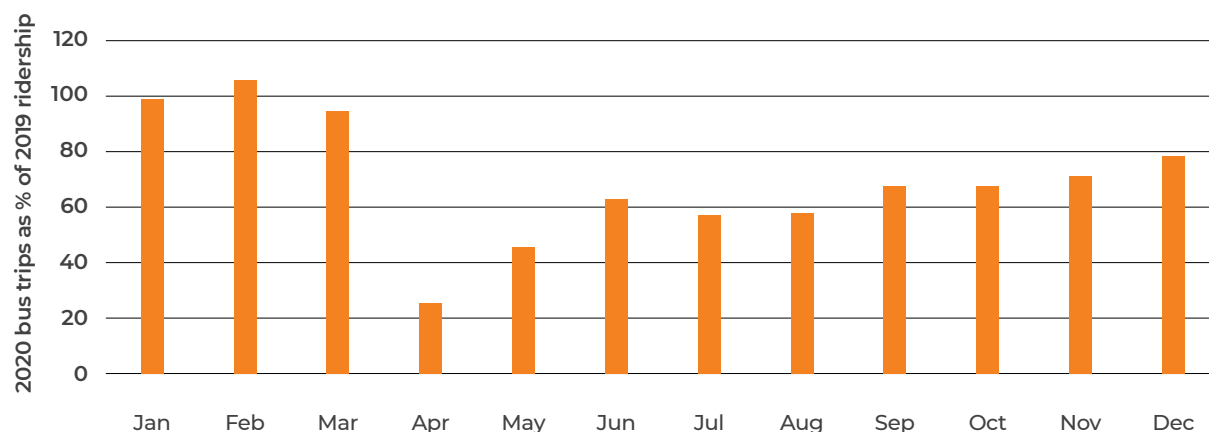
Level	Restrictions	
5	Limited local operations for essential workers and permitted movements of other people	Not permitted
4	Limited local bus operations between 05:00 and 20:00 at 50% of passenger capacity	Permitted during 1–7 May 2020 to help people move to their homes in other areas
3	Permitted at 50% of passenger capacity with no restrictions on operating times	Allowed for permitted persons, and a limited list of purposes, at 50% of capacity
	From 16 July 2020: 100% capacity	From 16 July 2020: 70% of capacity
2 & 1	Permitted at 100% of passenger capacity	Interprovincial travel permitted at 70% of capacity

Source: [DPME, 2021](#)

The state contracts with subsidised commuter buses based on the number of kilometres operated or number of passengers carried. The lockdown meant that these subsidy payments decreased by 51% in April 2020 (29% in May and 16% in June). Passenger fare income decreased more significantly, by 82% in April, 66% in May, and 46% in June. When commuter bus services cannot operate for reasons beyond the control of the operators, they continue to receive a portion of the contract fee as 'standing' kilometres. In Gauteng, operators can claim about 60% of the agreed fee. However, for

many operators, overhead costs exceed 60% of the contract fee. They would normally offset these by operating supplementary services for funerals, tours, church services, and other excursions. However, such excursions had also been suspended under the lockdown. This implies that most bus operators would have experienced operating losses. In addition, Covid-19 safety and hygiene protocol requirements are estimated to cost about R180 per bus per day, or R100 million per month for the sector as a whole (Govender, 2020).

Figure 6.4.9: Bus passengers, January to December 2020 (% change year-on-year)



Source: Stats SA, 2020a

Based on an industry survey, the Gauteng Department of Roads and Transport estimated that operators would need to be supported to the tune of R6 576 per bus for PPE and cleaning and sanitising of facilities (GDRT, 2020). It further estimated that a once-off relief package of over R110 million would be needed to compensate bus operators for losses stemming from pandemic-related regulations (about R60 000 per bus). The Department of Transport planned to source relief funding for subsidised commuter bus services from savings made in the public transport operations grant. However, spending in this regard appears to have slowed down over time, owing to forensic investigations into the procurement of PPE (Moemi, 2021).

Long-distance buses typically carry labour costs of about R100 000 to R150 000 per month per bus (Mokonyama, own calculations). Other standing costs, such as security, property-related costs and insurance, add a further 30–50% of labour costs. This implies standing costs of about R130 000 to R225 000 per month per bus. Long-distance bus operators would have incurred these costs without generating any fare revenue, which is normally about R15 per kilometre. Given capacity restrictions (i.e. a maximum 70% of capacity under alert level 1), long-distance bus operators would be losing a minimum of about R4,50 per kilometre, even

before taking additional spending on Covid-19 risk mitigation measures into account.

MINIBUS TAXI SERVICES

Of all the public transport modes, minibus taxis had the most to lose in the pandemic. This industry comprises about 200 000–300 000 vehicles and creates about 350 000 jobs (Mbalula, 2020). During alert level 5, vehicles were permitted to load only to 70% of licensed capacity (Table 6.4.5), and it is estimated that less than 60% of the minibus taxi fleet was in use. About 20% of the taxi industry faced a total loss of income, particularly long-distance and cross-border operators (Mbalula, 2020).

The minibus taxi industry responded negatively to the restrictions on public transport operations, particularly the reduction in the allowable vehicle capacity. After reported threats of a strike by the industry, the minister of transport announced on 1 April 2020 that minibus taxis would be allowed to load to full capacity, provided passengers wore face masks (SAnews, 2020b). The minister further announced a government commitment to assist minibus taxi operators with supplies of surgical masks and sanitisers. However, taxis would not be allowed to load to full capacity if passengers were not wearing masks. Following another public outcry, this time about the full-capacity loading of minibus taxis, on 2 April

2020 the minister of CoGTA amended the lockdown regulations, limiting taxi services to

no more than 70% of their licensed capacity (CoGTA, 2020b).

Table 6.4.5: Restrictions on minibus taxi services

Level	Short-distance services (<200 km)	Long-distance services
5	Limited local operations for essential workers and permitted movements of other people, in 05:00–09:00 and 16:00–20:00 windows	Not permitted
4	Limited local operations from 05:00 to 19:00 at 70% of passenger capacity	Permitted during 1–7 May 2020 to help people move to their homes in other areas
3	Permitted at 70% of passenger capacity without restrictions on operating times From 16 July 2020: 100% capacity	Permitted at 70% of passenger capacity without restrictions on operating times
2 & 1	Permitted at 100% of passenger capacity	Interprovincial travel permitted at 70% of capacity

Source: [DPME, 2021](#)

The capacity restrictions and falling demand had a significant financial impact on the taxis that were allowed to operate (Box 6.4.2). A minibus taxi operator in an urban area would typically need to generate revenue of about R7/km in order to be viable. However, given the directional peak of travel demand and low off-peak demand, a minibus taxi typically generates about R5/km per day (Mokonyama, own calculations). This structural loss implies that operators may defer vehicle maintenance

and pay drivers less than the minimum wage. The lockdown, therefore, severely affected minibus taxi operators. The industry reported finding it hard to cover running costs and being at risk of having vehicles repossessed. This helps explain why operators wanted to defy the regulations and load vehicles to full capacity. To make up the shortfall, some taxi operators have increased fares by 10–25% (Penny, 2020).

Box 6.4.2: Cape Town minibus taxi industry

Independent interviews were conducted with four taxi associations in the Cape Town area, which together operate about 240 minibus taxis. Services included local distribution routes in Khayelitsha and Mitchells Plain, as well as line haul operators providing services to Cape Town and Bellville central business districts.

Taxi operators reported a 60–70% drop in demand for taxi services in alert levels 5, 4 and 3. Demand for services recovered somewhat in alert level 2, with passenger levels increasing to 50–80% of 2019 levels, depending on service types. Line haul movements were the most affected and remained subdued.

To compensate for the reduction in passenger demand and to ensure that all operators would carry some passengers, the associations implemented a rotating operating schedule, with taxis operating on a one-day-on, one-day-off system. Vehicle owners reported that while no drivers were laid off, earnings decreased. Many owners were forced to default on vehicle financing repayments.

Source: McLachlan, 2020

On 19 June 2020, the minister of transport announced a once-off relief package for the minibus taxi industry to the tune of R1,135 billion (Mbalula, 2020). This would translate to about R5 676 per vehicle for the estimated 200 000 minibus taxis on the road. These funds would be paid out in once-off amounts to legal taxi operators with valid operating permits (i.e. just over half of operators or about 137 000 taxis) and would apply to various roles in the industry, including taxi owners, drivers, rank managers and marshals. It would also provide relief to other taxi services, including metered taxi operators (about 25 000 registered taxis) and e-hailing services (about 63 000 registered drivers). The taxi industry rejected the proposed fund as too small; they cited the critical importance of the industry and the massive size of the overall relief package announced by the president (R500 billion). Operators requested relief of R20 000 per vehicle, to be paid directly to them and not to the associations.

The Department of Transport ([Moemi, 2021](#)) indicates that, ultimately, the taxi industry agreed with the R1,135 billion relief package; however, they required this to be paid without any conditions, which the department refused. The conditions (reportedly rejected by the industry) were:

- Registration for income tax
- Registration of formal businesses
- Transferral of valid operating licences from individual operators to the registered businesses
- Registration of industry employees with the Unemployment Insurance Fund
- Compliance with sectoral determinations by the minister of employment and labour, including the payment of minimum wages.

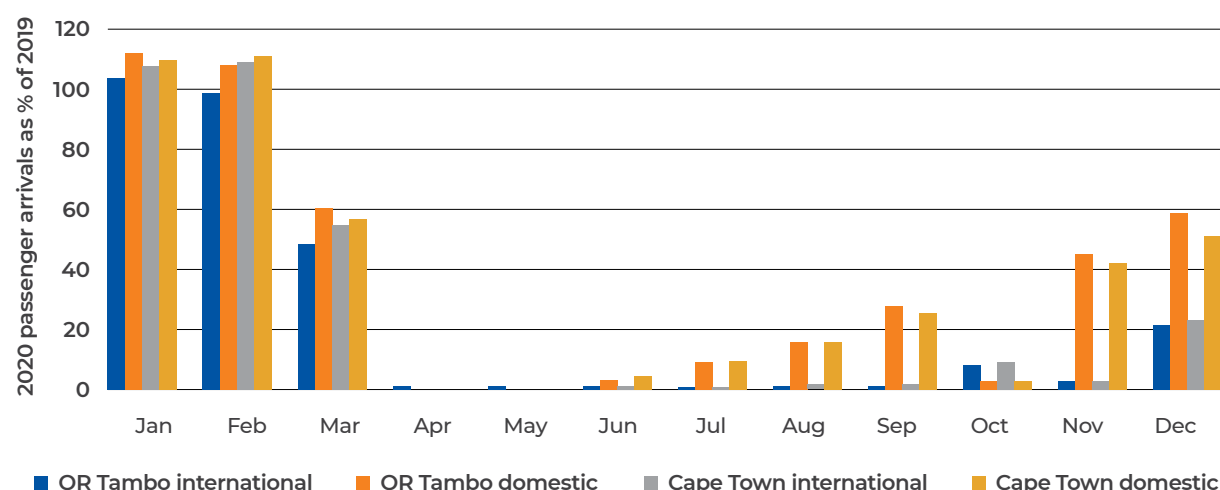
In order to reduce the risk of losing the relief fund to the revenue fund by end-March 2021 (due to non-expenditure), the Department of Transport plans to publish the relief conditions in a Government Gazette. The aim is to allow individual operators who wish to comply with the conditions to apply for the relief fund ([Moemi, 2021](#)).

PASSENGER AIR TRANSPORT

The airline industry had been in financial difficulty even before the pandemic. South African Airways and SA Express were placed in business rescue in December 2019 and February 2020 respectively. Comair voluntarily entered business rescue in April 2020 (Zweigenthal, 2020). The pandemic greatly exacerbated these problems. The Airlines Association of Southern Africa estimates that 40 000 jobs are at risk in the directly related aviation sector, as are 270 000 jobs in related sectors. Many employees had their salaries reduced, were forced to take paid or unpaid leave, or were retrenched.

Figure 6.4.10 shows international and domestic arrivals at OR Tambo and Cape Town International Airport as a percentage of 2019 trips. In January 2020, all airports had seen growth in domestic and international travel. International arrivals at OR Tambo International Airport dropped slightly in February 2020 and all air travel dropped sharply in March 2020, suggesting that passengers had already been wary of travelling before the lockdown. Passenger air travel was all but prohibited during the lockdown, being limited to repatriation flights in alert levels 5 and 4 (Table 6.4.6). Unsurprisingly, from April to June 2020, international arrivals fell by over 99% year-on-year (DT, 2020).

Figure 6.4.10: Air passenger arrivals, January to December 2020 (% change year-on-year)



Source: ACSA, 2020

Table 6.4.6: Restrictions on passenger air transport

Level	Restrictions
5 & 4	All domestic and international passenger flights suspended Repatriation flights can bring citizens home and return foreign nationals to their home countries
3	Domestic air travel allowed for business purposes, with authorisation based on the reason for travel Flights operated from a few airports allowed to start operations in a phased approach International passenger flights prohibited unless authorised by the minister of transport
2	Domestic air travel allowed for all purposes International passenger flights prohibited unless authorised by the minister of transport
1	Domestic air travel allowed for all purposes International passenger flights allowed, except where travel to and from South Africa had been restricted by the destination country

Source: DPME, 2021

Under alert level 3, domestic travel was allowed from various airports (Table 6.4.7). This contributed to a gradual increase in domestic passenger numbers from June 2020. Alert levels 2 and 1 saw an increase in local air travel, recovering to 50% and 58% of 2019 levels in December at Cape Town and OR Tambo

International Airports respectively. With international travel again allowed from alert level 1, international movements increased suddenly from October 2020. However, it remained subdued until the end of 2020, at about 20% of the normal passenger numbers.

Table 6.4.7: Resumption of passenger flights at local airports

	01 June	29 June	21 July	25 August
Airports opened	OR Tambo INT Cape Town INT King Shaka INT Lanseria INT	Bram Fischer Kruger- Mpumalanga Pietermaritzburg Port Elizabeth Richards Bay Skukuza Upington	East London George Kimberley	Mthatha Hoedspruit Phalaborwa Margate

Source: [DPME, 2021](#)

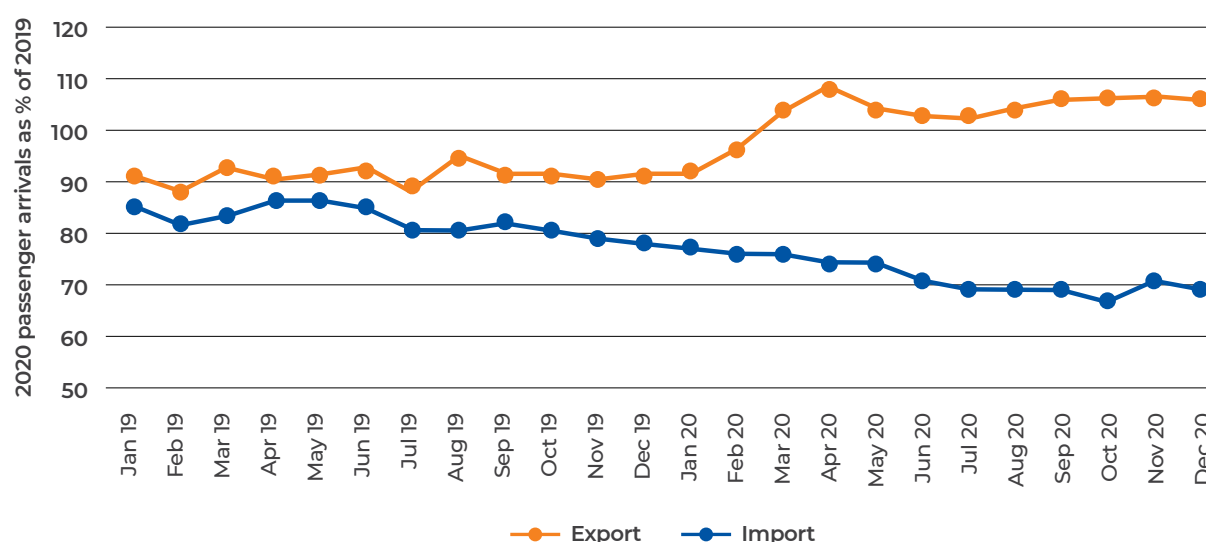
FREIGHT MOVEMENT

INTERNATIONAL FREIGHT

Land, sea and airports were closed to passenger movement during the strictest part of the lockdown, but freight movements through ports were allowed to continue, as shown in Table 6.4.8 ([DPME, 2021](#)). Trends in the export prices of local produce and the prices of imported commodities (Figure

6.4.11) suggest the pandemic has had little influence on the import and export market. The unit value index of imports decreased steadily throughout 2019; this trend continued to June 2020, after which imports stabilised. The unit value index of exports increased until April 2020 and then remained relatively constant for the remainder of 2020.

Figure 6.4.11: Monthly unit value index of imports and exports, January 2019 to December 2020



Source: Stats SA, 2020a

Table 6.4.8: Restrictions on international freight

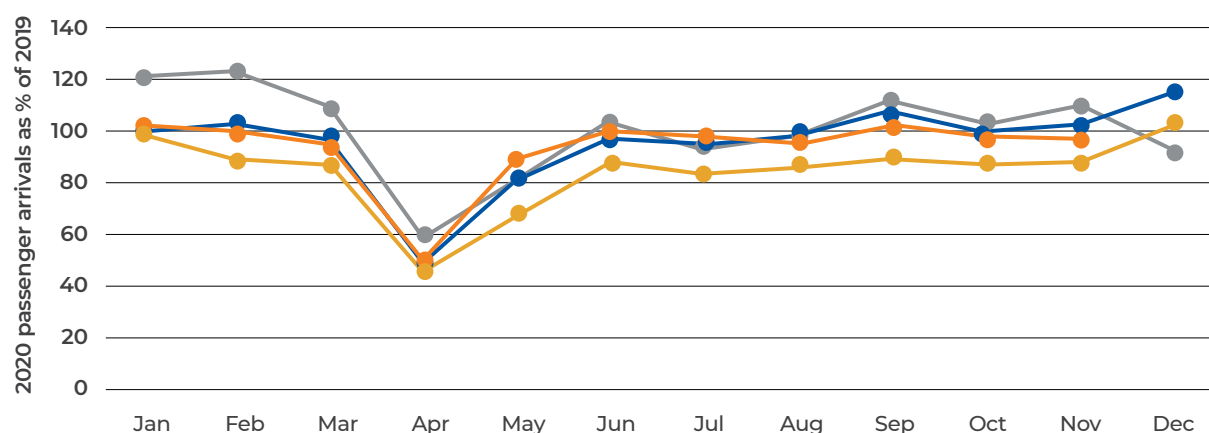
Level	Restrictions
5 & 4	Only essential cargo (defined by government notices in terms of the Disaster Management Act) allowed to enter and exit at land, sea- and airports. No crew changes allowed
3, 2 & 1	Cargo allowed to enter and exit at land, sea- and airports; South African crew permitted to embark and disembark from cargo ships.

LOCAL FREIGHT

The average daily truck traffic (ADTT) – the number of heavy vehicles (trucks) counted on the main national distribution routes – gives a good indication of local freight movements. Figure 6.4.12 shows monthly ADTT on four national routes (the N1 north of Bloemfontein and close to the border with Zimbabwe at Musina, the N2 at Storms River, and the N3 at the Tugela Toll Plaza). Truck traffic at these

locations decreased slightly in March 2020 and then fell to 40–60% of normal levels in April. While not insignificant, this is not as severe as the decrease in private vehicle traffic at the same locations. Truck traffic returned to normal levels by June, except along the N2, which carries proportionally less freight. Although traffic along the N1 close to Musina returned to levels similar to those of 2019, these still fell short of the traffic levels observed in January and February 2020.

Figure 6.4.12: Monthly ADTT on long-distance routes (% change year-on-year)

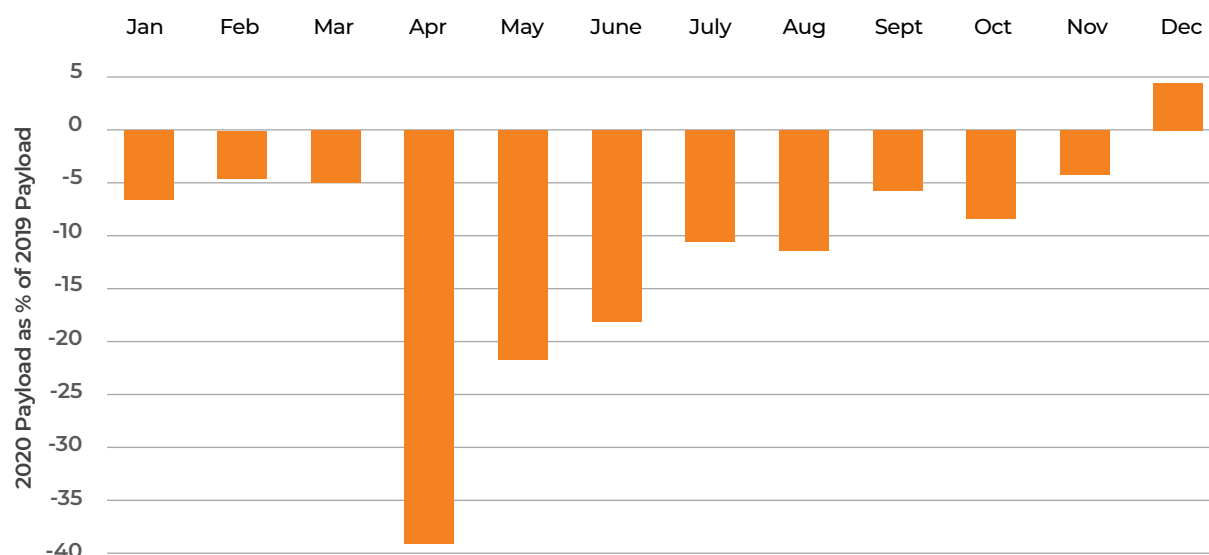


Source: Based on data from SANRAL

- Payload data highlights the subdued movement of local freight in the pandemic (Figure 6.4.13). While payloads were below normal throughout 2020, April saw the largest fall (-39,7%). These reductions relate to reduced movements of manufactured food, beverages, and tobacco products, as well

as containers, basic metals, and fabricated metal products (Stats SA, 2020a). September and November 2020 saw freight payloads approaching pre-pandemic levels (January to March 2020), while in December 2020 freight payloads exceeded 2019 levels for the first time in the year.

Figure 6.4.13: Monthly freight payload, 2020 (% change year-on-year)



Note: Base=December 2016. Source: Stats SA, 2020a

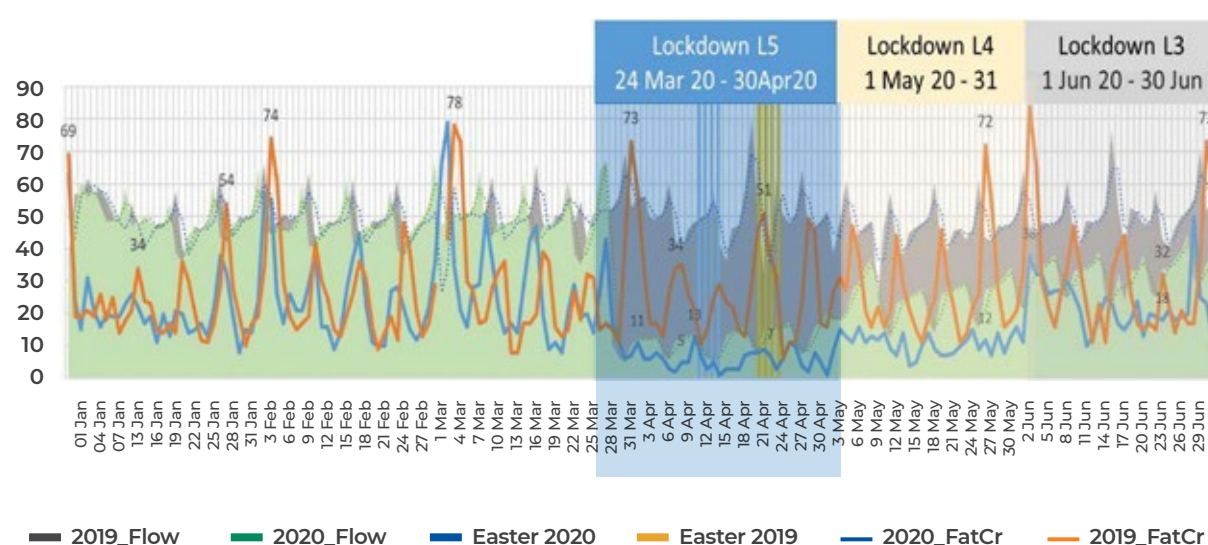
ROAD SAFETY

Traffic accident numbers are directly influenced by the number of vehicle kilometres travelled and alcohol intake, both of which were significantly lower during the lockdown. When vehicle volumes on major roads fell dramatically after lockdown, relative to the same period in the previous year, so did fatal accidents (Figure 6.4.14). Particularly striking was the massive reduction in fatal crashes during the Easter period (Table 6.4.9). As restrictions were slowly eased, accident numbers started to rise again. Figures from the eThekweni Transport Authority for April (2018: 5597; 2019: 6115; 2020: 997) show an 85% decrease in the number of crashes. Under alert level 2, the number of crashes increased but remained much lower than in the previous year (2148, against 6289 in May 2019). Worth

noting is that crash numbers in eThekweni fell further than did traffic flow levels. This disproportionate decrease in crashes probably reflects the banning of alcohol sales.

Most of the 2020/21 festive season took place under alert level 3, when alcohol was still banned. The Department of Transport reported a 10,3% year-on-year reduction in fatal crashes nationally, along with a 7% reduction in fatalities in this period (Zwane, 2021). Based on the lessons learnt from the banning of alcohol and its impact on road crashes, the department plans to amend the National Road Traffic Act to reduce the blood alcohol level limit for drivers to zero and also to introduce severe penalties for drunk driving (Moemi, 2021). It further wishes to extend penalties to every form of intoxicated driving, including from the use of drugs.

Figure 6.4.14: Fatal crashes and traffic volume, 2019 and 2020



Note: Traffic volumes obtained mainly from toll plazas on national roads; most plazas are in rural areas.
Source: Based on data from the Road Traffic Management Corporation

Table 6.4.9: Easter Holiday road fatalities, per province, 2019 and 2020

Year	Gauteng	KwaZulu-Natal	Western Cape	Eastern Cape	Free State	Mpumalanga	North West	Limpopo	Northern Cape	National
2019	16	37	18	22	4	17	13	32	3	162
2020	3	6	3	5	0	7	3	1	0	28
% change	-81	-84	-83	-77	-100	-59	-77	-97	-100	-83

Source: RTMC, 2020

THE CHANGING FACE OF TRANSPORT

As noted, the pandemic has significantly changed how people work and, hence, how they use transport. Businesses are likely to allow greater flexibility and more working from home, which would affect transport across modes and patterns in peak periods. However, the pandemic also underscored disparities in the provision of transport. Many people do not have the option of working from home. Those who could use private transport did. In a pandemic, people who own cars prefer the safety of their own vehicles. Thus,

Covid-19 probably reversed any nascent shifts from private to public transport. The majority of the South African population, however, remain dependent on public transport; they had to adjust to the reduced service times and capacity constraints placed on the public transport system. Regulations on public transport operations also highlighted the vulnerability of the unsubsidised minibus taxi industry to mandated operational changes and the lack of cooperation between the industry and government.

More emphasis is being placed globally on walking and cycling as modes of travel, recognising that social distancing is a new argument in support of options for non-

- motorised transport. Initiatives promoting
- and enabling non-motorised transport were,
- however, conspicuously lacking in the South African response to the pandemic. Where distances are too far for walking and cycling, minibus taxis have continued to fill the gap, and given the relative weakness of bus and rail services, are likely to play an increasingly important role.

LESSONS LEARNT

The following key lessons are worth noting:

- Travel demand is elastic to enforced regulations. South Africa can benefit from travel demand management, where regulations are used to influence travel in order to manage peak volumes. Cities and businesses should build on the shifts in work patterns to promote more sustainable travel patterns.
- Pandemics can have a severe impact on transport infrastructure, systems, and operations. Therefore, the transport sector needs robust business continuity plans.
- The resources required to implement lockdown regulations were not properly estimated. It was assumed, for example, that operators would finance the implementation of the regulations; however, the operators had structural cash flow constraints. The financial impact of the lockdown has been especially severe on the minibus taxi industry, which carries the majority of travellers.
- The pandemic provided opportunities for creating and strengthening partnerships between government and minibus-taxi operators through the relief package. However, mutual agreement could not be reached, highlighting the distance that government and paratransit operators must still go to allow greater cooperation.
- PRASA's rail services suffered greatly during the lockdown. Passenger rail services were shut down until 1 July 2020 and were allowed to start running services on only a few lines as the Covid-19 protocol was rolled out. Pre-existing management problems, especially in relation to security contracts,

led to widescale, unchecked vandalism and theft, with no effective response.

- Conflicting medical advice on the risk posed by public transport creates uncertainties about the use of public transport services. Unambiguous and scientifically supported messaging is vital. Such uncertainties could have severely affected services such as the Gautrain, which is used mainly by people who have access to private vehicles.
- While walking remains a predominant mode of travel, with a lower risk of Covid-19 transmission, there were few, if any, initiatives to improve conditions and infrastructure for walking and cycling.

RECOMMENDATIONS

- The various regulations published by CoGTA and the national Department of Transport assumed the availability of technical capacity and financial resources to implement them. In reality, the relevant entities and departments were ill resourced. The development of a **business continuity plan** for the transport sector is therefore recommended. The Department of Transport should set out broad guidelines in this regard and not leave it to individual operators. The plan must include the financing of public transport for resilience and incorporate spatially represented social vulnerability. This would, for example, inform the targeted provision of relief to essential workers. A periodically updated register of essential workers is key, especially in vulnerable communities.
- A more equitable public transport subsidy policy should be adopted to also cater for **minibus taxi operations**.
- Some employers had apparently been willing to **contract dedicated public transport service providers** for the exclusive use of their employees in order to minimise transmission risks. Such an arrangement should be proactively facilitated and supported in the regulations. Elsewhere in the world, for example Hong Kong, underutilised taxi services were used to deliver goods.

- The National Treasury and the Department of Trade, Industry and Competition must work together to formulate a responsive **disaster management policy** for supply chains that include the automotive and construction sectors.
- More in-depth **research** is needed into:
 - a. The risks of disease transmission on public transport. Practices adopted by various stakeholders to minimise the transmission and impact of Covid-19 in the transport sector must also be documented. Such lessons may help the transport sector to adapt faster to other disease outbreaks and disasters, including from climate change, for example.
 - b. The impacts of the lower operating capacities and times, as well as the resulting fare increases, on public transport users (including non-availability of trains).
 - c. The long-term impact of the shift in demand for business-related travel, including from working from home, online education, and online shopping. Particularly, consumers' preferences and the effects of businesses' actions around remote working policies should be captured.

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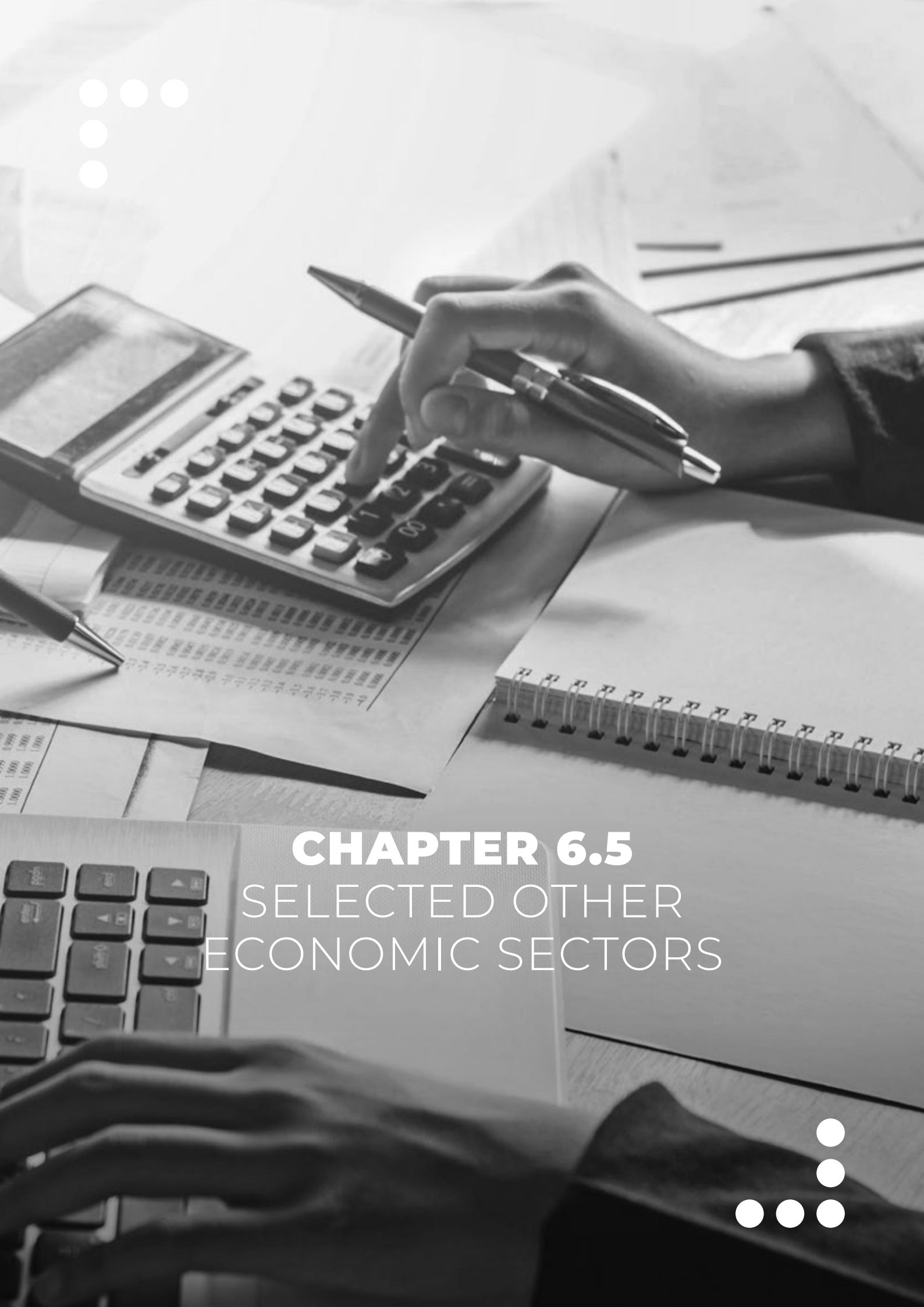
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CHAPTER 6.5

SELECTED OTHER ECONOMIC SECTORS



CHAPTER 6.5: SELECTED OTHER ECONOMIC SECTORS

ABSTRACT

The Covid-19 pandemic and the resulting national lockdown sharply reduced consumption and production in various sectors of the economy. Some of the worst-affected sectors were discussed in previous chapters in this section. This chapter deals with selected sectors in which the impact was less clear cut: mining, manufacturing, tobacco, finance, and real estate.

- In the **mining** sector, production declined by about 10–12% in 2020. This was, however, offset by higher commodity prices (e.g., platinum, gold, and iron ore), and the value of mineral sales was actually higher in 2020 than in 2019. Also, government, employers and labour were firmly committed to working together to mitigate the impact of the pandemic on the sector.
- In the fragile **manufacturing** sector, the pandemic hastened the process of deindustrialisation, and smaller businesses were badly affected. While the sector has

rebounded from the sharp declines seen during the hard lockdown, production is not yet back to pre-pandemic levels. Positive signs include the repurposing of local capacity and the growing use of information technology.

- The **tobacco** sales ban seems to have been counterproductive. It had only a limited impact on the prevalence of smoking, but the already strained fiscus lost about R6 billion in excise revenue during the ban. More significantly, the sales ban entrenched illicit distribution channels.
- The **financial** sector was deemed to provide essential services. Two concerns are the structural constraints to access to finance by small and microenterprises, despite initiatives to provide liquidity, and the longer-term adverse effect of the pandemic on the short-term insurance sector.
- The impact on the **real estate** sector was not uniform. The retail sector suffered significantly, and many retailers required rent relief. Industrial and residential property was more resilient.

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ABBREVIATIONS AND ACRONYMS

4IR	Fourth Industrial Revolution	HSRC	Human Sciences Research Council
AMCU	Association of Mineworkers and Construction Union	IT	Information technology
BASA	Banking Association of South Africa	JSE	Johannesburg Stock Exchange
BATSA	British American Tobacco South Africa	NIDS-CRAM	National Income Dynamics Study – Coronavirus Rapid Mobile [survey]
bps	basis points	NUM	National Union of Mineworkers
CoGTA	Department of Cooperative Governance and Traditional Affairs	PPE	personal protective equipment
CSIR	Council for Scientific and Industrial Research	REEP	Research Unit on the Economics of Excisable Products
DMRE	Department of Mineral Resources and Energy	REIT	real estate investment trust
FITA	Fair-trade Independent Tobacco Association	SAPOA	South African Property Owners Association
GDP	gross domestic product	SARB	South African Reserve Bank
HIV	human immunodeficiency virus	SAREIT	SA REIT Association

SARS	South African Revenue Service
SMME	small, medium or microenterprise
TERS	Temporary Employee/ Employer Relief Scheme

UASA	United Association of South Africa
UIF	Unemployment Insurance Fund



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INTRODUCTION

The impact of the Covid-19 pandemic and the measures that government implemented in mitigation differed across the various sectors of the South African economy, depending on whether these sectors were deemed essential or non-essential, for example. A study by the United Nations on the pandemic in South Africa (UNDP, 2020) noted that its economic impact was profoundly asymmetrical, with relative 'winners' and 'losers'. 'Essential' services were by and large the winners. Among the losing sectors, the impact on some was more temporary, while others face more long-term problems. In this economics section of the Country Report, [Chapter 6.1](#) discusses the economy at a macro level, along with fiscal and monetary measures taken to mitigate the impact of the pandemic. The next chapters discuss specific sectors to provide a more disaggregated view on the impact of government measures. To allow an in-depth assessment of particular concerns, the aim was not to analyse the entire economy; rather, the sectors reviewed in this chapter comprise the bulk of gross domestic product (GDP) and employment. Sectors that saw a significant impact include agriculture and food security ([Chapter 6.2](#)), tourism and leisure ([Chapter 6.3](#)), and transport ([Chapter 6.4](#)). This chapter deals with selected sectors in which the impact of the pandemic and the lockdown was less protracted and/or more muted: mining, manufacturing, tobacco, finance, and real estate.

This chapter focuses on the first and second waves of the pandemic. The economic impact of the further progression of the pandemic will be discussed in the second edition of the Country Report. The aim is to also consider the impact on other sectors, such as construction, wholesale and retail trade, insurance, and personal services.

MINING¹

The mining industry makes a significant contribution to society and the economy. However, mining's impacts are not all benign, and not all local communities welcome it. Before the pandemic, mining contributed 8,3% of GDP (R376,4 billion) in 2019; provided direct employment to 460 105 people; produced minerals valued at R552,4 billion, of which R462,5 billion were exported; and provided coal to generate power that met 85% of the nation's electricity demand. Mining contributed to the fiscus through pay-as-you-earn tax (R22,7 billion), royalties (R8,6 billion), company tax (R24,2 billion), value-added tax (R36,9 billion) and fixed direct investment (R102,9 billion) (Minerals Council, 2020e). By value of sales, the most important mining commodities are coal and platinum group metals, followed by gold. The eight most important commodities represent 91% of mineral and metal sales and employ 92% of the workforce, as shown in Table 6.5.5 in [Annex 6.5.1](#). The annex also sets out the institutional arrangements and main players in the mining sector.

IMPACT OF THE PANDEMIC ON THE MINING SECTOR

HEALTH

When news of the Covid-19 pandemic broke in January 2020, there was immediate concern in the mining sector. It was not clear at the time whether specific workplace conditions (e.g., dust exposure, high air velocities, and hot and humid environments) would modify Covid-19 transmission (Brouwer et al., 2020). Mineworkers were thought to be especially vulnerable because of difficulties around social distancing in dwellings and change houses, on commutes, when travelling down

¹ Raymond J. Durrheim (South African Research Chair in Exploration, Earthquake and Mining Seismology, University of the Witwatersrand), May Hermanus (University of the Witwatersrand & Harvard School of Public Health), Nancy Coulson (University of the Witwatersrand & Sarraounia Public Health Trust), Vanessa Govender (University of the Witwatersrand & Masakhane Strategic Health Consulting (Pty) Ltd), Khanyile Baloyi (Minerals Council South Africa), Heinrich Volmink (Independent Public Health Medicine Consultant & Anglo American) and Brian Ncube (Mine Health and Safety Council).

- the shaft in tightly packed 'cages' (CPHM, 2020), and in some mining processes where
- teams work in close proximity. This was a particular concern for the labour-intensive gold and platinum group metal mines, if less so for surface mining operations and mechanised mining. Furthermore, some mineworkers suffer from comorbidities such as HIV/AIDS, tuberculosis, cardiovascular disease, diabetes, and hypertension, all known to increase the severity of the Covid-19 infection. In all mining regions, the incidence of HIV and tuberculosis is higher than in the general population, and the incidence of non-communicable diseases is also rising (PHRU, 2017; Balfour-Kaipa, 2016; DMR, 2017).

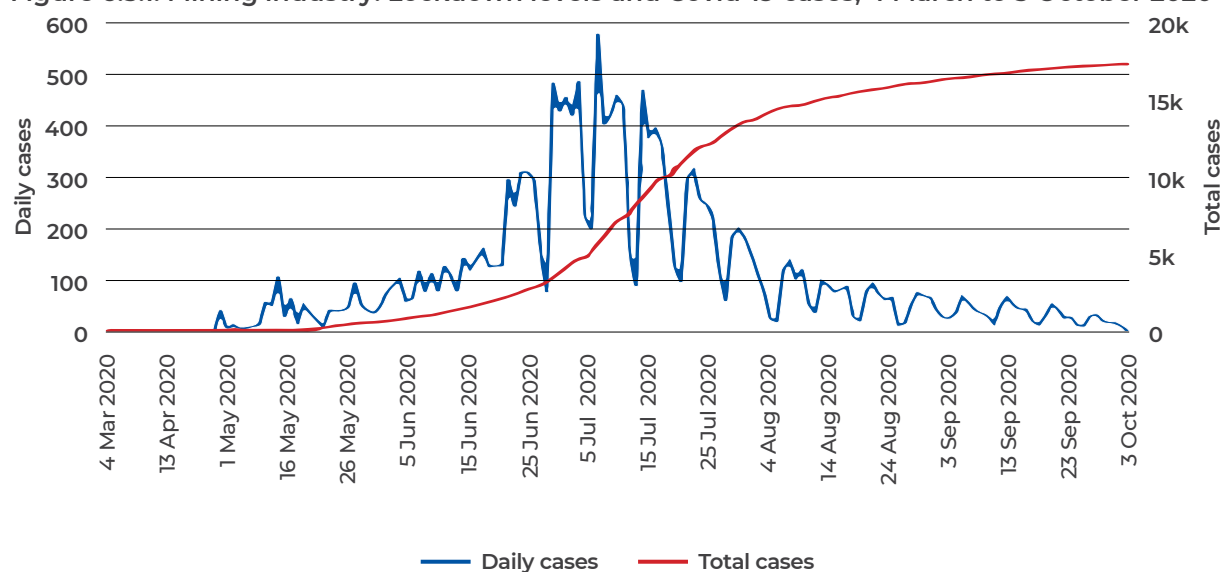
On 18 May 2020 the Department of Mineral Resources and Energy (DMRE) published 'Guidelines for a Mandatory Code of Practice on the Mitigation and Management of Covid-19 Outbreak' (DMRE, 2020). This followed a Johannesburg labour court decision on a case (J427/20200) brought by the Association of Mineworkers and Construction Union (AMCU) against the Minister of Mineral Resources and Energy, the Chief Inspector of Mines, the Minister of Cooperative Governance and Traditional Affairs, and the Minerals Council requiring the DMRE to declare Covid-19 a

health hazard in mining and issue mandatory protective requirements.

Without minimising the impact of any death, the fear that mines would be Covid-19 hotspots did not materialise. By 5 October 2020, 17 155 positive cases had been detected (Figure 6.5.1), and 184 employees had died of Covid-19 (1,07% of the people testing positive). The platinum sector suffered the most deaths (76), followed by gold (70) and coal (22) (Minerals Council, 2021b). During the same period (1 March to 30 September), the industry recorded 33 fatalities and 904 reportable injuries owing to workplace accidents.

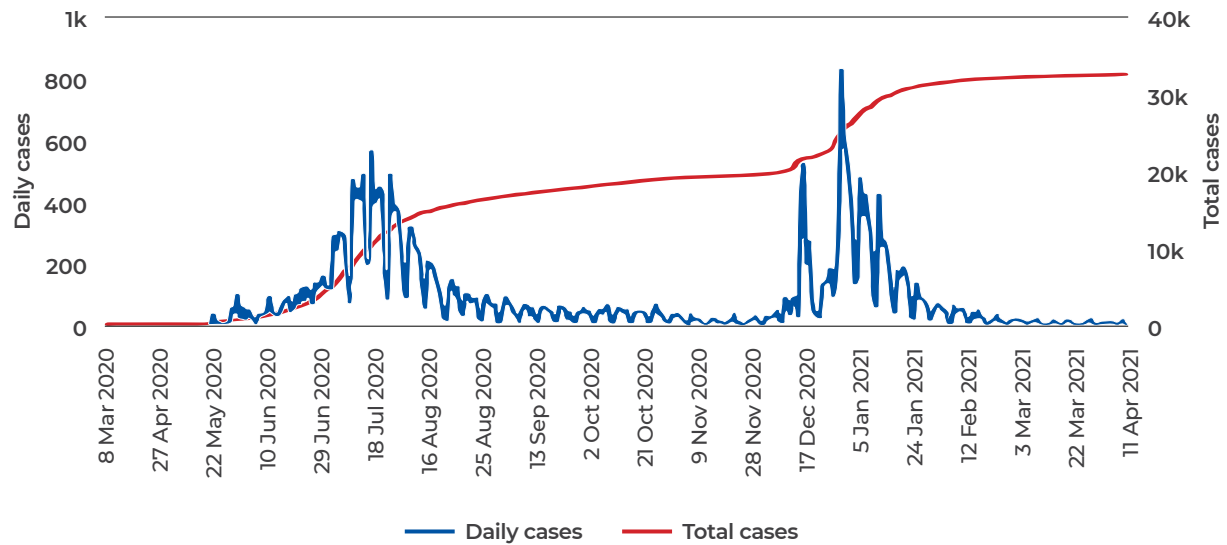
A second wave of the Covid-19 pandemic started around December 2020. In response, government implemented adjusted alert level 3 from 29 December 2020 to 28 February 2021, and adjusted level 1 from 1 March 2021 to the time of writing. Mining operations were permitted to continue. The impact of the second wave on the health of mineworkers was similar to that of the first (Figure 6.5.2). By 23 April 2021, 32 901 positive cases had been detected, 386 employees had died of Covid-19 (1,17% of the people testing positive), and 946 healthcare workers had been vaccinated. The platinum sector suffered the most deaths (143), followed by gold (11) and coal (62) (Minerals Council, 2021b).

Figure 6.5.1: Mining industry: Lockdown levels and Covid-19 cases, 4 March to 3 October 2020



Source: Minerals Council (2021b) Dashboard, 5 October 2020

Figure 6.5.2: Mining industry Covid-19 cases, 4 March 2020 to 23 April 2021



Source: Minerals Council (2021b) Dashboard, 23 March 2021

The reasons for this relative success are probably multifaceted and include government's rapid, hard lockdown; companies' provision of personal protective equipment (PPE), screening, testing and treatment; mineworkers' compliance with precautionary measures; and their younger age profile (mostly 20–50 years). It must be noted that the death rate (778 per million employees) was slightly below the national rate (854) (Worldometers, 2021). Also, challenges were experienced around polymerase chain reaction and antibody testing, especially around making excess mining testing capacity available to communities. Intensified stakeholder engagement is needed in this area to address remaining bureaucratic issues. Other concerns for the industry include the risks of waning immunity, possible reinfection, and appropriate mitigation strategies for subsequent waves. Furthermore, a prompt response to the emerging challenge of 'long Covid' is necessary, given the risks of manifestations such as post-Covid-19 fatigue in a mining context.

The mining industry is hopeful that a vaccine that is more effective against local Covid-19 variants will soon be available; several

candidates show considerable promise (WHO, 2020). Stakeholder engagement around the roll-out any vaccines is important to ensure that mineworkers and surrounding communities gain access to vaccines. The mining sector has offered to support government in this regard.

OUTPUT AND SALES

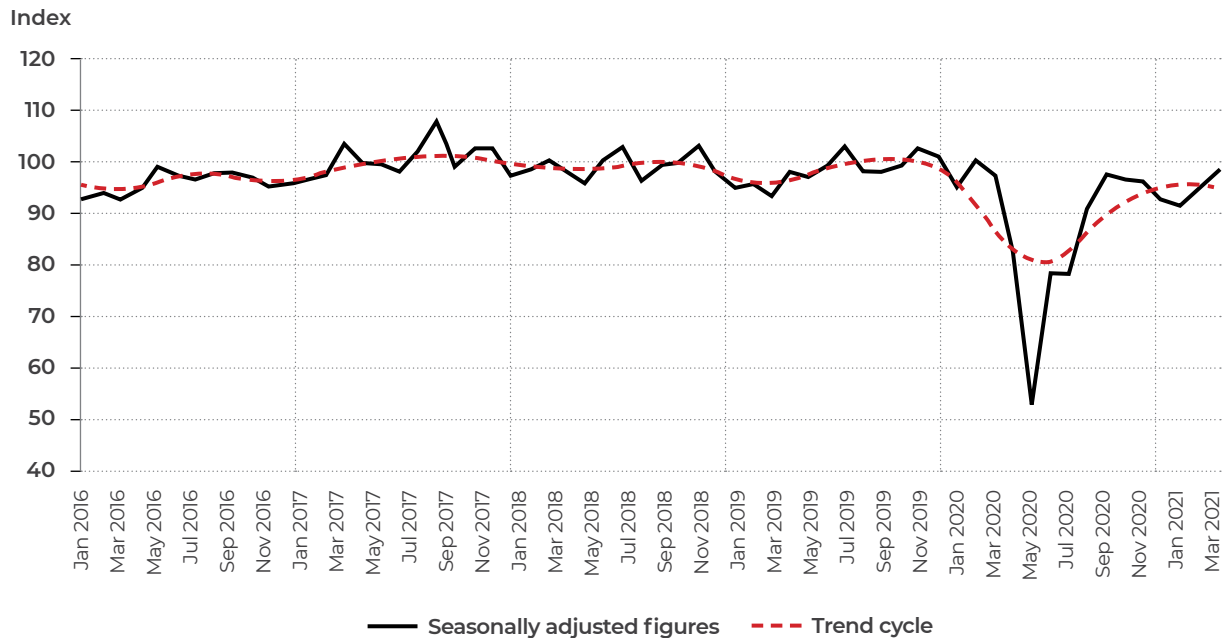
When many large economies implemented lockdowns early in the pandemic, the global demand and supply of metals and minerals plummeted. The impact on South African mining companies, equipment and service providers, employees, and their dependants, and the fiscus was expected to be large. Indeed, mining was one of the worst-affected sectors, with a 73% quarter-on-quarter contraction in output in the second quarter of 2020 (Stats SA, 2020c). Monthly production reached a low in April when the only activity allowed was the supply of coal to power stations and coal-to-liquid plants. Production started to ramp up in May and by end-August had nearly reached pre-lockdown levels in terms of volume (Figure 6.5.3) and sales (Figure 6.5.4). No major problems had occurred in the supply of electricity and water to mines, smelters, and refineries or in the road, rail, and

CHAPTER 6.5: SELECTED OTHER ECONOMIC SECTORS

- port infrastructure. Most employees received
- their normal remuneration or an amount
- close to it, in some instances supported by

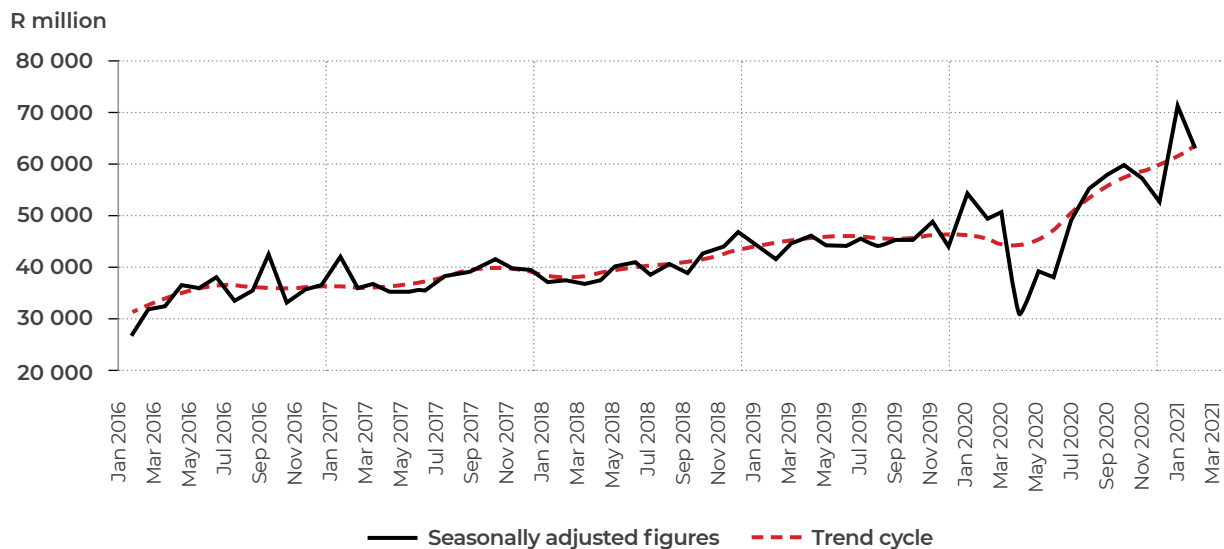
the Temporary Employee/Employer Relief Scheme (TERS), as discussed below.

Figure 6.5.3: Volume of mining production, January 2016 to March 2021 (base: 2015=100)



Source: Stats SA, 2021a

Figure 6.5.4: Value of mineral sales at current prices, January 2016 to March 2021



Source: Stats SA, 2021a

The Covid-19 lockdown and the worldwide decline in manufacturing and mineral imports led to a decline in mineral production in South Africa of about 10–12%, a decrease in employment of 1,9% (during the first three quarters), and a decline in employee earnings by 9,5% in nominal terms. Fortunately, the drop in production was offset by increases in the price of some commodities, notably the platinum group metals, gold, and iron ore. Consequently, the value of mineral sales was actually higher in 2020 than in 2019 (Figure 6.5.4 above). In 2020, mining contributed R361,6 billion directly to GDP; provided direct employment to 451 427 people; sold minerals to the value of R608 billion, of which R575,1 billion were exported; and provided coal to generate power that met over 83% of the nation's electricity demand. Mining contributed to the fiscus through pay-as-you-earn tax (R26,2 billion), royalties (R11,8 billion), company tax (R27,2 billion), and value-added tax (R34,7 billion) (Minerals Council, 2021a).

Mineral sales increased by 26,0% year-on-year between February 2020 and 2021. The largest positive contributors were platinum group metals (71,5% and contributing 18,9 percentage points), iron ore (47,0% and 6,9 percentage points), and manganese ore (39,7% and 2,1 percentage points)² (Stats SA, 2020d). The Minerals Council Covid-19 dashboard for 23 April 2021 reports the total number of employees as 474 484 (Minerals Council, 2021b).

MITIGATION MEASURES

Table 6.5.6 in [Annex 6.5.1](#) sets out a chronology of the main events in the mining sector during the pandemic. The measures taken by the main players in the sector are summarised below.

GOVERNMENT

When the Department of Cooperative Governance and Traditional Affairs (CoGTA) declared a state of disaster in March 2020 (later extended and amended), it included specific conditions for the mining sector (CoGTA, 2020). The Department of Health published guidelines for monitoring the symptoms of essential workers (DoH, 2020), and the Department of Employment and Labour issued regulations on matters such as compensation for Covid-19 acquired in the workplace, leave and remuneration (DEL, 2020a). As noted, the DMRE (2020) produced guidelines for a mandatory code of practice for managing the pandemic in the mining industry, and the Mine Health and Safety Inspectorate monitored the implementation of the code. Restarting mining after an extended period is usually risky because the rock mass has deteriorated. To mitigate this risk, the Council for Geoscience was mandated to monitor mining-related seismicity, using data collected by the national seismic network, 'cluster' networks in mining regions, and in-mine networks (supplied by mining companies). The Council delivered a weekly report to a Tripartite Committee. The Mine Health and Safety Council convened a Fall of Ground Task Team, comprising rock engineering practitioners, researchers, academics, and representatives of the Inspectorate, to review the risk posed by falls of ground (both gravity- and seismically driven). The Parliamentary Portfolio Committee on Mineral Resources and Energy was briefed on 19 June on measures taken to mitigate the impact of Covid-19 on the health and safety of mineworkers and on the economy and communities.

² Sales of some other commodities decreased in value, notably coal at -2,8% (Stats SA, 2020f).

● EMPLOYERS

- On 14 April, the Minerals Council (2020f) published Standard Operating Procedures for screening, testing and hygiene measures, social distancing, and other new operational methods. By July the (revised) procedures had been downloaded more than 36 000 times (Minerals Council, 2020a). They formed the basis for both the interim procedures ordered by the High Court in the AMCU case in late April and the regulatory guidelines finalised by the Chief Inspector of Mines in terms of that judgment in May. The Minerals Council (2021b) also put a Covid-19 'dashboard' on their website with up-to-date information on the health status of employees; the site was updated daily during the 'waves' and otherwise weekly. Furthermore, it launched two Covid-19-related field guides, on 17 July and 16 September 2020 (Minerals Council, 2020b & 2020c). The first aimed to reinforce healthy and safe ways of working on the mines; the second provided safety guidance to promote healthy and safe behaviour within communities.

Mining companies supported their employees and communities in various ways. Employees who worked during the lockdown were paid their normal salaries; most companies also paid those who were not working for the first 21 days of the lockdown. Companies that could not afford to pay these salaries claimed from the Unemployment Insurance Fund's (UIF) TERS. At the Parliamentary Portfolio Committee briefing on 19 June 2020, the Minerals Council reported that financial assistance provided or pledged by companies included equipment and consumables for testing facilities; PPE and critical equipment for health and social development personnel; water tanks for public facilities and communities; food parcels for vulnerable families; contributions to the Solidarity Fund and other non-governmental organisations; and efforts to increase awareness through radio and print and social media. Non-

financial support included providing contact tracers in priority municipalities; sharing mine ambulances and paramedics; providing access to tap stations, underutilised water tanks, mine water and tankers for refilling water at various locations; providing facilities for self-isolation by mineworkers and community members who test positive; and engaging with schools to explore options for further support.

LABOUR AND THE COMMUNITY

Unions sought to keep their members abreast of developments and to protect the industry in general and the interests of their members in particular. For example, as noted, AMCU brought applications in the Gauteng High Court and the Labour Court that forced the DMRE to set national standards for managing the risk posed by Covid-19. The threat of job losses was a serious consideration. Preliminary ***estimates suggested that 10 000 jobs would be at risk after a 21-day lockdown, with about 45 000 jobs at risk if the lockdown were to be prolonged*** (Minerals Council, 2020d).

The media (e.g., *Mining Weekly Online*) played a vital role in disseminating information. Experts at universities, science councils and industry practitioners advised companies and unions and commented on the DMRE guidelines ([Annex 6.5.1](#)). The South African Resources Watch, a non-governmental organisation, published a report on Covid-19 and mines (Mosweu, 2020), highlighting the connection between infections among mineworkers and their communities, and the difficulties migrant miners faced in returning to work.

In conclusion, the state, employers, and labour were firmly committed to working together to mitigate the impact of the pandemic on the mining sector. To a large extent, these engagements have been constructive and the actions effective.

MANUFACTURING

Despite the importance of manufacturing to South Africa's economic development agenda ([Annex 6.5.2](#)), the country has undergone a gradual process of 'deindustrialisation' (Andreoni & Tregenna, 2020). Whereas manufacturing comprised about 20% of the economy in 1994, by 2019 it contributed only 13% of GDP. That year, manufacturing employed about 1,21 million people and accounted for 56,4% of merchandise exports. The pandemic has massively accelerated this deindustrialisation trend, heavily shaking a manufacturing landscape that was already fragile.

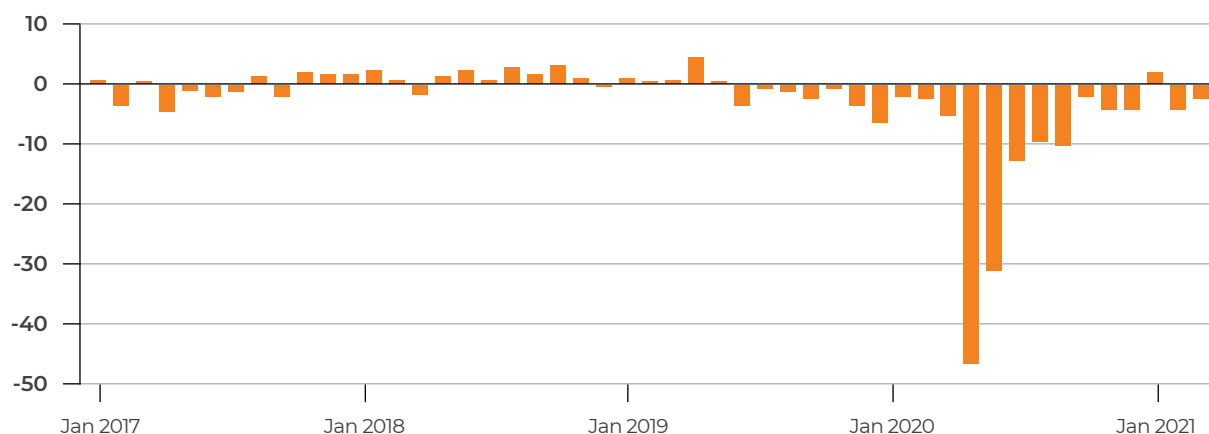
MANUFACTURING OUTPUT AND EMPLOYMENT

Manufacturing was severely affected during the early stages of the nationwide lockdown, which forced many factories to close, exports to grind to a halt, and workers to be sent home. For five weeks under alert level 5 (27 March – 30 April) manufacturing activities were restricted to selected retail products and input products for essential products (primarily food and health); paper and paper products (excluding stationery); packaging; winter clothing, bedding, and heaters (starting at 25% and scaling up to 50% of employment), and petroleum smelters, refineries, and furnaces. Under alert level 4 (1–31 May), several other manufacturing activities were allowed to restart and scale up in phases to 50%

employment: automotive manufacturing (including components), stationery, cement and other construction material and hardware. All other manufacturing could scale up to 20% employment. ([Annex 6.5.2](#) shows the regulations in detail).

Manufacturing output fell dramatically during the lockdown (Figure 6.5.5); the sector contracted by 8,2% in the first quarter of 2020 and by nearly 75% in the second (Figure 6.5.6). Two of the hardest-hit sectors were the automotive industry (a 98% slump in production, as vehicle sales were prohibited in April), and basic iron, steel, and metal products (a 65% decline). However, with the easing of lockdown restrictions, manufacturing rebounded to become one of the biggest drivers of growth and economic recovery. In the third quarter of 2020, the sector grew at an annualised rate of 210,2%. This impressive surge in manufacturing activity is, nevertheless, mainly a reflection of the sharp decline recorded in the second quarter. Despite the rebound, manufacturing production has not yet recovered to the levels seen before the pandemic. Relative to the first three quarters of 2019 (not annualised), manufacturing in the first three quarters of 2020 is down by about 15%, making it one of the worst-affected industrial sectors. Moreover, as discussed below, the recovery has been uneven, with good performance in sectors such as food, beverages, and motor vehicles, alongside setbacks in the petroleum subsector and weak demand for non-durable goods.

Figure 6.5.5: Volume of manufacturing production, 2017 to 2021 (% change; base: 2015=100)

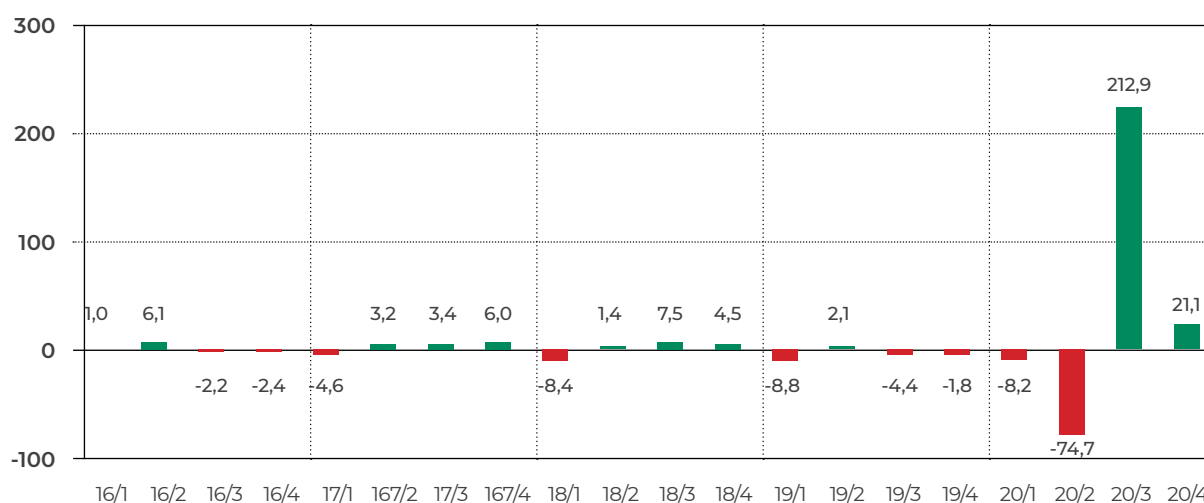


Source: Stats SA, 2021b

All manufacturing divisions reported negative growth rates in the second quarter of 2020 (Table 6.5.1). As noted, some manufacturing activities, such as automotive and furniture, saw sharp declines during alert levels 5 and 4. Activities that comprised primarily essential services, such as food manufacturing, were less affected; the main decline here was in the manufacturing of beverages because of the ban on alcohol sales. In a series of three business surveys conducted by Statistics South Africa to explore the impact of the pandemic on local businesses, about 90% of manufacturing firms reported that their

turnover had been below normal between March and May 2020 (Stats SA, 2020a). Once the lockdown was eased, production restarted in all manufacturing divisions. In the third quarter of 2020, manufacturing production increased by 32,9% quarter-on-quarter. All ten manufacturing divisions reported positive growth rates in this quarter. Production continued to increase in the fourth quarter, and by February 2021 the recovery was well underway; however, further restrictions in December 2020, notably the alcohol ban, affected the speed of growth in industries such as food and beverages.

Figure 6.5.6: Manufacturing growth rate, Q1 2016 to Q4 2020 (%)



Source: Stats SA, 2020c

Table 6.5.1: Seasonally adjusted manufacturing production by major division (base: 2015=100)

	Jan–Mar 2020	Apr–Jun 2020	% change quarter- on- quarter	Jun–Aug 2020	% change quarter- on- quarter	Sept–Nov 2020	Dec 2020–Feb 2021	% change: Sep–Nov 2020 & Dec 2020–Feb 2021
Food and beverages	108,9	89,9	-17,4	105,1	12,8	110,7	109,0	-1,5
Textiles, clothing, leather and footwear	79,1	47,9	-39,4	80,8	76,8	80,8	84,3	4,3
Wood and wood products, paper, publishing and printing	89,7	61,6	-31,3	83,0	34,1	87,2	89,9	3,1
Petroleum, chemical products, rubber and plastic products	96,0	74,1	-22,8	93,3	24,4	93,0	87,0	-6,5
Glass and non-metallic mineral products	87,8	42,4	-51,7	86,4	87,8	93,3	96,8	3,8
Basic iron and steel, non-ferrous metal products, metal products and machinery	96,6	61,2	-36,6	89,2	43,9	94,1	97,0	3,1
Electrical machinery	73,6	49,8	-32,3	71,8	45,9	76,8	81,1	5,6
Radio, television and communication apparatus and professional equipment	88,1	60,1	-31,8	82,6	42,2	87,0	87,0	0,0
Motor vehicles, parts and accessories and other transport equipment	93,9	34,9	-62,8	78,5	144,5	96,7	108,6	12,3
Furniture and other manufacturing	97,8	40,4	-58,7	77,2	89,2	88,8	89,9	1,2
Total	97,4	68,0	-30,2	91,8	32,9	96,8	97,1	0,3

Source: Stats SA, 2020e, 2020f & 2021b

- According to Statistics South Africa's
- latest quarterly employment statistics,
- manufacturing lost 98 000 jobs between March and June 2020 (Stats SA, 2020b). While some jobs were recovered during the third quarter, the manufacturing industry reported a total annual decrease of 106 000 employees (-8,8%) by December 2020 relative to December 2019. The vast majority of people who lost their jobs (103 000) had been full-time employees.

SMALL BUSINESSES

South Africa has between 2,4 million and 3,5 million small, medium and microenterprises (SMMEs), most of which are in the informal and micro segments. The country's industrial landscape is characterised by concentration in production and sales, with a limited number of large players. Small businesses in some sectors, such as agro-processing, had already been in a precarious position before the pandemic, and informality levels were high. Still, the contribution of small business to total turnover in manufacturing rose from 18% in 2015 to 21% in 2019. This trend was halted by the pandemic, which had a severe impact on small and micro businesses. Microenterprises, particularly informal ones, serve local and municipal markets, and are significantly affected by changes in these markets, as happened during lockdown.

A Finfind (2020) report assessed the impact of the lockdown on SMMEs in the five months since the start of alert level 5. It found that 43% of the 1489 SMMEs in the sample had to close down, and those that did survive had to make significant adjustments, often by cutting staff. Overall, full-time employment fell by 60% and part-time employment by 76,8%. Businesses that closed down accounted for 68% of the loss of full-time jobs and those that survived for 32%. Employment opportunities for casual workers in the gig economy also decreased, by 53%.

REPURPOSING MANUFACTURING

As an immediate response to the pandemic, South Africa was quick to mobilise local manufacturers to produce much-needed medical supplies and protective equipment. For example, the National Ventilator Project aimed to produce 10 000 ventilators by the end of June. Production started in July, and 20 000 ventilators had been completed by November 2020. Other manufacturers switched production lines – some moved from making perfumes to making hand sanitiser. Textile companies produced hygienic masks and protective equipment; and distilleries created disinfecting alcohol. Sasol Ltd also switched to the production of alcohols for hand sanitisers and disinfectants, and prioritised local supply to help contain the Covid-19 pandemic.

DIGITISATION, TECHNOLOGY, AND INNOVATION

The need for South Africa to adapt to the Fourth Industrial Revolution (4IR) has been high on the national agenda in recent years. However, the adoption of artificial intelligence and other forms of technology has been hampered to some extent by fears of job losses and privacy issues. The urgent challenges posed by the Covid-19 pandemic has forced a renewed focus on the possible solutions that technology can provide in times of crisis. The Covid-19 crisis has highlighted the centrality of Internet access, as businesses found IT solutions to emerging issues related to the restructuring of manufacturing production, as well as marketing and online sales.

Moreover, the importance of data and data analytics has become evident in the fight against Covid-19. As an immediate response, a Covid-19 Information Centre was set up to monitor and track the spread of the virus across the country. Housed at the Council for Scientific and Industrial Research (CSIR), the

centre has provided real-time analytics and dashboards on the coronavirus outbreak to enable rapid decision-making by the National Coronavirus Command Council (see also [Chapter 2](#)).

CONCLUSIONS AND LESSONS LEARNT

The impact of the Covid-19 pandemic on South Africa's already fragile manufacturing sector has been dramatic. Despite the historical contraction experienced by most manufacturing subsectors and the widespread job losses, manufacturing appears to have been progressively recovering since the third quarter in 2020. However, the impacts of the pandemic have not been homogeneous, and smaller businesses have been worst affected. The full effects of Covid-19 on South African manufacturing are yet to be fully understood, especially in terms of the medium- to long-term effects on firms' productive and innovation capabilities. The firms that survived the lockdown have often been those that managed to access funding (including relief programmes), invest in technological solutions, and adapt to new regional markets. The pandemic appears to have accelerated several trends that emerged over the past decade, such as digitisation, increasing automation, and regionalism, but it also exacerbated inequalities. Supporting small and informal businesses seems essential to inclusive economic revitalisation and job creation in manufacturing.

TOBACCO³

South Africa has about 8 million cigarette smokers. The adult smoking prevalence is about 35,7% among males and about 8,1% among females (SALDRU, 2018). Overall smoking prevalence has been about 20% since 2010 (Vellios et al., 2020), substantially

less than the estimated 32% in the early 1990s (van Walbeek, 2005). This decrease in smoking prevalence stemmed from government policy to reduce tobacco consumption, as discussed in [Annex 6.5.3](#). The annex also reviews the state of the tobacco industry, including the sale of illicit products, before the lockdown.

THE BAN ON THE SALE OF TOBACCO AND VAPING PRODUCTS

On 25 March 2020 government announced a ban on the sale of all tobacco and vaping products from 27 March. South Africa was one of only three countries to implement such a ban, the other being India (a 6-week ban) and Botswana (12 weeks). The decision was based on the precautionary principle – Covid-19 is a respiratory disease, and smoking damages the lungs. Smokers could therefore be more vulnerable to infection and prone to hospitalisation and could even overburden hospital resources.

On 23 April 2020 President Ramaphosa announced the move to alert level 4 on 1 May 2020; he specifically said that cigarette sales would be allowed. On 25 April CoGTA Minister Nkosazana Dlamini-Zuma called for comments from the public on the move to **alert level 4**. She received about 70 000 comments, of which nearly 2000 called for an extension of the tobacco sales ban. (There might well not have been many requests for lifting the sales ban; given the president's announcement, people might have presumed it would be lifted anyway). On the basis of these comments, plus an explanation that people who share cigarettes are at risk of infection through shared saliva (Mahlakoana, 2020), she overturned the president's earlier announcement. The Minister of Finance, Tito Mboweni, did not support the extension but said that he had 'lost the debate and had to toe the line' (Mokone, 2020a). The president

³ Kirsten van der Zee edited an early draft of this section and, with Samantha Filby, was indispensable in the three REEP surveys.

- afterwards explained the collective decision-making process of the cabinet and the
- National Coronavirus Command Council and justified the decision to maintain the ban.

Smokers were generally very unhappy with the decision. Nearly 700 000 people signed a petition on change.org, a petition site, calling on government to lift the ban (Maclean, 2020). The tobacco industry felt likewise. On 5 May 2020 the Commissioner of the South African Revenue Service (SARS), Edward Kieswetter, announced that a tobacco company had been caught producing cigarettes on three lines, ostensibly for export (Mokone, 2020b). The Fair-trade Independent Tobacco Association (FITA), a representative body of local and regional producers, announced that it was not one of their members (Vogel, 2020a). British American Tobacco South Africa (BATSA), which had earlier threatened legal action, announced on 6 May 2020 that it had 'taken the decision not to pursue legal action at this stage but, instead, to pursue further discussions with government on the formulation and application of the regulations under the Covid-19 lockdown' (BATSA, 2020).

In early May, FITA lodged a two-part case against government. Part A argued that the production of cigarettes for the export market should be allowed under alert level 4. Part B argued that the sale of cigarettes during lockdown is legal. On 11 May 2020 FITA announced that government had acceded to part A (i.e., tobacco companies could manufacture cigarettes for export), but part B was still being heard in court (Vogel, 2020b). On 10 June 2020 FITA's case against Minister Dlamini-Zuma and the President was heard in the Pretoria High Court. FITA's main argument was that cigarettes are essential products and should thus be available for sale. The defence countered that the sales ban was necessary to protect lives and prevent the health sector from being overwhelmed. The High Court ruled in favour of the defendants on 26 June 2020 and ordered FITA to pay all costs. FITA appealed the ruling, but the case became moot when the sales ban was lifted on 18 August 2020.

On 1 June 2020 the country moved to **alert level 3**, but the sales ban was maintained. BATSA duly lodged a case in the Western Cape High Court. It argued that the sales ban both infringed on smokers' constitutional right to dignity and was disproportional. On 11 May 2020 the Human Sciences Research Council (HSRC) had published data suggesting that if 1% of South Africa's 8 million smokers contracted the virus, and 5% of patients required intensive-care support, these 4000 patients would overwhelm the health sector (HSRC, 2020). BATSA argued that only about 1 million smokers had quit during the ban period, and that Covid-19 patients do not all get sick simultaneously. Based on assumptions about the time seriously ill patients spend in hospital, they suggested the sales ban had alleviated pressure on the national health sector by fewer than 20 beds at any time. However, the market had been disrupted, and the loss to the fiscus was estimated at over R1 billion per month. Judgment was reserved, but the sales ban was lifted before judgment could be passed. In December 2020 the Western Cape High Court eventually passed judgment in this case, finding that the minister was wrong in imposing the tobacco sales ban. In January 2021 Minister Dlamini-Zuma indicated that she wanted to appeal the judgment (see also [Chapter 3.2](#) for more detail).

WAS THE SALES BAN EFFECTIVE?

Other than occasional comments by Minister Dlamini-Zuma, Health Minister Zweli Mkhize and the defendants' arguments in the court cases, government did not provide a comprehensive rationale for the sales ban. In fairness, the ban had been implemented quickly, without time to provide such a rationale; thus, the narrative grew over time. Whereas the initial argument was around protecting the health system, in the two court cases government's arguments were more generic, focusing on the well-known detrimental effect of smoking on health.

Given that government did not set clear criteria for the success of the ban, it is evaluated here using the following broad questions:

- Have people been unable to purchase cigarettes?
- Have people quit smoking, at least in the short term?
- Has the sharing of cigarettes been reduced?

Several surveys on these issues were conducted during the lockdown; these are discussed below.

THE HSRC SURVEY

The first study to investigate the effectiveness of the sales ban was published on 11 May 2020 by the HSRC (2020). Using two online behavioural surveys, it surveyed over 50 000 people between 27 March and 2 April (i.e., week 1 of lockdown) and 19 330 people between 8 April and 24 April (weeks 3–5) and benchmarked the data against the adult population. The study found that 88% of smokers were unable to buy cigarettes during the lockdown; it concluded ‘that the ban was efficient in reducing cigarette access and therefore use’ (HSRC, 2020). Among the 12% who did purchase cigarettes, substantial locational differences were found. Smokers in informal areas or townships were significantly more likely to obtain cigarettes than those in the city or suburbs or on farms.

Since over 70% of the observations in the study were collected in the first week of the lockdown, the results are not surprising. As the initial lockdown had been expected to last for only three weeks, many smokers, especially more affluent ones, would have stocked up and would not have needed to purchase illicit cigarettes yet. On the other hand, smokers in informal settlements and townships are more likely to purchase single sticks (rather than packs or cartons). Given that they are less

likely to have had the resources to stock up before the ban, they would have needed to buy cigarettes sooner. It is thus not surprising that already in the first few weeks of the lockdown, a substantial portion of smokers living in informal settlements indicated that they had purchased cigarettes on the illicit market. (The HSRC appears not to have conducted subsequent surveys of smoking behaviour in the lockdown).

THE REEP STUDIES

The Research Unit on the Economics of Excisable Products (REEP)⁴ conducted three online surveys in the lockdown – two during the sales ban and one after it had been lifted. Only people 18 and older who had smoked cigarettes in the week before the sales ban were eligible to participate. Non-smokers and users of other tobacco and vaping products were excluded. The aim was to understand how smokers responded to the sales ban (e.g., quitting behaviour) and for continuing smokers, where they obtained cigarettes, which brands they bought, and how much they paid. The second survey also asked questions about the sharing of individual cigarettes, a concern raised by Minister Dlamini-Zuma (see above). The third survey also asked about switching from cigarettes to other tobacco products.

REEP advertised the surveys on Twitter, through the change.org website, and through Moya, a data-free instant messenger application. Because the surveys were conducted online, the samples are not representative. The first report attempted to address sample bias by weighting the data, but given concerns around the appropriateness of these measures,⁵ no weighting was done in the later reports. Instead, these reports stressed that findings related only to the sample, not the population at large.

● **First REEP report**

- The first survey was conducted between 29 April and 11 May 2020 and attracted over 12 200 usable responses. The weighted data (see above) suggested that 41% of smokers had attempted to quit during the lockdown; of these, 39% reported being successful. Among continuing smokers, the average use of cigarettes increased from 10 to 11 cigarettes per day in the first two weeks but decreased to 9 cigarettes per day after the president announced the extension of the lockdown on 9 April 2020. The average price of cigarettes purchased by respondents was 90% higher than before the lockdown. In fact, during the 13 days of the survey, the reported price of cigarettes increased by an average of 4,4% per day. Whereas about 70% of cigarettes had been sold via formal channels before the lockdown, these all but disappeared during the ban. The main suppliers were informal outlets (e.g., spaza shops, house shops and street vendors) and previously unknown sources (e.g., friends, family, WhatsApp groups and 'essential worker acquaintances'). The distribution of brands changed sharply away from cigarettes produced by multinational companies towards cigarettes from local producers.

Respondents also provided open-ended comments at the end of the survey. The overwhelming sentiment was one of anger. They understood neither the economic nor the health rationale for the ban. While most acknowledged that smoking is bad for their health, the sudden imposition of the sales ban, without any cessation support, affected many smokers' mental health. They talked about anxiety, feelings of depression, being less focused, and experiencing physical withdrawal symptoms.

Published on 15 May 2020, the REEP report concluded that the sales ban failed to meet its objectives. Smokers were still purchasing cigarettes, but government lost excise revenue and the illicit cigarette trade was being entrenched. It suggested that extending the sales ban into alert level 4 had been in error and recommended that the ban be lifted as soon as possible (van Walbeek, Filby & van der Zee, 2020). The report attracted substantial media attention and was sent to all members of the National Coronavirus Command Council. There was no change in policy.

Second REEP report

After the move to alert level 3 in June, REEP conducted a second online survey on 4–19 June 2020. This survey attracted over 23 000 usable responses, with similar biases as the first survey. While the results can therefore not be extrapolated to any group as a whole, the survey nevertheless provides an interesting picture of the cigarette market during the sales ban. The report was published on 21 July 2020 (van Walbeek, 2020).

The survey found substantial gender and racial differences in quitting attempts and success. Substantially more African men (62%, as against 18% of white men) and women (68%, against 17% of white women) reported trying to quit. They were also more likely to succeed – over a third of African men (36%) and nearly half of African women (48%) said they had successfully quit smoking. The figures for white men and women, in contrast, are only 3,7% and 1,8%. Overall, 9% of respondents had quit successfully; this is probably skewed downward because white people, who are over-represented in the sample, had a very low rate of quitting.

⁴Based at the University of Cape Town, REEP (previously the Economics of Tobacco Control Project) specialises in the economics of tobacco control. It is independent from the tobacco industry and is funded mainly by donors (e.g., the Bill & Melinda Gates Foundation, through the African Capacity Building Foundation; the International Development Research Centre; and Cancer Research UK). It is not a lobby group.

⁵White, female, affluent smokers from the Western Cape or Gauteng were substantially over-represented. The report on the first survey weighted the results by race, gender and province (using the smoking prevalence in the National Income Dynamics Study wave 5). However, sampling specialists suggested this was not appropriate, because no weighting could correct for the absence of e.g., poor, rural smokers from the sample.

The 9% quitting figure is in contrast with another survey of smokers in the lockdown. M4Jam (2020) surveyed 2013 smokers on an online, data-free platform. Almost half (49%) the respondents had quit during the lockdown. However, before the lockdown, most had smoked very few cigarettes per day. This, and the fact that the survey was run on a data-free platform, suggests that most were poor. This survey is therefore also unlikely to be representative of the smoking population. Given the contrasting sources of sample bias between the REEP and the M4Jam surveys, the 9% and the 49% may well be seen as the lower and upper limits of quitting; the true percentage is probably somewhere in between.

The REEP report showed that successful quitters had generally smoked less, averaging 7,8 cigarettes, a day before the lockdown (as against 16,4 cigarettes by continuing smokers); this suggests they were probably less addicted. Over 70% of them quit during alert level 5, 16% quit during level 4, 4% quit in the first 19 days of level 3 (when the survey closed), and 8% could not remember when they had quit.

Among smokers who attempted to quit (not necessarily successfully), 56% said the most important motivation was the high price of cigarettes. This was followed by the unavailability of cigarettes (14%), and the sales ban (11%). Health concerns (9%), not wanting to be addicted (5%), and pressure from family and friends (1,3%) were relatively unimportant.

For respondents who continued smoking, about half reduced their consumption, 15% smoked more, and 35% smoked as much as they had before. On average, consumption among this group fell by about 20%. As in the first round, over 90% of respondents had been able to purchase cigarettes. Their main sources were friends and family (27%), spaza shops (25%), street vendors (11%), WhatsApp groups (8%), and other informal outlets. The percentage of respondents who purchased cigarettes from formal retail outlets was negligible.

An issue that received much media attention was the sharing of cigarettes (see above). The survey suggested that the percentage of respondents who had ever shared cigarettes increased from 18% to 26% during the lockdown. More worryingly, the percentage who shared cigarettes regularly (i.e., more than half the time) increased from 1,7% to 8,9%. While this suggests that people largely ignored the minister's advice to not share cigarettes, it is hardly surprising, given that cigarettes became both relatively scarce and extremely expensive.

By the second survey (4–19 June 2020), the average price of cigarettes was nearly 250% higher than before the lockdown. This was substantially more than the 90% increase observed in the May survey. On average, cigarettes cost R5,69 per stick (R114 per pack of 20), although prices of R250 or more per pack were not uncommon (Figure 6.5.7). Before the lockdown, provincial prices were similar (Figure 6.5.8). Even in the first survey, price differences were not that large. By the second survey, however, they were substantial. The Western and Northern Cape saw price hikes of 379% and 367% respectively, and the Eastern Cape 281%. Prices rose less in Limpopo (123%), Mpumalanga (141%) and Gauteng (152%). Most cigarettes consumed in South Africa are produced in Gauteng, and the shorter distribution chains in Gauteng and the surrounding provinces may help explain the muted price rises.

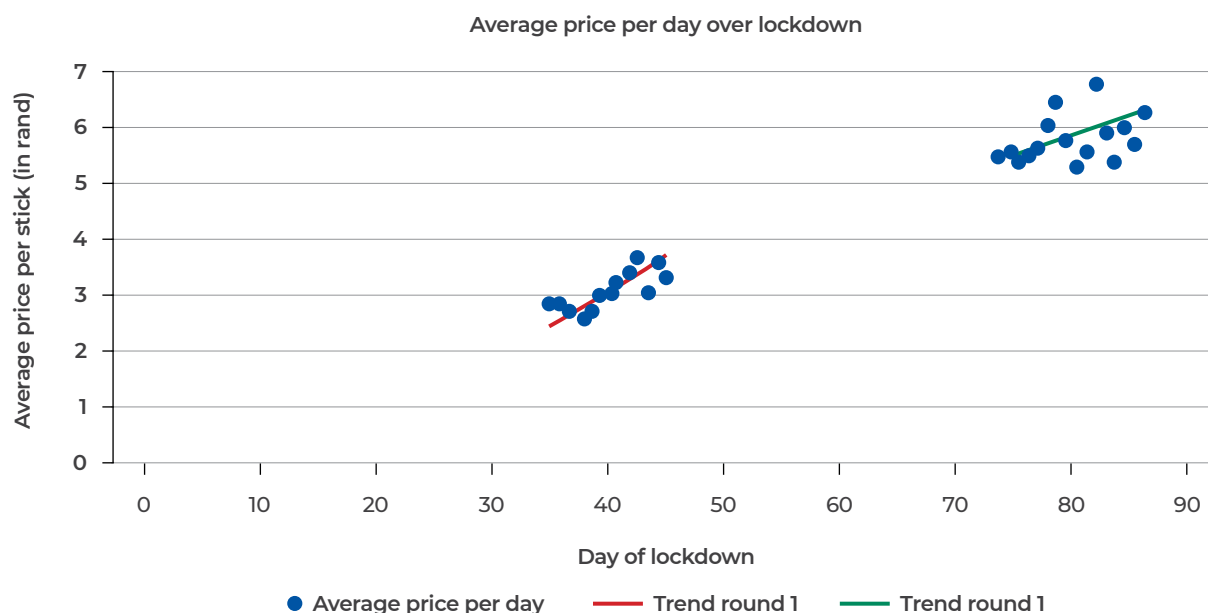
The sales ban greatly altered the competitive landscape as represented in the sample. Before the lockdown, 77% of cigarettes purchased by respondents were from multinational tobacco companies (i.e., BATSA, Philip Morris International, Japan Tobacco International and Imperial Tobacco). This fell to 38% by early May and 18% a month later. Local tobacco manufacturers, which used to operate in the shadow of the multinationals, greatly expanded their market share during the lockdown, not least because of their well-developed distribution channels into informal markets. With formal retail outlets closed,

CHAPTER 6.5: SELECTED OTHER ECONOMIC SECTORS

- they had a competitive advantage over their
- multinational rivals. The company with the
- largest market share among respondents in June 2020 was Gold Leaf Tobacco Corporation (26%), followed by Carnilinx (14%),

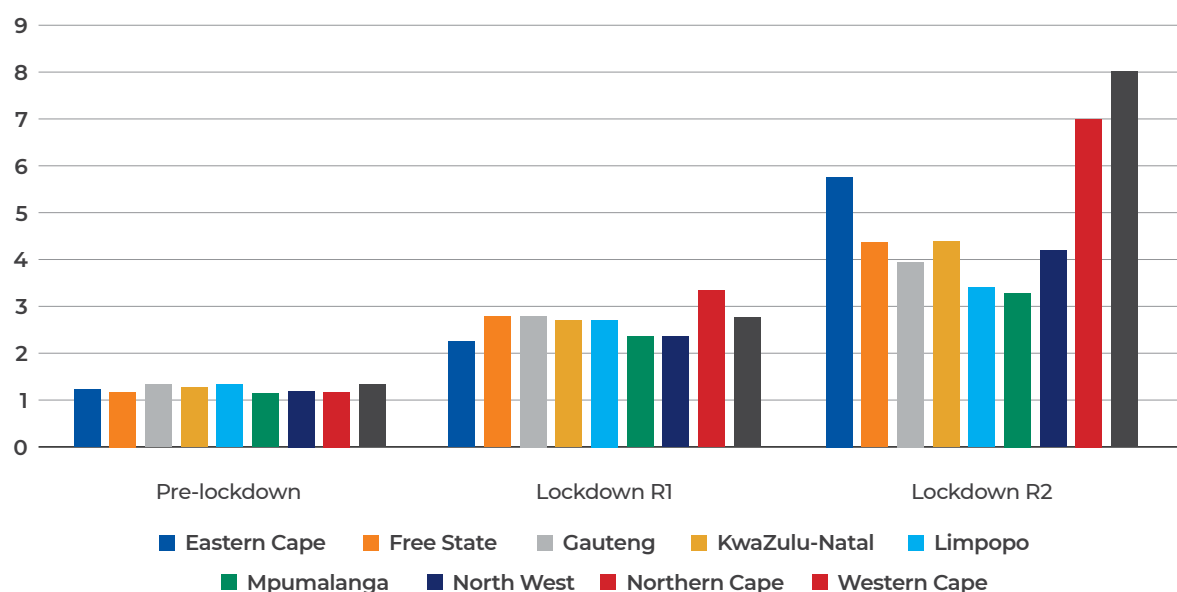
Best Tobacco Company (11%), Amalgamated Tobacco Company (10%) and BATSA (9%). Several previously unknown brands were also reported by respondents.

Figure 6.5.7: Average reported price per cigarette over lockdown



Note: The horizontal line at R1,63 represents the average price per stick before lockdown
Source: Van Walbeek, 2020; Van Walbeek, Filby & van der Zee, 2020.

Figure 6.5.8: Average cigarette prices by province



Note: Lockdown R1: 29 April – 11 May 2020; Lockdown R2: 4–19 June 2020
Source: Van Walbeek, Filby & van der Zee, 2020

Cigarette brands from multinational companies used to trade at a significant premium over local brands. During the lockdown, this difference narrowed, with the former being sold at an average price of R126 per pack and the latter at R111. This reflects large hikes in the prices of local cigarettes (up 457%, as against 231% for cigarettes from multinational companies). The combination of a substantial increase in the price of their products and a much larger market share, albeit of a smaller market, suggests that local manufacturers have been the largest beneficiaries of the tobacco sales ban.

Four key issues emerged from the results:

1. FITA's court case about the legality of the sales ban is ironic, given that their members benefitted disproportionately from the ban.
2. The policy that allowed South African cigarette companies to legally produce and export cigarettes but forbade the domestic sale of cigarettes was contradictory. It was naïve not to anticipate that producers would divert 'export' cigarettes to the domestic market. The tobacco industry has long been involved in the illicit market, both directly and by abetting the illicit trade (Snyckers, 2020). SARS data on declared exports shows a spike in cigarette exports to neighbouring countries from May to July 2020, when cigarette exports to Namibia, Lesotho and Zimbabwe exceeded 60% of South Africa's usual domestic consumption. Given that these countries simply do not have a large enough market to consume all these cigarettes, the implication is that a) the intention had simply been to smuggle cigarettes back into South Africa, and b) some were 'ghost exports' that never left South Africa. Finally, it can also be argued that the policy was unethical, as it allows a harmful product, which is forbidden to South Africa's own citizens, to be exported to other countries.
3. The sample suggested that multinational companies lost substantial market share and would want to claw it back after the ban

had been lifted. One way would be through a price war, which would lower the price of cigarettes and increase consumption, with negative consequences for public health. This prediction has not (yet) materialised; preliminary data suggests that BATSA raised their prices (relative to pre-lockdown prices) shortly after the ban was lifted.

4. Instead of imposing a sales ban, government could have reduced tobacco use by substantially increasing the excise duty on cigarettes. Sustained increases in the retail price have been shown to be the most effective way of reducing the use of tobacco products (IARC, 2011). As noted, most smokers who quit during lockdown did so because cigarettes became too expensive. While higher duties might have promoted illicit trade, the sales ban was arguably worse, as illicit trade became the entire market. Also, higher duties would have raised revenue during the lockdown. Smokers were willing to pay very high prices for cigarettes, all of which went to the tobacco value chain and none to government. The report recommended that after the sales ban had been lifted, excise duties should be raised substantially, and above-inflationary increases should continue in future. This would also allow the fiscus to claw back some of the revenue lost during the ban. However, an important proviso is that the illicit market should be under control; this would require great effort, because illicit operators have been able to entrench themselves during the lockdown.

The conclusion of the second report mirrored that of the first – while the sales ban had been well intentioned, its extension had been an error. The report recommended that government lift the ban immediately, substantially raise tobacco excise duties, and strengthen tax enforcement. The tobacco control community was divided about these findings, especially about whether the ban had been successful. Based on the first REEP report, which found that about 16% of smokers

- quit smoking (using the weighted sample),
- the tobacco control community estimated
- that about a million smokers quit during lockdown. This, an unprecedented number for such a short time, should be regarded as a victory for public health. The tobacco control community strongly supported the suggestion of substantially higher excise duties and lobbied government to double tobacco duties at the next opportunity (Hlatshaneni, 2020).

Third REEP report

The sales ban was finally lifted on 18 August 2020, when the country moved into alert level 2. Between 16 September and 5 October 2020, REEP conducted a third survey among respondents of the second survey and received almost 3800 usable responses. The survey indicated the following:

- About 17% of the respondents said they had quit during lockdown, but 51% of them had relapsed.
- Average consumption post-lockdown is 15,5 cigarettes per day (16,5 before lockdown).
- The price per stick increased from R1,60 before the lockdown to R1,80 after the ban was lifted.
- Prices increased significantly more for local (45%) than for multinational company brands (5%).
- Multinational companies recovered a large proportion of their pre-lockdown market share but remained in a substantially worse position than before the ban.

THE NIDS-CRAM STUDY

In November and December 2020, the third wave of the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) was conducted (NIDS-CRAM, 2020; see also [Chapter 5.3](#)). The aim of NIDS-CRAM was to investigate the economic and social consequences of the Covid-19 lockdown, using a broadly representative sample of about 7000 South Africans. A few tobacco- related

questions were included in the questionnaire.

Unlike the REEP surveys, which did not have a formal sampling frame, the results of the NIDS-CRAM survey can be extrapolated to the population, given that it was broadly representative at national level. Based on weighted data, the NIDS-CRAM survey indicated that nearly 85% of pre-lockdown smokers continued smoking during the sales ban; 8% quit, and 7% declined to answer the question. Therefore, between 8% and 15% of pre-ban smokers quit in the sales ban period. Between a quarter and a half of quitters had relapsed by the time the survey was conducted.

As was found in the REEP surveys, NIDS-CRAM showed that the average price of cigarettes increased dramatically during the sales ban, by as much as 250%. At its peak, the average price of cigarettes was more than R110 per pack; in some provinces, notably the Western, Eastern and Northern Cape, it was substantially higher, at about R140 per pack.

As a result of some smokers quitting and a reduction in the number of cigarettes smoked by continuing smokers, the volume of cigarettes purchased decreased by about 30% during the sales ban. After the cigarette ban had been lifted, the market recovered but settled at a lower level than before the ban. It is estimated that the total post-ban cigarette market is about 5% smaller than the total pre-ban market. Total expenditure on cigarettes increased from an estimated annualised R32 billion before the sales ban to an annualised R73 billion at the peak of the ban; it fell to R31 billion after the ban. These windfall revenues accrued to the tobacco industry and other illicit traders, whereas government lost nearly R6 billion in excise revenue.

The sales ban hurt the multinational companies but greatly benefitted the non-multinationals. Mirroring findings of the REEP surveys, the NIDS-CRAM shows that non-multinational companies substantially

increased their market share during the sales ban, at the expense of the multinationals. After the sales ban had been lifted, the market share of the multinationals recovered somewhat, but it remains much smaller than before.

SUBSEQUENT DEVELOPMENTS

The February 2021 Budget highlights the impact of the sales ban on excise revenue. According to the 2021/22 Budget Review, SARS was expected to collect only R5,78 billion from cigarette excise taxes in 2020/21, nearly 60% less than the budgeted amount of R14,46 billion (National Treasury, 2021). Even accounting for the R6 billion in revenue lost during the sales ban, cigarette excise revenue would be R2,68 billion (18,5%) below budget. This suggests a substantial increase in illicit trade. For 2021/22 the National Treasury has budgeted for a 17% decrease (from 2019/20) in the number of cigarettes sold. Since the overall consumption of cigarettes is down by only about 5%, this suggests the Treasury expects illicit trade to increase even more sharply in 2021.

The Minister of Finance announced an 8% increase in the excise tax on tobacco products in the Budget, emphasising the public health rationale. This substantial increase, despite the turmoil of the previous year, suggests that the Treasury does not buy the tobacco industry's argument that higher excise taxes cause an increase in illicit trade. Illicit trade flourishes when there is poor enforcement, something that has become endemic in South Africa since 2015 when the special units at SARS were closed down by the then Commissioner of SARS.

There is considerable animosity between the multinational and non-multinational tobacco companies. The former portray themselves as law-abiding, tax-paying, responsible companies that are supportive of government, and they present the non-multinationals as a rogue group of tax evaders. For their part,

the non-multinationals claim that they are tax compliant and that the multinationals complain because they cannot compete. The reality is much more nuanced, as the following examples show:

- The nefarious actions of the multinationals, and BATSA in particular, have been described in detail in the books *Rogue* (van Loggerenberg, 2016), *Tobacco Wars* (van Loggerenberg & Lackay, 2017), *Dirty Tobacco* (Snyckers, 2020), and in the inquiry into SARS by the Nugent Commission (Nugent, 2018). These publications indicate that the multinationals and their industry bodies had actively undermined SARS and other government institutions during the Zuma presidency.
- In February 2021 the Organised Crime and Corruption Reporting Project published a report indicating that BATSA has been exporting large volumes of cigarettes to Mali, knowing that the product would be sold to traffickers (Don et al., 2021). Mali is South Africa's largest cigarette export market. According to the report, the profits of cigarette smuggling fuel the struggle between jihadists, armed militias and corrupt military officers that has turned northern Mali into a lawless warzone. FITA, representing the non-multinational companies, called for a further investigation into these activities.
- In March 2021 BATSA published the results of an BATSA and IPSOS (2021) survey it commissioned, conducted in February 2021, on the prevalence of very cheap (and thus probably illicit) cigarettes. The survey found that 41% of retail outlets that were visited by IPSOS's 'mystery shopper' sold cigarettes at a price that does not cover the minimum amount of tax that should be paid (R20,01 at the time). Gold Leaf Tobacco Company, followed by Carnilinx, were identified as the producers of the brands that were more often found to be priced below the minimum collectable tax amount. This finding led BATSA to call for a commission of enquiry into illicit trade in South Africa (BATSA, 2021). They also urged government to ratify the Protocol

- to Eliminate the Illicit Trade in Tobacco
- Products and for the country to implement
- a track-and-trace system for tobacco. FITA initially supported the idea of an investigation, but subsequently indicated that they did not support BATSA's call for a commission of enquiry (Vogel, 2021).

The bottom line is that the tobacco market in South Africa is in turmoil. There are no angels in this industry, and all companies have skeletons in the closet. Some companies are more sophisticated in their public relations strategy than others. The mudslinging between the multinational and non-multinational companies has exposed both sides as being involved in a variety of misdemeanours. Illicit trade in cigarettes is an important issue, and the sales ban has probably made the situation worse. Government would do well to follow Article 5.3 of the Framework Convention on Tobacco Control and exclude the tobacco industry from any discussions in which they have a commercial interest. Government should implement strong measures against illicit trade, based on international best practice, but should not include the tobacco industry in these discussions (WHO, 2005).

CONCLUSIONS

REEP maintains that the sales ban was an error. It had encouraged many smokers to quit, but a similar outcome could have been achieved by substantially increasing the excise duty and keeping it high. Government lost about R6 billion in excise revenue during the ban, when the fiscus was already strained. However, more significantly, the sales ban entrenched illicit distribution channels. The illicit market had already been a cause for concern, but the ban introduced many smokers to cheap brands that have historically been sold illicitly. Unpublished REEP data suggests that most smokers find these brands of inferior quality, but some may well have grown used to these products and may continue to purchase them.

South Africa's tobacco control strategy, in terms of both legislation and taxation, has stagnated after 2010. Where the country had been a leading nation in tobacco control policy since the 1990s, its tobacco control legislation now lags the rest of the world. Rapid increases in excise duty formed the mainstay of tobacco control policy between 1994 and 2010. However, since 2010, increases in nominal tobacco excise duties have generally only been in line with inflation. The illicit market has been allowed to thrive. Concurrently, smoking prevalence, which had decreased consistently in the previous 15 years, has stagnated at about 20%. To expect an unprecedented policy intervention, such as a sales ban, to suddenly convince large numbers of people to quit smoking without significant cessation support is naïve and, from a long-term perspective, probably counterproductive.

SARS had been turning the corner in the fight against illicit cigarettes before the lockdown. The establishment of the Illicit Economy Unit in 2019 had been a step in the right direction, and the substantial increase in legal (i.e., tax-paid) cigarette production in 2019/20 suggests that the unit had been having the desired effect. However, the evidence suggests that the sales ban has reversed much of this progress and the control of illicit trade has become much harder.

FINANCE, BANKING, AND INSURANCE⁶

IMPACT OF THE PANDEMIC ON THE FINANCIAL SECTOR

When the national state of disaster and lockdown were announced in March 2020, the financial sector (Box 6.5.1) was deemed an essential service provider in terms of the Disaster Management Act of 2002, as amended on 25 March 2020. Specifically, the amended Act refers to the financial services necessary to maintain the functioning of the

⁶Comments from the reader, Andrew Donaldson of the University of Cape Town, are gratefully acknowledged.

banking and payments environment, along with insurance services, as essential services. Unlike firms in other sectors, which closed either temporarily or permanently during the national lockdown, there have been no evident

cases of firms in distress in the financial sector. That said, operations in the sector have been affected by both the policy decisions of the monetary authorities and feedback effects from other sectors of the economy.

Box 6.5.1: The South African financial sector

The **financial sector** constitutes banks, investment companies, insurance companies and real estate firms (Joshi et al., 2013). The sector provides a broad array of services, such as deposit taking, provision of credit (personal, commercial and mortgage lending), insurance, and investment management. As shown in Table 6.5.8 in [Annex 6.5.4](#), registered financial institutions in South Africa comprise 36 banks and 56 insurance companies, along with 1309 estate agents. In spite of the relatively large number of registered institutions, each of the three subsectors is highly concentrated.

The **banking sector** is dominated by four large banks (Standard Bank, Nedbank, ABSA Bank and FirstRand), a medium-sized investment bank (Investec), and two smaller banks (Capitec Bank and African Bank) that target low-income households (SARB, 2019). According to the International Monetary Fund (IMF, 2014), the five largest banks account for 90,5% of total banking assets. The primary source of funding in banks is domestic deposits (87%), of which 60% are sourced from non-bank financial institutions and corporations, with maturities of less than six months. The loan-to-deposit ratio in the sector is above 120%.

In the **long-term insurance sector**, the top five conglomerates (Discovery Holdings Limited, Liberty Holdings Limited, Momentum Metropolitan Holdings Limited, Old Mutual Plc and Sanlam Limited) account for over 73% of total industry assets (2013 estimate). **The short-term insurance industry**, led by ABSA Insurance Company Limited, Mutual and Federal Limited, OUTsurance Holdings Limited, Santam Limited and Zurich Insurance Company South Africa Limited, is less concentrated (Alagidede & Mangenge, 2016). The insurance sector is sufficiently served by a wide range of intermediaries, with approximately 10 992 financial services providers at end-March 2014 (IMF, 2014).

The **real estate sector** has more players than the banks and insurance companies combined. As noted, for instance, 1309 estate agents are registered by the Institute of Estate Agents of South Africa. The commercial real estate market is worth an estimated R1 293 trillion (US\$94,29 billion), which is about 30% of the total real estate sector (Akinsomi et al., 2018).

The financial sector's **total assets** are almost three times (298%) the size of the country's GDP. Banking assets alone are equivalent to 112% of GDP and pension funds to 110% (IMF, 2014). Short-term insurers account for only a small share of insurance assets (64% of GDP), whereas the long-term insurers hold the largest share (61,2%) (SARB, 2020). Lastly, unit trusts hold assets estimated at 45% of GDP. Non-bank financial institutions have seen their financial assets grow by two-thirds in recent years. These institutions support equity and bonds markets estimated at 288% and 57% of GDP respectively (SARB, 2019).

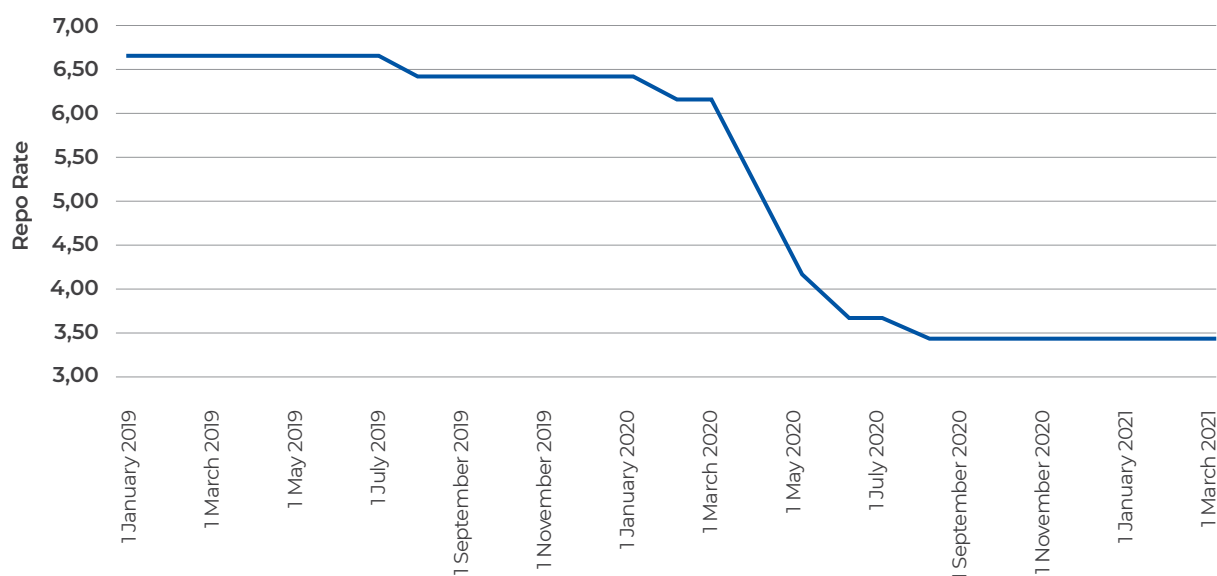
INTERVENTIONS TARGETED AT THE FINANCIAL SECTOR

REDUCTION IN THE REPO RATE

South Africa's fiscal and monetary authorities have implemented various initiatives to alleviate the impact of the Covid-19 pandemic on the economy in general, and the financial sector in particular (see also [Chapter 6.1](#)). For example, the South African Reserve Bank

(SARB) aggressively **cut the repo** (repurchase agreement) rate by 300 basis points (bps) in 2020 alone. The repo rate was at 6,5% at the beginning of 2020. On 17 January 2020, it was cut by 25 bps to 6,25% before being reduced further by 100 bps to 5,25% on 20 March 2020. The SARB's Monetary Policy Committee announced further cuts of the repo rate on 15 April, 22 May and 24 July 2020 of 100 bps (to 4,25%), 50 bps (to 3,75%) and 25 bps (to 3,5%), respectively (Figure 6.5.9). By end-2020, the repo rate stood at 3,5%, an all-time low.

Figure 6.5.9: Repo rates, January 1919 to March 2021 (%)



Source: SARB, 2021b

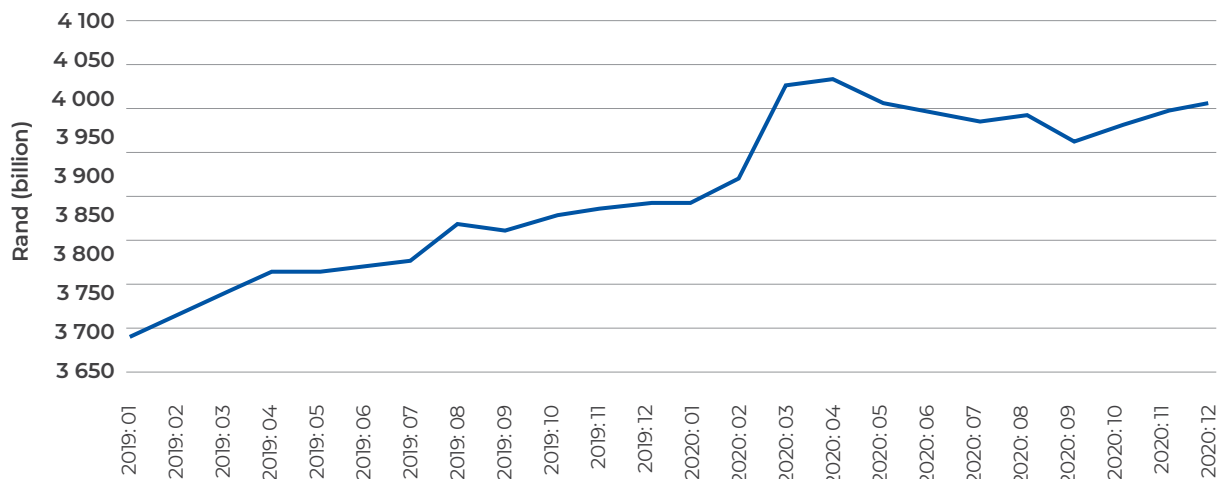
A reduction in the repo rate is expected to benefit borrowers that have variable interest rates linked to the prime lending rate. Lower repo (and hence prime) lending rates provide borrowers with savings equivalent to the difference between what would have been payable and what is actually paid on their loans. Low repo rates are also expected to accelerate the money creation capacity of commercial banks. In either case, the SARB's intervention effectively injected liquidity into the financial sector, which helped increase aggregate demand and thus benefitted the real sector.

In nominal terms, total loans and advances typically show an upward trend. In January 2020, total loans in South Africa rose marginally before increasing at a faster rate in February and March 2020. Thereafter, total loans declined until July 2020 and then returned to the pre-January 2020 trend path (Figure 6.5.10). The rapid credit expansion observed in February and March 2020 preceded the national lockdown on 27 March 2020, which effectively marked the beginning of the Covid-19 pandemic in the country. It can be argued, therefore, that the credit expansion was a rational response of economic agents

(households, the corporate sector, and government) as they anticipated extended periods of sluggishness in the economy. It is likely that in February and March 2020, they were building up their liquidity positions

and, thereafter, they started to reduce their total financial leverage. The deleveraging may also partly explain the lack of uptake of government's loan guarantee scheme (discussed below).

Figure 6.5.10: Total loans and advances, 2019 to 2020 (R billion)



Source: SARB, 2021b

It worth pointing out that the credit expansion of early 2020 peaked a month before the significant downward adjustments of the repo rate that started in March 2020. The credit downswing that followed continued until about July 2020 for corporate credit, which coincided with the levelling-off in the repo rate. Household debt bottomed earlier in May 2020, before returning to the pre-January trend in July 2020. A simple zero-order correlation matrix shows that household debt was strongly correlated with the repo rate (-0,7204), whereas corporate debt was weakly correlated with the repo rate (-0,2484) in 2019 and 2020. This suggests that the presumed deleveraging by corporates after March 2020 may have been a strategic initiative to pre-finance their activities and strengthen their liquidity positions. Although households responded in a similar manner immediately before and after the national lockdown, their decisions may generally have been driven by interest rate considerations.

REGULATORY RELIEF

The monetary authorities also announced regulatory relief measures and published a guide for banks to ease the impact of the Covid-19 pandemic (SARB, 2021a). As noted in [Chapter 6.1](#), the SARB issued directives on a temporary debt service relief to firms and individuals by temporarily amending Directive 7 of 2015 to lower the minimum capital requirements for banks relating to credit risk. The measures aimed to facilitate compliance around the liquidity coverage ratio (D1/2020), providing temporary capital relief (D2/2020), and treatment of restructured credit exposures (D3/2020).

On 25 March 2020, the SARB issued guidelines for debt relief to bank customers. Subsequently, all major banks announced options for cash flow relief, such as payment holidays and debt restructuring for, among others, small enterprises, and individuals

- unable to meet their obligations. Between
- March and April 2020, banks extended an
- estimated R15,03 billion in cash flow relief in the form of payment breaks; this rose to R33,61 billion by the end of September 2020 (BASA, 2020). To enable them to develop common approaches to debt relief (and other measures), banks were exempted from provisions of the Competition Act from the beginning of March 2020.

Banks extended the cash flow relief only to customers in good standing, who were highly likely to meet their debt obligations after the relief period but could not meet their credit agreement payments in the short term as a direct consequence of the pandemic and the lockdown (BASA, 2020). While all customers (individuals, small enterprises, and corporates) could potentially qualify for cash flow relief, small businesses faced at least two structural barriers in accessing this finance:

- The 'existing criteria for and methods of evaluation of loans discriminate' against SMMEs (see Nieuwenhuizen & Kroon, 2003; Rogerson, 2008; Agwa-Ejon & Mbohwa, 2015; Langa & Govender, 2019). For instance, before disbursing loans, banks require enterprises to submit audited accounts for at least two years; this effectively means only enterprises that have been in business for a minimum of three years would qualify for finance.
- Banks often fail to identify potentially successful owners of SMMEs (Rogerson, 2008). Instead, they focus on potentially successful enterprises, based on the same approach they use to evaluate corporates. Rather than taking a standard approach to all clients regardless of their characteristics, banks should consider offering finance to entrepreneurs who may have little security but do comply with important criteria affecting success, such as 'leadership, the knowledge and skills of the applicant, market orientation, financial insight and management, creativity and innovation and risk orientation' (Nieuwenhuizen & Kroon 2003:141).

These structural barriers to access to finance could have contributed to the failure of many small enterprises that faced liquidity constraints. As noted in the discussion on manufacturing, Finfind (2020) shows that 42,3% of sampled SMMEs closed down in 2020. Among the main challenges they

faced during the lockdown were existing debt, a lack of cash reserves, and inadequate access to relief funding; these are the very problems that the monetary authorities and commercial banks have been attempting to address. The lesson learnt here is that providing liquidity without addressing the structural rigidities of the system may not yield the desired outcomes.

SOUTH AFRICAN FUTURE TRUST

In March 2020, the Oppenheimers (Nicky and Jonathan) established the South African Future Trust with the primary objective of providing an estimated R1 billion to 'extend direct financial support to SMME employees at risk of losing their jobs or suffering a loss of income because of the Covid-19 crisis' (SAFT, 2021). Government provided seed funding of R100 million from the National Treasury and R50 million from the National Lottery. By early April 2020, the Trust had approved support to the value of R330 million. By March 2021, the sum of R1,04 billion had been disbursed on 9656 SMME loans, supporting 92 993 employees. These funds were administered by six banks – ABSA Bank, FNB, Standard Bank, Nedbank, Investec and Mercantile Bank – and were only available to SMMEs that banked with these institutions.

A major weakness of this initiative, as with other bank-administered loans, is that small and microenterprises were expected to comply with all bank requirements. This led to similar problems as with the government initiative discussed above. While medium enterprises could comply with ease, small and microenterprises struggled with

requirements that had originally been tailored for large corporates. Also, the South African Future Trust project did not deal with the other structural constraints faced by SMMEs. The assumption was that with additional liquidity, SMMEs would be able to survive the slump created by the Covid-19 pandemic and the lockdown, regardless of any structural problems. However, the literature suggests that failures amid a crisis tend to be associated with the inability of enterprises to adjust because of structural rigidities (Jácome, 2004). Unless these are dealt with, a flow of money to these enterprises may not solve the problem.

LOAN GUARANTEE SCHEME

The SARB launched a loan guarantee scheme on 12 May 2020 ([Chapter 6.1](#)) in partnership with the Banking Association of South Africa (BASA). The aim was to incentivise banks through a risk-sharing arrangement to extend guaranteed loans for operational expenses at preferential (prime) rates to distressed businesses with an annual turnover of less than R300 million. The scheme was underwritten by an initial guarantee of R100 billion from the National Treasury, with the option of doubling the guarantee.

Results have been mixed – uptake was slow at first, and many applications (35% by end-August and 56% by end-March 2021) were rejected because applicants did not meet the eligibility criteria for the scheme as set out by the Treasury and the SARB or because they did not meet the banks' risk criteria. The average loan size under the scheme was R1,27 million and R1,24 million as at end-August 2020 and end-March 2021, respectively (BASA, 2020 & 2021). In July 2020 the scheme was reviewed, and several changes were introduced (Box 6.5.2).

Box 6.5.2: Measures to improve the loan guarantee scheme, July 2020

1. Introducing business restart loans for businesses that can begin operating as the economy opens up.
2. Allowing more discretionary and less-restrictive bank credit assessments to meet the scheme's objectives.
3. Extending the drawdown from 3 to 6 months (max.).
4. Extending the interest and capital repayment holiday from 3 to 6 months (max.) after the final drawdown.
5. Replacing the turnover cap of R300 million with a maximum loan amount of R100 million. Banks can provide syndicated loans for loans over R50 million.
6. Moving the period of the good standing test back from 29 February 2020 to 31 December 2019 to help firms that had cash flow problems in February.
7. Including sole proprietorships, allowing salary-like payments to the owners to be included in the use of proceeds. Security is not explicitly required.

Source: National Treasury, SARB & BASA, 2020

The performance of the loan guarantee scheme, however, has not improved. By end-May 2021, with the scheme extended to R200 billion, it had received 50 344 applications, of which R18,35 billion (9,18%) had been approved by the banks and taken up by firms via nearly 13 000 loan agreements (BASA, 2021). The figures also show that demand for credit from the scheme has been low. It is expected to continue declining in the foreseeable future, because qualifying business owners are hesitant to increase their borrowing under weak economic and uncertain business conditions (BASA, 2021). The implication is that real output will remain subdued for longer than would otherwise have been the case, which in turn will keep the economy relatively weak. In a weak economy, investors will remain reluctant to borrow and expand their production. The consequence of this chain of events will be an economy that takes a relatively long time to recover.

- With such low levels of approvals and
- disbursements only two months before the
- end of the R200 billion scheme, the project has clearly failed. An important question with profound policy implications is, why? Some suggest that this reflects a coordination failure between the banking system, the SARB, and the National Treasury. The SARB and the Treasury prepared operating rules for the scheme, while the banks were the implementing partners. Although risk against losses is shared between the banks and the Treasury, the latter undertook to bear the largest part of the losses. It has been argued that the scheme's poor performance reflects a failure to recognise that the real need was a lower cost of credit over a longer period. Instead, the scheme was designed to provide additional credit to businesses wanting to borrow to invest or keep their businesses going. Had the scheme been properly designed, it should have focused on replacing existing debt with lower-cost debt for a longer period of time.

FISCAL AND MONETARY POLICY COORDINATION

According to Bonam and Lukkezen (2018), equilibrium requires (a) monetary policy to target inflation and (b) fiscal policy to ensure long-term debt sustainability. In the presence of sovereign risk (the probability of a government defaulting on its debt obligations), fiscal authorities are expected to respond more aggressively to changes in debt to deliver a stable equilibrium if the central bank is actively targeting inflation. Following the Covid-19 pandemic, government expenditure in South Africa rose

dramatically, from R1,85 trillion in 2019/20 to R2,05 trillion in 2020/21. The debt-to-GDP ratio rose from 64% in 2019 to 82% in 2021, for two reasons: a significant decline in GDP and a substantial increase in government expenditure on Covid-19 interventions. It is expected to stabilise at 88,9% in 2025/26 (National Treasury, 2021; see also [Chapter 6.1](#)). In the absence of efficient fiscal and monetary policy coordination, financial instability may ensue, leading to high interest rates, exchange rate pressures, rapid inflation, and an adverse impact on economic growth (see Hanif & Arby, 2003).

INSURANCE

Whitehouse (2021) argues that the Covid-19 pandemic will create difficulties for many insurance customers in honouring their premiums; this suggests that insurance firms might well bear the adverse effects of the pandemic longer than banks. Since the start of the pandemic, banks have focused on initiatives that provide cash flow relief to their clients (e.g., loan repayment holidays). In time, they expect the delayed loan repayments to be made. Insurance companies, on the other hand, are confronted with clients that are unable to pay and, hence, are cancelling their insurance policies. These people might not automatically return as insurance customers even once the economy is back on track. Insurance firms may need to attract them in the same way they deal with new clients. The process may become complicated if the insurance firms are seen as having not paid out legitimate claims (Box 6.5.3). A reluctance to settle claims suggests the industry risks compounding the damage it is already facing from the Covid-19 pandemic.

Box 6.5.3: Santam condemned for rejecting a settlement proposal

Insurance Claims Africa, a specialist firm that assists in the preparation of claims, has condemned Santam's decision to reject a settlement proposal from hundreds of tourism and hospitality businesses hit by Covid-19.

- Santam, which claims a general insurance market share of 22% in South Africa, argues that no insurer can afford to offer widespread pandemic coverage, as the premiums would be too high.
- Insurance Claims Africa says the 400 businesses it is representing bought policies that included claims arising from infectious diseases. It argues that the long court process that is likely to result will cause mass closure of tourism businesses and job losses.
- Ryan Woolley, the chief executive officer of Insurance Claims Africa, said it is 'unconscionable of insurers to penalise their clients for their own poor underwriting skills'.

Source: Whitehouse, 2021

CONCLUSIONS AND LESSONS LEARNT

While distinct 'winners' and 'losers' of the Covid-19 pandemic can be identified, the South African financial sector cannot be described as either. The sector continued to operate throughout the lockdown period as a provider of essential services. However, many clients of financial services were adversely affected by the pandemic and the lockdown, forcing them to postpone or fail to honour loan payments. Therefore, the short-term implications of Covid-19 on the financial sector can only be determined empirically. In the medium to long run, the sector is expected to recover once loan repayment breaks/holidays expire and firms in distress also recover.

The following preliminary lessons have emerged:

- Lower repo rates coupled with a government loan guarantee scheme had been seen as a good example of monetary and fiscal policy coordination that would provide liquidity to businesses in distress at low cost. However, the bulk of loan applications were rejected, largely because they did not meet the monetary authorities' eligibility criteria or the banks' risk criteria (BASA, 2021). This demonstrates that an increase in the supply of loanable funds, combined with a reduction in the cost of borrowing, does not necessarily ensure that businesses with cash flow problems will get relief. Rather, **structural issues in the loanable funds market** must also be addressed.
- There is **no quick fix** to turn around the economy after a deep slump, as observed in 2020. Demand for Covid-19 loans has declined significantly in 2021 and is expected to decrease even further in the foreseeable future (BASA, 2021). While the fiscal and monetary authorities have put in place several measures to encourage investment, business owners are reluctant to invest in a weak and uncertain environment. Their wait-and-see position may in itself keep the economy weak for a longer period, which in turn may continue to slow down private investments. To some extent, this might become a self-fulfilling prophecy that lengthens the recovery period even further.
- It is **inappropriate to treat all firms in the same way**. Small and microenterprises are clearly different from medium and large ones. Many small and microenterprises, for example, prefer grants or equity funding to loans (BASA, 2021). In addition, their structure, culture, and processes tend to be different from those of medium and large businesses. Therefore, assessing the ability of firms to repay loans as well as their risk portfolio using the same tools is probably incorrect.

REAL ESTATE

The Covid-19 lockdown has adversely affected activity in the real estate sector because of both the restrictions on the movement of people and the prohibition on trade in non-essential goods under alert level 5 (27 March to 30 April 2020).

In March 2020 the Property Industry Group was formed, comprising the SA REIT Association (SAREIT), the South African Property Owners Association (SAPOA) and the South African Council of Shopping Centres, to speak on behalf of and coordinate efforts to respond to the impact of the pandemic on the commercial real estate sector in South Africa (BusinessTech, 2020). The Property Industry Group initiated various levels of rent relief for SMMEs:

- **Level 1:** Badly affected retailers, such as restaurants, hairdressers, travel agents, take-aways, and the like, were given 35–100% rent relief.
- **Level 2:** Retailers that were moderately affected were given rent relief of 35–50% (SAREIT, 2021).

REAL ESTATE INVESTMENT TRUSTS

Real estate investment trusts (REITs) are companies that own, operate and finance income-producing real estate. To qualify as a REIT in terms of the listing requirements of the Johannesburg Stock Exchange (JSE), 75% of a trust's income must be generated from income-related real estate activities and indirect property investments, its debt level cannot exceed 60% of gross asset value, and it must own property worth at least R300 million. As of December 2019, the market capitalisation of South African REITs was valued at R193 billion (Akinsomi, 2021);

hence, this real estate asset class represents a significant element of the commercial real estate landscape in South Africa.

SAREIT, an umbrella organisation of 28 REITs, released a report in March 2021 on the impact of the Covid-19 pandemic on its members (SAREIT, 2021). Because of the strict lockdown restrictions under alert level 5, tenants of commercial real estate – specifically retail tenants who sold non-essential goods – were unable to pay rent. REITs therefore had to provide rental relief of over R2,5 billion up until December 2020, in the form of both deferrals and discounts. Discounts, which are not refundable, are estimated to account for 80% of the rent relief. The SAREIT report does not quantify rental relief since December but estimates that REITs have provided total rental relief of close to R3 billion so far. Table 6.5.2 shows that almost half of the reported relief (R1,2 billion) was granted in the hard lockdown period, between April and June 2020.

The rental relief has affected the fundamentals of REITs, particularly the mandated distribution requirement – 75% of a REIT's generated income is expected to be distributed to shareholders. Because of liquidity constraints, in March 2020 SAREIT asked the National Treasury to suspend the mandatory payment of dividends for two years. Several REITs have announced that they would not be paying the mandated dividend because of Covid-19-related liquidity constraints; these include Redefine Properties and Rebosis.

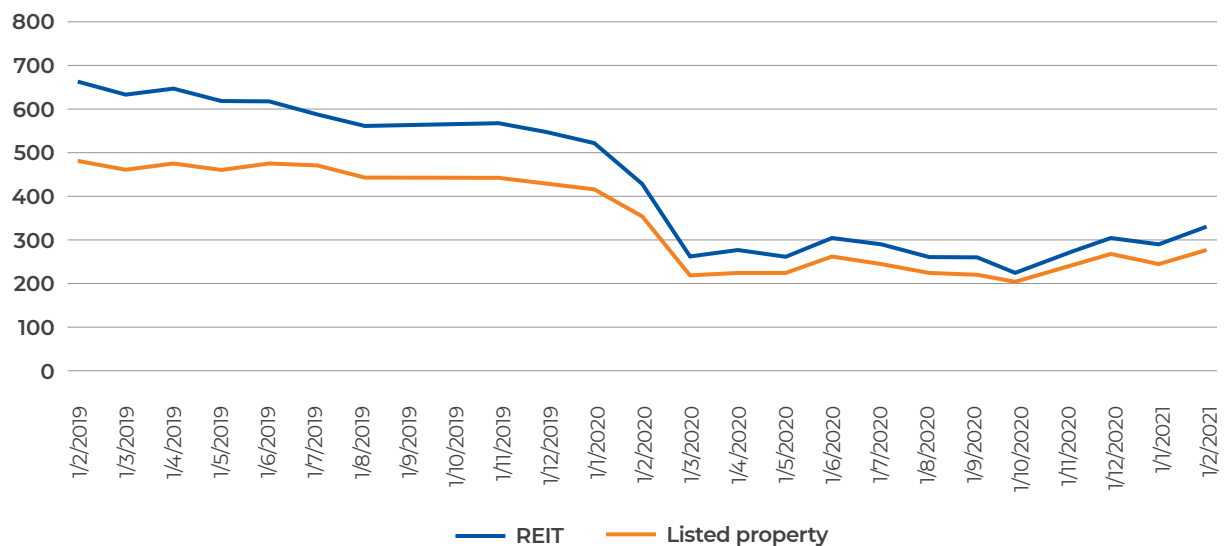
Figure 6.5.11 shows two real estate indexes on the JSE: the JSE REITs index (JS3512) and the JSE listed property index (J253). The impact of the pandemic on REITs and listed property is clear: since March 2020, the JSE REITs index has lost 32% in index value, while the JSE listed property index has lost 27%.

Table 6.5.2: Rental relief provided by SAREIT members, April to December 2020

Time period	Value (R million)	Share of total rental relief (%)
April to June 2020	1 150	44,7
April to July 2020	11	0,4
April to August 2020	627	24,3
April to September 2020	537	20,9
April to December 2020	250	9,7
Total	2 575	100

Note: Time periods reflect different company reporting periods. Source: SAREIT, 2021

Figure 6.5.11: JSE property index, February 2019 to February 2021



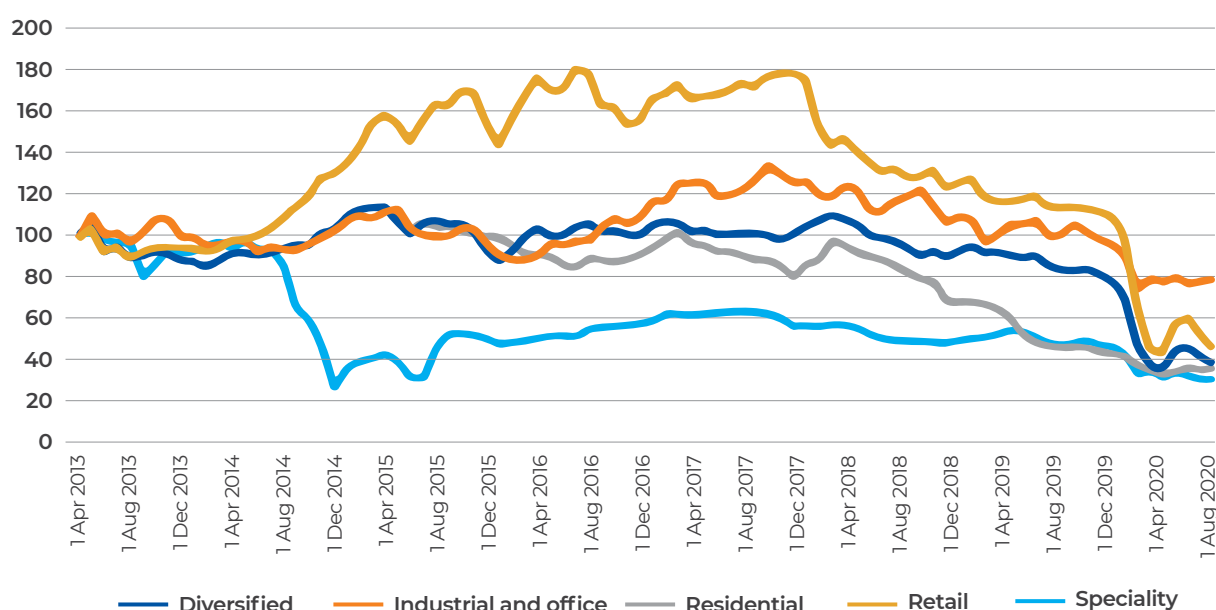
Source: Based on data from Iress

COMMERCIAL REAL ESTATE

The impact of Covid-19 on the commercial real estate in South Africa has not been uniform (Figure 6.5.12). Based on the performance of REITs in each sector, Akinsomi (2021) suggests that the retail sector suffered significantly, with almost half of the index value of retail

REITs wiped out. Diversified REITs did not fare quite as badly, and industrial and residential REITs were least affected. Because the performance of the commercial real estate tends to lag that of indirect commercial real estate (e.g., REITs), the impact of the pandemic on the sector may not become clear until 2021 or even 2022.

Figure 6.5.12: REITs market capitalisation, April 2013 to September 2020 (base: April 2013=100)



Source: Akinsomi, 2021

OFFICE SECTOR

The office sector in South Africa has been significantly affected by the Covid-19 pandemic, especially by the dramatic increase in remote working. This has contributed to an increase in rent deferrals and rent freezes in the office space. First National Bank's commercial property survey estimated that commercial property values would decline by 7% in 2020 and by a further 9% in 2021 (FNB, 2021). According to Rode and Associates, market rentals for grade A office space decreased by 2% year-on-year in the third quarter of 2020, although it increased by 1% in the second quarter of 2020 (Rode & Lamprecht, 2020). The percentage of office tenants in good standing fell from 75% in

March 2020 to a low of 59% in May 2020 and then rallied to 67% in July (Mathe, 2020). SAPOA (2020a) put vacancies in office space at 13,3% in December 2020 – the highest rate since 2004. Although an oversupply of office space contributed to this phenomenon, it was exacerbated by the Covid-19 pandemic.

RETAIL SECTOR

As noted, the retail sector has been one of the worst-affected by the pandemic. SAREIT (2021) members provided rental relief to retailers, especially to sellers of non-essential items whose stores were closed during the lockdown. These included both discounts and deferrals, as per Table 6.5.3.

Table 6.5.3: Rental relief to SMME retailers, April to June 2020 (%)

Level	Examples of SMMEs	April 2020	May 2020	June 2020
Highly affected	Restaurant, hairdresser, nail salon, theatre, take-away, travel agent	60–100% discounted	Up to 55% discounted	Up to 45% deferred
Moderately affected	Franchise holder	50–75% discounted	Up to 50% discounted	Up to 40% deferment

Source: SAREIT, 2021

The annualised trading density measures sales per square metre on a rolling 12-month basis. According to the SAPOA (2020b) report on retail trends, the annualised trading density fell by 13,4% year-on-year in September 2020. April 2020 saw the highest overall decline in trading density (-64,1% year-on-year). This was due to the lockdown restrictions, as stores and shops considered non-essential were closed from 27 March to 30 April 2020. The average vacancy rate of retail space was 6,9% in the third quarter of 2020.

INDUSTRIAL SECTOR

The industrial sector remained fairly healthy during the pandemic, and the appetite for industrial space was relatively better than for office or retail space. According to Rode and Associates (Rode & Lamprecht, 2020) vacancies for industrial space were only about 5%, much lower than for office (13,3%) and retail space (6,9%); this underscores the resilience of industrial space in the pandemic.

RESIDENTIAL REAL ESTATE

The ABSA (2020) homeowner sentiment index is a good measure of how residential real estate fared during the pandemic. In the second quarter of 2020, ABSA interviewed 1000 consumers to measure their confidence in the residential property sector. The general indication is that it is still a good time to buy rather than sell property. The favourable sentiment is highest among respondents who have never owned a property. Several variables contributed to the favourable sentiment in the residential sector, key among which was the interest rate. The SARB gradually reduced interest rates during the pandemic (see Figure 6.5.9 above), with prime rates falling from 9,75% just before the lockdown to 7% by September 2020 (Table 6.5.4). The reduction of the cost of financing a home has increased the interest in home ownership, especially among first-time buyers.

Table 6.5.4: Prime interest rates, September 2019 to April 2021

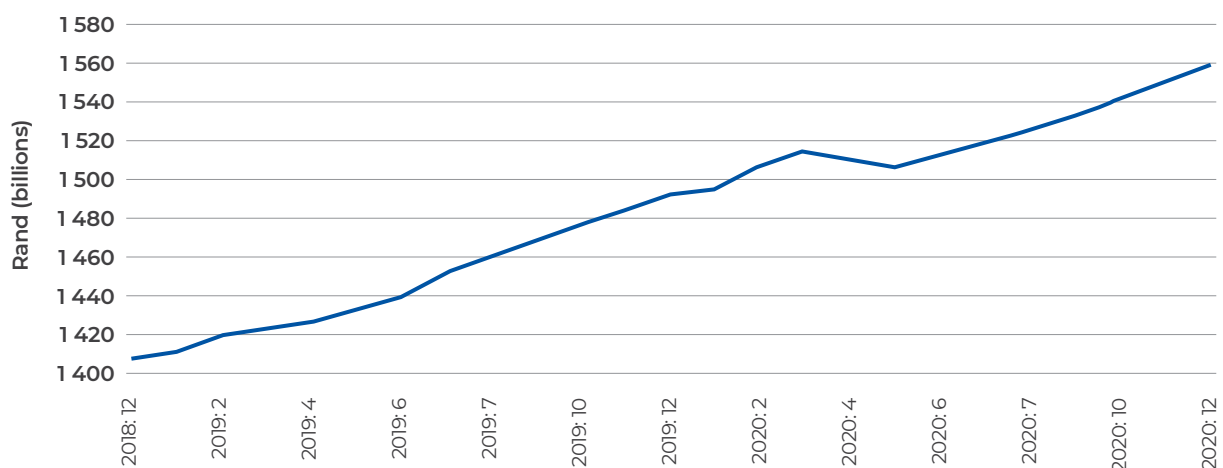
Date	Interest rates
1 September 2019 – 29 February 2020	10,00%
1 March 2020 – 30 April 2020	9,75%
1 May 2020 – 31 May 2020	8,75%
1 June 2020 – 30 June 2020	7,75%
1 July 2020 – 31 August 2020	7,25%
1 September 2020 – April 2021	7,00%

Source: Based on data from SARB

- The favourable sentiment is also clear from
- the trend in mortgages. Figure 6.5.13 shows
- that outstanding mortgage loans issued by commercial banks were on an upward trend throughout 2019. This largely continued in 2020, except for April and May 2020 when aggregate outstanding loans dropped. This was probably due to a sharp fall in mortgage

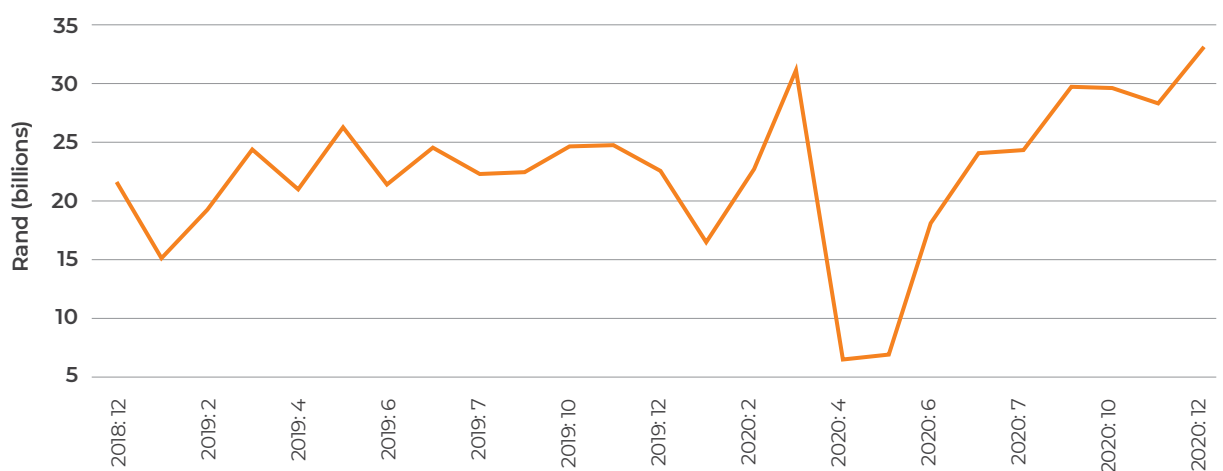
loans paid out in the same period (Figure 6.5.14). Mortgage lending fell by nearly 76% in April 2020, the month after the hard lockdown started. Mortgage loans paid out declined by a further 6% in May 2020 before recovering to pre-lockdown levels in June 2020 and the subsequent months.

Figure 6.5.13: Outstanding mortgage loans issued by banks, 2019 to 2020



Source: SARB, 2021b

Figure 6.5.14: Mortgage loans paid out by banks, 2019 to 2020



Source: SARB, 2021b

One aspect of the residential property market that was badly affected during the Covid-19 pandemic was the transfer of property ownership. The deeds office was shut during alert level 5 and only reopened after six weeks of inactivity on 1 May 2020. This caused severe backlogs: an article by Property24 (2020) shows that between 24 March and 21 July 2020, only 32 910 deeds were registered, as against 122 302 in 2019.

CONCLUSIONS AND LESSONS LEARNT

The Covid-19 pandemic has adversely affected real estate in South Africa. Landlords of commercial real estate have had to provide billions in rental relief to tenants unable to afford their rent because of social distancing and lockdown restrictions. South African REITs have been particularly badly affected, which could affect the mandated 75% distribution requirements to shareholders. Policy geared to suspending mandatory requirements to distribute profits to shareholders would help REITs in the long run and assist in their sustainability.

The SARB has reduced the interest rate significantly from 9,75% before the pandemic to 7% currently; this has stimulated real estate markets. In the residential market specifically, respondents to the ABSA survey discussed above report increased confidence to buy property. This monetary policy stance should ideally be maintained; should conditions allow, interest rates could be further reduced to stimulate the real estate markets.

Confidence and growth in the real estate markets could be supported by a faster roll-out of the vaccination programme. As of 8 May 2021, according to Our World in Data (2021) only 382 480 South Africans have been vaccinated; this number is low relative to countries such as the United States (151,32 million), India (133,37 million), and the United Kingdom (35,19 million).

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ANNEX 6.5.1: MINING

COMPOSITION OF THE MINING SECTOR

In the South African mining industry, the eight most important commodities (by value of sales) represent 91% of mineral and metal sales and 92% of the workforce (Table 6.5.5). The largest commodities are coal and platinum group metals, followed by gold. The contribution of gold to the mining industry remains significant, even though production has declined in recent decades as ore reserves have been depleted.

Metals and minerals are beneficiated, concentrated, smelted, and refined and are inputs for the manufacturing sector. The bulk of production is exported, although exports of gold and coal are proportionally low. Some 70% of the coal produced is sold to domestic consumers, such as Eskom (45%), Sasol (30%), and for other industrial and domestic use (25%) (Minerals Council, 2020e).

INSTITUTIONAL ARRANGEMENTS

The mining sector is governed by the **DMRE**, led by Minister Gwede Mantashe, in terms of the Mine Health and Safety Act 29 of 1996⁷ and the Mineral and Petroleum Resources Development Act 28 of 2002 (RSA, 2002). The DMRE administers prospecting rights, mining rights, mining permits, and compliance with the Mineral and Petroleum Resources Development Act, including environmental management. The Mine Health and Safety Act places the primary responsibility for health and safety on the 'employer' (i.e., the entity that holds the right to prospect or mine).

Implementing agencies of the department include the Mine Health and Safety Inspectorate and the Council for Geoscience. The Mine Health and Safety Council is a tripartite body established in terms of the Act. Other government departments with roles in governing mining projects include Water Affairs and Sanitation, and Environment, Forestry and Fisheries. The former issues water use licences to mining companies and houses the [Water Research Commission](#). The Commission conducts research into water-related issues, including the use of water by mines and the impact of mining activities on water availability and quality. The Department of Environment, Forestry and Fisheries issues permits for exploration and mining.

Table 6.5.5: Mining commodities, 2019 and 2020

Commodity	Direct employment		Value of sales (R billion)		% of sales exported	
Year	2019	2020	2019	2020	2019	2020
Coal	92 916	91 459	139,3	132,9	39	36
Platinum group metal	168 102	163 358	136,0	171,3	92	91
Gold	95 130	93 682	76,6	78,2	37	72
Iron	19 769	20 607	70,7	83,1	92	96
Manganese	11 143	12 036	45,1	35,7	96	92
Chrome	20 901	19 587	22,2	17,4	47	46
Industrial minerals	12 195	11 787	17,9	16,1	44	28
Diamonds	15 252	13 983	13,2	11,4	58	62

Source: Minerals Council, 2020e & 2021a

The [Minerals Council South Africa](#) is an employers' organisation that supports and promotes the mining industry by providing strategic support and advisory input. In 2019 its 76 members produced 90% of South Africa's mineral output by value.

Many employees are members of **trade unions**, such as AMCU, the National Union of Mineworkers (NUM), Solidarity, and the United Association of South Africa (UASA).

South Africa has a vibrant **non-governmental sector**, which also considers the negative aspects of mining. Important non-governmental organisations include the [Bench Marks Foundation](#), the [Centre for Environmental Rights](#), [Earthlife Africa](#), and [GroundWork](#).

The **South African Commission on Human Rights** has convened hearings on the socio-economic challenges faced by communities affected by both mining and unregulated mining activities. The Commission's reports include recommendations on governance and research (SAHCR, 2015 & 2016).

Safety statistics are reported weekly by the DMRE. In 2019, 51 mineworkers lost their lives in workplace incidents. In 2020 the toll increased to 58. Falls of ground are the greatest safety risk, contributing to 40% of the fatalities. Furthermore, many mineworkers suffer from diseases such as HIV/AIDS, tuberculosis, and silicosis. Consequently, the larger mining companies are experienced in screening and treating workers. However, small-scale mines do not have the same resources, and the informal mining sector is completely unregulated and un-resourced.

Mining depends on government-supplied energy, water and transport **infrastructure and services**. In 2019 mines paid R8 billion for water, R22 billion for electricity and R72 billion for transport and storage, including rail, road, and harbours (Minerals Council, 2020e). Bulk products are transported by road, rail (e.g., iron and manganese ore on the Sishen–Saldanha line and coal on the Mpumalanga–Richards Bay line), stockpiled and loaded at ports. Mines are also significant producers of pollution and waste, such as acid mine drainage, greenhouse gases and tailings.

⁷See MHSC, 2018

- **Experts at universities, science councils**
- **and industry practitioners** provided advice
- to companies and unions and commentary on the DMRE guidelines. For example, on 27 March, Wits University public health specialists Professor Derk Brouwer and Dr Vanessa Govender published an opinion piece urging companies to apply valuable lessons learnt from other epidemics (e.g., HIV/AIDS and tuberculosis) to keep the workforce healthy and safe (Brouwer & Govender, 2020). Professors Rodney Ehrlich

(UCT), Jill Murray and Nancy Coulson (Wits), Rajen Naidoo (UKZN) and David Rees (NIOH/ Wits) supported AMCU's court application on 29 April; on 12 May Professors Brouwer and Coulson commented on the draft Code of Practice of the DMRE. Professor Brouwer, Dr Govender and Adjunct Professor May Hermanus published an article titled 'South Africa's industry preparedness to control Covid-19 transmission' (based on information available to 10 April 2020) in the March/April issue of *Occupational Health Southern Africa*.

COVID-19 AND THE MINING SECTOR

Table 6.5.6: Chronology of Covid-19 events in the mining sector

PRE-LOCKDOWN	
January	The WHO declares Covid-19 a Public Health Emergency of International Concern.
Early February	The Minerals Council issues a set of measures to mitigate the impact of the virus, based on materials provided by the National Institute for Communicable Diseases and the WHO. They are targeted at employees and translated into Afrikaans, isiZulu and Sesotho.
06/03	The Minerals Council announces a 9-point (later expanded to 10 points) action plan and states that it 'stands ready to work with all relevant parts of government to manage the spread of the virus' and that 'the potential impact on the industry is difficult to quantify'.
09–13/03	Engagement between the DMRE and the Minerals Council.
11/03	The WHO declares Covid-19 a pandemic after it reaches more than 100 countries.
11/03	The Minerals Council issues a second set of mitigation measures.
17/03	Minister Mantashe, the DMRE and the Minerals Council engage on industry preparedness.
17/03	The Department of Employment and Labour publishes Covid-19 planning guidance for employers (DEL, 2020b).
18/03	Government issues regulations in terms of the Disaster Management Act 57 of 2002 (CoGTA, 2020). Mines supplying coal to Eskom and liquid fuel manufacturers are deemed to provide an essential service and allowed to continue production. Smelters and refineries that cannot be easily switched off and on are allowed to operate at reduced levels, while drawing from stockpiles. All other mines are placed on 'care and maintenance'. Some 20 000 foreign workers are scheduled for repatriation.

18/03	The Minerals Council publishes a 10-point action plan and states that 'it is fully supportive of the measures that [the president] announced' and that 'it sees labour as a partner'.
18/03	NUM issues a statement expressing its concern and provides advice to the South African mining industry.
20/03	The Department of Employment and Labour publishes regulations on the compensation for occupationally acquired Covid-19, covering cases resulting from exposure to confirmed cases of Covid-19 in the workplace or after official trips to high-risk countries (DEL, 2020a).
23/03	President Ramaphosa announces a national lockdown of 21 days, along with various other measures to contain the pandemic and mitigate its effect on society and the economy.
23/03	AMCU issues a statement 'welcoming the radical interventions announced by the President' and indicates its intention to 'engage with the captains of industry and its members to comply and support the measures and interventions'.
24/03	NUM issues a statement calling on all companies to adhere to the Minerals Council's 10-point action plan and cancels all union-related gatherings of over 100 people with immediate effect.
25/03	The Minerals Council issues a statement detailing measures to prevent infection and minimise the economic impact of the pandemic.
26/03	The DMRE (2020) issues guiding principles for the prevention and management of Covid-19 in the South African mining industry.
LEVEL 5 'HARD' LOCKDOWN (27 March – 30 April) (Initial 21-day period extended twice)	
29/03	AMCU calls on mining houses to convene a coronavirus summit to gauge and bolster the state of preparedness for Covid-19 in the mining sector. It notes that 'mineworkers are forced to earn their livings in cramped areas with compressed air and high heat' and the 'working spaces like lifts known as 'cages' are the ideal breeding ground for this disease'.
31/03	NUM President Joseph Montisetse expresses concern that several mining operations continue to operate with reduced staff during lockdown.
06/04	AMCU issues a statement that 'accuses the DMRE of deviating from the national lockdown measures announced by the State President, as well as of lacking consultation with trade unions and other stakeholders'. AMCU President Joseph Mathunjwa says that the department had failed to honour its undertaking to provide a list of mining operations that will continue to be operational during the lockdown.
08/04	AMCU demands the minister of mineral resources and energy establish a task team to develop a national code of practice for managing Covid-19 in the sector (which may be customised at company level); this is to be gazetted as a regulation and a safety standard for the sector.
14/04	The Minerals Council publishes Standard Operating Procedures that provide guidelines for the management of healthcare workers and employees returning to work after the lockdown.
15/04	NUM issues a statement indicating an agreement with Harmony Gold that all workers will return to work on 2 May, all workers will be intensively screened, and the company will roll out a massive education campaign.
16/04	Disaster Management Act regulations are amended to allow mining operations to phase-up to 50% capacity.



16/04	AMCU issues a statement expressing its deep disappointment in the amended regulations, saying that the 'conditions for the health and safety measures to be put in place are inadequate' and reiterates its 8 April call for the development of a national code of practice.
21/04	The Minerals Council publishes recommendations for the proper use of PPE for specific situations to protect employees against exposure to the coronavirus and airborne pollutants in the workplace.
21/04	AMCU brings applications against the DMRE in the Gauteng High Court and the Labour Court to force the department to set national standards to manage the Covid-19 risk. AMCU's application is supported by an expert opinion from some of South Africa's foremost experts in public health and occupational medicine (see below).
21/04	NUM North East Region expresses concern that mines in the region are not adhering to new regulations and calls upon the DMRE to develop a joint programme to visit all listed mines.
24/04	NUM Kimberley Region issues a statement rejecting the attitude of employers who have cut salaries or refused to pay salaries and claimed relief from the UIF because of financial difficulties. NUM calls on the departments of Mineral Resources and Energy and of Labour to ensure compliance.
28/04	The Minerals Council reports that as of 27 April, the mining industry had experienced nine Covid-19 cases, none of which are because on-mine transmission.
29/04	The Labour Court hears arguments (using Zoom) regarding the AMCU applications.
LEVEL 4 LOCKDOWN (1-31 May)	
01/05	Mines are given permission to operate at 50% capacity after the 5-week hard lockdown.
01/05	The Labour Court issues judgment requiring the DMRE to publish a mandatory code of practice to mitigate and manage the Covid-19 outbreak. AMCU President Joseph Mathunjwa says, 'As AMCU we are truly elated by this victory of workers'.
11/05	NUM issues a statement expressing concern that some employers had decided to issue section 189 notices (intention to retrench workers) and had to be stopped by the department, and that some rich companies had decided to cut pay. It expresses appreciation for the 'proactiveness and decisiveness of the government' in handling the situation.
12/05	The Chief Inspector of Mines, David Msiza, requests commentary on the Guideline for the Compilation of a Mandatory Code of Practice for the Management of Covid-19 in the South African Mining Industry. Members of the Integrated Mine Health and Safety Research Group (Wits University) provide feedback.
15/05	The Minerals Council reports the first Covid-19 death of a mining industry employee; 165 000 employees have been screened, 87 tested, and 23 positive cases identified. It notes that 'while the initial cases reported in the industry were largely at corporate offices or professionals that had travelled internationally and locally for work or studies, there has been an increasing trend of regional transmission. Many of these have been cases of individuals contracting the illness at home under lockdown with no operational contact before or during their illness.'
18/05	Impala Platinum announces that a cluster of 19 asymptomatic cases has been detected at Marula Mine in Limpopo Province.
18/05	AMCU calls for universal Covid-19 testing at mines.

20/05	NUM North East Region calls for the closure of all mines in the Limpopo, following reports that Marula and Dwarsrivier mines have identified 19 and 30 Covid-19 cases, respectively.
22/05	The Minerals Council publishes a guide to assist members in taking informed decisions on the management of employees that are vulnerable to Covid-19.
24/05	AngloGold Ashanti reports that 164 cases, mostly asymptomatic, have been detected at its Mponeng mine.
26/05	NUM expresses deep concern about reports that the Mponeng and Moab Khutsong mines have identified 196 and 10 cases, respectively. It calls on the DMRE to temporarily stop all mining operations with a high number of infections until the situation has been remedied, with all workers paid in full. NUM commends the Limpopo government, in particular the MEC for Health, Phophi Ramathuba, for 'doing a fantastic job'.
LEVEL 3 LOCKDOWN (1 June – 17 August)	
09/06	The Minerals Council announces that 230 000 employees are back at work, 679 cases have been detected, and one death has been reported.
11/06	<i>Mining Weekly</i> reports that contract labour consultant TEBA has been contracted to transport some 14 000 foreign workers (from Lesotho, Eswatini, Mozambique and Botswana). Buses are to carry half their normal capacity to ensure social distancing. On arrival the employees are to be quarantined for 14 days in hostels and hotels.
19/06	The Portfolio Committee on Mineral Resources and Energy is briefed by the Minerals Council and organised labour, including the NUM, AMCU, Solidarity, and UASA on Covid-19-related work in the mining industry. The briefing covers health interventions and statistics, labour issues, community support, and the impact on production, mineral sales and exports.
01/07	Mineral exports in June have bounced back in value and earnings from first-quarter levels, although volumes still have to increase (Arnoldi, 2020).
02/07	The Minerals Council provides an update on mining sector interventions, reporting that 287 297 employees are screened every day, 2573 cases have been detected (74% asymptomatic), and 13 people have died. Initiatives by individual companies are described, e.g., an anti-stigmatisation campaign by Exxaro and Seriti, quarantine procedures by Harmony, and measures to encourage safe behaviour by Gold Fields.
03/07	<i>Mining Weekly</i> reports that industrial metal prices have risen from first-quarter lows, after the worldwide easing of lockdowns and monetary stimulus measures by banks and governments.
12/07	The first tranche of foreign mineworkers enters South Africa (Creamer, 2020).
17/07	The Minerals Council launches its <i>Behaviour Change Field Guide</i> .

LEVEL 2 LOCKDOWN (18 August – 20 September)	
20/08	<i>Mining Weekly</i> reports that the pandemic notwithstanding, Gold Fields saw its profit soar in the six months to 30 June; the half-year dividend equalled last year's full-year dividend.
27/08	<i>Mining Weekly</i> reports that Sibanye-Stillwater produced 'sensational half-year results on Covid-defying increased production from all operating segments' and invested R1,6 billion in Covid-19 social relief efforts, committing over R1,5 billion in financial support to employees not at work during the period and over R100 million to community and government support. Safe production milestones included the group's first fatality-free quarter since Q4 2018.
03/09	The Minerals Council reports that 338 624 employees are back at work and screened every day, 47 121 tests have been performed, 15 149 cases have been detected, and 161 people have died. It describes initiatives by individual companies to upscale testing.
16/09	The Minerals Council launches the <i>Beyond the Mine Gate Field Guide</i> .
LEVEL 1 (21 September 2020 – 23 April 2021)	
05/10	The Minerals Council dashboard for 5 October 2020 reports on 454 595 employees on 385 mines: 352 935 (78%) have been screened and 52 775 (12%) tested. A total of 17 155 cases have been detected, 421 cases (2,5%) are still active, and 184 (1%) people have died.
04/01/21	The Minerals Council dashboard for 4 January 2021 reports on 473 782 employees on 385 mines: 377 431 (80%) have been screened and 66 405 (14%) tested. A total of 19 905 cases have been detected, 367 cases (1,8%) are still active, and 206 (1%) people have died.
23/04/21	The Minerals Council dashboard for 23 April 2021 reports on 474 248 employees on 385 mines: 395 259 (83%) have been screened and 136 009 (28%) tested. A total of 33 468 cases have been detected, 181 cases (0,5%) are still active, and 386 (1,2%) people have died.
14/05/21	The Minerals Council dashboard for 14 May 2021 reports on 490 427 employees on 385 mines: 408 920 (83%) have been screened and 144 363 (29%) tested. A total of 35 089 cases have been detected, 362 cases (1%) are still active, and 396 (1,1%) people have died. 946 healthcare workers have been vaccinated.

Note: Minerals Council data sourced from Minerals Council (2021c) Dashboard

ANNEX 6.5.2: MANUFACTURING

MANUFACTURING BEFORE THE PANDEMIC

Manufacturing plays an important role in economic development. Several distinct features differentiate it from other economic sectors. These include:

1. It is a source of high-wage jobs.
2. Expanding the manufacturing sector raises the productivity of the overall economy (both manufacturing and non-manufacturing activities).
3. It has a higher concentration of technology and generates most commercial innovation, which diffuses from manufacturing to other economic sectors such as services.
4. Manufacturing is tightly linked to other sectors of the economy, both 'backwards' (e.g., with mining or construction) and 'forwards' (e.g., with transportation, wholesale and retail trade and business services); these linkages generate a large multiplier effect in an economy.
5. Given its export intensity, manufacturing can make a significant contribution to reducing a nation's trade deficit.

These features of manufacturing have put it at the centre of South Africa's economic development agenda since 1994. Manufacturing is also part of the move towards a 'knowledge-based economy'. In this

respect, the 2012 National Development Plan recognises the importance of transforming the South African economy through innovation-driven industrial development. The National Development Plan is premised on a recognition that science and technology 'continue to revolutionise the way goods and services are produced and traded'. It further asserts that 'as a middle-income country, South Africa needs to use its knowledge and innovative products to compete'. It sees innovation as necessary for a middle-income country to develop, because 'on its own, a more competitive cost of production will not be sufficient to expand the global presence of South African industry. This applies to both new industries and traditional sectors' (NPC, 2012).

Despite this recognition of the importance of manufacturing, South Africa has undergone a gradual process of 'deindustrialisation' over several decades, with the annual growth rate of manufacturing declining over time (Andreoni & Tregenna, 2020). The sector had comprised about 20% of the economy in 1994, but by 2019 it contributed only 13% of GDP. The Covid-19 pandemic has massively accelerated the deindustrialisation process, heavily shaking a manufacturing landscape that had already been fragile.

LOCKDOWN REGULATIONS

Table 6.5.7 overleaf sets out the lockdown regulations affecting the different manufacturing subsectors for each alert level.

Table 6.5.7: Manufacturing activities under various lockdown levels

Alert level 5
1. Manufacture of all retail products permitted to be sold under Level 5, and all input products, permitted scaling up to full employment, except where otherwise indicated.
2. Manufacture of paper and paper products, excluding stationery, permitted scaling up to full employment.
3. Manufacture of packaging, including glass, plastic bottles and containers, permitted scaling up to full employment.
4. Manufacture of winter clothing, bedding and heaters, and all inputs required, permitted, commencing at 25% and scaling up to 50% employment.
5. Petroleum smelters, refineries and furnaces, permitted scaling up to full employment.
Alert level 4
1. Manufacture of retail products permitted to be sold under Level 4, and all input products, permitted scaling up to full employment, except where otherwise indicated.
2. Manufacture of paper and paper products, excluding stationery, permitted scaling up to full employment.
3. Manufacture of packaging, including glass, plastic bottles and containers, permitted scaling up to full employment.
4. Petroleum smelters, refineries and furnaces, permitted scaling up to full employment.
5. Manufacture of winter clothing, bedding and heaters (and all inputs required) permitted, commencing at 25% and scaling up to 50% employment.
6. Automotive manufacturing, including components, scaling up in phases to 50% employment.
7. Stationery production, scaling up in phases to 50% employment
8. Cement, other construction material, and hardware, scaling up in phases to 50% employment
9. All other manufacturing, scaling up to 20% employment
Alert level 3
1. Manufacture of all retail products permitted to be sold under Level 3, and all input products, permitted scaling up to full employment, except where otherwise indicated
2. Manufacture of paper and paper products, excluding stationery, permitted scaling up to full employment.
3. Manufacture of packaging, including glass, plastic bottles and containers, permitted scaling up to full employment.
4. Petroleum smelters, refineries and furnaces, permitted scaling up to full employment.
5. Manufacture of winter clothing, bedding and heaters, and all inputs required, permitted scaling up to full employment.
6. Automotive manufacturing, including components, scaling up in phases to 100% employment.
7. Stationery production, scaling up to 100% employment.
8. Cement and other construction material, scaling up to 100% employment

9. Steel and other metal manufacturing, scaling up in phases to 100% employment.
10. Clothing, textiles and footwear, scaling up in phases to 100% employment.
11. Other chemicals manufacturing, scaling up in phases to 100% employment.
12. All other manufacturing, scaling up in phases to 50% employment.
Alert level 2
All manufacturing scaling up towards 100% employment
Alert level 1
All manufacturing at 100% employment

ANNEX 6.5.3: THE TOBACCO LANDSCAPE BEFORE THE PANDEMIC

REDUCTION IN SMOKING PREVALENCE TILL 2010

Overall smoking prevalence in South Africa has stabilised at about 20% since 2010 (Vellios, et al., 2020), substantially less than the estimated 32% in the early 1990s (van Walbeek, 2005). This significant decrease in smoking prevalence stemmed from government policy to reduce tobacco, which rested on two pillars: taxation and legislation.

In 1994 government announced its intention to raise the **total tax burden** on cigarettes from 32% to 50% of retail prices; it then raised the excise duty substantially. The tobacco industry, dominated by Rembrandt/Rothmans, also substantially increased its net-of-tax prices, fuelling further increases in excise duty. This cycle of above-inflation increases in excise duty followed by above-inflation increases in retail prices continued until 2010. Even though nicotine is highly addictive, research shows that smokers do change their behaviour in response to price

changes (IARC, 2011). The sharp price increases between 1994 and 2005 were responsible for most of the 33% decline in cigarette consumption in this period (Chelwa et al., 2017). Rapid economic growth resulted in a modest increase in cigarette consumption between 2004 and 2007, even though cigarette prices were still rising.

The second pillar of the tobacco control policy was **legislation**. The Tobacco Products Control Act of 1993 introduced health warnings on both cigarette packaging and advertising material and banned smoking on public transport. Even then, this legislation was relatively weak. The 1999 amendment, driven by Dr Nkosazana Dlamini-Zuma, the minister of health at the time, banned all tobacco advertising, promotion, and sponsorship, and made enclosed public places smoke-free (with minor exceptions). In an international context, this legislation, together with the well-publicised excise duty increases, made South Africa one of the leading developing countries in tobacco control policy. In 2000, the National Department of Health received the American Cancer Society's Luther Terry Award for leadership in tobacco control. Relatively small amendments in 2007 and 2008 banned smoking in cars when minors are present and increased penalties for breaking the regulations.

GROWTH OF THE ILLICIT MARKET SINCE 2010

Since 2010 there have been no further amendments to South Africa's tobacco control policy, and illicit trade has become a significant problem. The very high profits earned by the multinational companies, led by BATSA (formed in 1999 with the merger of Rembrandt/Rothmans and United Tobacco Company, a subsidiary of British American Tobacco plc), attracted new entrants to the markets. Philip Morris, with its iconic Marlboro brand, entered South Africa in 2003, but did not pose much of a competitive problem for BATSA, as it simply followed BATSA's lead in pricing. More concerning for BATSA was the entry of nimble local producers who undermined its pricing strategy. Because formal advertising and marketing were illegal, these small producers, located in South Africa and some neighbouring countries, had to compete on price. Also, they were largely excluded from the formal retail outlets, and sold much of their product through informal channels.

Seeing their market under threat, BATSA and the other multinationals actively undermined the activities of the smaller players. Their methods are comprehensively documented in *The President's Keepers* (Pauw, 2017), the Nugent Commission (Nugent, 2018), *Tobacco Wars* (van Loggerenberg, 2019) and *Dirty Tobacco* (Snyckers, 2020). Through the Tobacco Institute of Southern Africa, their industry body, they created a narrative about the new entrants not paying excise duties. Through campaigns like #TakeBackTheTax, they presented themselves as the victims of illicit trade and as 'partners' to government in the latter's fight against the scourge.

Internationally, multinational tobacco companies have a long record of aiding and abetting the illicit trade, as is evident from the billions of dollars they have paid in fines for such activities (Snyckers, 2020). For them to claim that they are blameless in South Africa seems curious; they have been

accused of highly questionable activities (van Loggerenberg, 2019; Snyckers, 2020). For example, the Tobacco Task Team was created ostensibly to fight the illicit trade in cigarettes. It consisted of the Tobacco Institute, the Hawks, and other national intelligence and law enforcement agencies, but not SARS. Its aim, it seems, was less to curb illicit trade and more to spy on other industry players and undermine SARS. The Nugent Commission found that 'the one thing the Tobacco Task Team did not investigate was the illicit trade in cigarettes, but it investigated instead the investigators who once investigated that trade' (Nugent, 2018).

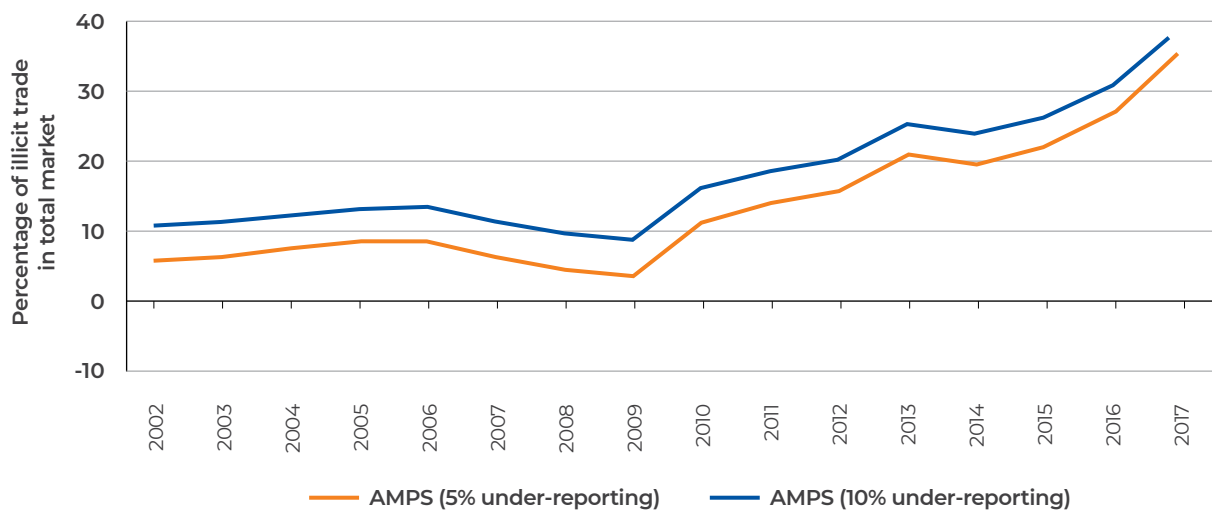
This does not suggest that illicit trade was not a problem or that local producers were not involved in such trade. Illicit trade in South Africa has become a significant problem, and the local producers of cigarettes are disproportionately involved in it (REEP, 2019, unpublished research paper). In the absence of tax stamps, it is practically impossible to determine whether excise duty has been paid on cigarettes. One proxy for illicit trade is to determine how many cigarettes are sold at a price where it is implausible for the full tax to have been paid. REEP's surveys of smoking behaviour and cigarette pricing have found that extremely cheap (i.e., probably illicit) cigarettes are more likely to originate from local producers. For example, two studies of smoking behaviour in six townships (2017 and 2018) found that nearly all cigarettes that were sold for R20 per pack (R1 per stick) or less were brands owned by local manufacturers (REEP, 2019, unpublished research paper). With a minimum tax amount of R17,85 (excise duty plus value-added tax on the excise duty) in 2018, it is a near certainty that the full amount of tax had not been paid on these cigarettes.

Although the magnitude of the illicit cigarette market is not entirely clear, the trends are not in dispute. As per Figure 6.5.15, the illicit market was largely under control until 2009, after which it grew substantially. It was restrained somewhat in 2014, as SARS investigators were closing the net on

the industry (both multinationals and local producers). The appointment of Tom Moyane as SARS Commissioner in September 2014 and the subsequent shutting down of the specialised units that investigated the illicit tobacco trade meant that the industry could act with impunity, which it duly did. The illicit market increased to roughly 35% of the total market by 2017. National Treasury revenue data suggests that the illicit market stabilised in 2018. In January 2019 the acting SARS Commissioner, Mark Kingon, created the Illicit

Economy Unit, which also investigated the illicit trade in tobacco products. Provisional results in the February 2020 *Budget Review* suggest the volume of legal cigarettes had increased by 11% in 2019/20. In a mature market, where total sales volumes do not grow much, this implies the illicit market had been reduced by 8–10 percentage points of the total market in 2019 (van Walbeek, van der Zee & Vellios, 2020). Still, although the tide had turned, the battle against illicit trade was far from over.

Figure 6.5.15: Estimate of illicit trade in cigarettes, 2002 to 2017 (%)



Source: Vellios et al., 2020

ANNEX 6.5.4: FINANCIAL INSTITUTIONS

Table 6.5.8: Registered commercial banks and insurance firms

Commercial banks ¹	Insurance firms ²
ABSA	Abacus Insurance Limited
African Bank	ABSA Insurance Company Limited
Al Baraka	African Reinsurance Corporation (South Africa) Limited
Bank of China	AIG South Africa Limited
Bank of Taiwan	Allianz Global Corporate & Specialty South Africa Limited
Bidvest Bank	Auto and General Insurance Company Limited
BNP Paribas	Bidvest Insurance Company Limited
BofA Securities	Bryte Insurance Company Limited
Capitec Bank	Budget Insurance Company
China Construction Bank	Centriq Insurance Company Limited
Citibank	Chubb Insurance
Deutsche Bank	COFACE South Africa Insurance Company Limited
Discovery Bank	Compass Insurance Company Limited
FinBond Mutual Bank	Constantia Insurance Company Limited
FirstRand	Credit Guarantee Insurance Corporation of Africa Limited
GBS Mutual Bank	Dial Direct Insurance Limited
Goldman Sachs	Discovery Insure Limited
Grindrod Bank	Federated Employer's Mutual Assurance Company (RF) Proprietary Limited
Grobank	First for Women Insurance Company Limited
Habib Overseas Bank	FirstRand Short Term Insurance Limited
HBZ Bank	Genre Company Limited
HSBC Bank	GIC RE South Africa Limited
ICICI Bank	Guardrisk Insurance Company Limited
Investec	Hannover Insurance Africa Limited
Ithala	HDI Global South Africa Limited
JP Morgan Chase	Hollard Insurance Company Limited
Mercantile Bank	Infiniti Insurance Limited

Commercial banks ¹	Insurance firms ²
Nedbank	Intermediaries Guarantee Facility Limited
Postbank	King Price Insurance Company Limited
Sasfin Bank	Land Bank Insurance Company Limited
Société Générale	Legal Expenses Insurance South Africa Limited
Standard Bank	Lloyd's South Africa (Pty) Limited
Standard Chartered	Lombard Insurance Company Limited
State Bank of India	Miway Insurance Limited
TymeBank	Momentum Short Term Insurance Company Limited
UBank Limited	Monarch Insurance Company Limited
	Munich Reinsurance Company of Africa Limited
	Nedgroup Insurance Company Limited
	New National Assurance Company Limited
	Oakhurst Insurance Company Limited
	Old Mutual Insure
	Outsurance Insurance Company Limited
	Professional Provident Society (PPS) Short-Term Insurance Company Limited
	RENASA Insurance Company Limited
	SAFIRE Insurance Company Limited
	Santam Limited
	Santam Structured Insurance Limited
	SASRIA SOC Limited
	SCOR Africa Limited
	Shoprite Insurance Company Limited
	Standard Insurance Limited
	Swiss Africa Limited
	Unitrans Insurance Limited
	Western Insurance Company Limited
	Workers Life Insurance Limited
	Yardrisk Insurance Limited

Sources: 1. BASA, 2018; 2. SAIA, 2021



CHAPTER 6.6

INFRASTRUCTURE SECTOR



CHAPTER 6.6: INFRASTRUCTURE SECTOR



ABSTRACT

Power, water, telecommunications and transport are the infrastructure services that underpin economic and social activity. Water and sanitation infrastructures are crucial for society, especially during a pandemic in which hygiene plays a critical role in alleviating the spread of the disease. By and large, the infrastructure sector (departments, primary service providers such as Eskom, Transnet, water boards, and the private sector) managed to maintain continuity of services throughout the Covid-19 pandemic. Electricity demand dropped substantially during the lockdown; nevertheless, capacity shortages still caused episodes of load-shedding. The way Eskom implemented its disaster management plan showed that it was resilient and (largely) lived up to its value of 'zero harm'. For the water and sanitation sector, existing systemic problems around coverage and reliability compelled

government to rush expensive emergency supplies to water-stressed communities. Although such temporary measures provided services, sustainable, long-term solutions are required. Demand for information and communications technology services escalated rapidly as staff switched to working from home, and students and learners sought online teaching resources. Steps were taken to assist online learning by zero-rating education sites, but these fall short of providing ubiquitous, affordable services. Attention has shifted to infrastructure as a means to stimulate growth as a core part of the Economic Reconstruction and Recovery Plan. New approaches are being pursued to select, implement and fund projects that will, hopefully, address the problems referenced in this review of the power, water, telecommunications and transport sectors.

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ABBREVIATIONS AND ACRONYMS

CSIR	Council for Scientific and Industrial Research	SANReN	South African National Research Network
eduroam	education roaming	SIDS	Sustainable Infrastructure Development System
GW	gigawatt	SIP	Strategic Infrastructure Project
ICASA	Independent Communications Authority of South Africa	TENET	Tertiary Education and Research Network of South Africa
ICT	information and communications technology	TVET	technical and vocational education and training
MW	megawatt	TWh	terawatt hour
SAICE	South African Institution of Civil Engineering	WASH	water, sanitation and hygiene
SANRAL	South African National Roads Agency Ltd		

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INTRODUCTION

Power, water, telecommunications and transport are the infrastructure services that underpin economic and social activity, without which life as we know it is inconceivable. In a disaster situation, ensuring service continuity is a high priority. This is when existing problems are thrown into sharp relief, and gaps where services are most needed are frequently exposed. This chapter examines the role of the infrastructure sector departments, primary service providers (Eskom, Transnet, water boards, etc.), employees and private sector players in maintaining continuity of infrastructure services during the Covid-19 pandemic.

While these role players have by and large managed to keep services going during the pandemic, the broader context paints a less favourable picture. Over the last decade the composition of public finances has shifted away from investment towards consumption ([Chapter 6.1](#)). Thus, even before the onset of Covid-19, resources for expanding infrastructure and maintaining existing assets had not kept pace with inflation. Furthermore, in many cases both the implementation of projects and the quality of spending were poor, as is clear from evidence put before the Judicial Commission of Inquiry into Allegations of State Capture. Slowing economic growth from 2015 onwards, worsened by unreliable power supplies, has seen South Africa's fiscal position deteriorate. Public infrastructure budgets have been squeezed. The February 2020 Budget saw cuts of 5% over the three-year expenditure planning cycle. A further R10 billion was cut from conditional infrastructure grants in the June 2020 Special Adjustment Budget, which reprioritised funding towards the Covid-19 relief package and provincial health allocations. The same crucial priorities featured in the February 2021 Budget. Public sector infrastructure spending projections to 2023/24 amount to R791 billion (12% of the total budget). Government has honoured its commitment to capitalise the Infrastructure

Fund and provide funding for water and sanitation, energy, and transport and logistics projects (National Treasury, 2021).

Across the infrastructure network sectors examined in this chapter, common themes of skills shortages, inadequate maintenance, inadequate cost recovery and service breakdowns show that the problems are deeper than budget constraints. This is evident from the water and sanitation sector, where systemic problems with managing services in small towns and rural areas remain unsolved. Government mobilised successfully to provide emergency supplies for unserved communities. Schools without water and sanitation were similarly provided with temporary services to weather the first wave of the pandemic, but those were expensive stopgap measures instead of the permanent solutions required. Basic municipal services are essential infrastructure services for public health. The chapter sounds a warning that municipal finances have been severely strained in responding to Covid-19 and may require support from national government in future.

Construction and transport activities were badly affected by the lockdown, as all but emergency operations were suspended. Activity resumed once lockdown levels were eased. Now the country is pinning its hopes on the construction sector to anchor the Economic Reconstruction and Recovery Plan unveiled by President Cyril Ramaphosa in October 2020. Infrastructure is uniquely able to both stimulate growth and respond to the socio-economic needs of the country and its people. A new system to improve the selection and implementation of infrastructure projects has been set up, along with funding approaches to crowd in private capital, private sector skills, and concessional loans to reduce pressure on the fiscus and drive the recovery.

The rest of this chapter looks first at the energy sector, followed by water and sanitation. Next is information and communications technology

(ICT) and telecommunications, and then transport and construction. The section concludes with preliminary lessons learnt. Research conducted for each sector drew upon the domain expertise of the author(s), national statistics, briefing documents issued by government departments, documents from state-owned companies and other infrastructure organisations, and interviews with specialists from these organisations.

This chapter focuses on the first and second waves of the pandemic. Infrastructure services during the further progression of the pandemic will be discussed in the second edition of the Country Report.

ENERGY

THE ELECTRICITY LANDSCAPE

South Africa's electricity demand is met mostly by coal-fired power stations (79% in 2019), which are primarily owned and operated by Eskom, the national power utility. Eskom supplies over 95% of the country's total electricity demand, with the remainder being met by municipalities, imports and independent power producers. Annual electricity production stood at 254 terawatt hours (TWh) in 2010, from where it has trended slightly downwards each year. Production in 2020 was only 234 TWh.

The local power system has seen sporadic periods of supply-demand imbalance for over a decade now. Load-shedding events (initiated by Eskom as a controlled response to unplanned events to protect the electricity system from a total blackout) occurred in 2007–08, 2013–15 and since 2018. This imbalance and consequential load-shedding have been driven by a combination of factors, including the delayed commissioning and underperformance of new-build coal generation capacity at Medupi and Kusile. Also, Eskom's coal fleet energy availability factor has been degraded – the annual average energy availability factor fell from

76,4% in 2016 to 65% in 2020. In contrast, the planned energy availability factor in the Integrated Resource Plan 2019 was 72,5% and 70% for 2019/20 and 2020/21 respectively (Oberholzer & Nxumalo, 2020). The ongoing load-shedding in 2020 demonstrates the inescapable reality of an inadequate power system that still requires urgent attention. About 63% of the year's total load-shedding occurred before the lockdown. Still, despite the lower demand during the economic slowdown, Eskom had to implement stage 2 load-shedding in July, August and September 2020 (Eskom Holdings, 2020).

IMPACT OF COVID-19 ON ELECTRICITY DEMAND

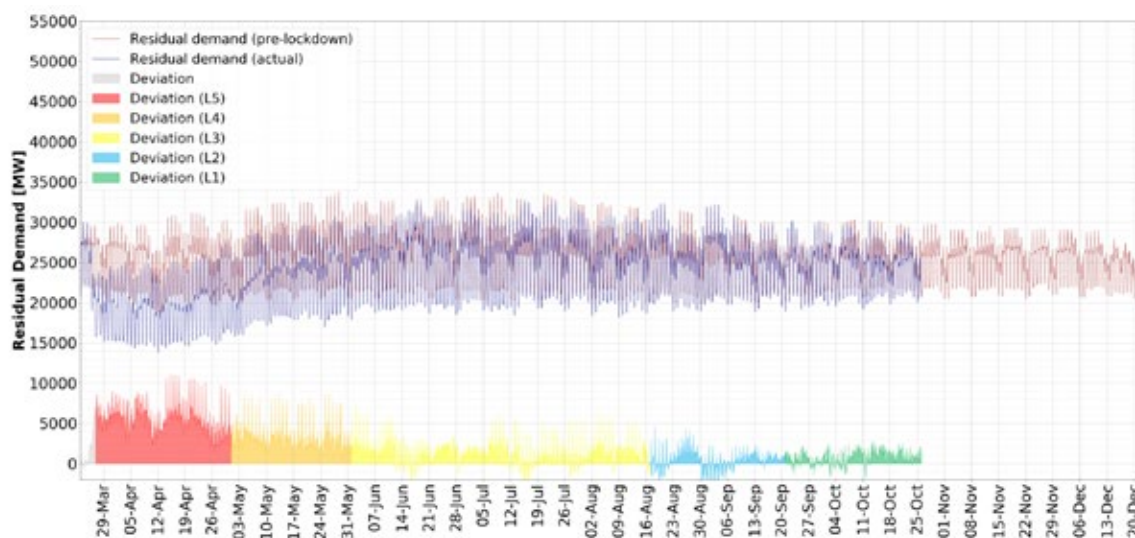
One of the primary impacts of a national lockdown is an unprecedented drop in electricity demand. Globally, countries that went into lockdowns (35% of the global population) experienced average weekly reductions in electricity demand of more than 20%, while overall reductions of 25% have been seen (IEA, 2020). For 2020, the International Energy Association expected reductions in global demand for coal (-8%), oil (-9%) and electricity (-5%), with an overall fall in global energy demand of 6% (IEA, 2020). This would be the largest reduction in global energy demand in 70 years and seven times larger than the impact of the 2008/09 global financial crisis.

Mines are a major consumer of electricity and also supply coal for the production of electricity. During the lockdown, the production of coal for electricity generation was declared an essential service, and mining operations continued. All other mining activity was stopped during alert level 5 (except for care and maintenance), which contributed to lower demand for electricity. Mining operations were allowed to resume during alert level 4, initially with 50% of the workforce, and they gradually returned to full production (see [Chapter 6.5](#) for more detail on mining).

- The profile of South Africa's hourly residual demand (electricity that has to be generated from conventional power stations) from 29 March 2020 to 17 January 2021 is shown in Figure 6.6.1, while the 2020 weekly residual demand is shown in Figure 6.6.2. Peak residual demand dropped by up to 11,0 gigawatts (GW) during alert level 5 (average 5,7 GW), by

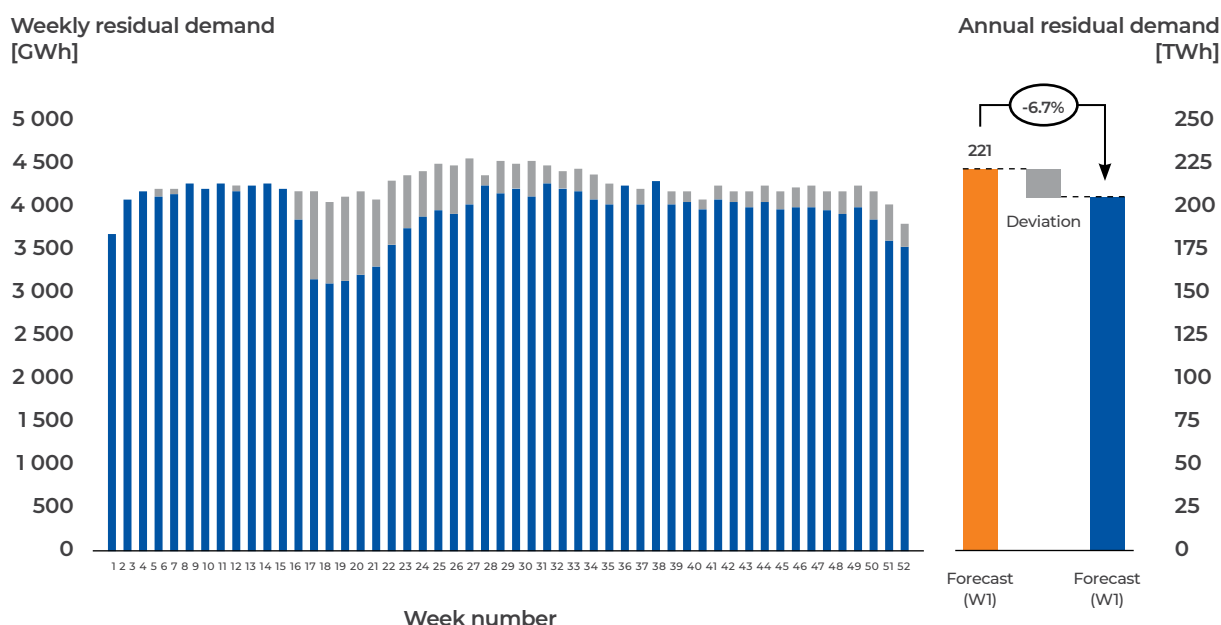
8,7 GW during level 4 (average 3,3 GW), and 7,3 GW during level 3 (average 0,9 GW). During the five weeks of level 5 lockdown, a 23–26% reduction in weekly energy demand occurred relative to expectations at the beginning of 2020. For 2020 as a whole, residual energy demand fell by some 13 TWh; overall demand was about 6,7% lower than expected for 2020.

Figure 6.6.1: Hourly residual demand, 29 March 2020 to 17 January 2021



Source: Calitz & Wright, 2021

Figure 6.6.2: Weekly residual electricity demand, 2020



Source: Calitz & Wright, 2021

As the economy reopened further under alert level 3, the return of electrical demand was near immediate; the weekly deviations were already below 5% by end-August 2020. The move to alert levels 2 and 1 from July to September again saw an increase in demand. This, combined with a low energy availability factor, meant that Eskom experienced significantly higher open cycle gas turbine usage, especially in July and August when load factors were approximately 11%. As noted, the state-owned enterprise was forced to implement periods of load-shedding in July, August and September.

The lower energy demand during the pandemic allowed Eskom to undertake short-term maintenance to address emergent issues in the generation fleet, including those that contributed to partial load losses – about 2000 MW (Mathebula, 2020). However, the lockdown and related restrictions meant that some reliability outages had to be delayed to later in the year.

ESKOM'S RESPONSE TO THE PANDEMIC

In terms of Eskom's disaster management plan, which is updated annually, it plans for 11 national disaster priorities. A pandemic is one of these. Under its authorised disaster response plan, Eskom's full emergency structure was activated to deal with the pandemic.

Eskom's response to major incidents is led centrally by its strategic Emergency Response Command Centre. The centre coordinates the organisation's tactical response across its various areas of business through emergency structures called tactical command centres. These structures are regularly exercised and were activated across the organisation by 6 March 2020.

Eskom's incident command system is based on the incident command system implemented in the United States after the 9/11 event. This system is designed to

respond at short notice and in real time – and served well in coordinating the response in the areas of operations, logistics, safety, compliance (with the Disaster Management Act and regulations), employee and public communications, and liaison with stakeholders (including regular updates on the state of the system to disaster responders from other sectors and organisations).

In terms of Eskom's pandemic planning and standard operating procedures, the organisation's Covid-19 response was informed by its chief medical officer and its Human Resources Tactical Command Centre. The group chief executive led its internal and external communications, chairing daily briefings by the Emergency Response Command Centre and group executives during the initial lockdown. Extensive internal communications included safety messaging, standard operating procedures, and morale-building through news features on employees at the frontline.

Along with other state-owned enterprises, Eskom acted quickly to support government, making the Academy of Learning available to the Gauteng Department of Health as a quarantine site (Tlhakudi, 2021). Its incident response included innovations led by its research and development department. The research function developed a groundbreaking N-95 mask at a fraction of the cost of traditional masks; it also designed a ventilator and a walk-through sanitiser station.

Eskom benchmarked its pandemic response to that of other organisations. It also led an international task force on Operational Resilience (Covid-19) to collate experience and recommendations from the world's largest grid operators (the GO-15 organisation). Communication with international counterparts was instrumental in decision-making. Eskom utilised its international network to help manage its response to Covid-19; this included a particular focus on system operations, given the related risks to national control. Contingency plans for

- the standby National Control Centre were
- activated twice; both were successful without
- any interruption to operations (Fick, 2020).

Assessment of Eskom's responses showed the organisation was resilient and (largely) lived up to its value of 'zero harm'. Very good processes, procedures and controls were instituted rapidly at the start of the

pandemic, in many cases even before the national lockdown had been announced. Strong leadership was evident at multiple levels of the organisation, and the relationship with trade unions was constructive. Also, a project was initiated to identify opportunities arising from the pandemic, such as cost savings through changing work and travel arrangements (Etzinger, 2020).

Box 6.6.1: Koeberg nuclear power station

Given the strategic importance of Koeberg, a specific focus on this nuclear power station is warranted, although many of the interventions summarised here were applied across Eskom's operations (Bakardien, 2020).

At the start of lockdown, Eskom saw a significantly reduced workforce on site, with the majority working from home. Covid-19 mitigation measures were applied, involving social distancing, increased use of personal protective equipment, strict cleaning regimes, a ban on visitors and staff travel, and body temperature measuring of all persons, using fixed thermal scanning for accuracy.

Work regimes were revised (e.g., maintenance resources had been put on a two-week rotation roster – all returned for outage). Certain statutory or nuclear safety-related maintenance activities had to be continued; however, elective work was reduced or interrupted. Operating business changed to avoid contact (e.g., through the use of electronic tools).

Key personnel were kept in isolation. A staffing strategy was adopted with a team in self-quarantine, which ensured the ability to maintain the staff levels required by the regulations and maintain safe operations. This was critical – even if a nuclear plant is shut down, the decay heat due to the used fuel needs to be managed.

Eskom shared lessons learnt with other utilities; Koeberg, through the World Organization of Nuclear Operators, attended bi-weekly world conference calls to share Covid-19 best practices.

Koeberg Unit 2 was placed in extended cold reserve because of challenges with implementing a refuelling outage and the need for international contractors.¹ The travel ban affected the international resources needed to support the outage. A handful of essential activities could not be undertaken by site/local personnel, mainly because of the need for special tooling.

Koeberg experienced minimal impact on the supply chain because its stocks were adequate. Emergency spares needed during outage were difficult to obtain at times, but no safety impact was evident.

A weekly engagement session was established with the Nuclear Regulator to deal with all aspects/regulatory questions and requirements related to Covid-19. All statutory maintenance and testing were performed, and some routine maintenance was postponed following evaluation as per the equipment reliability process.

The emergency response plan was confirmed to be fully functional and implementable even in the hard lockdown. A few additions were made to enhance the ability to limit interaction – for

example, the method of call-outs was adapted to allow the use of text messages to supplement the paging system, removing the need for human interface in handing over pagers.

Attention was given to the Covid-19 impact on human performance (mental stress, hot working conditions, and face masks) during pre-job briefs and observations; this had been highlighted as a significant risk to nuclear operators internationally. Modifications were made to job risk assessments for Covid-19 conditions. A clinical psychologist was deployed to monitor and engage (mainly operating) staff to help identify and manage stress brought on by the pandemic situation.

New communication services were started, with a daily (and subsequently weekly) newsletter focused solely on Covid-19. The Preventive and Social Medicine online communication tool was used to inform staff of all cases of infection and was updated on a weekly basis.

A staffing strategy was developed to ensure that resource numbers for critical functions were maintained. Vulnerable employees were identified, and their risks assessed. A contract tracing protocol was put in place for positive tests. An extensive return-to-work protocol was established to manage recovered cases. Leadership was provided by a full-time manager to manage the Covid-19 strategy and plan, aided by Covid-19 compliance officers. A full-time, on-site medical service (with a doctor) supported the initiative.

Mass testing was performed. Following 100% Covid-19 testing, only 1,7% of the workforce (asymptomatic positive individuals) was removed from the workplace. No on-site infections were reported.

WATER AND SANITATION

THE WATER AND SANITATION LANDSCAPE²

Water and sanitation infrastructure is crucial for society, especially during a pandemic in which hygiene plays a critical role in limiting the spread of the disease. Hence, it is of paramount importance to secure safe and reliable water and sanitation infrastructure to protect public health. In South Africa, the Department of Water and Sanitation is responsible for most large water resource infrastructure and for the planning and implementation of large water resource development projects, such as the construction of dams and inter-basin transfer schemes. Other key role players include the following:

1. The **municipalities** own/operate some local water resource infrastructure (e.g., dams and boreholes) and bulk water supply schemes; supply water and sanitation to consumers (households, businesses and industries); and operate wastewater collection and treatment systems. Most water services infrastructure is located in and under the management of municipalities, except for the bulk services provided by water boards.
2. The 13 **government-owned water boards** operate some water resource infrastructure, bulk potable water supply schemes (selling to municipalities and industries), retail water infrastructure, and wastewater systems.
3. **Community-based organisations** run some small water schemes in rural areas.
4. **Publicly or privately owned companies** provide some water services.

¹ Senior government officials stepped in to assist critical investment projects and strategic sectors: 'We were able to coordinate intergovernmentally through various spheres (transport, flights, visas etc.), and we were able to bring the people into the country' (Carim & Hoosen, 2021).

² Water service denotes water supply to users, involving the abstraction and treatment of raw water and distribution to consumers. Sanitation services comprise on-site sanitation and the collection and treatment of wastewater to produce high-quality effluent that can be safely discharged to the environment or reused.

- South Africa is a semi-arid, developing country
- with average rainfall of 450 mm/year, about
- half the world average of around 860 mm/year (Kongolo, 2011). Its primary water sources are unevenly distributed; therefore, it depends on vital storage reservoirs to maintain reliable water supplies and has had to develop a sophisticated bulk transfer operation to augment supply to water-scarce areas.

The basic domestic water use component (of 25 litres/person/day) translates to 490 million m³/year or 11% of the total domestic water use of 4,5 billion m³/year. Many rural settlements still have insufficient water resources to meet their basic water needs.

WATER AND SANITATION INFRASTRUCTURE

An infrastructure report card for South Africa developed by the South African Institution of Civil Engineering (SAICE, 2017) indicated that both **water resource and water supply infrastructure** generally follow the national trend of being at risk. Bulk water resource infrastructure is not coping with increased demand and is poorly maintained, putting it at risk of failure. Although water supply infrastructure in major urban areas is satisfactory for now, SAICE highlights the need for medium-term investment to avoid serious deficiencies. In peri-urban and rural areas, the water supply infrastructure continues to be at risk. While South Africa is one of the few countries that preserve the constitutional right for all of its citizens to be provided with an environment not harmful to their health or well-being, the provision of clean and safe drinking water remains unequal. Significant disparities in

water supply infrastructure persist between rural and urban communities. In almost all urban areas, the infrastructure for water treatment and supply to consumers is of high quality, whereas in rural areas it is poor or non-existent (Mackintosh & Colvin, 2003; Momba et al., 2004; Khabo-Mmekoa & Momba, 2019). While many urban and rural communities are provided with safe drinking water that meets the South African National Standard Drinking Water Specification, and households have access to pipes or taps indoors, problems of water quality and reliability of supply are widespread. More isolated, rural communities tend to rely on open water sources or collect water from communal standpipes outside their houses and have to store it until needed (Khabo-Mmekoa & Momba, 2019). This situation is exacerbated by a lack of funding and experience in local authorities to plan and design water infrastructure for their communities (DWAF, 1994).

Access to an improved water source is generally defined as a household supply of 20 litres of water that can be fetched within a 30-minute round trip, a distance of about 1 kilometre. In South Africa, access means a household supply of 25 litres of potable water per person per day within 200 m. Table 6.6.1 shows the percentage of South African households with access to piped or tap water inside their dwellings, off-site or on-site between 2014 and 2019; this highlights the persistence of disparities in access to water between provinces. The growth of new households of 3% per year exceeded the extension of coverage, which meant that household access to water declined in all provinces, except Gauteng, between 2014 and 2019.

Table 6.6.1: Household access to piped water, by province, 2014 to 2019

Province	2014	2016	2017	2018	2019
Western Cape	98,9	98,7	98,7	98,7	98,5
Eastern Cape	78,7	76,4	74,2	75,1	73,9
Northern Cape	96,0	96,0	96,0	95,3	94,0
Free State	95,2	93,2	92,8	91,1	91,9
KwaZulu-Natal	87,8	84,2	84,5	86,6	85,4
North West	87,2	86,7	85,8	85,2	82,1
Gauteng	96,5	97,5	97,1	97,1	97,6
Mpumalanga	87,2	85,4	85,5	86,5	85,2
Limpopo	79,6	75,1	74,7	74,1	70,0
South Africa	90,1	89,0	88,6	89,0	88,2

Note: Access to piped water in dwellings or off- or on-site. Source: Stats SA, 2020

As is the case for water, access to **sanitation infrastructure** varies widely between rural and urban areas and between provinces. Nationally, access to adequate sanitation infrastructure (e.g., flush toilets connected to public sewerage systems or a septic tank, or a pit toilet with a ventilation pipe) stood at 82,1% in 2019; the most urbanised provinces, such as the Western Cape (94,5%) and Gauteng (90,0%), have the highest access. The lowest access to this type of sanitation infrastructure is in Limpopo (63,4%) and Mpumalanga (63,7%).

Sanitation infrastructure, including wastewater treatment, reflects these disparities. Currently, there are 826 municipality-owned wastewater treatment works in South Africa. In terms of Green Drop

performance categories, 824 wastewater treatment plants and 152 municipalities were assessed in 2016. The majority of those plants (259) were high risk, 218 plants were medium risk, 212 plants were at critical risk, and 135 plants were low risk. SAICE (2017) classifies sanitation infrastructure in major urban areas as satisfactory; however, in other areas, sanitation infrastructure has already failed or is on the verge of failure, potentially exposing the public to serious health and safety hazards. Sanitation infrastructure in these areas requires immediate action, as devastating events, such the deaths of school children in latrines, have underscored. Challenges facing the country in providing adequate water and sanitation infrastructure are summarised in Table 6.6.2.

Table 6.6.2: Challenges around access to water and sanitation infrastructure

Water infrastructure	
• Ageing bulk infrastructure. • Most already reached end of useful life and require refurbishment or replacement. • Large dams developing capacity problems and require urgent refurbishing. • Serious concerns about funding for maintenance. • Farm dams deteriorating fast because of a lack of maintenance. • Pollution problems increased. • Maintenance of existing infrastructure. • Skills shortage.	• Major strides in provision of water since 1994, but services unsustainable due to focus on quantity, not quality. • Water quality a serious problem nationally; Blue Drop certification helping to improve water quality management in municipalities. • Water wastage (leakage) still too high. Shortage of skilled personnel and officials. • Increase in strikes in urban and rural areas – an effort to force improvement in services. • Financial mismanagement and fraud increased.
Sanitation infrastructure	
• Serious problems with management of many wastewater (sewage) treatment works. • Wastewater leakage and spillage, especially into major rivers, still too high. • Many anecdotal accounts support low grading for sanitation. • Frequent problems with on-site sanitation, ventilated improved pit toilets fill up, no capacity for emptying.	• Lack of buy-in from users. • Inadequate operation and maintenance capacity; shortage of skilled personnel. • Lack of knowledge, and inappropriate solutions implemented. • Sanitation backlog increasing due to unsustainable infrastructure.

WATER, HYGIENE AND SANITATION (WASH)

Environmental hygiene plays a crucial role in preventing many diseases and preserving water resources and the natural environment. Washing hands after using the toilet is vital to control infectious diseases. In 2019, less than half (43,6%) of households indicated that their members usually washed their hands with soap and water after using the toilet. The use of soap and water to wash hands was the highest in Western and Northern Cape (both 60,5%) and the lowest in Limpopo (28,4%) (Stats SA, 2020). Covid-19 public health messages, therefore, stressed the importance of hand washing with soap and water to stop the spread of infection.

GOVERNMENT RESPONSE TO THE CRISIS

The Covid-19 pandemic has highlighted the value of public services related to health. Ensuring a safe and reliable water supply and maintaining proper sanitation have become ever more critical during the pandemic. Limited access, low reliability, and poor quality of WASH infrastructure present risks to vulnerable groups in both rural and urban areas. Informal settlements, townships, rural areas, and (urban and rural) homeless people have been prioritised as highly vulnerable communities, because they have trouble accessing water and sanitation resources during the pandemic (Hara et al., 2020).

The Department of Cooperative Governance and Traditional Affairs took a strategic decision to use the district development model as a framework for implementing Covid-19 measures. The framework aims to break down 'silos' in government by promoting integrated planning and service delivery implementation across all spheres of government at the district or metropolitan scale. Disaster management approaches were to be integrated into the model, with political and operational structures in the municipal sphere to be located within the district and metropolitan municipalities rather than in the local municipalities. Capacity from national government would be deployed where necessary to district hubs in high-risk areas (Harrison, 2020). While the district development model had not yet been applied comprehensively across South Africa, the department's decision has allowed some early lessons to emerge; these are discussed below.

Water-stressed communities: The need to ensure a safe and reliable water supply and maintain adequate water and sanitation infrastructure was ever more critical during the Covid-19 pandemic, especially to enable preventative measures. The pandemic revealed the complexity of WASH infrastructure investment backlogs and inequalities. Government addressed the historical access gap through emergency supplies (e.g., water storage tanks, water trucks and sanitisers) to water-stressed communities in the short term (Monyane et al., 2020). The Department of Water and Sanitation secured exclusive access to water tanks from manufacturers and purchased these for municipalities in water-stressed communities. The targeted beneficiaries were low-income, vulnerable communities. Easily accessible areas were identified within municipalities for water tankers to be stationed, such as schools and hospitals. Rand Water was appointed as the implementing agent for the initiative.

The department originally set aside R306 million for this initiative as part of the 2019/20 Budget. Because the pandemic lasted longer than expected, tankering services were extended for 90 days (until end-August 2020) at an additional cost of R200 million. By 31 July 2020, the National Command Centre reported that 6107 (69%) tanks had been installed. By 30 September 2020, this had increased to 8125 (91%) tanks. The number of tankers (306) remained the same (AGSA, 2020).

The rapid roll-out of emergency water supplies was not without problems. The Auditor-General (AGSA, 2020) noted issues such as inconsistent quality of tank installation. Audits in Limpopo, the North West and Gauteng during July and August 2020 showed that some 16% of the sampled tanks were empty. Other problems included the theft of a 5000-litre water tank installed at the largest graveyard in Letlhabile, Madibeng at a cost of R20 000 (Basson, 2020). While the provision of tankered water was a significant intervention that reached many people, 'we found sites with no tanks and tanks without water, which indicates that the planned achievements of this initiative to supply water to communities in need may not have been met in all instances, as intended by the department' (AGSA, 2020:219).

On 31 August 2020, Rand Water stopped all tankering services and transferred responsibility back to the Department of Water and Sanitation. At the time of the review, the department had not indicated how Rand Water would demobilise the tanks or how tankering services would be sustained for existing tanks until a more permanent solution had been found (AGSA, 2020).

Reviewing the emergency water supply programme for cost, reach, impact, and legacy shows that it fell short on several points. Tankering water to dispersed communities is not a sustainable supply strategy in view of its high cost and inherent unreliability. It

- is evident that the tanks provided were not
- located with a view to future connection to
- reliable local supplies (e.g., boreholes, springs, or bulk piped systems), and many have become stranded assets. Assuming that the target population of 2,2 million people had indeed been reached, the volume of water provided was less than 4,5 litres per person per day. This is less than 20% of the official basic minimum and insufficient for personal hygiene, let alone repeated handwashing.

Water and sanitation in schools: Progress has been slow in addressing the apartheid-era infrastructure backlogs in schools. This left school infrastructure in many areas unprepared to deal with the pandemic. To help prepare schools for reopening, the Department of Basic Education provided a R610 million phase I relief package from the conditional school infrastructure backlog grant to supply emergency water to 3173 selected public schools in six provinces (excluding Gauteng and the Northern and Western Cape, where facilities were deemed adequate); it also provided R50 million for emergency school sanitation. The provinces (excluding Limpopo and the Western Cape) reprioritised a total of R650 million from their conditional infrastructure grants to fund the provision of water. By 30 September 2020 the total expenditure on emergency water and basic sanitation services for schools stood at R160 million (AGSA, 2020). Phase II of the programme is intended to provide permanent tank installations. Portable toilets, which were rented for only three months (in alert level 5), were temporary solutions to historical problems that need to be addressed sustainably and permanently (Brener, 2020). Audits of the programme have since revealed problems with information accuracy, quality and cost controls (AGSA, 2020).

There have been large reductions in the education conditional grants in the pandemic, most notably in the education infrastructure grant, which funds infrastructure for addressing backlogs in the schooling system. Because of these cuts, 1938 school

infrastructure projects have been suspended or delayed. In other words, these temporary interventions have come at the expense of long-term, permanent improvements to school infrastructure (Brener, 2020).

Two lessons for the district development model emerged from the disaster:

- Districts are an important scale for coordination; yet, in the more rural provinces, they are territorially vast, with their structures physically and institutionally distant from communities. In these cases, the local equivalent of district command councils was set up during the pandemic.
- Arrangements put in place in March and early April did not pay sufficient attention to extending structures to the community (or ward) level. Instead, they were overly focused on the logistics of managing a vertically arranged system. But containment and social support (e.g., screening, contact tracing, communication, identification of vulnerable households, and distribution of food parcels) require information, support and coordination as close to the ground as possible. As the pandemic took hold, it became apparent that places with functioning ward structures (most notably KwaZulu-Natal but also individual municipalities elsewhere) had a significant advantage. By July, the need for ward-based approaches was widely accepted, and there was talk of adapting the district development model to include this grass-roots component. However, for some provinces, this adaptation came late in the life cycle of the pandemic (Harrison, 2020).

IMPACT OF COVID-19 ON WATER AND SANITATION

Water and sanitation infrastructure had a direct effect on sustaining public health in the pandemic. Major water and sanitation services deficits made it harder to contain the virus, especially in urban areas (Butler, 2020). Covid-19 affected the sector in the following related aspects:

- **Revenue losses for utilities:** Lockdown and travel restrictions have resulted in revenue losses for utilities because of the decline in water demand from large industrial and commercial users and the inability of vulnerable groups to pay their bills. Thousands of desperate residents have been complaining about municipalities cutting off the water supply to residents who are in arrears. In some cases, water has been cut for no apparent reason. Most of these complaints to the department's call centres originated in the Western Cape, KwaZulu-Natal and Gauteng (Northglen News, 2020). Supply disruptions led government to employ emergency measures, and municipalities were requested not to cut water supply in the lockdown. 'Efforts should be focused on fighting the spread of the virus' (DWS, 2020).
- **Lack of capacity and infrastructure:** In cities and towns, especially in poor communities, water utilities and municipalities often lack both capacity and infrastructure to ensure a continuous, equitable and safe water supply under emergency conditions (Srivastava et al., 2020).
- **Decline of capital expenditure:** New capital projects have been delayed as municipalities prioritised operating expenses in the short to medium term. These projects include raising Hazelmere Dam in KwaZulu-Natal, Tzaneen Dam in Limpopo, and the Olifants River Water Resources Development. The delay has contributed to contractual and claim disputes, a loss of public confidence, illegal mining, water shortages, and the transfer of a project from Lepelle North Water to the Department of Water and Sanitation. The project completion dates had been between March 2020 and 2021 (Johnson, 2019).

ROLE OF MUNICIPALITIES

Municipalities were at the frontline of governance, bearing much of the burden,

and they require targeted support into the future. Although relegated to the margins of decision-making, they were responsible for the bulk of implementation during the crisis. Municipalities had to maintain essential services, while accepting an expanded range of functions (some possibly outside their constitutional mandate) at a time of falling income. The short-term consequences for municipalities in terms of pressure on finances and personnel, and on their ability to maintain functions, were severe, but the medium- to long-term consequences may be even worse. There is a possibility – even a likelihood – of a public finance crisis at the local level, with serious implications for the provision and maintenance of infrastructure and services, and for public stability and safety. Some of the worst consequences of the reduced revenues and increased budgetary demands may be played out over a long period. This requires increased support to municipalities from provincial and national government, along with more innovative responses to service delivery by the municipalities themselves (Harrison, 2020).

WATER AND SANITATION INFRASTRUCTURE BEYOND COVID-19

Water and sanitation infrastructure can contribute to more efficient services, better public health, and economic growth. It is, therefore, crucial for government in general and the Department of Water and Sanitation in particular to address the challenges listed in Table 6.6.2. Addressing these challenges would require political will, capacity building, finance, data and information, and accountability. In the medium term, the focus should be on people living in informal settlements, the poorest and most marginalised communities, who often rely on communal water points and toilets, private vendors, water tankers and the like. Preparing for future pandemics would require upgrading and redesigning water and sanitation infrastructure to ensure sustainable supplies of water of acceptable quality.

● ICT AND ● TELECOMMUNICATIONS ● INFRASTRUCTURE

The Covid-19 pandemic has tested the telecommunications and information and communications technology (ICT) infrastructure of most countries. Lockdowns and the need for social distancing required people to conduct their business in different ways. ICT and services were core to solutions for e-health, online education, e-commerce and entertainment. Arguably the ICT sector was less affected by the pandemic; instead, telecommunications companies benefitted from providing these services.

The pandemic highlighted ICT deficiencies in the public sector. Managing the crisis required accurate and timely flows of data and effective modelling, but the lockdown meant that many functions of governance could be sustained only through online communication. There was a huge disparity in access to, and the quality of, ICT infrastructures and services. Government agencies still largely dependent on manual systems were severely affected in terms of functionality (Harrison, 2020).

As demand for ICT services and infrastructure increased, global conditions and travel restrictions delayed access to vital components (e.g., fibre-optic cables). South Africa had been developing a strategy to roll out connectivity – the SA Connect initiative aimed to reach 90% of the population by 2020 and 100% by 2030 by rolling out fibre beyond affluent areas and extending ICT to underserved areas. Progress on SA Connect had already been delayed, and Covid-19 compounded the problem.

IMPACT OF THE PANDEMIC ON ICT

A recent report from the International Telecommunications Union (Giovannetti,

2020) showed that the spread of the pandemic across regions and nations follows patterns of underlying social and economic inequality, among them digital exclusion. People in areas with poor broadband coverage cannot access distance learning, e-commerce or healthcare information. In sub-Saharan Africa, only 53% of the population has decent (4G) connectivity, while the figure for Eastern Europe is 78% (Okeleke, 2020). Dr Charley Lewis, independent ICT analyst and researcher, points out that with South Africa's low Internet penetration rate, only the privileged few can leverage the digital opportunities that ease adherence to social distancing rules. Other barriers are demand-side, such as limited affordability and digital illiteracy. These are important considerations for understanding the impact of Covid-19 on South African society and how this divide affected communities in areas such as public health, access to data, and affordability. In general, for connected households, the pandemic has been survivable; for digitally marginalised people, however, Covid-19 has been an altogether different story.

Telecommunications networks were largely resilient in coping with higher demand. Participants at a round table hosted by Dr Raul Katz (ITU, 2020) came to conclusion that:

- Accessible ultra-broadband technologies (e.g., fibre to the home) appear to be better prepared to respond to spikes in network traffic.
- Countries with the largest deployments of accessible ultra-broadband have seen less slowdown in latency and download speed.
- Wi-Fi capacity has been stressed by an 80% increase in personal uploads to cloud computing platforms; peaks from video conference calls required additional spectrum to be assigned for unlicensed use.
- The pandemic has had an almost immediate impact on the financial performance of digital infrastructure companies. Annual revenue is expected to fall by about 10%, and media companies were expecting a significant decline in advertising revenue.

- Increased traffic has resulted in faster capital expenditure to expand capacity, while spending on projects such as network modernisation has been deferred.
- Future sources of funding to fill the gap could include governments or development finance institutions. For example, the International Finance Cooperation is deploying a US\$2 billion line of credit and is seeking investment opportunities.

Reporting in the financial press on South Africa's ICT sector shows that it had likewise been affected, both positively and negatively. On the one hand, apps were built for Covid-19 screening and tracing based on the Internet of things. On the other, cybercrime increased. Other impacts included:

- **E-commerce** (online shopping) is a major driver for ICT services, as many people resorted to online shopping to avoid crowded public spaces. However, the adoption of e-commerce was hampered by the limited connectivity in the country, along with a fear of cybercrime. Retailers are also at various levels of preparedness – some large corporates were better prepared with infrastructure and services, while some smaller businesses were negatively affected.
- **Alternative working conditions:** Most sectors evaluated how businesses could continue without employees having to travel to offices, for both employees and employers. Connectivity coverage for employees at home is critical for such initiatives.
- **Online education:** The education sector looked at alternative ways of providing content, through either full online education or delivering content online to allow students and learners to access the material (see [Chapter 5.2](#) on education).
- **Data access for decision-making purposes:** Government had to establish mechanisms to help it understand the spread of the virus and its impact on communities. This required the ICT sector to respond with services and infrastructure within a very short period.

- **Research and development to combat the virus:** Significant ICT-supported research was necessary to develop vaccines and processes to combat the spread of the virus.

MEASURES IMPLEMENTED BY THE PUBLIC AND PRIVATE SECTORS

After South African schools closed on 18 March 2020 for the lockdown, online learning and teaching were compromised by weak ICT infrastructure and exorbitant data costs. This highlighted the inequalities in the country's spatial planning and distribution of resources. Most schools in affluent communities could implement mechanisms to support online learning, while few others could afford such initiatives ([Chapter 5.2](#)). In an effort to mitigate the impact of Covid-19 on the 2020 academic year, the Ministry of Higher Education, Science and Innovation established a task team to support the efforts of higher education institutions to save the academic year. As part of these efforts, the Council for Scientific and Industrial Research (CSIR) was asked to help develop a **geo-spatial modelling capability** to map and analyse the levels and quality of Internet connectivity across the country for remote learning. The analysis sought to determine the number of technical and vocational education and training (TVET) students without any coverage (3G or 4G), TVET students without 4G coverage, university students without any coverage (3G or 4G), and university students without 4G coverage. It also considered whether there were nearby facilities, such as libraries, campus sites and sites connected to the South African National Research Network (SANReN), that students without any network coverage could potentially access.

In April 2020 the Independent Communications Authority of South Africa (ICASA) assigned emergency temporary spectrum to the local telecommunications industry in expectation of higher data usage.

- It also made regulatory concessions to the
- industry, such as relaxing the tariff notification
- filling requirements and providing frequency spectrum relief throughout the lockdown. This enabled operators to accelerate the roll-out of **affordable data access**; some even offered additional capacity at no extra cost. Vodacom and MTN reduced data prices by at least 30% and 50%, respectively, from 1 April. Furthermore, most operators zero-rated Internet sites that were crucial for education (see [Chapter 5.2](#) on education).

The ICT industry formed a voluntary consortium to identify opportunities for the sector to release the required resources. The task team aimed to develop responses to support relevant state structures, business and society at large to help combat the pandemic. It produced a report on ways of implementing online education in a sustainable manner. This suggests that existing state broadband assets (e.g., at state-owned enterprises) and spectrum allocation should be consolidated to provide the necessary connectivity. A model to provide ICT equipment to learners is also necessary.

The Department of Health needed a **dashboard** with regular updates on the status of the Covid-19 infections and the spread of the disease. The CSIR, with the National Institute for Communicable Diseases, built a platform that utilised existing capabilities to provide this dashboard. It was clear that for this system to function at national level, a private cloud environment was necessary; this was supplied from the National Integrated Cyberinfrastructure System, which provides cloud computing platforms to government. To help the **contact tracing** and tracking initiative, data from mobile operators was utilised – the Bluetooth functionalities on smart phones are activated, and apps alert users when they have been in contact with a person infected with Covid-19. Another method used aggregated data from mobile phones without user intervention; this was anonymised to provide movement trends to help authorities in areas where social distancing might be neglected.

SUCCESSSES, CHALLENGES AND RECOMMENDATIONS

Contact teaching will remain susceptible to disruptions from external factors such as Covid-19. Over 430 000 teachers in South Africa's 25 154 ordinary schools teach more than 12 million learners daily, according to the Department of Basic Education. This excludes private schools and schools for learners with special educational needs. Shamira Ahmed, principal researcher and economist at Research ICT Africa, indicates that the pandemic is likely to increase digital inequality, unless policymakers and regulators respond swiftly. She emphasised that Basic Education's strategy 2015–20, which includes policies to facilitate e-learning platforms, requires implementation.

The zero-rating of some academic sites by mobile operators is a good initiative. However, the broader use of the Internet for accessing learning materials led to sites that were not zero-rated; these easily depleted users' data allowances. Mobile data is not sustainable when students are supposed to be spending hours online; better forms of access should be explored.

The Department of Higher Education and Training obtained information on their students to identify challenges they face away from campus. However, help in this regard was slow to reach students because of the prolonged procurement process under the National Student Financial Aid Scheme.

As proposed by the ICT industry, using the spare capacity of state-owned enterprises for responding to the pandemic and supporting marginalised communities is critical for sustainable connectivity. In this regard, the Department of Communications and Digital Technologies stated, 'The business case is being developed for a state digital infrastructure company. The business model is not finalised but depending on how its mandate pans out and depending on the availability of funding, its mandate could be a full national carrier or a national open access

network that could cover the rural areas as well' (Jordan-Dyani, 2021).

Such a move should be coupled with the proposal to license the spectrum with conditions to provide connectivity to poor communities. Eduroam (education roaming) is a secure, worldwide roaming access service developed for the international research and education community, operated in South Africa by the Tertiary Education and Research Network of South Africa (TENET) and SANReN. It can be extended beyond the campus environment to the metros to help students connect. For the health sector, a dedicated network similar to SANReN could be a better option.

Using information from mobile phones for tracking contacts is potentially a good solution, bearing in mind the limitations of technologies such as Bluetooth and triangulation. Issues of privacy remain a barrier in this regard, and regulatory issues could assist in getting this technology fully utilised.

TRANSPORT AND CONSTRUCTION

INTERNATIONAL SITUATION

Internationally, and particularly in developing economies, the transport infrastructure sector faces several challenges. Key among these is a lack of capital for investing in new infrastructure and for upgrading and maintaining infrastructure to address both socio-economic (e.g., rural accessibility, urbanisation, passenger and freight logistics) and environmental challenges (climate change). Globally the infrastructure gap is widening, particularly around maintenance (PWC, 2020). The Covid-19 pandemic added a whole new set of challenges, which to some extent also affect the infrastructure sector (Torres & Garcia-Kilroy, 2020). These include travel and supply chain disruptions, as well as changes in human behaviour,

such as remote working and networking. This could potentially lead to a permanent shift in working patterns and possibly even alleviate pressure on transport networks and supporting infrastructure. Travel bans and social distancing also had a direct impact on the availability of labour, which had a significant impact on the construction industry. Because of the lockdowns and the associated impact on labour availability and disruptions to the supply chain, project management teams had to prioritise health and re-examine their approach to project delivery and maintenance.

The pandemic also resulted in an economic contraction, which not only brought a sharp increase in unemployment but also affected infrastructure investment. Funding earmarked for construction and maintenance was redirected to initiatives such as unemployment benefits and healthcare; this widened infrastructure deficits and made funding even more challenging. Several countries, including South Africa, have opted for increasing investment in infrastructure as a means of rebuilding the economy. With construction (and maintenance) being a labour-intensive sector, this effort would also contribute to job creation. The focus on 'shovel-ready' projects that do not require extensive planning and design means this initiative could quickly boost economic output.

SITUATION IN SOUTH AFRICA

The **construction** sector employs about 1,3 million people, which stayed relatively constant from the first quarter of 2019 to the first quarter of 2020. At the time of the pandemic, the construction industry had been in distress for several years: it faced declining government infrastructure spending (and hence, a lack of work), late or non-payment, rising material costs, lower profit margins, and illegal construction site invasions, which resulted in company closures and job losses.

In the run-up to the 2010 World Cup, South Africa witnessed a surge in infrastructure

- development, including the Gauteng
- Freeway Improvement Project. However,
- since then there has been a shortage of major construction projects, resulting in a slowdown in the construction sector. Public sector capital expenditure on infrastructure has declined. According to a 2019 report by Statistics South Africa, the country's 757 public sector institutions spent R250 billion on fixed assets in 2018, R272 billion in 2017, and R283 billion in 2016. This reduction in capital expenditure by the public sector contributed to companies such as Group Five and Basil Read having to undergo business rescue processes in March 2019 and June 2018, respectively (Zingoni, 2020).

The construction sector was hit hard by the pandemic. When the national lockdown started on 27 March 2020, all construction activities were put on hold, save for emergency repairs and maintenance of essential services infrastructure. This contributed to a further contraction of the sector. Data from Statistics South Africa for the second quarter of 2020 showed the construction sector declining by a seasonally adjusted and annualised rate of 76,6%. The value it added to the economy saw a year-on-year change of -30,7% in the second quarter of 2020, as against -2,2% and -0,9% in the previous two quarters. Gross fixed capital formation declined by a seasonally adjusted, annualised rate of 59,9% (quarter-on-quarter), because of decreasing investment in construction (-76%), residential buildings (-77%) and non-residential buildings (-81%). In October 2020, the South African National Roads Agency (SANRAL) reported slow budget expenditure, owing to the suspension of construction activities and project delays, and revenue loss because of lower traffic on toll roads, mainly in the second quarter of the year. In the same month, Minister Patricia De Lille confirmed

that the construction industry was one of the most severely affected by the economic downturn, having contracted by 14,2%.

Transport infrastructure projects financed through public-private partnerships, and particularly those that rely on user-pay principles to generate capital for upgrades and maintenance, are particularly vulnerable to shocks such as those caused by the pandemic. Examples include the Gautrain and the N1, N2, N3 and N4 national road concessions. In the hard stages of the lockdown, road and rail usage, and therefore the revenue collected from users, fell significantly. SANRAL reported a revenue loss of R640 million between April and October 2020 because of lower traffic on toll roads in the lockdown (Arnoldi, 2020). Similarly, the N1/N4 toll road concessionaire, Bakwena, reported in July 2020 that light vehicle traffic fell by 84% and heavy vehicle traffic by 56% from normal levels during alert level 5 and by 58% and 36%, respectively, during level 4. During level 3, traffic volumes improved to 72–79% of pre-lockdown volumes for light vehicles and to 80–88% for heavy vehicles (see also [Chapter 6.4](#)).

As noted, the construction industry contracted sharply during the pandemic (Odendaal, 2020). However, construction sites were reactivated for full operation on 1 June 2020 when South Africa moved to alert level 3. This was due in part to the Construction Covid-19 Rapid Response Task Team (2020), a voluntary body comprising a range of professional and industry bodies, which provided sectorial guidance and support to government. SANRAL reported that its construction sites were at 100% capacity from August 2020 (Arnoldi, 2020). Now the construction sector has been reactivated, it needs to rebalance its focus if it wants to 'build back up and better'.

Box 6.6.2: Transnet SOC

Transnet identified the risk that Covid-19 posed to the organisation relatively early – it implemented its business continuity response process in January 2020, initially focusing on health protocols. In March 2020 it escalated the response and devised an approach based on enhanced communication, responsiveness and adaptability to augment and support normal business functions. This resulted in the Transnet Covid-19 Command Centre being established, primarily a coordination and communication-focused nexus of information on the pandemic designed to support internal decision-making. The command centre brought together critical functions, tailoring its focus to key requirements (e.g., employee health and safety, operational continuity, legal and regulatory compliance, ICT, and human resources).

The pandemic and lockdown posed serious disruptions to Transnet's operations. As part of its normal course of business, Transnet must interact with and facilitate trade between international and interprovincial entities, customers and suppliers. In practical terms, employees who work in close proximity and in environments not conducive to sterilisation would be exposed to potential infection. Transnet acted to protect employees and ensure a safe operational environment through the use of the highest available quality of personal protective equipment. It also instituted home screening, issued tools to employees for effective self-screening, implemented companywide sterilisation with targeted post-case clean-up, and issued an ongoing work-from-home instruction to all support staff and employees at high risk from the virus.

In parallel to the employee health and wellness focus, Transnet introduced a high-intensity operations workstream in the Covid-19 Command Centre as a coordination function, bringing together various decision-makers to enable safe operational activities, depending on regulatory, legal/contractual, financial and operational factors. Part of its role was to monitor, and coordinate the response to, the pandemic's impact on the company's infrastructure; in this regard, two key themes emerged:

- Disrupted planned maintenance activities in the initial stages of the lockdown (rolling stock maintenance depots being disrupted because of Covid-19 cases, planned infrastructure maintenance being delayed due to suppliers being shut, etc.)
- An increase in criminal activities causing operational disruptions (pipeline 'hot taps', cable theft, etc.).

These incidents caused significant day-to-day operational disruptions. While they occurred more often during the lockdown, they fit the existing pattern of threats to Transnet's infrastructure. To help mitigate the spike of incidents, multifaceted approaches were adopted, including the creation of reserve teams to supplement lost capacity, close engagements with law enforcement and private security firms, community engagement, and advertisements placed to educate communities on the impact and risks of theft and vandalism.

Source: Naidoo, 2020

INFRASTRUCTURE INVESTMENT FOR ECONOMIC GROWTH

Government acknowledges that infrastructure-led growth, as part of the economic growth strategy, is an effective and significant way to support the economy while also responding to socio-economic needs. Infrastructure

investment, together with the use of public land and buildings, is a critical lever to achieve spatial and economic justice by connecting people, integrating communities, and bringing people closer to work opportunities. Infrastructure investment not only addresses new infrastructure; it also deals with the maintenance and repair of existing infrastructure.

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- In May 2019, all government infrastructure was brought together in the reconfigured Department of Public Works and Infrastructure in an attempt to address fragmentation in infrastructure delivery. Infrastructure South Africa was established in 2020 as the single point of entry for infrastructure projects across the country. It is the administrative arm tasked with addressing blockages, unlocking funding, and monitoring implementation.

Through engagement with all tiers of government, 276 projects were identified and assessed using the Sustainable Infrastructure Development System (SIDS) methodology. This methodology had been developed to identify, consider, evaluate, approve and implement workable infrastructure projects in order to ensure bankability. Such evaluation is necessary to ensure that the projects/programmes are functional from a financial, intersectoral and needs perspective, and that they address inclusivity and transformation. They are also assessed in terms of their ability to advance the national development goals in support of, inter alia, the National Development Plan. The approach furthermore emphasises skills development, training and education. As a last step in the SIDS methodology, the infrastructure value chain of the project/programme is determined, as well as its costs, benefits, and financial aspects, including its financial viability.

Of the 276 projects, 50 projects and 12 special projects were found to be compliant with the SIDS methodology. Several labour-intensive public programmes to upgrade rural roads and build bridges were also identified (the *Welisizwe* programme). These 50 projects and 12 special projects were gazetted on 24 July 2020 as Strategic Integrated Projects (SIPs) in terms of the Infrastructure Development Act (No. 23 of 2014, as amended). In the transport sector, 15 projects to the value of R47 billion were gazetted (DPWI, 2020b). The potential job creation through the implementation of these projects is estimated at 50 000 (DPWI, 2020c).

The implementation of these SIPs forms part of the Economic Reconstruction and Recovery Plan introduced by President Cyril Ramaphosa on 15 October 2020. This plan focuses on how the public and private sector, government, labour and communities can work together to use the pandemic as a window of opportunity to build South Africa back up, better, through the creation of jobs, primarily through infrastructure investment and related mass employment programmes. The 62 SIPs are at various stages of the project life cycle and will create jobs and stimulate the economy over several financial years (DPWI, 2020a).

To ensure active implementation of the infrastructure build programme, an Infrastructure Fund has been operationalised to provide the capacity to prepare and package projects; by end-October, government had already committed R100 billion over ten years to this fund, while expecting R340 billion in private sector investment for some of the 62 SIPs.

As noted, Infrastructure South Africa was established to help facilitate such investments. It has been addressing constraints that used to hamper infrastructure delivery. These institutional arrangements will help ensure that implementation is fast-tracked in line with the objectives of the Economic Reconstruction and Recovery Plan. Infrastructure South Africa has also been adapting the procurement framework to enable public-private partnerships to mobilise private sector funding, given the constrained state of public finances.

Three funding channels have been established for infrastructure projects:

1. **Funding from the private sector**, including international funders, multilateral development banks, development finance institutions and commercial banks.
2. **Blended financing**, where the public and the private sectors invest in the Infrastructure Fund, overseen by a

committee comprising members from both sectors.

3. The **fiscus**, with the National Treasury allocating funding to departments, state-owned entities (e.g., SANRAL and Transnet), infrastructure grants, and the like. The Green Infrastructure Bond instrument is another option for exploring alternative financing sources for green, energy-efficient, climate-resilient infrastructure.

The purpose of the Economic Reconstruction and Recovery Plan is to rebuild the national economy. At the cabinet meeting of 2 April 2020, President Ramaphosa stated that infrastructure investment and implementation, through an immediate and purpose-driven recovery plan, was the flywheel that would kick-start the economy. It would also stimulate the construction sector, which has been hit hard by years of underinvestment even before the pandemic. Since April 2020, government has accelerated the development of systems and processes to enable the fast-tracking of infrastructure projects, including the establishment of Infrastructure South Africa and the Infrastructure Fund, so as to create employment and boost economic output. This approach is in line with those of many other countries, who agree that infrastructure can play a key role in recovering from the crisis, given its impact on productivity, growth and job creation. The upscaling of public-private partnership programmes and the implementation of blended finance solutions, such as the Infrastructure Fund, will be key to reducing pressure on the fiscus and driving the recovery. The accelerated implementation of SIPs, with support from Infrastructure South Africa to remove constraints, will be key in this regard. For the transport infrastructure sector, this implies the accelerated implementation of projects in SIP 21 (Transport), SIP 25 (Rural Bridges *Welisizwe* Programme), SIP 26 (Rural Roads Upgrade Programme), and SIP 27 (Upgrading and Repair of Township Roads in Municipalities Programme).

PRELIMINARY LESSONS LEARNED



Priorities for post-pandemic recovery must be driven by lessons from the social, economic and fiscal consequences of the health crisis. This requires institutions, infrastructure (e.g., for digital inclusion), relationships, systems and processes for long-term recovery and resilience (and, indeed, for addressing growing emergencies such as social inequality and climate change). It also requires shifting away from hierarchy and instruction towards collaborative governance and social compacting (Harrison, 2020). Lessons in particular sectors are as outlined below.

ENERGY

Certain processes could be improved in any future lockdown. For example, there is a need to, at short notice, issue permits to critical staff (both on-site and for rapid call-outs). The national permitting system was unnecessarily onerous and could easily have been streamlined by allowing designated essential service employees to use their access cards for the first two weeks of lockdown while permits were being printed. Furthermore, permits issued under a higher level of lockdown should be valid for lower levels without needing to be reissued. Finally, coordination with disaster responders in other sectors proved very helpful.

ICT AND TELECOMMUNICATIONS INFRASTRUCTURE

The pandemic highlighted both ICT's enabling role and gaps in coverage and access. In this regard, recommendations include a proposal by the ICT industry to use the spare fibre capacity of state-owned enterprises for the health and education sector; to prioritise licensing of spectrum in underserved areas

- and link this with the provision of services
- to these sectors; and to expand eduroam
- capabilities beyond campuses to help students access broadband facilities.

WATER, SANITATION, AND BASIC MUNICIPAL SERVICES

The pandemic temporarily diverted attention and resources from the core function of water service authorities. A key lesson is to improve the resilience of water service authorities to perform their key task of planning, implementing, and ensuring the operation of supply systems that are sustainable from a social, institutional, financial, and technical perspective.

Critical issues for subnational governments in future include managing the impacts on public finance; maintaining services and infrastructure; developing new (especially digital) infrastructure; supporting vulnerable households and communities; supporting the economic recovery (and especially small businesses); and reconfiguring governance based on the lessons of the pandemic.

TRANSPORT INFRASTRUCTURE AND CONSTRUCTION

Key requirements are the development and endorsement of standards for the transport infrastructure sector, and the construction sector in general, on how to operate during an abrupt, pandemic-type crisis. As a minimum, these should include mandatory protocols under the Occupational Health and Safety Act. This could involve delegated authority to representative industry associations to develop sector-specific mitigation measures for continued, risk-controlled operations for consideration and approval by a national advisory panel (see the recommendations for the transport industry in [Chapter 6.4](#)). Building greater resilience to cope with

shocks to continuing operations, be they from extreme weather events or pandemics, is a key lesson learnt from Covid-19.

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CHAPTER 7

INTERNATIONAL COOPERATION, TRADE, AND SECURITY

CHAPTER 7: INTERNATIONAL COOPERATION, TRADE, AND SECURITY



ABSTRACT

This chapter describes how the South African government has used its engagement with global and regional organisations, forums, and other external actors in the economic, security and health areas to deal with the Covid-19 pandemic. It gives a brief overview of the pandemic's impact on the country's international economic relations and then reviews South Africa's engagement with the rest of the world. This is followed by a discussion of its interactions with its key international interlocutors during the pandemic and the outcome of these interactions.

The final section draws five conclusions, which are necessarily provisional given that the pandemic is still unfolding:

1. South Africa has made effective use of its international relations in dealing with the pandemic.
2. It was able to benefit from its international relations during the pandemic because

it has invested time in building and sustaining these relations and building credibility with its interlocutors over a number of years.

3. A country's credibility and effectiveness in international affairs are enhanced if it takes a strategic and realistic approach to foreign policymaking and implementation.
4. It is important for the country to have a clear strategy for communicating with all domestic and international stakeholders about government's international actions. Much of the groundwork for international relations takes place behind the scenes and is not obvious to either domestic stakeholders or international audiences; the risk of misinterpretation is therefore not insignificant.
5. South Africa should have a means for monitoring and evaluating the implementation of its international relations strategy.

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ABBREVIATIONS AND ACRONYMS

AfCFTA	African Continental Free Trade Agreement	REC	Regional Economic Community
Afreximbank	African Export–Import Bank	SACU	Southern African Customs Union
AMSP	Africa Medical Supplies Platform	SADC	Southern African Development Community
AVATT	African Vaccine Acquisition Task Team	SARB	South African Reserve Bank
BELN	Botswana, Eswatini, Lesotho and Namibia	TFTA	Tripartite Free Trade Area
BRICS	Brazil, Russia, India, China, and South Africa	TRIPS	[Agreement on] Trade-Related Aspects of Intellectual Property Rights
CDC	[Africa] Centres for Disease Control and Prevention	UNCTAD	United Nations Conference on Trade and Development
DIRCO	Department of International Relations and Cooperation	UNECA	United Nations Economic Commission for Africa
DTIC	Department of Trade, Industry and Competition	UNICEF	United Nations Children's Fund
FDI	foreign direct investment	WHO	World Health Organization
IMF	International Monetary Fund	WTO	World Trade Organization
PPE	personal protective equipment		

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INTRODUCTION

The disruption brought about by the Covid-19 pandemic is unprecedented in the contemporary era. Aside from its health impact, the pandemic has caused rising global unemployment, poverty, and hunger, and it has badly affected the international economy. For example, global trade declined by 21% year-on-year in the second quarter of 2020 and by another 5% in the third. Although economic activity has largely resumed in many countries, preliminary data suggests that global trade fell by about 8% in 2020 (UNCTAD, 2021).

This disruption in global trade can be attributed to measures states implemented to curb the spread of the pandemic, along with restrictions they placed on exports of goods such as medical supplies, pharmaceuticals, medical equipment (e.g., ventilators) and other products (e.g., foodstuffs and toilet paper). As of 18 February 2021, 98 countries had introduced temporary export restrictions (up from 80 in April 2020), whereas only two had liberalised export controls (WTO, 2020; ITC, 2021).

Trade restrictions are just one indication that foreign and trade policies have been a factor in how countries managed the pandemic. The purpose of this chapter is to describe how South Africa used its international relations in the economic, security and health areas to deal with the pandemic. It focuses on the scope and outcome of government's engagement with global and regional organisations, forums, and other external actors, rather than on the impact of these engagements on the domestic situation. Such impacts are discussed in other chapters of this Country Report.

The paper is based on a desk review of the relevant data and literature. In addition, interviews were held with officials from the National Treasury, the Department of Trade, Industry and Competition (DTIC), the Department of International Relations and Cooperation (DIRCO), and the South African Reserve Bank (SARB), as well as an official at the International Monetary Fund (IMF) office in Pretoria.

The key questions this chapter seeks to answer are:

- 1. Did government make optimal use of its relationships with external actors and institutions in dealing with Covid-19?
- 2. What lessons can be learned from South Africa's engagement with international actors and institutions in its management of the pandemic?

To this end, the chapter will address the following issues:

1. How did South Africa use its relations with **countries** in the Southern African Development Community (SADC), Africa, the Global South, and the Global North to gather information and learn about possible responses to the virus and its impacts?
2. How did South Africa use its membership in **regional and international organisations** and forums to advocate for support for itself and other African countries, gather information, and learn about possible responses to the virus and its impacts?
3. How did South Africa use its relations with **non-state actors** to gather information and learn about possible responses to the virus and its impact?

The chapter is divided into four sections. The first provides a brief overview of how the pandemic has affected South Africa's international economic relations. The second section places these issues in context by providing some information on the country's engagement with the rest of the world. This is followed by a discussion of how South Africa interacted with its key international interlocutors during the Covid-19 pandemic and the outcome of these interactions. The final section draws some conclusions from these interactions.

Note that these conclusions on the strengths and limitations of the Covid-19 response are necessarily provisional given that the pandemic is still unfolding. International cooperation, trade, and security during the further progression of the pandemic will

be discussed in the second edition of the Country Report.

COVID-19 AND SOUTH AFRICA'S INTERNATIONAL ECONOMIC RELATIONS

INTERNATIONAL TRADE AND FINANCIAL FLOWS¹

The global economic slowdown caused by the pandemic has adversely affected South Africa's trade relations (TIPS, 2020). The United Nations Conference on Trade and Development's (UNCTAD) Global Trade Update shows that South Africa's **exports** declined by 61% from March to August 2020 relative to the March 2019 figures (UNCTAD, 2020a).

The implications of this decline can be seen in the case of the **Southern African Customs Union** (SACU), which comprises South Africa and the BELN (Botswana, Eswatini [Swaziland], Lesotho and Namibia) countries. SACU is the world's oldest surviving trade bloc. It is also South Africa's most important trade partnership (Grant-Makokera & Makokera, 2020). Exports to the BELN countries declined by 63,3% month-on-month in April 2020. This decline in trade also adversely affected the region's finances. SACU, whose members participate in both a common customs area and a shared revenue pool, provides much-needed revenue for its member countries. In 2017/18 SACU transfers comprised at least 40% of government revenue for Eswatini and Lesotho, and almost a third for Namibia and Botswana (Stats SA, 2020). This significantly raised the macroeconomic risks facing South Africa's neighbours.

Export activity found some respite with the easing of the lockdown. By May 2020 overall exports had recovered almost to the levels

¹ See Qobo, 2020.

seen in March, although they were still 8% below the level of March 2019 (Viljoen, 2020). As the lockdown restrictions were eased further, merchandise exports increased in value and eventually surpassed pre-lockdown levels in July 2020. The same cannot be said about **imports**. South Africa's imports had started a downward trend in 2019, weakened further in March 2020 and then recorded a sharp fall in April. The severe decline in import activity in 2020 can be attributed to a lack of domestic demand, as both household income and domestic investment slowed (see [Chapter 6.1](#) on the economy).

More recent (unaudited) data from the DTIC suggest that South Africa's exports increased by 7,9% year-on-year in nominal terms in 2020, while its imports decreased by 11,4%. Its global trade balance improved from R31,8 billion in 2019 to R280,3 billion in 2020. Exchange rate movements in 2020 meant that the US dollar value of exports decreased by 4,8% and that of imports by 21,8%.

During the pandemic, revenue due to the BELN countries from the SACU pool was affected by both the reduction in export volumes and the fall in excise duties. For example, in the first month of the lockdown, South Africa's exports of vehicles and components declined by about 89%. The country's restrictions on the sale of tobacco and alcohol products also drastically affected excise duties (Grant-Makokera & Makokera, 2020).² Furthermore, the closure of borders at the beginning of the lockdown reduced trade in some BELN countries to a mere 1% of their normal flows; this led to SACU member countries losing an estimated R7 billion a month from customs revenues (Ngatane, 2020). Overall, South Africa's expected transfers to other SACU members were revised downwards by R14,5 billion in 2021/22 and R31,9 billion in 2022/23 (the 2020 Budget Estimates had anticipated declines of only R2,4 billion and R3,2 billion, respectively, for the two years). Such large declines in

revenue would have severe macroeconomic implications for these countries.

It is worth noting that SACU members have longstanding, unresolved disagreements about the revenue-sharing formula and the tariff-setting framework. For example, the South African government holds that the current revenue-sharing formula is unfair to the country, as it generates about 98% of the revenue pool (Stats SA, 2020). However, much of their attention now is on managing the long-term impact of the pandemic on the common revenue pool. At the fourth joint Finance and Trade Ministers' virtual ministerial retreat on 21 September 2020, the countries agreed to focus on long-term development priorities. These included dealing with the impact of Covid-19, working jointly on the implementation of the African Continental Free Trade Agreement (AfCFTA), and emphasising an industrialisation path anchored in regional value chains.

FOREIGN DIRECT INVESTMENT

The economic shock triggered by the pandemic is set to aggravate the trend of declining foreign direct investment (FDI) into Africa (UNCTAD, 2020b). **FDI flows into Africa** are forecast to fall by between 25% and 40% in 2020. These flows had already declined by 10% in 2019 because of subdued commodity demand and moderate economic growth (UNCTAD, 2020c).

FDI into South Africa had likewise been declining before the pandemic, falling by 15% year-on-year to US\$4,6 billion in 2019. (This was still above the average of US\$2 billion per year in 2015–17). FDI inflows into South Africa are largely for mining, manufacturing (automobiles and consumer goods) and services (finance and banking). Most of South Africa's traditional investor partners are members of the European Union, but China

² See [Chapter 6.2](#) for a discussion of the effect of the restrictions on the wine industry and [Chapter 6.5](#) for the effect on the tobacco industry.

- is gradually expanding its investments in the country (UNCTAD, 2020c). South Africa's credit rating has been deteriorating – all three major credit rating agencies allocated it a junk rating (i.e., sub-investment grade with an elevated default risk). There is a concern that these downgrades could trigger investment outflows worth billions of dollars (Cook, 2020).

South Africa's direct investment liabilities (due to foreign parent companies providing debt funding to local subsidiaries) increased by R17,4 billion in the second quarter of 2020. Overall, the first quarter of 2020 saw a net outflow of R97,6 billion from local financial markets (SARB, 2020a), mainly because of non-residents' net sales of domestic debt securities and, to a lesser extent, equities. Outflows reached R24 billion in the second quarter and R38,6 billion in the third. Despite these outflows, the country's net international investment position improved in the second quarter of 2020, because the value of its foreign assets increased substantially more than that of its foreign liabilities (SARB, 2020b).

SOUTH AFRICA'S EXTERNAL DIPLOMATIC RELATIONS

As the Covid-19 pandemic emerged locally in February 2020, South Africa was assuming the chairmanship of the African Union and serving its second year as an elected member of the UN Security Council. Early on, it mobilised its diplomatic engagements, focusing on three elements:

- To help it deal with the pandemic at home
- To mobilise global support to help Africa deal with the health and economic consequences of the pandemic
- To advocate for a non-discriminatory approach to countries under sanctions during the pandemic.

This took the form of both bilateral and multilateral engagements. The rest of this

section highlights some of the key formal and informal multilateral groupings in which South Africa participates and its engagements with them, along with some of the bilateral assistance the country received.

FORMAL MULTILATERAL INSTITUTIONS

South Africa is a member of the **United Nations**, which stands at the apex of the global multilateral system and to which all states belong. All UN member states sit in the General Assembly. In 2020 South Africa was serving the second year of a two-year term as one of ten elected members of the Security Council. It is one of three African members of the Security Council, which in 2020 included Niger and Tunisia. The African members form an informal caucus, the so-called A3, in the council.

South Africa is also a member of the **African Union**, the African continental equivalent of the United Nations. The African Union, which has 55 member states, was launched as the successor to the Organisation of African Unity in 2002. Its principal organs are the Assembly of Heads of State and Government, the Executive Council, the Permanent Representatives Committee, Specialised Technical Committees, the Peace and Security Council, and the AU Commission. Related bodies include the Africa Centres for Disease Control and Prevention (CDC), the African Court on Human and Peoples' Rights, and the African Commission on Human and Peoples' Rights. South Africa assumed the chair of the African Union for a year in February 2020; its term ended after the AU summit in February 2021.

Other memberships are in more specialised global and regional organisations and forums. In the economic area, the most significant of these are the **IMF**, the **World Bank**, the **African Development Bank**, and the **New Development Bank**. Under normal circumstances, all these institutions (except

the IMF) provide financing for specific projects or programmes. The financing is in the form of loans and are therefore subject to the borrower meeting certain legal, financial and programme or project-related conditions. The IMF provides finance, including emergency loans, to member countries experiencing actual or potential balance of payment problems. Typically, an IMF programme is subject to policy conditionality. However, it offers some arrangements in which countries can use IMF resources with no or limited conditionality if they have already established their commitment to sound policies or where the resources are to address urgent and immediate needs. During the pandemic all these institutions offered more flexible financing to help countries deal with the crisis, including through increasing the speed and access to financing.

Two committees provide guidance to the IMF and the World Bank boards. The IMF's **International Monetary and Financial Committee** reports to the IMF Board of Governors on the supervision and management of the international monetary and financial system. Its membership is structured along the same lines as the Fund's 24-member Board of Executive Directors – it comprises the relevant member states' Governors of the IMF. The SARB Governor, Lesetja Kganyago, chaired the committee until January 2021. The second committee, the Joint Ministerial Committee of the Boards of Governors of the Bank and Fund on the Transfer of Real Resources to Developing Countries, is better known as the Development Committee. It advises the Boards of Governors of the IMF and the World Bank on development issues and the flow of funds to developing countries (IMF, 2020a).

In the international trade arena, South Africa is a member of the **World Trade Organization** (WTO), the only global organisation with a mandate to organise international trade negotiations, monitor international trade relations, and help resolve disputes. It is also a member of regional economic organisations, such as the SADC and SACU. The SADC seeks to promote more intensive economic interactions between its member states,

including in trade and investment, while SACU promotes both free trade among its member states and a common external trade policy towards the rest of the world.

Among the numerous specialised UN agencies of which South Africa is a member, the most relevant for current purposes is the **World Health Organization** (WHO), which deals with international health issues. The WHO has been responsible for coordinating the international response to Covid-19. Its activities include collecting and coordinating information on international health emergencies and providing technical support to countries dealing with such emergencies. It is also responsible for informing the world when there is a pandemic; this triggers a specific set of international rules.

INFORMAL INTERNATIONAL BODIES

South Africa participates in the **G20**, which has designated itself as the primary forum for global economic governance. It is divided into two tracks, the Sherpa track and the Finance Ministers and Central Bank Governors track. The former deals with such issues as development policy, climate change, and public health. The latter provides a space in which officials from the G20 countries address matters as the coordination of macroeconomic policy, sovereign debt issues, taxation, financing for infrastructure, and illicit financial flows.

The **BRICS** is an informal grouping, comprising Brazil, Russia, India, China, and South Africa, which held its first summit in 2009. South Africa joined in 2011. For 2021, the BRICS is chaired by India; Russia chaired in 2020. It also operates along two tracks – the Sherpa and the Finance Ministers and Central Bank Governors track, which deal with similar issues as their G20 counterparts.

African finance ministers and their officials meet periodically to exchange views and coordinate positions on issues of mutual interest. Southern African finance ministry and central bank officials meet under the

- auspices of SADC and the Southern African
- Common Monetary Area to discuss issues of
- common concern.

South Africa belongs to the **G77 plus China**, a coalition of 134 developing countries at the United Nations that aims to promote its members' collective economic interests and enhance their joint negotiating capacity. While China is not a member, it supports the grouping and contributes financially, and all the G77 statements include China. In 2020 the chair of the G77 was Guyana; Guinea is chairing the body in 2021.

In addition, South Africa participates in the **G24**, a grouping of developing countries that functions as an advocacy group for such countries in the IMF, similar to the G77 in the UN system. South Africa is also a member of the **Non-Aligned Movement**, which was established in 1961. This grouping comprises 120 developing countries that are not formally aligned with or against any major power bloc.

Finally, the country participates in international entities focused on public **health**, including the **Global Alliance on Vaccines and Immunization**. The WHO, the Global Alliance, and other actors in global health (e.g., the Gates Foundation) established the Access to Covid-19 Tools Accelerator, which in turn established the COVAX initiative to promote more equitable access to Covid-19 vaccines.

SOUTH AFRICA'S INTERNATIONAL ENGAGEMENTS DURING COVID-19

ECONOMIC RELATIONS

On the economic front, South Africa's international engagements during the Covid-19 pandemic took various forms. It

engaged with the international financial institutions to raise finance, helped coordinate African economic responses, and advocated for African interests in other forums. It also used its bilateral relations to obtain additional support for Covid-19-related expenses.

On 27 July 2020, South Africa raised US\$4,3 billion from the **IMF's Rapid Financing Instrument** at an interest rate of 50 basis points, with repayments to be made 3,25–5 years after disbursement. This facility provides rapid and low-access financial assistance to member countries facing an urgent balance of payments need, without the need to have a fully-fledged programme in place. As part of this transaction, South Africa provided the IMF (2020b) with a letter of intent setting out the policies it plans to implement over the next few years. These policies were essentially those the finance minister had set out in his speech to Parliament in July 2020 (National Treasury, 2020). Government officials note that their engagements with IMF officials have been useful because they could learn from them about approaches to dealing with the pandemic-induced crisis.

The South African government borrowed US\$1 billion from the **New Development Bank** (NDB, 2020a)³ and US\$288 million from the African Development Bank's Covid-19 Response Support Programme (AfDB, 2020). It is also negotiating a loan(s) with the World Bank. The size of the financing from the World Bank could be as high as US\$2 billion (WBG, 2020a). The funds from the IMF, the New Development Bank and the African Development Bank have been disbursed.

The New Development Bank allocated US\$5 billion to a new facility, the Emergency Assistance Program in Combatting COVID-19 (NDB, 2020b). The purpose of this facility is to provide emergency support to member states for dealing with anthropogenic disasters, epidemics, or pandemics. In fact, the Bank aims to provide up to US\$10 billion in

³In June 2020 the New Development Bank priced its inaugural benchmark US\$1,5 billion 3-year COVID-19 Response Bond in the international capital markets.

crisis-related assistance, including support for member countries' economic recovery. Since each member is entitled to an equal share of the facility, South Africa could potentially access another US\$1 billion from the New Development Bank. It is in discussions with the Bank about this possibility.

The **BRICS Contingent Reserve Arrangement** (BRICS Ministry of External Relations, 2014) is an inter-central bank arrangement that allows South Africa's central bank to access up to US\$10 billion in short-term swap arrangements with its BRICS counterparts. The funding is available for six months and can be renewed. Such arrangements carry an interest charge that increases with each renewal. South Africa could access the first US\$3 billion without needing to enter into an IMF programme. The remaining US\$7 billion would only be made available when linked to an IMF programme. The rapid financing that South Africa received from the IMF in 2020, with its light conditions, may not satisfy this requirement. To date, neither South Africa nor any of the other member states has used the BRICS Contingent Reserve Arrangement.

South Africa has been an active and leading participant in **coordinating African economic responses** to the pandemic. For example, in March 2020, Finance Minister Tito Mboweni co-chaired a virtual meeting of African finance ministers organised by the United Nations Economic Commission for Africa (UNECA). This meeting resulted in a call to the international financial institutions to provide US\$100 billion in additional financing to help Africa deal with the pandemic (UNECA, 2020). In September 2021 the minister hosted a virtual summit of Finance Ministers and Trade Ministers in SACU to formulate long-term perspectives on dealing with Covid-19 and chart a new development course for the subregion.

President Ramaphosa, in his capacity as chair of the African Union, appointed four envoys to help raise funds for African efforts to deal with the pandemic and another to help coordinate

the logistics challenge. The four envoys include three former finance ministers, Donald Kaberuka, Trevor Manuel and Ngozi Okonjo-Iweala, as well as Thiam Tidjane, a prominent African businessman. South Africa's National Treasury provided technical support to former Minister Manuel. The Democratic Republic of Congo assumed the chair of the African Union in February 2021, and it is not clear whether the envoys will continue playing this role. It is likewise unclear whether a new envoy will be appointed now that Dr Okonjo-Iweala has become the Director-General of the WTO.

While it is hard to attribute specific outcomes to these activities, they may have contributed to the following initiatives:

- The **IMF** temporarily doubled access to the Rapid Credit Facility and Rapid Financing Instrument, from 50% to 100% of a country's annual IMF quota. By January 2021, 85 countries had received emergency support from the IMF; 29 low-income countries, including many in sub-Saharan Africa, received debt service relief until April 2021. In sub-Saharan Africa, 31 countries received a total of US\$16,3 billion in IMF support in 2020 through these emergency facilities or the augmentation of access under existing programme arrangements (IMF, 2021).
- The **World Bank Group** announced that it would deploy up to US\$160 billion over 15 months to help more than 100 countries protect poor and vulnerable people, support businesses, and bolster economic recovery. This includes up to US\$50 billion for African countries. By mid-October 2020, it had approved nearly US\$1,5 billion towards responding to the Covid-19 pandemic in Africa, through a combination of new operations and the redeployment of existing resources. Together, these interventions have reached 43 countries in the region; they include emergency health projects totalling US\$757 million in 34 African countries and US\$316 million in redeployed funds in 16 countries. Another US\$200 million is being leveraged through restructured projects (WBG, 2020b).

- South Africa **advocated for African interests**
- in other forums, such as the G20. At the first
- virtual extraordinary G20 summit in late March 2020, President Ramaphosa participated in two capacities – he represented South Africa as a full member of the G20 and, in his role as chair, the African Union as an observer. He called on the international community to:
 - Encourage open trade corridors, especially for pharmaceuticals and other medical supplies.
 - Provide financial support for Africa's urgent humanitarian needs and help chart a recovery path.
 - Waive all interest and payments on bilateral and multilateral loans.
 - Support the African Coronavirus Fund (The Presidency, 2020b).

In April the G20 promoted a **Debt Service Suspension Initiative** under which participating countries offered to temporarily suspend debt service payments owed to their official bilateral creditors. The initiative, which took effect from 1 May 2020, was originally intended to end in December 2020, but it has been extended until December 2021. Seventy-three low-income countries are eligible for the initiative. The IMF and World Bank reported that by end-September 2020, 44 countries had deferred official debt service worth US\$5,0 billion from May to December 2020. In October, this period was extended until the end of June 2021. By early March 2021, 46 countries had joined the initiative, of which 31 were African (WBG, 2021). The amount of deferred debt service was about half of what had been expected – several states have not requested a deferral to avoid affecting their credit ratings and, hence, their access to international financial markets. At its November summit, the G20 endorsed the 'Common Framework for Debt Treatments beyond the [Debt Service Suspension Initiative]' (G20 Riyadh Summit, 2020). This framework, which is also endorsed by the Paris Club, aimed to facilitate debt restructuring on a case-by-case basis and to ensure the burden is fairly shared among creditors, by including both Paris Club and non-Paris Club creditors.

South Africa has authorised its representatives at the Board of Executive Directors of the **World Bank** to advocate for additional support for vulnerable countries affected by the Covid-19 crisis. This support includes calling on the Bank to be responsive to Africa's health and financing needs. Government officials are also working with the African Union and UNECA on a push for the restructuring of African debt (Vandome, 2020; Songwe, 2021).

At the **IMF**, South Africa supports a new general allocation of Special Drawing Rights to the value of US\$650 billion. Africa is expected to receive only US\$33 billion of this allocation, with the majority going to advanced economies. Consequently, South Africa has supported the call for advanced economies with strong external positions to redirect their unused share of Special Drawing Rights to help developing countries.

South Africa used its participation in the **G24** to advocate for a coordinated global response to Covid-19 that includes unrestricted provision of the necessary medical supplies, assistance for all countries in need, and more financing for these countries.

In a similar vein, it has used its position as chair of the **African Union** to advocate for multilateral support for African countries on issues other than finance:

- In his capacity as chair, President Ramaphosa appointed Zimbabwean businessman Strive Masiyiwa as special envoy for the mobilisation of test kits and personal protective equipment (PPE) for medical workers. Several African countries, particularly small ones, felt that the global supply of test kits and PPE was so limited and depended on so few manufacturers that they could not compete on price. They reached out to the African Union chair to explore options to address this concern (Milken Institute, 2020). The Africa Medical Supplies Platform (AMSP) was the outcome of this initiative. In this regard, the African Export-Import Bank (Afreximbank) helps guarantee payment for suppliers, while the

Africa CDC ensures that the countries with the highest disease burdens are prioritised for supplies.

- In January 2021 President Ramaphosa announced that the African Union had secured a provisional 270 million doses of vaccine through the Covid-19 African Vaccine Acquisition Task Team (AVATT). The pre-order programme for AU member states began in January. The Afreximbank is to facilitate payments by providing advance procurement commitment guarantees of up to US\$2 billion to the manufacturers on behalf of African countries (APO Group, 2021). The platform seems to be working well from a negotiating perspective. However, the success of any vaccine roll-out depends on factors such as the delivery date of vaccines to each country, the availability of the necessary infrastructure and (cold) storage capacity, the logistics of transporting and administering the vaccine, and the resilience of the healthcare system (since healthcare workers also have to care for Covid-19 patients). Another important concern is whether vaccine manufacturers will be able to deliver orders within the agreed time frames.⁴

On a bilateral basis, South Africa received €1,5 million as a top-up of existing programmes from the European Union and could potentially access some of the €1,5 billion the bloc promised to provide to non-EU countries.⁵ The country also received about €20 million from the German government and private sources (including Volkswagen and BMW)⁶ for procuring PPE and through top-ups to existing programmes. A number of German engineers and technicians came to South Africa in three waves in July and

August, invited by German companies operating in the country, to provide essential skills in upgrading the production capacity of German-owned companies and to assist Eskom, among others, as part of efforts to kick-start the economy (Patel, 2020).

Some donors have granted South Africa greater flexibility in how it may use their funds, including Switzerland (Sw F1,2 million), the United States (US\$6 million), and the Global Fund for Tuberculosis, HIV/AIDS and Malaria. The Global Fund also provided R66 million in new funds for Covid-19-related purposes. Furthermore, South Africa received new funds from Canada (Can\$6 million) and the United Kingdom (R36 million).

Chinese company Huawei Technologies donated R1 million to the Department of Health, and the South Africa–China Economic and Trade Association donated R2 million (Tshwawe, 2020). The Chinese government donated R1 million to the Department of Basic Education for water tanks for primary and secondary schools in the Northern Cape, along with 50 000 surgical masks and 400 forehead thermometers (XinhuaNet, 2020). Finally, South African multinational companies (such as MTN) donated US\$25 million to support the African Union's Covid-19 vaccination programme; this is credit to the active role played by President Cyril Ramaphosa in his time as chair of the African Union.

REGIONAL EFFORTS

South Africa's most significant regional effort resulted from its chairing the African Union in the year to February 2021. This allowed it

⁴These concerns were first raised when Pfizer indicated to the European Union that it was likely to miss its agreed delivery date and had to adjust the estimated volumes of vaccine deliveries.

⁵The European Union's support included: (a) emergency response provisions, such as 100 tonnes of supplies regularly flown to South Africa, the conversion of the Volkswagen plant in Nelson Mandela Bay to a 3300-bed field hospital (see footnote 6), and R88,75 million in food vouchers to Khayelitsha; (b) strengthened health, water and research systems, including through R71 million to hospitals and clinics in northern provinces, and R127,75 million in awareness raising at district level via the Asivikela project to monitor sanitation infrastructure spending by municipalities; and (c) economic and social support, including R497 million to the National Treasury to alleviate fiscal constraints.

⁶Volkswagen South Africa converted a vacant plant in Port Elizabeth into the Rev. Dr Elizabeth Manusa Chabula-Nxweni Field Hospital with funding provided by the German embassy (see footnote 5). In Gauteng the German government and BMW established temporary screening and testing facilities in Soshanguve.

- to play a leadership role in coordinating an African response to the Covid-19 pandemic.
- There seems to be wide acknowledgement in the African Union that President Ramaphosa played an effective leadership role in that regard (Louw-Vaudran, 2020). Before South Africa assumed the chair of the African Union, DIRCO established a steering committee that brought together all relevant departments. Thus, when the focus suddenly had to shift to a pandemic response, a coordinating forum was already operational.

During the pandemic, the **AU Bureau**, where each region is represented at a head-of-government level, held several meetings. These meetings became the forum for bringing all relevant stakeholders together and coordinating action. The Bureau included the troika – the then chair, South Africa, and the two vice-chairs: President Felix Tshisekedi of the Democratic Republic of Congo (future chair), President Abdel Fattah el-Sisi of the Arab Republic of Egypt (immediate past chair). Other members were President Uhuru Kenyatta of the Republic of Kenya and President Ibrahim Keita of the Republic of Mali, as well as the chairperson of the African Union Commission. The special envoys reported to the Bureau, and the director of the Africa CDC participated in all its meetings. The Regional Economic Communities (RECs) were also brought into the meetings to report on issues in their regions, including the impact of conflicts, for example in the Sahel. At the third meeting of the Bureau, President Ramaphosa invited several other African business leaders and used the occasion to ask their support for the AU strategy on Covid-19 (The Presidency, 2020a).

Apart from these engagements, in early February and March several meetings of **health ministers and finance ministers** were held, respectively to develop strategies for countering the health and economic dimensions of the pandemic. Specialised

technical committees were also established at AU level to coordinate on matters such as transport and health.

South Africa played an important role in the coordination among **SADC member states**, where it engaged via the SADC Secretariat. (SADC had been chaired by Tanzania until Mozambique assumed the chair in August 2020). South Africa participated in a number of SADC meetings of Ministers and Senior Officials, called by the Secretariat. These meetings resulted in joint decisions on managing the pandemic, including guidelines on facilitating and harmonising cross-border transportation, the validity of testing periods, payment for tests, information sharing, and impact monitoring (Muchopa, 2020). The regional response borrowed much from South Africa's domestic regulation and response to the pandemic. For example, President Ramaphosa took the initiative to call a meeting of neighbouring countries to adopt a set of minimum requirements and to offer bilateral support. South Africa also pushed for the harmonisation of the standards for determining the validity of testing results. The Department of Health provided technical support in the development of these guidelines. There were also initiatives to harmonise standards in the Tripartite Free Trade Area (TFTA),⁷ driven by the Executive Secretary of SADC, who chairs the tripartite technical group.

South Africa's initial response to the pandemic, like that of the region, was motivated primarily by the need to save lives. Less consideration was given to the impact of closing borders on trade and access to essential supplies. Predictably, landlocked countries were most affected by these restrictions. A SADC (2020b) report on food security and vulnerability noted that the lockdown measures taken by various member states to contain the spread of the virus reduced people's access to food.

⁷These included the Tripartite Guidelines for Safe, Efficient and Cost-Effective Movement of Goods and Services during Covid and the Tripartite Guidelines on Trade and Transport Facilitation.

Specifically, 'markets that are dependent on South Africa, including those in Zimbabwe and Mozambique, were affected by border restrictions. As supplies in these markets declined, prices increased' (SADC 2020b: 19). In the case of Lesotho, the report noted that the impact of 'restricted movement for individuals and entrepreneurs, especially to and from South Africa to access some commodities' (SADC, 2020b:27) was among the major problems facing the country. In addition, the decision to not grant any medical visas during the lockdown ignored the fact that many countries in the region depend on South Africa for health services.

South Africa has also used its SADC membership to urge member states to be proactive in reprioritising their budgets and seeking external assistance to manage the unprecedented fiscal demands. In this regard, the member states have discussed the socio-economic impact of the pandemic on SADC economies and approved proposed measures to address its sectoral effects. They also focused on identifying resources from multilateral financial institutions and international cooperating partners that can be used to support the fight against Covid-19, in line with the lobbying work of the African Union led by President Ramaphosa.

The South African government participated in the following **global and regional initiatives** to deal with Covid-19 and its impacts:

- It collaborated with the United Nations Children's Fund (UNICEF, 2020) to implement its guidance document on child nutrition responses in lockdown; this guidance includes ensuring continued access to essential healthcare. UNICEF is assisting the Department of Health in developing district responses to the possible increase in acute malnutrition cases after the lockdown.
- The African Union established a Covid-19 Response Fund to raise resources to

strengthen the continental response (AU, 2020b). The Response Fund was President Ramaphosa's initiative to strengthen the capacity of the Africa CDC to execute the Africa Joint Continental Strategy for COVID-19 Outbreak (AU, 2020a), by securing additional resources. By 19 February 2021, the Fund had received 56% of US\$42,4 million pledged, and the Africa CDC had received 75% of the US\$254,8 million pledged.⁸ As noted, measures include the pooled procurement of PPE, diagnostics, and other medical commodities by the Africa CDC for distribution to the member states.

- The Western Cape provincial health department, using data from its Provincial Health Data Centre, published a study on the interactions between Covid-19, HIV/AIDS, tuberculosis, and other diseases as an information-sharing mechanism with SADC member states (SADC, 2020a).
- At a virtual meeting on 6 April 2020, South Africa and its SADC counterparts agreed to adopt guidelines on the movement of essential goods and services to ease delays during lockdowns (Louw-Vaudran & Diata, 2020).

ADVOCACY OF AFRICAN CONCERNS

South Africa has played a leading role in promoting the interests of the continent in **international forums**, largely because of President Ramaphosa's chairpersonship of the African Union in 2020. Very soon after assuming the chair, as the pandemic was breaking, he held discussions with world leaders, including the UN Secretary-General, the president of the World Bank, the managing director of the IMF, the president of the EU Commission, and the director-general of the WHO. He also sent a number of letters to world leaders, asking for international assistance from multilateral and bilateral partners. In April he addressed the joint meeting of the World Bank and the IMF on the pandemic and Africa (The Presidency, 2020a).

⁸ Email communication from the AU desk, DIRCO, 24 February 2021. It is interesting to note that 69% of the contributions received by the Fund was from African member states.

The president advocated for **debt suspension and affordable vaccine access** on international platforms:

- On 14 May, President Ramaphosa was one of three African leaders and some 50 former world leaders who published an open letter calling for vaccines, when available, to be 'produced rapidly at scale and made available for all people, in all countries, free of charge. The same applies for all treatments, diagnostics, and other technologies for Covid-19' (Khan et al., 2020). The letter was also aimed at the World Health Assembly meeting later that month.
- At the 75th session of the UN General Assembly in September, he called for a comprehensive stimulus package for African countries and the freezing of interest payments on their external and public debt (CGNT, 2020).
- On 29 September 2020, he urged developed countries at the high-level UN meeting on 'Financing the Agenda 2030 for Sustainable Development in the Era of COVID-19 and Beyond' to consider debt service suspension and the cancellation of debt in certain instances (Gerber, 2020).
- South Africa and India petitioned the WTO in October 2020 to temporarily waive all patents, trade secrets, industrial design and copyright on Covid-19-related drugs, vaccines, diagnostics, and other medical technologies during the pandemic (Baker, 2020). They argued at the WTO and in the G20 that this was necessary to ensure that all countries could gain affordable access to critical medical supplies. They maintained that the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights (the TRIPS Agreement) should not be a barrier to sharing the technology (without royalties) to produce the vaccines, medicines and medical equipment needed to address the pandemic (WTO, 1994; DTIC, 2020). As of February 2021, seven countries have joined the petition. Another 100, acting through the African Union and the low-income country group in the WTO, have expressed support

for the petition. However, some of the countries that are home to the world's major pharmaceutical companies have opposed the petition (Carim, 2021; Beattie, 2021).

South Africa supported the UN Secretary-General's call on 23 March 2020 for a global ceasefire in order to focus on fighting the pandemic and allow humanitarian access to those living in conflict zones. Furthermore, on 15 April, the Secretary-General pledged that the United Nations would stand in solidarity with Africa in the face of the pandemic and its economic and social impact (UN News, 2020). South Africa supported several resolutions by the **UN General Assembly** on the pandemic:

- The first, on 2 April 2020 (A/RES/74/270) on 'Global solidarity to fight the coronavirus disease 2019 (COVID-19)', reaffirmed the General Assembly's commitment to international cooperation and multilateralism and expressed 'strong support for the central role of the United Nations system'. It called on the United Nations to 'work with all relevant actors in order to mobilise a coordinated global response to the pandemic and its adverse social, economic and financial impact on all societies'.
- The second, on 20 April 2020 (A/RES/74/274) on 'International cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19', urged international cooperation on equitable global access to medical equipment, treatment, and vaccines.
- Two resolutions were adopted on 11 September 2020: (A/RES/74/306) 'Comprehensive and coordinated response to the COVID-19 pandemic' and (A/RES/74/307) 'United response against global health threats: Combating COVID-19'. In these resolutions, the General Assembly called for intensified international cooperation and multilateral efforts in handling disease outbreaks, including by sharing timely, accurate and transparent information, exchanging epidemiological and clinical data, and sharing materials necessary for research and development.

The **UN Security Council** was unable to reach agreement on a resolution dealing with the pandemic until 1 July when it adopted Security Council Resolution 2532. South Africa had from the outset supported the Security Council's call for a global ceasefire, as well as for easing economic restrictions (sanctions) to help the target countries (Sudan, Cuba, Iran, Venezuela, and Zimbabwe) deal with the pandemic. However, the United States opposed this, wanted no mention of the WHO in the resolution, and insisted on referring to the coronavirus as 'the China virus'. Other Western countries were willing to endorse the Secretary-General's ceasefire call (with exclusions) but not the lifting of economic sanctions. South Africa's position was that the Security Council should not select which elements of the UN Secretary-General's call to endorse or not. It maintained that the WHO should be mentioned in the resolution, and that it had to make the link between health and peace and security. However, South Africa maintained that notwithstanding these points, it would vote for a resolution even with the exclusions.⁹ South Africa voted in favour of the resolution of 1 July 2020, which resolved some of the disputed elements by referring to the UN General Assembly resolution of April that mentions the WHO, although the resolution itself does not directly mention the WHO. There was also no mention of the lifting of economic sanctions, and there was an exemption from the global ceasefire call, as it pertained to ISIL, al-Qaeda, and related franchises.

During the course of the pandemic, the **G77 plus China** issued three statements:

- The first, on 3 April 2020, expressed support for the efforts of the UN Secretary-General and the WHO and called on international partners to assist developing countries in combating the pandemic (G77, 2020b). The statement also warned that any unilateral coercive measures by countries would have a negative impact on the capacity of states to respond to the pandemic.
- The second, on 19 April 2020, expressed

support for the WHO, calling on the global community 'to maintain and, where possible, increase their support for the WHO, which, by the mandate given to it by Member States, has a critical and central role to play in supporting developing countries to confront a crisis of epic scale that threatens to erase the gains made over the past decades' (G77, 2020a).

- The third, on 22 July 2020, focused on the pandemic and debt, calling on the international financial institutions, multilateral banks, bilateral creditors, and other commercial and private creditors 'to provide immediate and substantial debt relief, as well as other support measures to developing countries, to make available necessary fiscal space and liquidity and help them manage the unfolding crisis caused by the Covid-19 pandemic while achieving sustainable development' (G77, 2020c). The G77 also urged donor countries to meet their official development assistance commitments.

The **Non-Aligned Movement** held an online summit of its Contact Group (some 30 heads of state) on 4 May 2020. President Ramaphosa, who attended as chair of the African Union, highlighted South Africa's and the African response to Covid-19 and called on countries to strengthen solidarity and cooperation to fight the pandemic. The summit agreed to establish the Non-Aligned Movement Task Force to develop a database of the basic humanitarian and medical needs of its members. This would be submitted to all donor countries, international humanitarian organisations, international financial institutions, transnational private entities implementing social responsibility projects, and others for possible support and assistance (Cuba MinRex, 2020). The summit also condemned the 'promulgation and application of unilateral coercive measures' against its members. On 20 May 2020 an online meeting of health ministers of the Non-

⁹ Interview with DIRCO official, 18 August 2020

- Aligned Movement Contact Group was held
- to discuss health-related challenges posed by
- the pandemic. A meeting of foreign ministers was held on 9 October; its statement reiterated the points made by the summit in May, while also emphasising that essential goods such as food and medicine should not be used as tools 'for political coercion' (MoFA, 2020).

The 2018 Johannesburg Declaration of the BRICS calls for the establishment of a **BRICS** Vaccine Development and Research Centre. South Africa has since called for this initiative to be accelerated. The communique issued at the end of the BRICS Moscow summit on 17 November 2020 reiterates support for the idea but does not mention when it would be established (Kremlin, 2020). The tenth meeting of health ministers took place on 11 November 2020. Russia proposed the creation of a comprehensive early warning system for the risks of widespread infectious diseases within the BRICS and to publish a review of the measures taken by BRICS countries to counter the spread of Covid-19.

INTERACTION WITH NON-STATE ACTORS IN INTERNATIONAL FORUMS

South Africa has collaborated with non-state actors to support efforts to combat Covid-19 and accelerate economic recovery. For example, on 28 October 2020, the chief executive officer of Naspers South Africa represented the country at the BRICS Business Forum 2020, which focused on the role of digital technologies in helping BRICS countries with the post-Covid-19 recovery (News24, 2020). Also, as noted, African businesspeople have played a role as envoys of the African Union in mobilising resources to help the continent deal with the pandemic.

GLOBAL HEALTH

South Africa has garnered multilateral and bilateral support for its public health initiatives.

The WHO has considerable expertise in dealing with medical emergencies. Its Health Emergencies Programme was developed in 2016 to provide countries, especially in Africa, with the appropriate expertise to respond to health emergencies like Covid-19. It brings speed and predictability to the WHO emergency work by using a single-incident management system, adopting an all-hazards approach (i.e., all hazards that create health emergencies, including natural or human-made disasters, disease outbreaks and conflicts), promoting collective action, and encompassing all stages of the emergency cycle from preparedness to recovery.

A WHO team of health experts, locally dubbed the Surge Team, has been deployed to support South Africa's Covid-19 response management. In August 2020, the Regional Director of the WHO for Africa, Dr Matshidiso Moeti, introduced the first phase of this initiative. The team deployed 17 of its 43 experts to the Eastern Cape, the Free State, Gauteng, KwaZulu-Natal, and Mpumalanga, which have the highest potential for a Covid-19 resurgence (Nair, 2020). The team was to work closely with the Department of Health at national level and with senior staff of provincial departments of health. The assignment of the WHO Surge Team has been criticised by some members of the ministerial advisory committee advising the health department (Child, 2020). They have questioned the need for a team of experts who lack local understanding and have asked what expertise the WHO team could provide that local scientists and epidemiologists on the committee did not have (see also Kapueja, 2020a and [Chapter 5.1](#) on health).

At the bilateral level, South Africa received support from the Henry Reeve International Contingent of Doctors Specialised in Disaster Situations and Serious Epidemics (also known as the Cuban Medical Brigade) in terms of the South Africa–Cuba Agreement on Cooperation in the Fields of Public Health and Medical Sciences. In April 2020 Cuba sent 217 health specialists (including epidemiologists,

biostatisticians, family physicians, and healthcare technology engineers) to South Africa following a request from President Ramaphosa (DoH, 2020a). It is unclear how the impact of their activities will be evaluated. Although the Minister of Health, Dr Zweli Mkhize, only provided vague reports on their activities (see also Kapueja, 2020a), South Africa recently nominated the Cuban Medical Brigade for the 2021 Nobel Peace Prize. This suggests their impact on the South African health system during the pandemic has been both positive and significant (Pandor, 2021).

COOPERATION ON BORDER MANAGEMENT AND REPATRIATION¹⁰

Migration is a potentially significant channel for Covid-19 infections worldwide. This is a particular concern in the SADC area, where borders are porous. South Africa and Botswana attract the largest numbers of migrants in the region. South Africa is also an important transit point for people from outside the region visiting SADC countries. The WHO Regional Office for Africa classified South Africa as a 'priority one country' based on three factors: (a) traffic between South Africa and China, (b) its capacity to implement the International Health Regulations (WHO, 2016), and (c) the fact that it has reported the highest number of Covid-19 cases in Africa, which increases the risk of the virus spreading to its SADC neighbours (DoH, 2020b).

In response to these risks, SADC adopted guidelines for all member states that are intended to:

- Limit the spread of Covid-19 through transport across borders.
- Facilitate the implementation of national Covid-19 measures in cross-border transportation.
- Facilitate the interstate flow of essential goods (e.g., fuel, food, medicines, and agricultural inputs).

- Limit unnecessary and mass movement of passengers across borders.
- Balance, align, harmonise and coordinate Covid-19 response measures with the requirements for trade and transport facilitation.

During the early phases of the lockdown, the South African government communicated its intent to build a 40 km **fence**, at a cost of R37 million, on its border with Zimbabwe (eNCA, 2020; Al Jazeera, 2020) to help curtail the spread of the virus. This was seen as a waste of resources because of the already permeable nature of the previous fence in this area (Dodson, 2000; Jones, 2016).

DIRCO (2020b) has facilitated, at an estimated cost of R10 million, the **repatriation** of South Africans stranded in various countries. By mid-August 2020, an estimated 19 400 citizens had been repatriated by land and air (DIRCO, 2020c). By early October 2020, the number had grown to almost 30 000 (DIRCO, 2020d). As government had not budgeted for such missions, repatriation efforts were focused on people who already had return tickets to South Africa, students studying abroad who had to vacate their places of residence, and elderly and sick people (DIRCO, 2020a).

CONCLUSION

Several conclusions can be drawn about South Africa's international engagements during the Covid-19 pandemic. First, **it has made effective use of its international relations** in dealing with the pandemic. It has received significant funds from the international financial institutions; the only substantial sources it has not yet tapped are the World Bank and the BRICS Contingent Reserve Arrangement. (It is currently in negotiations with the World Bank and can be expected to obtain funding from it in due course). The lack of utilisation of the BRICS Contingent Reserve Arrangement may be

¹⁰ See Kapueja, 2020b.

- due to its relatively high cost and the fact
- that it provides short-term liquidity support
- and not the longer-term financing offered by other sources. South Africa has also received technical support from the WHO, along with financial, technical, and human resource support from other countries.

Second, South Africa could benefit from its international relations during the pandemic because it has **invested time in building and sustaining these relations** over the years. This has allowed the country to build credibility with the various international and regional organisations and forums and with its bilateral partners. As a result, they have been willing to show solidarity with South Africa and provide it with useful resources at relatively short notice. This can be seen, for example, in the relative speed with which Cuba and the European Union responded to the country's request for assistance and the relatively rapid responses of the New Development Bank and the African Development Bank to its requests for funding. The relatively slower response of the IMF can be attributed to the size of the facility and the need to coordinate this agreement with the finance minister's Budget Statement. Finally, the relatively slow response of the World Bank can partly be attributed to the fact that the country's relationship with the Bank is not uncomplicated, and South African stakeholders disagree about the desirability of this funding.

Related to this point is the importance of **credibility** in international relations. Credibility in this context refers to states that (a) are viewed by their interlocutors as offering constructive contributions to international discussions at the bilateral and multilateral levels, (b) when they disagree with their interlocutors provide principled and understandable reasons for their disagreement, and (c) can be relied upon to deliver on their promises. States that have such credibility are both more likely to be given support when they request it and to be listened to when they advocate for certain responses. Credibility is also enhanced when

a state can demonstrate that it is speaking for groups of states in the positions it adopts in these discussions. This can be seen, for example, in the voice that South Africa has in the International Monetary and Financial Committee and in the willingness of the international community to listen to the African envoys appointed by President Ramaphosa in his capacity as chair of the African Union. Finally, it can be seen in the attention given in the WTO to the initiative led by South Africa and India on Covid-19-related medicines and intellectual property rights.

The third conclusion, which draws on the above points, is the importance of a **strategic and realistic approach to foreign policymaking and implementation**. Countries that have clear plans for using their international relations to support their crisis management strategies are much more likely to succeed than those that are purely reactive. Such an approach enables a developing country like South Africa to balance the inevitable tensions between the positions it wants to advocate in its international negotiations with its need for support from these same multilateral and bilateral interactions. For example, the likelihood of success on both counts increases when a country has integrated its strategy for advocating for reforms in organisations like the IMF or the WTO with its potential need to draw on their resources. An effective strategy not only increases its chances of garnering support from others for its positions but also wins it respect for its contributions to the functioning of these organisations and forums and allows it to get a closer hearing for its requests for assistance. This can be seen, for example, in the respect with which Africa's envoys on resource mobilisation have been received and their ability to get the attention of other actors in these areas.

Fourth, it is important to have a **clear strategy for communicating with all domestic and international stakeholders about government's international actions** relating to the crisis. Much of the groundwork for international relations takes place behind

the scenes and is not obvious to domestic stakeholders. Also, the domestic debates and interactions that shape a country's international relations are not entirely transparent to international audiences. Consequently, neither group may be fully able to understand the rationale for the positions taken by the state in its international relations. It is similarly hard for them to identify and assess the benefits the state hopes to gain from these engagements. The risk of misinterpretation is therefore not insignificant. An effective communications strategy can help mitigate this risk and build support for the positions being taken. In this way it can also help increase the chances of success for the strategy.

The fifth lesson is the ***importance of having an intergovernmental mechanism for ensuring coherence and consistency*** in policymaking and implementation across all relevant government departments. The advantages of such coordination could be seen, for example, in how South Africa could rapidly adapt its priorities for its year as chair of the African Union in response to the Covid-19 pandemic. Coordination is critical for issues such as South Africa's advocacy in the WTO for waivers of intellectual property rights on Covid-19 vaccines; these issues affect the responsibilities of multiple government departments, both national and provincial. Effective cross-government coordinating mechanisms are particularly vital when many international engagements take place across multiple virtual and interpersonal platforms and formats.

Lastly, it is important that states have a ***means for monitoring and evaluating the implementation of an international relations strategy***. This offers a number of benefits:

- It enables policymakers and implementers to understand in real time if their strategy is achieving the intended results and, if not, to make mid-course corrections.
- It enables them, where appropriate, to share information with their international

interlocutors about their approach to the crisis and thereby benefit from the latter's insights and information.

- It enables the relevant officials to adjust their communications strategy to ensure that they can sustain the support of domestic stakeholders.
- It allows them to learn lessons about managing such crises and so develop the institutional memory that will lead to more effective responses to any future crisis.

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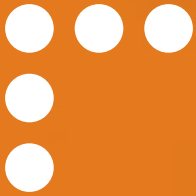
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CHAPTER 8

CIVIL SOCIETY RESPONSES



CHAPTER 8: CIVIL SOCIETY RESPONSES



ABSTRACT

This chapter describes how civil society mobilised in response to the felt impact of the Covid-19 pandemic in South Africa. It briefly reviews on how families and communities were supported by local networks and community-based organisations; how housing, youth, and trade union movements rallied to protect the interests of the groups they support; and how the contribution of the research and analysis offered by academia shaped civil society's response to the pandemic. In describing specific mobilisation strategies, the chapter looks at how civil society helped reduce the risk of new Covid-19 infections, how it joined forces to help feed millions of hungry people during the hard lockdown, and the advocacy work for the reduction of alcohol-related harm and

support for foreign nationals and migrants, among other initiatives.

This chapter shows the undeniable goodwill and contribution of many thousands of South Africans acting in solidarity as a vibrant and creative civil society. But their efforts have not always been solicited, appreciated, or supported by government. This is the main recommendation of the chapter – that government develop stronger routine engagement with civil society to promote collaboration and effective partnership. In particular, the representation of civil society on formal consultative bodies is crucial in ensuring the unique contribution of the sector is heard and valued.

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ABBREVIATIONS AND ACRONYMS

ACLED	Armed Conflict Location and Event Database	NIDS-CRAM	National Income Dynamics Study Coronavirus Rapid Mobile [survey]
COSATU	Congress of South African Trade Unions	PPE	personal protective equipment
ECD	early childhood development	REDISA	Recycling and Economic Development Initiative of South Africa
IPASA	Independent Philanthropy Association of South Africa	SAAPA	Southern African Alcohol Policy Alliance
IT	information technology	SABC	South African Broadcasting Corporation
MAC	Ministerial Advisory Committee	SAFTU	South African Federation of Trade Unions
MEC	Member of the Executive Council	SASSA	South African Social Security Agency
Nedlac	National Economic Development and Labour Council	SCAT	Social Change Assistance Trust
NEHAWU	National Education, Health and Allied Workers' Union	TERS	Temporary Employee/ Employer Relief Scheme
NGO	non-governmental organisation		

UIF	Unemployment Insurance Fund	UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS	WHO	World Health Organization
UNHCR	United Nations High Commissioner for Refugees		

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● INTRODUCTION

Civil society – broadly defined – is the space in which the fundamental issues of identity, vulnerability, justice, and access to opportunity are experienced and responded to. As Harrison (2020) writes, ‘Our nation is one body, and civil society is its neuro-electric system that can sense and signal changes in every cell. Without it, government becomes less and less responsive to need, and communities more and more alienated.’ And as the Covid-19 pandemic took hold in South Africa, civil society’s experiences, innovations, and responses to the pandemic have been instructive in understanding how the whole of society can be protected and transformed as the country rebuilds.

This chapter is a work in progress. As an initial contribution to the first edition of the South Africa Country Report, it outlines the key elements and aspects of civil society’s experience and response to the pandemic and focuses on emerging recommendations. Over the coming months, these topics and elements will be expanded upon through research by the authors, stakeholder consultations, and feedback from readers. Note that [Chapter 5.3](#) discusses the context of vulnerability in South Africa with which civil society responses attempted to grapple.

Each section of this chapter begins with an outline of the key objectives driving the underlying research to provide a sense of the broader picture that will emerge. Where work has already been done, this has been incorporated. Finally, each section includes key emerging recommendations, based on the work undertaken to date.

EXPERIENCES AND MOBILISATION STRATEGIES

THE FAMILY UNIT IN THE EYE OF THE COVID STORM

The family, as a system in civil society, has a relationship of reciprocity between the other systems in society. The family is located within the microsystem but feels the ramifications of activities and decision-making in the macrosystem or chronosystem (i.e., changes over time). For example, apartheid provided a particular experience of inequality between and amongst families of different race groups; even though it was some time ago, families still feel the consequences today.

During the Covid-19 pandemic the rules, laws, and policies government put in place to preserve life forced family systems into intense lockdown experiences. Covid-19 manifested a nexus, intersecting between health, economics, and social and political realities in and amongst families and communities globally (Baldwin-Ragaven, 2020) and especially in South Africa. The family space became transformed into a space of multiple activities, either happening at different times or requiring attention at the same time. These activities included working from home, teaching, and learning (because schools were closed), and care work (including being a ‘health’ worker), but they differed depending on the location and material realities of the family (Parry & Gordon, 2020).

Parry and Gordon (2020) critically highlight the gendered effects of Covid-19 as a ‘shadow pandemic’, because in the pandemic, women have been the most vulnerable in families (see also [Chapter 5.4](#)).

For example, women earn less than their male counterparts, are informally employed, have fewer employment opportunities, need to provide for the family in female-headed

households, care for elderly, sick or disabled people, and so forth. During the pandemic, within the confines of lockdown, the family was a space of comfort, protection, and care for some women and children. For many, the home space provided opportunities to become more cohesive as a family. For others, however, it became a space of danger and threat to life as family violence increased (Nigam, 2020). There was a notable increase in gender-based violence during the pandemic (Van Dyk, 2020), as the family home became increasingly unsafe for women and children.

A study by the University of the Western Cape ([Annex 8.1](#)) shows that the pandemic has created both positive and negative experiences for families. These results are supported by the findings of other South African studies. Kim et al. (2020) focus on the mental health impacts of the pandemic in the northern parts of the country, finding experiences of anxiety, financial insecurity, fear of infection, and reflection/introspection. Mbunge's (2020) review of literature shows that lockdown measures increased mental health challenges, stigmatisation, gender-based violence, social unrest, and food insecurity in families. Specific vulnerabilities exacerbated these difficult experiences. Households that were particularly hard hit include single mothers, pregnant women, child-headed households, migrant households, and households with people with disabilities.

While not much has been written about disability during the pandemic or about disability in families in South Africa, two papers highlight the potential for exclusionary practices during the pandemic for people with disabilities (Erasmus, 2020; McKinney et al., 2020). Excluding or disadvantaging disabled people during the pandemic would go against the values of the South African Constitution, such as the right to a life and inherent dignity, the right to access healthcare, and the like.

Emerging recommendations

- Expand support for community organisations to assist vulnerable families, especially through interventions focused on family resilience and parental support.
- Increase support for women throughout their pregnancies and help ensure positive birth experiences.
- Develop specific strategies to strengthen shelters and emergency interventions to interrupt and respond to family violence.
- Increase support for particularly vulnerable families, such as migrants and people with disabilities.

COMMUNITY ORGANISING

Community organising involves both a reactive dimension and a proactive one. The former tends to take the form of protests; the latter is more about self-reliance, and the two often complement each other. Community mobilisation and protests are at the core of the South African democratic system.

PROTESTS

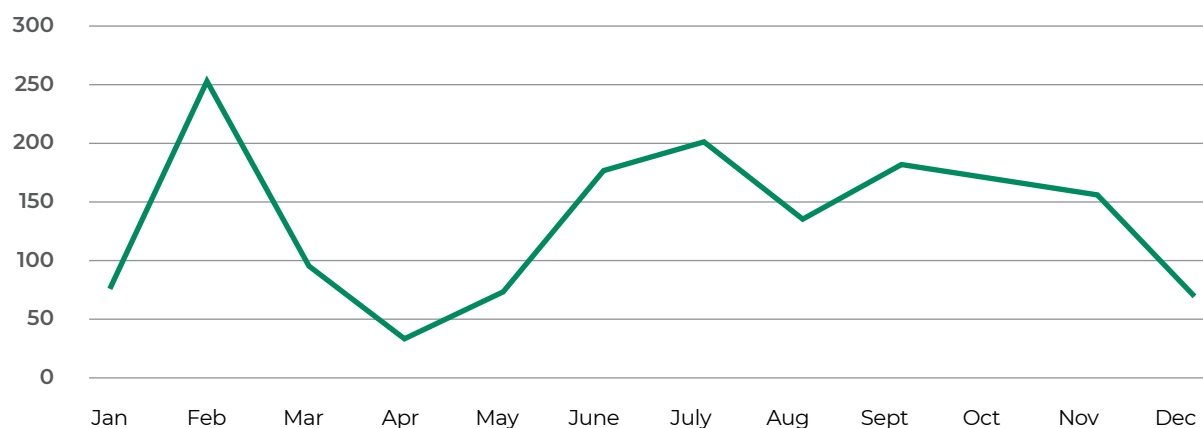
The right to peaceful protest is protected by the Constitution and is widely supported by the public (SABC News, 2021). South Africa is known for its high level of 'community protests'. Although the lockdown regulations limited gatherings (and, hence, protests) to varying degrees, some still occurred even under alert level 5.

The frequency of protests has varied, as shown by media reports collected by the Armed Conflict Location and Event Database (ACLED) and analysed by the University of Johannesburg's Centre for Social Change. The Centre defines a protest as 'a popular mobilisation in support of a collective grievance' (Alexander & Lenka, 2020). While most reported action involved community protests (i.e., mobilisation by residents in poor and working-class neighbourhoods), workers,

- students and others also protested. Figure 8.1
- reflects the overall level of protests in 2020.
- Protest numbers reached a record high in February, declined rapidly even before the

start of alert level 5, and soon increased again. Indeed, there were more protests in 2020 than in any preceding year.

Figure 8.1: Protests by month, 2020



Source: Data from ACLED, analysed by the Centre for Social Change¹

The pandemic exposed the vulnerability of low-income communities, where South Africans, almost all of whom are black, live shorter and harsher lives (Harrison, 2020). Many face unemployment, food insecurity, poor service delivery, relatively expensive and time-consuming transport, and substandard schooling. Some respond by participating in protests. From 2018 to 2020 service delivery protests were the most prevalent, followed by work-related protests (including workers' strikes), then issues around education, gender and sexuality, and crime. In four of these five categories, there were more protests in 2020 than in previous years. Thus, the pandemic and lockdown did not prevent protest action; it might indeed have added to the burden of grievances.

Early in 2020 people mobilised around water (see e.g., Majavu, 2020; Singh, O., 2020). Later, as industrial production increased and the weather worsened, disputes about electricity came to the fore (see e.g., Mkhaliphi, 2020; Wicks, 2020; Lindeque, 2020). Housing and

land have been important issues for many years but now, with more evictions and food shortages, they assumed greater prominence (Postman, 2020; Mnyobe, 2020). There were also protests around gender-based violence; this was the most commonly cited grievance in July 2020 (Alexander & Lenka, 2020). Police and government responses to protest have often been violent, both in the past and during the pandemic. For example, on 9 March 2021 a bystander to student protests, Mthokozisi Ntumba, was shot and killed by a rubber bullet fired by police at close range; a few days later a University of Johannesburg student was seriously wounded in a similar incident. These episodes fuelled demands for new restrictions on use of rubber bullets.

NEW FORMATIONS AND CAMPAIGNS

Community activists have also been proactive. Some activities were associated with long-standing community organisations, others with new ones. Sometimes, organisations

¹ The team is grateful to Kate Alexander and Lefa Lenka for permission to include this graph.

that used to work in isolation formed collaborative networks. Other organisations emerged during the pandemic to bridge the gap between government and communities, including the Covid-19 Working Class Campaign, Cape Town Together, and the C19 People's Coalition (Essop & Von Holdt, 2020; Pinxteren & Colvin, 2020; Hamann et al., 2020). These collectives aimed to ensure that across communities, 'people self-organise, to take local action, and to develop ways to share resources' (Scheepers et al., 2020). The new organisations were driven by three intersecting objectives (Harrison, 2020; Essop & Von Holdt, 2020):

- Strengthen community responses to the pandemic and its regulations.
- Ensure that government interventions do not contribute to inequality and exclusion.
- Introduce measures to help address current social and economic issues.

The **C19 People's Coalition** is a broad-based coordinating body for civil society organisations working around the pandemic. It was founded on 18 March 2020, and its Programme of Action was launched on 23 March. The programme soon attracted support from hundreds of organisations, such as Action Aid, the Canon Collins Trust, Equal Education, the Nelson Mandela Foundation, the Open Society Foundation, the People's Health Movement, the South African Federation of Trade Unions (SAFTU), the Seriti Institute, and many other non-governmental organisations (NGOs), trade unions, research centres, and community organisations (C19PC, 2020).

The **People's Vaccine Campaign** was launched by the C19 People's Coalition on 12 January 2021. It soon attracted considerable support, not only from organisations that backed the coalition but also from new ones. Endorsements included the Ahmed Kathrada Foundation, the Anglican Church of Southern Africa, Black Sash, the Congress of South African Trade Unions (COSATU), Extinction Rebellion South Africa, the Organisation Undoing Tax Abuse, and the Treatment Action

Campaign (C19PC, 2021). The campaign raised concerns about: 'government's austerity measures in a pandemic; [South Africa's] inequality — a story of two unequal health systems; the agreement on trade-related aspects of intellectual property rights; vaccine nationalism and xenophobia; position and treatment of community health-care workers; gender disparities; and disinformation and vaccine scepticism' (Singh, O., 2021). Its demand for a 'people's vaccine' echoed that of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Oxfam, which is supported by world leaders, including President Cyril Ramaphosa (UNAIDS, 2020). The international People's Vaccine Alliance demanded a 'People's Vaccine, not a profit vaccine', 'Available to all, everywhere, free of charge', and 'No return to normal'. The People's Vaccine Campaign supported the call by leading scientists for greater urgency in the acquisition of vaccines (Dasoo et al., 2021). In part because of such lobbying, government sought to obtain vaccines with increased determination.

Emerging recommendations

There is persuasive argument that government should be less heavy-handed and more trusting in its relationships with community activists – a combative approach tends to exacerbate divisions (Xezwi & Alexander, 2020). Government should also engage more productively with civil society formations that are emerging and responding to the crisis as critical builders of social solidarity.

FAITH-BASED ORGANISATIONS

During alert levels 5 and 4 religious gatherings were prohibited, except for funerals, where a maximum of 50 people could attend. President Cyril Ramaphosa told South Africans they would need to adapt to new ways of worship (DoH, 2021; CoGTA, 2020b). Restrictions were eased under alert level 3,

- and the president urged religious leaders to
- help raise awareness around the pandemic
- and provide spiritual support to distressed communities (CoGTA, 2020a). Under alert level 1 religious gatherings have been allowed, subject to health protocols; attendance is limited to 250 people indoors and 500 outdoors (South African Government, 2021).

Many faith-based organisations have been unhappy with these regulations, arguing that places of worship should have been declared essential services to serve spiritual and psychological needs. The South African Council of Churches said a blanket approach to religious facilities was not sustainable, and venues should instead have been allowed to operate at 50% capacity (Persens, 2021). The South African National Christian Forum is taking government to court, and in January 2021, Freedom of Religion South Africa lodged court papers in the High Court in Johannesburg to demand the lifting of the ban on faith-based gatherings (FOR SA, 2021). Faith communities seem to have had a disproportionate influence on government planning and decision-making, as discussed in more detail later on. For example, the Ministerial Advisory Committee (MAC) regularly consulted organised religious groups, whereas engagement with other civil society formations was more limited.

CHURCH CLOSURE LEADING TO A LOSS OF FAITH AND LIVELIHOODS

Bishop Kelly Tsedu-Muntswu is the charismatic leader of Shiloh Family Church in an impoverished area of Hammanskraal, north of Pretoria. On 22 January 2021 he helped lead a peaceful protest against church closures. He explained that online services failed, as church members had to choose between buying food or buying data (Tsedu-Muntswu, 2021). He tried to establish a call centre, so that volunteers could reach out to congregants, but this was not sustainable. Tsedu-Muntswu argued that the prohibition on church services, coupled with the

hardships of Covid, led to a huge loss of faith. 'We used to have two services every day, now we struggle to get 100 members to attend.' Churches in lower socio-economic groups depend on offerings and tithes to run their ministries; these dried up during Covid. 'We struggled to pay our employees stipends; it was so difficult', he said.

ADAPTING TO NEW WAYS OF WORSHIPPING

The pandemic changed the way people practised their faith. People with sufficient means attended services online. Dr Rashied Omar, Imam of Claremont Main Road Mosque in Cape Town, recalls that 'for the first time in modern history the celebrated adhan or call to prayer embraced a prophetic injunction, which advises that in emergency conditions the mu'adh-dhin or caller to prayer should call on worshippers to perform their ritual prayers or salah at home' (Woolf Institute, 2020). The Claremont Main Road Mosque also transmitted the Friday Nasiha (message) live via Facebook and YouTube.

RESPONDING TO THE PANDEMIC

Some faith communities rapidly implemented a coordinated response to the pandemic, and in many communities, congregations became sites of social solidarity. In Cape Town, the Jewish Community Security Organisation partnered with Hatzolah medical rescue to establish a Covid-19 Wellness Monitoring Programme. It monitored local community members who tested positive for Covid-19 or displayed symptoms of the virus and were awaiting test results.

Although lockdown restrictions made helping others more difficult, many faith-based organisations and individuals reached out to help mitigate the physical and mental impact of Covid-19. The South African Council of Churches ran a wide-reaching communications campaign developed by

Heartlines, called 'Church in Action', which aimed to use congregations as sites of public health prevention messaging. It also led a food relief campaign across the country, working with the Mthunzi Network and CoCare Vouchers. (Box 8.4 discusses the voucher scheme in more detail).

APPROACH TO VACCINES

Some faith-based organisations, such as Common Good in Cape Town, encouraged congregants to be vaccinated, often hosting online discussions with experts about the importance of vaccination. Some leaders spoke out publicly: 'I am proud of our scientists and to be a South African. I must lead by example, and for that reason I will be vaccinated,' said Cape Town's Anglican Archbishop Thabo Makgoba. Most Muslim judicial authorities and scholars declared vaccination as not just permissible (halal) but highly recommended (mandub) (Craig, 2021). Dr Rashied recommended that Muslims join civil society campaigns to ensure that vaccines are distributed equitably. However, there are concerns that some prominent leaders may be fuelling vaccine scepticism (Seleka, 2021; IJR, 2020).

Some faith leaders who do not oppose vaccination are unhappy with the way information has been shared. Bishop Kelly Tsedu-Muntswu asks, 'From the time of apartheid, the state trusted pastors to educate people on HIV, [antiretrovirals, tuberculosis,] and polio. Why have they not called the pastors to educate [people] on the vaccine? For me that is a problem, when we have worked together on other pandemics' (Tsedu-Muntswu, 2021).

TRADE UNIONS AND WORKERS' ORGANISATIONS

Workers suffered greatly during the lockdown. Millions lost their jobs or were placed on reduced hours. Government provided

some help, mainly through the Temporary Employee/Employer Relief Scheme (TERS) for workers covered by the Unemployment Insurance Fund (UIF) and through the Covid-19 social relief of distress grant for adults without an income. The latter was worth just R350 per month, a good deal less than the food poverty line. Even with these measures, there was widespread hunger, psychological distress, and social dislocation. Informally employed workers were especially badly hit, and most foreign residents were excluded from state support ([Chapter 5.3](#)).

Despite this misery, trade unions were slow to respond. In early September 2020, one sociologist wrote: 'What about the sleeping giant of South Africa's working class, its labour movement? There are signs that it is beginning to wake up – not yet out of bed, but it can hear the alarm and its eyelids have opened' (Alexander, 2021). There had been localised action by hospital employees, miners, taxi drivers, hospitality workers, teachers, and others, but little generalised response except through official channels such as the National Economic Development and Labour Council (Nedlac). On 1 August 2021 a 'Day of Working-Class Action' was held, with about 40 protests around the country. Many of these were in rural areas and involved low-paid farm labourers, community health workers, and participants in government's Extended Public Works Programme. However, the day was organised outside official union structures, mainly by the Simunye Workers Forum and the workers' rights and community organising working groups of the C19 People's Coalition.

Further research will explore reasons for this sluggish response, but at this stage, five possibilities can be proposed:

- **Historical:** The movement was ill-prepared. Veteran union leader Stephen Faulkner (2021) summarised the problems: 'years of compromises, the widening gap between leaders and the rank and file, the absence of a clear political, economic and social alternative to rally around, and the glaring realisation that the trade union movement

- had not really thought through how it could continue to behave in a worker-controlled or internally democratic manner’.
- **Organisational:** Under the hard lockdown, union offices were emptied of staff, organisers, and leaders. Virtual working was difficult, given limited IT capacity and the prohibitive cost of data. While WhatsApp groups and Zoom meetings are now more widespread, managing and facilitating this shift meant that for a time, almost the whole movement was paralysed (Faulkner, 2021).
- **Economic:** Many workers had lost their jobs and were therefore unable to strike. Others had lost much of their income and were reluctant to lose any more pay.
- **The law and health:** Gatherings were prohibited or restricted, and Covid-19 meant that physical meetings and processions could be dangerous (Smit, 2020).
- **Political:** COSATU, the largest federation, had a close relationship with the ruling African National Congress and was reluctant to adopt ‘anti-government’ positions. SAFTU, the second-largest federation, was experiencing internal divisions (Alexander, 2021).

At end-September 2020, Zwelinzima Vavi, general secretary of SAFTU, said it was ‘scandalous’ that it had taken six months for the trade union movement to prepare for mass action. He added: ‘We ought to criticise ourselves’ (Smit, 2020). He spoke before a strike called for 7 October, which his federation supported along with COSATU and two other major federations, the National Council of Trade Unions, and the Federation of Unions of South Africa. Bheki Ntshalintshali, general secretary of COSATU, told the media: ‘Some workers will not join a strike. They will watch through the windows. You can see that their heart is there’ (Smit, 2020).

The problems of pay and fear of infection loomed large, and the strike was poorly supported. Still, the display of unity between leaders was unprecedented; something seems to have changed. According to Ntshalintshali: ‘we take issue with going back

to normal ... [the] normal before Covid ... is not the normal we want to see. ... We were losing jobs left and right for other reasons, not because of Covid. What Covid has done is just make it seen by many people’ (Smit, 2020).

Politics, too, could be revisited. Ntshalintshali again: ‘Business and government are undermining labour’ (Smit, 2020). Government’s decision to renege on the public sector pay agreement may well have been on his mind. The National Education, Health and Allied Workers’ Union (NEHAWU), a COSATU affiliate, took a firm stand on the matter, and collective bargaining was one the key issues of the day. Other concerns were public transport (in particular, the theft of railway infrastructure, which made life even more difficult for many workers), service delivery, and corruption. Service delivery provided a connection, nurtured by SAFTU through its Working Class Summit, to millions of poor people, some of whom participated in the growing number of protests. Corruption, highlighted by scams around the purchase of personal protective equipment (PPE), aroused considerable wrath. This issue was also being raised by the South African Council of Churches, among other organisations.

RESPONSES TO THE 2021/22 BUDGET

The 2021/22 Budget, announced by Minister of Finance Tito Mboweni on 24 February 2021, has been condemned for austerity measures that target poor people. Some organisations are calling for it to be rejected, and the unity achieved in October 2020 has deepened.

Among other cuts, the Budget confirmed the planned phasing out of TERS and the Covid-19 social relief of distress grant, which have mitigated some of the worst impacts of the pandemic. Despite their poor implementation and inherent weaknesses, these two measures have supported the working class. Following a campaign by civil society organisations, the Department of Labour had agreed that TERS payments

could be made to workers whose employers had failed to make UIF contributions (a legal requirement). These included about a million domestic workers, along with many farm workers, taxi drivers, waiters, and construction workers (Skinner et al., 2021:12). The Covid-19 social relief of distress grant meant that for the first time in South African history, all adult citizens received some kind of income. It has been seen as a bridge to a basic income grant, long supported by civil society and opposed by government. Against the backdrop of the pandemic, the positive experience with the social relief of distress grant, and lobbying by the C19 People's Coalition, Black Sash, and others, the introduction of a basic income grant looked more likely, provided funds can be found.

Another important issue for workers is the ongoing cuts in the budget of the Commission for Conciliation, Mediation and Arbitration, which is seen as critical for the fair labour rights envisaged in the Constitution. The Commission has seen its budget of almost R1 billion reduced by about R600 million, and by 2020 it had 17% fewer commissioners than in 2013, when it dealt with only 70% of its current caseload (Smit, 2020). COSATU recently joined other organisations in demanding the immediate reversal of the cuts to the Commission's budget (Pamla, 2021).

Finally, the pandemic highlighted the fact that the majority of workers are excluded from legal protection and social benefits and do not participate in established union structures. These include most workers in the informal sector, along with gig economy workers employed through platforms like Uber (drivers) and SweepSouth (domestic workers). Workers without acceptable documentation, such as many waste pickers, have found it especially difficult to obtain support (Skinner et al., 2021; [Chapter 3.1](#)). While all adults in South Africa will be vaccinated for free, this inclusivity does not extend to official relief measures. Caregivers, most of whom are women, lost their benefits when the Covid-19

social relief of distress grant was extended but the caregiver 'top-up grant' was not, and a gendered lens that captures the implications of exclusions is generally absent from the narrative of larger unions (see also [Chapter 5.4](#)). Nedlac should be reformed to better reflect the wide range of voices that should be present in social compacting processes. SAFTU is excluded, but so too are the voices of non-unionised workers and the unemployed – that is, the *majority* of the workforce.

Emerging recommendations

- Introduce extended social security through mechanisms such as a basic income grant.
- Reform Nedlac representation and processes to include the majority of the workforce, not just public sector unions.

YOUTH ORGANISATIONS AND MOVEMENTS

Successfully transitioning from childhood to adulthood requires the achievement of particular milestones, including education or training and securing a livelihood (Honwana, 2012).. Even before Covid-19, South African youth were disproportionately affected by the country's development challenges of poverty and inequality, which undermined their ability to transition to adulthood (De Lannoy et al., 2015). Before the pandemic, more than 7 million (42%) 18–35-year-olds lived in poverty (Stats SA, 2019), and the number of 15–34-year-olds who had been looking for work for more than three years tripled from 533 499 in 2008 to over 1,5 million in 2018 (Stats SA, 2018). In fact, more than 8,6 million young people (ages 15–34) are not engaged in education, training, or employment (Stats SA, 2020). Against this backdrop, young people have borne the brunt of the adverse socio-economic consequences of lockdown (Ranchhod & Daniels, 2021). For them, the lockdown brought disrupted education and training, job and income losses, reduced

- employment prospects, and even greater
- obstacles in the search for work.

At the beginning of alert level 5, many organisations working with young people implemented strategies to give them relevant and trustworthy information. For example, the Harambee Youth Employment Accelerator led a youth-focused messaging campaign with 200 youth organisations to reach more than 3 million young people. Many organisations also responded to young people's immediate needs, such as food. As life settled into a 'new normal', these organisations adapted their responses to the challenges and inequalities that the pandemic had exacerbated.

STUDENT MOBILISATION – THE REVIVAL OF #FEESMUSTFALL

The #FeesMustFall student movement was a militant and influential force in 2015–16. In February 2020 there was further protest action, much of it away from well-known universities in the big cities. When on-campus teaching was halted on the weekend of 15 March 2020, following South Africa's first Covid-19 death, the movement collapsed (Alexander & Lenka, 2020). When student activism re-emerged in March 2021, campaigning was linked to Covid-related budget cuts. Mobilisation soon focused on a R6 billion cut in funds for the National Student Financial Aid Scheme, which would prevent many poorer students from entering university. Moreover, higher unemployment and lower incomes had expanded the number of students whose parents earned less than R350 000 a year, who would thus be eligible for support. Others who experienced hardship included undergraduates who began their studies before 2018 (when the new bursary scheme was introduced) and post-graduate students (who had never qualified). The Student Representative Council of the University of the Witwatersrand called for support from wider civil society, and SAFTU backed their call (Qodashe, 2021; SAFTU, 2021).

The killing of a bystander, Mthokozisi Ntumba, and the serious wounding of a student from the University of Johannesburg (discussed above) may have put pressure on cabinet over the student aid cuts. The cuts were rescinded, although the funds will be deducted from elsewhere in the higher education budget. Other hardship issues have not yet been resolved, but some universities will address them on a piecemeal basis (Nicolson et al., 2021). It remains to be seen whether the student movement will continue through 2021.

Emerging recommendations

- Young people's experience of marginalisation led to a high level of distrust in government information about the pandemic (particularly in the early days). Government must find more powerful ways to build trust with young people.
- Young people should be connected to networks virtually, so that they can respond quickly. However, they need resources (e.g., information and training) and psychosocial support to help them do this without placing themselves in harm's way.
- To unlock the full benefit of online tools of communication, the sites of public benefit organisations should be zero-rated to allow them to continue serving their constituencies in times of crisis.

RESEARCH BY CIVIL SOCIETY AND THE HUMANITIES AND SOCIAL AND HUMAN SCIENCES

Extensive research has been conducted on the impact of the Covid-19 pandemic in South Africa. Universities, civil society, and other academic platforms have engaged in real-time research in sectors such as the economy, education, leadership and governance, human rights and justice, health, gender, social security and welfare, science and innovation, food security, environmental change, and

policy (Arndt et al., 2020; Coleman, 2020; Govender, 2020; Hofmeyr, 2020; Jain et al., 2020). These research projects interrogated, for example, the economic, social, health, and educational impact of the pandemic and the public's perception of government's response and the different policies and interventions (Jain et al., 2020; Mbunge, 2020; Naidu, 2020; Ranchhod & Daniels, 2020). This research highlighted the growing inequality, the strain on the economy and education, the dysfunctional healthcare system, people's feelings and well-being, attitudes to policy and government responses and vaccines, and other social problems, such as gender-based violence (Soudien, 2021). Government responses cannot focus mainly on Covid-19's impact on health; its social effects (e.g., unemployment and other socio-cultural traumas) also need serious attention. Thus, although the natural sciences have a clear role to play, the humanities and social and human sciences also have a mammoth task of revealing the socio-cultural effects of the pandemic on people's everyday experiences.

THE MISSING VOICE OF THE HUMANITIES AND SOCIAL AND HUMAN SCIENCES

Following the first recorded case of Covid-19 in South Africa on 5 March 2020, government declared a national state of disaster on 15 March 2020 and implemented a lockdown and a five-level 'risk-adjusted' strategy (Singh, J. A., 2020). This approach had a profound impact on the social and economic fabric of the society and was criticised for failing to consider the social and human impact (Pietermaritzburg Pensioners Forum, 2020; Singh, J. A., 2020).

As part of government's response, the health minister, Dr Zweli Mkhize, announced the establishment of a committee (MAC) on 25

March 2020 (DoH, 2020) to provide advice on vaccine development, along with a multisectoral MAC focusing on community mobilisation (SAnews, 2020; IOL, 2020). However, questions were raised about the lack of transparency about the selection processes for the MACs, their specific roles, terms of reference, and operating procedures, as their formation had not been gazetted (Singh, J. A., 2020). Although the inclusion of academics on the MACs has been commended, representation was overwhelmingly skewed towards the natural, and particularly medical, sciences (e.g., immunologists, virologists, and vaccinologists) and other health-related professions (Patterson, 2020). Experts² questioned the limited representation of the humanities and social and human sciences. A committee leaning towards the natural sciences could arguably not fully address the crucial role of the humanities and social and human sciences in dealing with the social, ethical, and moral aspects of the pandemic (Patterson, 2020). One such example was the growing perception in communities that the virus did not exist, resulting in them refusing to adhere to health regulations like wearing masks, washing hands, sanitising, and social distancing (SAnews, 2020).

Recognising weaknesses in '[adherence] to non-pharmaceutical interventions', Mkhize acknowledged the need to reconfigure the MAC to include social and behavioural scientists (SAnews, 2020). On 16 June 2020, the health minister named 41 new members to a MAC on Social and Behavioural Change, with Bishop Malusi Mpumlwana steering the committee. The goal of this MAC was to drive social behavioural change (IOL, 2020) and so help to flatten the curve of the pandemic. Implementing the interventions proposed by biomedical experts required an understanding of the social and human dimension. Thus, the MACs needed expertise beyond the natural sciences, including social scientists, ethicists,

²Such as Professor Crain Soudien (Chief Executive Officer, Human Sciences Research Council (HSRC)), Professor Nico Cloete (Director, Centre for Higher Education Trust), and Professor Leslie Bank (Research Director, Inclusive Economic Performance and Development Unit, HSRC)

- and community leaders, to help facilitate behavioural change (Makou, 2020).
-

However, many of the new members of the MAC had a faith-based focus, and few were from civil society or from the humanities and social and human sciences (Singh, J. A., 2020; Bank, 2020). This meant that there was little direct research or academic input into the decision-making process, which was a concern, as the interventions drew from experiences and assumptions about the need for social and behavioural change. The Chairman of the Multisectoral MAC on Social and Behavioural Change, Bishop Malusi Mpumlwana, confirmed this in an interview (Mpumlwana, 2021). When asked about the relevance of research, Bishop Mpumlwana acknowledged the need to include research and the views of the humanities and social and human sciences. However, he noted that inputs from academics and research organisations were solicited at the discretion of individual committee members.

This left glaring gaps in the responses to the pandemic, as the way these policies affected people's everyday realities was ignored. The one-size-fits-all approach was criticised for at best, doing nothing to ameliorate inequality, poverty, and hunger, and at worst, exacerbating these problems. Government's R500 billion welfare programme, for example, was condemned for failing to 'align social infrastructures and bodily technologies in the townships to the threat of the disease' (Bank, 2020). These critiques highlighted the need for a social and humanitarian dimension in the formulation of policies and interventions. In contrast to South Africa, countries such as Germany relied on expert advice from social science and the humanities (Singh, J. A., 2020; Patterson, 2020).

ROLE OF THE HUMANITIES AND SOCIAL AND HUMAN SCIENCES IN DEVELOPING COVID-19 RESPONSES

The humanities and social and human sciences play a central role in both the macro- and micro-level decision- and policymaking process of the state, by revealing everyday experiences, portraying the public's responses and dispositions, and providing the evidence base for developing responses to state/national disasters such as the Covid-19 pandemic on the part of both government and civil society.

Studies such as the National Income Dynamics Study Coronavirus Rapid Mobile Survey (NIDS-CRAM) and research by organisations such as the Human Sciences Research Council (HSRC) and research units within universities provided an evidence base for the formulation of government policies and responses to the pandemic. This research has highlighted the pandemic's social, cultural, economic, and psychological effects in a context where the focus has overwhelmingly been on scientific, health, and biological issues (Alexander & Bohler-Muller, 2020; Davids et al., 2020; Masigo & Kgadima, 2020). Research in the humanities and social and human sciences has provided critical information and initiatives that pointed to the potential benefits and limitations of policy responses (Soudien, 2021). While the contribution of the human sciences has been acknowledged more broadly, the extent to which these researchers were engaged on policy formulation and interventions through formal inclusion on decision-making or advisory structures related to the pandemic was very limited.

THE RESEARCH CONTRIBUTION OF CIVIL SOCIETY

Research in the civil society space was largely quantitative and oriented toward socio-economic impacts (see, e.g., Webster, 2020; IFAS, 2020). Employing online surveys and desktop research, these projects explored the impact of Covid-19 on the informal

sector, revealing its differential impact on the formal and informal economies. Similarly, in collaboration with other organisations, JET Education Services (2020) documented educational responses to the pandemic, highlighting the importance of parents' role in and the weaknesses of homeschooling. These studies were complementary to those carried out in the academic space.

Emerging recommendations

- The current model for appointing MAC members should be reviewed to ensure representation of different sectors of society, different disciplines within the natural, humanities, social, and human sciences, civil society, and NGOs.
- Policy decisions must seriously consider the findings of social science research in formulating responses.

SPECIFIC MOBILISATION STRATEGIES OF CIVIL SOCIETY

REDUCING THE RISK OF TRANSMISSION IN COMMUNITIES

Civil society played a substantial role in preventing Covid-19 transmission. Without a vaccine, everyday preventive measures were vital to slow the spread of infection, reduce the strain on healthcare services, and prevent more deaths. Various NGOs and community-based organisations helped to promote public understanding of Covid-19 and vaccines, provide behavioural communication,

distribute PPE, provide leadership and advocacy, and the like.

Several organisations were concerned about communication with the public being largely limited to social media platforms and news reports in English. There was no ongoing, conscious building of the broader public's knowledge of the virus, how to protect themselves, and how to navigate the effects of the lockdown on their lives. To address this concern, some turned to radio. Radio still plays a large role in public communication in South Africa, being the primary means of engaging with audiences in their home language. Its power of persuasion would be needed if people were to take personal action to prevent Covid transmission. Box 8.1 discusses the *Sikhaba iCovid-19* radio show, a civil society initiative to empower listeners to fight the pandemic.

Box 8.1: Sikhaba iCovid-19

The DG Murray Trust and a local non-profit organisation, Innovation Edge, collaborated with the South African Broadcasting Corporation (SABC) and the national Department of Health to create a radio show called *Sikhaba iCovid-19* – 'Let's kick out Covid together' (DGMT, 2021b). Funding was provided by the Solidarity Fund, the Millennium Trust, the ELMA South Africa Foundation, and the Zenex Foundation (see [Annex 8.4](#)).

Innovation Edge and the DG Murray Trust directed the production of 10-minute inserts for 15 public radio stations, in 12 different languages, every weekday for six months. The show launched on 20 April 2020, three weeks after it was conceived.

A crucial element of the programme was its finger on the pulse of issues and events across the country through a group of about 150 people who wrote daily diaries online, sharing their experiences, views, questions, and concerns. This input was collated by a dedicated team and fed into the content planning cycle.

Sikhaba attempted to model a different way of communicating – drawing in experts on each topic, in every language, and prompting information to be shared from a place of empathy, building an understanding of the virus, and empowering listeners to take actions towards social solidarity.

Inevitably, the *Sikhaba* team had to counter fake news too, especially on Facebook and Twitter. 'Covid-19 is an imaginary virus,' texted one user, adding that 'the media is fooling the community.' Another wrote, 'Government has the answers [to Covid], but they are playing us and instilling fear so they can rule even more' (DGMT, 2021b).

Box 8.2 highlights a civil society initiative to provide PPE to community care workers, in partnership with business. Many other organisations and individuals did their part at a smaller scale. For example, the hugely popular, internationally successful Ndlovu Youth Choir worked to dispel myths and misunderstandings about Covid-19 and share basic health guidelines through their music (Pousadela & Firmin, 2020). The choir's Covid-19 musical public service messages were shared by the World Health Organization (WHO) and the United Nations. Another innovative strategy involved a road show, under a partnership between UNICEF

South Africa, the Department of Health, the South African Red Cross Society, and World Vision. A large truck was equipped with three giant LED screens. It would drive slowly while broadcasting a video of the Covid-19 experiences and warnings of people living in the area. By the first week of January 2021, the truck had reached about 300 000 people across the Eastern Cape, Gauteng, and the Free State (Fricker, 2020). In addition to these initiatives, thousands of community-based organisations and citizen heroes worked with dedication, largely unheralded; their contributions should also be acknowledged.

Box 8.2: Behind the masks

Prominent activist, writer, and former board member of the waste tyre management initiative REDISA (Recycling and Economic Development Initiative of South Africa), Elinor Sisulu, pulled together a group of civil society actors to help provide community care workers with PPE (Harrison, 2020). These care workers, which included community health workers, emergency services workers, social and social auxiliary workers, relief- and child and youth care workers, were unlikely to receive PPE via the health system because hospital and clinic staff were prioritised in the distribution of PPE.

At first, this collaborative effort between the DG Murray Trust, REDISA, and the Wits Centre for Learning on Evaluation and Results tried to procure PPE through the central process established by Business4SouthAfrica. This process was exceedingly slow – it used the same system as the

national Department of Health, which was not designed for disaster management. The first shipment of PPE was flown in at high cost from China and attracted excise duties of R15 million (20% of the value of the imports) (Harrison, 2020). After struggling to procure PPE from abroad through formal processes, the DG Murray Trust considered local alternatives. It later approached a local company that was not producing masks at that time, Stellenbosch Nanofiber Company.

This company's role in the production of masks is discussed in Box 8.5. One of the challenges in distributing the PPE was the logistics of getting the equipment to the estimated 120 000 community care workers across the country (DGMT, 2021a). Unlike the public health system, where procurement and distribution channels are in place, there was no existing mechanism to reach all community care workers. The campaign therefore connected with corporate teams at Coca-Cola and its bottlers, who together planned a national roll-out of PPE from central depots to regional depots, and from there, to NGOs serving as distribution points (DGMT, 2021b).

South Africa's comprehensive network of NGOs and community-based organisations was invited to help identify community care workers who would need PPE either immediately or as the lockdown was eased and they resumed their work. Over 350 NGOs and community-based organisations volunteered to participate. After a rigorous process, 326 organisations were selected to take part (DGMT, 2021b).

REDIS customised its logistics system to track the movement of PPE from warehouses to the community care workers. Coca-Cola stored the PPE, and REDISA planned the route for deliveries to community connector organisations; it also implemented a mobile database and a text-based PIN system linked to each care worker's phone. With 48 hours' notice, Coca-Cola's trucks would pick up consignments of imported PPE, which would then be sent to the NGOs serving as local nodes for distribution. Despite many challenges and delays, the first of four PPE distribution drives rolled out in late July 2020, bringing a month's supply of masks, gloves, sanitisers, and face shields to tens of thousands of care workers (DGMT, 2021b).

Emerging recommendations

- Support civil society networks as conveyers of information and as spaces to engage with people's questions and concerns.
- Build a communications practice rooted in empathy and the grounded experience of communities.
- Explore potential local innovations in the creation and distribution of PPE.
- Strengthen the approach to disaster relief procurement, including by waiving duties for essential imports.
- Develop new ways of partnerships between public, private, and civil society actors.

SUPPORTING FOOD SECURITY AND THE NUTRITIONAL STATUS OF CHILDREN

Covid-19 critically affected the many South Africans who live on the edge of food insecurity. Large numbers of people live from month to month and rely on piece jobs to make ends meet. Many lost their income due to sudden unemployment, business closures, or salary cuts. The NIDS-CRAM survey, designed to gauge the social impact of Covid-19 in South Africa, found that one in three people who had an income before lockdown had lost it within a month. Over that same period, half of households reported running out of money to buy food (Spaull et al., 2020; see also [Chapter 5.3](#)).

- Children not only suffered because of the lack of food at home; with schools closed, many also lost their access to school feeding schemes. In this time, one in seven households reported that their children had gone hungry in the previous week. To make matters worse, the prices of basic food items increased (Harrison, 2020). In a report for World Hunger Day, the Community Chest puts it succinctly:

The continuing escalation of food prices in a context where most households have almost no capacity to absorb shocks and where government help is hardly sufficient means that most families in South Africa will start facing ever deeper levels of hunger, poverty, and desperation (IOL, 2020).

Civil society responded with a concerted effort by established organisations and community action networks like Cape Town Together, Gauteng Together, and Eastern Cape Together. It is estimated that NGOs and mutual-aid groups provided more than half of all hunger relief from May to August 2020 (Hamann, 2020). Because these organisations and groups had already been working in communities battling hunger before Covid-19, they could respond quickly, the only issue being upscaling aid to reach more people. Some food relief schemes are discussed in [Annex 8.3](#) and summarised in Box 8.3.

Box 8.3: Community food relief schemes

- Organisations like **Ladles of Love** distributed over 3 million meals between 20 March and 27 June 2020. By March 2020, Ladles served about 14 000 meals a month. By July 2020 it was distributing 45 tons of food, or about 400 000 meals a week (Hendricks, 2020).
- In Knysna, in the Western Cape, the local **Rotary** association partnered with local churches, NGOs, and the municipality to distribute food aid to vulnerable people. It used an electronic voucher system, drawing on a centralised database set up by the municipality for the 2017 fires. From 30 March to 30 September 2020, it raised R1 094 319 in donations from residents. More than 500 soup kitchen hampers were delivered over 23 weeks; 3225 food parcels were distributed, and 6103 vouchers issued.
- **Gift of the Givers** 'delivered aid to areas where children were eating plants to survive or eating anything that comes off a dump site'. It delivered 130 000 food parcels to impoverished families and provided ingredients to more than 100 feeding centres.
- **Ikamva Labantu**, an NGO working in Cape Town's townships, distributed 154 100 nutritious meals daily, reaching 36 200 people per month during the lockdown (Ikamva Labantu, 2021).
- Working with ten community-based organisations in the remote Eastern Cape, the **Social Change Assistance Trust** (SCAT) reached about 200 villages and distributed 10 500 food parcels in three weeks (Harding, 2020).
- The **Solidarity Fund** (2020) distributed 151 276 parcels (almost R56 million) through four, large non-profit food distribution organisations – Afrika Tikkun, Food Forward South Africa, Islamic Relief, and the Lunchbox Fund. Over 59 800 parcels were distributed via the Department of Social Development's 235 Community Nutrition and Development Centres. About 69 000 parcels (around R27,5 million) were distributed via 17 community- and faith-based organisations at provincial and local level, and 23 500 vouchers were distributed in partnership with the South African Council of Churches.
- In Mtwalume, KwaZulu-Natal, the NGO **Thanda** worked to reduce food insecurity, build self-reliance among cash-dependent communities, and encourage local enterprise by teaching the practical side of organic farming. In 2020 Thanda farmers produced R3,6 million worth of food in wards where the employment rate averages only 10%. Of this food, 87% was eaten, sold, or given away locally. Towards end-2020, Thanda launched a Household Garden Programme to support households to set up gardens at home; thus far, over 320 households have been participating in the programme.

Unfortunately, government did not always support civil society's efforts to distribute food. It put in place regulations to govern how aid was distributed and to whom; these restrictions increased the difficulty of providing emergency food relief. According to the regulations, applications had to be made to the Department of Social Development and the police 48 hours before a distribution event. Many decried the heavy-handed approach of the blanket ban and complained that the bureaucracy threatened the supply of aid (Davies, 2020).

ENSURING CHILDREN ARE FED

When schools were closed on 18 March 2020, the Department of Basic Education halted the National School Nutrition Programme – a crucial scheme that provides at least one nutritious meal a day to over 9 million vulnerable learners (DBE, 2021). This had a devastating impact on the food security of these learners and exacerbated the hardships experienced by households already facing rising unemployment and a loss of income in the lockdown. In a survey of nearly 400 learners in April 2020, Equal Education (2020) found that 37% did not have enough food when schools were closed. Whereas 82% of learners said they usually received their meals through the National School Nutrition Programme, only 9% had received a food parcel or meal from government by the time of the survey.

To secure learners' access to food during the school closures, child rights and education justice organisations (e.g., Equal Education, the Equal Education Law Centre, and SECTION27) fought to urge the Department of Basic Education to reinstate the National School Nutrition Programme. In briefings with civil society in May 2020, the department committed to roll out the programme to all learners – including learners not yet returning to school – once schools reopened in June 2020. However, in a media briefing

the evening before schools were to reopen, it backtracked on this commitment, saying that only Grade 7 and 12 learners physically attending school would receive meals.

This decision had far-reaching implications for learners who rely on the school feeding programme. The programme supplements the nutrition of half of all children in the country, three-quarters of all learners, and a fifth of the country's population. Equal Education and two school governing bodies in Limpopo – represented by the Equal Education Law Centre and SECTION27 – launched an urgent application in the North Gauteng High Court against the department and eight provincial education Members of the Executive Council(s) (MECs) on 12 June 2020 (*Equal Education v Minister of Basic Education*, 2020).

On 17 July 2020, judgment was delivered in the North Gauteng High Court. The court handed down a declaratory order that Basic Education Minister Angie Motshekga and eight provincial education MECs were in breach of their constitutional duties for failing to roll out the National School Nutrition Programme to all eligible learners, regardless of whether these learners had returned to school or were still at home. The court also handed down a supervisory interdict, requiring the Department of Basic Education and provincial education departments to file plans for the reinstatement of the programme to all qualifying learners, and to provide the courts with progress reports on the resumption of the programme to prove that the plans were being implemented and learners were accessing meals.

Many other organisations are also supporting children. For example, supported by the Solidarity Fund, the Lunchbox Fund says it served 3 million meals to 25 000 school children in 2020 and reached 800 000 food-relief beneficiaries with 23 million meals.

● AN EFFICIENT WAY TO DISTRIBUTE FOOD AID

The transaction costs of delivering food parcels during the early days of the lockdown were prohibitive – government spent R1 000 to distribute each R700 food parcel (Harrison, 2020). Given the cost and transmission risks associated with direct food parcel deliveries, food vouchers presented an obvious opportunity. People would be able to choose what to buy and purchase their own food,

while also supporting the local economy. Box 8.4 discusses the innovative CoCare voucher programme mentioned above. While the CoCare voucher is not a food voucher per se, as it can be redeemed for any goods sold in spaza shops, its positioning as a 'food' voucher signals to both recipients and traders that the main aim is to prevent families from tipping into acute malnutrition, with the hope that demand for access to diverse nutritious foodstuff will grow in the long run.

Box 8.4: CoCare vouchers

The DG Murray Trust piloted a food voucher project in partnership with Grow Great, a national zero-stunting campaign to stop stunting by 2030 (DGMT, 2021b). Whilst the country's biggest retailers insisted on using their own branded vouchers and spoke of the technical difficulties of interoperable vouchers, the pilot was enabled through technology competitors, Flash and Kazang. Flash, a subsidiary of Pepkor, provides the technology backbone for over 170 000 spaza shops and general dealers across South Africa; their biggest competitor, Kazang, services a further 50 000 local traders. Together, Flash and Kazang opened the door to 220 000 local outlets where food vouchers could be redeemed, keeping the money in the community, and building the local economy. Unlike the big retailers, these competitors agreed on an interoperable voucher, branded CoCare, redeemable at spaza shops and serviced by either company, with neither taking a cut of the transaction.

A mix of donors put up the first R5 million for the initiative; they included the Maitri Trust, Pepkor, Archbishop Thabo Makgoba of the Anglican Church, and hundreds of individuals who contributed what they could. Six areas in five provinces were selected as pilot sites, both peri-urban and deep rural communities.

The voucher system works as follows: a voucher beneficiary receives a text message on her cell phone, informing her that she has been awarded a CoCare voucher (typically worth R250) to be redeemed at any Flash or Kazang spaza shop. Grow Great then sends a text encouraging her to use the voucher for the ten 'best buy' foods – a basket of ten highly nutritious foods, including eggs, tinned pilchards, beans and other legumes, and fortified maize meal. The beneficiary then goes to her nearest spaza shop and enters the unique voucher code into the cash terminal to purchase food to the value of the voucher. The trader is credited that amount and cashes it out when the next person buys electricity or airtime, for example.

In terms of beneficiaries, the first priority was pregnant women – they do not receive social assistance from government, and a sudden decrease in food could have severe long-term effects on their babies. Grow Great's network of 350 community health workers in Limpopo and Mpumalanga enabled them to identify over a thousand pregnant women. Similarly, the Philani Health and Nutrition Project's 290 mentor mothers identified hundreds of pregnant women in

³The Department of Communications and Digital Technologies issued a directive in terms of the disaster regulations requiring network operators to zero-rate the local educational and Covid-related health content of websites, to be approved by a project management office. This meant that all South Africans were able to access these websites over fixed or mobile data as long as the country remained in a coronavirus-related state of national disaster.

⁴Typically, zero-rating is the process of providing subsidised digital content and/or access to the Internet at no charge to the user. A key objective is to increase access to online information and resources for users who cannot afford the cost of data

Zithulele near Coffee Bay in the Eastern Cape and in Crossroads and Khayelitsha in the Western Cape. Local NGOs also helped identify families in extreme need, such as those without any form of social assistance or where the recipients of government grants were not those actually looking after the children.

By end-December 2020 the project had allocated 142 300 vouchers to recipients across South Africa, and the six pilot sites showed the system had an 80% redemption rate (CoCare, 2021). The CoCare food voucher system is an efficient and cost-effective way of getting food to vulnerable families. When the German development bank, KfW, decided to allocate almost R100 million for food voucher support in the Western Cape through its local partner Violence Prevention through Urban Upgrading, it chose the CoCare system. Key to the programme's success is a local NGO partner that can identify people in real need, such as pregnant women, foreign nationals, and those in severe distress.

Emerging recommendations

- Enhance the nutritional status of pregnant women and young children as an urgent priority, including by expanding access to subsidies for early childhood development services to help feed vulnerable children.
- Work with the private sector to reduce the cost of a set of highly nutritious 'best buys' to prevent people tipping into acute malnutrition.
- Support the scaling-up of food voucher programmes, and work with large retailers to develop a single, interoperable voucher system.
- Reintroduce the caregiver 'top-up' grant to increase the food security of vulnerable households.

SUPPORTING CONTINUED LEARNING AND EDUCATION

The Covid-19 pandemic brought the closure of schools on 18 March 2020. As of August 2020, it was estimated that children had lost between 30 and 59 days of school, depending on their grade (Van den Berg, 2020). Learners from high socio-economic groups could simply continue their education online, but this was not an option for many learners from lower-income groups. Connectivity issues in rural areas, limited access to even a basic smart phone, and the cost of data were significant barriers ([Chapter 5.2](#)). To address this issue,

government disaster regulations³ made provision for the zero-rating⁴ of educational and health websites. For the most part, the websites that were zero-rated were for higher education institutions and 'model c' or private schools, mainly because these entities could quickly set up online learner management and curriculum delivery mechanisms. But the most marginalised learners were unlikely to benefit; only with the inclusion of the sites of public benefit organisations was there some hope of broader reach.

ASSISTING MARGINALISED LEARNERS

Public benefit organisations moved quickly to assist learners in marginalised communities.

- **Staying in touch:** For public benefit organisations working with the poorest 50% of learners, the immediate priority was to stay in touch with parents and caregivers in order to reach the children. They commonly used WhatsApp, one of the country's most popular free platforms, to communicate. Some texted updated information about Covid-19 and prevention methods to parents and caregivers and suggested daily educational activities they could do with their children.
- **Assisting parents and caregivers:** The continued education of children now largely depended on their caregivers. Many adults were intimidated at first – the idea that they could be teachers and the classroom

- the backyard was foreign. But this changed with encouragement and guidance from public benefit organisations. The non-profit organisations Thanda and Shine Literacy, for example, report that parents in their WhatsApp groups became increasingly active in their child's learning and enjoyed the process; they even sent photos of their kids engaging in the activities.

- **Learning-at-home programmes:**

Fieldworkers from the Khula Development Group promoted at-home learning and distributed school packs. Their home visits offered emotional support, demonstrated ways for learners to keep learning at home, and raise awareness about Covid-19. Khula's aim was to keep learners engaged and connected to school life by promoting a culture of learning at home and encouraging family involvement in their learning journey. In partnership with the Western Cape Education Department, it piloted an @homelearning project by mobilising interns to interact with the learners and facilitate educational activities and games with children in community spaces.

- **Partnerships between the public and private spheres:** Acorn Education, a non-profit education organisation involved in the Public School Partnerships⁵ in the Western Cape, partnered with Apex High to help learners from poorer households continue their education online. They reviewed available technology platforms and decided that Facebook would work best as a teaching medium, because it involved lower data costs and was already the most used platform in the community. On 31 March 2020, Apex Virtual High School was launched via Facebook groups used as virtual classrooms. For families without access to a device, the team identified suitable low-cost smartphones at a cost of R290 and provided them on loan.

REDUCING THE RISK OF DROPOUT

According to the Zero Dropout Campaign, the longer a child is away from school and disconnected from learning, the greater the chances of disengagement and dropout, especially if the relationship with schooling had already been strained or tenuous. When South Africa's schools closed, many learners lost their connection not only to teaching and learning but also to the social, nutritional, and emotional safety nets that school can provide. Public benefit organisations were encouraged to leverage their community connections, asking them to check in with children at home and report suspected domestic, emotional, or sexual abuse to crisis helplines. In this way, the campaign used public and media platforms to encourage communities to take collective ownership of the dropout problem by creating networks of support outside the school environment.

While some challenges were common across the country, the different circumstances of learners, households, and schools resulted in very different experiences in the lockdown. These map onto and worsen existing social inequalities, so that already vulnerable learners, households, and schools are also worst affected by the pandemic. As a way forward, and to lessen the impact of disruptions like Covid-19, the campaign vigorously advocates for strengthening resilient support systems around learners at homes, schools, and communities. The campaign used various platforms, including a presentation to the Portfolio Committee on Basic Education in October 2020, to demonstrate how the school closures, together with the economic shocks of lockdown, amplified the type of disruption that typically leads to dropout (Mthethwa, 2020).

⁵ Public School Partnerships is a collaborative approach to public school innovation that brings together government, funders, no-fee schools, and non-profit education support organisations.

HELPING THE CRISIS-HIT EARLY CHILDHOOD DEVELOPMENT SECTOR

The early childhood development (ECD) sector was particularly hard hit by the pandemic because it relies largely on parent fees. State subsidisation of services is extremely limited. In the hard lockdown, many sites closed their doors for good, and the sector tipped into crisis. The national Department of Social Development insisted that ECD sites must remain closed, even when schools began to reopen. It was only through legal action that ECD sites were allowed to reopen, with appropriate preventive measures in place (eNCA, 2020).

The pandemic stimulated more vocal and cohesive action in the ECD sector, which has traditionally been quite fragmented. The Real Reform for ECD Campaign brought together thousands of actors in the sector to submit comments on the proposed changes to the Children's Act. The sector also mobilised strongly against proposals by the Department of Social Development to appoint 36 000 young people as compliance officers (to check that sites complied with Covid protocols). They held that it would be illogical to pay compliance officers without helping sites reopen safely. The #SaveOurECDWorkforce campaign in mid-2020 eventually led to the Presidential ECD Employment Stimulus Package.

CAN HOMES CONTINUE TO BE A SITE OF LEARNING?

Covid-19 created an opportunity for a paradigm shift, showing that by motivating parents and caregivers by providing training and content, the movement towards creating a culture of reading and learning in the home can be accelerated. The next challenge is to sustain gains made during lockdown. The potential for further waves of

Covid-19 makes planning difficult, but one thing is clear; the involvement of a loving adult is crucial. Shine Programme Manager Vuyelwa Mbalekwa concludes (DGMT, 2021c):

Parental engagement has always been the poor cousin. We used to talk about it, but we didn't really invest in it and push it. But now parents have a kind of momentum to be involved in their children's education and we cannot afford to let that slip.

Emerging recommendations

- Extend zero-rating of public benefit organisation sites to all sectors and ensure compliance by mobile network operators.
- Facilitate the provision of wrap-around support to learners through engagement with community security organisations and community formations.
- Expand access to ECD services by shifting from focusing on infrastructural compliance to learning and nutritional support.

TACKLING BINGE-DRINKING AND VIOLENCE

LOCKDOWN AND THE BAN ON ALCOHOL SALES

The sale of alcohol has been banned at various times and to varying degrees since March 2020. These temporary bans created a natural experiment on the effects of the harmful use of alcohol on the country and the health system. Alcohol-related injuries and deaths have long been inordinately high in South Africa – before the alcohol ban, there were 34 615 trauma cases per week. Of these, around 40% were alcohol related, which translated to at least 13 846 patients presenting to hospital every week, across the country (Mitchley, 2020). A 2018 study estimated that 1 in 10 deaths in South Africa could be attributed to alcohol abuse in some

- way, with men in low-income groups most at risk (Probst et al., 2018).⁶

With a large influx of Covid-19 patients expected, hospitals needed the capacity to deal with the pandemic without devoting scarce resources to alcohol-related trauma. During alert level 5 (March to April 2020), reported cases of domestic violence cases in South Africa decreased by 69,9%, in contrast with trends elsewhere in the world (Gould, 2020; see also [Chapter 5.4](#)). While this might in part have been because people were unable to leave their homes to report violence, the sharp difference between the **decline** in reported cases in South Africa and, for example, the reported increase in cases in the United Kingdom during its lockdown points to the effect of the alcohol ban (Gould, 2020). During alert level 4, reports of murder, rape, and common assault plunged by 40% (April to June 2020), while non-contact crimes such as arson and malicious damage to property dropped by 30% (Al Jazeera News, 2020).

On 1 June 2020, under alert level 3, the alcohol ban was lifted. The number of cases in the Chris Hani Baragwanath Hospital trauma unit in Soweto almost doubled within 24 hours with alcohol-related cases (Zulu, 2020). In only a few weeks, 21 women and children were murdered. In light of this increase in cases of trauma and violence against women and children, a second alcohol ban was introduced unexpectedly on 12 July 2020. Statistics showed that murders still rose by 6% compared to the same period in 2019; this could be due in part to endemic firearm-related violence. Also, traders and tavern-owners might have stockpiled liquor as rumours swirled ahead of the second sales ban (Ellis, 2020).

During the second alcohol ban, the Western Cape saw a 48% weekend and 32% daily drop in alcohol-related trauma (Smith, 2021). Trauma admissions for casualties linked to alcohol dropped again by 47% on weekends

and by 58% in the Western Cape. On New Year's Eve and New Year's Day, trauma cases linked to liquor abuse were 65% lower than in the same period in 2019 (Smith, 2021). For the first time in the history of the Chris Hani Baragwanath Hospital in Soweto, the hospital trauma rescue area had no patients on the first day of the New Year, while some of the busiest hospitals in KwaZulu-Natal were also virtually empty on this day (Duma, 2021).

SHAPING THE RESPONSE

Relatively fewer South Africans (31%) drink alcohol than do people in other countries (43%) (DGMT, 2021d). However, they tend to drink far more than their global counterparts (64,6 g pure alcohol per day, as against the world average of 32,8 g) (DGMT, 2021d). Although the liquor industry contributes significantly to the country's gross domestic product (around 3%) (Vinpro, 2020), and suffered serious job and revenue losses during the pandemic, it is important to view these alongside the long-term negative effects of the harmful use of alcohol on South Africa's economy and its people. Some estimates suggest an annual loss of up to 10% of the gross domestic product because of the direct and indirect costs of alcohol-related harm (National Treasury, 2014). The liquor industry, which controls the narrative around alcohol consumption, overstates its benefits while downplaying the disadvantages. Government is vital in reshaping the narrative, as it has the legislative power and communications budget to drive an effective campaign.

Civil society organisations have been key in driving awareness about the potential harm from alcohol abuse. The South African Medical Research Council, the Southern African Alcohol Policy Alliance (SAAPA), the Bhekisisa Centre for Health Journalism, the South African Depression and Anxiety Group, the South African National Council on Alcoholism and Drug Dependence, the Southern African Catholic Bishops' Conference, and Philani,

⁶The research found that 'approximately 62,300 adults died from alcohol-attributable causes of death in South Africa in 2015. With a total of approximately 529,400 deaths from all causes, roughly one in ten deaths was attributable to alcohol use.'

to name just a few, have long advocated for policy reform on alcohol sales to mitigate the potential harm from alcohol to society.

In the pandemic, SAAPA South Africa played a significant role in engaging with the media, publishing a number of articles and opinion pieces, and commenting on radio, television, and in social media. It also communicated regularly with government via the Presidency, various departments (e.g., Health; Cooperative Governance and Traditional Affairs; Social Development; and Trade, Industry and Competition), the National Coronavirus Command Council, and the MAC on Health. Working with the Medical Research Council and others, it provided evidence-based information and recommendations in support of short- and long-term interventions to reduce alcohol-related harm. Professor Charles Parry of the Medical Research Council and his colleagues undertook various policy engagements throughout the pandemic, including with the National Coronavirus Command Council.

On 24 June 2020, 166 academics and civil society actors submitted a petition letter to the president, the speaker of parliament, the ministers of Health, Social Development, and Trade, Industry and Competition, and the premiers and parliaments in all nine provinces (DGMT, 2020b). The letter noted that binge drinking is a strong proximate risk factor for violence against women and children – alcohol being a factor in over 40% of rape cases and a notable contributor to intimate femicide. About 50–60% of South African men who consume alcohol drink in heavy, episodic ways (>5 units at one time) – the definition of binge drinking – which is strongly associated with interpersonal violence, motor vehicle accidents, and risk-taking behaviour. These associations are even stronger in poorer communities (Mathews et al., 2009; DoH et al., 2019; Probst et al., 2018).

The petition called on government to take steps in line with the WHO's 'Five Best Buys' (WHO, 2018b), which have been shown to reduce the societal harm of alcohol. This should be supported by other interventions shown to be effective, including raising the legal drinking age and ensuring that product tracking and tracing is in place to close illegal supply routes. These provisions are included in the Draft Liquor Amendment Bill. Equally critical is effective enforcement of national and provincial legislation and local by-laws, including adherence to trading hours, prevention of underage drinking, confiscation of alcohol sold at illegal outlets, and restrictions on public drinking (Matzopoulos et al., 2020).

AN OPPOSED LIQUOR INDUSTRY

The liquor industry, the business sector, and the tourism and restaurant sector objected to the alcohol sales ban, focusing on the business side and loss of revenue and employment in an intensive public relations campaign. This included paid partnerships with leading national newspapers to publish claims about the alcohol ban and its effect on the industry and drinking habits (Harrison, 2020). The industry effectively argued that alcohol trauma, the effects of alcohol abuse, and the alleviation of such abuse is the personal responsibility of consumers. South African Breweries has been particularly vocal in this regard, instituting legal action challenging the bans (Shange, 2020).

Emerging recommendations

- Take decisive steps to implement policies and regulations in line with the WHO 'Five Best Buys' to curb harm from alcohol abuse.
- Grow and support investments in services that respond to and prevent harm related to alcohol use.

SUPPORTING FOREIGN NATIONALS

The impact of the lockdown on foreign nationals remains unclear but is predicted to be extensive, especially given their difficulties in gaining access to relief (see also [Chapters 5.3](#) and [5.4](#)). The exclusion of many migrants from such relief is worrying, as the nature of the public health disaster caused by the pandemic is that people may make riskier and riskier choices as their vulnerability increases. The short-sighted exclusion of foreign nationals from many relief measures runs counter to sound public health approaches.

A potential health crisis is created by undocumented migrants being reluctant to seek medical assistance because they fear arrest, detention, and deportation. Early detection, testing, diagnosis, contact tracing, and seeking care for Covid-19 are critical to managing the pandemic, and hesitancy to seek healthcare increases the risk of outbreaks among marginalised migrant communities, with consequent spread to the general population (Blumberg et al., 2019).

A significant issue facing migrants was the fragility of their legal status. The Department of Home Affairs agreed not to penalise anyone whose permit expired during the lockdown on condition they presented themselves at a Home Affairs office within 30 days of the lockdown ending. This set aside government's undesirability clause, which punishes foreigners for 'overstaying' after their visa has expired and is associated with a five-year ban on re-entry (Business Insider SA, 2021). When South Africa moved to alert level 4, migrants were eligible for repatriation, but those who departed with an expired visa were declared 'undesirable people' at border posts (Kavuso, 2020). This ran counter to the department's assurances that foreign nationals whose visas had expired would not be punished.

Human Rights Watch noted that in 2020, South Africa saw xenophobic violence against non-nationals, despite government's

launch of the National Action Plan to Combat Racism, Racial Discrimination, Xenophobia and Related Intolerance in 2019 (Human Rights Watch, 2021). Several political leaders and public figures spread xenophobic messages, which may have incited further violence. There was also an organised project to stimulate xenophobia through Twitter accounts with fake identities. User @uLerato_pillay disseminated hashtags such as (Bornman, 2020):

- #PutSouthAfricansFirst,
- #ForeignersVacateOurJobs,
- #InfluxOfImmigrantsMustStopand
- #OpenRefugeeCamps

Politicians' statements, online campaigns, and associated attacks and threats contributed to at least 1500 foreign nationals fleeing the country, according to the United Nations High Commissioner for Refugees (UNHCR). During 2020, xenophobic violence culminated in 12 deaths, including of some South Africans. The UNHCR deployed staff, emergency shelters, psychosocial care, and legal assistance to support government and other partners in ensuring the safety of the refugees (eNCA & Giokos, 2020).

The Scalabrini Centre of Cape Town is an NGO working to address the conditions of asylum seekers and migrants. The Centre, in coordination with major banks, managed to block the freezing of bank accounts held by migrants whose permits expired (Mukumbang et al., 2020). This allowed the migrants to access their money to buy food and other essentials. Despite this, many migrants with expired permits reported their accounts had been frozen.

To address people's socio-economic needs in the pandemic, government adopted various economic and hunger alleviation measures. These included the Covid-19 social relief of distress grant, worth R350 per person ([Chapter 5.3](#)). Many foreigners who had been formally employed and paid taxes before the lockdown struggled to get their UIF payments, while South African employees

received theirs. The reason given for not paying migrants' UIF was that the system did not recognise foreign passport numbers (Business Insider SA, 2020). Grants from the South African Social Security Agency (SASSA) can be accessed by South African citizens, permanent residents, and those with refugee status. While beneficiaries normally need a 13-digit ID number, SASSA made a temporary provision to assist refugees without an ID number (SCCT, 2020). Following a court case by the Scalabrini Centre and Norton Rose Fullbright, some asylum seekers and special-permit holders have been allowed to apply for the Covid-19 social relief of distress like any other person, subject to SASSA's eligibility criteria (SCCT, 2020; see also [Chapter 3.2](#) for a detailed discussion of the Scalabrini case).

Government's policy approaches often exacerbated the situation of migrants and their communities. For example, many operators of spaza shops are Somali or Ethiopian; at the beginning of the lockdown, they were prohibited from operating. When the Minister of Small Business Development announced which shops should remain open, she only included those owned by South African nationals. Only South African shop owners would be compensated for losses (Jacobsen & Simpson, 2020; see also [Chapter 5.3](#)). This meant many immigrants struggled to raise money to pay rent on their premises. On the positive side, new forms of social solidarity seem to have arisen. Jacobsen and Simpson (2020) observe how unity has emerged among Zimbabweans. This usually divided community mobilised resources using social media groups (e.g., Zimbabweans in Cape Town) and helped each other to buy food and pay rent. Likewise, the African Diaspora Forum, a non-profit group funded by religious organisations, has been cooking food for migrants since the beginning of the lockdown. It provided 3500 parcels and 750 meals each week (AFP, 2020).

Emerging recommendations

- Reopen refugee reception offices and services offered by the Department of Home Affairs for foreign nationals to ensure that permits are extended, and migrants do not face problems around expired permits.
- Ensure that all foreign nationals, regardless of documentation, are eligible for vaccines.
- Grow support for the inclusion of foreign nationals in social safety nets.

THE ROLE OF PRIVATE FOUNDATIONS

During the pandemic, programmes that are monitored and evaluated to justify their investment by funders could often not deliver on their grant agreements because face-to-face contact with beneficiaries was impossible. However, many of these beneficiaries were suddenly very vulnerable and needed more assistance. Although funders could not reach their intended programme outcomes in the short term, they were uniquely placed to provide much-needed support, given their access both to funds and to NGO networks already serving the most vulnerable communities. Many foundations extended their grants, allowed flexibility in the use of existing grants, and provided emergency relief grants; they also drew on their implementing partners to strengthen their response to the crisis. Some detailed case studies in this regard are included in [Annex 8.4](#).

A key feature of the response of private foundations was their willingness to contribute to or collaborate with the Solidarity Fund, and the ways in which they collaborated more broadly to support critical interventions. These new forms of collaboration provide a useful base for new, emerging partnerships and ways of working, both within civil society and in relationships with the state.

CREATIVITY AND INNOVATION BY CIVIL SOCIETY

Disasters loosen social hierarchies and accelerate change. Inevitably, complex programme outcomes had to make way for basic survival priorities. But these new circumstances stimulated innovation – many aimed to reach people in their homes, whereas others went beyond technology, simply finding better or more creative ways of reaching their objectives. These innovations open up new possibilities for strengthening social and economic connectedness.

PROCURING AND DISTRIBUTING PPE

The initiative discussed in Box 8.2 to secure PPE for community care workers also drew on an innovative new technology by a Stellenbosch-based company, as set out in Box 8.5. The PPE project demonstrated that innovation can be accelerated in times of crisis and that the vibrant network of community-based organisations and NGOs can be involved in future interventions and distribution efforts (Harrison, 2020).

Box 8.5: Nanofibre mask filters for community care workers

After struggling to procure PPE from abroad through formal processes, the DG Murray Trust considered local alternatives. It approached a local company that was not producing masks at that time.

The Stellenbosch Nanofiber Company is a materials science company that develops nanofibre materials using its patented Stellenbosch Nanofiber Company BEST® Ball Electrospinning Technology. Nanofibres are very fine fibres woven together to create a diaphanous film that can be applied to the skin or as a medical-grade filter in reusable face masks. These filters can be sterilised with boiling water and reused up to nine times, while the durable cloth masks are washable by hand or machine, offering significant economic and environmental benefits. The orders the company received from the DG Murray Trust alone saved the importation and disposal of over 10 million single-use masks (Harrison, 2020).

The reusable face mask project shows how scientific innovation and local manufacturing could be stimulated even in crises. It also demonstrated broad-based black economic empowerment (B-BBEE): the company teamed up with a Level 1 B-BBEE company to manufacture the cloth mask component, creating over 70 jobs for people from Khayelitsha and Delft. As the chief executive officer of the DG Murray Trust, Dr David Harrison, points out, had the masks been imported, that money would have gone into the account of just one middleman (Harrison, 2020).

INCLUDING THE INFORMAL SECTOR IN THE EMPLOYMENT STIMULUS PACKAGE

In February 2021 the Department of Social Development announced that it had received R496 million to assist the ECD sector. By the end of that month, it had received over 27 000 applications from ECD programmes with over 117 000 employees (Mafolo, 2021). South Africa has 6,5 million children aged 5 and under. Of the 3,3 million children using

some form of ECD service, 2,5 million are in programmes not registered with the Department of Social Development (which is a notoriously expensive and arduous process). Of children in registered centres, only 626 574 receive a subsidy from government (Stats SA, 2019).

The Vangasali Campaign, a project spearheaded by the Department of Social Development and supported by the Nelson

Mandela Foundation, seeks to massively increase the registration of ECD services. It compiled a database of over 45 000 ECD services, the majority of which are unregistered (Nelson Mandela Foundation, 2021). Senzo Hlophe, Director of the DG Murray Trust's ECD portfolio, explains that the Vangasali Campaign beneficiary identification and verification system enabled government to see, for the first time, the true supply of ECD services. The data collected through the campaign allowed ECD advocacy groups like Ilifa Labantwana to campaign for the inclusion of informal services in the Stimulus Relief Fund, given that it was now clear that registered services comprised only a tiny portion of ECD provisioning.

Including the informal ECD sector in the Stimulus Fund set a public policy precedent. It allowed government to provide direct support to this sector and reach another 2,5 million children. This will create a greater demand for services, with more day mothers participating; government now has a management mechanism to identify and support them. This stimulus could potentially show that the informal ECD sector could be harnessed to provide quality early childhood services. It will provide a means of expanding access to ECD over the next five years, regardless of which government department oversees this initiative.

Emerging recommendations

- Support and expand the innovations emerging from new partnerships and collaborations.
- Reimagine how the private sector can leverage its skills and resources to support the expansion of services.
- Use precedents, such as the ECD Employment Stimulus, to rethink how the state understands and supports informal workers.

THE STATE OF CIVIL SOCIETY

South Africa has a long, rich, and somewhat complicated history of civil society involvement in major pandemics. During the AIDS pandemic, civil society formations stepped in with home-based care services, care for AIDS orphans and vulnerable children, behavioural change education and literacy campaigns, and activism and advocacy to expand access to antiretroviral treatment. State–civil society relations at this time were not without tension; in fact, sometimes they were downright antagonistic. Still, civil society formations rose to the challenge; they mobilised people and partners across the globe and mounted an unprecedented campaign for treatment literacy and access to medicines, which ultimately compelled government to provide free access to antiretroviral treatment. Today South Africa boasts the largest antiretroviral programme in the world, which would not have emerged without the intensive, committed work of civil society formations. Similarly, the Covid-19 pandemic is creating many challenges, stressors, and opportunities for civil society formations, some of which may have short- and long-term implications for how these organisations conduct their work.

A cursory review of anecdotal and desktop research suggests several emergent themes.

- State–civil society **patterns of engagement are varied and fluctuate** between antagonism (in which advocacy organisations use protest and legal instruments to effect accountability and progress on key social justice matters); consultation (in which the state engages openly, through consultation and collaboration process); and service providers (in which civil society organisations are delivery vehicles for statutory services). Each of these relationships holds both tensions and opportunities, but there is little space for an overarching, coherent engagement as collaborative partners shaping positive outcomes for South Africa.

- In the early days of the pandemic, **civil society was absent from the consultative processes**, as medical experts, scientists, and the private sector were prioritised. Even in the establishment of entities such as the Solidarity Fund, government turned primarily to the private sector rather than to disaster relief entities or civil society experts.
- **Civil society formations have been deeply affected by the pandemic**, in terms of both the work they do and how they do it. Many organisations have had to pause and even abandon their routine programmes, replacing these with food relief initiatives, efforts to provide PPE, and/or campaigns to promote social distancing. They also faced a mismatch between their material resources and the extraordinary demand for food, PPE, psychosocial services, and education. The struggle for material resources is nothing new, as most civil society formations rely on donor support, which is often short term and unpredictable. However, they now have to cater for both existing, pre-Covid-19 needs and new, pandemic-specific demands when access to funding is at an all-time low.
- Another challenge is **managing the tension between short-term, pandemic-related needs and the long-term strategies** necessary for their survival. Some are losing their original character and focusing on providing Covid-19 support. Others have depleted resources intended for long-term strategic positioning and may have difficulty reformulating their purpose beyond the pandemic.

Overall, whilst Covid-19 has stretched and tested the capacities and purposes of many civil society formations, evidence suggests they have been rising to the challenge of helping the most vulnerable communities. Importantly, state–civil society relations are not static; they evolve over time (Gomez & Harris, 2015). Every new pandemic brings with it fresh opportunities for state–civil society relations to reform and find new ways of relating and cooperating for the greater good.

Emerging recommendations

Develop stronger routine engagement with civil society to ensure better collaboration and effective partnership. In particular, the role and representation of civil society on formal consultative bodies (e.g., Nedlac) is crucial in ensuring the unique contribution of the sector is heard and valued.

CONCLUSION

This chapter provided a preliminary scoping of the broad and deep ways civil society experienced and responded to the Covid-19 pandemic. In many ways civil society is the social fabric of the nation – connecting to its most vulnerable members, creating community- and organisation-led safety nets, and taking risks by innovating in ways that can set new and exciting precedents. Crucially, although the story of civil society and the pandemic is one of care and creativity, it is a story that has yet to be fully told. Far too often civil society groups have been left under-represented, or unacknowledged, for the powerful experiences, ideas, and opportunities they have created and seized. This chapter is the beginning of a process of documenting this story.

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● ANNEX 8.1: FAMILY LIFE DURING THE PANDEMIC

A research project registered at the University of the Western Cape, led by Professor Nicolette Roman, is a mixed methods study focusing on family life during the pandemic. In the quantitative component of the study, an online survey, participants reported both negative and positive experiences in families during the pandemic. Negative aspects included feelings of fear and anxiety, a lack of social connection, the loss of freedom, a loss of life, and the potential of loss of income. Positive experiences included spending quality time with family members, creating more cohesive interactions, and finding gratitude and appreciation of life. For many, families became a protective factor during the pandemic because their members assisted in the family's coping mechanisms as they journeyed through similar experiences with Covid-19. The findings of the quantitative component were supported by the qualitative findings but provided a more expansive perspective on family life during the pandemic.

In the qualitative component of the study, participants were asked about the nature of their family discussions around Covid-19. The main issues mentioned was the prevalence of the virus, its dangers, and the impact on life and lifestyle behaviours, such as smoking and drinking alcohol. Participants also spoke about the need for precautionary measures to protect vulnerable relatives and adjusting to a new normal of social distancing, sanitising, and masking. Main challenges included:

- Balancing work and family responsibilities
- Multigenerational families in one household, with everyone at home and working or studying concurrently in the same spaces

- Children's lack of or inadequate knowledge of pandemic rules
- The financial impact of the pandemic
- The lack of personal space, and the related relationship challenges
- A lack of social interaction and physical closeness
- The psychological impact of the pandemic
- The stalled economy
- A shift in normal routines
- The separation of families.

Some of the protective measures families put in place included adherence to government regulations, avoiding public spaces, confining children at home, being constantly aware of the dangers of the pandemic, self-isolation, social and physical distancing, and using home remedies. Some of the lessons learnt in the pandemic included appreciating and valuing life and others, cooperation, courtesy, greater awareness of viruses, investing and saving, less dependency, life's unpredictability, open-mindedness, preparedness for unforeseen events, self-introspection, time scheduling, valuing family more, and working from home.

ANNEX 8.2: INTERVENTIONS TO SUPPORT FAMILY RESILIENCE

SUPPORT FOR PARENTS

Mental health crises during Covid-19 were often triggered by loss (e.g., of family members, income, or freedom) and fear. Help-seeking behaviour for mental health is poor because of the stigmatisation of illness. Also, South

Africa's infrastructure for providing mental health support is weak. Several new initiatives were started in response to the pandemic. For example, the global initiative, Partners for Lifelong Health, developed a platform for sharing parenting resources related to the pandemic in over 100 languages, including Sesotho, Setswana, SiSwati, Afrikaans, isiNdebele, isiXhosa, and isiZulu. Many other civil society organisations started or strengthened helplines to support people.

SUPPORT FOR PREGNANT MOTHERS

Pregnant women are often more concerned about the health of their partners and family than their own; thus, interventions that focus more on the mother than on the family unit may not be as effective during this time (Ravaladi et al., 2020). Focusing on the family unit, regardless of structure, stresses the importance of the partner's presence during the pregnancy, labour, and postpartum period. Labour can be an anxious, sad, and stressful experience for women, especially those with a history of mental health challenges. In general, public hospitals in South Africa tend to restrict the presence of birth companions in labour wards, and the pandemic brought even tighter controls across the public and private health sectors. This means that almost all women who gave birth during the pandemic were alone and isolated from critical support. Birth companion support is shown to correlate with better mental health for both mother and child (WHO, 2019). Another problem has been the lack of accurate and updated information on the implications of Covid-19 for pregnancy. The Messages for Mothers Campaign is a partnership between organisations in the ECD sector, led by the non-profit organisation, Embrace. The campaign developed and distributed updated information on the pandemic specific to pregnancy and early childhood. This was a critical service, particularly in the early stages of the pandemic when information was fragmented and changed frequently.

ANNEX 8.3: EXAMPLES OF LOCAL FOOD RELIEF SCHEMES

While civil society cooperated with government where possible, it did not wait for government to act; often, it moved faster. Civil society took responsibility, showed leadership, and modelled responses that could be scaled up. One example was the concerted effort by established organisations and community action networks like Cape Town Together, Gauteng Together, and Eastern Cape Together to provide food relief. It is estimated that NGOs and mutual-aid groups (community action networks working together) provided more than half of all hunger relief during the winter (Hamann, 2020). These 'Together Initiatives' encouraged neighbourhoods to self-organise in the absence of immediate government intervention, bringing together people who had not previously cooperated to share their knowledge and resources. The speed of the response was remarkable. With organisations and groups already embedded deep in communities before Covid, they were primed to respond quickly; the only issue was upscaling relief to reach the large numbers of people needing assistance.

Organisations like Ladles of Love distributed over 3 million meals between 20 March and 27 June 2020. From humble beginnings, Ladles of Love started operating in 2014, serving 70 to 100 meals a week. By March 2020, Ladles served about 14 000 meals a month. By July 2020 it distributed 45 tons of food, or about 400 000 meals, per week (Hendricks, 2020).

The pandemic drove local collaboration, as entire communities came together to respond. For example, in Knysna, in the Western Cape, the local **Rotary** association partnered with local churches, NGOs, and the municipality to distribute food aid to vulnerable people, using an electronic voucher system. The NGOs identified and vetted the families in need, and the Rotary Club managed the online database and

- administrative process. This initiative was able
- to draw on a centralised database to manage
- disaster responses set up by the municipality for the 2017 fires in Knysna. All the potential recipients of food aid were logged, as was receipt of food vouchers (including an ID document and a picture of the delivery) to avoid double-dipping and to ensure that food parcels went where they were intended to go. The R350 cell phone voucher could be used at the local Spar and Pick & Pay. People who could not use electronic vouchers were allocated food parcels of an equal value, which were delivered by the municipality. Through this partnership, the community assisted 19 soup kitchens for 23 weeks, delivering fresh vegetables and dry goods. Chicken was sponsored by Rainbow Chicken and procured by KILT (a local education NGO), and Do More Foundation donated many kilogrammes of maize. From 30 March to 30 September 2020, this effort raised R1 094 319 in donations from Knysna residents; 504 soup kitchen hampers were delivered over 23 weeks, 3225 food parcels were distributed, and 6103 vouchers were issued.

Large NGOs also did their part. Gift of the Givers describe their support as follows:

Hunger is a bigger crisis than Covid-19. Our call centres, emails and staff were flooded with requests for food. We delivered aid to areas where children were eating plants to survive or eating anything that comes off a dump site. Gift of the Givers have delivered 130 000 food parcels to impoverished families and provided ingredients to more than 100 feeding centres.

Ikamva Labantu, an NGO working in townships in Cape Town, distributed 154 100 nutritious meals daily, reaching 36 200 people per month during the lockdown (Ikamva Labantu, 2021). Working with ten community-based organisations in the most remote areas of the Eastern Cape, the Social Change Assistance Trust (SCAT) reached close to 200 villages and distributed 10 500 food parcels within three weeks. These local teams faced all the challenges of food distribution in hungry

communities – personal security risks, storage, flooding, treacherous roads, and long distances travelled – yet they ensured that records were kept, and every food parcel was accounted for (Harding, 2020; see also [Annex 8.4](#)).

The Solidarity Fund distributed 151 276 parcels (valued at almost R56 million) through four non-profit food distribution organisations with an expansive reach (Solidarity Fund, 2020). These are: Afrika Tikkun, Food Forward South Africa, Islamic Relief, and the Lunchbox Fund. Over 59 800 parcels were distributed via the Department of Social Development's 235 Community Nutrition and Development Centres. To this end, the department contributed R20 million and the Solidarity Fund R23,5 million. About 69 000 parcels (valued at around R27,5 million) were distributed via 17 community- and faith-based organisations at provincial and local level, and 23 500 vouchers were distributed in partnership with the South African Council of Churches.

Not all vulnerable and rural communities were in crisis mode and dependent on food parcels. In Mtwalume, KwaZulu-Natal, the NGO Thanda worked to reduce food insecurity, build self-reliance among cash-dependent communities, and encourage local enterprise by teaching the practical side of organic farming. These practical farming skills include knowledge of soil and planting (i.e., composting, mulching, watering, spacing, and seedlings), how to use organic fertiliser effectively, and how to track production from soil preparation to consumption or sale. In 2020 Thanda farmers produced R3,6 million worth of food in wards where the average employment rate was only 10%. Of this food, 87% was eaten, sold, or given away locally, ensuring that the benefits of nutrition and access to fresh food remained in the local community.

Towards the end of 2020, Thanda launched a Household Garden Programme to support households in their early learning and education initiatives to set up gardens at home to 'grow their own food parcels', providing inputs (seeds and seedlings) and

mentoring organic farming knowledge. Thus far, over 320 households have been participating in the programme. While food parcels are temporary measures, Thanda aims to enhance longer-term food security at a household and community level by scaling-up its Nisela Programme and introducing the Household Garden Programme.

In many ways, Covid-19 has demonstrated the fragility of the food system and shed light on the need to rethink this system. Thanda's focus on more locally based and self-sustaining methods of food security is one potential solution, amongst many, to reshape the food system.

ANNEX 8.4: HOW FOUNDATIONS RESPONDED TO THE PANDEMIC

THE SOCIAL CHANGE ASSISTANCE TRUST

The Social Change Assistance Trust (SCAT) provides a case study of how funders supported their grantees, as told by SCAT Director, Joanne Harding, in an article for the Independent Philanthropy Association of South Africa (IPASA):

'SCAT is an intermediary grant maker, which means that we straddle the world between being a fundraiser and a funder. We have a small endowment allowing us to cover some core costs, be creative and innovative, but mostly we raise funds to support and strengthen the capacity of 30 rural community organisations across the Eastern, Western and Northern Cape provinces. Our primary aim is to ensure access to justice, gender equality and food security. The people served by our grantees are the most vulnerable, mostly women and often pensioners and the disabled. Employment is mostly in sectors

hard hit during Covid-19, including agriculture, tourism, and work in households.

'Immediately after the announcement of the lockdown we received communication from our funders asking how they could be of support and where we needed flexibility. We had 'gone into lockdown without a safety net', said David Harrison of the DG Murray Trust ... in an email where he made an offer of a grant for food to SCAT grantees. This statement has resonated often in my mind as I consider what our grantees face daily. Most of our funders recognised that this would also be a difficult time for SCAT and that fundraising for the future would be a challenge. Ford Foundation increased our grant and extended our contract by a year, giving us greater security. The Charles Stewart Mott Foundation increased our grant so that we could pass on more funds to our grantees to cushion them, and the Social Justice Initiative allowed us flexibility with reporting and spending time frames.

'The Irish Embassy and Dutch Embassy allowed SCAT to repurpose workshop and travel funds towards food. With additional donations from the Donald Gordon Foundation, the DG Murray Trust and the [Global Fund for Community Foundations], we distributed a total of R2,4 million of funds toward food security grants to our grantees over the lockdown period. SCAT similarly increased core grants to our partners. Early on the RAITH Foundation asked if we would assist with the distribution of food parcels on behalf of the Solidarity Fund. The RAITH Foundation allowed us to repurpose some of their funds to cover distribution costs of our grantees. Working with ten rural community-based organisations ... in the most remote areas of the Eastern Cape, we reached close to 200 villages and distributed 10 500 food parcels over three weeks. Our grantees faced issues of security for the people distributing food, accessing permits, storage, flooding, treacherous roads, distances, and ensuring records were kept and every food parcel was accounted for. They were impressive in

- their willingness to step up to the challenge,
- negotiating with police, traditional leaders,
- and local councillors to ensure the fairest processes were followed and the food reached the most vulnerable.

'SCAT also decided that the digital divide with our rural partners had to be addressed with urgency and we bought and distributed computers, cell phones and data to all our partners who are now able to meet with us online, attend webinars and be connected with up-to-date information. Many had some technology, but mostly it was outdated and did not ensure accessibility. This was partly funded from SCAT's reserve fund's dividends and with repurposed funds from the Irish Embassy. Responding to a request from some of our grantees, we included thermometers so they can check their clients before consulting them and provided masks as a result of a donation from a founder trustee. A number of our grantees are partnering with DG Murray Trust to distribute PPE to care workers in their communities' (Harding, 2020).

THE SOLIDARITY FUND AND TSHIKULULU

The Solidarity Fund is a public benefit organisation established to confront the Covid-19 national crisis. The Fund is mandated to contribute towards the national health response, provide humanitarian relief, and mobilise all who live in South Africa to do their part. In so doing, it aims to effectively and meaningfully enhance South Africa's ability to respond to the Covid-19 pandemic.

The Solidarity Fund focuses its contributions around three core areas (Solidarity Fund, 2020):

- **The health response:** Supporting urgent aspects of the health system response and supporting and protecting frontline health workers (70–75% of funds)
- **The humanitarian effort:** Providing humanitarian support to the most vulnerable households and communities (20–25% of funds)

- **Their solidarity campaign:** Uniting the nation in action against Covid-19 and encouraging behavioural change in local communities.

By end-September 2020, the Solidarity Fund had received R3,133 billion to fund Covid response projects, such as bolstering testing capacity; supporting the provision of care in public hospitals; providing food relief; combating gender-based violence; and running communication campaigns for behavioural change. Most of the funds were dedicated towards supporting the Department of Health (Solidarity Fund, 2020).

Tshikululu, a social investment fund manager and advisor for corporates, provided pro bono services to the Solidarity Fund. This has included support of the humanitarian, citizens in solidarity campaign, and gender-based violence workstreams, as well as helping to design the Fund's overall impact framework (Tshikululu Social Investments, 2020a). As part of their role in supporting civil society organisations, Tshikululu circulated a survey (Tshikululu Social Investments, 2020b) to non-profit organisations to better understand how the pandemic affected them. Unsurprisingly, the effects of the pandemic on these organisations have been significant, and the lockdown exacerbated the challenges. While 66% of participating organisations have seen a decline in income since lockdown and anticipate things being tough for the next 18 months, only 2% reported losing more than 75% of their income since lockdown and having secured little to no income. Organisations with operations in more rural provinces appear relatively more likely to have suffered a decline in income during the lockdown.

THE ZENEX FOUNDATION

On its website (Zenex Foundation, 2021), the Zenex Foundation says the core of its Covid-19 response strategy was learning more about its grantees and supporting

them. Like Tshikululu, it conducted a survey of project partners on the impact of the pandemic on their organisations and project implementation. The foundation adopted a three-pronged strategy to mitigate the impact of Covid-19 on education: 1) working in schools to support curriculum recovery and bolster government-driven programmes; 2) supporting learning at home, based on the evidence that the home-school nexus is critical to supporting education in crisis contexts, and 3) promoting learning through advocacy and public education campaigns on Covid-19 safety, especially in school contexts.

The foundation also gathered evidence on the impact of the virus and how best to respond, including:

- The JET Research Bootcamp, #OpenUpYourThinking, to understand the pressures placed on the education system by the virus and identify possible solutions
- A household telephonic survey by Social Surveys to understand the pressures on parents and their capacity to assist their children at home
- Tracking social media sentiments, which showed that #schooling (#schoolsreopening) trended second to #Covid19 across all social media.

To better understand the changing education landscape, the Foundation 'focused on collaborating and developing a coordinated response to the pandemic. To this end, [it] funded a series of engagements to promote collaboration through ... IPASA'.

THE DG MURRAY TRUST

On its website (DGMT, 2021a), the DG Murray Trust says it wanted to support those who are excluded from mainstream efforts to mitigate the pandemic and its impacts. To this end, the Trust acted as a fund manager and strategic implementer for a range of jointly funded initiatives. By allocating its own funds and project management capacity to these joint

efforts, the Trust extended its impact and reach. These partnerships included:

- Procuring and distributing PPE for community care workers (Box 8.2).
- The Masked Heroes campaign, which mobilised mental health and counselling support, food relief, and a broader network of support through 250 local NGOs.⁷
- Launching (in collaboration with the Innovation Edge) for six months, a daily, multilingual radio show on 15 SABC radio stations on critical issues related to Covid and the lockdown (Box 8.1).⁸
- Establishing a digital food voucher system through the Flash and Kazang networks, to provide urgent relief to pregnant women and vulnerable communities (Box 8.4).

The Trust also provided emergency relief grants to partners in financial distress and allowed flexibility in the use of existing funds to help organisations adapt their work during the crisis.

THE MICHAEL AND SUSAN DELL FOUNDATION

Dr Thashlin Govender, the Dell Program Director for South Africa, shares that they 'leaned in' on their existing grantees to understand the impact of Covid on them and provided grants to support the grantees and their beneficiaries through the hard lockdown (Govender, 2021). They also supported immediate emergency response efforts, something they typically would not do. The Foundation's Covid-related grants in South Africa fall into three broad areas: health; education; livelihoods and small businesses. In total the Foundation has invested US\$10 047 404 (R148 268 033) in Covid-related grants in South Africa since the start of the pandemic, including R20 million to the Medical Research Council to help vaccinate patient-facing healthcare workers against Covid-19 before the 2021 winter flu season. They also provided grants to universities to support National Student Financial Aid Scheme students and to expand virtual academic and student support services.

THE INDEPENDENT PHILANTHROPY ASSOCIATION OF SOUTH AFRICA

Louise Driver, IPASA Executive Director, wrote about IPASA's work during the pandemic in a newsletter (Driver, 2020):

The sudden onset of Covid-19, with its devastating, immediate impact on South Africa, thrust all key role players in the philanthropy sector into a quandary that required a rapid response. Funders were called on more than ever before to try and address the myriad issues caused by the impact of the pandemic. IPASA was ideally placed at this time to play an important convening role by getting not only our foundation members together, but also other funders and key role players in the philanthropy sector, to discuss how to address these huge issues.

Driver further said IPASA saw itself as a hub to connect funders, non-profit organisations, philanthropy support, advisory organisations, and relevant government representatives in planning its Covid-19 response efforts. It also developed a set of best practice guidelines for funders during the pandemic. These had initially been developed for its members but were later shared more generally.

THE ELMA FOUNDATION

The ELMA Group of Foundations (2021) works globally across a range of issues, largely related to health, education, and social justice. ELMA made a significant investment in South Africa, and Africa in general, to respond to the pandemic. Robyn Calder Harawi, executive director of its services arm, ELMA Philanthropies, said she has come to see ELMA's work over the past 15 years as 'gearing ourselves up to respond to the biggest crisis of our lifetime'. Rising to the challenge, in

May 2020 the ELMA Group of Foundations pledged R2 billion, or roughly US\$137 million, to fight Covid-19 in Africa. In South Africa ELMA donated R250 million to the Solidarity Fund. Bernadette Moffat, the executive director of the ELMA Philanthropies Services in Africa, says they wanted to participate in the national solidarity movement, although it is rare for ELMA to contribute to funds it does not control.

Like other funders, ELMA loosened funding restrictions for active grants and waived certain outcome expectations to allow some funding to be channelled towards the Covid-19 response. In many cases it also provided supplementary funding. For example, 40 of its community-based partners each received R200 000 twice in 2020, once at the beginning of the epidemic around March and again towards the end of the year as South Africa faced the second wave of infections. Such funding was often used for PPE, which was critical to the continued functioning of these organisations.

ELMA encouraged grantees to support national efforts to respond to the pandemic. For example, it supported the healthcare workers and nurses of six of its health-focused grantees, forming part of a large paediatric HIV programme, in assisting government's Covid testing efforts. ELMA also supported vulnerable groups that were unlikely to be reached by government and other funders:

- It funded four organisations in South Africa that provided humanitarian support to refugees and migrant communities.
- Given the devastating violence against women and children during the lockdown, ELMA provided a grant to the National Shelter Movement of South Africa, which supports 59 shelters around the country. It also funded three Thuthuzela Centres, which assist women seeking help following threats or actual physical or sexual assault.

⁷Funded by the ELMA Foundation and the Solidarity Fund.

⁸Funded by the ELMA Foundation, the Solidarity Fund, the Millennium Trust, and the Zenex Foundation, and broadcast in partnership with the Department of Health and the SABC.

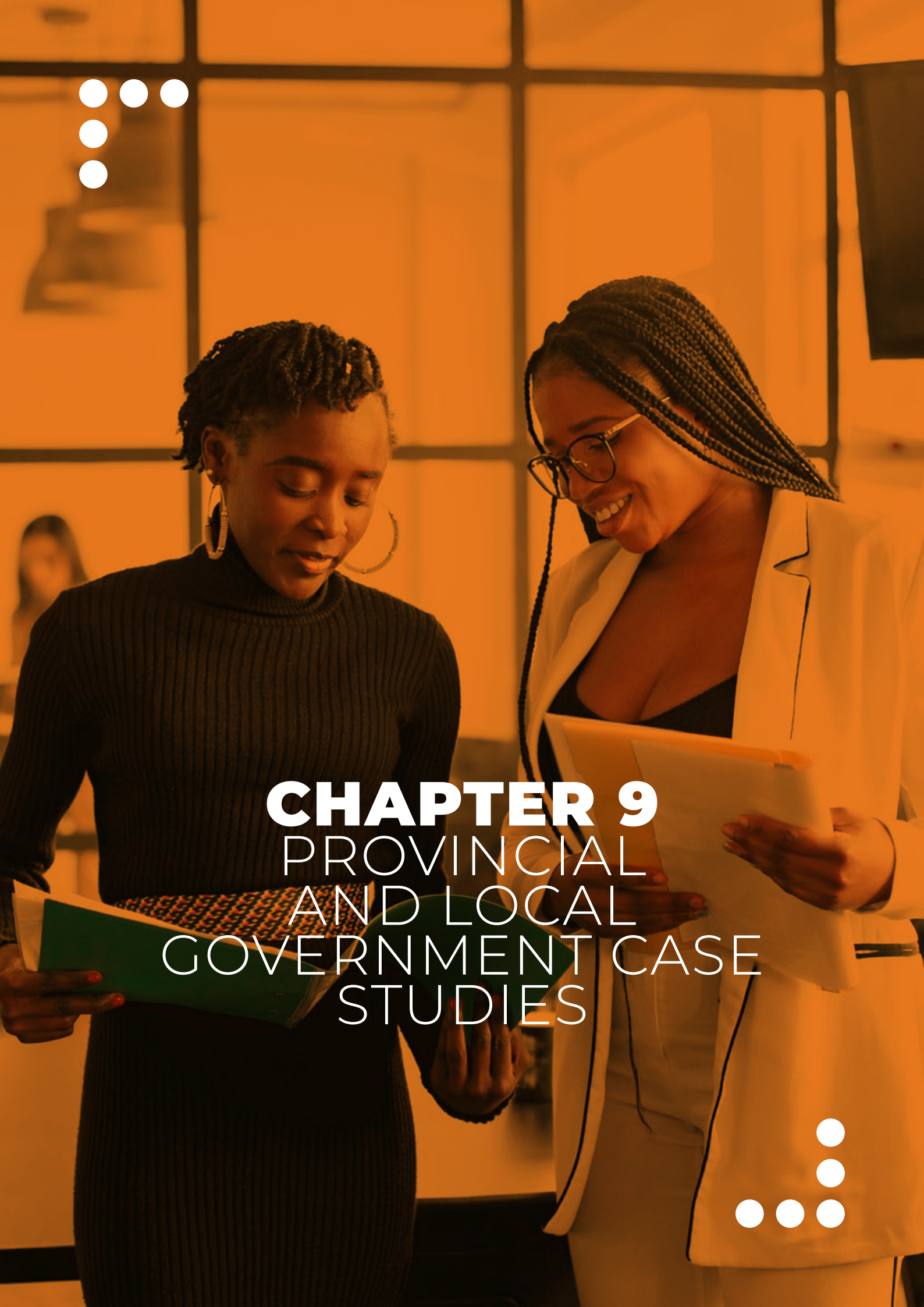
- Via NGO partners, ELMA provided PPE to address the needs of 38 prisons across South Africa.
- Working with local NGO, SweepSouth, and with the Michael and Susan Dell Foundation, ELMA provided stipends for domestic workers in the Western Cape who lost their jobs in the pandemic.

ELMA also made investments to help prevent and manage the epidemic in South Africa:

- With the Michael and Susan Dell Foundation, ELMA helped the South African Medical Research Council acquire additional equipment to automate the RNA sorting involved in Covid testing. Four national lab sites obtained these imported machines – in Limpopo and the Eastern Cape – to speed up testing significantly.
- Earlier on, ELMA funded a large-scale research trial of the South African National Blood Service, focusing on the efficacy of blood plasma therapy as a treatment for Covid-19 infection. The trial was halted when it became clear that the therapy was not effective against the new South African strain. However, all the plasma samples with Covid-19 antibodies were donated to international research studies, thus contributing to the critical work of developing Covid-19 vaccines.
- MomConnect, an initiative of the Department of Health, aims to support maternal health through the use of cell phone-based technologies integrated into maternal and child health services. The services are free to the user, and messages are available in all 11 official languages. ELMA funded the Praekelt Foundation to enable messaging on Covid-19 prevention and treatment; this is being expanded to include information on vaccination.

- The Clinton Health Access Initiative has supported South Africa since 2003 to improve access to antiretroviral treatment for HIV. In 2020 ELMA funded this group to provide technical support to the Western Cape Government, specifically to plan provincial and district Covid-19 responses.
- Grants were made to fund normal services in 75 low-cost, private Unjani clinics in township areas around the country, and to the Health Systems Trust and ANOVA to help the Department of Health restart the immunisation programme for children after the hard lockdowns.
- With the DG Murray Trust, the Allan Gray Orbis Endowment, and the Tutuwa Foundation, ELMA supported a food voucher programme for the hard-hit ECD sector and helped providers prepare to open their sites safely.

Lastly, ELMA is one of five private funders supporting the national vaccine roll-out effort. It has funded additional analysts to boost the monitoring and analytical capacity of the South African Health Products Regulatory Authority, which regulates Covid-19 vaccines. It is providing funding to the South African Medical Research Council to support the phase one roll-out of the vaccination programme and to the DG Murray Trust to provide technical support to the Department of Health in preparation for the next two phases of the roll-out.



CHAPTER 9

PROVINCIAL AND LOCAL GOVERNMENT CASE STUDIES



CHAPTER 9: PROVINCIAL AND LOCAL GOVERNMENT CASE STUDIES



ABSTRACT

This chapter presents case studies of provincial responses to and experiences during the Covid-19 pandemic. These case studies are examined and consolidated to highlight both the strengths and the weaknesses of the provincial responses. It argues that the interventions adopted by provinces represent the litmus test of how the country is succeeding against

the pandemic. The unprecedented nature of Covid-19 notwithstanding, this chapter considers the responses of provinces against the backdrop of adapting existing methods of governance and strategies to plan appropriate interventions. It also considers some of these interventions and discusses their attempts to address both the challenges of growing inequality and the threats posed by Covid-19.

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ABBREVIATIONS AND ACRONYMS

4IR	fourth industrial revolution	ProvJoints	Provincial Joint Operational and Intelligence Structures
CoGTA	Department of Cooperative Governance and Traditional Affairs	SALGA	South African Local Government Association
DATCOV	daily hospital surveillance	SASSA	South African Social Security Agency
DPME	Department of Planning, Monitoring and Evaluation	SMME	small, medium or microenterprise
MEC	Member of the Executive Council	Wesgro	Western Cape Tourism, Trade and Investment Promotion Agency
PPE	personal protective equipment		

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● INTRODUCTION

When the World Health Organization declared Covid-19 a global pandemic in March 2020, President Ramaphosa and his government quickly recognised the gravity of the situation and decided to prioritise health interventions to save lives. With the entire country in crisis mode, government had to provide leadership, management and coordination to control the spread of the virus. Once the decision to prioritise health and social welfare had been made, the three spheres of government worked together to implement and coordinate these efforts. Provincial governments, as one of the most important cogs in service delivery, were crucial to transforming national strategies into actions.

The pandemic is unprecedented, but the socio-economic disruptions it wrought exacerbated existing social and economic problems. Efforts to mitigate the effects of the pandemic also had to consider the country's triple challenges of poverty, inequality and unemployment. These challenges are discussed in more detail elsewhere in the report, especially [Chapter 5.1](#) on health, [Chapter 5.3](#) on vulnerable people, and [Chapter 6.1](#) on the economy.

Thus, provinces not only had to implement measures to stem the spread of Covid-19 but also had to ensure that such measures were people-centred. How did they do this? What measures did they put in place, and how were these implemented? What lessons can be learnt from these initiatives?

This chapter examines the measures implemented by provinces, based on the data they submitted to the Department of Planning, Monitoring and Evaluation (DPME). The details of the research process, design and methodology, along with the theoretical framework, are provided in the annexes. The rest of the chapter starts by considering the main socio-economic dimensions of

provincial responses, in terms of access to healthcare, food security, homelessness, and access to education. It then looks in more detail at issues of institutional capacity at provincial level, examining both strengths and weaknesses. This is followed by a discussion of intergovernmental relations and relations with non-state actors. Resource utilisation, communication, and institutional culture are also considered, and the chapter concludes with final reflections.

ACCESS TO HEALTHCARE

Healthcare facilities are designed to meet ordinary health needs during ordinary times. Covid-19 was anything but ordinary, and its rapid spread put healthcare systems under strain ([Chapter 5.1](#)). This required the provinces to improvise quickly.

A first concern was **screening people and tracking** people who had been in contact with Covid-19 cases. The **Free State** emphasised targeted screening and testing of people in hotspot areas. In the first phase, it tested human remains in mortuaries; when a positive test was returned, it tracked and tested people who had been in contact with the deceased person. Screening also focused on suspected Covid-19 cases and high-risk individuals. Screening and tracking were also a significant part of the health response in Gauteng, the Eastern Cape, the Northern Cape, KwaZulu-Natal, and Mpumalanga.

A second issue was the **availability of beds, equipment, and medical personnel**. All high-density areas needed more beds, both overall and in intensive care units. Likewise, the public healthcare sector in all provinces needed additional equipment, such as ventilators and oxygen. To this end, the provinces complemented their national budget allocations with funds from their own fiscus to increase the number of beds available for specialised care.

In the **Eastern Cape**, a 24-hour call centre was established, and the provincial government erected a field hospital in the Nelson Mandela Bay Municipality stadium. It also negotiated with Volkswagen of South Africa Ltd and the Department of Health to obtain additional beds and medical equipment.

KwaZulu-Natal adopted a triage method, dividing patients who tested positive into three categories to avoid overwhelming hospitals. Although the province had about 5000 available beds in public and private health facilities, the triage analysis pointed to the need for more beds. The province set up field hospitals at hotspot areas like Clairwood Hospital (Durban), the General Justice Gizenga Mpanza General Hospital (Stanger), and the Ngwelezana Hospital (Empangeni). The Royal Show Grounds in Pietermaritzburg were also prepared to respond to any spike in the number of cases.

Mpumalanga emphasised the importance of personnel and equipment. It identified the need for additional beds, mobile testing units, and personal protective equipment (PPE). It also considered setting aside land for burials. Other measures included strengthening the disaster preparedness plans of healthcare facilities, revitalising the Provincial Health Operations Centre, and implementing a contact tracking and tracing strategy.

The **Northern Cape** prepared quarantine sites across the province. Where more beds were needed, the provincial government liaised with local municipalities, who in turn negotiated with the Department of Environment and Nature to use holiday resorts for quarantine purposes. Other facilities were obtained from the Department of Arts and Culture, and private healthcare facilities and mines provided beds for patients in need of intensive care.

The **Western Cape** used a hotspot strategy to determine its health needs and responses. Each head of department was tasked with planning and implementing interventions

to achieve behavioural change and slow down the spread of the virus. It identified 41 quarantine and isolation spaces in both public and private healthcare facilities and worked with other stakeholders to identify and prepare facilities. Field hospitals were established. The Uniti management information system provided disaggregated data at facility level in real time, so that available rooms and beds could be tracked (see the discussion on digital innovation from [p. 683](#)). The provincial departments of Health and Transport and Public Works collaborated to manage and secure these facilities.

In the **Gauteng City Region**, measures included training contact tracers, identifying major hospitals (e.g., Steve Biko Academic Hospital, Charlotte Maxeke Johannesburg Academic Hospital, and Tembisa Provincial Tertiary Hospital) to deal with confirmed cases, and erecting field hospitals in Nasrec and at the Telkom and Transnet sites. Another main aim was to describe the health status and health system in the region and document its response to the pandemic in order to inform decision-making.

Limpopo focused on Covid-19 awareness and compliance with basic hygiene protocols. With almost 85% of the province being rural, mitigating Covid-19 required both infrastructure and communication. The province adopted a combination strategy – using all modes of communication to create awareness of Covid-19 and its health protocols; and using every infrastructural possibility to ensure that basic needs (e.g., access to water and food) are met. It also prepared health facilities to cope with Covid-19 cases on top of meeting the ordinary health needs of its people.

FOOD SECURITY

The pandemic exacerbated concerns around food security, as discussed in [Chapter 6.2](#) on agriculture and the food supply chain and [Chapter 5.3](#) on vulnerable people. Government provided urgent relief

- through, for example, food parcels. This was
- often supplemented by local emergency
- assistance from non-governmental and faith-based organisations, the private sector, and philanthropic initiatives.

The success of measures to reduce the impact of Covid-19 depended in part on people's health status. Food security measures could not ignore the importance of nutritional value. Food not only had to stave off hunger but also had to strengthen people's bodies, especially against the backdrop of a loss of income and livelihoods (Box 9.1), growing inequality, and the disruption of food supply

chains. For the provinces, the quality of food was as important as the quantity. Gauteng and the Northern Cape reviewed the contents of their food parcels, as these did not meet food quality standards. Various provinces encountered problems around school feeding, and all agreed that the abrupt halting of the school feeding programme had been counterproductive. The closure of soup kitchens also had to be rethought, as many people relied on this source of support. The interventions of the different provinces to ensure food security are discussed in more detail below.

Box 9.1: The economy, unemployment, and social security

Unemployment and poverty are serious, structural problems in South Africa. Government measures to help unemployed and poor people deal with the impact of the pandemic and the lockdown are discussed in [Chapter 5.3](#) on vulnerable people and [Chapter 6.1](#) on the economy. One concern around national government support was that only South African citizens with valid identity documents could benefit from the Department of Social Development's relief measures. This affected not only undocumented foreign nationals, but also local people who did not have the necessary documentation (see [Chapters 5.3](#) and [5.4](#) on issues affecting both documented and undocumented migrants).

Although **Gauteng** is the wealthiest province and the economic hub of the country, it is home to many poor and vulnerable people. In Gauteng alone, more than a million adults accessed the Covid-19 social relief of distress grant of R350. In contrast, the **Eastern and Northern Cape** are among South Africa's poorer provinces. Before the pandemic, their economic plans had been aimed at increasing investment and job creation; however, many people lost their livelihoods in the lockdown, thus increasing the need for government support. In **KwaZulu-Natal**, the main economic interventions were relief schemes for businesses and employees (including in the agricultural sector) and ensuring business compliance with Covid-19 and Occupational Health and Safety regulations.

WESTERN CAPE

From the start of the pandemic, food security constituted a major part the Western Cape intervention strategy. A swift response was required, and a strong partnership was created between government, civil society, and the private sector around humanitarian efforts to ensure that vulnerable people had access to adequate food. The Western Cape Education Department continued to distribute food

through its feeding schemes and did not restrict non-learners from receiving meals.

Over time, the focus of the interventions shifted from immediate, short-term food relief (i.e., food parcels and vouchers) to more systemic, long-term ways of improving food security (e.g., sustainable food gardens). The Western Cape Department of Agriculture supported community gardens, which in turn supported soup kitchens in vulnerable

areas. The province also established a Humanitarian Dashboard to track real-time data on the distribution of food relief, including parcels, soup kitchens, vouchers, and meals distributed through the school feeding scheme. Call centre helplines were also used to ensure access to local and current logistical data. A Food Relief Forum involving both government and non-governmental organisations was established to bring together different stakeholders in food procurement and distribution. Despite these efforts, the Western Cape Government noted that improvements could be made in the way it integrated with locally based structures, community organisations, and other private entities (see the discussion on collaboration with non-state actors, starting on [p. 676](#)).

EASTERN CAPE

Each district municipality in the Eastern Cape was asked to devise mechanisms to reduce the spread of Covid-19 and respond to the humanitarian needs of vulnerable and poor households. Apart from the South African Social Security Agency (SASSA) and the Department of Social Development, other channels mobilised included the private sector, faith-based communities, and individuals. Initiatives on social media also enhanced efforts to ensure food access. Districts such as Joe Gqabi attempted to run food banks; however, this could not be sustained as food donations were inconsistent. Apart from its food security needs, the Eastern Cape also had to deal with chronic water shortages, especially in Nelson Mandela Bay Municipality.

NORTHERN CAPE

The Northern Cape made extensive provision for the food security of its poorest and most vulnerable people. Even before the lockdown, many people depended on meals from soup kitchens; their closure during lockdown made the situation more desperate. To ensure a

cohesive and integrated response to food delivery, a multidisciplinary rapid response team was created, comprising the different municipalities, non-governmental and faith-based organisations, the private sector, SASSA, and the departments of Education and Social Development. This team integrated efforts across the province by identifying and coordinating support to households in need. This consolidated response helped channel resources where they were most needed, reduced duplication of services, and improved accountability.

GAUTENG

Of the more than 20 million food-insecure people in South Africa, according to FoodFowardSA (2020), about 3 million lived in the Gauteng region. This number is estimated to have doubled since the start of the lockdown.

Gauteng prepared a case study on various aspects of food and human security, which highlighted the need to strengthen processes to meet the food needs of poor and vulnerable people. The Gauteng City Region recognised:

- The importance of building on existing frameworks to enhance food delivery
- The need to map both the different actors in the food parcel roll-out programmes and the recipients of the parcels
- The merits of identifying the strengths and weaknesses in the current programmes and using this information to enhance service delivery and improve the future management of food security.

At the start of the pandemic, the aim was to minimise social contact. This meant a focus on food parcels, while soup kitchens and school feeding programmes were halted. Gauteng already had food banks in its six districts, each with the resources (e.g., transportation and officials) to assure food delivery. A hotline previously used to lodge complaints was repurposed to deal with food requests. So many people used the

- line that the call centre had to increase its
- capacity and work around the clock ([p. 683](#)).
- The province entered into agreements with a range of service providers; it subsequently stated that the food relief programmes could not have succeeded without such donations. The public, non-governmental and non-profit organisations, farmers, and the private sector all contributed to or helped distribute food parcels in various districts.

MPUMALANGA

Mpumalanga asked the different provincial departments to work together to respond to Covid-19. Food security was a top priority. The departments of Agriculture and Social Development collaborated to provide food parcels. Social Development collected logistical data on the quantity and quality of food needed; it shared this data with Agriculture, which sourced and paid for fresh food. Two agri-hubs were used for fresh food; this helped the province plan and distribute the food parcels.

KWAZULU-NATAL

Even before the pandemic, KwaZulu-Natal strengthened the alignment between humanitarian support and national social protection systems by sourcing information from the housing subsidy system and the quarterly performance and annual reports of the Department of Human Settlements, the National School Nutrition Programme dataset, and Web District Information System. To support vulnerable people during the lockdown, it provided vouchers, food parcels, and supplements. Targets that were met included increasing household access to food parcels and vouchers, supplying food to poor and vulnerable people through government interventions, and reducing malnutrition among children. One target that was not met was households accessing feeding programmes through the Department of Social Development. The

rural nature and vastness of the province meant that the delivery of food parcels to individual households proved ineffective in some areas; threats and crime also affected service delivery. A target that needed specific attention was feeding children. The province also provided psychosocial support, including for victims of crime and violence; responded to gender-based violence; and provided shelter to abused persons (see also [Chapter 5.4](#) for more detail on gender-based violence during the pandemic).

FREE STATE

The Free State focused on food, water, and social security. It established a Solidarity Fund, which allowed it to use existing public and private institutions and initiatives to prepare and distribute food parcels across the province. The Department of Social Development already had working relations with non-profit organisations, which helped in the procurement and distribution of food. Community structures were also used to distribute food. Some of the problems the province encountered include crowding at distribution centres; double-dipping (where recipients appeared on more than one list); and the lengthy bureaucratic requirements attached to food distribution, which resulted in perishable food rotting. Members of the Executive Council (MECs) and other senior executives were asked to help distribute food to reinforce the importance of such initiatives in combating Covid-19.

With the support of the national sphere, the Free State provided food support and production inputs to commercial and small farmers and households. It asked farmers to register digitally for government support ([p. 682](#)). This initiative attracted a good response, possibly because of the financial benefits, and resulted in a comprehensive database of farmers. The province also roped in 120 unemployed graduates to help verify smallholder and producer registrations for the relief packages.

LIMPOPO

Given concerns around access to water and the importance of the Covid-19 hygiene protocols, the province focused on getting water to people. It provided water, soap, sanitisers, and masks to almost 85% of its population in rural areas. It also offered psychosocial support to affected communities and bereaved families.

HOMELESSNESS AND OVERCROWDING

When President Ramaphosa announced the lockdown in March 2020, he stated that temporary shelters had to be identified to accommodate homeless people for at least 21 days. South Africa does not have a dedicated homelessness policy and, therefore, no assigned national or provincial budget to deal with homelessness. Before the lockdown, homeless people had access to soup kitchens provided by community-, faith-based and non-governmental organisations. These were forced to close, and homeless people had to be taken off the streets. Provincial and municipal governments scrambled to put the president's announcement into effect and provide temporary shelter.

Eleven temporary shelters were provided in the **Northern Cape; KwaZulu-Natal** also provided shelters. The **Western Cape** government partnered with existing shelter networks to identify vacant lots for erecting shelters. In **Gauteng**, the Cities of Tshwane and Johannesburg erected temporary shelters. In Tshwane, for example, the Tshwane Homeless Forum, non-governmental organisations and researchers from the University of Pretoria erected about 20 shelters in 10 days. Their innovative infrastructure designs and quick protocols provided training for shelter management, and the sharing of resources avoided unnecessary competition. In the **Free State**, the Department of Social Development drafted an action plan to ensure that residents continued to receive social development

services, and psychosocial services were provided for vulnerable people (Box 9.2). Shelters for homeless people were managed from the Mangaung Metro, the Fezile Dabi District, the Lejweleputswa District, and the Thabo Mofutsanyana District municipalities. Various stakeholders assisted the department with the shelters, including SASSA, the Red Cross, the National Development Agency, civil society, and business.

Box 9.2: Free State Department of Social Development: Covid-19 Action Plan

The Department of Social Development's Action Plan addressed the following:

- Psychosocial support to infected and affected persons and their families.
- Integration and reunification of persons who have been isolated or placed under quarantine, to prevent stigmatisation.
- Business continuity for the department.

Other measures to assist vulnerable people included:

- Activation of shelters for homeless people.
- Food distribution to vulnerable people.
- Provision of meals to homeless people at shelters.
- HIV/AIDS programmes and prevention and care programmes at the shelters.
- Daily activities and skills development programmes at the shelters.
- Reunification programme for homeless people.
- Provision of psychosocial support services to families.
- Provision of PPE to beneficiaries in residential facilities.

In many cases, however, the quality of provincial shelters was questionable; some were so crowded that they contravened Covid-19 health protocols. Other complications related to the provision of food to people of all ages (including babies and children), ablution facilities, and recreational activities for all the people confined in these small areas. Facilities also had to provide gender-separated spaces, spaces for families, and care

- for elderly people. From a health and personal
- well-being perspective, psychosocial services
- were needed, as was access to screening. Also, inadequate statistics on homelessness allowed some double-dipping by beneficiaries, who received grants and/or food parcels from the municipality, the Department of Social Development, and in some provinces, the mines. Covid-19 underscored the fact that the provision of services to homeless people requires a concerted, intersectoral effort and a policy framework that deals with issues of homelessness in a holistic way.

EDUCATION INEQUALITIES

Even before the lockdown, the South African system of education was already failing many young people, as discussed in [Chapter 5.2](#) on education. During the lockdown, education institutions had to close and move to online learning and teaching to complete the academic year. From a provincial perspective, school closures should be seen against the backdrop of stark inequalities – in income, housing, resources, and infrastructure, for example. At home, many children had neither the required infrastructure for online learning nor adequate space to study. Few could rely on guidance from others, as parents often had little or no formal education. Many schools, especially in poorer, rural, or informal areas, lacked adequate infrastructure. At the start of the hard lockdown, for example, 747 schools in **Gauteng** did not have adequate toilet facilities and had only limited access to running water.

During the lockdown, many schools were vandalised and had to be repaired before learners could return to class:

- In the **Northern Cape**, 72 schools were burgled and vandalised during the hard lockdown.
- In **Gauteng**, 15 schools in the Tshwane districts of Soshanguve and Nellmapius were burgled and vandalised. Some were even set alight, and the Gauteng Department of Education had to provide mobile classrooms to allow learners to complete the academic year.
- In **KwaZulu-Natal**, 12 schools were so badly vandalised that mobile classrooms had to be provided. The province also had to repair 467 vandalised schools; it met this target by the second quarter. It also cleaned and disinfected schools before the learners returned.
- In the **Free State**, 72 schools were vandalised, and the Department of Education appointed contractors in May and June 2020 to repair them. Of these schools, 24 were in the Lejweleputswa District. The department underlined the need to develop quality learning and teaching campaigns and to mobilise communities to protect schools after hours or when they are closed.

INSTITUTIONAL CAPACITY

Covid-19 changed people's lives not only from a health perspective but also with the lockdown and the closure of schools, workplaces, and borders. Masking, physical distancing, and self-isolation have become part of people's vocabulary. For this to happen, government had to implement a 'whole-of-society' response – all of society had to be prepared, and government had to use all its institutions to limit the effects of the pandemic. As in every other country, this was the first time that government had to mobilise all its resources, provide leadership, align the entire public service, and respond to people's needs with such urgency. How this was achieved and how it reflects the institutional capacities that framed the provincial responses are considered below.

INSTITUTIONAL STRENGTHS

STRATEGISING AND PLANNING

From an institutional perspective, the various provinces had different strengths that helped mitigate the spread of the pandemic.

The **Gauteng City Region's** capacity to strategise and plan allowed it to develop a comprehensive strategic response that addressed the dual challenges of saving lives and livelihoods. The Economic Cluster was asked to prepare a plan that included supporting small, medium and microenterprises (SMMEs); transport and logistics; agriculture; manufacturing and the green economy; construction; trade, travel and tourism; and financial and business services. The cluster also introduced several new or modified themes in its disaster response. Once the impact of the pandemic on the economy was recognised, the implementation of existing plans (e.g., Growing Gauteng Together 2030) was brought forward to support the economy and kick-start recovery. The Gauteng Department of Education was one of the first provincial departments to produce a Covid-19 response plan that included a catch-up plan to help children continue with their curriculum.

The Gauteng Department of Agriculture and Rural Development assisted farmers who were affected by the decline in orders from shops and restaurants to obtain vouchers from national government to help them purchase seed and fertiliser. Waste-pickers were given masks, gloves, and tongs to help them collect waste safely. The department implemented a food security programme to support households, communities, and schools. It also developed a post-pandemic strategy that included the possible employment of agriculture graduates to be deployed on farms for experiential training and to link agro-entrepreneurs to markets. In the long run, the plan is to implement a commercialisation programme to support farmers with production inputs,

infrastructure, agro-logistics, and access to markets. Such initiatives demonstrate a capacity to use the crisis to address existing systemic problems and inform future planning.

The Free State Department of Health established a departmental Covid-19 command team, comprising three streams: management (overseeing the continuity of general health services), clinical (Covid-19 clinical coordination), and stakeholder management (mobilising multiple stakeholders). This structure was replicated in the districts, which also appointed screening and contact tracing teams. These teams met regularly to monitor responses and plan accordingly. Attendance at these meetings was mandatory for all members; this helped the department respond rapidly to changing conditions.

The **Free State** Department of Education created catch-up programmes to help learners who lost over six weeks of education early in the pandemic. School calendars were revisited, curricula amended, and support materials developed. Education advisors were trained to cascade this information down to teachers. The Class of 2020 was also supported through the distribution of revision materials for several subjects, the distribution of DVDs and YouTube videos with learning material, and continued support on WhatsApp. Lesedi Radio also broadcast lessons from Monday to Thursday every week.

The **Mpumalanga** Department of Health developed a business case and response strategy based on guidelines provided by the national Department of Health to access national funds. It developed and costed a comprehensive Covid-19 progression model, which sought to estimate the capacity of the health system in terms of human resources, intensive care beds, laboratory tests, logistics, PPE, and the like. The department also developed a detailed Covid-19 strategy, as per Box 9.3.

Box 9.3: Mpumalanga Department of Health: Covid-19 strategy

The Covid-19 strategy of the Mpumalanga Department of Health comprised three components:

- The **primary prevention (pre-surge) pillar** focused on promoting health and behavioural changes among communities to contain the spread of the virus through the integrated coordination of government activities and to ensure that the department coordinated its activities with those of the Department of Cooperative Governance and Traditional Affairs.
- The **secondary intervention (peak surge) pillar** outlined how the province was to manage both positive and suspected positive cases during the anticipated surge in infections.
- The **post-Covid-19 aftermath (post-surge) pillar** emphasised the dignified management of the remains of people who succumbed to the virus.

During the Covid-19 surge in Mpumalanga, hospitals were full, and some patients died at home. The province trained funeral undertakers in taking Covid-19 samples from the human remains. This initiative faced some challenges, including a shortage of PPE for the funeral industry to take the samples. Also, undertakers did not always report Covid-19 deaths. These challenges have since been resolved. The province prioritised proper reporting of Covid-19 deaths by health facilities, Home Affairs, and funeral undertakers to enhance monitoring.

The Office of the Premier in **Limpopo** set up a task team comprising government departments and higher education institutions to respond to Covid-19. Following a thematic approach, the team identified health, social, governance, and economics as drivers to develop their strategies. The province invested in medical equipment (e.g., ventilators and high-flow nasal oxygen units) and reallocated equipment from small district hospitals to larger ones. The number of permanent and contractual medical staff was also increased. Additional beds and quarantine sites were organised at lodges, hotels, and camping sites. To ease congestion at health facilities, people with stable conditions (e.g., who could collect repeat scripts) were separated from those with unstable conditions who needed medical assistance. Limpopo also addressed the dire shortage of potable water and other sanitation-related issues in communities and in schools. It designed a psychosocial support plan to help the public learn about the virus. From a leadership perspective, senior officials in Limpopo understood the need to enhance the credibility of the Covid-19 response through personal appearances at communal sites and via the media.

The **Northern Cape** developed a provincial action plan early on, which set out detailed

actions and responsibilities and required departments to submit detailed plans of their mitigation measures. To develop these plans, the departments needed to work beyond the parameters of their mandates. This extraordinary measure stretched the system to such an extent that the resultant procurement potentially violated the provisions of the Public and Municipal Finance Management Acts. The implementation of these plans was coordinated via weekly meetings by the provincial and district joint operations structures, and critical matters were escalated to the Provincial Command Centre.

In May 2020, the **Western Cape** adopted a whole-of-government 'hotspots' strategy to respond to the pandemic. The strategy, spearheaded by the provincial departments of Local Government and Health, sought to coordinate the work of the three spheres of government, civil society and civic structures, and the private sector. Coordination was based on the nine amalgamated health districts in the province. Multisectoral hotspot teams were established for coordination in each area. To ensure rapid decision-making and coordination between departments, the teams met regularly (initially every two weeks) and shared real-time data across seven transversal themes: case management, quarantine and isolation, civil compliance,

slowing the spread, humanitarian relief and food security, economic recovery, and communication. These themes and their corresponding interventions were designed to provide a holistic response to the risks facing each area and to protect the most vulnerable people. The hotspot strategy built on the Joint District and Metro Approach – a coordination approach already implemented before 2020. Given the significant benefits derived from this coordination strategy, the same structure was adopted to coordinate implementation of the recovery plan.

The **Eastern Cape** developed the Ward-Based Rapid Response Plan, an evidence-based plan that identified 100 hotspot wards. It relied on ward-based response teams, comprising technical teams from the Department of Health, district- and metro-based teams coordinated through the provincial Department of Cooperative Governance and Traditional Affairs (CoGTA), and civil society, including the faith-based sector. In consultation with the Ministerial Advisory Panel, the province developed a Resurgence Management Plan in response to the second wave of the pandemic, mainly for the Nelson Mandela Metro and the Sarah Baartman District Municipality. Different districts developed their own resurgence plans. For example, Sarah Baartman developed a plan in collaboration with its local municipalities; it also adapted a festive season plan from other plans. This plan was anchored at the district joint operations centre level, and local reporting and escalation were managed with support from law enforcement agencies.

KwaZulu-Natal's Covid-19 implementation plan aimed to ensure compliance with national regulations, support and complement national and local efforts, and identify provincial-level projects and interventions. The social and health components of the plan were aligned with the Covid-19 Response Strategy developed by the provincial Department of Health. The strategy considered the amplification of human-to-human transmission in specific settings,

such as healthcare facilities, in families, and in communities who had direct contact with affected individuals. It emphasised education and awareness as part of health promotion and aimed to create enabling environments for people to adopt preventive behaviours, including through the rapid identification and close monitoring of the contacts of affected persons. Other components of the implementation plan covered social and justice aspects, justice and security, economic recovery, and governance.

LEADERSHIP

Leadership, a vital component of institutional strength, shapes institutional responses, behaviour, and performance. The **Gauteng City Region** benefited from strong and decisive leadership that recognised the gravity of the crisis from the outset. The leadership acknowledged that Covid-19 was not simply a health emergency but rather one that required a whole-of-society response. To this end, the province adapted its modes of governance to enhance vertical and horizontal cooperation. The premier and the director-general demonstrated decisive leadership by establishing alternative structures of governance to drive the Covid-19 response. Such decisive leadership encouraged a culture of reflection and adaptation. The province called for cooperation between different levels of expertise, different hierarchies, and different institutions. This brought together a critical mass of people and institutions that shared the same aim. The leadership also did not shy away from consequence management, as demonstrated by the rapid response to food distribution and PPE procurement challenges. The crisis around PPE procurement was swiftly handed over to the Special Investigative Unit (see the discussion on institutional culture from [p. 684](#)). This was a significant achievement for the province and resulted in the departure of several top figures at the Department of Health.

The **Western Cape** relied on the collective leadership of heads of departments and

- senior leaders from municipalities and other
- state entities, with the former chairing the
- different hotspot teams. The involvement of senior leaders to coordinate responses facilitated prompt decision-making. That said, the quality of leadership varied across the different hotspots. Ineffective leadership was cited as a central challenge to the success of individual hotspots.

Local coordination committees in the **Eastern Cape** achieved varying levels of success, depending on the quality of leadership and reporting systems. The involvement of senior leadership was central to achieving their aims. In the Joe Gqabi District, for example, the mayor of Elundini Local Municipality chaired the sessions, was active in the District Command Council, and attended sessions of the Provincial Command Council. The Speaker of Senqu Local Municipality also chaired the sessions of its local coordination committee. In both instances, their involvement contributed to better sharing of information, which in turn supported joint problem solving.

The **Free State** used leadership structures to reinforce and generate commitment to the Covid-19 response. The presence of senior executives and other high-ranking officials at food distribution centres helped to highlight the seriousness of the pandemic.

In **Limpopo**, an integrated planning approach was used to facilitate a coherent response mechanism. Partners from different sectors were brought together to respond to Covid-19. The senior executive management accepted leadership roles to influence and guide residents in this regard.

KwaZulu-Natal had an active Provincial Command Council, led by the premier, that monitored progress in the implementation of its Covid-19 interventions. Four Executive Council clusters – Governance, Social, Economic, and Justice – helped coordinate support. The Technical and Political Clusters coordinated interventions and monitored and developed reports. The Provincial Command

Council met weekly to discuss progress in the implementation of Covid-19 cluster plans. Processes to improve vertical and horizontal coordination between the different spheres of government, civil society, business, and traditional leadership were frequently reviewed. The province also established District Command Councils to facilitate coordination, and individual departments set up arrangements in line with their mandates. The provincial Department of Education developed internal protocols and a communication strategy to share essential information. The head of department also established a committee to assist the department in managing the pandemic.

In **Mpumalanga**, political and administrative support helped improve multidisciplinary, multisectoral and intersectoral collaboration and smoothed coordination responses to the pandemic. The unity of direction enhanced multisectoral collaboration and appreciation of each other's responsibilities.

SYSTEMS

Different departments in **Gauteng** had systems in place to help them respond to the pandemic. The provincial Department of Social Development, as noted, had a good system of decentralised food banks in every district, each with its own resources, transportation, and officials. The Department of Agriculture, Land Reform and Rural Development's Covid-19 relief fund provided more than 3000 vouchers to smallholder farmers and cooperatives for inputs and emergency animal feed. This was in addition to the inputs and emergency animal feed provided through the Ilima/Letsema programme.

Mpumalanga also built on existing systems to respond to the pandemic. The premier communicated with peers from Mozambique and the Kingdom of eSwatini to ensure an integrated approach to managing cross-border cases and cases within the

province. The Department of Health used its communication systems to promote Covid-19 health protocols. Daily situational reports (which included the mapping of cases, recoveries, and deaths by gender and age) were published, as required under the Disaster Management Act; in this way, existing systems were used to monitor new and re-emerging hot spots using a three-tier system of alert, warning and control. The dashboard was reviewed three times a week and informed changes in the province's response. Additional staff were deployed to health systems at the border posts to deal with long queues (see [Chapter 6.4](#)).

The **Free State** Provincial Government advocated for a coordinated response to a range of social issues. It established a Solidarity Fund to purchase and distribute food parcels. Using its equitable share allocation, it developed a Food Relief Business Plan to provide food to vulnerable. At the time of reporting, over 70 000 food parcels (reaching over 350 000 individuals) had been distributed, mainly funded by contributions from the national Department of Social Development and the private and public sectors. The province collaborated with various non-governmental organisations (e.g., the Red Cross, METAD, ADRA, and Meals on Wheels) to procure and distribute the food parcels. Community Nutrition and Development Centres, which form part of the Department of Social Development's network, also assisted with the identification of beneficiaries and the distribution of food parcels to households.

In the **Northern Cape**, municipalities used their indigent registers to provide social relief to destitute people. These registers allowed the municipalities to gather data on people in need of social support and create distribution lists for food parcels.

The **Western Cape** Department of Health had dedicated resources and years of experience in setting up data and evidence infrastructure and systems throughout its health districts.

This capacity and the existing systems allowed it to produce health updates without much additional input. Reporting templates were designed, and all reporting was standardised. The Department of Health has access to the Single Patient View database, which allows it to generate daily and weekly reports with a geographic focus ([p. 682](#)). This information allowed hotspot teams to track the progression of the pandemic in their areas and tailor responses accordingly. The analysed and updated data shared through hotspot structures facilitated a coordinated, evidence-based response.

KwaZulu-Natal adopted a systemic, structured approach to its pandemic response. It strengthened existing systems and developed additional ones to improve implementation and monitoring. The systematic collection of data allowed real-time evaluations to be conducted. Nine interlinked systems (apps) were used to collate data. A Covid-19 performance management system was also established. The main challenges were the lack of resources to develop and maintain systems, and of synergies with national systems.

The **Eastern Cape** also used existing systems to facilitate reporting on Covid-19 and related issues (e.g., the need for social relief) through uniform reporting mechanisms. The Provincial Disaster Operations Centre provided uniform reporting templates for all stakeholders to ensure effective and efficient reporting. The templates covered the delivery areas of:

- Covid-19 patterns and trends
- Clinical response and psychosocial support
- Risk mitigation in high-risk areas
- Improved public awareness
- Institutional mechanisms and measures of government business continuity.

Limpopo also recognised the value of using existing systems to establish its collaborative response to Covid-19. It brought together different players (e.g., the Department of Water and Sanitation, Lepelle Northern

- Water, other water services, and the
- Department of Cooperative Governance,
- Human Settlement and Traditional Affairs) to provide water to communities. Similarly, it mobilised local tourism facilities to create additional bed space.

AGILITY AND EXPERIMENTATION

The unprecedented nature of the pandemic required provinces to adapt their systems and approaches to respond to health and social needs in new ways. They had to understand the limits of existing processes and tweak them to suit a novel situation.

In **Gauteng**, the staff in the Premier's Office recognised the importance of adapting existing systems. They played a significant role in addressing administrative and political bottlenecks and made sure to include the private sector as a major partner in responding to Covid-19. Gauteng City Region officials created communication channels between different entities and worked with national agencies to address regulatory barriers faced by township enterprises. In collaboration with the Gauteng Provincial Government, they drafted a Township Economic Development Bill, an undertaking that showed initiative, stability, and consistency.

The Gauteng Department of Education recognised that the reopening of schools demanded an unprecedented person-safety approach. It provided training to school management, teachers and some young people in basic protective measures:

- To ensure that everybody entering school premises could be screened, the department trained about 1800 Covid-19 youth brigade members to help with temperature screening once schools reopened under alert level 3.
- A cascade teacher training model was implemented to train teachers on the standard operating procedures for the reopening of schools. This meant training district officials and then principals, heads

of department and deputy principals, who in turn trained the teachers.

In **Mpumalanga** the national voucher system was adapted to support farmers by eliminating the need for middlemen. This enabled farmers to procure inputs directly, which reduced costs and helped maintain fresh food production.

To augment its screening and testing capacity, the **Northern Cape** established both a screening team (996 members) and a tracer team (538 members). The data provided by these teams helped inform the design of Covid-19 interventions. By 30 April 2020, the province had used community health workers and home-based caregivers to screen 488 375 persons, and 1266 tests had been conducted at both public and private healthcare facilities.

The **Western Cape's** hotspot strategy aimed to facilitate and streamline coordination and cooperation between the different entities in the provincial government. It focused on sharing information, collaborating, and having a simple, transparent, and manageable approach to the Covid-19 response. Stakeholders within and outside provincial structures could use their mandates to address transversal issues and strengthen intergovernmental collaboration. The hotspot strategy is seen to have facilitated the whole-of-government-approach later adopted as the provincial Covid-19 strategy.

The **Eastern Cape** used active reporting to assess the impact of Covid-19 in the different districts. This allowed it to review and adapt its approach; for example, it adjusted its ward-based response plans from alert level 3. District municipalities in the province each established a District Command Council chaired by the mayor or the executive mayor. Though they differed in detail, all combined political and traditional leadership structures (Box 9.4).

Though not explicitly presented as adapting current systems to respond to Covid-19,

Limpopo and the **Free State** established dedicated command centres. In Limpopo, the Provincial Command Centre in the Office of the Premier brought together key role players from government and the private sector, community-based, non-governmental and non-profit organisations, and community members. The Free State used a similar strategy of bringing together different stakeholders. As noted, it established a Solidarity Fund, tasked with the procurement and distribution of food parcels.

In **KwaZulu-Natal**, the provincial service delivery model, Operation Sukuma Sakhe, was used to facilitate Covid-19 monitoring and the fair allocation and delivery of services at ward level. Local and district task teams convened on a weekly basis. Provincial, district and local nerve centres were established, with representatives from provincial and local government, along with SASSA.

Box 9.4: Eastern Cape command council structures

Each district municipality in the Eastern Cape established a District Command Council chaired by the mayor or the executive mayor. The District Command Council was supported by the Joint Operations Committee, which brought together the local municipalities and the district regional directors from government departments. Both District Command Councils and the Joint Operations Committee experienced some resistance from committees; this led the Eastern Cape to adopt an agile, incident-type approach.

The Joint Operations Committee, for example, started with daily briefing meetings, where information was shared on the immediate responses to issues; this facilitated collective decisions on appropriate interventions. The frequency of meetings and their focus on action removed the need for certain administrative measures (e.g., minute taking and attendance registers) and suited the urgency of the task. A weekly report was submitted to the Provincial Command Council.

As mutual confidence developed between the stakeholders, the frequency of meetings was reduced to be in line with the that of the Provincial Command Council meetings. The responsiveness of the system can be seen from the fact that the number of meetings correlated with the levels of infection in the province. As case numbers dropped, the number of District Command Council meetings also fell, until it met only monthly. This reflects an incremental approach to the management of the pandemic.

INSTITUTIONAL WEAKNESSES

The unprecedented nature of the Covid-19 pandemic demanded a tailor-made response. National government adopted a flexible approach, and provinces followed suit by reviewing their structures and adapting them to fight the pandemic. Their experience of running their provinces and connecting with people helped them build tailor-made responses, key among which were communication and social welfare. An important factor was flexibility – for example, the Eastern Cape, Gauteng, and the Western

Cape reviewed the responses to assess their ongoing suitability. They also identified areas that could be improved; some of these are discussed below.

PROCESSES AND HINDRANCES

Various provinces identified the need for an **effective social welfare system** that allowed for a comprehensive approach. Gauteng argued that SASSA was not effective enough in processing applications for social relief. A comprehensive database would have

- enabled them to assist people who applied
- for food relief. The province also recognised
- weaknesses in its own system of approving permits to distribute food; in some cases, bureaucratic red tape resulted in food perishing in distribution centres. Red tape and legal requirements also hampered the provision of support to SMMEs – the SMME partnership could not disburse its first tranche of R1 billion by August 2020 because of legal obstacles. This had a significant impact on small businesses, some of which were forced to shut down. Thousands of employees were laid off.

Inconsistencies in applying the lockdown regulations, often around the classification of essential goods and services, were another problem. Some outcomes ran counter to the original aim of the regulations. For example, during the hard lockdown **all food outlets had to apply for a permit to trade** (see [Chapter 6.2](#) on agriculture and the food supply chain). Businesses like grocery stores, small corner shops, spaza shops, fruit and vegetable stands, and traders could only operate if in possession of a trading permit from the local municipal health service authority. The Gauteng City Region pointed out that this caused confusion, as informal traders, who are essential to the food value chain, were disqualified from obtaining permits. This disrupted access to food, especially in semi-urban and rural areas. The Northern Cape reported that on monitoring these traders, it discovered various inconsistencies, from the issuing of permits to non-compliance with regulations and municipal by-laws, with the result that some businesses were declared 'undesirable' and therefore unable to operate. The province also identified limitations in government corporate and business processes; for example, business continuity and disaster recovery plans only considered a centralised, off-site model. A decentralised model, which would have been appropriate during the pandemic, was not recognised.

Regulations are only as effective as their capacity to be enforced. In this regard, the

Northern Cape pointed to its lack of capacity to enforce the ban on alcohol and tobacco (see [Chapters 6.2](#) and [6.5](#)). As these substances are addictive, people circumvented provincial control measures to maintain their habits. From 27 March to 30 April 2020, the province registered 157 contraventions of the prohibition on the sale of liquor, but this was not sufficient to deter people from this illicit activity.

Limpopo stated that access to service remained a major challenge, which planners in the province had to address urgently. Despite its efforts to provide water to all rural communities in need, the water service backlog was exponentially higher than anticipated, and communities were exposed to the health risks associated with water shortages. The province cited water delivery as an example of the need for coherent planning to minimise reliance on the private sector. Limpopo enforced strict compliance with lockdown measures but lacked the capacity to enforce all the regulations. Some traders, for example, flouted the lockdown rules, despite joint operations by the South African Police Service and the Limpopo Department of Economic Development, Environment and Tourism.

The **Free State** emphasised the need for better and more effective screening in all sectors, along with communication to create awareness of the virus and its impact. It noted that the healthcare system could benefit from closer relations with independent practitioners, private practitioners, laboratories, and traditional healers in helping communities adhere to Covid-19 protocols. The Department of Health also reported several challenges around the logistics and safety of community health workers:

- The regulations meant that central screening points could not be set up, and community members refused to allow the screeners into their households.
- Covid-19 placed an additional burden on the staff complement of the department.

- From April to May 2020 the department faced a shortage of personal protective clothing.

An assessment of 825 schools by the Department of Education found that only 240 (29%) provided e-learning programmes to learners during the lockdown. The Thabo Mofutsanyana and Motheo Districts had the most schools with e-learning programmes (66 and 74, respectively), whereas the Xhariep and Fezile Dabi Districts had the least (19 and 23, respectively). The lack of e-learning programmes is due in part to a lack of appropriate technology in schools. More schools should be enabled to provide e-learning programmes, which would help equip them for any future disasters.

On food distribution, the province acknowledged its relative success but raised concerns around shortages and late deliveries, which affected the availability of food for distribution. Other concerns were double-dipping by recipients (because of poor coordination), overcrowding at some food distribution sites (which violated Covid-19 regulations), and the limited availability of food for infants and elderly people, for example. In this regard, it noted the need to improve collaboration between all sectors in the province.

In **KwaZulu-Natal** and the Free State, time-consuming supply chain management processes were cited as a challenge to the provision of PPE and material to schools. The **Free State** Department of Education argued that procurement processes should have considered service providers with sufficient stock, as large quantities of masks had been needed in a short period. Better communication from the provincial treasury, which purchased all PPE in the first months of the lockdown, was also needed to ensure the delivery of stock closer to where it was needed, instead of in Bloemfontein.

In KwaZulu-Natal, the main challenges were aligning implementation with the District Development Model; developing synergies with other provincial initiatives; obtaining adequate resources and funding; accessing quality information and consistent reports; procedures and processes; and delays.

LIMITS OF MODELLING AND DATA UTILISATION

The unprecedented nature of the pandemic required an unprecedented level of readiness. Modelling of the potential impact of Covid-19 had to consider both uncertainties around the behaviour of the virus and the systemic weaknesses that heightened the risk of devastation of lives and livelihoods. In the **Gauteng City Region**, modelling overestimated the number of Covid-19 cases – the estimates were almost double the cumulative number of Covid-19 cases by 20 November 2020. With the need for both critical and general hospital beds being overestimated, scarce resources were diverted away from support for livelihoods towards addressing the perceived shortage of beds. That said, as argued in [Chapter 5.1](#) on health, it might well have been irresponsible at the time to ignore the potential need for critical health services.

In the **Northern Cape** indigent registers were used to inform the distribution of social welfare relief. However, the accuracy of the database has been questioned: not all the people who needed relief were reached, and not all people who received relief needed it. These concerns had to be addressed to prevent disputes within the community.

These two examples demonstrate the challenges of decision-making in unprecedented situations, when even the best scientific evidence can only be used as guide.

● INTERGOVERNMENTAL RELATIONS

The need for a whole-of-government response and for the different institutions of government to collaborate both vertically and horizontally brought the effectiveness and efficiency of intergovernmental relations into sharp focus. South Africa's challenges in managing horizontal and vertical coordination between the three spheres of government is well documented. Such challenges are not unique; they also occur in other forms of associative governance around the world.

The framework for intergovernmental coordination in South Africa includes the Intergovernmental Relations Framework Act and the Disaster Management Act. These allowed the rapid establishment of intergovernmental structures to respond to the pandemic, including Provincial Disaster Management Centres and Provincial Joint Operational and Intelligence Structures (ProvJoints). The former rapidly morphed into project management offices or in some provinces, 'war rooms'.

In **Gauteng**, the pandemic injected an urgency for intergovernmental cooperation. Member departments of the Economic Cluster worked together closely and reported according to a common framework, which helped reduce silos and fragmentation. The Gauteng City Region also worked closely with the Department of Trade, Industry and Competition, the Presidency, and the Tshwane Municipality to accelerate the provision of infrastructure to the Tshwane Special Economic Zone.

The establishment of a Provincial Command Centre in **Mpumalanga** ensured that its response to the pandemic was multisectoral and coordinated from the centre. Similarly, the **Northern Cape** established a Provincial Command Council and used the ProvJoints to coordinate responses. The joint approach

meant that different levels of expertise could be secured, which not only helped the province prepare for the disaster but also helped channel and reprioritise resources. It supported an integrated approach to service delivery both in response to the pandemic and in preparing for the implementation of the District Development Model.

The **Western Cape's** response was built on the Joint District and Metro Approach. As noted, this approach to coordination had already been implemented by the Department of Local Government and district and local municipalities. In 2020 it was extended to include the City of Cape Town. The Joint District and Metro Approach is aligned with the District Development Model. It provides an opportunity for government and society to pool resources and capacity, and strengthens co-planning, co-budgeting and co-implementation to enhance efficiency and improve outcomes.

The approach to communication was also collaborative. The Department of Community Safety in the Western Cape worked with all relevant provincial departments to develop integrated and readily implementable messaging. Its Communications Unit worked closely with other lead departments (including the Premier's Office and Health) and the City of Cape Town to develop the Covid-19 communication campaign.

Overall, the hotspot strategy in the Western Cape facilitated a collaborative, whole-of-government approach. It enabled high levels of collaboration and agility and balanced the need for innovation with staying within the regulatory government mandate. Because the Joint District and Metro Approach had not been introduced in the Cape Town Metro when the pandemic started, the participation of some stakeholders was initially inconsistent, but this was later resolved.

The **Northern Cape** achieved effective coordination in several aspects:

- The Department of Roads and Public Works identified resorts and sites for the treatment and quarantine of positive cases; these were made available by municipalities and the departments of Environmental Affairs and Nature and of Sport, Arts and Culture.
- The departments of Water and Sanitation; Cooperative Governance, Human Settlement and Traditional Affairs; and Roads and Public Works worked with Sedibeng Water and Rand Water to deliver 397 water tanks and install 220 storage tanks between 27 March and 30 April 2020. Rand Water delivered 265 water tanks, installed 159 storage tanks, and facilitated the delivery of 84 water trucks.
- Regulations under the Disaster Management Act were enforced through collaboration between the South African Police Service, the South African National Defence Force, the Traffic Department and the Department of Health.
- The South African Local Government Association (SALGA) took the lead in monitoring compliance with the directive on the operation of tuck shops and informal traders.
- The Department of Social Development partnered with the national Department of Social Development, the Department of Education, the South African Police Service, the South African National Defence Force, and the National Development Agency to distribute food parcels.
- A multidisciplinary response team comprising municipalities, non-profit organisations, SASSA, and the departments of Education and Social Development helped profile households to coordinate service delivery.

In **Mpumalanga**, the disaster management team at CoGTA played a coordinating role, working with the Department of Health, the South African Police Service, the military, and other government departments, including the communications departments at both national and provincial levels. Other areas of intergovernmental coordination included the transportation and provision of water

to schools and communities. The latter resulted in the distribution of around 1000 water tanks and the drilling of 300 boreholes, with Eskom providing power for the water pumps. Departments such as Agriculture, Social Development, Education, Disaster Management, and Economic Development worked together to provide different services to the public. The Department of Agriculture worked with the Department of Social Development to provide food parcels; the latter assessed the quantity and quality of food needed, and the former sourced the food and settled the invoices. Fresh food was sourced through agri-hubs in the province, which enabled centralised planning and distribution.

The **Eastern Cape** established district joint operations centres across all its districts to help coordinate district-level responses; these worked closely with the Provincial Disaster Management Centre. The different district municipalities also established Joint Operations Committees with representatives from various stakeholders:

- In Sarah Baartman, Joint Operations Committees were established at both district and local levels and were subdivided into two sections: the Political Command Council, which briefed political leaders, and the Technical Command Council, comprising administrative officials from the municipality and sector departments. Ward-based rapid response teams were established, led by local mayors and other stakeholders.
- The **Amathole District** established an Interdepartmental Disaster Risk Management Committee, a District Advisory Forum, and a District Command Centre.
- The District Command Council of the **Joe Qqabi District** comprised political leadership, including members of parliament, members of the provincial legislature, the troika of municipal councils, and directly elected councillors of the district municipality. The district also established an Economic Recovery Working

- Group of the District Joint Operations
- Centre, which included municipalities, the
- departments of Economic Development, Environmental Affairs and Tourism, and Rural Development and Agrarian Reform, and the district municipality.
- In the **Chris Hani** District, the District Joint Operations Committee operated as the Command Council in the district. It comprised all the stakeholders in the district, met weekly, and was chaired by the district executive mayor. Before meetings of this committee, a technical Joint Operations Committee made up of technocrats convened to discuss the key issues to be recommended to it. Local-level Joint Operations Committees were chaired by the local mayors and were considered feeder structures to the District Joint Operations Committee.

There were some challenges with intergovernmental relations. The Eastern Cape established ward-based Covid-19 response teams in all its districts. In the Amathole District, these teams were not effective, largely because their work was superseded by 'war rooms' in the Great Kei, Ngqushwa, and Mbhashe municipalities. The Joe Gqabi District encountered problems coordinating with structures that were not district based, such as national departments. The gains in intergovernmental relations were also affected in provinces by existing limitations and often exacerbated by non-supportive institutional cultures that encourage working in silos and protecting turf.

Disaster management functions in the Eastern Cape Province are coordinated by the Department of Cooperative Governance and Traditional Affairs. This work is supported by the Provincial Disaster Management Centre in Bhisho, which works with municipalities. The province reported weaknesses in its overall capabilities, especially in human resources and technological capabilities. In the Covid-19 campaign, the Office of the Premier assumed leadership of the

disaster management operations initially stationed at the Disaster Operations Centre. The Office functioned as the nerve centre of government, supported by CoGTA and SALGA. The challenge for the province its to ensure concrete, holistic improvement in its disaster management capability to enhance its agility and sustainability. This includes better modelling for disaster service delivery at provincial and local level.

In the **Gauteng City Region**, like elsewhere, there had previously only been limited coordination towards complex outcomes with a developed coordination architecture; this meant that such cooperation was neither always welcome nor successful. Officials were burdened with onerous reporting requirements in a compliance-driven culture. Some saw their workload doubling, and many reported high levels of fatigue. Meetings also tended to be excessively formal and routine, with provincial officials talking and municipal officials listening. This reflects both high levels of vertical complexity in the system and an institutional culture that heavily emphasises positional power.

KwaZulu-Natal activated the ProvJoints and Joint Operations Committees to ensure that the law was enforced; these met regularly to monitor and guide law enforcement from council to local levels.

COLLABORATION WITH NON-STATE ACTORS

Covid-19 required a whole-of-society response, rather than just a health response; this meant the state had to collaborate with non-state actors, including the private sector and civil society (e.g., community-based, non-governmental and non-profit organisations). Across the provinces, there were both strengths and weaknesses in collaboration.

STRENGTHS IN COLLABORATION

Gauteng displayed a willingness and an ability to collaborate with non-state actors:

- The Gauteng City Region's Economic Cluster introduced new themes in its disaster response, which required working in partnership with the private sector through a series of sectoral programmes and 'action labs' aimed at saving the economy. The action labs facilitated communication between the business community and sections of the Gauteng City Region administration in ways not possible before. This improved relationships and trust between business and the state.
- Shelters in the region reported receiving good service from government emergency medical services and local clinics. Local police checked up on the safety of shelter residents and volunteers; provided security during the distribution of food parcels; and even dropped homeless people off at the shelters.
- The Gauteng Department of Agriculture and Rural Development approached farmer commodity associations and the farming community to make donations to the food bank of the Department of Social Development. By 1 October 2020, the value of these contributions was R410 000.
- Recognising the vulnerability of township entrepreneurs, the Gauteng City Region mobilised additional financial support, working with the private sector to establish a partnership fund to provide loans and working capital for vulnerable SMMEs.
- The Gauteng Department of Education worked closely with the Department of Health to identify cases of infection. Through its provincial steering committee, it engaged with its social partners and stakeholders, including teacher unions and school governing body associations, to help manage perceptions and communicate accurate information on health management.

- The Gauteng Provincial Government secured the pro bono services of Deloitte & Touche in April 2020 to assist with the establishment of a programme management office. This service was valued at R2,8 million.
- It collaborated with experts from Wits University who provided frequent modelling of the progress of the pandemic. The Gauteng City Region Observatory assisted with the analysis of localised trends and patterns in the spread of Covid-19. Data scientists from the University of Pretoria also provided strategic advice, with geo-coding done by its Environmental Systems Research Institute.

In the **Free State**, the Department of Education followed a multidisciplinary approach to implement Covid-19 measures within the school environment. It trained education officials to screen people and create awareness of Covid-19; worked with the Department of Public Roads and Transport to ensure that taxi operators transporting learners complied with Covid-19 protocols; worked with CoGTA's environmental health inspectors to train voluntary food handlers on hygiene matters; and worked with Public Works and Infrastructure to help clean schools, using contract workers from the Expanded Public Works Programme.

The Free State Department of Small Business Development, Tourism and Environmental Affairs supported SMMEs with applications to the Tourism Relief Fund. It received 2116 valid applications during the funding window. Over R41 million has been disbursed to qualifying SMMEs and another R14 million committed. Through these interventions, an estimated 1637 jobs have been saved, and 2685 potential new job opportunities have been created – 32 stokvels were trained in business principles, and one wholesaler was established and supported. As at end-April 2021, 27 enterprises had been supported with Covid-19 risk sharing; 240 enterprise support incentives and 600 spaza shops and informal traders had also been assisted.

- In the **Western Cape**, the Department of Health and the national Department of Public Works collaborated with the private sector to identify sites for quarantine and isolation across hotspots. The Department of Economic Development and Tourism provided safety toolkits to SMMEs, informal traders, and spaza shops. Other structures that supported businesses across hotspots included the Western Cape Tourism, Trade and Investment Promotion Agency (Wesgro) and the Department of Environmental Affairs and Development Planning. Lessons from behavioural change interventions in the Western Cape included using community members who already had influence in the community; working with communities as active partners in the design and implementation phases; and recognising that both enforcement and encouragement can help establish new norms and habits in society. To this end, the communication team partnered with non-governmental and community-based organisations, along with community and religious leaders. The province also collaborated with non-state actors in the delivery of humanitarian relief and food security interventions. There were several partnerships between government, civil society, and the private sector to help ensure that vulnerable people had access to adequate food.

The **Northern Cape** established a multidisciplinary rapid response team that comprised non-profit and faith-based organisations, the business sector, SASSA, and the departments of Education and Social Development. Its role was coordinating both the identification of indigent households and service delivery. Over 25 146 food parcels to the value of R22,6 million were procured from 282 small businesses exclusively owned by women, young people, or people with disabilities.

The Department of Economic Development and Tourism coordinated applications by enterprises for support to save jobs. From 27 March to 30 April 2020, R7,913 million was committed to 28 enterprises in the province, which saved 218 jobs. The department worked with private healthcare institutions and the mines to secure intensive care beds and ventilators. Community-based organisations provided social assistance to severely affected communities unable to meet their basic food needs. The Northern Cape Provincial Enterprise Development Forum was established to foster collaboration on financial and non-financial matters with and among enterprises. The entities involved in this forum were the Small Enterprise Development Agency, the Small Enterprise Finance Agency, the Industrial Development Corporation, the National Empowerment Fund, and the Department of Economic Development and Tourism. The forum developed a consolidated list of national support measures for distribution and communication within the province. It coordinated and submitted the contact details of spaza shops and informal traders, as well as of the Kapa Bokone Traders Association, to the Department of Small Business Development.

Mpumalanga benefited from collaboration with a range of partners:

- The Department of Health received donations of beds, masks, thermometers, and other commodities from local organisations.
- Grants were provided through collaboration between SALGA, SASSA, and the Department of Employment and Labour to alleviate hardships among waste-pickers and other informal workers.
- Stimulus packages were provided to sectors of the economy severely affected by the lockdown, including tourism and agriculture.

¹The province was supported in this regard by the national Department of Health, the Centres for Disease Control, the World Health Organization, the Red Cross, the South African Police Service, the University of the Free State, Statistics South Africa, the National Health Laboratory Service (in the form of staff), Right to Care, and the National Institute for Communicable Diseases. Vodacom donated electronic devices for on-the-ground community and technical support.

- Other support to the agriculture sector included the provision of seed and livestock, and the Department of Agriculture continued to provide veterinary and extension services to farmers during the hard lockdown.
- The private sector, including the mining sector, donated items like sanitisers to schools directly.
- Traditional leaders assisted with communication and information dissemination in communities, including by appearing on radio shows.
- Non-governmental organisations like the Red Cross and Gift of the Givers provided food and shelter to vulnerable people both directly and through the Department of Social Development. The department spent over R18 million on food parcels distributed by non-profit organisations in collaboration with the Department of Agriculture.
- Faith-based organisations also contributed. The Zion Church, for instance, was reported to have designed a structured initiative to raise awareness among the members of its various branches. It established teams to enforce the regulations and ensure that all members complied with them.

The **Free State** followed an inclusive health response plan, which informed its strategy to mitigate the spread of Covid-19. It strengthened communication, health sector coordination, and screening capacity.¹ To facilitate community compliance with health protocols in this predominantly rural province, senior executives visited communities in rural areas to lend credibility to the measures. The province asked its tourism industry to help provide space and beds for Covid-19 positive cases – 4777 beds were made available.

In the **Eastern Cape**, ward-based rapid response teams included ward councillors, mayors, street committees, community

development workers, clinic committees, traditional leaders, civil society, faith-based formations, business, the South African Police Service, and non-governmental and non-profit organisations. The South African Council of Churches was especially supportive in the District Command Council of the Joe Gqabi District. In this district, the Initiation Forum was used to plan and control the summer initiation season. Each local area established an engagement forum for funeral-related activities. Where stakeholder engagement forums were already in place, engagements were easier to implement and sustain. Right to Care, a non-governmental organisation, worked with municipalities in the Amathole District Municipality to sensitise communities on initiation, distributed Covid-19 awareness pamphlets in isiXhosa, and provided additional vehicles to the Department of Health for door-to-door screening and testing. The Sarah Baartman District Municipality distributed PPE and fumigation equipment to sector departments, schools, old-age homes and non-governmental organisations.

KwaZulu-Natal allocated R159,3 million to support farmers, including with logistics. In relation to the 3360 new job creation opportunities from Trade and Investment KwaZulu-Natal, some of the company investments and business expansion identified were R900 million from Hesto Harness, R350 million from United Steel, R250 million from Frimax, R70 million from Goodlife Foods, and R50 million from Coconathi. Seven SMMEs were supported to set up information and communications technology hubs, which translated into 24 direct jobs. The province also held webinars with business and signed memoranda of agreement with economic development partners.² The Department of Sport and Recreation applied on behalf of all sports federations for the national stimulus package.

²These included the KwaZulu-Natal Growth Coalition, the Durban Chamber of Commerce and Industry, the Pietermaritzburg Midlands Chamber of Commerce, Transnet, the Durban Automotive Cluster, the Durban Chemical Cluster, the KwaZulu-Natal Clothing and Textile Cluster, and the KwaZulu-Natal Furniture Cluster.

WEAKNESSES IN COLLABORATION

Covid-19 underscored the need for deep collaboration with the non-state sector and exposed some weaknesses in this regard.

High data and connectivity costs meant that some social media platforms and mainstream media that were used to distribute information were not as effective as anticipated.

The modelling in **Gauteng** highlighted gaps in capacity between the private and public health sectors, especially the limited intensive care capacity in the public sector. The sector also had limited capacity for testing and processing tests, leading to long lead times, whereas the private sector typically processed tests within 24–48 hours. But the public sector sometimes lacked both the ability and the experience to collaborate with the private sector, which meant lost opportunities to access private sector capacity. This contributed to a decision to construct isolation field hospitals at Nasrec and the Telkom and Transnet sites for an undisclosed amount. The latter two centres were closed in August and September 2020 because of low demand. An opportunity to regulate the private health sector to ensure access to both healthcare and scarce resources was also lost.

Other limitations in collaboration across sectors were exposed by the inability of most Gauteng City Region officials to utilise block exemptions. The Department of Trade, Industry and Competition, in collaboration with the Competition Commission and the Department of Health, introduced block exemptions to enable firms to cooperate lawfully and in response to Covid-19. This did not happen as envisaged, because officials had limited knowledge of the initiative. The private sector in Gauteng generally felt excluded; this was exacerbated by the perceived lack of transparency in certain decisions. Another problem was inadequate support to help the private sector comply with government regulations and protocols

so they could continue trading, and with the introduction of new business models to help them cope with the new operating environment.

In the **Western Cape**, communication interventions such as the 'No Mask, No Entry' poster campaign seemed to have helped change behaviour in larger companies. However, the same could not be said of the informal sector, where some shop owners and customers failed to practise social distancing or wear masks. The hotspot teams also did not all collaborate adequately with non-state role players, with some hotspots not reflecting a community-led focus and involvement. Neither the existing Joint District Approach nor the Joint District and Metro Approach structures included civil society or community stakeholders as members. In areas where the hotspot teams saw themselves primarily as a Covid-19-focused version of these structures, they might have simply continued with the same government stakeholders without seeking to involve new community or private sector stakeholders.

The **Free State** lost an opportunity to enhance its early screening capacity through working with general practitioners and private healthcare providers. These private practitioners could have helped with early detection of the disease in their practices. There was too much reliance on the public sector for guidance and implementation in the early stages of the outbreak, and the burden of primary response placed immense pressure on public healthcare workers in the province. Screening could also have been used as an opportunity to engage the community on sanitation, healthy disease control habits, relevant healthcare information, and better non-pharmaceutical interventions.

In the **Eastern Cape's** Joe Gqabi District Municipality, the National Education, Health and Allied Workers' Union and the South African Municipal Workers' Union initially expressed interest in working with the District Command Council. This, however, failed to

materialise, as discussions tended to focus on internal institutional issues at particular facilities. It was also understood that the District Command Council would not solve or override localised issues that fell within the ambit of government departments. The Joint Operations Centre stakeholders also did not encourage the participation of unions in its administrative structures, arguing that this would limit open discussion on failures and/or limitations in strategy. Difficulties with unions were also encountered in the Sarah Baartman District.

Traditional leaders participated mainly in local coordinating committees and were not very active in District Command Councils. In one of the local coordinating committees, businesses appeared to use the platform to source information they would later use to publicly criticize government. This led to a decision not to involve non-state actors in local command centres. In the Eastern Cape's Amathole District Municipality, the poor or non-representation of traditional leaders, traditional healers, and faith-based organisations at the Joint Operations Centre hampered the dissemination of information to communities at village levels.

RESOURCE UTILISATION

Covid-19 required an effective health response, supported by a whole-of-society response. To this end, the Department of Health in **Gauteng** was given a leading role in managing the health response in the province, including the procurement of essential health products and services on behalf of other departments. Such centralised procurement promised to be cost-efficient because it would achieve economies of scale. However, South Africa has long been plagued by corruption and wasteful expenditure, as reported annually by

the Auditor-General. Revelations at the Life Esidimeni Commission of Inquiry³ brought this problem into sharp focus, especially in relation to the Gauteng Department of Health. Unsurprisingly, therefore, the failure to combine centralised procurement by the department with strict controls resulted in lapses, abuse, and significant corruption. Positive steps to address this problem include the Zondo Commission of Inquiry, the ongoing prosecutions by the National Prosecuting Authority, and the Special Investigative Unit investigations in Gauteng.

As noted, the use of modelling (albeit with sound reasons) in an unprecedented situation led to an overestimate of critical care and general hospital bed requirements in Gauteng. The modelling, which was based on maximum readiness requirements, influenced subsequent decisions about spending on bed capacity. The community screening initiative also appears to have had a very low yield (less than 5%). These observations could raise questions about the cost-effectiveness of resource allocation in general; however, they should be evaluated within the overall context of the need to be prepared for any eventuality in the pandemic and to save lives.

In the **Western Cape**, a concern was expressed around inadequate resources, including people, budgets, and funding, which negatively affected the provincial response to the pandemic.

The **Northern Cape** Department of Social Development reviewed its programme and undertook an overall reprioritisation process. It noted that some of its Covid-19 measures, such as the allocation of resources to homeless shelters, might be difficult to sustain after the lockdown. It was unclear whether the provincial treasury would reallocate funds to sustain these initiatives.

³The Life Esidimeni tragedy involved the death of 143 people at psychiatric facilities following the termination by the Gauteng Department of Health of an outsourced care contract with Life Esidimeni Care Centre in October 2015, and the transfer of some 1300 patients to the care of their families, non-governmental organisations, and hospitals in a process that was later found to have been badly managed.

- **KwaZulu-Natal** prioritised the social and health component of its response and allocated R1,242 billion to the Social Protection, Community and Human Development Cluster, with R5,082 billion in additional funding committed. The Department of Education in the province also reprioritised its budget to accommodate Covid-19 expenditure. Such budget reprioritisation occurred in all provinces.

COMMUNICATION AND DIGITAL INNOVATION

STRENGTHS IN COMMUNICATION AND INNOVATION

Because the pandemic affected all of society, excellent communication was needed across all spheres of society and government, especially between government and its people.

The **Gauteng City Region** benefits from an advanced electronic communications environment. Computer literacy among officials is high, which facilitated working from home and supported the continuity of the business of government. Working from home also sped up decision-making, as it discouraged the extended deliberations that often characterised meetings. Gauteng also benefited from digital innovation – the development of a screening/tracing app and a bed availability dashboard.

As noted, an existing service delivery hotline in Gauteng was repurposed for the Covid-19 response and was administered by the MEC for Social Development. The hotline's capacity was expanded from 20 staff operating in business hours to 250 staff working three shifts around the clock. This hotline was credited with organising the delivery of 4000 food parcels per day for each of the six districts. The Gauteng City Region also took advantage of its well-established 4IR (fourth

industrial revolution) capabilities to improve its digital services, especially in townships. It also sped up the installation of fibre-optic cables to enhance job creation in business process outsourcing and assisted a global digital cloud company in creating 500 call centre jobs in Soweto. An online system to register informal traders for official permits was created to avoid queues. The Department of Agriculture likewise introduced an online system for farmer registration, as noted. Several departments have started to digitise the submission of forms for regulatory approvals.

Communication from senior figures, such as the president and the premier, helped ensure compliance early in the pandemic, especially given the clarity and decisiveness with which they communicated essential messages. The premier hosted television broadcasts, where he talked to scientific advisors and reiterated a strong public health message. He took the lead in informing the public in frank and forthright terms about the crisis around the procurement of PPE.

In the **Western Cape**, most hotspots relied on innovative technology, and the digitisation of business took centre stage. This included an intervention to support economic recovery for the tourism and hospitality sector and SMMEs. The Department of Health used the Single Patient View database, from which daily and weekly reports with a geographic focus were generated; this allowed hotspot teams to track the spread of the pandemic. Another example of a quality monitoring data platform was the Uniti system, an integrated information management and communication system procured by the Western Cape Disaster Management Centre in January 2020, just before the start of the pandemic. This system was rapidly set up and customised to support the management of quarantine and isolation facilities. It allowed users to enter and access data disaggregated to facility level, in real time, so that available rooms and beds could be tracked. Such effective communication and information

sharing during the response contributed to the success of the hotspot strategy.

The **Northern Cape** involved existing community-based structures to intensify advocacy and ensure responsiveness to emergency cases. A WhatsApp group was created for the Provincial Disaster Management Centre, which facilitated communication and the sharing of reports on Covid-19 by the heads of the District Disaster Management Centres. A Municipal Managers' Forum was established, which met weekly. The provincial Department of Co-operative Governance, Human Settlements and Traditional Affairs created a video conferencing system for district mayors to help them assess progress and address challenges at municipal level. The health system in the province used technological advancements for tracking and tracing, including a mobile digital application and mobile testing facilities.

Mpumalanga used community development workers in various municipalities to share information on how people could access government services like grants and to run awareness campaigns. The community development workers reported directly to their supervisors or district coordinators who in turn reported to provincial coordinators. The Department of Education coordinated the provision of laptops and/or tablets for special schools, which facilitated online learning.

In the **Free State**, daily virtual meetings of the Covid-19 command team were convened to discuss cases, monitor progress, and provide guidance to districts.

The **Eastern Cape** improved its call centre capability, which combined the premier's hotline, the presidential hotline and other call centre platforms. The Provincial Disaster Operations Centre established a WhatsApp group early on, which was used to share information with the district joint operations centres. The centre also organised ad hoc meetings, and the district joint operations

centres were invited to participate. The Sarah Baartman District Municipality established a 24-hour control room and communication centre and used environmental health practitioners to conduct health education, awareness-raising, and health promotion. Media engagements and social media posts were used to reach a wider audience, and multistakeholder roadshows were used to communicate lifesaving information. In the Amathole District, programmes to disseminate information were established, as were channels of communication between all spheres of government, organs of state, communities, and the media. The district municipality also conducted health education, awareness-raising, and health promotion activities. Awareness campaigns were conducted by mayors, members of the mayoral committee, municipal officials and councillors. The Chris Hani District strengthened its communication mechanisms to ensure strong awareness; its leadership was out in full force to spread the message to all corners of the district.

KwaZulu-Natal sourced information on isolation and Covid-19 treatments from the hospital management services, the daily hospital surveillance (DATCOV) dashboard, and directly from public hospitals. The Department of Education used radio announcements to communicate the availability of food for learners. It also provided flyers to all schools and at strategic public places to encourage learners to come to schools to receive cooled food or food parcels during the school closures.

WEAKNESSES IN COMMUNICATION AND INNOVATION

As noted, high data and connectivity costs reduced the effectiveness of some forms of communication. This also meant that the poorest and most vulnerable people could not, for example, register for food aid.

- As noted in [Chapter 4](#) on communication,
- government adopted a top-down, militaristic
- response that filtered into the language of communication (including the use of labels like 'command centre' and 'war room'). This sent negative signals to ordinary people, many of whom encounter security personnel in an antagonistic manner. Another concern was the dominance of English in communications, such as in **Gauteng**, which missed the opportunity to reach all the country's people in a language they understand. In the age of social media, mediating the impact of fake news only through the digital platform (as did the Office of the Premier in Gauteng) proved inadequate, and little effort was made to mediate the impact of fake news on social media.

The **Northern Cape** reported that many workplaces, including some provincial departments, could not provide for the possibility of working from home. Even where officials were able to work from home, managing and monitoring their work proved a challenge. Transversal systems such as the Personnel and Salary Administration System and the Basic Accounting System do not make provision for off-site connectivity. This, for example, delayed payment to SMMEs. Also, many workplaces still rely on paper-based systems, which meant people working from home could not access documentation. Limited access to technology and resources for remote working also affected senior and middle management and constrained business continuity.

In **Mpumalanga**, the pandemic exposed technological weakness in provincial departments. Problems ranged from limited staff skills to problems around secure connectivity for people working from home.

In the **Eastern Cape** the pandemic had a devastating impact on business continuity. This was exacerbated by the closure of offices for decontamination and significant disruptions in public services because employees were either in isolation or in quarantine. The closure of the Disaster

Management Centre, the discontinuation of a WhatsApp group established by the Provincial Disaster Operations Centre to communicate with district joint operations centres, and the stopping of the ad hoc meetings in which district joint operations centres participated left the latter with no clear process to raise issues of concern. This resulted in a gap between the provincial and district structures. In the Joe Gqabi District, although some departments participated in the district joint operations centres, others worked in isolation and did not always see a need to share information.

In KwaZulu-Natal information for contact tracing was collected manually, despite the existence of IT systems and applications developed both nationally and in the province. This might have affected the quality and verifiability of the data. Also, the hospital dashboard is based on data received from public hospitals; this requires stable connectivity, which was not always available.

INSTITUTIONAL CULTURE

'Institutional culture' refers to a system of meaning and customs within and between institutions. This includes the underlying assumptions, belief systems, espoused values, and characteristics, such as norms, language, behavioural rituals and myths (Schein, 1992 cited in Bratton et al., 2005). The response to Covid-19 pandemic occurred within a culture of impunity and corruption, with predictable effects. In **Gauteng**, for example, political agendas were linked to the eligibility for food aid. Some councillors reportedly tried to use the food delivery scheme to encourage people to sign up to their political parties. Reports surfaced that laptops, cell phones and data allowances to assist in the collection of data and the disbursement of food parcels simply disappeared. The Gauteng City Region quickly responded to this unethical behaviour by removing councillors from the supply chain of food parcels to try to minimise such theft.

The hierarchical, top-down nature of governance in Gauteng also meant that frontline health workers or end users were not directly involved in decisions that affected patient care, nor were there adequate mechanisms in place to report challenges on the ground. In some instances, this break in communication with frontline staff resulted in the wrong consumables, PPE or ventilation being delivered to hospitals in Gauteng. There was a general sense that staff anxieties and fears were being downplayed, and there was no strategy for employee assistance or psychological support. The lack of consultation and engagement extended to the private health sector, which saw the Department of Health as being rigid, heavy handed, and top-down. The legacy of Life Esidimeni and the lack of accountability (including weak management, systemic neglect, and a weak culture of consequence management, exacerbated by bureaucracy and silos) militated against an effective response from the Department of Health.

The Gauteng City Region tried to integrate adaptive and self-reflective capabilities into its response, but these were sometimes confronted by a culture resistant to collaboration. Some work streams, like the one on relief initiatives, were slow to respond, which it attributed to the National Treasury's procurement guidelines. The quality of reporting was undermined by departmental cultures that discouraged openness and critique in the presence of leadership and outsiders.

In the **Western Cape**, the hotspot strategy required a shift towards greater collaboration and more open, regular information sharing. The many previous efforts to improve institutional culture around collaboration and integration laid the groundwork for the hotspot strategy. The powerful examples of collaboration yielded by the hotspot approach have given many government officials a renewed appreciation of its value. In some ways, the crisis context gave government stakeholders impetus to act against their

historical approaches. For example, an initial reluctance to share important data between departments was overcome. It is worth noting that the hotspot team structure allowed not just senior managers but also staff closer to the front line to liaise across institutional boundaries and facilitate collaboration in more practical terms. Nevertheless, although much was achieved, a rigid interpretation of the regulations and narrow mandates proved limiting at times. To facilitate innovation and collaboration between departments and other government entities, the provincial government will need to explore the scope for reinterpreting or reforming certain regulations.

The strategy also offered many examples of community engagement. Some of the challenges encountered point to a need to change government's approach to working with non-state actors. A key theme is the importance of engaging communities in the design and implementation phases, rather than viewing them merely as recipients of government interventions. Two of the relevant guiding principles of the hotspot strategy are to **'build trust and local ownership'** and **'enabling support for local community-led initiatives.'**

In the **Northern Cape**, the requirement for effective and immediate government action exposed the limitations of the highly regulated and bureaucratic government system. Existing government corporate and business processes were not always able to adapt to a different way of working while ensuring that service delivery was not compromised.

In **Mpumalanga**, some boreholes were installed with running taps within a week during the pandemic, after years of service delivery protests. This reveals a troubling culture of neglect. Why did it take a crisis for the Mpumalanga provincial administration to act?

● FINAL REFLECTIONS

This chapter provided some insights into the measures used to reduce the spread of Covid-19. It is evident from the data submitted by each province that the context within which a province functioned determined its response to the pandemic.

The pandemic exacerbated poverty, inequality and deprivation. Provinces had to plan for feeding schemes, the provision of water, and health services, including hospitals and extra beds. How they fared reflected their ability to build on existing structures to respond to an unprecedented pandemic. As this chapter shows, responses often faced significant obstacles. Some provinces had difficulty creating synergies to work on common initiatives with other role players. The potential public-private partnerships, especially in health, did not always materialise, as each side appeared to be hampered by preconceived notions about the other.

There were some successes. In their own way, each province used existing communication systems to create awareness of the pandemic and impress on people the need for basic precautions. Provinces creatively used existing data and combined it with new data (obtained through the use of effective communication) to establish lists of indigent households in need of food support. The question of nutritious food to promote health made provinces look into the food parcels and offer something healthy rather than simply something to satiate hunger.

Overall, the provincial responses to Covid-19 had mixed outcomes. The positive and negative consequences of the responses were influenced and framed by existing conditions in each province. In moving forward, provinces need to take advantage of those conditions that support their pandemic responsiveness and urgently address conditions that increase their vulnerability. Lessons from the pandemic response should form the basis

for honest and sincere conversations among the provinces to reset systems, structures, processes and operations of governance in support of better service delivery.

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ANNEX 9.1: RESEARCH METHODOLOGY RESEARCH PROCESS

All nine provinces received a formal request from the DPME to gather and submit data on the effectiveness of their Covid-19 measures. This request was addressed to the provincial directors-general, who were also informed that their submission would contribute to a report on lessons learnt from the implementation of Covid-19 measures since January 2020.

Some of the key measures and issues each province had to report on are:

1. Measures put in place at provincial and local level to slow down and reduce infections, assist businesses and individuals affected by the pandemic, and protect poor and vulnerable households
2. Effectiveness and/or ineffectiveness of the measures implemented, and the reasons for such
3. The contributions made by social partners and other structures in support of the strategy adopted by the province to mitigate the impact of Covid-19
4. Citizen perceptions, experiences, and views of the Covid-19 state of national disaster.

These issues reflect the tenor of the national approach to the pandemic and were shared as guiding criteria with the provinces. Each province could adapt them to suit their particular contexts. Not all provinces complied – written reports from Limpopo and the North West remain outstanding. Gauteng, KwaZulu-Natal, the Eastern Cape, the Northern Cape, the Western Cape, and Mpumalanga submitted reports, but the Free

⁴‘Covid-19 – Provinces in the Frontline’ was an online workshop held on 20 and 21 May 2021. On the first day of the workshop, provinces presented their initiatives for dealing with the spread of Covid-19.

- State submitted only an executive summary.
- All provinces were invited to present their findings at a workshop in May 2021, called 'Covid-19 – Provinces in the Frontline'.⁴ Data presented by the Limpopo Province was included as its submission and the Free State presentation was used to complement data in the executive summary. No data was received from the North West. In all eight provinces that responded, the study was located in the premier's office.

RESEARCH DESIGN AND METHODOLOGY

Once provinces received the brief with its terms of reference from national level, each had to operationalise it and collect the data. The terms of reference took into consideration the specific contexts of provinces and allowed them to determine their data gathering methods. As noted, seven provinces submitted full reports, one submitted an executive summary, and one, the North West, failed to present any findings. It was evident from the submissions that provinces used a range of methods, both qualitative and quantitative, to gather information. The mixed method approach allowed provinces to engage with the complexities of Covid-19 and design a research method appropriate to their contexts.

A review of the provincial reports showed that they were guided by the single focus of assessing the quality of measures adopted to respond to this unprecedented pandemic. The reports differed in emphases, as reflected in this chapter. More importantly, this exercise gave each province invaluable insights into the effectiveness of their measures and an understanding of why and how they could enhance their service delivery in the face of a deepening crisis now and in the future.

Each provincial report constituted a case study in the national context. The research and design methods used to collect data is briefly outlined per province below:

GAUTENG

Gauteng used a case study methodology as its principal method to generate data. It identified major themes and appointed lead experts in the different areas to conduct the research; staff in the Premier's Office provided technical support. This study concentrated on collecting information from the Gauteng City Region and from its metros, districts and local municipalities. Academic experts were tasked with producing a report on health and the health systems response; governance, leadership and decision-making; the economic response to Covid-19; food security; the education response; resource allocation, prioritisation and the public health response; and community mobilisation, communication and change management.

KWAZULU-NATAL

KwaZulu-Natal adopted a rapid evaluation methodology to assess its performance and interventions, more so because it allowed for real-time evaluations. The province was particularly interested in assessing the overall impact of its Covid-19 Implementation Plan and plans to use the outcomes to identify both successes and areas for improvement. It collected detailed information from the Covid-19 Implementation Plan and the First Quarter Provincial Covid-19 Progress Report to develop a comprehensive Excel spreadsheet of interventions (22), outcomes (30), outputs (71), and targets against specified indicators, where applicable. This was an extensive undertaking, and a two-phased approach was adopted to ensure that the data collected was a reliable and true reflection of measures implemented. Phase 1 entailed a comprehensive collection of data for four quarters on all the interventions being evaluated. Phase 2 included focus group engagements and verification exercises.

EASTERN CAPE

The Eastern Cape adopted a qualitative data gathering method, guided by the role of local government in implementing strategies to respond to the pandemic. It asked each of its five district municipalities (Amathole, Chris Hani, Joe Gqabi, OR Tambo, and Sarah Baartman) to compile a report, along with the Nelson Mandela Bay and Buffalo City Metros. (Four submitted reports and participated in the peer review). The Office of the Premier, through the Provincial Disaster Operations Centre, initiated a process for the submission of reports, based on a standardised framework of reference. The district municipalities prepared reports and submitted them to the Office of the Premier. The province used officials already involved in the management of the pandemic at local, district and provincial level to gather data. It was guided by the terms of reference and added other areas of concern, including male initiation, liquor controls, and compliance with Covid-19 protocols. The process benefited from having a functional District Joint Operations Committee, which could report on its diverse activities.

NORTHERN CAPE

The Northern Cape adopted a case study methodology and used a qualitative self-reporting technique to gather data on measures implemented to curb the spread of Covid-19. The Office of the Premier's Performance Monitoring and Evaluation component coordinated this exercise. The study examined the effectiveness of its responses and identified challenges in implementing measures to meet national and provincial targets. To this end, it considered, among others, issues of policy in the province, the contribution of social partners, issues of governance, and the use of the District Development Model to identify successes and make further recommendations.

WESTERN CAPE

The Western Cape sees its Covid-19-related interventions as a dynamic process. The provincial government prioritises evidence-based decision-making but recognised the importance of doing so within this rapidly changing environment. The pandemic shaped the institutionalisation of the data and evidence services in the Western Cape, and the province emphasised the availability of data and its quality, spatial analytics, and data sharing practices. This helped ensure a coherent data landscape, was dynamic, and informed decision-making. The Provincial Data Office in the Department of the Premier proved to be a trusted partner with key data producers and users. Data and evidence initiatives include Covid-19 spatial vulnerability and population profiles and synthesis briefs. These not only broadly reflected the state of the pandemic but also served to monitor progress in reducing transmission and limiting the impact of Covid-19. Survey research provided a quick diagnostic, and rapid evaluations were timeously disseminated, providing useful evidence on key thematic areas. The Western Cape Government has adopted this method as a sustained approach to help evaluate strategies and produce insights into its interventions.

For this case study, a rapid evaluation methodology was employed to provide contextual information on the status of interventions to curb the spread of Covid-19 within specific geographic areas referred to as 'hotspots.' The assessment team drew from traditional evaluation competencies and technical capabilities in evaluation, methodology research, data quality, and data analytics in the Western Cape Government. This team combined data analytics, document analysis, an online survey, and virtual focus group interviews. Management in the municipalities and districts of the province, sectoral heads (including health, safety and security, and communication leads), and community groups and non-governmental organisations were targeted for

- data collection. The information obtained was
- then analysed to identify both the successes
- of the hotspot strategy and any challenges to be addressed.

MPUMALANGA

Mpumalanga focused on collecting data on best practices implemented in the province at local level in response to the pandemic. The province asked the University of Witwatersrand and Health Systems Innovation to conduct the case study. They agreed on a mixed method approach that combined quantitative and qualitative methods. These included desktop research and interviews of key informants. Research foci for this study included the provincial responses to Covid-19, people's responses to the different lockdown levels, and their responses to social relief initiatives. Information obtained was then used to determine the impact of the initiatives and make recommendations.

FREE STATE

The Free State adopted a case study method and used information obtained on a quarterly basis from different sectors on the management of the Covid-19 pandemic. This allowed it to review various themes, with case studies on different sectors. In health, it considered the importance of Covid-19 screening in controlling the pandemic and specifically assessed why targeted screening had yielded better results than community screening. Other focus areas were the nature and extent of support to residents through food relief, the implementation of quarantine sites, support to homeless people and older persons, and how the education sector tried to minimise disruptions in this sector.

To conduct this study, the province adopted a combined methodology of doing desktop research, collecting information (especially on the reporting process) from the different provincial departments, and interviewing

officials of the Free State Province responsible for the different interventions. This work was conducted by the Monitoring and Evaluation Branch of the Office of the Premier in consultation with different stakeholders.

LIMPOPO

Based on its presentation at the above workshop, Limpopo appears to have adopted a case study methodology. This resonated well with its approach of targeting specific themes in health, social issues, governance, and economics. Initially, the province intended to collect primary data through fieldwork and to substantiate this by collecting secondary data from government departments and the Provincial Command Council.

The Office of the Premier was involved from the start in establishing measures to respond to the pandemic. The higher education institutions in the province (the Universities of Limpopo and Venda) were involved, along with the Tshwane and Vaal Universities of Technology, and the University of South Africa. Other stakeholders included government officials, the private sector, non-governmental and non-profit organisations, and civil society.

The aim of the analysis was to capture measures adopted by government entities and other participants in responding to Covid-19. This information was then analysed to provide insights on the effectiveness of these measures.

ANNEX 9.2: THEORETICAL FRAMEWORK

This chapter presents a consolidated view of both the positive and the negative impacts of provincial responses to Covid-19, drawn from case studies of the different provinces. Its framework of analysis is adapted from

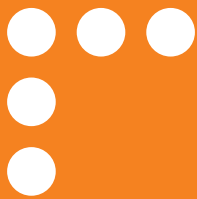
the conditional/consequential framework of Corbin and Strauss (2008). This framework has four basic components:

1. There are **conditions**. According to Corbin and Strauss, these allow a conceptual way of grouping answers to questions about why, where, how, and what happens. These reveal the circumstances or conditions that lead to certain actions. They could relate to the declaration of the national state of disaster, the policy and legislative context, institutional culture and leadership style, and the like.
2. There is a **phenomenon**, in this case the Covid-19 pandemic.
3. There are **actions, interactions, and emotions**. These are the responses of individuals and/or groups to situations, problems, and events. In this case, interactions and emotions represent the actual process of responding to the pandemic in the provinces.
4. There are **consequences** – the outcomes and/or impact of the interactions. Consequences answer the question of what happened as a result of those interactions in response to the pandemic.

All eight provinces heeded the DPME guidelines and provided information on two valuable aspects of dealing with Covid-19: they reported on their achievements and identified emerging shortcomings. Like anywhere else in the world, provincial governments in South Africa hardly had enough time to debate the merits and demerits of measures they could use against Covid-19. Swift action was needed, and the gravity of possible infection became the context within which they had to plan, strategise and implement. Covid-19 was an unknown threat, and although focusing on people's safety was the appropriate response at the time, it was understood that a knowledge base had to be built to inform future decisions. While the overarching aims, strategies and measures were passed down from the national level, they gained credibility at the provincial level.

NOTES

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