Development of a Country report on the measures implemented to combat the impact of COVID-19 in South Africa

Chapter 2: Government leadership, governance, institutional arrangements and state capacity in responding to COVID-19

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The purpose of the discussion is to provide an opportunity to better understand the role played by the NDMC during the COVID pandemic. The following questions were posed:

- **What were the main events and activities to coordinate the SA COVID response in March (prior to lockdown)? What were main issues / activities during April-May (highest lockdown level), June-July (infection peak), and August to date (post first peak)?**
- **What were the challenges in the South African COVID response?**
- **What were the strengths in the South African COVID response?**
- **Going forward, post COVID, what changes will be beneficial (e.g. legal changes, institutional arrangements, capacity and funding)?**
- **Do you have any further comments or suggestions for this project?**

The mandate and role of the NDMC (prior to lockdown)

The Disaster Management Act (DMA) is explicit in terms of the institutional arrangements required for managing disaster. It established the NDMC in the Department for Cooperative Governance and Traditional Affairs (COGTA) and provides for the establishment of disaster management centers at the provincial and municipal levels. Although this is the legal requirements, the various centers vary in terms of personnel and capacity. Through the implementation of the DMA various institutional structures and political structures were established, such as the intergovernmental committee on disaster, chaired by minister COGTA. Although the committee was formally established by the President in 2016 and the members of the committee were identified, the structure never convened. An advisory committee was also established, and this committee is functional and meet on a quarterly basis, providing an effective platform to discuss disaster related matters. Similar structures are provided for on municipal and provincial level, though the functionality levels of these vary.

The main emphasis of the DMA is to reduce the effect of disaster. The most prevalent disasters in SA in recent years were fires, draughts and floods, with an increased focus on the impact of climate change that increases the risk of disasters. A national state of disaster can be declared if a specific threat effects more than one province. Prior to the COVID-19 national disaster, South Africa declared a national disaster for drought, though this was not widely debated in media or by the general public. The coordination of drought was coordinated by the national drought committee within the NDMC, where representatives from various effective departments jointly discuss the response to drought. There is also a joint MINMEC and inter-ministerial committees that discuss the drought response.

The role of NDMC and NatJoints in managing COVID-19

The NDMC also started engagement with the COVID situation in December 2019 when the first outbreak was formally announced in China, and flagged it as a potential risk similar to earlier viral outbreaks that spread across international borders. On 31 January 2020 the NDMC was invited to attend a National Department of Health (NDoH) media briefing at the Centre for Disease Control (CDC). At the meeting the Minister of Health acknowledged that it is only a matter of time before there will be local cases of COVID-19. On the same day an emergency center was established by the NDoH, placed within the CDC, to coordinate the health response to the viral outbreak, coordinated by Dr Munsamy who deal with communicable disease. The CDC has an existing structure (name of this programme?) that deals with outbreaks of communicable disease, e.g. Meningitis.

The response to COVID-19 was coordinated by a structure within NatJoints, and lead by the NDoH, because the viral outbreak, before it was declared as an epidemic by the World Health Organisation, was purely a health issue. The NDoH had set up a structure in NatJoints to help repatriate South African citizens from other countries as international travel became impeded by lock-downs. From January to March reports on the COVID-19 situation were generated by NatJoints and submitted to Cabinet to inform them on the emerging situation.

Section 21 B of the DMA states that when there are existing structures that can deal with an issue, the responses provided for in the DMA is not mobilized; rather the existing structures should manage the issue. In the week prior to 15 March 2020, the discussion centered on whether existing structures within the NDoH can manage the COVID-19 response. On Saturday 14 March 2020 a legal opinion was obtained on whether a state of disaster or emergency should be declared. This opinion informed Cabinet's decision to declare a state of disaster.

When COVID was declared as a national disaster, this was a second or concurrent national disaster to the existing drought disaster. When the state of disaster was published on the 15 March, there was also a Cabinet meeting where the president established structures to deal with COVID-19. The National Coronavirus Command Council (NCCC) was established by the president during the cabinet meeting, and this structure is not established in terms of the DMA. It was determined that NatJoints with its existing functionality will continue to coordinate the response to the epidemic, and central coordination for Covid-19 thus resides in NatJoints, and not in the NDMC. The NatJoints is effective in dealing with response issues, especially when international action of disaster management is required. NatJoints provided functional support to the NCCC, and provided a platform where all DGs can contribute to the response. The NDMC

established a disaster operations center to support local government and coordinate the local response to COVIS-19. The NDMC disaster operation center received daily reports from the provincial disaster management centers, who received and collated reports from the district and metro disaster management centers.

The purpose of lockdown was to enable the health sector to put in place the necessary systems to deal with the effect of the pandemic once normal economic and social activity resumes. Provision was made for give lockdown levels:

- Level 5 – low to moderate spread of the virus; low readiness in health sector
- Level 4 – low to moderate spread; low to moderate readiness in health sector
- Level 3 – moderate spread of virus; moderate to high health sector readiness
- Level 2 – moderate spread of virus; high sector health sector readiness
- Level 1 – low spread of virus; high health sector readiness

Law enforcement played an important role to ensure adherence to the regulations.

The NDMC participated in the meetings of the NatJoints structure and was sifting through information and provided information to the relevant working groups in NatJoints. The NDMC received daily reporting from the provincial centers and consolidated the reports to a single report that is presented to the Minister on a daily basis. This reporting continues throughout the entire state of disaster period and is still in place at level 1.

Members from the NDMC served on several of the NCCC working streams. The NDMC supported the NDoH and public health stream of NatJoints during each lockdown level (5 to 1) with information on the infection rates, possible measures that can be put in place to protect people, protocols were developed, (e.g. social distancing, hand washing, looking at the dispersion rate of the infection) and balancing health and economic considerations. In moving beyond level 1, there is now considerations to change the Health regulations to ensure safe movement, maintain social distancing and the face marks by classifying COVID-19 as a notifiable medical condition.

The legal work stream of NatJoints was established in the first week of March to consider possible legal ramifications of the actions that government may need to take to manage the pandemic. On 15 March, as the president was addressing the nation, members of the NDMC were requested to join the work stream by the Department of Police that acted as secretariat to NatJoints. The work stream was instructed to prepare the legal response to COVID. A response was prepared throughout the night and presented to NatJoints on the morning of 16 March. Work within this work stream continued at an intense pace in the weeks that followed. From 16 March to 9 May the team worked every day from 9:00 to 22:00. The NatJoints reports will go to the ministers, to the NDCC, and decisions with a legal implication will go back to legal work stream to see how it can be translated to legislation. The legal formulation of the COVID regulations were later taken over by the Department of Justice. Since 18 March there have been 13 government notices (in terms of the DMA?), 170 notices of directions have been Gazetted, and 60 notices in terms of other legislation. The legal work stream also assessed the need to extend the state of disaster on a monthly basis, and provided input to other work streams on specific legal concerns.

During alert levels 3 and 2, the work of the legal work stream shifted to correspondence from the public to the president or ministers, highlighting the effect of COVID-19 on specific sectors. The work stream prepared draft responses to these correspondence. There were also support to prepare for legal cases instituted against government. The legal work stream provided initial inputs, but the formal response was managed by the relevant ministry to whom the issue pertained.

The legal stream no longer has a daily meeting, but the 5 – 8 persons that remain active on this work stream meet when issues are directed to the work stream. The focus is now on final measures and national post-COVID recovery plan. The work stream may cease to exist once level 1 is rescinded.

The focus of the economic work stream considered the implications of hard core lockdown on the economy. A three system approach guided considerations on opening up of the economy, as set out in the national response plan:
- System 1: No activity allowed given the risk at the metro/district/provincial level.
- System 2: Industry classification was done to determine readiness to return as compared to set criteria, once economy opens up. The economic work stream was analyzing which sectors can be opened and what protocols will allow people to return to work safely. Records that prove adherence to safety protocols were required from organisations that resumed economic activity.
- System 3: Full resume of activities with adherence to protocols, safety equipment and social distancing measures.

The NDMC supported the process by considerations of sectors that are viable at the level of lockdown, with due consideration of the contribution to GDP, the impact on the sector and the degree to which the health risk can be managed. The economic stream also considered various social support mechanisms, e.g. accessing the Unemployment Fund (UIF) for those employed and providing for an unemployment grant. This stream also engaged with the public to ensure that they follow health and safety protocols, to build trust in government and provide information about available support programmes.

NatJoints provided a platform to coordinate between the sectors and to ensure that implementation and improvement plans are put in place as captured in the response plan.

Challenges in the South African COVID-19 response

The following challenges were identified at various stages of the COVID-19 response:

- In March, the NDMC had issues to coordinate with the NDoH. This may be attributed to a lack of understanding of the role of the NDMC. It also took time to establish contact with a unit within NDoC that could liaise with the NDMC on the response. Up until March/April there were regular changes in the delegates from the NDoH. This was later resolved.
- There was not sufficient initial thought of the legal ramifications of not implementing the DMA in full, e.g. the deviation from the legislated decision making and coordination structures.

- The powers and functions of the NDMC is to some extend restricted by its placement within a Ministry. This renders protocol implications and it does not have a convening power. The DMA seems to suggest that the center should be within the Presidency. The president assigned a DG to coordinate the DG support structure.
- It was difficult to find alignment between the various coordination structures (NatJoints, NDMC, provincial level disaster management centers). There is a need to clarify roles and responsibilities. While the mandate of some structures in disaster management are provided for in the DMA, further structures were also put in place without clear mandates and coordination guidelines.
- Efficient data management to obtain the right information from municipalities, provinces, even the NDoH was lacking in the beginning. In some instances, the information was not available, or the custodian of data was not willing to share the information. Within the legal work stream, members did not always get access to all relevant information, e.g. what would be the legal repercussions of some of the health decisions as informed by epidemiology considerations.
- There was a lack of a dedicated forward planning coordination structure. The broader NatJoints discussion fulfilled this role, but would have benefited from a dedicated team that focus on what will happen in the next 10 days, how the nature of the disaster is changing, and what the response should be to get ahead of the curve.
- Initially when a decision was taken on the organizational structure to coordinate the broader issue, there was not due consideration on the sustainability of the structure. It fell on a small group of people to continuously drive the process of information analysis and formulating responses. Initially this was considered to be a 21-28 days period for the first lockdown, but it became clear in the second week already that this was going to be longer term.

Strengths in the South African COVID response

The response to COVID-19 accentuated the following strengths:

- The strength of the DMA was emphasized. It provided strong provisions that could be activated, allowed for the extension of the disaster and enabled responses and actions from government that is not provided for in existing legislation.
- A whole of government approach that was implemented under the strong leadership of the president that ensured that every cabinet minister and every department were involved in the response. This pandemic serves as an illustration that disaster management is everyone's business.
- There was a huge amount of commitment from the small amount of people that dealt with the issue to deal with it. During the response the NDMC developed a vast network of experts that will be helpful in coordinating disasters going forward.
- The COVID pandemic taught government and everyone else how to use technology and how to optimize virtual meetings. These advances we can take beyond the state of disasters to enable regular meetings with provincial and municipal disaster management centers, without the expense of continuous travel.

- Data and information management structures were put in place. There was also good systems to allow people access to information to conduct research on COVID-19 related matters.
- The record number of legislations passed in a short period of time to respond to the issue have previously not been thought possible.
- The pandemic raised the importance of disaster management, the role of the DMA, the NDMC and every organisation to manage risks. Going forward, the increased awareness may be helpful to ensure that every organ of state puts a disaster management plan in place, know their risks and plan for disaster management reduction strategies.

Post COVID-19 changes for disaster management in South Africa

- There is not a need to change the DMA, but there may be a need to change other legislation (e.g health regulations) to provide for a response to these type of pandemics. When changes to the health regulations are drafted, these regulations should not focus on COVID-19 specifically but should adopt a broader, longer term focus to deal with international pandemics and build South Africa's resilience to global pandemics. The country needs to protect not only the health of citizens, but also protect the economy from global shocks.
- The institutional placement of the NDMC should be reconsidered, with possible placement within the office of the President to better allow the NMDC to coordinate a horizontal and vertical integrated response to national level disasters.
- The roles and responsibilities of departments to manage risk should be clarified, including what structures can be mobilized in the case of a disaster in that sector. Disaster management planning need to be turned into a mechanism that enables resilience to disasters.
  - All entities need to adopt a disaster management plan, and ensure that the implementation of the plan find place in the day to day working of the entity.
  - Entities need to establish a central unit that coordinates disaster management within the organisation and who becomes the vocal person for NDMC in the case of a disaster.
  - It's important to raise the profile and importance of disaster management centers at national, provincial and municipal level.
- The process to streamline sharing of information needs to be addressed going forward. Some systems have been put in place, but further effort is needed to ensure the sharing of information through a practical system that is widely supported.
- There is a need to clarify roles and responsibilities between the various coordination structures (NatJoints, NDMC, provincial level disaster management centers).
- It is important to create a sustainable organizational structure that can draw on strengths of government to manage a project of this scale on a sustained basis on a day to day basis.

Further comments or suggestions for the project

- Interview the officials and the advisors of the respective Ministers

- Understand the governance effect for dealing with communicable disease from a health perspective, e.g. role played by the CDC.