

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

Sub-Team Chapter 2: Government leadership, governance and decision-making overview on COVID-19 Research Paper

Interview:

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Questions sent to Drs P Ramadan and A Talisuna:

- How do you view the medicine and health-related measures which were planned and initiated in South Africa and the rest of the Continent to slow down and reduce infections, including planning and coordination of lab testing strategies?
- How do the new coronavirus variants affect the mitigation strategies?
- Can you comment on the vaccine roll-out in South Africa?
- At this stage, COVAX has delayed access and is only able to offer less than 20% of volumes needed and only in later parts of 2021. Why did the WHO support COVAX, instead of supporting the engagement of vaccine manufacturers? What are your thoughts about advantages and disadvantages of the COVAX initiative?
- How do you view the measures to combat the pandemic in South Africa (and Africa) from a social development, social protection, community and human development perspective, including protection of vulnerable populations?
- How do you view the process from a basic and higher education perspective?
- How do you view the process from a food supply chain perspective?
- How do you view the process from an economic perspective and related to saving livelihoods in the different sectors?
- What is your view on conceptualisation, design and implementation of the interventions on COVID-19?
- Which was the role played by stakeholders outside of government including various industries, other economic partners and the general public?

- How successful were governments in Africa in establishing social trust and buy-in at all stages of lockdown and in the planned rollout of the vaccine, given the anti-vaccination lobby and uncertainty on the effectiveness of the vaccines against some new variants?
- Has there been an appropriate communication strategy and adequate sharing of resources within governments in Africa?
- What were the weaknesses in the whole process, and what could have been done better?
- Do you know similar reports being prepared by other countries or regions? In this case, can you recommend contact partners?
- Do you have any further comments or suggestions for this project?

The objectives of the interview were explained to Drs P Ramadan and A Talisuna via email, and the information sheet was sent on 21 January.

P Ramadan and A Talisuna introduced themselves. Both are actively involved in the WHO Covid-19 delegation to support the South African response management; A Talisuna serves as leader of the South African team. WHO missions have also been involved in other African countries, such as Nigeria. Both presented and discussed their feedback as presented below. In addition, the (non-confidential) Interaction Review report will be forwarded to the Country Report team.

The WHO delegation was dispatched to South Africa at the request of the Government mainly because the country represented one of the epicentres of the outbreak on the Continent. Its role was to assess the ongoing COVID-19 response and other health-related readiness of the country, to provide technical assistance across the different pillars of the COVID-19 response. The assessment of the response followed the Intra-action review (IAR) methodology, and the report was shared with the NDoH. WHO staff were deployed on national and provincial levels (case management). The team initially consisted of 35 international staff (now reduced to 20) and local staff, including epidemiologists and other specialists. Because of the resurgence experienced in the Eastern Cape, 11 staff were deployed to this Province. Vaccine specialists (eg from Harare) support the roll-out planning.

In general, the set-up of the response structures in South Africa was considered very successful. The initial Level 5 restrictions occurred at a time of high virus spread and low readiness of the country; easing of the restrictions went along with lower virus spread and improved readiness. In the beginning of 2020, South Africa played a leading role in the level of preparedness in Africa. Nevertheless, it was not fully ready for the resurgence.

Risk-adjusted strategies and a comprehensive national response plan were employed to ensure that the economy was not totally disrupted and that the population was protected. This resulted in a delay of the first peak which allowed resources to be established, such as laboratory capacity or hospital availability.

Laboratory infrastructure and testing capacity have rapidly been established and are of high quality, much better than in many other countries. The move from community screening to

targeted testing approach was considered successful. There is a need to identify as many cases as possible.

The involvement of the private health sector followed good practices and was very important. South Africa achieved this far better than other African countries, such as Nigeria.

The context and landscape of Infection Prevention and Control (IPC) is different in South Africa, involving occupational health and safety as well as environmental health. The large number of health care workers getting infected remains of concern. Better planning, more training of HCWs and monitoring of IPC practices are recommended.

Procurement requirements were based on helpful information provided by the modelling consortium.

The country has a sensitive surveillance system. However, because the country adapted the Integrated Disease Surveillance and Response Strategy (IDSR) which is used in the region, there is fragmentation in the surveillance system. It has been recommended that the country adapts the 3rd edition of the IDSR technical guidelines and formally introduces IDSR as a strategy for surveillance in the country.

The information system infrastructure remains another major challenge. There are 2-3 platforms in each province which are incompatible with one another. A single national system is required to capture and analyse the data in real-time.

On the provincial level, reporting, coordination and information sharing were not adequate. Improvement efforts are supported by WHO, including resurgence planning and preparedness. The targeted responses in the Eastern Cape, Northwest and Gauteng resulted in improvement of the local situation.

On the district level, there were severe gaps, such as the number of available experienced personnel. As a result, districts were inadequately involved in the responses and not sufficiently prepared for the resurgence.

The following observations are considered to be contributing factors for the current resurgence: Negative community behaviour changes (lower compliance with mask wearing regulations), especially in young people who consider themselves as “no-risk-population”; lower level of restrictions for economic reasons; low compliance with regulations by the transport sector; increased moving and gathering of people.

The low availability of vaccines is of concern to all African countries. Currently, the Seychelles are the only African country which has started its vaccination campaign. Adequate access to vaccines requires political advocacy by President Ramaphosa (AU, African CDC). Prioritisation is needed in the context of the Covax initiative. WHO supports preparation of a comprehensive vaccine deployment plan and coordination. Together with UNICEF, WHO works on a strategic plan for vaccine roll-out, on the basis of their vast experience in many previous vaccination roll-out campaigns. Next week, a briefing is planned on risk communication and a robust roll-out plan.

Readiness assessment for vaccines should have been performed by end 2020. South Africa needs more efforts to get prepared for its vaccination campaign. This includes the translation of “high-level readiness” to local communities “on the ground” and to the district level.

A recent survey showed that only 53% of the investigated population are willing to be vaccinated, with a lower percentage even in respondents with higher education. Much planning and effort will be needed, and a structured approach to anti-vaccination sentiments should be part of the readiness assessments. This should include proper communication, for example by identification of suitable community leaders. The challenges experienced in the Indian roll-out of the vaccination should serve as a case study.

General recommendations for future planning include the following:

- Scaling up risk communication and community engagement to facilitate compliance to public health measures and understand the rationale for the restrictions
- Plan and implement geographically targeted restrictions at level of district especially in the event of a resurgence
- Plan and implement safe re-opening of schools in a less risky manner, considering a differentiated school class-based approach
- Use local data to identify hotspots
- Plan access to vaccinations
- Sequencing of new variants as basis for re-design of vaccines, gain benefit from early access to such data

These notes of the discussion were approved by P Ramadan and A Talisuna on 1 February 2021. Both agree to the use of these approved minutes in the context of the Covid-19 Country Report.

Prof. Bernd Rosenkranz