INPUT FOR CHAPTER 2: GOVERNMENT LEADERSHIP, GOVERNANCE, INSTITUTIONAL ARRANGEMENTS AND STATE CAPACITY IN RESPONDING TO COVID-19

Stream: The importance of leadership, institutional arrangements and policy responsiveness during a disaster situation.

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1. Introduction

The focus of the paper is mainly to enquire on the leadership, policy (disaster related) and institutional arrangements that where in place before lockdown period. In order to develop a position paper, we had to consider at a leadership (decision-making) and policy level what was in a place to deal with unforeseen eventuality (disaster) in the country. Strong leadership and institutions are needed if we are going to be able to manage and get through COVID 19 pandemic and safe lives.

2. Research question

What leadership attributes, policies and institutional arrangements were in place before the lockdown period in South Africa?

3. Objectives of the paper

- To review governance in time of disaster
- To review leadership perspective in adversity and crisis situations
- To review public policy that enables institutional arrangements before COVID-19 lockdown period;
- To consider the leadership and policy strengths and limitation to respond to the COVID-19 pandemic.

4. Research Methods

The section is based on predominantly non-empirical strategies all based on the qualitative paradigm. Data was collected through the scrutiny of primary and secondary documents and reports.

A variety of interpretive and descriptive techniques has been utilised in describing and analysing the existing material in the attempt to interpret the existing realities evident in the processes and functions of policy review and structural arrangements. Such utilisation of existing sources is based on the reality of the public policy, roles played by policy makers and leadership in the health care sector, especially the COVID-19.

5. Governance

Governance is an analyses of checks and balances within an organisation (country) or actors in many different forms such as stakeholders, transparency, and accountability. It is concerns the structure, process and content of (networks of) organisations in creating public value. A seminal report of the World Health Organisation (2012) noted that efficiency and effectiveness in today's complex,

interlinked, rapidly changing environment requires redesigning the structures and processes of governments to encompass a new set of actors and tools. Governments must remain relevant by being responsive to rapidly changing conditions and citizens' expectations and must build capacity to operate effectively in complex (COVID-19), interdependent networks of organizations and systems in the public, private and not-for-profit sectors to co-produce public value.

Because of this shift, the word governance is increasingly used to describe new processes. The term is the subject of a wide range of academic literature, and many attempts have been made to categorize this body of work, distinguish schools of thought and develop explicative theoretical frameworks (Greer, Wismar, & Figueras, 2016). In its broadest sense, governance determines how societies are steered and how power and resources are distributed. It also requires new forms of leadership. Governance undergoes major historical shifts and changes, some revolutionary and others more drawn out and incremental but not necessarily less transformational.

6. Leadership perspective in adversity and crisis situations

The emergence of the pandemic (COVID-19) and the first confirmed infection case in South Africa were instrumental in changing the lives of everyone in the country and meant that it could not be business as usual for the country's leadership. According to Wilson (2020) a pandemics is an occurrence that wreak havoc across the country which inevitably brings leadership into sharp focus, the President, Cabinet and government plays an important role in formulating and guiding the nation's response to COVID-19. The main objective of the process is to save lives, minimise the impact on livelihoods and strive to flatten the curve, lastly to buy time for your frontline institutions (departments, more especially the Health sector) to be ready with a comprehensive pandemic responsive plan (implementable programme). This section will identify and review key leadership practices that needs to be exercised during times of adversity and crisis.

6.1 Lead decisively

The main objective of the South African government seem to be "to save lives and livelihoods", it appears to constitute the core purpose driving the government's response to COVID-19. Adopting a programme to save lives and livelihoods as one's purpose gives leaders a guiding light to help navigate through the pandemic. Having this clarity of purpose aids in garnering follower support and provides a yardstick against which possible actions can be judged as to their merits or effectiveness. President Ramaphosa first addressed the nation on COVID-19 on 15 March, declaring a national state of disaster in terms of the Disaster Management Act. He announced that government is taking urgent and drastic measures to manage the disease, save lives and reduce the impact of the virus on our society and on our economy. In his second address to the nation, on 23 March, the President announced a national lockdown and outlined more stringent interventions in a comprehensive plan to limit transmission of the virus and to mitigate its economic and social impact. The measures included tax relief, the release of disaster relief funds, emergency procurement, wage support through the UIF and funding to small businesses. Wilson (2020) argues that objective of lockdown as announced by the Ramaphosa does not soften the possibly vexed tradeoffs that might arise between addressing health and economic

considerations, but it does, at least, hold both as being of central concern. In that sense it's the "and" between "lives and livelihoods" - and not "lives or livelihoods" - that is key.

South Africa was the first country on the African continent to impose a lockdown from midnight on 26 March of this year. The quick response has been applauded internationally (Harding, 2020). Implications of such a lockdown in a country already in a period of economic downturn are worrying however, with access to food threatened, social distance and quarantining in the many townships a feat of impossibility and the involvement of the South African National Defence Force (SANDF) and South African Police Service (SAPS) to enforce the lockdown only likely to make matters worse due to their violence history (e.g. Kiewit, 2020; PLAAS, 2020). There has been confusion about some of the regulations, clumsy messaging and U-turns from some of the country's less impressive ministers have not helped either.

6.2 Serve as a model by being resilient

The importance of making the right decisions and remain resilient when faced with a crises (COVID-19). Renjen (2020) believes that in a crisis the hardest things can be the softest things to do such owning the narrative at the outset. This means leaders should not shift the blame and not recognise their role is dealing with the situation while also acknowledging current realities including what they don't know and painting a clear picture of the future inspire others to preserve. Leadership should be ready for the unexpected, such as individual members of society acting differently, lack of information on the crisis and conspiracy theories.

6.3 Stay bold and visionary

Don't let the fear of making the wrong decision make leadership not take or delay taking decision. Leaders should have the ability to look beyond what is known and cherish while not having the full picture, as this necessitates experimentation-try and error approach. As leaders balance the demands of profit and purpose in unprecedented conditions, having the vision to drive fast and quick reactions will be crucial to adaptation and survival.

The COVID-19d requires leaders to show a degree of humility and empathy for the community. A transformational, interactive approach is key to success – sharing power and information, inspiring others, and leading from the front when it counts. Leaders are expected to be flexible to embrace new information and analysis of the crisis as the challenge is better understood. This could mean what was thought to be unimportant yesterday can become extremely important information or approach tomorrow. Continually framing the crisis, having the ability to assess on a continuous basis and having a process to do that is essential for leaders to manage the crisis.

6.4 Keep your ego in check

Leadership should acknowledge that they are not expect in all fields and more especially in issues such as health pandemic which requires specialised response. It is therefore important for the leadership to put ego aside and be willing to seek and listen to expert advice, follow the science and use facts and evidence to guide their decision making. This is critical to effective pandemic leadership, it is also

a crucial factor missing in some leaders' responses to the pandemic as evident by the reasons advanced for some of the lockdown regulations.

Success leads to an increase in self-confidence and pride, but too much of these characteristics can leave a leader more focused on their ego rather than the needs of their communities. Arrogance, overconfidence, and over ambition are a dangerous combination. Leaders can become immune to the destructive consequences of their impact on those around them. Leaders should aim to cultivate an atmosphere of openness and collaboration, harnessing that ego for the betterment of the organization.

6.5   Trustworthy, confidence and accountability

Trust is founded on good governance that is based on the existence of ethical codes and accountability mechanisms in all spheres of human life. This implies that citizens have an expectation of good and ethical governance at all levels of society. This reality pinpoints the fact that leadership is obligated and expected to adhere to the principles of accountability, transparency and integrity that are the cornerstones of good governance measures such as detection, prevention and deterrence (Woods & Mantzaris 2012:121; Gisselquist 2012:10). The inevitability of citizens' expectations of a corrupt-free and healthy society is instrumental in the building and nurturing of feelings of trust in a government.

Policies and the way they are planned and implemented nurture or destroy trust as they are the foundation of the principles and actions of service delivery. This means that trust is not won by fancy and verbose pronunciations, distribution of food parcels but by leadership actions. When citizens believe or realise that policies and promises are forgotten, mistrust emerges and takes different forms. These forms are rooted on contrasting individual and group ideas, perceptions, relationships and actions, creating social outcomes that illustrate a mixture of power relations, as well as contradictions created through societal or other realities.

6.6   Communication

During a crisis it is important for leaders to constantly communicate and update country on the COVID-19 information available. This helps in managing the narrative and serves as source of reliable information. The Disaster Management Act designates a disaster manager (cabinet member) to be the sole spokesperson and to be the source of honest, consistent and updated information. It is also critical to keep accurate records and communicate bottom up information as collected from different communities.

Crisis communications from leaders often hit the wrong notes. Time and again, we see leaders taking an overconfident, upbeat tone in the early stages of a crisis—and raising stakeholders' suspicions about what leaders know and how well they are handling the crisis. Authority figures are also prone to suspend announcements for long stretches while they wait for more facts to emerge and decisions to be made. Thoughtful, frequent communication shows that leaders are following the situation and adjusting their responses as they learn more. This helps them reassure stakeholders that they are

confronting the crisis. Leaders should take special care to see that each audience's concerns, questions, and interests are addressed. Having members of the crisis-response team speak first-hand about what they are doing can be particularly effective.

7. Institutional arrangements before COVID 19 lockdown

In South Africa the first COVID-19 case was confirmed on 5 March 2020. In response to this, a special Cabinet meeting on 15 March 2020, took a decision to declare a national state of disaster in accordance with Section 27 of the Disaster Management Act, 2020 that brought to effect the lockdown period which started on 26 March 2020 midnight. The term "Disaster" is defined 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, 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." (RSA 2002)

In terms of section 41(l)(b) of the Constitution of the Republic of South Africa, all spheres of government are required to "secure the well-being of the people of the Republic" (RSA 1996). The Disaster Management Act was adopted in terms of the White Paper on Disaster Management (1999) that provided for a more proactive disaster management approach that may proactively prevent "human, economic and property losses" through the "introduction of preventive strategies aimed at saving lives and protecting assets before they are lost." (Department of Constitutional Development, 1999). It also placed specific emphasis on directing disaster relief funds to focus on the plight of the most vulnerable and poor sections of the population. The White Paper states that while the primary responsibility for disaster management in South Africa rest with the government, effective disaster management require partnership arrangements between government, the private sector and civil society.

The Disaster Management Act of 2002 aimed to give effect to the goals of the White Paper and provides for:

- an integrated and co-ordinated disaster risk management policy that focuses on preventing or reducing the risk of disasters, mitigating the severity of disasters, preparedness, rapid and effective response to disasters, and post-disaster recovery;

- the establishment of national, provincial and municipal disaster management centres;

- disaster risk management volunteers; and

- matters relating to these issues

It would be prudent before we go further with our study, to briefly explain the difference between the State of Disaster (2002) and a State of Emergency (1997). A "State of Disaster" is distinct from a "State of Emergency" in that it can be declared by the President in terms of section 37 of the Constitution of South Africa and in terms of the State of Emergency Act of 1997 (RSA, 1997). In a State of Emergency, derogations from civil liberties protections under the Bill of Rights such as freedom of assembly are permitted, with some exceptions that include the rights to dignity, life and the right to a fair trial. The

courts and parliament retain a supervisory role as the courts have the power to declare a State of Emergency invalid, and any extension of a State of Emergency beyond 21 days must be approved by parliament. A State of Disaster is a temporary measure in which certain rights are limited and it may be declared invalid if the requirements for a declaration in s27(1) of the Constitution are not met. The declaration of a State of Emergency is necessary to restore peace and order, and as such, may not be the first step in addressing a health emergency, such as the spreading of a virus. Should the emergency escalate and lead to civil unrest, declaring a State of Emergency may be justified. (Labuschaigne, Staunton 2020)

The National Health Act (2003) is clear on the state's obligation towards the citizens' health needs and calls for a "co- ordinated relationship between private and public health establishments in the delivery of health services". It is a wide-ranging law that sets the rights and responsibilities of all role players and stakeholders and sets the regulations, priorities of a national health systems that is affordable to and based on honesty, accountability and transparency at all levels of operations". (RSA 2003)

This section focus on the institutional measures put in place through the Disaster Management Act prior to the COVID-19 pandemic, before reflecting on the relevance and appropriateness of these measures to manage the pandemic.

7.1.   Institutional measures under the Disaster Management Act

The Disaster Management Act provides for the establishment of an *Intergovernmental Committee on Disaster Management (ICDM)* comprising cabinet members involved in the management of disaster risk or the administration of other national legislation aimed at dealing with an occurrence defined as a disaster in terms of section 1 of the Act.

The Act provides for the establishment of a *National Disaster Management Centre* to achieve the objective of promoting an integrated and co-ordinated system of disaster risk management. The National Disaster Management Centre (NDMC) was established within the Department of Cooperative Governance and Traditional Affairs. The Act provides that the NDMC adopts the following functions:

- Establishing communication networks with all disaster management stakeholders
- Manage a disaster management information centre
- Develop guidelines for disaster management plans
- Provide guidelines to organs of state to prevent and mitigate disasters
- Monitor, measure and evaluate disaster management plans
- Classify and record disasters (RSA 2002)

The exercise of its powers and duties of the NDMC is subject to the direction of the Minister.

The act provides for the establishment of a disaster management centre in each province and metropolitan and district municipality.

The national executive (Cabinet) remains primarily responsible for coordination and management of the national disaster (RSA 2002). Each national department must adopt a disaster management plan

that sets out how disaster management applies within its functional area, typically included in the strategic plan for the sector.

7.2. Key performance areas under the National Disaster Management Framework (2005)

Implementation of the Disaster Management Act is guided by the 2005 National Disaster Management Framework. The framework provides a coherent, transparent and inclusive policy on disaster management appropriate for the Republic as a whole. This framework provides for four key performance areas (KPAs) that focus on the critical performance areas to be achieved in managing disasters, and three supportive enablers required to achieve the objectives set out in the KPAs.

KPI 1 Institutional Arrangements

KPA 1 applies the principle of co-operative governance to establish institutional arrangements to implement disaster risk management within the national, provincial and municipal spheres of government.

It provides further details on the establishment of the *Intergovernmental Committee on Disaster Management.* The committee will comprise the cabinet members involved in the management of disaster risk or the administration of other national legislation aimed at dealing with an occurrence defined as a disaster in terms of section 1 of the Act. The framework refers to the ministers from 17 portfolios, reflecting the 2005 Cabinet structure. It also provides for provincial and local government representation. The committee must advise and make recommendations to Cabinet on issues relating to disaster risk management and the establishment of the national disaster management framework.

The *National Disaster Management Centre (NDMC)* is responsible for government's disaster risk management policy and legislation, facilitating and monitoring the implementation, and facilitating and guiding cross-functional and multidisciplinary disaster risk management activities among the various organs of state. Functions includes to "facilitate the development of response and recovery plans to ensure rapid and effective response to disasters that are occurring or are threatening to occur and to mitigate the effects of those disasters that could not have been prevented or predicted" (RSA 2005).

The specific duties implemented by the five branches of the established NDMC in the Department of Cooperative Governance and Traditional Affairs include:

- the development and implementation of disaster management operational systems, the coordination of disaster management capacity building and strategic research across all three spheres of government.
- the development of disaster management and fire services policies, legislative frameworks and guidelines derived from the Disaster Management Act (DMA), the National Disaster Management Framework (NDMF) and the Fire Brigade Services Act (FBSA)
- the development and implementation of an integrated system to monitor and evaluate the effectiveness and performance of disaster management and fire services in the country
- to manage the administration of the Fire Brigade Services Act, 1987 (Act No. 99 of 1987)

- to guide the development of a comprehensive information management and communication system and establishes integrated communication links with all disaster management role players (NDMC 2020).

The guidelines provide for further *structures at provincial and municipal level*, and a *forum for joint discussions* on identified risks.

Finally the guidelines state that "the *Department of Foreign Affairs* is the lead national department responsible for promoting and facilitating South Africa's role in international co-operation in disaster risk management. It must, in liaison with the NDMC and the relevant organs of state, forge links with national agencies that render relief assistance internationally, as well as with international agencies, organisations and institutions involved in disaster risk management". (RSA 2005:24)

KPI 2 Disaster Risk Assessment and Monitoring

The framework provides for the *identification and monitoring of risks*. In terms of the monitoring of an identified risk, it provides for hazard tracking, vulnerability monitoring and disaster event tracking (RSA 2005:35). "Disaster event tracking systems monitor changing patterns in disaster risk. Increasing or decreasing frequencies of unclassified disaster incidents are sensitive indicators of changing risk patterns in at-risk areas." (RSA 2005:35) In terms of the act it enables the monitoring of effectiveness and results against disaster management plans.

Within the NDMC the Directorate: Intelligence and Information Management (Dir: IIM) "guides the development of a comprehensive information management and communication system and establishes integrated communication links with all disaster management role players." (NDMC 2020) The unit comprises "three managers, one assistant director and a developer and performs as an enabler to other NDMC business units. Its main goal is to provide optimal support to various business units and ensures smooth operations of the NDMC business systems". (NDMC 2020)

Given the high information processing demand of the COVID-19 pandemic, the National Coronavirus Command Councils was established the NATJOINTS and the PROVJOINTS, which are advisory bodies to the Command Councils. The NATJOINTS Priority Committee is chaired by SANDF, SSA and SAPS supported by the National Disaster Management Centre (NDMC) within COGTA.

KPI 3 Integration of Disaster Management Frameworks

KPA 3 focus on the alignment of disaster management frameworks and planning within all spheres of government and the prevention and management of risks in ongoing initiatives. It provides for risk management through disaster prevention, disaster mitigation, disaster response and disaster recovery. It requires the formulation of risk reduction projects or programmes based on transparent research to inform risk reduction interventions. *Disaster prevention* should avoid or reduce the adverse impact of disasters. *Disaster mitigation* limit the impact of disasters of vulnerable groups or areas. *Disaster response* provides assistance or intervention during a disaster to preserve life and subsistence needs of affected persons. *Disaster recovery* restores lives and livelihoods. (RSA 2005: 46-47)

Successful implementation of the Act critically depends on the preparation and alignment of disaster management frameworks and plans for all spheres of government. The legal requirements for the preparation of disaster management frameworks and plans by national, provincial and municipal organs of state are specified in sections 25, 38 and 52 of the Act. The section addresses requirements for disaster risk management planning within all spheres of government. It gives particular attention to the planning for and integration of the core disaster risk reduction principles of prevention and mitigation into ongoing programmes and initiatives.

While the drivers of disaster risk may be local, national, regional or global in scope, disaster risks have local and specific characteristics that must be understood for the determination of measures to reduce disaster risk'. 'Policies and practices for disaster risk management should be based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment'. (Toscano-Rivalta, 2020)

The Sendai Framework (2017) on disaster risk support the view that 'prevention of new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience.

The framework requires that results obtained through risk reduction interventions should be documented.

KPI 4 Disaster Response, Recovery and Rehabilitation

The National Disaster Management Framework defines 'disaster risk reduction' as "all the elements that are necessary to minimise vulnerabilities and disaster risks throughout a society. It includes the core risk reduction principles of prevention, mitigation and preparedness. (RSA 2005). Disaster risk management refers to an "integrated multisectoral and multidisciplinary administrative, organisational and operational planning processes and capacities aimed at lessening the impacts of natural hazards and related environmental, technological and biological disasters" (RSA 2002).

Key performance area 4 focus on disaster response and recovery and rehabilitation. It provides for a "uniform approach to the dissemination of early warnings, averting or reducing the potential impact response and relief measures and rehabilitation and reconstruction strategies following a disaster (RSA 2005:54)

Access to central contingency funds helps to mitigate aspects of the disaster. A specific organ of state must coordinate the response. Additional resources, including the use of volunteers, and recovery measures should be set out in operational plans. Relief assistance and donations must be equitably distributed and established project teams should coordinate the rehabilitation and reconstruction in the aftermath of the disaster. (RSA 2005)

Disaster risk assessment planning requires identification of key stakeholders, as well as consultation with them about the design and/or implementation of the assessment and the interpretation of the

findings. D'Auria and De Smet (2020) argues that during a crisis, leaders must relinquish the belief that a top-down response will engender stability. In routine emergencies, a country can rely on its command-and-control structure to manage operations well by carrying out a scripted response. But in crises characterized by uncertainty, leaders face problems that are unfamiliar and poorly understood. High management level cannot collect information or make decisions quickly enough to respond effectively. Leaders can better mobilize their organizations by setting clear priorities for the response and empowering others to discover and implement solutions that serve those priorities. (D'Auria & De Smet, 2020)

To promote rapid problem solving and execution under high-stress, chaotic conditions National Coronavirus Command Councils was established the NATJOINTS and the PROVJOINTS, which are advisory bodies to the Command Councils, has made inter-governmental and inter-sectoral work easier in the sense that the different departments have an opportunity to engage and debate issues of mutual interest and then develop informed and coordinated response to the challenge (GOGTA, 2020). The NATJOINTS has also been established to provide overall coordination of the response to COVID-19 and meets daily. The NATJOINTS Priority Committee is chaired by SANDF, SSA and SAPS supported by the National Disaster Management Centre (NDMC) within COGTA.

This system also allows for the involvement of key parastatals in the process. What seems not to be clearly defined in these processes and structures, is the role of the private sector and other civil society organisations. This is not meant to suggest that they are not involved, but it is not clear how their input is coordinated and at what level they are engaged. The National Disaster Management Framework (2005: 24) in one its principles specifically refers to the Department of Foreign Affairs that should be responsible for promoting and facilitating South Africa's role in international co-operation in disaster risk management. It must, in liaison with the NDMC and the relevant organs of state, forge links with national agencies that render relief assistance internationally, as well as with international agencies, organisations and institutions involved in disaster risk management".

Enabler 1: Appropriate information management systems

The Guidelines provide that the NDMC will serve as a central information hub supported by provincial and municipal disaster management centres. The integrated information management and communication system must enable the collection of data that enables disaster risk assessment, reduction and recovery. The NDMC must negotiate agreements with all identified data custodians for access to the relevant datasets and the management and maintenance of such datasets to ensure quality and reliable data inputs. (RSA 2005)

Enabler 2: Public awareness, training and research

This enabler requires the NDMC to develop a system that records all disaster risk management training, education, awareness and research in all spheres of government. (RSA 2005)

Enabler 3: Mechanisms for disaster management funding

This enabler provides for the funding mechanisms for different aspects of disaster risk management, budgets, applications for funding, approvals and spending need to be recorded to ensure proper usage and management of available funding. (RSA 2005) Currently the National Government (NDMC) has two sets of emergency funding namely, Provincial Disaster Grant and Municipal Disaster Grant (NDMC 2020). *It does not provide for a National Disaster Grant.*

7.3.   Measures under the Intergovernmental Relations Act of 2005

On the other hand, there is an Intergovernmental Relations Act of 2005, the object of this Act is to provide within the principle of co-operative government set out in Chapter **3** of the Constitution a framework for the national government, provincial governments and local governments, and all organs of state within those governments, to facilitate co-ordination in the implementation of policy and legislation, including, coherent government, effective provision of services, monitoring implementation of policy and legislation and realisation of national priorities through a Presidential Coordinating Council (PCC) which consists of Presidency, cabinet members responsible for finance, public service and local government, it should be emphases that this is a consultative structure with very limited decision-making powers. (Intergovernmental Relations Framework Act, 2005)

Furthermore, in the implementation of a policy, the exercise of a statutory power, the performance of a statutory function or the provision of a service depends on the participation of organs of state in different governments, those organs of state must co-ordinate their actions in such a manner as may be appropriate or required in the circumstances, and may do so by entering into an implementation protocol. The act (Intergovernmental Relations Framework Act, 2005)

The establishment of COVID-19 governance structures across the three spheres of government is crucial to ensure that there is an integrated, seamless and coordinated approach to deal with the COVID-19 challenges across the three spheres of government. The National, Provincial and District Coronavirus Command Councils (NCCC, PCCC and DCCC) and all their supporting structures are useful in making sure that activities and processes are coordinated at all levels of government, and that there is leadership at all levels in order to avoid duplication of functions and/or contradictions in the manner in which programmes are rolled out and messages are communicated. It is not clear however which legislative framework has been used to create the abovementioned structures, they seem to be a duplicate of already existing legislative forums such as NDMC. The ICDM should meet at least four times a year". A review of the portfolios in the Framework suggest that this may not have been the case, as the Cabinet portfolios do not reflect the changes in the post-2009 Cabinet. This may in part be why the NCCC was needed – to provide for portfolio shifts in Cabinet.

7.4.   Risk management strategy of the Department of Health

Risk management for the health sector is discussed as part of the strategic plan of the National Department of Health.

The 2020-2025 Strategic Plan strongly motivated the importance of the National Health Insurance Bill that aims to ensure equitable access to quality health care for all citizens. COVID-19 emphasised the

importance of access to health care and the variable backlog in sufficient health care facilities for all who require medical care. The key risks identified in the pre-COVID strategic plan of the Department of Health included:

- Delays in finalisation and implementation of the NHI Bill/Act
- Shortages of human resources in critical positions and inadequate capacity
- Shortages of pharmaceuticals due to ineffective supply chain management processes
- Inadequate health care infrastructure (new or revitalisation of old hospitals and clinics).
- Lack of adequate funding (in order to meet health delivery service needs)
- Inadequate health prevention and promotion
- Inadequate financial management (which may lead to irregular, fruitless/wasteful and unauthorised
- Expenditure and negative audit outcomes)
- Fraud and corruption
- Inadequate information, communication, technology (ICT) infrastructure
- Escalating medico-legal fraudulent claims (Department of Health 2020a)

The COVID-19 outbreak within the first month (March 2020) of the implementation of the 2020-2025 Strategic Plan embodied all of the identified risks and required the dramatic reprioritisation of government funding to support the health sector to deal with the pandemic.

Also of interest is the Department of Health's publication of the National Infection Prevention and Control Strategic Framework as well as the practical manual for implementation in March 2020. The strategic framework focus on reducing the impact of health care-associated infections that threaten patient safety at healthcare facilities, impact on the morbidity, mortality and quality of life of patients and place an additional economic burden at the societal and health facility level. The highly contagious nature of the COVID-19 virus increases the risk of contracting the virus when visiting a treatment facility for COVID-19 patients. Again, the viral outbreak coincided with the launch of the strategic framework in March 2020, and the implementation measures outlined in the framework was as such not yet put in place.

Specifically the framework aligns with the World Health Organisation's eight core components to prevent and reduce health care-associated infections and provides for the following eight components:

- Implementing infection prevention and control programmes at national, provincial and health facility level
- Formulating national and health facility infection prevention and control guidelines
- The implementation of infection prevention and control education and traiing
- Healthcare-associated infection surveillance
- Multimodal improvement strategies for implementing infection prevention and control activities

- Monitoring, evaluation and feedback
- Considerations for managing workload, staffing and bed occupancy at the health facility
- Built environment, materials and equipment for infection prevention and control at the health facility (Department of Health 2020b)

The adoption of the framework serves as an acknowledgement of the gap in current policies, infrastructure, equipment, training and guidelines that should have informed COVID-19 management at the facility level. In its absence, medical personnel, support personnel and patients at facilities were more vulnerable. The procedures and available equipment to manage the risks of health care-associated infections at the health care facility level risks also differed between healthcare facilities.

7.5. Risk management readiness for viral pandemics

Risk management strategies for the management of the annual influenza outbreaks offer useful insight on the prior measures in place to deal with COVID-19.

The research report entitled "Pandemic influenza preparedness in the WHO African region: are we ready yet?" assessed the readiness of African countries to respond to pandemic influenza, where a novel influenza virus causes sustained human-to-human transmissions to which the population has no or little immunity (Evanson et al 2018:1). In general South Africa performed well against its regional counterparts. Key findings from the report on South Africa's readiness to manage pandemic outbreaks show that communication and partnership, surveillance and monitoring, ethical considerations and prevention and containment capacities are at the optimal level, while strong risk communication capacity also exists. Preparation levels scored at two-thirds to the maximum while case investigation and treatment was low at 40% of optimal capacity required (Evanson et al 2018:9) The report also found that South Africa regularly updated its plans and strategies and commended the adoption of a National influenza policy. The study however highlighted the absence of business continuity plans across the non-health sector at the subnational level to cater for worker absenteeism and related economic impacts (Evanson et al 2018:9)

The National Influenza Policy and Strategic Plan (2017 – 2021) was formulated after the 2009 Influenza outbreak in recognition of the reoccurring nature of viral pandemics and the economic and human cost as a result of such outbreaks. The strategy outlines a comprehensive approach to influenza prevention and control. It emphasises the importance of community health education, laboratory surveillance, ensuring the availability and use of antivirals and influenza vaccines. Section 4.6 specifically refers to creating systems that enables epidemic and pandemic readiness. In this regard the emphasis on establishing a influenza surveillance programme, ensuring sufficient supply of influenza vaccines for both seasonal and pandemic demand, ensuring appropriate treatment and care for individuals infected with influenza, and promoting studies on influenza at the Human-Animal Interface.

The "International Health Regulations and health systems strengthening in east and southern Africa" (2018) offer the following important observations on the prior readiness of the region to deal with seasonal influenza. It finds that African countries tend to "face challenges associated with weak and

under-funded health systems and inadequate early warning systems for timely identification of epidemic risks". (SEATINI & TARSC 2018:1) The report specifically focuses on available capacity to apply with the adopted International Health Regulations of the WHO in terms of Capacities of community health and primary-level health personnel and services, the capacity of the public health system relevant to food safety and available laboratory and pharmaceutical personnel capacity. Assessment of South Africa's capacity finds that human resource capacity development is guided by the HRH Strategy for the Health Sector: 2012/13 – 2016/17, and while fourteen different policies administered by different departments relate to food safety, the overall system offers well-established inspection mechanisms at domestic and international levels" and "adequate and competent laboratory support services". (SEATINI & TARSC 2018:12-14). South Africa also accounted for 345 of the 380 available medical laboratories in the region, of which 276 are private laboratories and only 62 are publicly funded. (SEATINI & TARSC 2018:15)

The report finds that inadequate financial and technical resources deters the development, recruitment and retention of health personnel at the community-care level staff is most needed. A shortage of administrative staff increases the burden on available health personnel. (SEATINI & TARSC 2018:27) While laboratory services are available, staff within these laboratories are increasingly engaged in services of single disease programmes. This potentially stifle the development of capacity to respond to wider and emerging health burdens and outbreaks. (SEATINI & TARSC 2018:29) The importance of good information and health systems that link surveillance systems coherently with primary health care and enhance the health literacy of communities are also emphasised to ensure that available personnel, resources and services can be quickly mobilised to respond to outbreaks. (SEATINI & TARSC 2018:30)

7.6. Risk management readiness for COVID-19

The National Department of Health's Preparedness and Response Plan summarises the goals, objectives, institutional structures and specific activities to prepare for the management of the pandemic in South Africa. The plan provides for "comprehensive preparedness and readiness to tackle any imported novel coronavirus cases, provide a timely response and containment based on national and international standards and norms." (Department of Health 2020c:6)

A Multi-Sectoral National Outbreak Response Team (MNORT) and similar provincial counterparts are established, lead the National Department of Health and supported by the National Institute for Communicable Diseases, WHO, Centre for Disease Control, Department for Cooperative Governance and Traditional Affairs (COGTA), Department of Safety and Security and the National Joint Operations Center (NATJOC) (Department of Health 2020c:7-8).

Specific focus areas to guide the COVID-19 response are as follows:

- To establish multi-sectoral coordination at both national and subnational levels, enable strategic discussions and provide logistical, admin and financial support

- To strengthen capacity to undertake surveillance for COVID-19 at national and subnational levels through the establishment of data management processes to ensure accurate data collection, capturing, storage and analysis
- To ensure that the health care system is prepared to receive, manage and report on the clinical progress of persons with COVID-19 in such a way as to minimise the risk to health care workers and maximise good patient outcomes. Among other priorities, this include:
  - Support to facility, district and provincial preparedness activities including IPC readiness across the public and private sector.
  - Support to clinicians who will manage cases of confirmed COVID-19
  - Ensure Infection Prevention and Control in high risk facilities and the public
  - Minimize risk of acquisition of hospital acquired infections for health care workers
- To strengthen/maintain NHLS laboratory capacity to support testing for SARS-CoV-2
- To capacitate emergency medical services to respond to reported cases
- To establish and maintain screening capacity at key points of entry
- To continuously inform the public on the Public Health risks of Coronavirus (COVID-19) and the related mitigation measures in various settings through (RCCE)
- To provide operational and logistics support to the preparedness and response teams (Department of Health 2020c:9-20).

While the plan is accompanied by a comprehensive set of indicators that track performance against each sub-objectives of the plan, the performance results of these indicators are not in the public domain. The ambitions and prior assumptions of this implementation plan, in the context of the discussed challenges in the health sector presented in earlier policies and research documents in this paper, renders it highly over-optimistic. Actual results from practice have shown that at facility level, the anticipated support outlined in the plan did not manifest, and shortages in equipment, medical personnel contracting COVID-19, backlogs in laboratory test results are all indicators of non-successful implementation of this ambitious plan.

8. Discussion

In consideration of the presented discussion on leadership in the context of a crises, the following leadership strengths and limitations emerge.

Leadership strengths

President Ramaphosa demonstrated clarity of purpose in his initial communication to the nation around the pandemic (15 and 23 March), this one of the requirements for effective leadership during crisis situations.

Lockdown was a quick decision making process and effective intervention that helped given the pressure that would have been placed on our healthcare system. Delaying would have been risky strategy given the experience in Sweden, Italy and UK for example. It would have been a disaster of high proportions given our socio-economic conditions.

Expert leadership from health minister, Dr Mkhize and the Medical Advisory panel of experts led by Prof Karim which stuck to evidenced based decisions and science.

A crisis is when it is most important for leaders to uphold a vital aspect of their role: making a positive difference in people's lives. Doing this requires leaders to acknowledge the personal and professional challenges that employees and their loved ones experience during a crisis.

Leaders should foster collaboration and transparency across the network of teams. One way they do this is by distributing authority and sharing information, in other words, demonstrating how the teams themselves should operate. In crisis situations, a leader's instinct might be to consolidate decision-making authority and control information, providing it on a strictly need-to-know basis.

Leadership limitations

While there signs of positive impact of the brilliant decisions taken by the President, state's incapacity and incompetence was clear for everyone to see. This from minister not talking in unison to officials not understanding the regulations.

The legacy of the Zuma administration was still entrenched in some of the departments that are critical for decision making purposes in dealing with the pandemic such as supply chain management- years of cronyism, corruption and economic stagnation have damaged key public institutions.

Departments are led by incompetent political appointees. "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 co-operation with the private sector," said one senior figure in a provincial department, speaking to me on condition of anonymity. (Harding, 2020)

In consideration of the presented discussion on leadership in the context of a crises, the following policy strengths and limitations emerge.

Policy strengths

In terms of monitoring of the risk prior to lock-down, South African relied on international WHO statistics and paid close attention to the devastating health consequences of the disease in other countries. Once the disease was declared an international pandemic, South Africa did not delay to also declare a local State of Disaster allowing critical resources to become available to combat the spread and consequences of the pandemic.

The response plan adopted closely followed the prescribed procedure in the National Disaster Management Framework.

The establishment of the National Coronavirus Command Council (NCCC) supported quicker decision making. Although the NCCC council as announced on 15 March 2020 by the President included only 21 Cabinet Portfolios, this was updated on 18 March to include all Cabinet Portfolios. This follows the prescriptions of the Disaster Management Act that provides for the establishment of an

Intergovernmental Committee on Disaster Management (ICDM) comprising all cabinet members involved in the management of disaster risk.

NATJOINTS supported the NCCC to ensure information availability and cross-departmental communication.

The Supplementary Budget Review published by National Treasury on 24 June 2020 provided for the dramatic reprioritisation of the national and provincial budgets across all government portfolios redirected funds to manage the threat to live and livelihoods as a result of the pandemic.

Policy limitations

The Disaster Management Act did not provide a suitable instrument for the management of a national level pandemic. In a recent television interview Prof du Plessis from North West University also stated that the Disaster Management Act is not really perfect for a pandemic (Du Plessis, 2020).

While the Disaster Management Act provides for the establishment of a national disaster management centre the functions of this centre as reflected in its branches are very narrow and limited and does not offer the necessary capacity and knowledge to deal with an international viral threat and nation-wide disaster of this nature. The adopted functions of the centre focus its work on the management of smaller scale disasters on provincial and municipal level, based on a per case basis. It does not have processes in place nor the capacity to manage disasters on a national scale. The NDMC and National Treasury annual allocations also do not provide for a National Disaster Grant, only for assistance to disasters at provincial and local government level.

The National Coronavirus Command Council (NCCC) was not established in terms of the Disaster Management Act. The three structures provided for in the Act are the Intergovernmental Committee on Disaster Management, the National Disaster Management Advisory Forum and the National Disaster Management Centre. The NCCC seems to duplicate or take over the responsibilities and functions of the bodies established in terms of the Act. A review of the Cabinet portfolios in the Disaster Management Framework suggest that this framework was not reviewed and aligned to the post-2009 Cabinet portfolios. This in part necessiated the NCCC to provide for a Ministerial Committee that reflect the portfolios in Cabinet needed to implement the disaster management response.

The role played by the Department of Foreign Affairs to manage risks that require international cooperation, such as the COVID-19 pandemic, as set out in the policy framework, was not clear in the initial phases of lock-down.

While the Disaster Management Framework requires the formulation of risk reduction projects or programmes based on transparent research, the information that informed elements of the COVID risk reduction strategy was not always transparent. There has been little shared evidence of a central 'plan' to manage the disaster, or the information that informed this.

From the review of health risk strategies, it is evident that the Department of Health was extremely aware of the risks faced by the health sector and the gaps in the health system that thwarts efficient and universally available health care to all citizens. Overcoming these limitations and implementing

advancing access to health care was a critical focus in the Department of Health's 2020-2025 Strategic Plan. The COVID-19 pandemic coincided with the start of the implementation of this strategic plan in March 2020 and the department did not have time to put any of its strategic initiatives into operation. The COVID-19 pandemic response therefore need to be implemented with human resource constraints at the local health care level, a lack of integrated monitoring and information systems that can mobilise available capacity at the treatment level, and insufficient laboratory services.

9. Concluding remarks

The country's leadership was generally praised for reacting decisively and early by implementing lockdown regulations. President Ramaphosa has also emerged as a key focal point for Africa-wide responses. As the current chair of the African Union (AU) he leads the continental engagement with the World Health Organization (WHO). Effective leadership in a prolonged crisis with such serious consequences is absolutely necessary for a country and its people, and requires physical, psychological and emotional resilience. However, good governance has eluded most of South Africa's government departments for a number of years and it has become more evident that there is lack of coherent leadership at different levels. The continuous presence, and even increase in unethical practices within government has weaken leadership, organisational systems, lack of functionality of key operational areas and serious lack of capacities and competencies in human capital. Under such circumstances, the difficulties in planning, designing and implementing a number of complicated policies are leading to inadequate or inappropriate compliance systems and service delivery suffers.

The NDMC is the central body responsible for disaster monitoring, risk identification, mitigation, response and recovery focus. However, the structures, procedures and focus of the activities of the NDMC are limited and do not extend to disasters at a national level.

This emanates from the broad definition adopted for possible risks in the White Paper on Disaster Management and Disaster Management Act. The biggest risk factors for South Africa is "a wide range of weather hazards, including drought, cyclones and severe storms", the "extensive coastline and proximity to shipping routes present numerous marine and coastal threats" while "shared borders with six southern African neighbours present both natural and human-induced cross-boundary risks, as well as humanitarian assistance obligations in times of emergency." Disasters that emerge from these risks are more limited in its geographical spread and can be managed at a provincial of local level.

The Disaster Management Act needs to be reviewed to provide a more comprehensive framework of possible risks and the Disaster Management Framework in response need to put appropriate procedures and capacity in place to deal with a wider array of possible disasters. This includes access to appropriate intelligence, communication and cooperation infrastructure and systems to enable appropriate decisions and actions. The Framework should be regularly updated to reflect Cabinet restructuring and emerging role players that should be engaged during the management of disasters.

Given that such disasters are infrequent and the specific nature of a disaster require specific sector expertise, creating permanent capacity to deal with all types of disasters at a national scale also do

not seem viable. Rather, guidelines for the establishment and operational mandate of relevant capacity to deal with specific national disasters as they emerge are recommended.

The COVID-19 pandemic highlighted the importance of addressing the impediments to universal and quality health care. Key priorities to be addressed is human resource constraints at the local health care level, universal access to equipment in all treatment facilities, and the implementation of integrated monitoring and information systems to support health care. To improve the management of future pandemics, citizen education and sufficient and versatile laboratory services that can quickly adapt their testing capacity to serve a short term spike in demand for specific tests will be important.

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