

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

Suggested questions for discussion - Medicine and Health

Francois Venter, Wits University (1 October 2020)

- How do you view the medicine and **health-related measures** which were planned and initiated during the pre-lockdown period by the government of South Africa at national, provincial and local levels to slow down and reduce infections, including planning and coordination of lab testing strategies?
- Negatives
 - Not doing more to protect Older people, the vulnerable
 - Churches – 50 people allowed/political mistake with president lecturing young people about parties
 - Testing programme failed, community testing incoherent and negatively impacted on hospital testing
 - Field hospitals – waste of resources, existing facilities should have been upgraded, within facilities – very very bad planning
- Good
 - Hospital preparation was good
 - Health care workers really came to the party
 - All professionals worked together like never before
 - MACs worked well, however lack of transparency was not good.
- Why were there so few dissenters in the Ministerial Advisory Committee?

Very hard questions were asked, 51 members

Do not know what some people did on the MAC

Some worked for government

Some did not speak up, maybe because they did not work for government

They felt a sense of solidarity with government and a need to support it – Prof Venter himself included, although he indicated that that did not blind him for too long.

Some scientists have “authority issues” and are not comfortable speaking out against government

An antidote to the above was that some, such as Prof Venter, had a history of HIV/AIDS activism against government.

- How do you view the process for planning the measures to manage the virus from a medical and health perspective?
 - Medical personnel really did take leadership roles
 - Not enough oxygen, WC good job, not clear in Gauteng, EC failed
 - Initially a lot of fear, mixed bag into planning, little bit chaotic, retrospectively we were lucky, we never saw a catastrophic overrun of the hospitals
 - Professor Mosa Moshabela question – having to weigh options between strengthening existing rather than setting up field hospitals, budgetary implications
 - Gauteng is a mess currently, someone was fired (Mac Lukhele). Field hospitals were a mess.
 - Why not use the space in Baragwanath, use the unused space close to all the facilities, we could accommodate up to 150 people on ventilators, the Gen in central Johannesburg? Then came Nasrec, this was not good.
 - In Gauteng the PPE was surely corrupted, bad quality, etc.
 - Glenda, asked about the Cuban consignment. No – we did not need them. We have all the capacity we need, malaria, cholera, HIV Aids, WHO experts also unnecessary. A year ago we could not pay all the SA doctors, the Cuban doctors were completely unnecessary, we did not need them and they did not understand the language. The chapters should investigate this measure. Maybe Cuba was suffering economically – we need to understand where they went and what value they added.
 - Also for WHO – why? We do have an interview set up. Dr Venter says that WHO experts are good but their focus was wrong, testing and school and on masks their slow acknowledgments, also their stance on lock downs.
 - Dr Venter to be invited to WHO meeting
 - Zweli – What was the contribution of the MAC to the lockdown regulations?
 - MAC did not advise on Lockdown 5 and 4, only later. HIV and TB programmes started to fall apart., MAC experts warned against that. Gov always said ‘our medical experts advised us’; no -ne knows who these people were.
- What were your experiences during conceptualisation, design and implementation of the interventions on COVID-19?
- Which was the role played by stakeholders outside of government including sector partners and the general public?

- Bernd – communication with stakeholders? Trade unions, taxis, church groups, etc. Gov did not really consult outside itself, restaurant, hospitality, etc.
- Public transport and homes were biggest spreaders
- Alcohol industry asked Dr Venter for his insights, there is no clear reasons for the decisions. They complained they couldn't get anyone in government to listen to them.
- Foreign countries prohibited in travel ban, makes no sense.
- A lot of the bad decision-making was during the lockdowns, but it is still continuing.
- What were the weaknesses in the supportive and intergovernmental structures, and how efficient was coordination with local government, and how do you evaluate preparedness and synchronisation between the different spheres of government?
- How successful was government in establishing social trust and buy-in during the pre-disaster phase?
- Has there been an appropriate communication strategy from government at national, provincial and local levels?
- How does the effectiveness of the medicine and health-related measures which were planned and initiated during the pre-lockdown period by the government of South Africa compare with other countries in a similar economic situation?
 - Many countries – Brazilian, Russia, are authoritarian. SA was initially too authoritarian; SA's lockdown was particularly severe (military etc).
 - Interestingly some USA states fared good, where there were good leadership, despite the horrific national response.
 - Malawi never had a hard lock down, and the pandemic was handled well (Glenda)
 - Mosa on HIV experience – need to engage society. Is there something we have a blind spot around? This was, at some stage no longer a straightforward health issue, it intersects with so many other issues.
 - Dr Venter – issue of transparency again, T-shirts, open shoes, etc. There were actually some scientific bases, they only wanted 20% of people back at work in manufacturing and retail, only to allow winter clothes. If government revealed all the reasons, we would have had a much better understanding. This a multi sectoral response. It was not just a medical response. But some decisions actually harmed the hospitals.
 - Similarly, why do they not explain the selected countries for travel, why only business and not leisure? They also bring in money. Also, not enough to say other countries does it – they also did not have good reasons.

- Political and economic justification needs to be clear especially where the issues were not clearly just a health response.
- Alcohol ban made sense; tobacco made NO sense.
- Karl Rumbold (WITS) – why the disaster management act? The DMA does give gov control, it is a good act, but it was used without the required oversight. The oversight from Parliament was lost in favour of the nerve centre.
- And the role of civil society?
- Lockdown knocked civil society severely, as an example access to internet etc. Civil society battled with access, they were still working on their own programmes with limited facilities and internet access. The unions were absent, civil society and business were very quiet.
- What will the changes in the MAC mean? The original MAC recommended that the new MAC so include many more experts, i.e. behavioural MAC. There were some community members on the MAC.