

Data updated April 30, 2020

Partnership for Evidence-Based Response to COVID-19

Effective Implementation of Public Health and Social Measures in South Africa: Situational Analysis

Highlights¹

Public health and social measures should respond to data about the growth of the epidemic and be implemented in a way that engages communities. Communities should be involved in helping to determine strategies for adapting measures to the local context, protecting livelihoods, and introducing appropriate relief measures to counteract the economic impact of these measures. The government should counter misinformation with appropriate risk communication and engage with communities to ensure voluntary adherence to COVID response measures.

- South Africa has the highest number of confirmed COVID-19 cases on the continent, and daily reported cases have been increasing since early April.
- The country has been in lockdown since March 27, but has announced plans for a gradual reopening. The government has defined five "levels" of lockdown restrictions and plans to adjust based on new infections. On May 1, the restrictions will be lowered from level five (the highest) to level four, meaning that strategic industries will reopen while maintaining precautions. In future, different provinces may be subject to different lockdown levels depending on trends in new cases. The level four restrictions remain onerous and there is significant concern about the feasibility of maintaining these restrictions.
- It will be important to watch the evolution of new cases as businesses begin to reopen. South Africa has one of the highest testing capacities in the region, which will support close monitoring of transmission.
- Population mobility in South Africa decreased dramatically at the end of March, in line with the national lockdown.
- According to survey results, the vast majority of urban residents are aware of COVID-19. However, there is significant misinformation, some of which may provide a misplaced sense of protection or contribute to stigma which could lead to violence or prevent people from accessing needed care.
- Most people think that COVID-19 will be a problem for the country; however, far fewer believe that they are personally at high risk of infection.
- The majority support the government response and trust government information about COVID-19. There are also high levels of support for PHSMs, although there is greater opposition to measures that restrict economic activity. The government has enacted a number of social assistance measures.
- There has been significant unrest around the implementation of PHSMs, particularly among health workers and disadvantaged communities (migrants, low-income people, etc.), an indicator of the burden that these measures are placing on South Africans. In some cases, demonstrations have been met with violence from the police.

ABOUT PERC

The Partnership for Evidence-Based Response to COVID-19 (PERC) is a public-private partnership that supports evidence-based measures to reduce the impact of COVID-19 on African countries. PERC member organizations are: Africa Centres for Disease Control and Prevention; Resolve to Save Lives, an initiative of Vital Strategies; the World Health Organization; the UK Public Health Rapid Support Team; and the World Economic Forum. Ipsos and Novetta Mission Analytics bring market research expertise and years of data analytic support to the partnership.

1 This situational analysis brief is based on data from available sources as of the date of publication, and may not reflect more recent developments or data from other sources not referenced. Information about data sources available here: https://preventepidemics.org/ coronavirus/oerc/data

South Africa

Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the burden on health care systems. Effective implementation of PHSMs requires public support and adherence, but they can place a significant burden on people, especially when they restrict movement or entail the closure of services. This situational analysis, based on publicly available data and a recent phone survey, aims to inform efforts in South Africa to balance PHSMs to mitigate COVID-19 with other priorities, including public acceptance and social impacts.

South Africa

Disease Dynamics

SOUTH AFRICA HAS THE HIGHEST NUMBER OF CONFIRMED COVID-19 CASES ON THE CONTINENT, WHICH REFLECTS BOTH THE SIZE OF THE EPIDEMIC AND THE COUNTRY'S RELATIVELY HIGH TESTING CAPACITY. NEWLY REPORTED CASES HAVE CONTINUED TO CLIMB THROUGHOUT APRIL.

Total	Total	Case-fatality	Total # of days to	Date of first reported case
cases	deaths	rate (%)	double case count	
5,350	103	1.93	13	March 6

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Rate of growth in caseload in South Africa has been faster than other high-caseload countries in Africa



Implementation of Key PHSMs

SOUTH AFRICA'S GOVERNMENT IMPLEMENTED PHYSICAL DISTANCING MEASURES WITHIN TWO WEEKS OF THE FIRST REPORTED CASE, AND PLACED THE COUNTRY IN LOCKDOWN BY THE THIRD WEEK. THE GOVERNMENT HAS ANNOUNCED PLANS FOR GRADUAL RE-OPENING BEGINNING ON MAY 1.

3-day moving average of new cases and date of PHSM implementation

- Despite not detecting any cases of COVID-19 until March 6, South Africa currently has the highest confirmed caseload in Africa. The epidemic in the country has grown somewhat faster compared to the other four most affected countries in the region—Egypt, Algeria, Cameroon and Morocco—but South Africa has fewer deaths than all except Cameroon.
- After an initial wave in late March, the number of daily new reported cases in South Africa has gradually increased since early April.
- As of April 30, the doubling time is 13 days. Doubling time is the number of days it took for cases to double to reach the current level. This metric can be used to estimate the recent rate of transmission, with higher doubling times indicating slower growth. In general, doubling times exceeding seven to 10 days and increasing over time suggest a slowing of the epidemic.
- In South Africa, 207,530 tests had been conducted as of April 30. This is equivalent to 3.5 tests per 1,000 people, compared to 3.65 tests per 1,000 people in Ghana.²





2 Note that Our World in Data only collates testing data for the following countries in Africa: Ethiopia, Ghana, Kenya, Morocco, Nigeria, Rwanda, Senegal, South Africa, Tunisia, Uganda, and Zimbabwe. Source: official sources collated by Our World in Data https://ourworldindata.org/grapher/full-list-total-tests-for-covid-19

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Public Reactions to COVID-19 and Related PHSMs

RESULTS FROM RECENT POLLING

Market research firm Ipsos conducted a telephone poll of adults in three urban and peri-urban areas of South Africa (463 in Johannesburg, 331 in Pretoria, and 305 in Durban) between April 2 and April 6, 2020. At the time of polling, South Africa had 1,380 to 1,655 confirmed COVID-19 cases.

Timing of poll in South Africa



Information on COVID-19

South Africans have universal awareness of the epidemic (100%). However, many continue to hold misperceptions, including some that could offer a misplaced sense of protection (61% believe that hot climate prevents spread) or contribute to stigma (61% believe that those who have recovered should be avoided). One in five (20%) say they do not have enough information, particularly on disease severity, causes and cure.

Belief in Misinformation/Rumors

Percentage believing each false statement is probably or definitely true



Demand for Information

Percentage reporting they do not currently have enough information about COVID-19



Information Needs

28%
want more

21%

want more information on whether there is a cure for COVID-19 want more information on how dangerous COVID-19 is want more information on

what causes COVID-19



Percentage reporting COVID-19 will be a problem in the country Percentage reporting personal risk of catching COVID-19 high/very high

Risk Perceptions

While 93% of South Africans reported that the virus will be a problem for the country, a lower share (46%) perceived a high personal risk of infection, although this was higher among older adults.

South Africa



Support for Government and PHSMs

Most respondents (83%) were satisfied with the government's response to date, and trust the information provided by the government on COVID-19 (83%). Three-quarters (78%) of respondents said they were confident they would get the help they needed if they were to fall sick.

South Africans were supportive of a wide range of PHSMs to help limit the spread of the coronavirus, particularly for closures of schools (93%) and churches and mosques (85%). Support levels were lower for measures that would restrict movement and economic activity, such as closing workplaces (77%), markets (76%) or transport (73%).

Support for PHSMs

Percentage of respondents that somewhat or strongly support

	South Africa	Southern Africa	Africa
Closing schools	93%	94%	95%
Closing churches and mosques	85%	82%	77%
Closing workplaces	77%	71%	70%
Shutting down markets	76%	69%	70%
Closing transportation in and around cities		70%	71%



Trust in Information Sources

Percentage that completely or mostly trust each source for health information



Barriers to Adherence

It may be difficult for households to comply with some measures, as 54% said they would run out of money and 44% would run out of food within a week (particularly low-income households). Half (52%) of households have a separate room to isolate sick people.



of respondents have a separate room in the home to isolate someone with COVID-19

33%

of respondents in families making less than US\$100 per month have a separate room in the home to isolate someone with COVID-19

Supplies of Food & Money

Percentage who expect to run out in 1 week or less

Overall Low-income (Less than US\$100/month)





Economic and Relief Measures

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The COVID-19 crisis coincides with an ongoing recession in South Africa. A week after the lockdown was announced, Moody's followed other credit rating agencies in downgrading South African government bonds to junk status. The rand has already lost a third of its value relative to the dollar in 2020. The South African Reserve Bank and International Monetary Fund project the economy to contract by about 6% in 2020. The crisis is already hitting households; in an online survey of eight countries conducted by BFA Global, 66% of South Africans polled April 11-12 said that their income had already decreased as a result of the pandemic, up from 50% just two weeks earlier. Seven in 10 respondents expected the crisis to have a severe financial effect on their household. On April 21, South African President Cyril Ramaphosa announced the second phase of a social and economic relief package for COVID-19 worth 500 billion rand (US\$26 billion, or about 10% of GDP).

- **Health care:** Under current plans, the government has budgeted 20 billion rand (US\$1 billion) to fund the health response. Workers who become sick due to COVID-19 will receive government support; the government, employers and unions are negotiating details.
- Social support: The government is providing social support to South Africans through a number of mechanisms. To prevent layoffs, the government will temporarily subsidize wages for low-income workers. For those who lose their jobs, the Unemployment Insurance Fund has paid unemployment benefits to 600,000 unemployed people, and a new National Disaster Benefit will provide additional benefits for three months to those laid off due to the crisis. A new COVID-19 Social Relief of Distress program will include payments for six months to people who are unemployed but do not qualify for standard unemployment benefits. The government has also temporarily increased child support, old age and disability grants.
- **Food security:** The government is providing food aid, including distributing 250,000 food parcels to vulnerable households, and is reorganizing the food distribution system to incorporate cash payments and vouchers. Additional funding will support municipalities, including for providing food and shelter for homeless people and providing emergency water supply.

Overview of Security Incidents Related to COVID-19

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on people. A number of security incidents related to the crisis have been reported in South Africa since mid-March, including protests against job losses and demonstrations demanding economic relief and personal protective equipment for health and other essential workers. Most of these were peaceful demonstrations, but violent clashes have also occurred. In some cases, police have allegedly used forceful methods to disperse protests and enforce the lockdown, and there have been several fatalities. In late April, responding to reports of increased violence against women and children, and a heightened demand for emergency shelters, President Ramaphosa announced a four-step plan that will look at tackling gender-based violence and femicide.

INFORMATION ABOUT DATA SOURCES AVAILABLE HERE: <u>HTTPS://PREVENTEPIDEMICS.ORG/CORONAVIRUS/PERC/DATA</u>













