



health

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INTERNAL MEMO: ADVISORY ON SAVING LIVES AND LIVELIHOODS

Date:	19 May 2020		
To:	Minister ZL Mkhize, Honorable Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

THE PATH FORWARD IN THE NATIONAL COVID-19 RESPONSE: CONCURRENTLY SAVING LIVES AND LIVELIHOODS

Background

The national lockdown (extreme social distancing) has effectively started the process of flattening the curve and temporarily slowing down the spread of SARS-CoV-2. The lockdown has created space for all sectors, particularly the health sector, to prepare for the increasing number of cases expected as the epidemic spreads. It has allowed the country to plan for a 'New Normal' viz living with the virus until we have a vaccine which is likely to take 18 - 24 months or longer. Notwithstanding the gains to the COVID-19 response, the introduction of some criteria and regulations without clear rationale for their utilisation, notably at level 4 lockdown, has impacted on public confidence with people less committed to following the rules. Furthermore, the lockdown is having negative effects on other aspects of healthcare, which if not addressed soon may cumulatively eclipse benefits of managing COVID-19. In addition, each month of the level 5/4 lockdown leads to a 3% contraction of the economy with resultant hardships to the most vulnerable and fragile communities.

Problem statement

What is a constructive path forward to ensure that the public health gains accomplished in slowing down the spread of the coronavirus to date are not reversed during the resumption of economic activity that will increase the movement of people and the risk of spreading the virus.

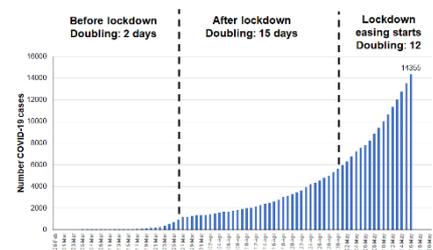
Task

To provide a suggested set of steps as a path forward that minimises the risk of exacerbating the spread of SARS-CoV-2 through movement of people while enabling the economy to safely re-open and allowing people to resume a substantial part of their daily lives.

Points for consideration:

1. South Africa's COVID-19 lockdown has successfully delayed the peak caseload and has allowed time for health services to prepare for an increasing number of seriously ill patients. In addition, there has been a decrease of 40% of deaths from non-natural causes (Bradshaw D, SAMRC). However, if the available effective interventions (referred to as non-pharmaceutical interventions – NPIs) to reduce new infections are not implemented in appropriate combinations with fidelity during and after the easing of the lockdown, the epidemic curve will rise again and its upward trajectory is predicted to peak in August / September 2020.
2. Based on South Africa's population age distribution, a large majority of symptomatic patients are predicted to be mild with a small proportion being severe. Since a sizable proportion of the population may acquire the coronavirus infection over the next 12-18 months, the healthcare needs related to COVID-19 may be significant and substantial planning has gone into preparing for the surge of cases.
3. The level 5/4 lockdown is having negative effects on other aspects of healthcare, which may cumulatively eclipse the benefits of managing COVID-19. These include, amongst others, missed childhood vaccinations, limited access to contraception, underdiagnoses of tuberculosis cases, defaulting treatment for patients with HIV and other non-communicable diseases, delays in scheduled surgeries, a reduction in reproductive health services and healthcare for pregnant women.

4. The epidemic is growing rapidly in some parts of the country such as the Western Cape, while few cases have been identified in some provinces. There is a concern that easing the generalised lockdown might be misinterpreted by the general population as meaning that there is a lower risk of SARS-CoV-2 infection and relax their implementation of social distancing, hand washing and other effective prevention interventions, at a time when the number of cases is likely to rise steeply.



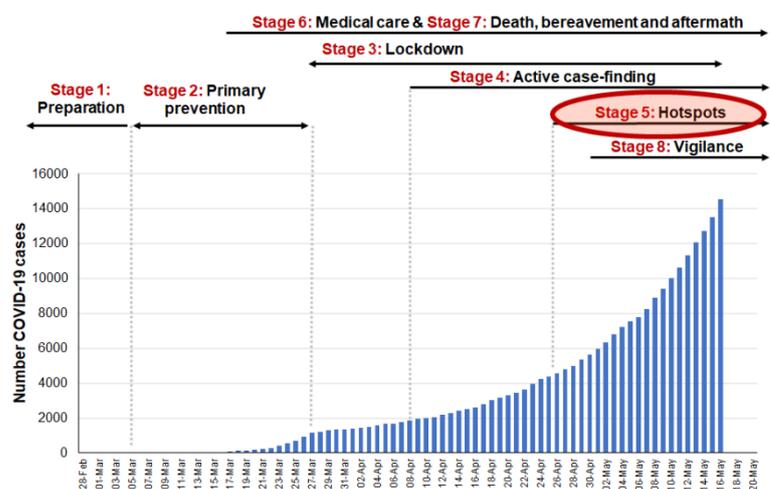
5. Under the level 5/4 lockdown, the long-term negative consequences to the economy are increasing rapidly with a 3% contraction for every month of the lockdown (RMB, 2020) and that this will take years to rebuild. Some companies may not re-open and many will fail if activity at levels where they can operate profitably is not restored very soon. Loss of household income in the formal and informal labour sectors is resulting in increasing poverty and food insecurity.
6. This situation has in some quarters been presented as a dichotomy between lives and livelihoods. The argument that we 'either we fight the virus' or 're-open the economy' is a false tension. With good planning, implementation and enforcement, both can happen concurrently.

Recommendations

1. While the lockdown has produced several benefits, the current trends in the levels of community transmission suggest that a **generalised lockdown is no longer the most appropriate strategy** for South Africa.
2. The current stage of the epidemic requires that a **sustainable set of interventions** from the coronavirus prevention toolbox tailored to the needs of communities, businesses and institutions, should be adopted by all institutions and citizens.
3. Future consideration of a generalised lockdown should be based on an epidemiological evaluation and on whether the **number of cases is likely to exceed healthcare capacity** and if implemented, should protect human rights and strengthen social support measures offered to all vulnerable groups including foreign nationals.
4. There should be careful and considered **review of existing and new lockdown regulations** with removal of those that have no clear rationale or link to reducing the spread of the SARS-CoV-2.
5. The World Health Organization (WHO) has released a **COVID-19 strategy update for relaxing lockdowns** (WHO, 2020). This guidance provides “six key criteria” for countries to transition from lockdown to re-opening of normal social activities. While this advice provides a sound framework for relaxing lockdowns, South Africa’s early implementation of the lockdown may lead to an unsustainably long lockdown period to achieve these criteria. As WHO recommends that “*measures that countries seek to implement should be safely adapted to ensure they are feasible, sustainable, and acceptable in the local context*”, some of the six criteria may be more appropriate at a later point in South Africa’s COVID-19 epidemic.
6. **Implementation of stage 5 (Hotspots) to identify outbreaks and hotspots** as part of the overall risk-adjusted strategy will be important for minimising workplace interruptions as multiple outbreaks are expected to increase as the country nears the surge. Capacity for implementing stage 5 must be progressively expanded to allow early intervention aimed at preventing further spread. At a national, provincial and district level, epidemiological, environmental health and infection control skills will be needed to develop mitigation

strategies emanating from outbreak investigations. District-level alert systems should be implemented including ongoing monitoring of the number and severity of cases, geo-spatial location of cases, monitoring of medical care capacity and utilisation of surge capacity when required. While stage 5 (Hotspot identification and mitigation) is being implemented in high risk

Stages of SA's COVID-19 response



areas, stage 8 (Vigilance) would be more appropriate in low risk areas.

7. **An appropriate combination of interventions** from the coronavirus prevention toolbox, tailored to specific needs and settings, should be introduced and promoted for at least the next 18 - 24 months when optimistically a vaccine could become available, or alternatively that sufficient herd immunity has been attained. This toolbox includes (but is not be limited to):
 - A strong emphasis on hand hygiene (soap and water, sanitiser).
 - Cough and sneezing etiquette.
 - Sanitisation of work and living spaces.
 - Social distancing.
 - Cloth masks in public and suitable personal protective equipment (PPE) for front line workers based on risk.
 - Daily symptom screening and isolation if indicated.
 - Testing, isolation, quarantine and contact tracing.
 - The public should be supported in its efforts to adhere to this package of interventions through major campaigns and self-regulation.
8. There should be continued **caution, including self-quarantine as appropriate, for those over 60 years old, or with high risk chronic co-morbidities**, including reduction of high-risk SARS-CoV-2 exposure in the workplace either by job reallocation or working from home options. A specific communication strategy should be designed for these populations. This may require special measures to support those over 70 years old, especially the most vulnerable in facilities for the aged, for example, screening and appropriate PPE for caregivers to protect residents from infection.
9. There should be continued prioritisation of the **protection of healthcare and frontline workers** with adequate PPE, access to testing, provision for time off for self-isolation, and psychological support.
10. **All routine health services need to be urgently reinstated** with additional measures introduced to compensate for time lost in service delivery during the lockdown. Specific attention should be paid to, amongst others, childhood immunisation, contraceptive services, diagnosis of tuberculosis (TB) and HIV cases, treatment of HIV and TB cases, ongoing management of chronic diseases, scheduled surgeries, antenatal care, as well as, cancer diagnosis and treatment. Screening and triage at hospitals and clinics in affected districts, to stream patients into COVID-19 and non-COVID-19 areas within the facilities can facilitate the maintenance of routine services for non-COVID-19 patients.
11. As **workplaces prepare to re-open**, protocols should be developed that are tailored to prevent outbreaks in particular work environments (such as factories, businesses, retail outlets and farms) and are aligned to the Minister of Labour's regulations. These must be implemented before the re-opening of any workplace and continuously enforced. Failure to do so is likely to result in outbreaks and the subsequent repeated closure of businesses.
12. The re-opening of economic sectors should be accompanied by **the re-opening of educational institutions**. Schools, colleges and universities must demonstrate their capacity to implement relevant prevention interventions from the toolbox and in addition consideration should be given to the rearrangement of the daily calendar, the use of technology to maximise opportunities for social distancing, a phased return to college and

university campuses, and tailored communication campaigns for staff and students/learners and their caregivers.

13. To **avoid repeated and frequent closures of workplaces and educational institutions**, clear guidance must be developed to prevent and safely manage the inevitable cases of COVID-19 that will occur in the educational institutions and in the workplace.
14. **Public Transport** should be opened up as much as possible while supporting the sector to introduce and enforce the use of relevant prevention interventions from the toolbox, as well as, avoiding overcrowding and ensuring good ventilation. Hours of working should support people who work different shifts to avoid peak traffic times.
15. **Modelling and epidemiological data** should be streamlined and timeously released for use at national, provincial and district level to support effective planning.
16. Drawing on national expertise and public health experience, a **National Communication Campaign** should be developed aimed at presenting data in an easy to understand manner with supporting evidence to explain the elements of the National COVID-19 response that are being implemented in response to the changing epidemic. Modelling and epidemiology data should be disseminated to explain unfolding scenarios which if shared appropriately could incentivize communities and individuals to comply with prevention interventions. Senior scientists and clinicians should be more widely used to support the Minister of Health and the President in explaining and justifying mitigation measures.
17. The National Communication Campaign's primary aim should be to **create solidarity and social movements** in support of people adapting and adopting the 'New Normal' that could be with us for a long time.
18. The lockdown has provided time to **plan for the increased need for essential supplies** such as PPE, sanitiser, ventilators, medicines, vaccines and laboratory supplies. Ongoing monitoring of increased requirements for essential supplies and planning for timeous procurement is critical to avoid potential shortages. Procurement should take into consideration, where possible, maximising local production, utilising public-private partnerships and centralised procurement processes to leverage price negotiations and avoid inappropriate competition during this period. Particular care should be taken to avoid competition between public and private sectors, as well as, between provinces that may artificially drive up prices for procuring goods for the national COVID-19 response.
19. Noting their importance to the economy and to social interaction, attention must be given to the safe resumption at an appropriate time of **high-risk activities and businesses** such as air travel, large scale gatherings including religious and cultural events, music concerts, sports events, hair and beauty salons, gyms, pubs, clubs and shebeens. It is recognized that there are substantial challenges in resuming some of these high-risk activities and businesses prior to the surge.
20. In summary, we recommend progression from a generalised lockdown to a risk-adjusted approach with the resumption of economic activity under conditions that provide simultaneous mitigation of risk, based on the appropriate use of combinations of interventions from the coronavirus prevention toolbox, as well as, the implementation of stage 5 on hotspots to reduce the risk of repeated closures of institutions.

Thank you for your kind consideration of this advisory from the MAC on COVID-19.

Kind regards,



PROFESSOR SALIM S. ABDOOL KARIM

OVERARCHING CHAIRPERSON: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

DATE:

CC:

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- » **Dr Y Pillay (Deputy Director-General: Communicable Diseases; Non-Communicable Disease; Treatment, Prevention and Rehabilitation)**