



Finding the Balance: Public Health and Social Measures in South Africa

Data updated 19 August 2020



Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in South Africa that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in South Africa—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: South Africa has had the largest COVID-19 epidemic in Africa to date and one of the highest cumulative incidences in the world. After peaking in July, reported new cases have been declining; between 23 July and 19 August, South Africa has reported a 24% average decrease in the number of new cases each week. Despite having conducted more tests than any other country on the continent, testing capacity has been a challenge, with long turnaround times at points and a low number of tests per confirmed case.

PHSM Implementation: The government enforced a strict lockdown in April, before gradually reopening beginning in May. As the epidemic accelerated in July, the government reintroduced some measures, including a nightly curfew, alcohol ban and school closures. With reported cases falling in mid-August the government loosened restrictions to their lowest level since the epidemic began.

PHSM Support and Adherence: There is a stark contrast between critical discussion of PHSMs in traditional news and social media and high population support in survey findings. Both support and adherence to PHSMs in South Africa are high relative to other African Union (AU) Member States surveyed. Traditional news and social media narratives reflect rising distrust in the government and accusations of corruption, which could undermine PHSM adherence.

Risk Perceptions and Information: Around half of respondents in South Africa believe they are at risk for contracting COVID-19, a significantly higher share than in other AU Member States surveyed, reflecting the country's large epidemic. However, many respondents in South Africa hold misconceptions or believe rumors or myths that could undermine adherence to PHSMs.

Essential Health Services: A substantial proportion of households that needed medical care have had difficulty accessing health care visits (38%) or medicines (31%) during the COVID-19 crisis, and people with longstanding illnesses are particularly affected. The findings suggest that the indirect health impact of the epidemic may be significant.

Economic Burden and Food Security: A majority of respondents (62%) report having lost income compared to last year, and many are facing difficulty accessing food. While the government has leveraged the existing social protection framework to provide ongoing assistance to affected households, only 22% report receiving additional aid from the government in the previous month.

Security: Many incidents of unrest related to COVID-19 have been reported in South Africa. Largely peaceful protests have demanded greater economic support, protections for health care workers, and delays in school reopenings, among other demands.

Disease Dynamics and PHSM Implementation

Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
596,060 (1,026)	12,423	3,455,671 (6)	2.1%

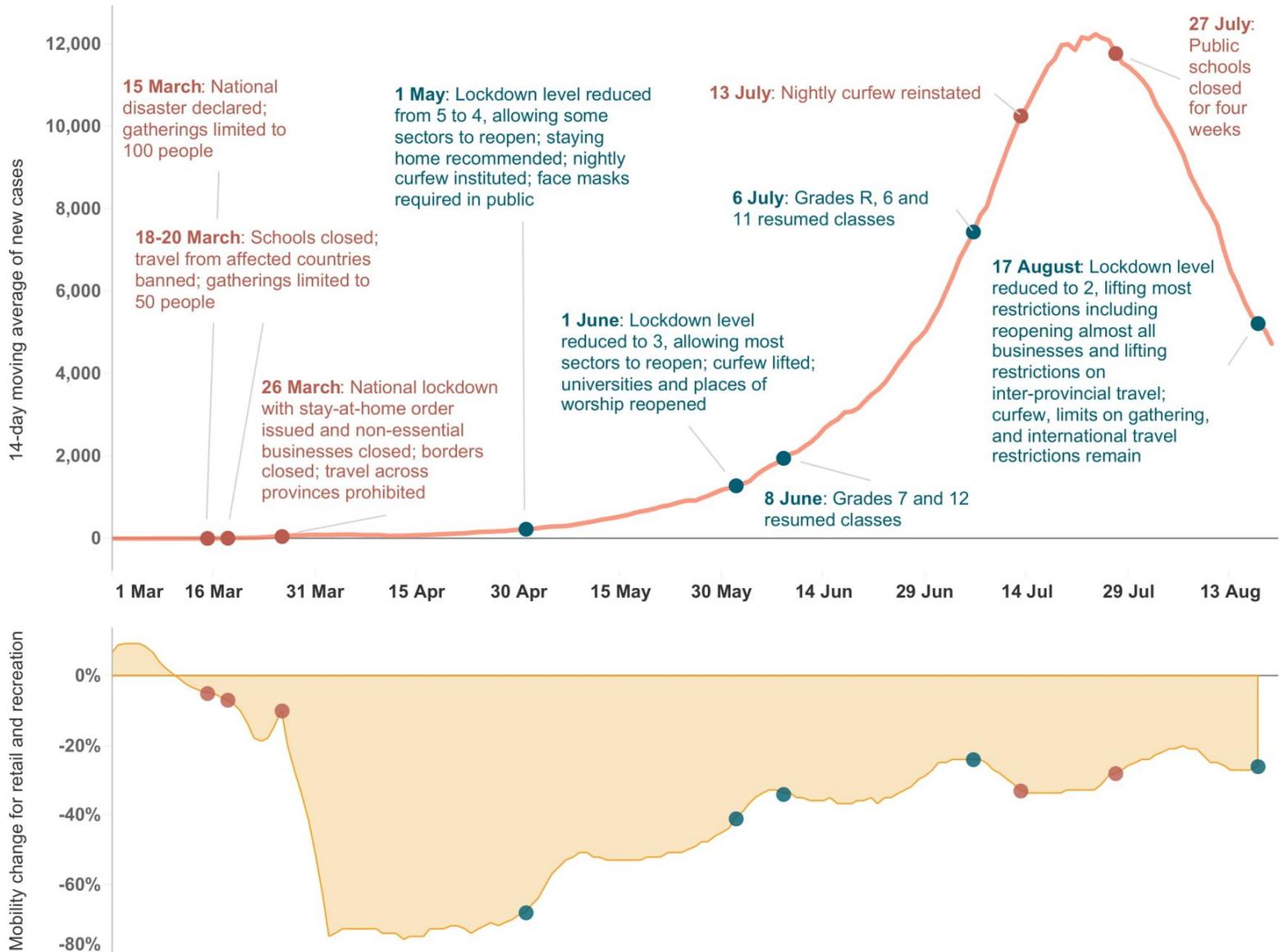
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

South Africa is experiencing the largest epidemic on the continent, with more than half of all reported COVID-19 cases in Africa. Weekly reported cases have declined by 24% on average since mid-July, leading to a relaxation of restrictions, which were initially among the strictest on the continent.

- The South African government enforced a strict lockdown beginning in late March, but began reopening in May as the economic pressure intensified, leading to a gradual increase in mobility. The government has adopted an alert-level system with five levels to communicate restrictions.
- Restrictions were further relaxed in June, but as new reported cases peaked in July, the government selectively tightened measures with a nightly curfew reinstated, ban on alcohol, and four-week closure of government schools. School reopening has been particularly contentious, with opposition from teachers' unions including an unsuccessful legal challenge to reopening plans. Repeated closures of schools due to outbreaks after reopening contributed to disruption and debate.
- Most remaining restrictions were lifted on 17 August. A curfew, limits on gathering, and international travel restrictions remain in place, and nightclubs remain closed. The impact of loosening cannot yet be seen in the mobility data.
- While more than 3.4 million diagnostic tests have been conducted, testing capacity remains a challenge, with a low ratio of tests per confirmed case (6). The National Institute for Communicable Diseases reports an increasing trend in tests per confirmed case, which supports the overall declining trend in new reported cases. After a major testing backlog in May, turnaround times for test results have now decreased to around 3 days in the public sector and less than 2 days in the private sector.
- Although the case-fatality rate remains low at 2.1%, with 12,264 deaths reported, the South African Medical Research Council has estimated an excess of more than 36,000 deaths from natural causes since May, suggesting both limited mortality surveillance as well as potential indirect health impacts due to disruption of health care services. Excess deaths follow a similar distribution to reported COVID-19 cases, with the greatest number recorded in heavily-affected Gauteng province, followed by the Eastern Cape, Western Cape, and KwaZulu-Natal.
- South Africa is the first country on the continent to host vaccine trials, with two trials underway at the University of Witwatersrand.

South Africa implemented an early lockdown at the end of March, resulting in a steep decline in population mobility, which gradually increased as measures were relaxed in May and June.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGR Notes: Showing total cases on a logarithmic scale allows for changes in the growth rate of the epidemic to be clearly visualized alongside PHSM policy changes. Mobility changes for retail and recreation shows the percent change compared to baseline (3 Jan-6 Feb) in visits to retail and recreation sites (e.g. restaurants, cafes, shopping centers, etc.) among Google users.

PHSM Support and Adherence

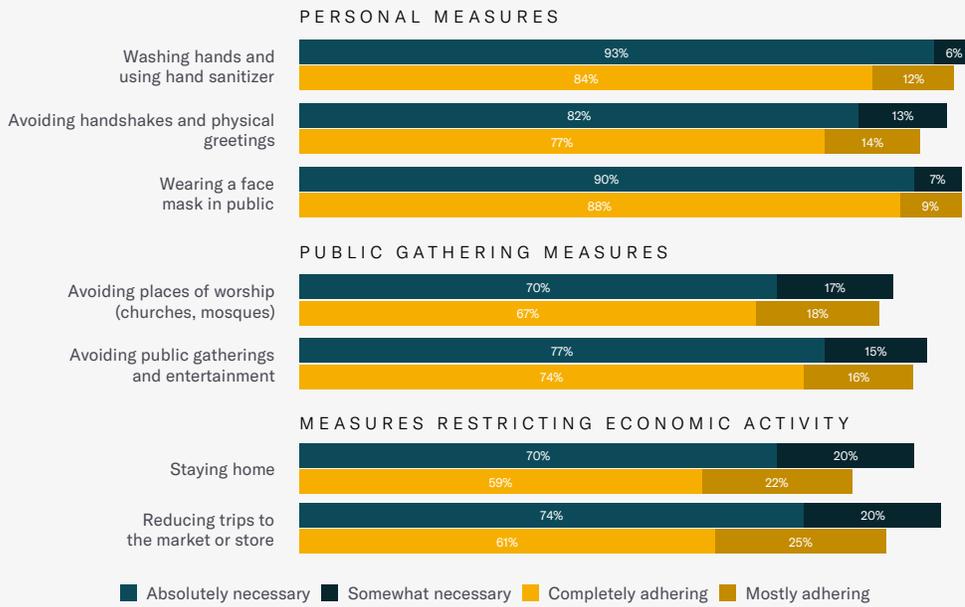
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

A large majority of respondents in South Africa agree that PHSMs are necessary, according to survey findings, despite widespread criticism of PHSMs and the government response in traditional news and social media coverage. Self-reported adherence to preventive behaviors is also high.

- Almost all respondents report having a face mask, and both support and adherence for personal PHSMs (washing hands, wearing a mask, avoiding physical contact) is high.
- Slightly lower adherence was reported for behaviors that restrict economic activity such as staying at home or limiting visits to markets/stores, and for avoiding places of worship; however, more than four in five survey respondents reported following these guidelines in early August.
- Overall satisfaction with the government response among survey respondents (70%) is similar to the average across all AU Member States surveyed, and those who have benefitted from government support are more likely to express satisfaction.
- A majority (57%) of respondents in South Africa favor loosening restrictions overall to reduce economic burdens, although nearly three-quarters are anxious about resuming their normal activities.
- Narratives in traditional news and social media discussions of PHSMs reflected significant distrust of the government response—both in calling for extended measures such as school closures, and the relaxation of measures that were affecting the economy and everyday life. The contrasting findings between the survey and media monitoring reflects the different populations covered by these data sources, and suggests a greater level of dissatisfaction among those who are more engaged on social media.

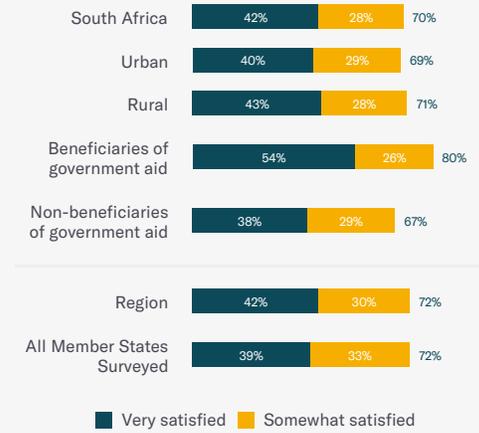
Support for and self-reported adherence to all types of PHSMs are high, and highest for personal preventive measures.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures



More than two-thirds of respondents in South Africa are satisfied with the government response, a similar proportion to other AU Member States surveyed. Those who have benefitted from government support are more satisfied.

% satisfied with government COVID-19 response, by country, subgroup and region



Data Source: Ipsos Survey

Face Masks

South Africa requires the use of face masks in public places but does not impose penalties for non-compliance.

99%

of survey respondents had a face mask ready to use

93%

recognized that wearing a mask could prevent spread

97%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

42%

favor waiting longer to loosen restrictions

57%

favor opening up to get the economy moving

Comfort with resuming activities:

74%

report that resuming normal activities makes them anxious

55%

would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

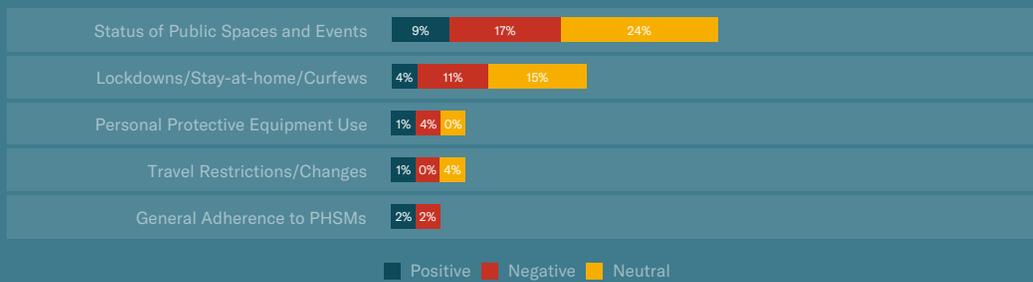
Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

From May to August, public narratives around PHSMs in South Africa have been predominantly negative, with significant criticism of the South African government and ruling African National Congress by social media users.

- The most contested topic related to PHSMs was the status of schools (included in the chart below in the 'status of public spaces' category), with many parents and teachers calling for the government to delay reopening, citing the risk of increased transmission in school settings. Others pointed to the negative impact of school closures on children.
- There was also significant criticism of the government—often directed at President Cyril Ramaphosa—over restrictions on restaurants and bars (included in the chart below in the 'status of public spaces' category), as well as sales of alcohol and tobacco.

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August



Data Source: Novetta Mission Analytics

An opposition leader was quoted by a local news organization on 25 July: “President Ramaphosa is behaving like a spectator, taking instructions from whichever powerful interest group threatens him more. In this instance, it is teacher unions that have come first and not children that can’t vote who are coming last.”

Another local news source reported on 8 August, “Traders complain that President Cyril Ramaphosa didn’t inform them before announcing the latest ban on the sale of alcohol.”

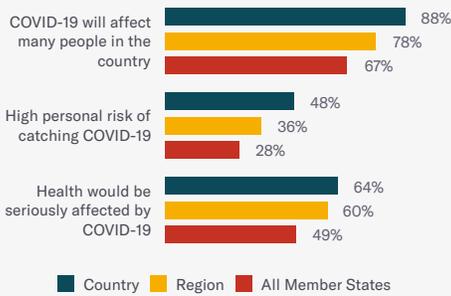
Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

Respondents in South Africa have high perceptions of the risk COVID-19 poses to the country and to themselves. But many hold misconceptions about the disease or believe in rumors, which could affect adherence to preventive behaviors.

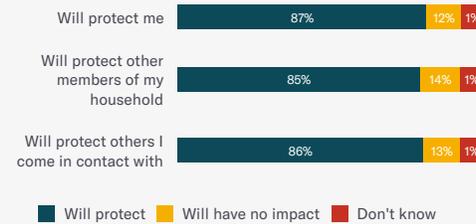
- Respondents in South Africa have higher risk perceptions than other AU Member States in the region and across Africa, with almost nine in ten agreeing that many people will be infected and almost half seeing themselves as being at high risk personally. This likely reflects the size of the epidemic. Respondents in South Africa are also more likely to agree that the disease could seriously affect their health (64%). Even with these high levels of risk perception, continued risk communication and community engagement will help to maintain adherence to personal preventive measures.
- High risk perceptions are also apparent in social media discussions—although some social media users have also amplified disinformation about disease severity or denied the existence of the epidemic.
- A large majority of respondents agree that adhering to preventive guidelines will help protect themselves and others.
- A majority of respondents believed rumors about foreign interference in treatment or vaccines; these narratives—reflected in social media as well—could undermine preventive behaviors or lead to vaccine hesitancy. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.

Survey respondents in South Africa have high perceptions of the risk COVID-19 poses to the country and themselves, compared to other AU Member States surveyed.

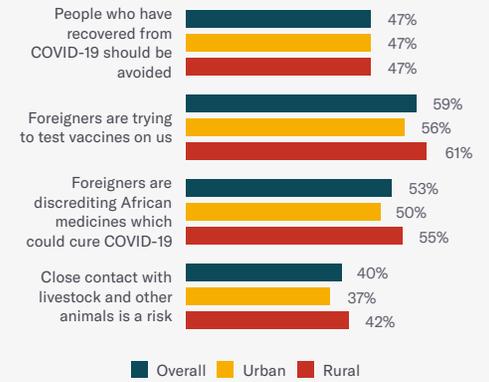


A large majority of respondents agree that following public health guidelines will help protect themselves and others from getting COVID-19.

Attitude toward following public health guidelines



A significant share of respondents hold misconceptions about the disease or believe rumors about foreign interference.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Recent social and traditional media coverage of COVID-19 reflects high perceptions of disease risk, reflecting government risk communication. However, there have also been several misinformation narratives prominent in social media.

- In June, there was significant opposition on social media to the launch of the first vaccine trial in Africa at the University of Witwatersrand, using the hashtag #SayNotoWitsVaccine.
- Some Facebook users have downplayed the severity of COVID-19, comparing it to the common cold or influenza, while others have denied the existence of the epidemic, calling it a scam or hoax.

A Facebook user posted on 11 August, “Why can't government open up [the] economy, covid is like a flu, ppl [are] panicking [too] much, which causes [their] heart to beat fast.”

On 14 August, President Ramaphosa was quoted by a local new outlet, “As we continue to ease restrictions, the risk of infection does not diminish.”

Data Source: Novetta Mission Analytics

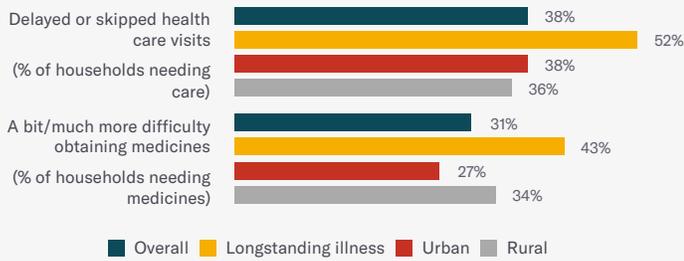
Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

Respondents in South Africa are experiencing disruptions to health care services during the COVID-19 crisis, with a high proportion of those who need care or medicines reporting access issues—particularly those with longstanding illnesses. Barriers cited among survey respondents included facilities being closed or inaccessible due to mobility restrictions, as well as concerns about COVID-19 transmission. Affordability was less of an issue in South Africa, where the public sector provides free care, but still nearly 10% of people deferring care cited not being able to pay as the reason. With health care categorized as an essential service, there were no access restrictions imposed by the government, but many public and private hospitals rescheduled elective procedures. Routine and preventive care services were frequently reported as skipped or delayed (32% of skipped visits were for general check-ups, 9% were for family planning), as was treatment for chronic conditions (e.g., 11% for diabetes and 9% for cardiovascular conditions). Together, treatment for HIV and TB represented almost 10% of missed visits (6% for HIV and 3% for TB), which may have significant indirect health impacts given that roughly 20% of South African adults are living with HIV and nearly half a million South Africans develop TB each year. A significant number of missed visits (7%) were for suspected COVID-19 symptoms, which suggests that at least some people were not able to get the care they needed for COVID-19 during the crisis. COVID-19 infections among health care workers have also contributed to health care service disruptions; the government has reported that more than 27,000 health care workers have been infected in South Africa, 80% of whom are public sector workers. The government banned alcohol sales twice in order to preserve hospital capacity by reducing non-COVID admissions.

About one in three households that needed health care services or medicines reported access issues. These problems were more acute for people with longstanding illnesses.



Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

- 24%** Facilities closed
- 19%** Worried about risk of COVID-19
- 16%** Facilities too busy

The most common self-reported reasons for missed visits were:

- 32%** General/routine check-up
- 11%** Diabetes
- 9%** Family planning

Data Source: Ipsos Survey

Economic Burden and Food Security

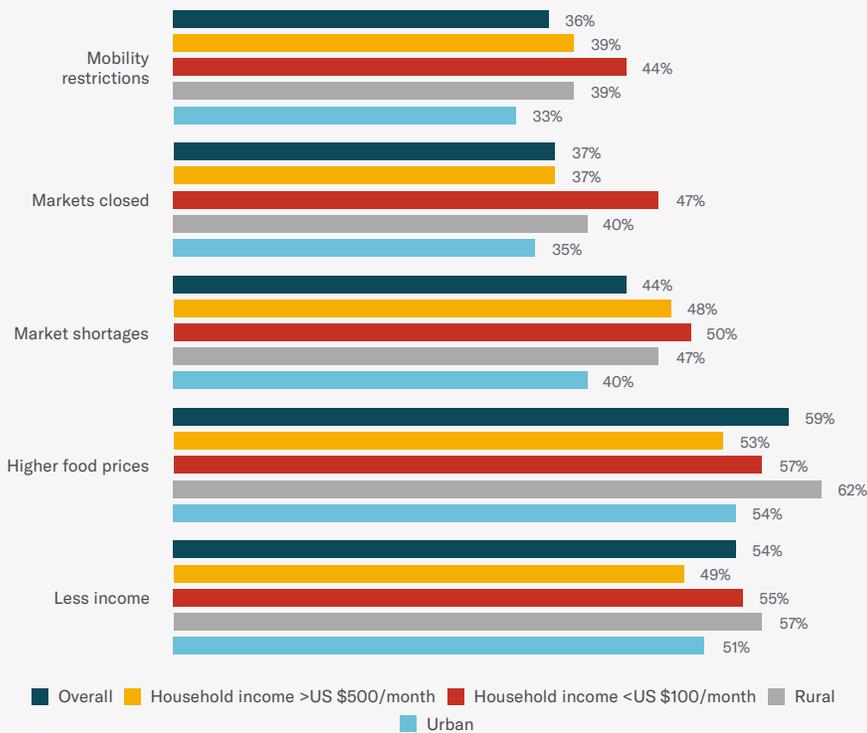
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

Respondents in South Africa have experienced severe economic hardships during the COVID-19 crisis. Nearly three in four (74%) survey respondents reported facing at least one barrier to accessing food in the previous week, including income losses, higher food prices, market shortages and other barriers. Nearly two-thirds (62%) report getting by on lower incomes than at this time last year. These findings are in line with evidence from earlier in the epidemic gathered through the National Income Dynamics Study Coronavirus Rapid Mobile Survey (NIDS-CRAM). This survey generated estimates that 3 million jobs were lost between February and April, and that one in three adults who earned an income in February did not earn an income in April, with women, youth, Black and less educated South Africans disproportionately affected. These impacts come on top of already high unemployment prior to the pandemic. While the government has announced various social assistance measures, many of which are still ongoing—including food distribution, early payments and top-ups of existing social assistance grants, additional unemployment benefits, and a “COVID-19 Social Relief of Distress Grant” for unemployed people not eligible for other benefits—only one in five households report that they have received any additional government support in the previous month. Among those receiving support, the form of assistance is about evenly split between cash and food.

Survey respondents faced continued challenges with accessing food, with a large share reporting barriers to access in the previous week. Low-income and rural households faced greater challenges.

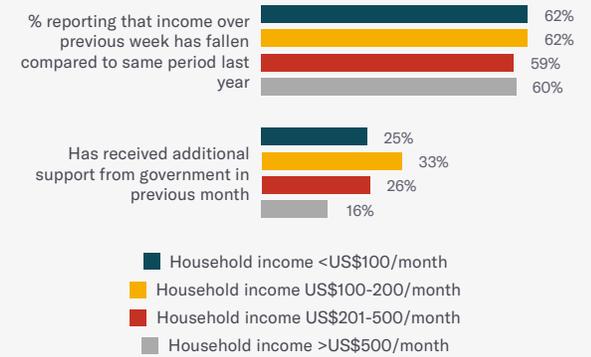
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)



A large majority of households reported income losses, while only 22% reported having received any additional support from the government over the previous month.

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.



Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

From May to August, more than 20% of monitored coverage of COVID-19 in South Africa focused on the burdens of PHSMs, primarily the impact of government restrictions on livelihoods and employment.

- Rising unemployment—particularly among youth—and concerns about lost livelihoods were a major focus.
- Concerns about food security have also driven public concern about PHSMs, with local media and NGOs reporting on the rising threat of malnutrition.
- Corruption in the distribution of government relief measures was widely covered in traditional news and social media, with reports of politicization of relief measures as well as direct appropriation of relief supplies and protective equipment, and corrupt procurement practices.
- Some social media users also expressed anti-migrant and xenophobic attitudes, complaining that migrant workers were taking jobs and that refugees were receiving government support ahead of South African citizens.

A Facebook user warned on 16 July, “Hunger is killing people more than covid does.”

One popular tweet on 30 June commented on alleged corruption by the African National Congress (ANC): “The only thing worse than Covid-19 in South Africa is ANC corruption. This is the true pandemic: they have looted money for food parcels, ventilators, medical facilities & equipment like PPEs. Under their watch the only thing that matters is their bellies & capitalist profits!”

Data Source: Novetta Mission Analytics

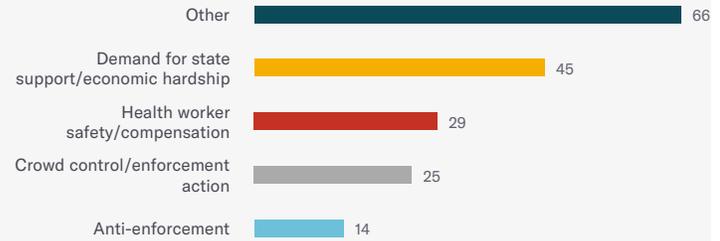
Security

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.

Nearly 200 COVID-19-related security incidents have been reported in South Africa since May, including a significant share that involved reports of violence. The pace of incidents continued through July without slowing. Many of these have involved protests to demand greater economic relief (45), better conditions for health care workers (29), stricter PHSMs or delays in school reopening (23), greater protections in workplaces and schools (21), and safety in prisons (8). There have also been at least 25 reports of PHSM enforcement by security forces, most of which included violence against civilians. Beyond incidents directly related to COVID-19, media reports have highlighted an overall drop in crime in South Africa, but increased reports of domestic violence.

The most frequent issue driving security incidents in South Africa has been demands for government economic relief.

Number of reported events by category, March-July



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,395 adults (806 urban, 589 rural) in South Africa between 3-17 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

Traditional News and Social Media: Research is conducted by Novetta Mission Analytics using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets.

Epidemiological Data: Provided by Africa Centres for Disease Control and Prevention.

Other Data: Drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness; limitations are discussed further at the link below.

For full details on data sources and methods see preventepidemics.org/covid19/perc/.