P O L I C Y   B R I E F

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Covid-19 and inequality in South Africa: What do we know?

Introduction

The direct and indirect impacts of the Covid-19 pandemic have revealed and reinforced inherent vulnerabilities of societal systems. The hard lockdown and other interventions that were implemented by governments across the world changed the trajectory of the epidemics in their countries. Some of these interventions inadvertently allowed inequalities, vulnerabilities and structural inequities to emerge, and inevitably had negative consequences, especially for the poor, the vulnerable and marginalised populations. The likelihood of emerging infectious diseases (EIDs) affecting our societies is increasing, as societies' relationship with nature evolves due to changes in the climate, land use, and human encroachment on the habitats of wild animals. These changes are seen in the increasing occurrence of climate-change-induced hazards, mobility of populations, transportation of food, and intensive food production methods, among others. Furthermore, as the Covid-19 pandemic is still an ongoing emergency, it is worthwhile to ask whether the pandemic has in any way reinforced what we know about disaster risk management and its implications for inequalities.[1,2]

Serious concerns exist in developing countries about preparing properly for high-impact, low-frequency events, especially pandemics, which usually top the list of national risk registers as potential high-impact disaster events that countries need to prepare for. Such preparedness is critical in most developing countries, where structural inequality makes the poor (who are the majority) more vulnerable to disasters. Most countries, including South Africa, have undertaken preparedness for and developed early-warning systems for pandemics, disasters and other public health emergencies. It is logical to assume that the more often an event happens, the more prepared we are for the reoccurrence of similar future events. However, preparing for an event that is high impact and low frequency is always complex and difficult, as the dimensions that it influences are numerous, significantly interrelated and almost impossible to predict with accuracy.

Countries that have had more recent experiences in responding to epidemics have been better prepared to assist their extremely vulnerable communities. Countries in West Africa such as Sierra Leone, affected by Ebola, and in East Asia such as China, Singapore and Taiwan, affected by the severe acute respiratory syndrome (SARS), prepared with the necessary institutional, organisational and governance systems to take swift and appropriate action.[3,4] Most of these countries were quicker and better able to respond to the Covid-19 pandemic because of

1. United Nations (2015) Sendai Framework for Disaster Risk Reduction 2015–2030. General Assembly Sixty-ninth session Agenda item 19 (c). Resolution adopted by the General Assembly on 3 June 2015. The Sendai Framework for Disaster Risk Reduction is the international blueprint for reducing risk and responding to disasters and includes biological hazards.
2. United Nations (2015) Sendai Framework for Disaster Risk Reduction 2015–2030. General Assembly Sixty-ninth session Agenda item 19 (c). Resolution adopted by the General Assembly on 3 June 2015. The Sendai Framework for Disaster Risk Reduction is the international blueprint for reducing risk and responding to disasters and includes biological hazards.
3. World Health Organization (2014) Ebola response roadmap situation report. Global alert and response. Accessed <DD Month YYYY>, http://www.who.int/csr/disease/ebola/situation-reports/en/?m=20141203#
4. Corporate News, Africa (2020) 6 new case of Ebola reported in DR Congo: WHO

having better prepared after having had drawn on lessons and experiences with similar epidemics.

Impact of Covid-19

The experience of the Covid-19 pandemic has been traumatic for many individuals, households and communities because of its sudden and unexpected onset. When Covid-19 struck, one of the key and early interventions that government undertook was to implement a risk-adjusted strategy under the Disaster Management Act.[5] The government implemented a core set of interventions to counter the spread of the virus. This included hard lockdowns as part of a broader risk-adjusted strategy for managing the pandemic, and consequently all social and commercial spaces shut down with immediate effect to ensure social distancing. This was considered an important non-pharmaceutical intervention with a significant impact on changing the trajectory and negating the spread of the virus to minimise the human cost of the crisis, to 'flatten the curve' and to prevent the number of infected persons from overwhelming available health system capacity. Prime and others explain that the various challenges caused by social isolation and disruption – including financial strain, care-giving burden, and confinement-related stress – pose a significant threat to the well-being of vulnerable communities when considering that South Africa is considered one of the most unequal societies in the world.[6,7] Direct impacts of the pandemic were mostly health related, while cascading effects result mainly from measures put in place to protect at-risk groups and contain the spread of the disease (eg closure of schools and businesses, stay-at-home orders and restrictions of public gatherings and personal travel).

People who live in vulnerable areas like informal settlements, the homeless, and those working in lower-income jobs are more likely to be exposed.[8,9] The death rate among vulnerable groups was very high and may be related to higher levels of deprivation, compromised immune systems or a higher likelihood of exposure due to living conditions.[10,11] Outbreaks of Covid-19 among people who are unable to isolate themselves brought to the fore the poor living standards that people face daily. External social support was often disrupted, and for partners who must rely even more on one another, the adversity they faced and stressful life events interfered with their capacity to both request and provide partner support. Everyday stressors weakened feelings of togetherness ('we-ness'), decreased emotion sharing and coping, increased withdrawal behaviours, and compromised the quality of communication. People living in informal settlements lack access to clean piped water, share toilets among many families, and share one room with several family members and are therefore not able to self-isolate. Vulnerable people living in informal settlements do not have security of tenure and this is evidenced by poor or non-existent access to basic services such as education, sanitation and health services. The problem in vulnerable areas is serious, in large part due to inadequate infrastructure, abandonment and poor performance of some local authorities. The pandemic represented a crisis not only of public health and economic stability but also of family well-being.

In addition to socioeconomic vulnerability, there is also the fact that many people are undocumented immigrants in a nation where xenophobia is on the rise.[13,14] The great majority of these immigrants experience hardships as their livelihoods are within the informal economy and some have lost jobs as they used to work in restaurants, construction, and even recycling, which all ceased because of the pandemic and government's lockdown restrictions.[15] There is already strong evidence that lockdown following the Covid-19 outbreak exposed women and children to increased incidences of domestic violence and abuse across the country. The lack of access to healthcare for pre-existing diseases in the early days of the Covid-19 pandemic due to lockdowns in turn resulted

5.   Republic of South Africa (2003) No. 57 of 2002: Disaster Management Act, 2002. Government Gazette No. 24252 Vol. 451 Cape Town 15 January 2003.

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15. DPU Blog (2020) *Covid-19, Urban Mobility and Social Equity.* Accessed <6 July 2022>, https://blogs.ucl.ac.uk/dpublog/2020/05/04/covid-19-urban-mobility-and-social-equity/

in many residents resorting to imposters in the rural areas. Yassine and others reported that the stay-at-home order exacerbated racial and class prejudices.[16] Living in vulnerable spaces is to be subject to uncertainty and insecurity. It means living day by day with mixed feelings of hope, hopelessness and anguish. The pandemic adds stress to everyone's lives, but this stress is aggravated in situations of extreme scarcity. The consequences of Covid-19 can be even more lethal in these communities. The Income Dynamics Study Coronavirus Rapid Mobile Survey (NIDS-CRAM) study provides evidence that inequality deepened during the lockdown. The data found women, people in rural areas, the unskilled and the less educated have been hardest hit by job losses. Between March 2020 and September 2021, women were more likely to report employment loss [26.0% (95% uncertainty interval for 23.8–28.8%] than men [20.4% (18.2–22.9%)]. Women and girls were 1.21 times (1.20–1.21) more likely than men and boys to report dropping out of school for reasons other than school closures. Moreover, the cases show that women have faced increased burdens through impacts on the education system. Women were also 1.23 (1.22–1.23) times more likely than men to report that gender-based violence had increased during the pandemic. The most significant gender gaps identified in the study show intensified levels of pre-existing widespread inequalities between women and men during the Covid-19 pandemic.

In rural areas, farmers were joining farmworkers in appealing for food, and foreign nationals in South Africa were also approaching Gift of the Givers for food aid. The social relief grant brought millions of people into the grant system, with an estimated 40% of applications successful. The outbreak of Covid-19 has challenged the way urban areas deliver with basic services aimed at addressing the diverse needs of vulnerable communities. Thus, cascading effects from the pandemic have exacerbated existing societal inequalities and marginalisation concerning income, gender, education and disability.

Implications of available evidence

The point presented above indicates that the Covid-19 pandemic has tended to exacerbate previously existing social and economic disparities. Covid-19 affected all the United Nations Sustainable Development Goals (SDGs), notably SDG 1 (no poverty), SDG 3 (health and well-being), SDG 4 (quality education) and SDG 8 (decent work and economic growth).[17] The pandemic has revealed clear gaps in preparedness for low-probability and unexpected events, including insufficient early-warning systems and under-capacitated healthcare systems lacking cross-sectoral collaboration. While some positive effects were observed, the adverse effects significantly outweigh the benefits. There has not been a creation of novel ways to deal with inequality. The increase in gender-based violence and higher levels of employment loss among women are a particular concern.[18,19] The country is at a point in time that presents a window of opportunity to strengthen investments in the empowerment of women and girls to ensure that crucial progress towards gender equality is not stalled.

Several studies indicate that hard lockdowns and stringent enforcement interventions made people more vulnerable to violence, social ills and inability to undertake economic activities to earn a living.[20] The pandemic foregrounds the existing settlement and housing crises as well as inadequacies in the health sector infrastructure in South Africa. The Covid-19 pandemic has inevitably jeopardised progress towards the achievement of the 2030 Agenda for Sustainable Development as shown in Table 1.

Table 1: Adverse impact of Covid-19 pandemic on SDG progress

Goal	Adverse impact
SDG 1: No poverty	The amount of people living in poverty has increased, with several people having lost their jobs and other income-earning opportunities. People in informal settlements and rural areas are particularly affected.
SDG 2: Zero hunger	The restriction of mobility and the lockdown limited food supply. The value chains have been disrupted. This left people with few means to survive, resulting in widespread and longer periods of exposure to hunger.
SDG 3: Good health and well-being	The fear of infections prevented people from using health services and the scarcity of health workers contributed to the risk of total collapse of the health system. Poorly capacitated health facilities, especially in rural areas, exposed vulnerable groups to poor or no treatment.

16. Yassine et al. (2019)

17. Institute for Global Environmental Strategies (2017) *Sustainable Development Goals Interlinkages and Network Analysis: A Practical Tool for SDG Integration and Policy Coherence.* Accessed <30 June 2022>, https://www.iges.or.jp/en/pub/sustainable-development-goals-interlinkages/en

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SDG 4: Quality education	Schools were closed for an extended period, leading to increases in school dropout rates. Poor individuals and households were prejudiced by the sudden switch to online learning due to lack of adequate infrastructure, ie lack of electricity supply, poor connectivity, lack of appropriate devices, etc.
SDG 5: Gender equality	The closure of schools correlated with an increase in forced marriages and girls were ten times more at risk of dropping out of school. There was also a concomitant increase in the number of gender-based violence and femicide cases during the heightened period of the pandemic.
SDG 8: Decent work and economic growth	Informal workers lost their jobs and income; the economy also registered significant drops in productivity, with high rates of unemployment, especially among the youth.
SDG 10: Reduced inequalities	There was an increase in inequality as food relief distribution suffered due to corruption. The most vulnerable struggled to access social services such as the social relief grant due to administrative shortfalls – this increased their exposure to poverty and hunger.
SDG 11: Sustainable cities and	Urban homelessness has increased.
SDG 16: Peace, justice and strong institutions	Insufficient governance led to increased corruption.

Role of local governments and policy options

When something is localised, it is better adapted to recognising and addressing people's needs and aspirations. When vulnerable communities are organised to work with public health officials to convey messages about hazards and disasters, more feedback about the challenges they face, such as through dialogues, will tailor the messages and the needed actions. Resilience forums that may include local leaders (such as traditional leaders and councillors), municipalities and emergency services can be set up to respond to disasters on a regular and proactive basis. It is often the case in disasters that power and control revert to the centre, while vulnerable communities and local governments are neglected.

Conclusion

The Covid-19 pandemic caught the world and South Africa unprepared. The pandemic has exacerbated socioeconomic inequalities. It has unearthed weak and inadequate systems of care. The crude reality of the hard lockdowns urges us to champion the right to adequate housing and the right to be in better spaces,

including having access to needed care facilities. The pandemic has reinforced some of the central tenets of our understanding of pandemics and disasters, including their impact on vulnerable communities. The Covid-19 pandemic experiences and lessons learnt direct us towards a collective imagination that enacts a vision of the future we want to shape. Those who are most vulnerable in our societies, due to high levels of deprivation and lack of access to basic services, are also the most vulnerable to Covid-19, as they are to other hazards and disasters.

Due to the combination of limited knowledge of the novel disease, lack of a coordinated response and inconsistent policy messages, the first months of the pandemic were characterised by low willingness among the population to follow the paradigms of testing and tracing. This combined with insufficient preparedness of the healthcare system meant that the country lost healthcare staff including doctors and nurses at a much higher rate. Hence, an integrated, properly coordinated and adequately funded planning and priority-setting processes by national, provincial and local governments are needed ahead of time to develop and implement early-warning systems for disaster preparedness. Furthermore, it must be recognised that evidence-based methodologies and local knowledge are all equally important in assessing risks and taking appropriate and timely action that supports community resilience. While EIDs will likely become more prevalent in the future, governments must become more attuned and more practised at responding to them while prioritising the poor and most vulnerable sections of the population. There is a need to address root causes of disasters and their impact on human insecurities by emphasising early prevention rather than late intervention, where benefits include greater cost-effectiveness. Strategies concerned with the development of mechanisms for prevention, with the mitigation of harmful effects when downturns occur, should be encouraged to help communities cope through their becoming more resilient.

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