

## 27. South Africa: A United Front? A Divided Government

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### Abstract

In response to the first COVID-19 infections in March 2020, the South African government imposed a strict and comprehensive package of policies (including international and domestic travel bans, school and university closures, stay-at-home orders, and bans on the sale of tobacco and alcohol). While these policies were initially widely supported, criticism increased over time. Government communicators struggled to explain and justify the harsh enforcement regime, increasingly inconsistent and contradictory policy decisions, and the intrusion of corruption. While South Africa appears to have limited the number of **confirmed deaths, at least when compared to initial expectations, it experienced a very high level of excess deaths, in per capita terms**. The response also carried with it devastating economic consequences that will be felt for years to come.

### Political Context

In January 2020, one would not have thought that South Africa was a country well-placed to respond to a pandemic. While it had accumulated invaluable experience in its **public health** response to the HIV/AIDS pandemic, the country was still marked by high levels of enduring poverty twenty-five years after the fall of *apartheid*, with continuing racial and new class cleavages. These economic inequalities were reflected in sharp health inequalities and very different abilities to implement non-medical interventions such as social distancing and frequent hand-washing (Mattes et al, 2020). Public health facilities, in spite of significant strengths in some areas, had too few nurses, doctors and beds, and deteriorating facilities in several provinces. And while the population was very young, many people had underlying health issues, with high rates of obesity and hypertension and, in particular, large numbers with tuberculosis and HIV/AIDS.

South Africa was also in an economically parlous situation. What President Cyril Ramaphosa himself called the “nine wasted years” of the previous government of Jacob Zuma had left a state marked by increasing levels of corruption, mounting debt, and a credit rating downgraded to junk status by major international ratings agencies.

While Ramaphosa enjoyed a surge in support and optimism (“Ramaphoria”) after Zuma’s resignation, he laboured under **significant** constraints in trying to right the ship of state. First, while South Africa’s chief executive is called President, the title is misleading. The country’s 1996 Constitution designed an executive much closer to a Westminster style

prime minister than an American, or French, president. Thus, while he was expected to lead the government response to COVID, and speak to and for the nation, the fact that he was directly elected by parliament (not the voters), and could be removed by a simple parliamentary vote of no confidence, forced him at least in theory to govern with the consent of his Cabinet and party parliamentary caucus. Moreover, because South Africa's legislators are elected proportionally from large party lists, and can be removed from parliament at any time after their election, the central committee of the governing African National Congress (ANC) exercises an exceptionally large degree of control over government. Its national executive committee has "recalled" both of Ramaphosa's immediate predecessors, Thabo Mbeki and Jacob Zuma, without a formal parliamentary vote.

While the ANC won 58% of the vote in the 2019 election, this was its smallest vote share since the country's first inclusive election in 1994. Moreover, Ramaphosa won the party's presidential nomination by a razor thin margin over Nkosazana Dlamini-Zuma, former wife of the previous President (Jacob Zuma), whose supporters control almost as many seats on the party's central committee as Ramaphosa. In January 2020, rumours circulated that the pro-Zuma faction was going to attempt to "recall" Ramaphosa at the upcoming (June) party conference (Ndletyana 2020). Thus, the divided state of the party not only led Ramaphosa to construct his Cabinet carefully to represent the Zuma wing, but also gave Dlamini-Zuma the cabinet portfolio of "cooperative governance", the ANC's preferred term for federalism, which enjoyed considerable powers.

### **Chronology**

While there is little evidence that the South African government devoted much attention or effort to preparing for the arrival of Covid-19 in early 2020, its response, once the disease did arrive in the country in early March 2020, was swift, clear, and decisive. Within three weeks of the first confirmed case, President Cyril Ramaphosa had announced a comprehensive and severe package of policies (including international and domestic travel bans, school and university closures, stay-at-home-orders, and bans on the sale of tobacco and alcohol) that were supported by the leaders of all major political parties (Merton 2020), and by a large majority of public opinion.

The number of cases and deaths remained low for weeks, and largely confined to the regions most connected to the global economy. By the end of July, however, the disease had spread across the country, and South Africa had the fifth highest number of cases in the world (over 500,000) (Meldrum 2020), with shortages of critical care staff and beds, oxygen and PPE in hospitals and clinics in several cities (Sparks 2020; Harding 2020). Yet the rate of new infections peaked and began to decline in August (Whiteside 2020). While a total of 650,000 infections had been recorded by mid-September, some analysts concluded that the government response had shifted the peak of the epidemic to later in the winter and limited the carnage to country-experienced a relatively low number of officially recorded deaths (officially recorded at 15,600) (Brodie 2020). Others countered that the, though a substantially higher number of excess deaths over this period (44,500) placed South Africa amongst the hardest hit in the world, in per capita terms (Myers 2020), particularly since the country experienced a net reduction in deaths in the early months of the lockdown due to sharp drops in road accident and murder.

Many of the details of the government response, ~~At the same time, policy details,~~ and the way they were publicly communicated, often created confusion and resistance. Moreover, the extended restrictions on commerce generated devastating economic hardship. Much of this could not be helped. But once non-essential services began to open up, arbitrary decisions about specific products, and continued bans on tobacco and alcohol dealt unnecessary blows both to jobs and tax revenues normally generated. These decisions drew derision from the news media and decreased public support.

### *The Policy Response*

Little thought ~~or resources were~~ was devoted to preparing for COVID-19 in early 2020 initially and few resources were set aside. Neither President Ramaphosa nor Finance Minister Tito Mboweni mentioned it in the annual February State of the Nation address or February budget speech (Sanderson-Meyer 2020). On March 3, however, the first case, an infected tourist returning from Italy, was confirmed (Cowan 2020). The government responded on 15 March. With just 61 confirmed cases, President Ramaphosa gave his first national address on the subject declaring a National Disaster and announcing a ban on international travel, ordering the closure of schools and universities, limiting social gatherings to 50 people or less, and creating a National Command Council.

Restrictions were ratcheted upward on 23 March, with the imposition of a ‘hard lockdown’ that banned domestic travel between provinces, and imposed a ‘stay-at-home-order’ for all but essential services, an 11:00 p.m-4:00 a.m curfew was imposed and the sale of alcohol and tobacco products banned. The government extended the restrictions for another 3 weeks on 9 April. On 23 April, a five-level, risk-adjusted strategy was announced ~~by which~~ **that would determine when** the country could begin to ease the lockdown, with the first relaxations implemented on 1 May (moving downward from Level 5 to 4), and further relaxations throughout the subsequent four months.

### *Communicating the Response*

As President, Cyril Ramaphosa was the public face of South Africa’s response, giving 13 nationally broadcast speeches announcing the original restrictions, and providing periodic updates, as well as communicating through a weekly newsletter. But other important briefings were provided by the Health, Police, and Cooperative Governance Ministers. The government also used the head of the Medical Advisory Council, the impressive Harvard-trained Dr Salim Karim, to explain and justify decisions.

~~Ramaphosa made 13 nationally broadcast presidential addresses between mid-March and the middle of September.~~ In each **speech**, Ramaphosa adopted a dignified demeanour, and sober but reassuring tone. In later speeches, he apologized for errors such as contradictions in policy statements, policy and army brutality, and attacks on medical experts who had criticized government decisions, and extended olive branches to try to repair damage done by his colleagues.

Ramaphosa is generally regarded as an affable and engaging person, and it is not clear these usually hour-long, stilted formal speeches were the best medium for him. Despite only 12% of adults citing English as their mother tongue, and just 13% speaking it as the main language at home (Afrobarometer, 2020), each address was delivered almost wholly in an ornate ~~formal~~ **English combining elements of the pulpit and the business address** (Glenn 2020). Written by a small committee, with the significant personal involvement of Ramaphosa (Davis 2020), the speeches were long on bureaucratic decisions and management jargon and short on inspiration.

### *Policy Controversies*

Besides its form and method, the government's communication strategy was complicated by the actual content of policy. With few exceptions, the initial package of policy responses was widely accepted and supported. However, lines of public and media criticism emerged early and grew over time. One source of dissatisfaction was the severity of the lockdown, and its collateral consequences. As early as late April, for instance, the decision to extend the lockdown was criticised by chief medical advisor Karim who told *Rapport* newspaper he thought the lockdown had done what was possible to prepare medical services for the pandemic and suggested it was no longer useful (Retief 2020). A group of prominent university academics subsequently published a piece arguing it was no longer possible to contain the spread through a lockdown, and thus almost all economic activity should be resumed (leaving limits on mass gatherings, and lockdowns of known transmission hotspots in place) (Valodia et al 2020). Leading medical experts also pointed to the negative effects of the lockdown on other aspects of public health (Medical Brief 2020).

Critics also disparaged government over apparently arbitrary regulations, such as the ban on outdoor exercise and dog-walking, or the early May decision to ease restrictions on some retail activities but not others. Subsequent lockdown relaxations allowed churches, and later casinos, auction houses, hairdressers and beauticians to re-open even as visits amongst family members were still illegal. Other instances gave the impression the government was willing to compromise evidence-based policy when they it met resistance from constituencies important to the ruling party. For instance, minibus taxi drivers, who had been limited to 70% capacity (with windows open), went on strike in late June, after which the government decided to allow full loads. While plans originally called for primary and secondary schools to reopen fully in late July, government decided to keep them shut for a further four weeks after public complaints from ANC-aligned teacher unions. Not surprisingly, many South Africans, including key journalists, saw these decisions as a sign of the government caving in to pressure groups outside or inside the government (e.g. Mthomboti 2020; Du Toit 2020). In perhaps the most explosive broadside, Glenda Gray, head of the South African Medical Research Council and member of the Cabinet's Medical Advisory Committee, gave an interview in which she argued that many regulations were not the product of medical advice, and criticized the overall strategy as a blunt tool trying to

address a series of very different problems: “It's almost as if someone is sucking regulations out of their thumb and implementing rubbish, quite frankly” (Basson 2020).

No other issue, however, was a lightning rod for criticism like the bans on tobacco and alcohol. While there was certainly some questioning of these bans in the original lockdown, public criticism exploded at the end of April when, six days after Ramaphosa had announced that the sale of cigarettes would resume when the country moved to Stage 4, Minister Dlamini-Zuma said the ban would remain. Cartoonists, social media commentators and mainstream news media all seized on this as a sign of confusion and an attempt by Dlamini-Zuma to use the crisis for her own personal anti-smoking agenda (stemming from her previous service as Minister of Health in the late 1990s). More than 400,000 people signed a petition against the tobacco ban, and the tobacco industry began efforts to take the Minister to court (Sguazzin 2020).

## **Analysis**

### *Who's in Charge?*

While Ramaphosa's speeches were clearly cast in terms of his role as head of state and embodiment of the nation, a great deal of doubt was created by the actions and words of his Ministers. His appointment of Dlamini-Zuma to the Cooperative Governance portfolio in 2019 was important for two reasons. First, the country's existing emergency legislation, the National Disaster Act, specifically empowered the head of this ministry to issue emergency regulations. Second, the government created a powerful Cabinet committee, called the National Coronavirus Command Council, which consisted of 19 Ministers and their head civil servants, plus the heads of the policy, military and intelligence services. Importantly, the committee was co-chaired by *both* Ramaphosa and Dlamini-Zuma. While Ramaphosa originally announced that the NCC would “coordinate” the national response to COVID-19, within two days, the Presidency's official Twitter page said the NCC would “lead” the response (Haffajee 2020; Pitjieng 2020).

While Ramaphosa dutifully attributed major policy decisions to the NCC, he was often undercut by his Ministers. Besides embarrassing violations of stay-at-home orders by the Ministers of Social Development and Communications, there were at least two flagrant

violations of policy decisions ~~that Ramaphosa~~ had already ~~been~~ announced. We have already discussed Ndlamini-Zuma's reversal of the decision to end the ban on tobacco sales, as well as her efforts to keep it in place long after it could be justified. And while the first regulations issued by Ramaphosa in March had not ruled out outdoor exercise ~~or dog-walking~~, Police Minister Bheki Cele unilaterally ~~ruled~~ announced that it would be ~~allowed~~ ~~banned following eliciting~~ criticism from Julius Malema, leader of the populist opposition party Economic Freedom Fighters, who argued ~~that outdoor exercise was designed to~~ allowing (white) citizens to walk their dogs ~~removed any justification for the severe~~ lockdown.

More ominously, while Ramaphosa had decided to use not only the police but also the South African National Defence Force to enforce the lockdown measures, Cele enthusiastically defended police against accusations of heavy-handed tactics, reportedly vowing "Wait until you see more force." Officers using rubber bullets and leather whips (favourite tools of *apartheid*-era policing) to enforce the lockdown in Johannesburg told reporters they were following orders from "the top" (De Villiers 2020).

Ramaphosa did himself no favours on this issue. On 26 March, he appeared before soldiers in combat uniform, the first South African President to do so, and said he was wearing the uniform to signal his 'total support' for the army and its role. Police and army forces subsequently arrested, or imposed fines on at least 300,000 people for various violations of lockdown regulations (SABC 2020). And at least 12 people died at the hands of security forces, the most prominent and shocking case being that of Collins Khosa who was attacked on Easter Friday for drinking in his own back yard, and died in his house after being beaten by soldiers (Haffajee 2020). Incidents of police violence led to hostile media coverage and criticism from senior ANC officials. While Ramaphosa acknowledged the validity of these criticisms, he chalked up violence to "over enthusiasm," and failed to condemn the brutality.

### *Corruption*

Those trying to communicate and persuade citizens and stakeholders of the rationale for government policy had to deal with a major crisis in late July when Ramaphosa announced he had authorized the ~~police's~~ Special Investigating Unit (SIU) to probe emerging allegations of corruption in various aspects of the government emergency relief measures. These included fraud in unemployment insurance claims, overpricing of goods and services,

collusion between government officials and service providers, violations of emergency procurement regulations, abuse of food parcel distribution, and the creation of fake non-profit organizations to access relief funding. Referring to corruption during a national emergency as a “particularly heinous type of crime,” Ramaphosa compared it to “a pack of hyenas circling wounded pray.”

It then emerged that the SIU was examining a range of suspicious tenders from provincial health departments and municipalities to dozens of companies and individuals for things like emergency purchases of personal protective equipment, and that Ramaphosa’s own spokesperson Khusela Diko was caught up in a scandal involving allegations of irregularities in two lucrative contracts between her husband and the most senior health official in the Gauteng province (Business Tech 2020; Rampedi 2020). Ramaphosa’s inability to take decisive action was highlighted by the retort of ANC Secretary-General Ace Magashule, who argued all ANC leaders had family members who benefited from tenders, and suggested it should not be seen as corruption but normal practice.

#### *“Declining” Support*

Reflecting the accumulating criticism and frustration, public support for Ramaphosa and his government appears to have declined sharply. We say “appears” because in-person surveys of representative samples of respondents were not possible during the lockdown, and large scale random digit dialling phone surveys are inefficient and expensive in South Africa and were also hobbled by closure of call centres. However, two different surveys utilizing a combination of computer assisted telephone and online interviews concluded that approval and trust in Ramaphosa had increased at the start of the crisis, but dropped substantially, by over 20 percentage points a few months later. It should be noted, however, that because his March/April surge in approval was so great, this decline still left Ramaphosa with levels of support around 60% in late July (Ask Africa, 2020; Robert 2020). However, neither measure included the full impacts of the corruption revelations.

#### *How Well Did South Africa Do Medically?*

South Africa was in many ways an exemplar of WHO advice: a lockdown to “flatten” the curve in order to buy time to prepare clinics and hospitals for an influx of patients. According to the Google COVID Community Mobility Index, the lockdown achieved a remarkable reduction in mobility in terms of transport and commerce (an average of about



60% in April and May, and 40% by the end of June), ~~and thus~~ drastically cutting the total number of social interactions and opportunities for infection. It also successfully pushed the peak of infection back at least a month, at least in terms of the time between the first death and the peak (Brodie 2020).

But while the number of officially confirmed deaths (15,600 as of mid-September) appeared to represent a relative success, especially when compared to initial fears, some analysts have pointed out that the total number of excess deaths (44,500) places South Africa amongst the most hard-hit countries in the world, in per capita terms (Myers 2020).

~~While South Africa had confirmed 650,000 infections by mid-September, the total number of deaths (15,600 officially confirmed, but 44,500 excess deaths) represented an exceptionally low case fatality rate (though it appears to be one of the top 20 per capita death rates in the world (at 266 per 1,000,000)<sup>1</sup>. While there is as yet no clear explanation of this low rate, Dr. Karim attributed it to the relatively youthful population and to two crucial improvements in hospital treatment: the substitution of high flow nasal oxygen for more invasive ventilator treatment, and the use of dexamethasone.~~

### *Economic Devastation*

While there is ~~debate about the health consequences of the South African response, the evidence related to its~~ ~~should be regarded as a success, one major qualification needs to be added in terms of~~ non-illness related human costs ~~is clear~~. Economists have estimated approximately 3 million people lost their jobs during the lockdown, and an additional 1.5 million remained employed but lost their incomes (Smit 2020). The ban on alcohol sales threatened an additional 700,000 livelihoods (Rose 2020) linked to the fate of wine farms, distilleries, breweries, and restaurants who rely on the trade. In all, 40% of households reported they had lost their main source of income, and 20% reported that someone had gone hungry (Wills et al 2020). While food parcels ultimately reached 5 million people, the closure of schools removed daily nutrition from 9.6 million children (Wills et al 2020), nearly doubling child hunger, and made life difficult for essential health workers with children, or other employees able to return to work (Spaull 2020). The economic slowdown also resulted in a loss of R82 billion (\$4.8 billion) in taxes, more than what South Africa borrowed from the IMF or African Development Bank in COVID-19 linked loans, with a significant loss of

taxes from tobacco and alcohol (Naidoo 2020). These are consequences with which the country will have to deal for years to come.

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<sup>1</sup> Data from John Hopkins University, <https://coronavirus.jhu.edu/map.html>