SOCIAL CONTRACTING DURING THE COVID19 PANDEMIC (NEDLAC WEBINAR, 19 JULY 2022)

From the Covid-19 pandemic toward improved public health

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Many thanks to NEDLAC and MISTRA for inviting me to participate in this webinar on social contracting during the COVID-19 pandemic. Whilst I will focus lessons learnt during the heady days of COVID-19 and the need to do to prepare for future pandemics I will also speak about what is needed in a social compact for us to live in a healthy society.

In May this year a large number of colleagues and I published a special issue of the South African Medical Journal entitled “An analysis of South Africa’s response to the COVID-19 pandemic. In this issue we wrote about the structures that were established to govern and manage the pandemic (largely from the health sector’s perspective), we wrote about leveraging epidemiology as a decision-support tool, our attempts when we though we could mitigate the spread of the virus of our attempts to screen, test, track and trace and model movement of people (on the understanding the movement of people spreads the virus), on risk communication and community engagement, on the lessons learned from vaccine scale up and finally on recovery and transformation of the South African health system.

On writing these chapters in the supplement, colleagues reflected on the work done in a thoughtful and open way – however, because all of the authors were involved in the response one may anticipate some level of

bias. However, in our foreword to the supplement my colleagues and I wrote: “The COVID-19 pandemic has unmasked major disparities in the health system at all levels of the healthcare services and has demonstrated a significant lack of reserve capacity within the public health system to deal with disasters. It is vital that the lessons from the COVID-19 response are used to radically transform the SA health system and to prepare for future outbreaks. Our work begins…”

In the chapter on governance, colleagues said this in their conclusion: “The importance of coordination mechanisms in emergency response cannot be over-emphasised, early, decisive and harmonised coordination are key principles needed to gain public trust and to respond to a public health emergency effectively and efficiently”.

In the chapter on evidence-based decision-making colleagues wrote: “Rapid development of robust data systems was necessary to support the responses…These systems produced data streams and supported development of models that were used in decision-making at all levels of government. While much progress was made in producing epidemiological data, many challenges remain and need to be overcome to address gaps and better prepare…for other health emergencies”. Similarly other colleagues noted that: “There is a need to establish an integrated national surveillance system that is adapted and strengthened at different levels of the health system…by ensuring the involvement of communities, civil society and the private sector, efforts to monitor and slow down the spread of COVID-19 could be multiplied”.

Colleagues that worked by risk communication and community engagement acknowledged that there was a great need for bidirectional communication with greater involvement of communities and civil society. They wrote: “…empowering communities to act, strengthening

public trust and community participation using multiple channels as well as timely responses to rumours and misinformation are important drivers of COVID-19 communication".

There were 10 lessons from the vaccine scale up programme. Some of them included: "consistently advocate for vaccination to reduce public hesitancy; be transparent about risks and benefits; facilitate access to a range of sites; leverage instant message platforms; safety is paramount-identify high risk individuals; be transparent about adverse events while acknowledging small risk; flexibility and teamwork are essential in vaccination centres.

And finally, the chapter on recovery and transformation identified the following key issues: take care of the health workforce; align service delivery (or routine services) to pandemic alert levels (one size does not fit all); strengthen referral pathways for all essential health services; make health facilities safe and efficient; expand digital solutions to close the gap between people and health services; engage and empower communities.

These are the big lessons from our responses to COVID-19. However, these lessons alone will not result in healthy societies. In a Daily Maverick article in June entitled: "Ensuring access to nutritious food should be at the heart of Ramaphosa's social compact" I wrote about what the social compact that the President announced will be agreed to should contain in the context of high and growing inequality, high and growing employment especially youth unemployment and the high levels of food insecurity. All of which are the backdrop of poor physical and mental health outcomes. We have sky high levels of obesity, including childhood obesity alongside severe malnutrition and stunting. We have high levels of alcohol and tobacco use and high levels of diabetes,

hypertension, cardiovascular diseases and cancers – these socalled non-communicable diseases now contribute a higher percentage of avoidable deaths in our country compared to communicable diseases line TB and HIV.

Contrary to general usage – these NCDs are not diseases of lifestyle but should be called commercial determinants of health!

In the article I write about what I think should be in the social compact to address the food and health crises in our country.

We need to reduce the amount of sugar and salt that we consume not only through health promotion messages (which relies on individual action) but on government's ability to regulate what is healthy and what is not. Fast foods especially processed meats are consumed in large qualities in our country but are not good for health or the planet. Beef and diary cattle produce 72,8% of methane in a 2010 study in South Africa with beef cattle producing the bulk of it (83.3%).

We need to promote the growing and consumption of fresh fruit and vegetables including local production through market gardens etc. Government should use it purchasing power to procure locally produced fruit and vegetables for use in hospitals, prisons etc and so should the private sector in hotels, employer provided canteens etc.

The commercial good purveyors need to understand their impact on the planet through their contribution to carbon emission as well as their use of water to produce their products. They should also consider the extent to which they use plastic products, reduce the use of salt and sugar in their offerings, stop discounting and pairing sugar-sweetened beverages with food and increase their offerings that are tasty, nutritious and do not harm the planet.

As I conclude in the article: Reducing hunger, improving food security, reducing the stress of human consumption on the planet and growing the economy are not mutually exclusive but can and must be complementary activities. The social compact that the President promised must ensure that it does deliver these social goods so that we can deliver a healthy society.

As we have shown during our response to COVID-10 there is no viable economy without good health. But good health cannot be for a few it must be possible for everyone. This means that government, the private sector, organised labour and civil society has to work together to co-produce a healthy society and NEDLAC must be at the centre of this co-production. The role of academics and researchers must be to produce independent research evidence of what it takes to produce healthy products that do not harm the planet and that is affordable to everyone. Even though we have a way to go, South Africa's response to the HIV epidemic showed us that this is possible with the right leadership at all levels of society.

I thank you for listening.