



THE COVID-19 PANDEMIC:

**LEARNING THE LESSONS,
CREATING A LEGACY**

NEDLAC REPORT


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A NEDLAC REPORT PREPARED WITH SUPPORT FROM
THE MAPUNGUBWE INSTITUTE FOR STRATEGIC REFLECTION (MISTRA)

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This report is dedicated to the families, friends and colleagues of those who lost their lives to Covid-19. In particular, Nedlac remembers staff member Siminikiwe Sikiwe and the organised business representative to the Covid-19 Rapid Response Task Team, Rob Legh.

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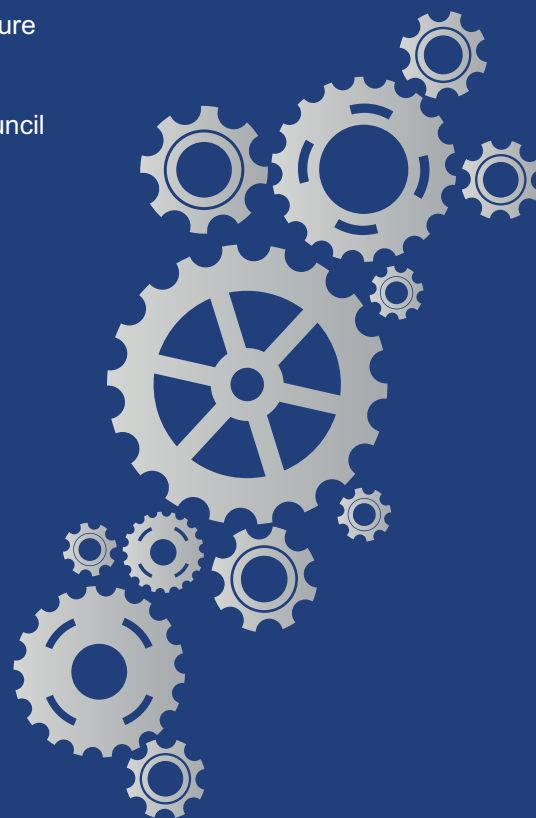
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List of Abbreviations

B4SA	Business for South Africa
BUSA	Business Unity South Africa
BBC	Black Business Council
CCF	Community Constituency Front
DATCOV	Daily Hospital Surveillance for Covid-19
DEL	Department of Employment and Labour
DoH	Department of Health
DSD	Department of Social Development
GCIS	Government Communication and Information Service
HBA	Hazardous Biological Agents
LGS	Loan Guarantee Scheme
MAC	Ministerial Advisory Committee
MISTRA	Mapungubwe Institute for Strategic Reflection
NatJoints	National Joint Operational and Intelligence Structure
NCP	National Communication Partnership
Nedlac	National Economic Development and Labour Council
NICD	National Institute for Communicable Diseases
NPIs	non-pharmaceutical interventions
NRRTT	Nedlac Rapid Response Task Team
OHS	occupational health and safety
OHSA	Occupational Health and Safety Act
PPE	personal protective equipment
SACC	South African Council of Churches
SAMRC	South African Medical Research Council
SRD	Social Relief of Distress
TERS	Temporary Employer-Employee Relief Scheme
UCT	University of Cape Town



Executive Summary

This report reviews the journey undertaken by the government and the Nedlac social partners as they responded to the Covid-19 pandemic in South Africa. It summarises the work coordinated by a Covid-19 Nedlac Rapid Response Task Team (NRRTT) and sets out recommendations in respect of similar events going forward.

Some of the important conclusions of this report are that:

- During the pandemic, the business, community and labour constituencies (i.e., social partners) and government at Nedlac played a significant role by working together to combat the spread of the Covid-19 virus and in addressing the socio-economic impact of the pandemic. Without the role played by the social partners at Nedlac, the harm to the economy and society could have been greater.
- Specific structures set up within the social partners, between the social partners and government, and within Nedlac acted with agility to respond to the changing nature of the virus and the required health and economic responses. The regular sharing of data, information and analysis helped shape informed responses by social partners.
- The Nedlac social partners spearheaded innovative ways of fast-tracking the procurement, production and distribution of personal protective clothing such as masks. Unfortunately, these opportunities were often not taken advantage of, especially by the government, and instead, there was widespread corruption in the procurement processes. The lessons learnt have not also been adapted or adopted in the procurement of other strategic goods.
- The lockdown measures taken to contain the pandemic, including restrictions on movement and specific economic sectors, were controversial, both within the general public context and within Nedlac. Some argue that these measures were necessary to contain the pandemic and free up scarce medical resources, while others point to the harm and loss of livelihoods suffered by specific sectors and question whether these measures were necessary. The misalignment of the rationales for different lockdown levels impacted on the trust of government and an inclusive approach to managing the pandemic.
- It was not sustainable to enforce hard lockdowns for an extended period in the face of overcrowding in homes, inadequate ventilation in many workplaces and using public transport to get to work. Furthermore, there was a reliance on law enforcement rather than using behavioural change and community-based interventions, which had been successfully deployed during, for example, the HIV/AIDS epidemic. Nevertheless, mask-wearing was widely accepted, unlike in other parts of the world.

- The Covid-19 pandemic highlighted the importance of occupational health and safety and the poor understanding of many employers of how to implement a risk-based approach, not only in respect of biological hazards. The speedy co-drafting by the social partners of the various health and safety directions to guide the safe opening up of workplaces should be reproduced in other areas of regulatory reform.
- Covid-19 vaccines were a remarkable scientific achievement, but despite the efforts of government and social partners to distribute and promote these vaccines, South Africa continues to have a low rate of vaccination compared to other similarly developed countries.
- Relief schemes, such as the Covid-19 Temporary Employer-Employee Relief Scheme (TERS) programme and the Social Relief of Distress (SRD) grant reached significant numbers of people to alleviate some of the socio-economic harm caused by the pandemic. However, the pandemic also exposed weaknesses in South Africa's social assistance programmes – most notably, the Unemployment Insurance Fund (UIF) – and more could have been done to support the informal sector and workers and businesses that were most heavily affected.
- A large number of complex messages had to be conveyed during the pandemic. The public communication strategies employed particularly through the establishment of the National Communication Partnership (NCP) were successful in leveraging the combined resources of the social partners to keep the public informed about important public health issues and vaccines. However, many messages were less effective due to the weakening of public trust in government and increasing levels of rhetoric and fake news from those opposed to the Covid-19 vaccine.
- A number of new institutions were rapidly and effectively set up to respond to the Covid-19 pandemic such as the Solidarity Fund, Business for South Africa (B4SA) and the Community Front. Lessons were learnt, which have been applied in other situations such as responding to the electricity crisis.

Recommendations

The report makes a number of recommendations for South African public policy concerning future pandemics or similar crises. The most important are as follows:

- Surveillance systems that were developed during the Covid-19 pandemic should be sustained and developed including in respect of the workplace.
- Agile and transparent, timeous, two-way communication between state institutions and social partners can help to improve the quality and credibility of public policy.
- Non-pharmaceutical interventions (NPIs) should be carried out in a scientific, rational and evidence-based manner.
- Policymakers should pay attention to the evolving nature of scientific knowledge and be willing to update their prior assumptions and adjust course rather than rigidly sticking to their original policy choices
- Social problems such as alcohol abuse should be tackled through dedicated and sustained policy responses rather than through emergency measures.
- Lessons learnt from the production of personal protective equipment (PPE) should be taken forward in respect of other supply chains of critical goods and regulatory measures should be introduced to ensure that government departments procure locally produced goods when they are of competitive cost and quality.

- Employers and trade unions should continue to pay more attention to occupational health and safety, especially in respect of biological hazards that require improved ventilation.
- Greater trust for evidence-based healthcare interventions such as vaccines should be developed. To build trust, public health rather than law enforcement messages should be used.
- Covid-19 vaccinations should continue to be easily accessible and available.
- Government should establish reliable and consistent sources of funding that can be activated in response to future crises and disaster-response scenarios.
- Government and social partners should undertake a coordinated national effort to fix the UIF system in the aftermath of the problems revealed by the Covid pandemic. This system must be modernised and be functional for all categories of workers, including informal workers.
- Relief measures in respect of future crises are required for sectors that are vulnerable such as those in the informal economy, events industry and platform workers.
- The whole-of-society approach to communication, such as what happened with the National Communication Partnership (NCP), should continue so that it can be activated rapidly in the event of future disasters and situations requiring a crisis response.
- The institution-building lessons, such as in respect of the Solidarity Fund, should be leveraged going forward in terms of pandemic preparedness as well as in responding to other crises such as climate change.

The Nedlac Secretariat and social partners responded to the pandemic in innovative and agile ways. Options for Nedlac to institutionalise some of these practices are set out in the conclusion.



SECTION ONE



Background

On 5 March 2020, the South African government announced that the country's first confirmed case of Covid-19 had been detected. On 15 March, a national State of Disaster was declared, and on 27 March the country entered into a national lockdown. For the next two years, much of South African public life was dominated by the response to the pandemic.

The Covid-19 pandemic inflicted costs on South Africa, including deaths, the loss of livelihoods, increased fragility of society and resulting deteriorating mental health.

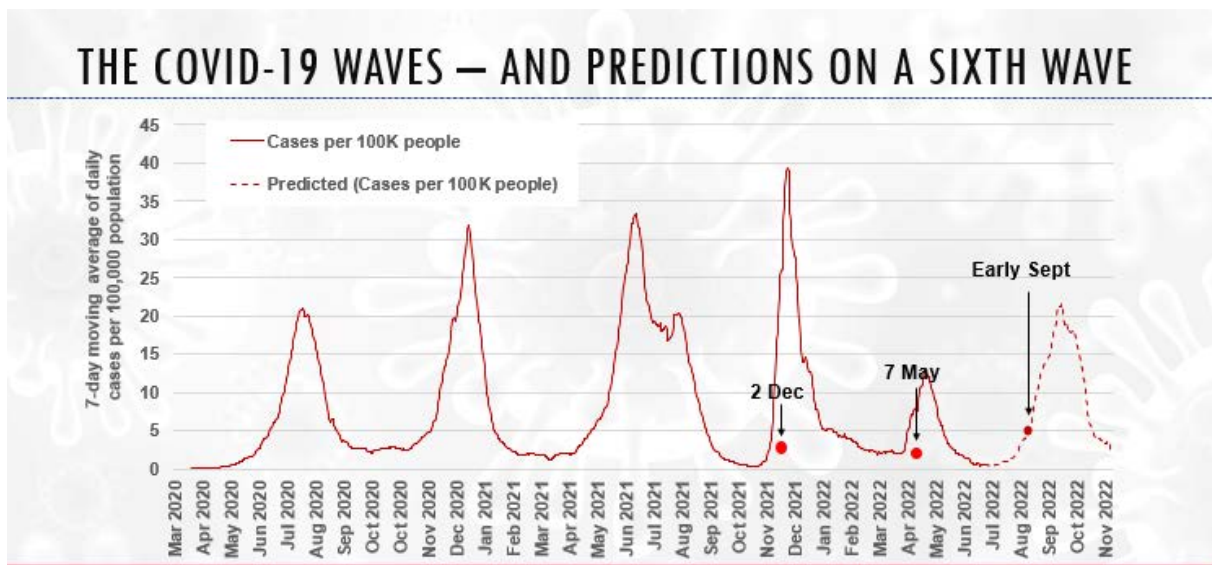


Figure 1: Number of Covid cases between March 2020 and November 2022

Source: S.A Karim, 2022

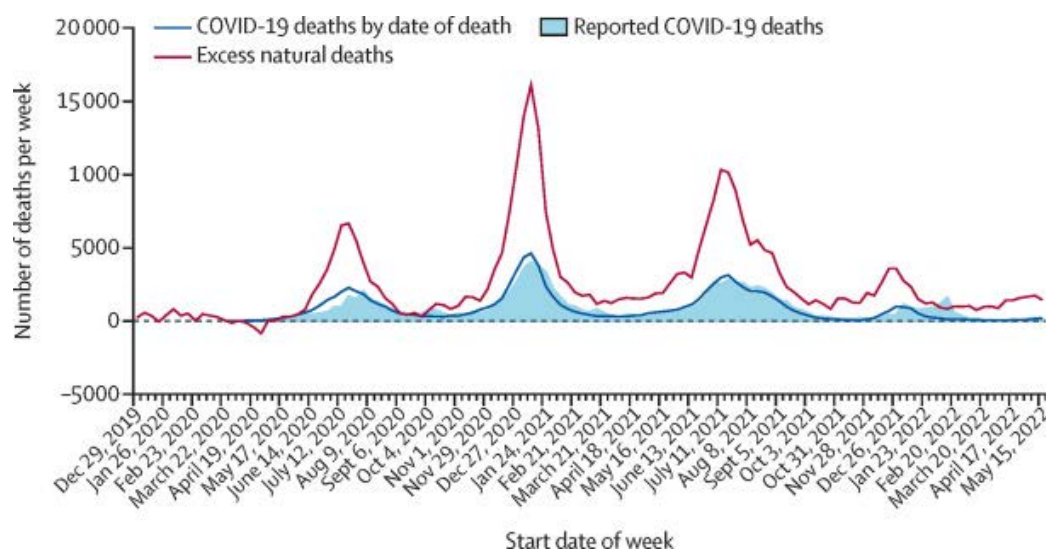


Figure 2: South Africa Weekly Deaths: March 2020 to August 2022

Source: Lancet Global Health, 2022

Figure 1 reflects the number of Covid cases between December 2019 and May 2022, while Figure 2 reflects the weekly deaths over the same period. In addition, between 3 May 2020 and 8 October 2022, South Africa suffered 333,510 excess deaths (Bradshaw et al., 2022).

South Africa endured significant economic losses. Statistics SA argues that South Africa's GDP only returned to pre-pandemic levels in the first quarter of 2022 (Figure 3).

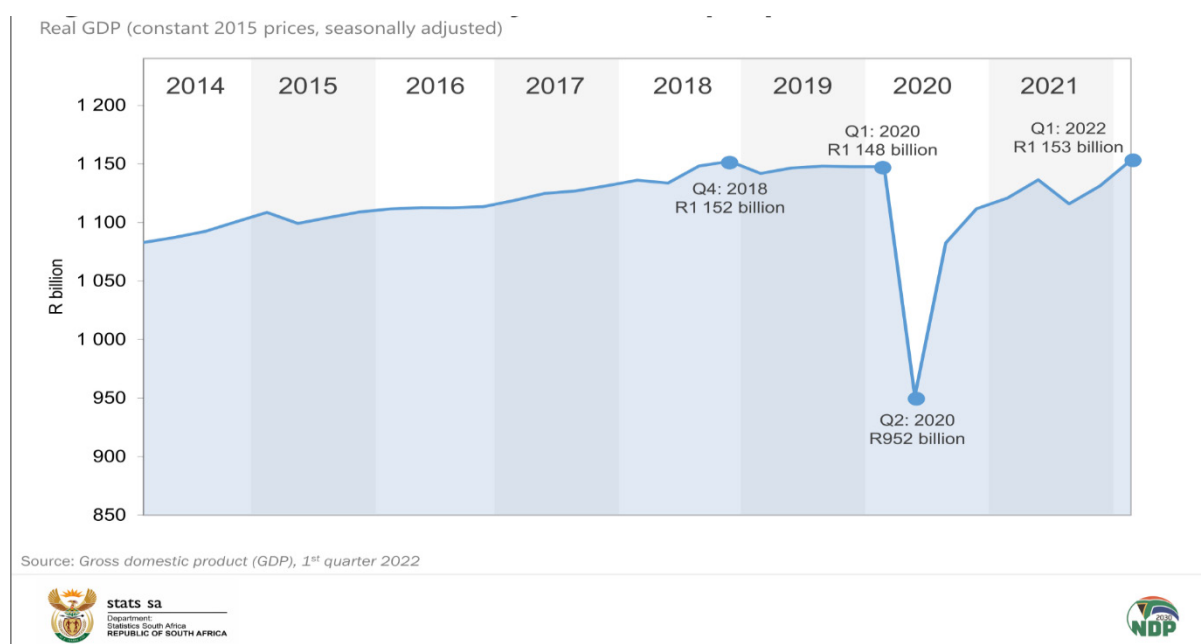


Figure 3: Quarter 1 2022 Economic Trends

Source: Statistics SA, 2022



Introduction

The South African government could not address the enormous task of combating the Covid-19 pandemic alone. This realisation in the early days of the pandemic led to the establishment of the NEDLAC Covid-19 Rapid Response Task Team (NRRTT) on 16 March 2020 at a Special Executive Council (Exco). This meeting responded to the call for “cooperation, collaboration and common action” by President Cyril Ramaphosa in the first of many addresses to the nation the previous day. This is what happened over the next two years, whether in addressing the need for personal protective equipment (PPE), food security, community mobilisation, vaccination and social grants. The social partners, comprised of organised business, labour and the community constituency, proved to be a crucial force that helped the country in its efforts to fight the pandemic.

The experience of the NRRTT demonstrated that South Africans with different interests have the capacity to come together during a crisis and work towards the common goal of protecting lives and livelihoods. The pandemic led to many institutions in South Africa developing new forms of expertise, creating new structures and learning valuable policy lessons, all of which have the potential to be applied in future pandemics and other disaster-response scenarios. It is important that these lessons, which were learned at great cost, are not forgotten.

To this end, in April 2022, as South Africa’s national State of Disaster expired, and the country began to enter a more endemic state of the disease, the NRRTT decided that there should be an organised close out of its work, including adding up lessons learned and ensuring that these lessons are preserved for the future. To this end, the NRRTT organised two webinars in conjunction with the Mapungubwe Institute for Strategic Reflection (Mistra), which were attended by scientists, public policy experts and representatives of government and the social partners. Later, the NRRTT held an internal meeting in which the task team members reflected on their experiences and the successes and failures of the country’s Covid-19 response. The insights that were generated in these meetings form the basis for the development of this report.

This report was prepared by the Nedlac Secretariat with support and input from Mistra.

The research methodology used to write this report is described in Appendix A.

Table 1 sets out the significant milestones of the epidemic to assist in reminding readers of the context behind the work of Nedlac and the social partners. Table 2 summarises the different alert levels decided by the South African government.

Table 1: Covid-19 pandemic milestones (March 2020 to June 2022)

Date	Milestone
5 March 2020	First Covid-19 case reported in South Africa
15 March 2020	State of Disaster declared in terms of the Disaster Management Act. This required a lockdown of almost economic activities, learning and gatherings.
26 March 2020	Lockdown begins (later called Alert Level 5)
30 April 2020	Shift to Level 4 and certain industries re-open
3 June & 8 June 2020	Shift to Level 3. Grade 7 and Grade 12 learners return to school
13 June 2020	The alcohol ban, which was lifted in Level 4, is reintroduced
24 June 2020	Schools close again for four weeks
18 August 2020	Shift to Level 2
12 September 2020	Shift to Level 1
29 December 2020	Shift back to Level 3 as the second wave of infections strike
17 February 2021	Sisonke vaccination programme begins targeting 500,000 frontline health workers
1 March 2021	Shift to Level 1
17 May 2021	Vaccination programme for those over 60 and remaining health workers begins
23 June 2021	Vaccination programme extended to people in congregate settings (such as prisons) and essential workers such as teachers
15 July 2021	Vaccination programme extended to those aged 50–59
1 August 2021	Vaccination programme extended to those aged 35–49
20 August 2021	Vaccination programme extended to those over 18
20 October 2021	Vaccination programme extended to those over 12
1 November 2021	Local government elections go ahead despite fears of an increase in infections
End November 2021	Omicron variant emerges
30 December 2021	Adjusted Level 1 to allow for New Year's Eve activities
31 January 2022	Adjusted Level 1 introducing changes to isolation, quarantine, contact tracing and removing social distancing requirements for schools
15 March 2022	Code of Good Practice for the Management of Covid-19 in the Workplace promulgated
4 April 2022	State of Disaster lifted
4 May 2022	Limited regulations relating to the surveillance and control of notifiable diseases promulgated by the Minister of Health
22 June 2022	Regulations of 4 May 2022 repealed.

Table 2: Summary of alert levels

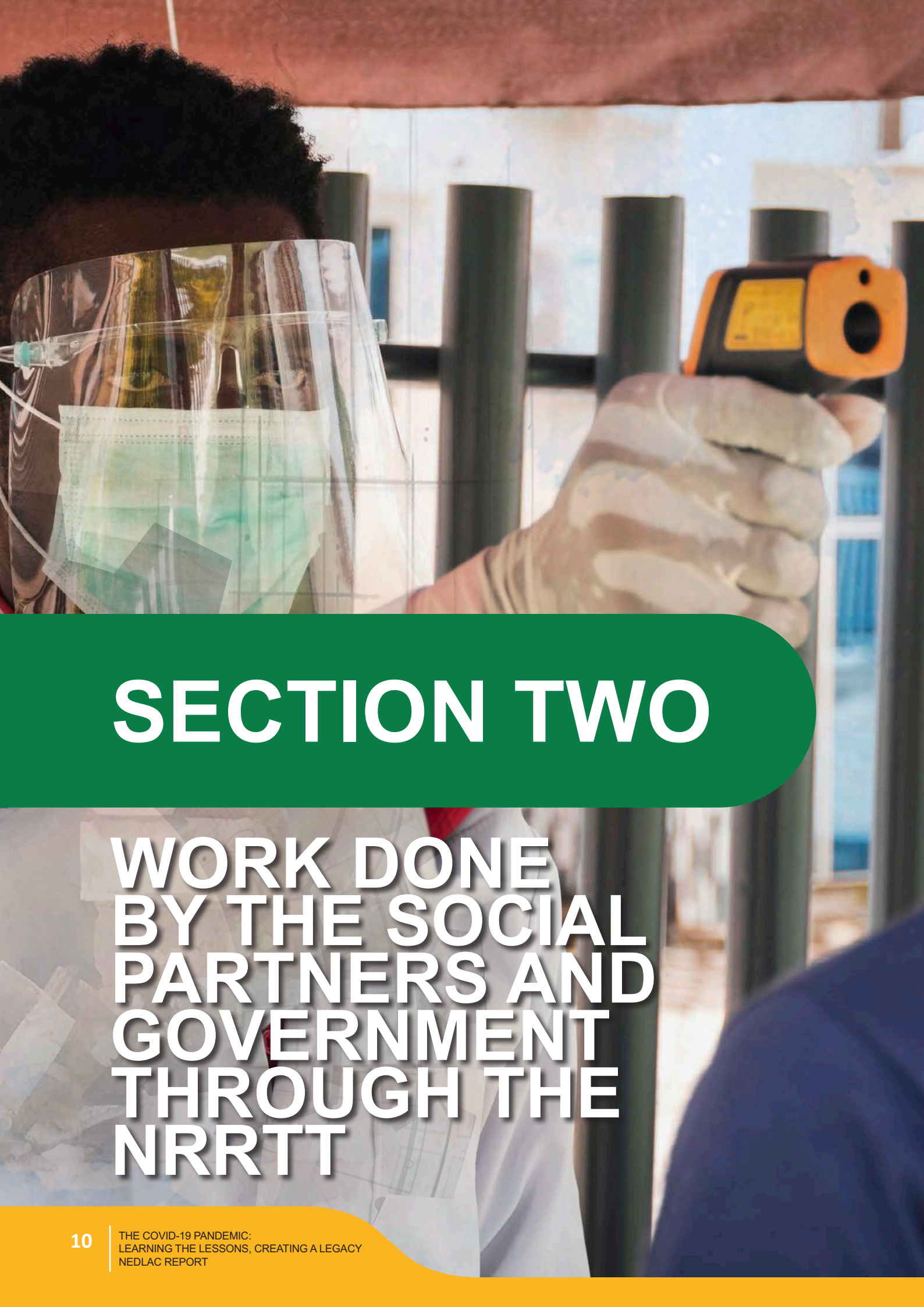
ALERT LEVEL 5	ALERT LEVEL 4	ALERT LEVEL 3	ALERT LEVEL 2	ALERT LEVEL 1
OBJECTIVES				
Drastic measures to contain the spread of the virus and save lives.	Extreme precautions to limit community transmission and outbreaks, while allowing some activity to resume.	Restrictions on many activities, including at workplaces and socially, to address a high risk of transmission.	Physical distancing and restrictions on leisure and social activities to prevent a resurgence of the virus.	Most normal activity can resume, with precautions and health guidelines followed at all times. Population prepared for an increase in alert levels if necessary.

The report proceeds as follows: Section 2 gives an overview of the work done by the social partners and government through the NRRTT in the context of the many phases and different lockdown levels required to curb the pandemic.

Section 3 evaluates the responses of Nedlac and its social partners, identified lessons and recommendations in respect of the following themes:

- Information sharing and monitoring;
- Non-pharmaceutical interventions (NPIs) including restrictions on gathering, events and travel and mask-wearing, sanitising and hand washing;
- Management of Covid in the workplace;
- Vaccination rollout;
- Relief measures;
- Communication and behavioural change; and
- Institutional arrangements.

The last section concludes with observations and lessons for the functioning and role of Nedlac.



SECTION TWO

WORK DONE BY THE SOCIAL PARTNERS AND GOVERNMENT THROUGH THE NRRTT



The Covid-19 Nedlac Journey

After the Special Exco meeting of 16 March 2020 that set up the NRRTT, the Nedlac modus operandi shifted rapidly. Immediately all meetings were online, with members of the NRRTT having to speedily acquaint themselves with online technology and the associated behaviours of muting and raising hands. In the initial days, online meetings were held almost daily while sub-committees were formed to respond to the more specific issues that needed to be addressed. Over time, meetings were held weekly and then bi-monthly. Task team members came from the leadership from organised business, labour and community, government representatives from relevant departments and experts on particular issues when requested. Over time other stakeholders, such as the event sector while formally not part of the Nedlac constituencies, needed an avenue to pursue their concerns and joined the Nedlac structures.

From December 2020, in addition to the NRRTT meetings, bi-monthly meetings were held with the economic work stream of the NatJoints or more formally known as the National Joint Operational and Intelligence Structure. The NatJoints reported to a forum of Director Generals of government departments who in turn reported to the National Covid-19 Command Council made up of relevant Cabinet Ministers including the President.

As will be set out in more detail in the body of the report, the many sub-structures of the NRRTT set up to consider issues and make proposals did so in a more informal and agile way than previously at Nedlac. Sub-committees were seized with issues of workplace health and safety, events, relief and the loan guarantee scheme. Further, there were also structures that were initiated through the NRRTT but did not report to it since either their mandate was more operational or their representation was more diverse. Most important was the National Communication Partnership led by the Government Communication and Information Service (GCIS) and a committee, which coordinated the vaccine rollout campaign primarily between the Department of Health and Business for South Africa (BUSA). The social partners also set up unique structures to coordinate their responses such as Business 4 South African (B4SA) and the Nedlac Community Trust.

Table 1 sets out the detailed milestones of the Covid-19 pandemic. From the perspective of the NRRTT, the following were the key phases, which required a differentiated response:

- Phase 1: (March to May 2020) Strict lockdown where the focus was on addressing the immediate loss of income by workers and businesses;
- Phase 2: (May 2020 to May 2021) Gradual opening up of society and workplaces, which required the development and implementation of regulations to minimise the risk of transmission. This revolved around the introduction of non-pharmaceutical interventions, social distancing and restrictions on movement and events.
- Phase 3: (May 2021 to December 2021) Vaccination campaign; and
- Phase 4: (Jan 2022 to June 2022) Normalisation as the severity of the virus variants waned and population immunity was built up.

Over the above-mentioned periods, the NRRTT developed an approach, which, in the main, was supported by all social partners. This response involved recognising that there was a need

- to save both lives and livelihoods with due regard to the limited fiscal space to provide relief when the economy had to be closed down;
- for certainty and predictability guided by data and scientific studies;
- for inclusivity and consultation rather than law enforcement approaches;
- for being timeous and proactive; and
- for clear and consistent messages from government and other role players.

The most important measures to curb the spread of Covid-19 shifted over time but there was consensus among social partners on the need to

- promote and enforce non-pharmaceutical interventions;
- ensure vaccination including through positive and negative incentives, with an initial focus on those most at risk;
- limit restrictions that impact on the economy especially in the tourism, hospitality, alcohol and leisure sectors; and
- provide relief where due to Covid-19 restrictions, a sector or group of workers, e.g., those over 60 or with co-morbidities was not able to operate or work.

There was less consensus on the management of gatherings and curfews and the ban on alcohol consumption. Disaggregated restrictions were preferred to blanket restrictions, although there was an acknowledgement that such would be more difficult to communicate and enforce.

A photograph of two construction workers, a man and a woman, wearing hard hats and face masks. The man is wearing a blue hard hat and the woman is wearing a white hard hat. They are both wearing orange safety vests over dark shirts. They are looking down at a tablet computer that the woman is holding. The background is a blurred construction site with metal scaffolding.

SECTION THREE

RESPONSES OF NEDLAC AND ITS SOCIAL PARTNERS: IDENTIFIED LESSONS AND RECOMMENDATIONS



Information-Sharing and Monitoring

When the Covid-19 virus emerged, scientists, doctors, governments and intelligence services alike scrambled to understand the virus. It was thus key that scientists and epidemiologists shared their developing understanding of the pandemic. Over the period, a number of initiatives were taken to gather and understand both the virus and the response of people and the economy to it. These included the:

- The National Policy Data Observatory (NPDO) of the Data and Decision Support Centre, currently incubated at the CSIR which provided information to the NatJoins;
- National Institute for Communicable Diseases (NICD);
- National Health Laboratory Service (NHLS);
- National Department of Health (NDoH);
- Discovery Health actuarial analyses; and
- Perception surveys and social listening reports commissioned by the GCIS and Solidarity Fund.

The fear of contracting the virus has remained relatively stable since the end of 2020, despite the increase in cases.

Citizens younger than 35 are most concerned with Covid and non-compliant behaviours. It is thus the youth, that should be enabled to be community change agents.

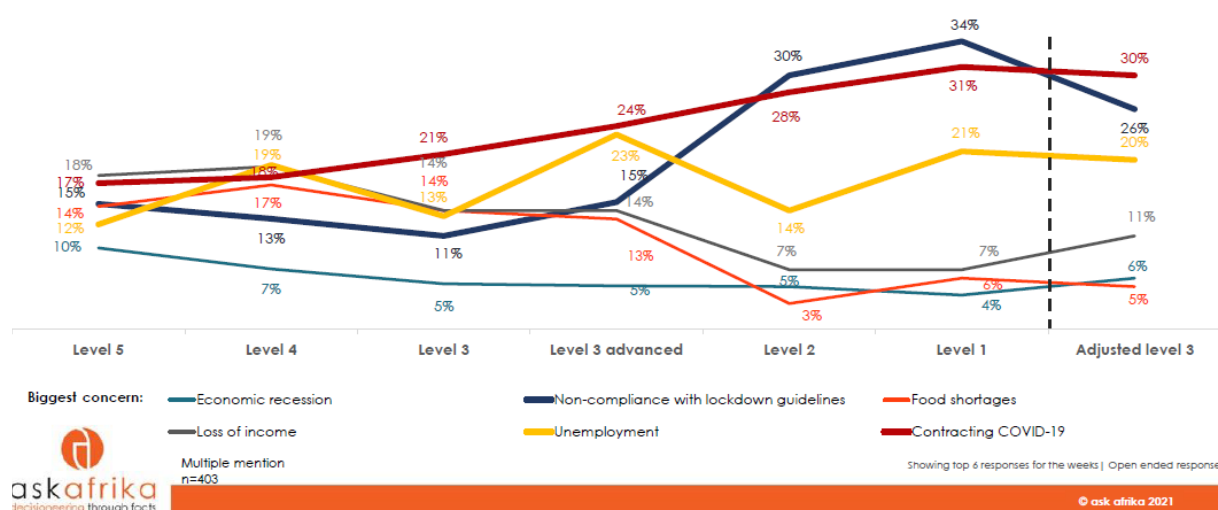


Figure 4: Example of AskAfrica survey results

Source: Ask Afrika Covid-19 Tracker, Week 1, 2021 © Ask Afrika 2021

In particular, the NICD, NDoH and NHLS worked together to provide up-to-date and transparent data on public and private sector hospitalisations, deaths and vaccinations. In addition, through the Daily Hospital Surveillance for Covid-19 (DATCOV), hospitals were able to share their numbers daily. While these statistics were important indicators of the severity and spread of the disease, on their own, they could not assist in developing appropriate responses. The government set up expert Ministerial Advisory Committees (MACs) to provide guidance but unfortunately, their advisories were initially not released to the public and when they were, only after a lapse of time making them less relevant as inputs into the Nedlac processes.

BUSA also ran an internal survey in 2021 to establish Covid-19 compliance, vaccine readiness and willingness amongst businesses to participate in vaccination campaigns. The results demonstrated *inter alia* the need of employers for information sharing and practical training on issues like ventilation.

The NRRTT was able to act as a hub for distributing reliable and credible information. Initially, information was shared when it became available and after a while, it became a regular agenda item on the NRRTT meetings.

Despite this sharing of information, there was often insufficient data to make decisions in a timely and informed manner. For example, during the initial stages of the vaccine rollout, government needed to make difficult policy decisions about how these scarce medical resources should be allocated, and which age groups and sectors should be prioritised (Moodley et al., 2021). However, there was not sufficient data about which sectors had the highest needs and the greatest capacity for vaccine rollout, making it difficult to engage in a rational calculation of costs and benefits.

Another example is the role of alcohol consumption and its impact on curbing the spread of Covid-19, which was highly contested. In general, alcohol use was expected to reduce adherence to non-pharmaceutical interventions and a ban on alcohol sales was considered to have an impact in terms of reducing the burden on primary care and private facilities. However, due to a lack of data particularly in the initial stages, this was not quantifiable. Subsequent research did, however, show that the ban on alcohol in South Africa resulted in a significant decrease in emergency hospitalisations and unnatural

deaths, indicating the extent to which alcohol abuse leads to the need for emergency services and the severe health impacts that call for hospitalisation (Theron et al., 2022).

Attempts were made by the Department of Health and the National Institute for Occupational Health (NIOH) to set up workplace information systems and the provision of such information by employers was an obligation set out in the Occupational Health and Safety Direction. The purpose of this occupational health surveillance system was to monitor workers in both the public and private sectors (DoH, 2021). It was also to provide in-depth understanding and strategic insight into the Covid-19 infection spectrum in the South African workforce in respect of symptom screening, testing, identifying vulnerable employees, contact tracing within the workplace and return to work and health outcomes. It was hoped that the surveillance system would assist in the early identification of sectors/companies and occupational groups at high risk of infection to inform and evaluate appropriate interventions. However, few employers provided this information until an incentive was created for employers to provide the information to unlock access to the Covid-19 TERS grant for employees with co-morbidities. Once more data began to flow into the NIOH, which provided valuable insights (DoH, 2021).

Towards the end of the pandemic, Nedlac helped to disburse specific research findings on issues such as the likelihood of transmission in indoor and outdoor environments to emphasise the importance of ventilation in work and public places.

The regular sharing of data, information and analysis helped shape informed responses by social partners to the pandemic. Involving scientists and experts in Nedlac processes assisted to develop responses to an evolving, uncertain present. Scientists and medical experts, especially virologists, immunologists and epidemiologists but also statisticians and public health scholars, were able to provide much-needed guidance.

Recommendations

Collecting and disseminating timeous and quality data can contribute to better-informed policymaking in future crises. The pandemic also demonstrated that Nedlac can play a role in coordinating the collection of data and the sharing of information from a variety of sources.

It is recommended that:

- Surveillance systems that were developed during Covid-19 need to be sustained. They can be used for future pandemics and outbreaks of diseases such as cholera, pneumonia, measles, etc.
- Government, business and labour should work together to build a well-functioning workplace health information system to facilitate evidence-based policy interventions in respect of occupational health and safety including to respond to future epidemics. A single centralised system of data collection will help to avoid duplication of efforts and avoid problems of over or under-reporting and 'reporting fatigue'. This should be coordinated by the NIOH. Incentives should be developed to encourage employers to keep data accurate and up to date.
- Transparent, timeous, two-way communication between state institutions and social partners can help to improve the quality and credibility of public policy.
- Nedlac should strengthen its capabilities to play a knowledge management role including by partnering with specialised data-gathering institutions and making such data accessible to social partners.



Non-Pharmaceutical Interventions

Non-pharmaceutical Interventions (NPIs) are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of communicable illnesses. NPIs were especially crucial at the onset of the pandemic when there were no vaccines as they helped delay the effects of the pandemic in South Africa, reduce severe diseases and death, and provided more time for preparedness and response efforts.

The initial stage of the lockdown was rigorous making no allowance for any non-essential activities outside the home. This brought most economic functions across the country to a complete halt, apart from a set of essential services including healthcare, security, agriculture, and the transport of selected goods. After the first phase, the government introduced through the disaster management regulations, a series of lockdown levels, which were lifted or reduced depending on the levels of infection and preparedness of health institutions. Each lockdown level was associated with a set of restrictions on human movement, public gatherings and economy economic activity. There were also restrictions on retail trade such as curtailing electronic commerce, alcohol and cigarette sales, curbing religious gatherings and public events, the introduction of curfews and postponement of local government by-elections.

The next sub-sections will discuss NPIs in two categories, namely restrictions on movement, gatherings and economic activity and personal protective equipment (PPEs), such as mask-wearing, sanitisers and hand washing, while the following section will focus on workplace measures. The opportunity for the local production of PPEs is also discussed in the relevant sub-section.

5.1. Restrictions on movement and economic activity

The restrictions on movement and economic activity, including travel bans and curfews, restriction of the sale of certain substances and prohibition of gatherings, generated significant discussion between the social partners within Nedlac, amongst experts and within broader South African society. The debate often centred around the relationship between saving lives and livelihoods although the lockdown also

impacted the successful treatment of other public health challenges including TB and HIV/AIDS, health care for pregnant women, diabetes and hypertension.

In the early stages of the lockdown, President Cyril Ramaphosa consulted the social partners through two specially convened Executive Council meetings. While this did not continue as the levels reduced, social partners continued to engage with government on these issues in an effort to achieve mutually beneficial outcomes. Social partners engaged constantly for a less disruptive dispensation around the testing, vaccination, isolation and quarantine requirements of international travel. The lack of certainty and prohibition on international travel, especially in November 2021, impacted heavily on tourism and migrant labour, which social partners sought to address in the interests of economic recovery and job creation.

The issue of the 2021 local government elections, which would require large gatherings of people, needed to be resolved. The NRRTT requested to meet with Judge Dikgang Moseneke, who had been appointed in June 2022 to lead the inquiry into ensuring free and fair local government elections during Covid-19. The Nedlac social partners were concerned about whether elections would be adequately free and fair under Covid-19 restrictions on the one hand, and on the other whether holding elections would intensify the number of infections. The majority were in favour of elections going ahead guided by 'science' and with appropriate restrictions in place.

Social partners at Nedlac agreed with the need for restrictions but often differed with the government and amongst themselves on the extent of the restrictions. They were also concerned about the lack of flexibility and responsiveness of government to change the restrictions as conditions changed. The most controversial restrictions discussed at the NRRTT related to the banning of alcohol sales. Numerous meetings were held to attempt to agree on a liquor social compact, especially because of the impact of the alcohol ban on jobs and small businesses such as micro-brewers. The essence of the proposal was that in exchange for the liquor industry doing more to address excessive alcohol consumption, government would have a more responsive approach to alcohol sale restrictions. There was an acknowledgement from business that while there may be a need to restrict the sale of alcohol when hospital beds were scarce, the wholesale banning of alcohol consumption was unwarranted. The discussions were also complicated by the fact that parts of the alcohol industry (the South African Breweries) were taking the government to court, and parts of government did not believe that they could negotiate with bodies who were litigating against them. In the end, no social compact was agreed upon.

Government was influenced by the evidence that the bans helped to free up capacity in the healthcare system and reduced the overall rate of mortality (De Jong, et al., 2020). Actuarial research conducted by the South African Medical Research Council (SAMRC) and the University of Cape Town (UCT) shows that the weekly number of unnatural deaths was 49% lower than expected during the Level 5 hard lockdown in which alcohol was banned (Moultrie, et al., 2021: 836). However, these temporary alcohol bans do not appear to have resulted in a lasting reduction in the rate of alcohol abuse in South Africa. On the contrary, there is some evidence that heavy alcohol users increased their consumption of alcohol during the lockdown (Theron et al., 2022).

A number of lockdown interventions seem, in retrospect, to have been made without adequate scientific justification (Gray, 2020). For example, the restrictions on which goods were allowed to be sold during the early stages of the pandemic seemed to have been largely arbitrary. When the sale of certain items of clothing, footwear and bedding was banned, there was a public outcry and a call for an explanation for this particular regulation. It was later reported that the MAC advising the government on its regulations to curb the spread of Covid-19 had not been consulted on these rules and found them 'inappropriate and unnecessarily intrusive' (Wagner, 2020).

In addition, the restrictions that followed the regulations came with mixed feelings from the public, which also led to, in some cases, communities not observing the regulations. This called for government to

take measures of enforcing the law and assisting to provide the necessary control of movement, by deploying the South African National Defence Force (SANDF) and ramping up the visibility of the South African Police Services (SAPS) to curb the spread of the virus. However, this process caused mixed emotions as the deployment and increased presence of the SANDF were not received well by the public (PMG, 2020), leading to pushback and resentment.

The NRRTT at some point made recommendations to government to change the sanctions for non-compliance from criminal to administrative to relieve the burden on law enforcement agencies. This did not happen, although, in 2023, Parliament announced that the Justice Portfolio Committee was in the process of formulating new legislation to expunge the criminal records of individuals who received criminal sanctions for violating lockdown regulations such as failure to wear masks in public and illegal gatherings during the first year of regulations.

The restrictions resulted in significant economic costs. The first and second alcohol bans are estimated to have cost the country R7.8 billion in tax revenue and 165,000 jobs (OECD, 2021:5). It is also estimated that between R4.5 billion and R6 billion was lost in excise taxes on tobacco products, while 300,000 jobs became precarious (West, 2021). In addition, bans on addictive substances, such as alcohol and cigarettes, led to the creation of illicit markets for these goods, which have persisted in the aftermath of the pandemic. British American Tobacco South Africa claims that 70% of all cigarettes consumed in South Africa in 2022 were illicit (Magubane, 2022b). As a result, much of the country's tobacco trade is now effectively unregulated and untaxed, resulting in a significant fiscal loss. It was also unreasonable to ban tobacco without mechanisms in place to support people with a nicotine addiction and tobacco dependency; thus, the illicit markets were inevitable (Gray, 2023). Having become entrenched, these illicit markets and distribution networks will likely be extremely difficult for authorities to dismantle.

The restrictions relating to gatherings were inconsistently applied to the economic detriment of the event sector. Social partners felt that there was no scientific rationale for allowing faith-based gatherings to resume at some point while outdoor sports and commercial events were restricted. Outdoor commercial events continue to be prohibited even after there was strong scientific consensus that such events could be hosted safely. The sports, cultural and business events industries - which employed more than 1.2 million people and had a total economic impact of more than R350bn - were decimated, with little or no income from March 2020, according to a presentation made to the NRRTT by the SA Events Council in 2021.

As a result, an Events Sector Alliance was established which included professional and other bodies from the sporting, arts and entertainment sectors. They sought to develop health and safety protocols to demonstrate to government that events could happen safely. They proposed that professionally organised events that take place at regulated venues under the Safety at Sports and Recreational Events Act (SASREA) be permitted to have greater capacities in attendance than the capacities permitted under the Disaster Management Act. These were presented to the Nedlac NRRTT where a common approach to allowing spectators at formal and informal sports and cultural events in compliance with Covid-19 protocols was developed and presented to government. Government, however, was not able to agree to these proposals, although towards the end of the epidemic restrictions on events were loosened.

Overall, the Covid-19 restrictions had a devastating impact on the events, transportation, hospitality, tourism, retail and alcohol sectors. Regardless of the public health benefits of these restrictions, it is unfortunate that workers and businesses in these sectors were forced to fend for themselves for two years, with relatively little support.

In respect of travel restrictions, the National Department of Transport (NDoT) issued directions in terms of the Disaster Management Regulations relating to social distancing and sanitising on public transport and e-hailing, and the closing and subsequent safe re-opening of rail. There was significant engagement with the NDoT especially after they replaced restrictions on the number of people allowed to travel in

a minibus taxi in exchange for keeping windows open. These same provisions did not apply to buses. Organised labour at Nedlac in particular was incensed with this move to allow 100% capacity on local minibus taxis and declared a Section 77 socio-economic dispute. This was not resolved through the Nedlac process and Cosatu, Fedusa and Nactu went on a one-day protest on 7 October 2022. Attempts to persuade the NDoT to issue a direction to facilitate staggered working hours or 'peak spreading', especially in cities and thus reduce numbers in public transport in peak periods for their own safety, also came to nought.

Recommendations

With due regard to the significant economic impact of lockdowns on the economy and livelihoods, the following recommendations are made for future epidemics:

Non-pharmaceutical interventions must be carried out in a scientific, rational and evidence-based manner.

- Agility in policymaking is important. In the early stages of a crisis, when speed is of the essence and there is a high level of uncertainty, policymakers should be able to make policies based on incomplete information. However, as more scientific information is produced, policymakers should be willing to update their prior assumptions and adjust course rather than adhering rigidly to their original policy choices.
- Social problems such as alcohol abuse and the use of tobacco are not best addressed through emergency measures. Alcohol abuse should rather be addressed through sustained public health campaigns and interventions aimed at decreasing alcohol consumption directly.
- Policymakers should seek to avoid law enforcement approaches to public health crises, especially where significant numbers of people live in overcrowded spaces with inadequate ventilation, and poor people need to use public transport to get to work (Gray, 2023). While it might be necessary to use the police or the military in certain crisis-response situations, these tools should be used as a last resort.
- While enforcement of emergency health measures can be difficult, it is more effective when it is carried out through public communications campaigns, and appeals to social solidarity in the face of a common threat.
- Some of the policies and practices piloted during the pandemic may be advantageous to retain and develop. For example, effective social leadership campaigns and work-from-home policies will continue to have value for the foreseeable future.

5.2. Mask-wearing, sanitising and hand washing

Mask-wearing was identified internationally as a mitigation measure to prevent the spread of the virus in the absence of a vaccine. Initially, South African regulations encouraged the wearing of cloth masks due to a local and international shortage of other kinds of masks.

South Africa managed to achieve widespread public acceptance of the principle of mask-wearing and sanitising (Burger et al., 2022: 172), although the relevant regulations were not always strictly adhered to in practice (Burger et al., 2020: 7; Magubane, 2022a). Social partners were able to leverage their communications machinery to encourage South Africans to use masks and sanitisers in public spaces (Burger et al., 2022: 172). South African political figures and media entities across the political spectrum generally approached these issues responsibly and pragmatically and treated masks as a public health intervention rather than a signifier of partisan political identity, which happened in other countries.

A constant concern, particularly of the community constituency was the availability of masks, and sanitisers for the most vulnerable members of society. To prevent the transmission of the virus at public transport interchanges, such as taxi ranks, informal traders' associations argued for government to distribute free masks and sanitisers and for local government to provide facilities for handwashing. Informal traders' associations in KwaZulu-Natal (KZN) initiated a pilot project, which was later supported by the International Labour Organization (ILO) to introduce handwashing facilities and improved sanitation at taxi ranks and associated markets. Through this project, the ILO installed JoJo tanks with wash stations in Alfred Duma Municipality in KZN and in the Mbombela Municipality in Mpumalanga.

Unfortunately, government was not very responsive to updated scientific findings on the effectiveness of different NPIs as new scientific research became available during the pandemic. For example, regulations continued to require the wearing of masks in well-ventilated outdoor areas, even after it became apparent that the risk of transmission in such environments was extremely low (Qian et al., 2021). Furthermore, some organisations, such as schools, continued to make use of ineffective and harmful NPIs, such as the aforementioned "fogging tunnels", long after it became apparent that such practices were unnecessary (Mehtar, Madhi and Mendelson, 2020).

The social partners played an important role in facilitating the production and distribution of PPE, especially in the early stages of the pandemic when South Africa suffered from serious shortages. A task team from organised business and labour was set up and led by the Department of Trade, Industry and Competition (dtic), which enabled the clothing industry to pivot to produce masks and the alcohol industry to repurpose itself to produce hand sanitisers. By May 2020, South African textile manufacturers were producing 14 million cloth face masks per week (Raphael, 2020). The majority of these accredited fabric face mask manufacturers were very small and small businesses. The National Bargaining Council for the Clothing Manufacturing Industry was also able to successfully leverage the partnership between the government and businesses to distribute masks to the retail sector.

In addition, within a relatively short period of time, a ventilator localisation programme was set up and capacity built for the local production of medical-grade sanitisers, respiratory masks, face shields, medical gloves and other items. Most of these had been largely imported at the commencement of the pandemic period.

Deputy President Paul Mashatile, at a ProudlySA dinner on 28 March 2023, had this to say about the above initiative: "This was a clear demonstration of the power of collaboration and an example of what can be achieved if those leading the country across all sectors of society work together towards a common goal. This ensured supply security for our country and region, not just during the initial years, but also if global supply chain disruptions affecting products entering the country occurred again."

Unfortunately, the adherence to PPE measures and the partnership to promote local production was not taken advantage of. Instead, government procurement of PPE was marred by irregularities, poor controls, price gouging, incomplete record-keeping and outright fraud (AGSA, 2020). The allegations of corruption prompted the President to issue a proclamation to the Special Investigating Unit (SIU) to investigate Covid-19-related procurement in government. They investigated 5467 contracts awarded to 3066 service providers with a total value of R14.3 billion. By January 2022, they had finalised 62% of the investigations, wherein they had made 224 referrals for disciplinary action against government officials, 386 referrals to the National Prosecuting Authority and 330 referrals for administrative actions such as blacklisting. The SIU further estimated that the R551.5 million should be recovered. Thus, much of the revenue that could have been used to save lives and stimulate local industries was instead wasted on low-quality imported products and corruption.

Recommendations

- South Africa's successful efforts to rapidly expand local production of PPEs suggest that localisation policies can be effective if they are sustained and focused. The lessons learnt from the PPE production should be taken forward in respect of other supply chains of critical goods, such as, in the current context, solar panels, inverters and batteries.
- The government should put in place regulatory and institutional measures to ensure that government departments purchase locally produced goods when they are of competitive cost and quality. There should also be greater transparency in government procurement so that such measures can be monitored.
- There should be more advanced planning to strengthen local industry and ensure that South Africans will have continued access to vital goods in future disasters, especially transnational disasters when such equipment might be hoarded by overseas suppliers.



Management of Covid-19 in the Workplace

From the beginning of the lockdown, the NRRTT addressed its impact on workplaces and workers. At the start, consideration had to be given to whether and how annual leave provisions should be dealt with. In May 2020, after five weeks of hard lockdown, workplaces were slowly opening up but had to do so safely so that they did not become sites at which the virus could spread. An NRRTT sub-committee on occupational health and safety was set up and engagement began on a direction to complement the regulations under the Disaster Management Act. In terms of these regulations, individual Ministers could issue directions.

While guidelines for employers to deal with Covid-19 at workplaces were issued in March 2020 by the Department of Employment of Labour, they were followed by more informed directions once more information emerged about Covid-19 and the nature of the hazard and risk in the workplace and the precautions that should be taken to minimise this risk. These directions, which were extensively consulted upon by the NRRTT sub-committee were intended to stipulate the measures that must be taken by employers to protect the health and safety of workers and members of the public who enter workplaces or are exposed to working activities.

The NRRTT sub-committee was able to advise on improvements to the direction based on experience on the ground. For example, the first direction provided for cloth masks to be provided for and washed by the employer arising out of a fear that women (who are most often responsible for washing at home) would catch Covid-19 through this activity. This proved impractical and was removed in later versions.

A Consolidated Direction on Occupational Health and Safety (OHS) Measures in Certain Workplaces was agreed upon in May 2021, which included guidelines for employers in respect of enabling vaccinations of employees. Finally, on 15 March 2022, in anticipation of the lifting of the State of Disaster, the direction was replaced by a Code of Good Practice on Managing Exposure to SARS-CoV-2 in the Workplace. This was also complemented by the amended Hazardous Biological Agents Regulations, 2022 (Regulations) in October 2022, which were amended to include Covid-19-related matters.

These regulations and directions sought to guide a risk-based approach to the management of Covid-19 in the workplace and treated Covid-19 as a hazardous biological agent (HBA) in terms of the Occupational Health and Safety Act (OHSA), meaning that employers have a legal obligation to limit their employees' risk of exposure and infection.

They also encouraged the adoption of variable working hours and "work-from-home" policies in applicable sectors to reduce exposure to the virus without harming economic productivity.

The code sought to offer direction on managing exposure to SARS-CoV-2 in the workplace by providing guidance to employers and employees on (a) conducting or updating a risk assessment in terms of the Occupational Health and Safety Act and of regulations relating to Hazardous Biological Agents in respect of SARS-CoV-2 exposure; (b) developing a plan to limit infection and transmission, and mitigate the risks of serious illness or death on the basis of that risk assessment; (c) implementing the plan; (d) managing absence from work due to infection, isolation and adverse effects of vaccination; (e) seeking to accommodate employees who refuse or fail to vaccinate against SARS-CoV-2.

In addition to engaging and approving the directions and code, the sub-committee engaged on the vaccination programme (see later), as well as on various issues that arose in the workplace, such as a Compensation Fund regulation for workplace-acquired Covid-19, the management of long Covid in the workplace and ventilation guidelines. A smaller sub-committee engaged with the SETAs to enable and fund training on the workplace measures required in terms of the directions. This was very important since the majority of workplaces had not previously needed to do risk assessments and concern themselves with biological agents such as Covid-19.

Lastly, the committee received reports on compliance with the direction from the Department of Employment and Labour Compensation Fund on the numbers of employees or their families, mostly in the health sector, who were compensated for workplace-acquired Covid-19. Results from the NIOH in terms of their workplace surveillance system were also received. The OHS inspectorate was handicapped by a lack of a sufficient number of inspectors, manual systems of recording and gathering information and employer reluctance to allow inspectors into workplaces for fear of them transmitting the Covid-19 virus. A comprehensive picture is thus difficult to obtain about levels of compliance. The Department of Employment and Labour reported that as of August 2022, only 48% of the employers who were inspected were found to be fully compliant with Covid safety regulations (Moloi, 2022). The OHS inspectorate indicated that in the Covid-19 period, 500 more inspectors were employed.

The Compensation Fund together with the two mutual assurance funds that provide compensation for occupational injuries and diseases paid out Covid-19 related benefits. The Compensation Fund processed 20,840 of the claims, Rand Mutual Association (RMA) processed 6798 of the claims and Federated Employers Mutual (FEM) processed 613 of the claims.

With the ending of the Disaster Management Act and the easing of various Covid-19 restrictions, the health and safety sub-committee identified a need for workplaces to have ongoing training and awareness in respect of Covid-19 issues. These engagements led to the formation of a partnership between the National Institute for Occupational Health (NIOH) and the social partners through Nedlac, to roll out a training and awareness programme with webinars, videos, and fact sheets focusing on how to manage Covid-19 in the workplace. The training programme also highlights the importance of health and safety in the workplace. The programme is fully funded by the Compensation Fund and is set to be rolled out over 12 (twelve) months from the date of the contractual agreement between the NIOH and the Compensation Fund.

Recommendations

- The pandemic highlighted the importance of occupational health and safety and the poor understanding of many employers of how to implement a risk-based approach, not only in respect of biological hazards. Employers and unions should redouble efforts to implement and comply with the Occupational Health and Safety Act.
- There needs to be a more effective system of OHS inspections including the digitalisation of inspection processes and records.
- The lessons of co-creating regulations and codes can be taken forward in other Nedlac processes. Time periods for deliberating on regulation and legislation can be reduced and more consensus outcomes achieved when a common approach is first identified.
- The experience of the pandemic should encourage employers to review their ventilation arrangements. Designs of new offices and factories should consider the importance of ventilation and of protecting workers from airborne diseases. Existing offices and factories should also be upgraded to ensure workers are protected. In addition to conferring public health benefits, such policies will also have economic benefits, reducing the loss of productivity that would otherwise be caused by other airborne diseases such as influenza.



Vaccination Rollout

From late 2020 onwards, the global response to the pandemic was dramatically altered by the development of Covid-19 vaccines, which gave governments and societies a powerful new tool to fight the pandemic. The rapid development of safe and effective Covid-19 vaccines, using viral vector and mRNA technology, was a remarkable scientific achievement. In response to these developments, the social partners in the NRRTT worked together to advocate for vaccinations and to facilitate the delivery of vaccinations.

In the beginning, South Africa and various other middle- and low-income countries lacked access to vaccines. South Africa lagged behind high-income countries and struggled to get into the queue for vaccines (Gray, 2023). Vaccine rollout for the general population only began in May 2021, months after various countries had started their vaccination programmes. While the vaccine campaign, took a long time to get underway, once it did so, the efficiency and dedication of the healthcare workers at the vaccination sites were widely applauded. Vaccination sites were mostly accessible and queues were manageable.

Due to the slow start by government in securing vaccines, the Solidarity Fund provided an initial amount aimed at securing a vaccine supply to South Africa through the COVAX facility (Solidarity Fund, 2022; Nzimande, 2023). On behalf of the National Treasury and the Department of Health, the Fund made a down payment of R283.3 million, which was a 15% upfront fee, required from South Africa for the country to procure vaccines from the facility. The Fund then provided urgent funding for logistical arrangements and transportation of 5 660 460 Pfizer vaccines donated by the US government to South Africa through the COVAX facility (Solidarity Fund, 2022).

The NRRTT Occupational Health and Safety Committee were engaged during all phases of the vaccine rollout campaign. Their role shifted from advice and lobbying in respect of how the vaccine should be rolled out to mobilising people to be vaccinated including in respect of positive and negative incentives to increase the numbers of people vaccinated.

One of the successful features of the campaign was the partnership with the private sector including medical aids and pharmaceutical companies facilitated by B4SA. Private sector sites offered vaccines free to those not on medical aid, although this took some time to negotiate with the Department of

Health, and paying private providers for dispensing the vaccines was not fully resolved for some time. The Solidarity Fund collaborated with the DoH, B4SA, the Department of Social Development (DSD) and other partners in piloting an outreach model to fund and support the vaccine programme, which aimed at taking the vaccine to the people and reaching the highest number of people possible. This outreach was done using social security payment sites (SASSA sites), and lessons from this pilot determined the best outreach and costing reimbursement model to support a national vaccine rollout project.

Mining houses and other large companies that had occupational health centres offered to vaccinate their workers and in some instances members of surrounding communities. According to the Minerals Council of South Africa, the mining sector achieved an average vaccination rate of 70%, and in some mining companies, 95% of workers are vaccinated (Minerals Council, 2021).

The South African National Taxi Association (Santaco) helped with logistics, offering transport to help people reach vaccination centres. Trade unions, such as Police and Prisons Civil Rights Union (POPCRU), Southern African Clothing and Textile Workers Union (SACTWU) and mineworkers' unions, engaged in vigorous pro-vaccine advocacy. As a result, there was high uptake in certain sectors of the economy where these unions had a strong presence.

The NRRTT monitored the number of vaccines that were available as well as the anticipated demand. As eligibility for vaccines was opened up for more age cohorts, it became clear that take-up was not as anticipated due primarily to vaccine hesitancy and the need for an all-of-society communication and behavioural response was identified. In this period the National Communication Partnership became active (see later) and in particular the Nedlac Community Constituency reached out to targeted stakeholders such as faith-based communities, traditional leaders and traditional healers. Community-based campaigns were prioritised where Covid-19 and Covid-19 vaccine principles were explained in plain language, translated into multiple local languages and communicated through Vax champions recruited at a local level.

The low take-up of vaccines, combined with the emergence of the Omicron variant in late November 2023, pushed social partners to debate and advance the need for vaccine mandates and vaccine certification to incentivise people to get vaccinated. The NRRTT recommended that mandatory vaccinations be implemented in workplaces and that access to specific venues be granted only to those vaccinated. The social partners at Nedlac agreed that to promote vaccination and protect the country from further lockdowns, workplaces should require employees to be vaccinated to facilitate occupational health and safety. For many, the advocacy for vaccine mandates was based on the principles of solidarity and the imperative to keep workplaces healthy and safe.

There were organisations opposed to vaccine mandates and vaccine certificates. The South African Federation of Trade Unions (Safu) encouraged workers to vaccinate but opposed the introduction of vaccine mandates at workplaces and other sites, citing constitutional concerns. Afriforum also opposed the introduction of Covid-19 vaccination mandates in South Africa, saying they are unjustifiable violations of personal freedoms. While government did not introduce mandates or certification, the revised Consolidated Direction on OHS Measures in Certain Workplaces issued provided guidelines on vaccine mandates and the Code of Good Practice on the Management of Covid-19 in the Workplace required employers to do a risk assessment and introduce mandates if the assessment identified that this was the most effective way of keeping workers safe.

A significant number of companies did introduce vaccine mandates, particularly when they wanted workers to return to workplaces such as Discovery and Standard Bank. There were a number of CCMA cases, which ruled that it was within the employer's rights to do this in line with their obligations in terms of the Occupational Health and Safety Act. Compared to many private sector unions and employers, government and public sector unions were reluctant to encourage or require vaccination among public

sector employees. As the largest employer in South Africa, the government could have dramatically increased the rate of vaccination by making it mandatory for its own employees; especially in sensitive sectors such as healthcare and security services. For example, only 25% of staff in the Department of Public Service and Administration came forward for vaccination.

The success of South Africa's vaccination drive was mixed. Most South Africans who wished to become vaccinated were able to do so, with vaccinations being accessible and available for free in numerous locations. This was a significant logistical achievement. Approximately 38 million vaccine doses have been administered to South Africans, with most of those being delivered in a 12-month period from May 2021 to May 2022 (DoH, 2022). However, South Africa's vaccination rate has ended up being much lower than other countries at similar levels of economic development.

This outcome resulted partially from problems with the initial vaccine rollout. South Africa was slow to roll out vaccines, and its vaccination programme initially faced major problems with access, supply and distribution. The government initially planned to roll out the Johnson & Johnson and AstraZeneca vaccines; however, it was forced to abandon AstraZeneca after it proved ineffective against the locally dominant Beta variant of the disease (Mueller et al., 2021). South Africa then pivoted towards the Pfizer vaccine. While the Pfizer vaccine was highly effective, a sudden change in supplier further delayed the start of the vaccination programme. Plans to manufacture vaccines locally never got off the ground in time.

Messaging on vaccines from government and social partners was complicated and inconsistent and failed to produce sufficient demand. By the time vaccines were widely available, large numbers of South Africans had been exposed to misinformation and conspiracy theories about vaccines, and widespread apathy and distrust had set in. There was an underestimation of how well-organised anti-vaxxers were, how much funding they had and how much access they had to communities who were already mistrusting of science (Gray, 2023). As a result, the government was unable to achieve its goal of vaccinating the majority of the population, leaving the country with vaccine doses that are about to expire and vaccine doses that people do not trust.

Increasing vaccination rates will likely be a vital goal in future epidemics and an important goal for public health policy in general. There have been significant advances in vaccine technology in recent years, in part due to the dramatic increase in research funding that occurred in response to Covid-19 (OECD, 2021). The new mRNA technology that is used in vaccines such as the one developed by Pfizer offers the potential for new vaccines against influenza, malaria, HIV, or even cancer. Unfortunately, there is a risk that the large volume of anti-vaccine misinformation that was propagated during the Covid-19 pandemic will create greater distrust towards vaccination in general, including childhood vaccinations that were largely uncontroversial before 2020.

Recommendations

The following recommendations are made to increase the rate of Covid-19 vaccine uptake and other vaccines in the future:

- Covid-19 vaccinations should continue as a routine part of seasonal healthcare, similar to vaccines against influenza. Natural immunity and vaccine-induced immunity wane so regular vaccination is required in order to facilitate a good immune response (Gray, 2023). Immunocompromised individuals, in particular, need to be regularly vaccinated, perhaps six-monthly (Gray, 2023).
- Government and social partners should continue to collaborate to increase public demand for vaccines, including communication campaigns.
- In the era of fake news and high levels of misinformation on social media, science communication and appropriate messaging is crucial. This can be assisted by active media monitoring, comparative research and enabling the scientific and medical communities to be more proactive in delivering accurate messaging, particularly on platforms where misinformation thrives.
- The government as the largest employer in the country including in the health sector and public sector unions should take on a leadership role in promoting public health objectives such as vaccines.
- A place remains for vaccine mandates as one instrument for increasing vaccine uptake to ensure the safety of workplaces. This is a requirement of the Occupational Health and Safety Act.
- South Africa should continue investing in manufacturing capability to develop our vaccines. South Africa (and Africa) should become independent vaccine manufacturers, not reliant on other parts of the world or pharmaceutical monopolies for vaccines.



Relief Measures

From the start of the Covid-19 pandemic, the government, working with social partners, introduced relief measures to reduce the economic impact of the lockdown on businesses, workers and vulnerable communities. These measures included the Covid-19 Temporary Employer-Employee Relief Scheme (TERS), tax relief, loan and contribution holidays, the Covid-19 Loan Guarantee Scheme (LGS), the Social Relief of Distress (SRD) Grant and food relief. The approach of social partners was that workers, companies and individuals in distress through no fault of their own should be supported, while recognising particularly as the pandemic began to impact negatively on the economy, that the resources available were limited. This led to social partners also calling for economic recovery and a stimulus package, and government responding with the Economic Recovery and Reconstruction Plan (ERRP).

In the early days of the pandemic, the focus of the NRRTT was fourfold: firstly, to design and implement the Covid-19 TERS; secondly, to lobby for an extension of social protection including for the unemployed and informal workers; thirdly, for relief for distressed businesses, including small businesses, and workers through debt relief and contribution holidays from finance institutions, medical aids and retirement funds; and lastly for food relief.

In respect of workers, the relief required as the economy opened up changed from all workers to those still locked out of the economy because of Covid restrictions, workers over 60 or with co-morbidities who are unable to work and workers in quarantine because of high-risk contact with an individual who has tested positive for Covid-19. Workers and companies in the event management and hospitality sectors were not able to earn a sustainable income throughout almost the entire epidemic due to restrictions on travel and gatherings.

The Covid-19 TERS administered by the Unemployment Insurance Fund (UIF) had an enormous positive impact providing temporary relief to about five and a half million workers thus supporting businesses, saving jobs and mitigating income loss. By April 2022, the UIF had disbursed over R64 billion to 5.7 million workers through this scheme. The success of the scheme was in no small part due to the ongoing efforts of the NRRTT Covid-19 TERS sub-committee and an operational task team that met at least weekly to co-create the enabling regulations, advise on operational matters and communicate the scheme to employers and unions.

In the beginning, the UIF went out of its way to rapidly disburse funds and explain the scheme to workers and employers. However, as the implementation progressed, a number of employers as well as individuals in society and in the UI system itself, took advantage of the system for their own benefit. As a result, the UIF tightened up processes, making the scheme difficult to access for genuine recipients and diverting valuable human and financial resources to track fraud and corruption and become compliant for purposes of the Auditor General. The UI initiated a “follow the money” investigation since they estimated that as much as 10% of the TERS benefit did not go to intended beneficiaries. Working together with law enforcement agencies there have been over ten convictions. While most have been suspended sentences, one person was convicted of fraud and sentenced to 20 years’ imprisonment. The pandemic also revealed how many employers were not contributors to the UIF, particularly employers of vulnerable workers and workers in informal employment, such as domestic workers (estimated at 80% of the employers) and minibus taxi drivers (estimated at 100%).

Once the hard lockdown gave way to lesser restrictions, workers in the informal economy were able to go back to work but with fewer resources than formal businesses and were not earning the same incomes as before for the same number of hours worked, due to many of their clients having become unemployed and having less disposable income (in the case of informal traders) and drop in the price of recyclable materials (in the case of waste pickers) and decrease in the number of people moving about (in the case of minibus-taxi drivers). In this context, the informal sector and community constituency promoted the narrative of “leave no one behind”.

Ultimately, the UIF system broke down and failed to provide pay-outs to workers at precisely the time these were most needed. As of May 2023, about 61,000 employees were estimated to be still owed money. The social partners, and business in particular, offered a number of times to assist with IT systems, drafting of standard operating procedures and similar but these were rebuffed. This was a missed opportunity for an operational partnership, which could also have left a legacy for the UIF.

Extension of social grants

At the beginning of the pandemic, all social partners believed that social grants needed to be extended, supplemented or increased to provide relief in the absence of economic activity and engaged actively with the Department of Social Development (DSD) in this regard. In May 2020, the President announced a special Social Relief of Distress (SRD) grant of R350 per month. SASSA implemented this grant in record time and innovative ways including in partnership with the banks. While there were start-up challenges such as the initial registration process being solely electronic. This was quickly rectified and a broader set of channels for registration was introduced. Nevertheless, payments started in mid-June, six weeks after the start of the hard lockdown on 27 March 2020 during which time workers in the informal economy had absolutely no means of subsistence.

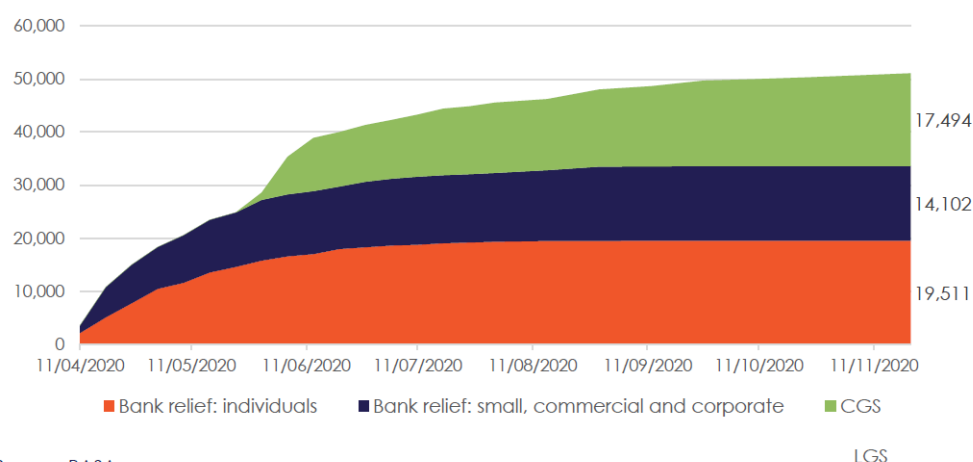
A Nedlac sub-committee focusing on social development monitored the implementation of the grant and lobbied for changes, improvements and extensions. One of the rules of the SRD grant was that beneficiaries could not receive any other grant from SASSA. This meant that recipients of the child support grant, mostly women, were not eligible. The community constituency in particular argued against this since child support grants were intended for children and that the SRD grant thus discriminated against women. In June 2022, the DSD together with the South African Social Security Agency (SASSA) changed the rules and included recipients of child support grants. However, it subsequently also introduced a means test. Since the inception of the SRD grant in 2020, it has been extended a number of times and as at May 2022, the department had recorded 10,233,431 million applications received. Of these, 58% of the applicants were female and 42% were male.

Thirdly, in respect of relief for businesses and individuals in distress, both government and businesses such as banks, pension schemes, medical aids and insurers came to the party very quickly at the beginning of the pandemic. After the dtic issued a direction under the State of Disaster to exempt

banks from provisions of the Competition Act, they agreed on loan deferrals. Provident schemes came together and produced a best practice guide on how to offer relief. The National Treasury also extended the Employment Tax Incentive and agreed to delay certain tax liabilities. The NRRTT, in particular community and labour, called for a moratorium on evictions for those who could not pay home loans and for a period this was provided for in the State of Disaster regulations.

However, financial institutions could not provide such measures indefinitely. This led to calls for a stimulus package, similar to what was being implemented in other countries. In May 2020, the National Treasury, after detailed negotiations with banks introduced the Loan Guarantee Scheme and dedicated an amount of R200 billion for the scheme. However, the scheme was not very successful since by the time it was implemented, most banks had made loans to businesses without the need for a guarantee. Numerous meetings were held by NRRTT sub-committees to try to improve the scheme such as bringing in non-bank lenders. Some modifications were introduced but still did not make a demonstrable difference. According to the parliamentary budget office, 40,292 applications were received as at March 2021 and 14,827 loans were approved by banks valued at R18.2 billion. The average value per loan was R1.2 million. Of these loans taken, the banks only approved 551 applications, of which only 97 were taken up by clients.

Eventually, after the July civil unrest, government introduced a revised scheme where the government took slightly more risk. It is called the Bounce Back Scheme and targeted businesses recovering from constraints in accessing finance due to Covid-19 lockdowns, the July 2021 civil unrest and disasters like the floods affecting KwaZulu-Natal.



Source: BASA.

Note: figures on bank forbearance only available up to 26 September 2020 – assumed not to have grown beyond that. Bank relief figures represent cumulative cashflow relief.

Figure 5: Covid-19 relief provided by banks: April to September 2020

Source: Intellidex Report

In respect of food relief, the DSD was quickly overwhelmed by requests and the Solidarity Fund intervened where possible. During 2020, the Fund provided emergency food relief to over 250,000 distressed households experiencing severe food insecurity. The Fund also piloted food vouchers and distribution of seed for agricultural production where this was a more suitable and appropriate intervention. It was able to move with greater speed and agility than the government since it did not have to comply with the Public Finance Management Act (PFMA). The government thus also gave funds to the Solidarity Fund to implement. The Fund nevertheless went to significant efforts to account for their donor funds to ensure accountability and foster trust.

Lastly, informal and atypical workers, who were especially vulnerable to the economic downturn, were largely unable to access relief programmes. Unsuccessful attempts were made to devise a mechanism for taxi drivers and workers in the events sector to secure Covid-19 relief. The NRRTT also did not succeed in persuading the Department of Transport to provide relief to taxi drivers as part of a relief package for taxi owners. This had little success on its own due to the requirements such as formalisation which the taxi industry has resisted for a long time, particularly the formalisation of labour standards for drivers. For informal traders, the NRRTT supported the “do no harm” approach and regulation advocated by organised informal traders. As a result of these efforts, the Department of Small Business Development finally issued a direction in July 2021 for informal traders to receive an exemption from permit fees from municipalities for 18 months until December 2022. Some municipalities complied with this, but there was resistance from others.

The challenge of providing relief has highlighted the complexity and government red tape that prevents crucial interventions from being speedily implemented. During the past three years, the government has consistently been taken by surprise and forced to reallocate funding in response to disasters such as the Covid-19 pandemic, the July 2021 civil unrest and the floods in KwaZulu-Natal. Given the regularity with which such events have occurred, it would be prudent for the government to plan ahead and establish a system that ensures that properly mandated funds can be made available swiftly for unexpected disasters and is inclusive of workers and economic units in the informal economy.

Recommendations

The following recommendations are made to strengthen the provision of relief during crises and systems of social protection:

- Government should put in place legislation and processes to be able to speedily activate reliable and consistent sources of funding in response to future disasters or similar crises which will leave no one behind. This should be without creating too significant a regulatory burden which undermines delivery.
- The UIF system must be modernised and rendered functional to fulfil the statutory commitment to workers and should be extended to cover atypical workers, especially contract and commission workers such as in the entertainment industry, gig economy and taxi drivers. Furthermore, the UIF should collaborate with businesses and organised labour to ensure that all employers especially in the farm and domestic sectors register and contribute to the UIF.
- Government and social partners should consider how innovation in technology and the use of partnerships can be taken forward and institutionalised. This includes the use of technology for the distribution of social grants and food vouchers instead of food parcels.



Communication and Behavioural Change

Throughout the pandemic, a large number of complex messages were conveyed by many different communicators including government, public health authorities, epidemiologists, international bodies and social partners to inform the public about the dangers of Covid-19 and how to respond.

Communication strategies sought to provide information to the public, counter harmful misinformation, increase public trust in science-based health interventions and encourage behavioural changes that would slow the spread of the disease and later encourage vaccinations. In addition, like everything else, communication had to happen virtually and traditional methods of door-to-door, shop steward and community meetings, loud hailing and using communication champions at a community level had to be abandoned.

One of the initial purposes behind the establishment of B4SA was to enhance communication to employers. They partnered together with other business organisations and volunteers from business to develop the Return2Work Initiative, which offered businesses clear and simple guidance on reopening and staying open, setting out the key legal requirements and tools to minimise infection and maximise compliance with the State of Disaster regulations.

WIEGO (Women in Informal Employment: Globalising & Organising) working together with informal traders' and waste pickers' organisations produced user-friendly online and printed materials on "COVID-19 Guidelines for Informal Traders (in streets, markets and spaza shops)" and "Coronavirus and Landfill Sites Waste Pickers", which were also displayed on the B4SA Return2Work website.

Due to the significance of public health measures such as social distancing and mask-wearing etc to reduce the spread of Covid-19, the Solidarity Fund commissioned research, initiated communication campaigns and provided funding support to the Government Communication and Information Service (GCIS), non-governmental organisations and community-based such as the Community Constituency Front (CCF). Other organisations arose to address the communication needs. For example, CovidComms began as a volunteer initiative to produce free and easily accessible content explaining Covid-19 and Covid-19 vaccine principles in plain language, and translated into multiple local languages.

In 2021 when the vaccination campaign was launched, the National Communication Partnership (NCP) was set up through Nedlac. It was coordinated by the GCIS and included organisations and bodies involved in communication from business, labour, the Community Constituency Front (CCF) the South African Council of Churches (SACC), the Solidarity Fund and the DG Murray Trust. They wanted to advocate for vaccination by increasing public access to information and improving the quality and clarity of messaging. Some of the joint activities arranged through over 50 weekly meetings included setting up a Civil Society War Room to coordinate community mobilisation, the Vaccination 4 Men campaign, Vooma Vaccination Weekends and Vax Champs.

The NCP proved to be an important mechanism for communicating messages to the public. Research done by the GCIS, Solidarity Fund, academic institutions and the DG Murray Trust on people's perceptions was regularly shared and contributed to developing appropriate messages. Social partners were able to share their collective expertise in communication across different sectors, take advantage of synergies between their capabilities, and collaborate effectively with the government. The messages put out by the NCP were guided by scientific research and conveyed accurate information to the public.

However, this communication strategy was unable to significantly counteract the large volume of misinformation and conspiracy theories that were circulated among South Africans. This is one of the factors that has unfortunately contributed to South Africa's low rate of vaccination (discussed in section 7 of this report). Furthermore, policy overreach in some areas, along with inconsistencies between messaging and public policy, ultimately served to erode public trust in public health authorities and scientific experts. This problem interacted with a wider decline in trust of the South African government, and the broader decline in trust that occurred across the world, which has coincided with the rise of fake news on social media.

One of the weaknesses of the communication strategy was the use sometimes of the language of war when communicating with the public on health issues (Mawere, 2020). The establishment of 'Command Councils', the use of military symbols such as uniforms, calls to 'wage war' against the disease, and the prominence of the security cluster officials in public communication could have produced scepticism instead of inspiring trust. Further, some mechanisms such as the family meetings of the President may have been overused and there were calls for opportunities where members of the media and the public could engage with the President.

Recommendations

The question of how to rebuild public trust and counter misinformation is a complex one which many countries grappled with during the pandemic. Lessons can be learned from South Africa's experience which can be applied to strengthen communications and enable behavioural change going forward. The following recommendations are made:

- Consistent messaging is important. Having a single message being articulated by different voices is an effective communication strategy which should be applied in other similar situations.
- The Covid-19 pandemic demonstrated that advocacy by trusted groups such as healthcare workers and traditional healers can be more effective (and less costly) than mass communication through broadcast media and advertising channels. In the same vein, the pandemic showed that it is better to use doctors and scientists as communicators than police officers or soldiers.
- The NCP demonstrated the value of social partners and other civil society intermediaries partnering with the government to communicate effectively with citizens. The NCP and/or a similar structure should be maintained in the post-pandemic period so that it can be activated quickly in the event of future disasters and crisis-response situations. An NCP-type structure can be used to fulfil other beneficial social objectives such as increasing public awareness around energy-saving or social programmes.
- Communicators should consider how to better use research and surveys to communicate complex scientific findings to the public in a way that is digestible and accessible and can enable behavioural change.



SECTION FOUR



Institutional Arrangements

Government, Nedlac and social partners put in place new institutional measures to coordinate their responses during the pandemic. Internally, Nedlac created the Nedlac Rapid Response Task Team (NRRTT), which was comprised of a varying number of subcommittees, depending on the issue under consideration.

Some of the sub-committees included:

- Occupational Health and Safety (OHS) sub-committee;
- Unemployment Insurance (UI) sub-committee;
- Transport sub-committee;
- Public Space sub-committee.
- Liquor Industry sub-committee;
- Opening up Events and Gatherings sub-committee;

Externally, Nedlac established a strong working relationship and met regularly with the economic workstream leads of the National Joints Operations Centre (NatJoints), who were managing the Covid-19 response under the national State of Disaster. Nedlac also engaged in bilateral engagements with various social partners and broadened its engagement beyond its traditional constituencies.

Within Nedlac, the NRRTT met frequently during the early stages of the pandemic and then maintained a steady equilibrium as it settled into its workflow. It established lines of communication between different actors and social partners, which helped to clarify policy direction and establish a more coordinated response to the pandemic. Nedlac was able to bring in subject experts and offer other assistance to share high-quality information amongst different actors. Finally, the NRRTT process helped give voice to sectors, such as the liquor industry and the events sector, whose concerns might have otherwise been ignored as they traditionally had not been part of Nedlac processes.

Social partners also set up special-purpose vehicles to coordinate and manage their response to the Covid-19 pandemic. BUSA and the Black Business Council (BBC) formed Business for South Africa (B4SA), an alliance of over a hundred South African business volunteers to work with government

and stakeholders to mobilise business resources to combat Covid-19. B4SA established three working groups focusing on healthcare, the economy and labour as well as five workstreams to support their vaccination campaign.

The Nedlac Community Constituency set up the Covid-19 Community Constituency Front made up of the SANAC Civil Society Forum (CSF) and the Nedlac sectoral community constituencies. It aimed to facilitate the participation of civil society in both the national and community-based response to the Covid-19 pandemic. Cosatu set up a General Secretaries Forum that met daily throughout 2020 to give feedback and get information on issues on the ground to assist with mandating in respect of matters that were being engaged on at Nedlac.

During the pandemic, Nedlac's profile in the media grew and there was often branch confusion. For example, when employers or workers could not understand or get hold of the UI, they would turn to the Nedlac website and phone numbers to raise their issues. Further, many members of the public believed that Nedlac had decided on vaccine mandates for the whole of society, based on what appeared in the public discourse.

Nedlac provides a positive example of how different actors and social partners can work together in pursuit of a common goal during a time of crisis, and how continuous engagement and alignment between the public and private sectors can accelerate implementation. Not only did each partner commit to the process, but they all were determined to achieve the same goals by working in collaboration with each other.

Recommendations

The experience of the pandemic suggests important lessons for how social partners can better coordinate and collaborate as well as how institutional arrangements could be improved in the event of future epidemics or other crises. The following recommendations are made:

- Bureaucratic barriers to effective engagement and action on emerging crises need to be reduced. It is more productive to combine resources and capabilities than work in silos.
- Both the Nedlac Secretariat and the social partners must strengthen their capacity to be able to act, reflect, adjust, adapt and move quickly in circumstances of crises.
- The role of social partners at Nedlac should be showcased as a positive example of how different actors can work together in pursuit of a common goal during a time of crisis.
- The use of experts where appropriate should continue to be used by social partners and Nedlac structures.



Lessons for Nedlac

The Nedlac Act envisages Nedlac to primarily play a role in enabling organised business, labour and community to input into policymaking and legislative drafting in respect of major social, labour market and economic issues. Over the years, Nedlac has taken on other roles, in particular relating to employment creation such as with the hosting of job summits. In the instance of the Covid-19 pandemic, Nedlac embarked on a different journey, including but going beyond policymaking. In the main, the Nedlac Secretariat enabled the social partners to share information, coordinate, collaborate, support and give feedback to each other and the government to mitigate the impact of the Covid-19 pandemic on lives and livelihoods.

The lessons and recommendations for Nedlac are set out below:

- The experience of the Covid-19 pandemic confirmed the role Nedlac can play in sharing information to build understanding between social partners. Accordingly, Nedlac should strengthen its capacity for gathering data and playing a knowledge management role.
- The experience demonstrated the importance of involving experts such as doctors and scientists to provide guidance. The Nedlac Secretariat should develop ways in which it can network and contract with academic institutions, institutes, foundations and similar bodies to provide guidance and enrich all Nedlac processes.
- Nedlac should develop a protocol that can be activated in response to future scenarios requiring crisis management. This protocol should include ways in which recommendations to government can be processed more effectively, such as ensuring a mandate from constituencies.
- Existing Nedlac processes should consider more responsive, creative and agile ways of co-creating policies and regulations as was demonstrated in the approaches to the health and safety regulations.
- Nedlac should do more to highlight its role as a platform where diverse actors can work together and build trust.



Appendix A: Data Sources

The primary sources of data used in this report were four webinars and workshops that were organised by Nedlac in conjunction with MISTRA between July and September 2022. These events were attended by scientists, public policy experts, representatives of government, the social partners and members of the public.

The first webinar in this series, on “Social Contracting During the Covid-19 Pandemic”, took place on 19 July 2022. This was an external-facing dialogue series focusing on “social contracting” relationships between social partners and government. The webinar focused on the partnership between Nedlac and NatJoints, local partnerships in the Western Cape around food, the B4SA vaccine partnership, the Solidarity Fund and partnering around relief.

The second webinar in the series, “Partnering During the Covid-19 Pandemic”, took place on 2 August 2022. The was another external-facing dialogue, which focused on social partnering, defined as the partnerships between the different social partners arising out of the Covid-19 pandemic.

The third webinar was a legacy programme dealing with occupational health and safety issues. This served as a launch event for the Covid-19 workplace health and safety management programme, and examined a recent International Labour Organization (ILO) decision to elevate the importance of workplace occupational health and safety.

The fourth event in this series was a closed workshop held on 8 September 2022, titled “Nedlac Rapid Response Task Team Internal Review and Close Out Workshop”. As the title suggests, this was a meeting for an internal review at which the Covid-19 programme of action was evaluated. Written audience responses in this close-out workshop were recorded on Mentimeter and subsequently analysed.

In addition to these webinars and workshops, the authors of this report had access to the records of NRRTT meetings and NRRTT consultations with NatJoints from January 2021 until June 2022.

This report also draws on insights from two previous MISTRA publications: *Towards Reconstruction and Recovery: Assessing Covid-19 Interventions and Their Impact in South Africa: March to October 2020* and *Epidemics and the Health of African Nations*.

Additionally, the report draws on interviews with Prof Glenda Gray (CEO and President of the South African Medical Research Council (SAMRC)) and Ms Tandi Nzimande (CEO of the Solidarity Fund). These interviews were conducted on 23 January 2023 and 26 January 2023, respectively.

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