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South Africa: Challenges and successes of the COVID-19 lockdown

Afrique du Sud : défis et succès du confinement liés au COVID-19

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ABSTRACT

At the beginning of March 2020, South Africa (59 million inhabitants) was hit by the pandemic of COVID-19 and soon became the most affected country in Africa by the SARS-CoV-2 virus. From one single case on March 5th, the number of cases increased rapidly, forcing the South-African Government to swiftly react and place the country under strict lockdown for six weeks. The strategy of the South African Government bore fruits with a contained spread of the virus. If the number of positive cases at the end of the lockdown reached 5647, the number of fatal casualties was limited to 103 deaths. The lockdown was overall well respected, even if serious problems of food supply soon occurred in informal settlements, leading to riots and confrontation with security forces. Indeed, populations were obedient, but not being able to practice sport or outdoors activities appeared heavy. The constant fear of the poorest not to have enough money to pay rent and buy food (even if the Government organised food parcels' distributions), and to find less and less work was echoed by the fear of losing jobs among those more privileged. Despite the risk of an economic crisis, the South African Government has continued on the reasonable path of containing the pandemic with ending the lockdown at a slow pace, in five phases.

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RÉSUMÉ

Début mars 2020, l'Afrique du Sud (59 millions d'habitants) est touchée par la pandémie de COVID-19 pour vite devenir le pays d'Afrique le plus contaminé par le virus SARS-CoV-2. D'un cas positif le 5 mars, le nombre de cas a augmenté rapidement, forçant le gouvernement sud-africain à réagir rapidement en plaçant le pays en confinement strict pendant six semaines. La stratégie du gouvernement sud-africain a porté ses fruits en limitant la propagation du virus. Si le nombre de cas positifs confirmés à la fin du confinement, le 30 avril, a atteint 5 647, le nombre de morts connus dû au virus s'est limité à 103. Le confinement fut en général bien respecté, même s'il a été entaché de sérieux problèmes de ravitaillement en nourriture dans les bidonvilles, donnant lieu à des émeutes et des échauffourées avec les forces de l'ordre. Les populations ont été obéissantes, même s'il fut difficile de ne pas pouvoir sortir et pratiquer un sport ou des activités de plein air. La peur constante des plus démunis de ne pas avoir assez d'argent pour payer le loyer ou acheter de la nourriture (même si le gouvernement a organisé des distributions de colis de ravitaillement) et de ne pouvoir travailler a trouvé écho chez les plus privilégiés qui redoutaient de perdre leur emploi. La plus grande crainte était pour tous de tomber malade ou qu'un membre de la famille soit infecté. Grâce à l'interdiction des boissons alcoolisées, la violence domestique semblait avoir diminué, surtout dans les zones les plus pauvres. Les personnes, qui étaient confinées avec des membres de leur famille, étaient systématiquement plus optimistes que celles qui étaient confinées seules. Les

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confinées en famille avaient des journées remplies d'activités interpersonnelles (une fois qu'elles avaient fini de travailler/étudier à distance), alors que les personnes seules étaient plus impliquées dans des activités génératrices d'anxiété comme lire, regarder les nouvelles tout au long de la journée et réfléchir à la situation. Malgré le risque d'une crise économique, le gouvernement sud-africain a décidé de continuer sur la voie raisonnable du contrôle de la pandémie en déconfinant de façon très lente la population, avec un plan en cinq phases.

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1. South Africa hit by the COVID-19 pandemic

South Africa has not been spared by the COVID-19 pandemic. In a context of global public-health disaster, it is interesting to see how the most affected country in Africa dealt with the crisis.

South African population is currently estimated at 59 million [17]. This population is rather young, with a median age of 27.6 years old [16], hiding important disparities between provinces. The Eastern Cape, the poorest province in the country, is also the youngest one with a median age of 21 years old, whereas, in the more developed provinces of Gauteng and Western Cape, the median age is at 29 and 28 years old, respectively.

In the same vein, and because of its segregationist history, South Africa is still the most unequal country in the world with a Gini-coefficient of 0.63 [20]. This translates, for instance, in 14% of South Africans living in informal settlements [17], without proper housing, limited access to sanitation and water and an overall unemployment rate of 29% [17].

2. The lockdown

It is in this context that South Africa entered the fight against COVID-19 in March 2020, with the first declared positive case on March 5th in KwaZulu Natal. This person, considered as "patient" zero, came back to South Africa on 1 March from Milan, Italy. Faced by a rapid increase of cases in the following days, the South African Government swiftly reacted and imposed on 23 March a strict lockdown on the population for three weeks starting on 26 March. At that stage, the number of official positive cases had risen to 554, without any deaths.

The lockdown, further extended to 30 April, was the most restrictive on the African continent, and one of the most restrictive in the world. Shops, restaurants and non-essential businesses were closed, the population was only authorised to leave home for essential grocery shopping and medical reasons; no social, outdoors activities, sports or dog-walking were authorised, and a total ban on alcohol and cigarettes was imposed.

The lockdown was at the image of the country: diverse and contrasting. Among the middle class, the lockdown was particularly well respected [19]. People, in general, stayed at home, managed to work remotely with access to the Internet and families were often happy together.

The situation was otherwise in poorest areas and informal settlements [12]. Promiscuity was a problem together with lack of proper sanitation [8], which made everybody fear for a human catastrophe if the virus was to spread in these communities. In actual facts, the main issue resided in the lack of food and financial resources, which lead to "hunger riots" [7], shop looting [6] and confrontation with police [1].

Distribution of food parcels [15] for the poorest communities was organised, but it seems that for many, it was not enough, even though several associations and individuals helped in providing food and helping with distribution [14].

Two trends in domestic violence were noted: sharp decline in domestic abuse due to alcohol, whereas domestic violence against

women increased by the third week of lockdown [10]. Overall, violent crimes decreased [22], to even see gangs working together to feed communities [21].

Contrarily to what sometimes happened in Europe, it seems that South Africa did not suffer from ostracism of medical professionals because of the fear that those medical staff could carry the virus [2,4]. The respect of South Africans for nurses and medical doctors together with the limited number of positive cases did not open the door to inappropriate behaviours [18]. However, medical staff did not go through these first two months of pandemic without casualties: more than 500 health workers were tested positive. As per 6 May, twenty-six medical doctors had been hospitalised and two health workers, a doctor and a nurse had died from the coronavirus [11]. As a result, nurses refused to continue working in some clinics close to Cape Town when some colleagues of them were tested positive [9].

3. A quick assessment: how did people react to the lockdown?

Overall, the response from South Africa to the dread of the pandemic seemed quite organised, and the response of the population was calm and composed. Considering this situation, we tried to collect some information running a small quick assessment to better understand the feeling of the selected individuals regarding the COVID-19 pandemic and the lockdown.

Of course, such a quick assessment did not mean to replace a large-scale socio-economic and demographic survey, but at that stage, we aimed, at least, at reflecting on personal feelings.

This quick assessment took place on 24 April, questions were sent via emails and text messages to more than forty people from different backgrounds and residing in different areas of the country. Respondents were from the top middle-class, middle class and poorer backgrounds. Living arrangements also covered different settings with some respondents being confined with families while others were alone, in formal or informal housing. Age-wise, we reached people from twenty to seventy-five years old.

We were interested to know the conditions of the lockdown, and the state of mind of people confined, at that time, for little more than a month. Thirty-two people responded on the same day to the set of six questions: "According to your own experience: Was the lockdown well respected?; What were the biggest issues/challenges with the lockdown?; Was there a lot of "misconducts" reported to the police?; Was there any intimidation for nurses/assistant nurses/doctors/people working at hospital, for instance asking them to move house or to stay totally indoors, etc?; Was there an increase in domestic violence?; Please share anything that you consider important to note on a human/psychological point of view".

Overall, responses were very homogenous based on the situation of the respondents.

Respondents from the middle class living in formal housing answered that the lockdown was strictly respected in their areas. Many of them had not gone out during the last four weeks, even not for grocery shopping that they'd rather ordered online to be delivered to their doors. Staying indoors was considered a real

Cumulative Confirmed Cases (Log scale)

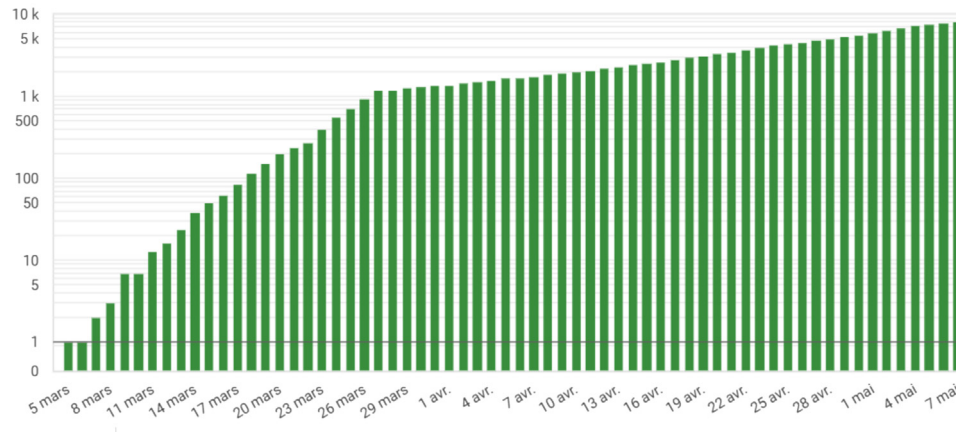


Fig. 1. COVID-19 confirmed cases in South Africa. 5 March to 7 May 2020.
Source: COVID-19 South Africa Dashboard.

issue by all respondents from the middle class, who were all missing sport and outdoors activities.

In informal settlements, respondents from poorer backgrounds stated that the lockdown was not always respected as people needed to find food. Those same respondents further stated that the biggest fear was not to be able to return to work, or find work, to earn a living to feed their families. Such a worry was shared by all respondents to a certain extent. Those with stable jobs were also concerned about the economic situation and the possibility to lose their jobs, but they also systematically stated fearing for the situation of the less privileged whom they knew and who were fighting for food. The biggest fear remained for all to fall sick or that a family member became infected.

None of the people interviewed, even in informal settlements, stated problems with reporting cases of misconduct to police: the consistent answer was that the lockdown was generally well respected, so there was no need of reporting to police.

Concerning domestic violence, respondents generally agreed that thanks to the ban of alcoholic beverages, domestic violence seemed to have decreased, and this especially in poorer areas.

Finally, we observed that those who were confined with family members were systemically more optimistic than those confined alone. Those staying with families explained that their days were filled with family activities (once they had finished working/studying remotely), whereas those alone were getting bored and were more involved with anxiety inducing activities such as reading and watching the news throughout the day, and thinking about the situation.

4. Ending lockdown

On 24 April, President Ramaphosa unveiled a deconfinement plan in phases or “alert levels”. This plan, organised in five stages, made provision for gradual reopening of the economy and social life as per 1 May. Stage four allowed reopening of a limited number of economic sectors with high economic or social value, authorised again trading of cigarettes and alcohol at certain times, but maintained confinement of the general population. Jogging and short walks were allowed (on the morning of 1 May, cities’ boardwalks were packed with joggers and walkers), but a curfew was implemented between 20 h and 5am. Subsequent phases were to see restrictions lifted as the alert levels decrease. This clear

system was organised in a way that the alert levels would move up or down depending on the level of the pandemic.

5. South Africa on the way to winning the fight against the COVID-19 pandemic?

With challenges and many successes, South Africa has managed to flatten the curve of COVID-19 pandemic [5], as displayed below. At the end of the lockdown “phase 5”, on 30 April, the country bawled 5647 confirmed positive cases and 103 officially declared deaths (Fig. 1).

To continue containing the crisis, the Government chose to “deconfine” at a slow pace, respecting a five-phase plan. South Africa also received support from Cuban medical doctors that arrived in the country on 26 April [3]. South African authorities planned for transformation of stadiums into hospitals [13] in case of outbreak. Economically wise, the Government projected to inject 26 billion USD into the economy, especially to help small and medium businesses, which suffered from the halt in trading.

The country seemed to have successfully controlled and planned the different phases of the pandemic. As per 7 May 2020, the next step was to enter winter season and its uncertainties and to deal with relaxed restrictions, hoping that the curve of the pandemic remained stable and soon decreased.

Disclosure of interest

The authors declare that they have no competing interest.

References

- [1] Agence France Presse. Hungry South Africans clash with police amid COVID-19 lockdown; 2020 [accessed April 29, 2020]<https://www.nst.com.my/world/world/2020/04/584442/hungry-south-africans-clash-police-amid-covid-19-lockdown>.
- [2] Al Joboory S, Monello F, Bouchard JP. PSYCOVID-19, dispositif de soutien psychologique dans les champs de la santé mentale, du somatique et du médico-social. *Ann Med Psychol* 2020 [À paraître].
- [3] Associated Press. Cuban doctors arrive to help South Africa fight Coronavirus; 2020 [accessed April 30, 2020]<https://www.voanews.com/covid-19-pandemic/cuban-doctors-arrive-help-south-africa-fight-coronavirus>.
- [4] Bouchard JP. COVID-19 : les soignants entre héroïsation et ostracisation. *Rev Infirmière* 2020 [À paraître].
- [5] Creamer Media Reporter. Wits researchers launch comprehensive COVID-19 dashboard for South Africa; 2020 [accessed April 30, 2020]<https://datastudio.google.com/u/0/reporting/15817068-62f2-4101-8e0f-385e2ddd9326/page/wl9JB>.

- [6] Evans J. "The gun was directly in my face" – multiple shops looted in Manenberg. News24; 2020 [accessed April 28, 2020]<https://www.news24.com/SouthAfrica/News/the-gun-was-directly-in-my-face-multiple-shops-looted-in-manenberg-20200414>.
- [7] Gumede W. SA faces food riots and breakouts from the lockdown. WITS; 2020 [accessed May 5, 2020]<http://www.wits.ac.za/covid19/covid19-news/latest/sa-faces-food-riots-and-breakouts-from-the-lockdown.html>.
- [8] Hara M, Ncube B, Sibanda D. Water and sanitation in the face of COVID-19 in Cape Town's townships and informal settlements. South Africa: PLASS, University of the Western Cape; 2020 [accessed May 5, 2020]<https://www.plaas.org.za/water-and-sanitation-in-the-face-of-covid-19-in-cape-towns-townships-and-informal-settlements/>.
- [9] Hlati O. City of Cape Town acquiring stand-in staff as Mfuleni nurses refuse to work; 2020 [accessed May 5, 2020]<https://www.msn.com/en-za/health/coronavirus/city-of-cape-town-acquiring-stand-in-staff-as-mfuleni-nurses-refuse-to-work/ar-BB13BsZD>.
- [10] IOL News.. Cele welcomes drop in crime, but gender-based violence cases still high; 2020 [accessed April 28, 2020]<https://www.iol.co.za/news/south-africa/cele-welcomes-drop-in-crime-but-gender-based-violence-cases-still-high-46262416>.
- [11] Isilow H. Over 500 S. African health workers contract COVID-19; [accessed May 5, 2020]<https://www.aa.com.tr/en/africa/over-500-s-african-health-workers-contract-covid-19/1831768>.
- [12] Niehaus I. From AIDS to COVID-19 in South Africa: thoughts from an Uxbridge apartment; 2020 [accessed April 30, 2020]<https://africanarguments.org/2020/04/27/from-aids-to-covid-19-in-south-africa-thoughts-from-an-uxbridge-apartment/>.
- [13] Pedro M. FNB Stadium to be turned into a treatment centre for COVID-19 patients; 2020 [accessed April 29, 2020]<https://ewn.co.za/2020/04/22/fnb-stadium-to-be-turned-into-a-treatment-centre-for-covid-19-patients>.
- [14] SABC.. NGOs keen on helping government with food parcels distribution; 2020 [accessed May 4, 2020]<https://www.sabcnews.com/sabcnews/ngos-keen-on-helping-govt-with-food-parcels-distribution/>.
- [15] South Africa News Agency. Department ramps up food parcel distributions; 2020 [accessed May 2, 2020]<https://www.sanews.gov.za/south-africa/departement-ramps-food-parcel-distributions>.
- [16] STATISTA <https://www.statista.com/statistics/578976/average-age-of-the-population-in-south-africa/> (accessed May 4, 2020)
- [17] Stats SA <http://www.statssa.gov.za/> (accessed April 30, 2020)
- [18] Stiegler N, Bouchard JP. COVID-19 en Afrique du Sud : les soignants impliqués. *Rev Infirmière* 2020 [À paraître].
- [19] The Human Sciences Research Council (HSRC). <http://www.hsrc.ac.za/en/media-briefs/general/lockdown-survey-results> (accessed April 30, 2020)
- [20] The World Bank.. GINI index (World Bank estimate); 2014 [accessed April 30, 2020]https://data.worldbank.org/indicator/SI.POV.GINI?locations=ZA&most_recent_value_desc=true.
- [21] Wyatt T. Coronavirus: gang kingpins in South Africa call truce to help community during pandemic; 2020 [accessed April 30, 2020]<https://www.independent.co.uk/news/world/africa/south-africa-coronavirus-lockdown-gangs-cape-town-a9474101.html>.
- [22] Xinhua.. South Africa records drastic drop in violent crimes during lockdown; 2020 [accessed April 30, 2020]<https://www.iol.co.za/news/south-africa/south-africa-records-dramatic-drop-in-violent-crimes-during-lockdown-46340549>.