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Africa Journal of Public Sector Development and Governance

Journal Information

The *Africa Journal of Public Sector Development and Governance* (AJPSDG) is a peer-reviewed scholarly journal published by the African Management Development Institutes' Network (AMDIN).

The journal investigates a broad spectrum of matters and issues related to governance, development, policy research and implementation, and leadership and management in the public sector in Africa. These include discipline-based and inter-disciplinary research, with a focus on both theoretical and practical approaches and experiences relevant to development and governance in Africa.

The journal publishes peer-reviewed research articles, discussion papers, policy papers, interviews with eminent persons, and book reviews on major issues related to public sector development and governance in Africa.

The journal's target audience is students, specialists, practitioners, consultants, politicians, policy makers, members of legislatures and those interested in African affairs.

In order to ensure that articles are relevant and of a high quality, all submissions are peer-reviewed (or refereed) by at least two experts. This is done completely anonymously and with the utmost confidentiality. A standard peer-review report template is used. Based on feedback from referees, as well as structure and content aspects, the editors reserve the right to make minor adjustments to submitted articles before publication.

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Submissions without proper referencing cannot be considered for publication. References need to be in accordance with the preferred reference technique (see style of references below).

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CONTENTS – CONTENU – CONTEÚDO

COVID-19: FROM GLOBAL PANDEMIC TO DISASTER FOR THE AFRICAN CONTINENT

Thean Potgieter

By late 2020, the severe acute respiratory syndrome novel Coronavirus disease (referred to as COVID-19 in this discussion) pandemic is still unfolding internationally without any conclusive ideas of its timelines as well as its enduring effect on economy, politics, world health and global society, amongst others. In our efforts to comprehend its relevance to global health, government activity, economy, and society, it is of much importance to keep on studying its origins, evolution and impact on a national, regional and international scale, and to perhaps gain knowledge and understanding from it to manage future pandemics.
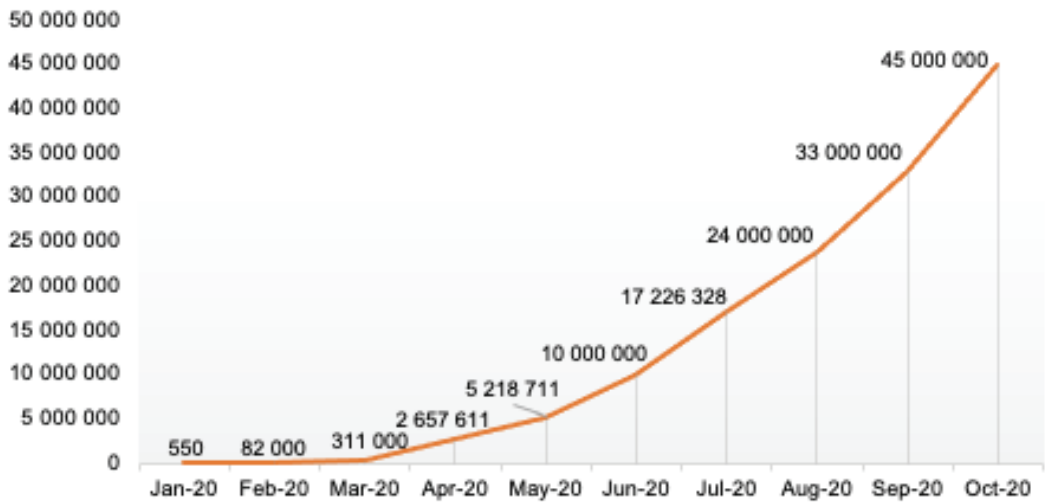
Coronaviruses can cause illnesses that range from the common cold, to serious diseases such as the Severe Acute Respiratory Syndrome (SARS) and the Middle East respiratory syndrome (MERS). They circulate in animals and can be transmitted to humans and in this case (COVID-19), it is the seventh known coronavirus to affect humans (Al Jazeera 2020). The COVID-19 disease is caused by a highly infectious virus which causes respiratory illness (like the flu) with symptoms that includes a cough, fever, and even difficulty in breathing in severe cases. Its communicable nature is worsened as infected people who do not show symptoms could infect others. Clinical manifestations are also complex; affecting pulmonary, cardiovascular, neurological, musculoskeletal, and other systems, imitating different medical conditions, while pre-existing conditions increase the danger of mortality.

The first confirmed case of someone suffering from COVID-19 can be traced back to late 2019 in the city of Wuhan, Hubei Province, China (with a population of around 11 million people). On 31 December 2019, China notified the World Health Organization (WHO) of a string of respiratory infections in the city. The WHO is a specialised agency of the United Nations responsible for international public health. Initially, the WHO reported on social media (on 4 January 2020) that there was a cluster of pneumonia cases (reporting no deaths yet) in Wuhan. As cases were soon reported in the Republic of Korea, Japan, Thailand and Singapore, the WHO Director-General convened an Emergency Committee to consider the outbreak of the novel coronavirus in China. Official infections in China rose from about forty on 1 January 2020 to 550 with seventeen deaths on 22 January (Worldometers 2020 and Al Jazeera 2020). At the first meeting of the WHO Emergency Committee regarding the outbreak, on 23 January, the WHO indicated that the outbreak did not yet constitute a public emergency of international concern and that there was "no evidence" of the virus spreading between humans outside China. However, by 4 February 2020 the WHO declared COVID-19 a "Public Health Emergency of International Concern", following the same approach as with the advent of the H1N1 virus that caused Swine flu in 2009, Polio in 2014, Zika that affected the Americas in 2016, and the Ebola outbreaks in West Africa in 2014 and 2019 (WHO 2020). The main difference is that after quick reporting and prompt action, these other health epidemics remained regionally contained, whereas COVID-19 quickly evolved into a global pandemic.

Chinese researchers indicated during February that the virus could have spread from an infected animal to humans through illegally trafficked pangolins (prized for food and medicine), while some scientists also pointed to either bats or snakes as possible sources (Al Jazeera 2020). As the rate of new infections occurred at an ever-increasing curve, the COVID-19 disease quickly became truly global and its spread surprised many countries in different regions of the world that considered themselves sufficiently geographically distant, or mistakenly trusted in their own capacity to deal quickly with such a contingency. This prompted the WHO to characterise COVID-19 as a pandemic on 11 March 2020 (WHO 2020). "Pandemic" is not a word that is used lightly or carelessly, and if misused it can cause unreasonable fear, or unjustified acceptance that the fight is over; leading to unnecessary suffering and death. As the primary role of the WHO is to direct international health within the United Nations system and guide partners in global health responses, it leads the institutional arrangements associated with international and national responses to COVID-19. Hence, the WHO categorised the disease after becoming aware of it and declared it a global pandemic (albeit only months after its outbreak). Influenced by the WHO, international nomenclature was established, with terms such as lockdown, pandemic, testing and vaccine used in the same context to limit confusion, coordinate interventions and countermeasure, and assist with guiding mitigated debates, conceptualisation and research (WHO 2020).

As COVID-19 quickly became a globally crisis, the decision of the WHO to declare it a pandemic was vindicated. By 22 March 2020 there were around 311 000 global infections; causing roughly 13 000 fatalities. Two months later, global infections rose to 5 218 711 and the death toll to 335 072 (Worldometers 2020; Al Jazeera 2020). By the end of July there were more than 17 million global infections and about 671 000 COVID-19 related deaths. During late October, global infections increased at a rate of about one million every two days; crossing the 45 million mark (see Figures 1 and 2). Global fatalities were around 1.2 million (or about 3.46%), while the global recovery rate had improved from about 78% by middle April to 96.5% at the end of October (Worldometers 2020; and Ravelo and Jerving 2020). However, one must take note of the caution by the WHO on the interpretation of data as there are considerable discrepancies between data published by the WHO, the public health authorities in various countries, and other sources. This is mainly due to diverse inclusion criteria, infrastructure and health system inequalities, variations in case detection, definitions, laboratory testing, various reporting strategies between countries, states and territories, and different data cut-off times. As a result, the WHO is continuously verifying and checking data for accuracy and reliability (WHO 2020).

Figure 1: Monthly Increase in Global Infections

(Graph: Promise Mahlangu)

Figure 2: Monthly Increase in Global Deaths
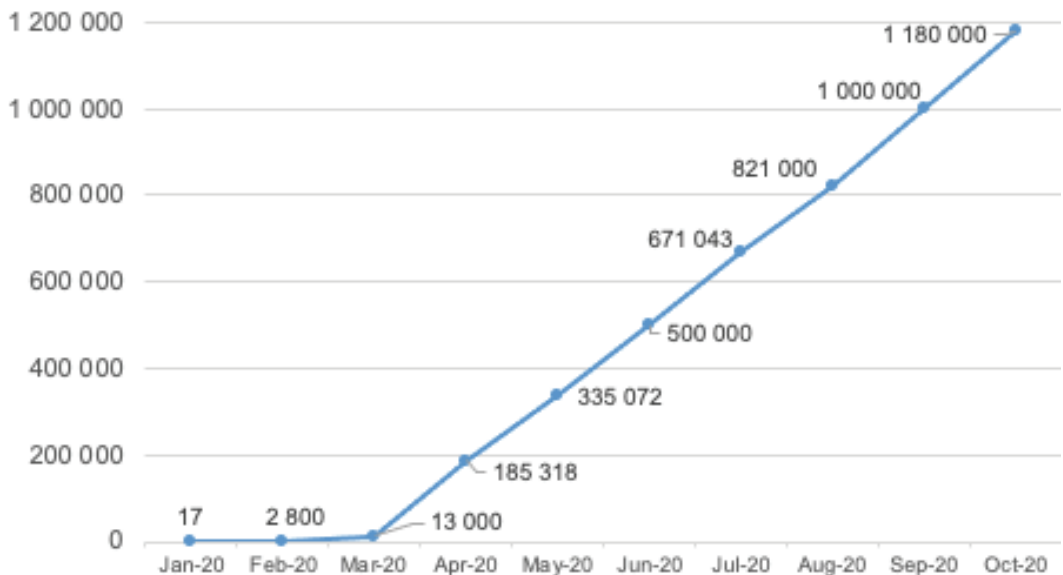
(Graph: Promise Mahlangu)

The infection rate in Africa was comparably lower than in other parts of the world (see Figure 3). The number of cases on the continent passed the 200 000 mark by 11 June. Although it took 98 days to reach 100 000 cases, in only 18 days it reached 200 000 cases. By 25 June 2020, Africa had more than 300,000 confirmed infections, and over 8,000 COVID-19 related deaths. Infections rose to 500,000 by 8 July; doubling in about 22 countries on the continent in a month. However, Algeria, Egypt, Ghana, Nigeria, and South Africa accounted for about 71% of the continent's cases (WHO 2020). Cases in Africa surpassed the 1 million mark on 7 August, but it was still about a twentieth of the global number of infections. By late August Africa saw a 20% decrease in confirmed cases, with 23 of 54 countries reporting a sustained decrease in new cases: a decrease of about 37% in Central Africa, a 28% decrease in Southern Africa, and 16% in West Africa, but an increase of 6.3% and 6.6% in East Africa and North Africa respectively. The COVID-19 disease pattern in Africa and the declining rate of infections were likely due to socio-ecological factors such as low population density, a younger demographic, and hot and humid weather. However, the WHO Africa office warned against complacency and that relaxing vigilance could ramp up infections again (WHO 2020; Ravelo and Jerving 2020).

Figure 3: Confirmed cases by Region, 20 August 2020
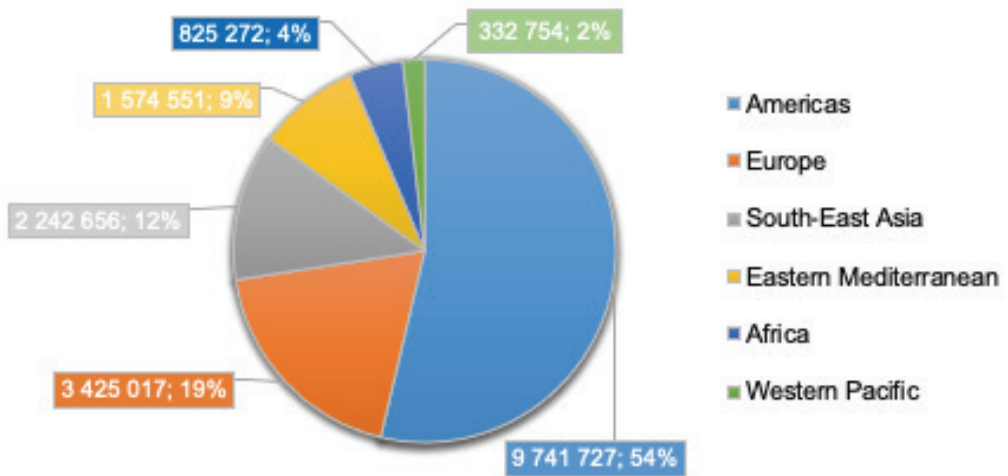
(Graph: Promise Mahlangu)

By 4 August 2020, the worst-affected countries in Africa were South Africa (516 862 cases and 8 539 deaths), Egypt (94 640 cases and 4 888 deaths) and Nigeria (44 129 cases and 896 deaths). At this stage, South Africa ranked fifth in the world (see Figure 4) in the number of confirmed cases, after the US (4 718 249), Brazil (2 750 318), India (1 855 745) and Russia (859 762). By October, South African cases were still increasing at a significant rate, but the statistical analysis on the spread of COVID-19 indicated a downward trend (South Africa 2020).

Figure 4: South Africa and the global top five infected countries, July to October 2020

	JULY	AUGUST	SEPTEMBER	OCTOBER
UNITED STATES	4 456 874	6 003 603	6 765 435	7 278 384
BRAZIL	2 577 677	3 870 475	4 528 240	4 847 092
INDIA	1 605 155	3 633 665	5 400 619	6 394 068
RUSSIA	829 919	993 232	1 092 915	1 188 928
PERU	400 683	640 808	756 412	814 829
SOUTH AFRICA	475 976	625 409	659 656	676 084
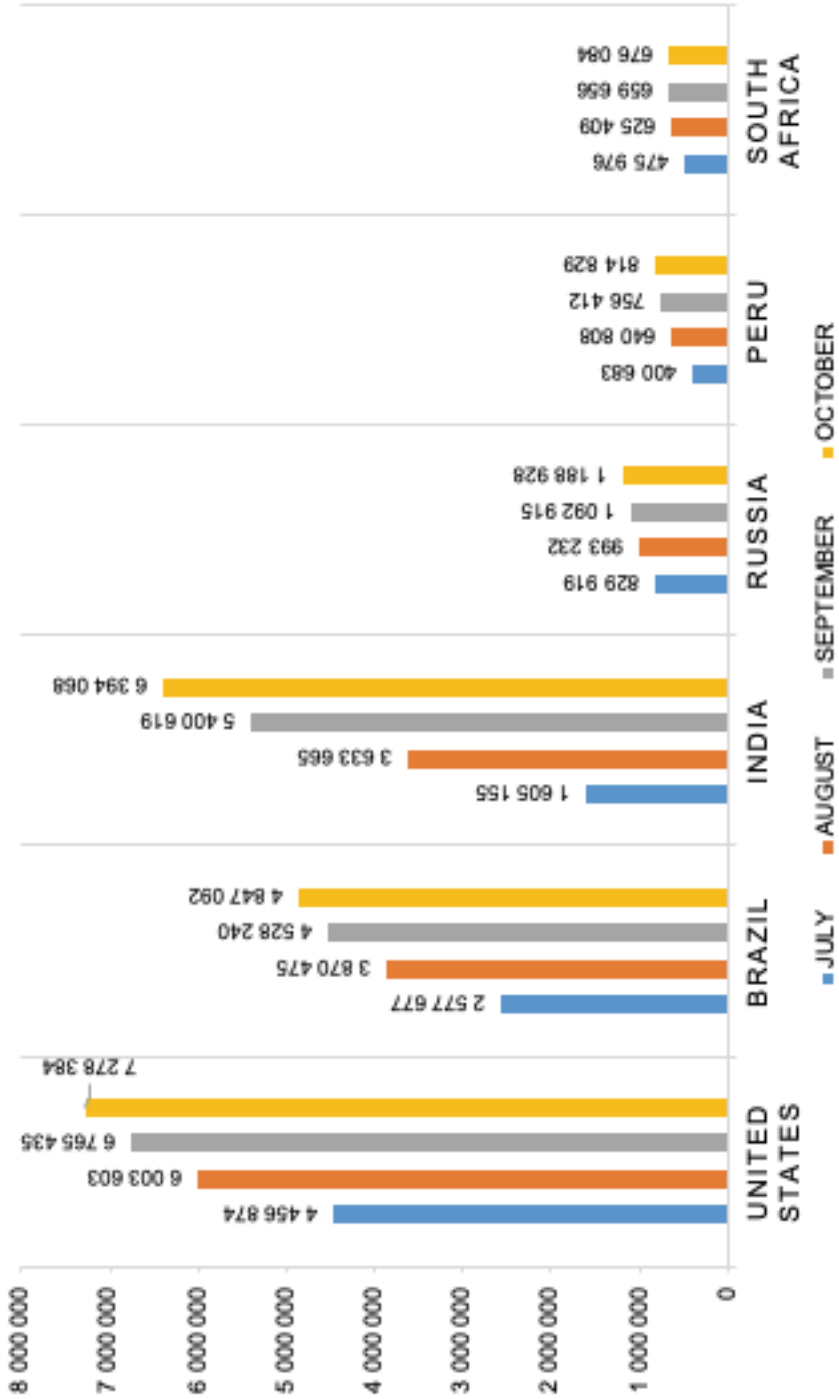
(Graph: Promise Mahlangu)

This unprecedented impact of COVID-19 compelled a framework for action that put science at the core of decision-making as scientists and policymakers had to work together to identify solutions to address the emergent risks to society and the economy. The substantial disruptions caused by this pandemic are evident in all spheres of human endeavour and required a reconsideration of many things – including the global management of epidemics, the preparedness and reaction of medical services, policy development and governance, training and education, social interaction, direct economic support and lifelines, business operations, openness, and the sharing of information. The reality is that managing the consequences of the pandemic, specifically on socio-economic and political levels, will be a global imperative for years to come.

As the pandemic resulted in the greatest disruption to education in history, it is understood to be a greater threat to most children than the virus itself. Tragically, it will exacerbate existing global inequalities in access to education, and according to UNESCO, around 1.6 billion learners are affected by the worldwide closing of schools in an effort to stop the spread of the virus. As a result, decades of progress in education might be lost. It will have severe consequences on all learners, but more particularly on girls, as experience of school closures has indicated that girls might face more pressure to substitute education for domestic chores and they might be forced into marriage earlier, become pregnant and be victims of sexual violence and abuse (Solberg 2020).

The global spread and influence of the COVID-19 pandemic is unprecedented in recent history. In an interconnected world economy, it posed major challenges to policymakers in their efforts to appreciate its direct and indirect economic effects and the disruption of supply and demand. The lockdown and restrictions associated with the pandemic disrupted labour supply and productivity, while the unavoidable loss of income reduced consumption, investment potential and economic prospects. Although it is not possible to precisely forecast the economic damage associated with the COVID-19 pandemic, economists agree on its severe negative global economic impact (Duffin 2020). First estimates were that GDP losses to major economies would be at least 2.4% in 2020, but after COVID-19 became a global pandemic, global stock markets suffered dramatic falls, such as the Dow Jones reporting its largest-ever single day fall (almost 3 000 points) on 16 March 2020 (Duffin 2020). By October 2020, some International Monetary Fund sources projected global growth at minus 4.4 percent in 2020, indicating that "full recovery will likely be long, uneven, and uncertain" (Zhang 2020).

Some regions are worse affected than others. Although analyses highlight the negative global economic effect and the fact that no country will be unscathed, China and the emerging states in Asia will fare better. In early September 2020 the Asian Development Bank estimated that the economies of "developing Asia" will contract by 0.7 percent in 2020; the first contraction in nearly six decades (Al Jazeera 2020). As China experiences a 4.9% year-on-year growth during the third quarter, the country's return to growth was quicker and higher than expected (Zhang 2020). However, emerging markets such as Turkey, South Africa, and Saudi Arabia will probably experience much depressed economic activity for at least eight quarters.

The COVID-19 pandemic was not as fierce across Africa as elsewhere, and by the middle of August 2020 the continent's recorded deaths were roughly 25 000 (about 3% of global deaths) while Africa has about 17% of the global population. Sadly, though, the economic impact of the pandemic on Africa is extensive and disproportionate to the impact on public health. As external demand contracted, lockdown measures reduced local demand and curtailed economic activity, tax revenues shrank and spending on health and social protection increased, many sub-Saharan African economies could not sufficiently respond to COVID-19 through fiscal adjustment, which "without substantial external support, feasible policy packages in many of these countries translate to austerity programmes" (Adam 2020).

World Bank estimations indicate that economic growth in sub-Saharan Africa is expected to fall to -3.3% in 2020 due to the pandemic, representing the first recession in the region in 25 years. In addition, the pandemic could drive up to 40 million people into extreme poverty in Africa during 2020 and at least erase the progress in fighting poverty made during the previous five years. This prediction is in line with the forecast by the International Monetary Fund in June 2020 (World Bank 2020). Further data is disquieting. During the second quarter of 2020, Nigeria had its worst result in more than a decade as its year-on-year real GDP contracted with 6.1 percent. In the same period, due to severe containment measures, the real GDP of South Africa contracted by 17.1 percent year-on-year. In the first quarter, the Angolan economy (the second largest oil producer in sub-Saharan Africa) also contracted by 1.8 percent (World Bank 2020). The continent has lost over a decade of economic growth and recovery will be long and difficult.

COVID-19 is the first pandemic of truly global proportions in the information age. Since it is now possible to communicate very quickly, it is obvious that the 'drama' of the pandemic would play out on social media platforms. A major challenge between traditional news and social media news is that many who share news and information on social media are "not necessarily equipped with the tools needed to produce and share fair, balanced information" (Jones 2017 305). Simply publishing or forwarding news and information does not imply getting facts right, corroborating information, using primary sources, acting fairly and ethically, understanding defamation, as well as the potentially damaging effect of not thinking through what one says (Jones 2017 305). As a result, social media was both a curse and a blessing during the pandemic. On the one hand, it enabled people to stay in contact with loved ones and friends during difficult lockdowns experienced around the world; contributing to boosting people's moods and sense of wellbeing, and was crucial in disseminating information. On the other hand, however, it enhanced the digital divide, distributed information that was not current, was not subjected to peer review, and became a source of invalid, incorrect, not applicable or even false information and fake news. The South African government warned that creating or spreading fake news could be prosecuted and implored the population to verify information before sharing information (South Africa 2020).

When COVID-19 was declared a pandemic, it caused a massive diffusion of information across all social media platforms. In a large-scale data analysis of information posted on social media by Cinelli and his co-authors (focussing on mainstream platforms such as Twitter, Instagram and YouTube platforms that are less regulated like as Gab and Reddit), they found that the spreading patterns relating to information from "reliable sources" were not necessarily different to the spreading of information from "questionable sources" (Cinelli 2020: 6). Evidence in a study by Pennycook and co-authors suggests that false claims are shared on social media as people "simply fail to think sufficiently about whether or not the content is accurate" (Pennycook 2020:770). Hence, the social media reaction to COVID-19 is referred to as an "infodemic" (Cinelli 2020:1). The COVID-19 social media experience again emphasises the importance of using these tools responsibly and in a useful manner by adhering to normative guidelines.

But, getting back to the pandemic, will the world manage to rid itself of COVID-19? Various quests for the development of a COVID-19 vaccine continue unabated around the world, with mixed measures of success. By October 2020, no vaccine for COVID-19 existed, but a number of clinical trials for potential vaccines continued; with positive results expected. Once a vaccine is proven to be safe and effective, it will be approved by national regulators, manufactured and distributed. It is not known when a safe and effective COVID-19 vaccine will be ready for distribution, but estimates are early to mid-2021. As is the case with most vaccines, scientists anticipate that COVID-19 vaccines will not be fully effective and their impact on the pandemic will depend on factors such as how they are approved, manufactured, and delivered; and how many people get vaccinated (WHO 2020).

As COVID-19 quickly became a truly global pandemic, its management had global dimensions which were also, however, characterised by unique, and often controversial, national responses. It impacted on national politics and in the case of the United States of America, became a major presidential election issue. After some countries gradually reopened their economies, still staggering beneath new infections and high COVID-19 related death rates, fears of a second wave of infections became a reality in late 2020 and in some cases (for example the Republic of Ireland and the United Kingdom), restrictive measures were reinstituted. The global impact of this pandemic is already profoundly staggering it is ongoing, and it will go down as one of the most momentous events in world history.

This issue of the *Africa Journal of Public Sector Development and Governance* (AJPSDG) is concerned with a number of aspects relating to COVID-19 within the context of Africa. The articles and opinion pieces published in this issue highlight a number of key areas relevant to the experience and management of the COVID-19 in Africa.

As Davy du Plessis and Charles Keyter indicate in their very apt article, "Leadership style in a crisis like the COVID-19 Pandemic", global leaders have been faced with one the biggest crises in recent history. Countries worldwide are in crisis as COVID-19 started as a global health crisis, but transformed into converging crises due to its severe impact on the lives of citizens globally at social, economic, and political levels. As there is an interface between the crisis and the leadership style, which type of leadership style is best to deal with a converged crisis? This article focusses on the various leadership styles such as transformational, transactional, autocratic, democratic, and servant leadership. The strengths of different leadership styles are combined and an adaptive leadership style is seen as most appropriate to the COVID-19 crisis, but as the pandemic is not over yet, and only time will tell if this is indeed the most appropriate leadership style for converged crises.

Governments had to respond to manage the impact of the COVID-19 crisis, but as Johnny Pietersen indicates in his informative discussion on "The nexus between public administration and disaster management" with specific reference to South Africa, this response had to occur within the context of the legitimate regulatory framework and government had to develop and implement policies to manage this contingency. The discussion chronicles developments on policy statements, regulations and directives issued to manage the pandemic in South Africa. The policy developments are juxtaposed with public reactions to conclude on the effectiveness and efficiency of public policy. Even though public policy was implemented systematically to contain the spread of infections and mitigate against socio-economic consequences; certain sections of society expressed dissatisfaction; as exemplified by litigation. Overall, public administration is justifiably central to disaster management through public policy, however, a comprehensive policy evaluation process must be undertaken to improve service delivery.

Following policy development and national implementation, an important issue is the degree of effectiveness of policy implementation in the various spheres of government. Riaan de Coning provides insights on "South Africa's national response to COVID-19 with specific reference to sub-level governance in provinces". COVID-19 invoked unprecedented world-wide measures to curb its spread, and in South Africa, these measures included an initial hard lockdown followed by a gradual easing of lockdown regulations. The accompanying legislation and regulations made specific provision for the roles and responsibilities of provinces in this process. This study critically examines government's reaction to the COVID-19 disaster as it unfolded, with specific reference to sub-level governance in provinces. The research employed a document analysis to extract key features of the actions taken by provincial governments to fight the spread of the virus. The findings point to the fact that the

governance landscape was amended to support emergency procurement to fight the spread of COVID-19. As a case study, the findings will add value to management and leadership courses by focusing attention on the governance prescripts and its application, how provinces prepared to deal with the effects of the COVID-19 pandemic, as well a retrospective consideration of the effectiveness of the planned management actions as the pandemic unfolds.

After the declaration of a nationwide lockdown in South Africa, the South African National Defence Force (SANDF) was deployed in support of the South African Police Service. As Petrus C. Bester, Sonja Els and Laetitia Olivier poignantly deliberate, the deployment of the SANDF as part of the COVID-19 lockdown provided a unique case for evaluating governance in action. As the purpose of the lockdown was to "flatten the curve" of infections, the domestic nature of the deployment of the SANDF and the Police Service as *Operation Notlela* raised various concerns. The authors anchor their discussion on the notion that governance is a process aimed at steering organisations, whether public or private. The various associated mechanisms of governance (participation, decentralisation, rule of law, process, accountability, oversight, ethics and transparency) are used as a diagnostic tool to analyse this case. Based on the assumption that governance and law are interlinked, the study examines the South African Constitution as the supreme law of the country that provides the legal framework for all legal and political institutions and subsequent policies. The analysis confirms the legality of the deployment, but identifies some shortcomings regarding the steering mechanisms for governance. Various conclusions and recommendations are made and interesting lessons can be drawn from this case study.

Despite the global nature of the COVID-19 pandemic, it severely impacted on citizens across the world through the way they worked, the way in which services were delivered and its impact in gender terms. Three case studies poignantly discuss this with reference to vulnerable groups, specifically on poor women in South Africa, providing services such as water and sanitation to citizens, as well as the effect of COVID-19 on work arrangements in the South African public service.

Motlagabo Gladys Matseke compares the provision of water and sanitation services in urban and rural areas during the COVID-19 crisis. Access to clean water and proper sanitation is especially important during the coronavirus national state of disaster, where the use of water is central for constant hand hygiene in the prevention of the spread of the novel coronavirus. This case study focuses on the supply of clean water and sanitation in Limpopo and Eastern Cape as predominantly rural provinces in comparison to Gauteng and Western Cape as predominantly urban provinces. There seems to be improved access to water and sanitation during the COVID-19 crisis across both the predominantly rural and predominantly urban provinces. This is due to the supply and distribution of water tanks, trucks, and hygiene material by the National Department of Water and Sanitation to both areas; largely determined according to where they were needed most. Some challenges have also been noted in both predominantly rural and predominantly urban provinces; with both areas needing attention. The efforts, commitment, and collaboration across national, provincial, and local spheres of government, including provincial water entities, in ensuring the provision of water and sanitation services to needy communities, should be sustained beyond the COVID-19 crisis.

As the COVID-19 pandemic unfolded, it was quickly evident that poor black women remained at higher risk than others. Nitasha Ramparsad looks at multi-generational households headed by employed women; examining the possible impact of COVID-19 on old age grant-receiving households, and how a disease entering a household will impact on the family, family assets, levels of domestic violence and levels of poverty. Working class poor black women, such as maids or nannies or those working

in the informal sector (including vendors) are discussed, with reference to their experience during the pandemic. The relief provided by the state for poor black women is also explored in terms of accessibility. The article is based on desktop research and refers to media coverage during lockdown levels 5 and 4 respectively. Recommendations focus on an inclusive response to the plight of poor black households during a pandemic. The spatial issues in townships and informal settlements created by the need for social distancing are looked at in terms of the legacy of apartheid. The article concludes with possible broad interventions by the state in providing a more holistic response to specifically poor black women in South Africa.

As Jacqueline Nkate emphasises in an informative contribution, the COVID-19 pandemic has changed the way people work, interact and behave. She analyses the effect of the pandemic on the work arrangements in the South African public service, to identify the practices and tools that have been implemented in response to the pandemic, which may be adopted post-COVID-19 to improve efficiency. The study revealed that the pandemic has affected the way that the public service operates; which necessitated a review of existing policies, practices and systems and, in some cases, the development of new ones. To adequately respond to the pandemic, the public service had to implement administrative controls to cater for the management of leave; flexible work arrangements; the acquisition of human resources; and the delivery of front-line services. The practices identified, which may be adopted in the public service post COVID-19, are in relation to flexible work arrangements, the use of technology, the management of data, the development of relevant regulatory frameworks and the optimisation of business processes.

The four interesting opinion pieces published in this issue provide insight into relevant experiences from various countries and highlight some of the elements relating to the enduring impact of COVID-19 in Africa. Patrick Tandoh-Offin and Wisdom Kofi Adzakor indicate how a difficult period, such as that caused by the COVID-19 pandemic, exposed the limits of political populism and parochial nationalism. In his opinion piece, Samuel J. Ngale indicates that in the midst of the pandemic, the terms "chaos", "chance" and "hope" best described the mood of most people in Mozambique as they experience much uncertainty about the nature and scope of the pandemic.

In an opinion piece entitled "Rehumanising the public service and a COVID-19 response: where is the National School of Government?", Kedibone Phago and Sibusiso Vil-Nkomo remind us that in determining the current reality in such difficult times, public servants need to appreciate their interconnectedness with the public in a well-managed democracy. The final opinion piece, on "Combating the post-COVID-19 social inequality amongst learners in primary and post primary schools in Uganda", takes us back to the impact of COVID-19 on education and indicates that in managing education, governments should appreciate learners' social backgrounds, reflect on learning environments, properly examine the feasibility of learning packages, and actively engage with stakeholders to arrive at workable policy decisions.

Finally, in the information age, quick and easy access to reliable information is both a crucial and acceptable advantage. To guide the researchers and readers in such efforts, Mmakwena Molala provides a useful review, comparison and analysis of various international knowledge databases on COVID-19. Of note is the fact that most of the information in these databases is free and often available in multiple languages. In order to take action, we need to know and understand. Perhaps this volume could contribute in a small way to that.

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COVID-19 : DE LA PANDÉMIE MONDIALE AU DÉSASTRE POUR LE CONTINENT AFRICAIN

Thean Potgieter

Fin 2020, la communauté internationale est toujours confrontée à la pandémie du syndrome respiratoire aigu sévère du nouveau coronavirus (appelée COVID-19 dans cette discussion) sans aucune idée précise de sa durée et de ses effets persistants sur l'économie, la politique, la santé et la société mondiales, entre autres. Dans nos efforts en vue de mieux comprendre sa pertinence pour la santé mondiale, l'action gouvernementale, l'économie et la société, il est primordial de continuer d'étudier ses origines, son évolution et son impact à l'échelle nationale, régionale et internationale, et peut-être, d'en tirer des connaissances et une compréhension pour la gestion de futures pandémies.

Les coronavirus peuvent provoquer des affections allant du simple rhume aux maladies graves telles que le syndrome respiratoire aigu sévère (SRAS) et le syndrome respiratoire du Moyen- Orient (SEM). Ces syndromes circulent chez les animaux et peuvent être transmis à l'Homme. La COVID-19 est le septième coronavirus connu qui affecte l'Homme (Al Jazeera 2020). La maladie de COVID-19 est causée par un virus hautement infectieux qui provoque une maladie respiratoire (semblable à la grippe) dont les symptômes incluent la toux, de la fièvre et même des difficultés respiratoires dans les cas graves. Sa nature contagieuse est aggravée par le fait que les personnes infectées ne présentant pas de symptômes peuvent tout de même en infecter d'autres. Les manifestations cliniques de la maladie sont elles aussi complexes ; elles affectent les systèmes pulmonaire, cardiovasculaire, neurologique, musculo-squelettique et autres, imitant ainsi différentes conditions médicales, tandis que les conditions préexistantes augmentent le danger de mortalité.

Le premier cas confirmé d'une personne souffrant de COVID-19 remonte à fin 2019 dans la ville de Wuhan, dans la province de Hubei, en Chine (la ville a une population d'environ 11 millions de personnes). Le 31 décembre 2019, la Chine a notifié à l'Organisation mondiale de la santé (OMS) d'une série d'infections respiratoires dans la ville. L'OMS est une agence spécialisée des Nations Unies responsable de la santé publique internationale. Au départ, l'OMS signala sur les médias sociaux (le 4 janvier 2020) qu'il y avait un groupe de cas de pneumonie (ne signalant encore aucun décès) à Wuhan. Suite à l'identification d'autres cas peu de temps après en République de Corée, au Japon, en Thaïlande et à Singapour, le directeur général de l'OMS convoqua un comité d'urgence pour examiner l'apparition du nouveau coronavirus en Chine. Les chiffres officiels des infections en Chine sont passés d'une quarantaine le 1er janvier 2020 à 550 y compris dix-sept décès le 22 janvier (Worldometers 2020 et Al Jazeera 2020). Lors de la première réunion de son comité d'urgence sur l'épidémie, le 23 janvier, l'OMS indiqua que l'épidémie ne constituait pas encore une urgence publique de portée internationale et qu'il n'y avait «aucune preuve» de la propagation du virus entre humains en dehors de la Chine. Toutefois, le 4 février 2020, l'OMS déclara la COVID-19 une «urgence de santé publique de portée internationale», suivant la même approche qu'avec l'apparition du virus H1N1 à l'origine de la grippe porcine de 2009, la polio en 2014, Zika qui a touché les Amériques en 2016, et les épidémies du virus Ebola en Afrique de l'Ouest en 2014 et 2019 (OMS 2020). La principale différence est qu'après une notification et

une action rapides, ces autres épidémies sanitaires sont restées contenues au niveau régional, alors que COVID- 19 a rapidement évolué en pandémie mondiale.

Des chercheurs chinois ont indiqué en février que le virus pourrait s'être transmis d'un animal infecté à l'homme par le biais de pangolins faisant l'objet d'un trafic illégal (très appréciés pour leur chair et à des fins médicinales), tandis que certains scientifiques ont également pointé du doigt des chauves-souris ou des serpents comme sources possibles (Al Jazeera 2020). Le taux de nouvelles infections étant en constante augmentation, la maladie COVID-19 est rapidement devenue véritablement mondiale et sa propagation a surpris de nombreux pays de différentes régions du monde qui se considéraient suffisamment éloignés géographiquement ou qui avaient, à tort, confiance en leur propre capacité à répondre rapidement à une telle urgence. Cela a incité l'OMS à qualifier la COVID-19 de pandémie le 11 mars 2020 (OMS 2020). Le mot «pandémie» n'est pas utilisé à la légère ou de manière imprudente, car en cas de mauvais usage il peut susciter une peur déraisonnable ou une acceptation injustifiée que le combat est terminé, entraînant des souffrances et des morts inutiles. Le rôle principal de l'OMS étant de diriger la santé internationale au sein du système des Nations Unies et de guider les partenaires dans leurs réponses aux crises sanitaires mondiales, elle dirige les arrangements institutionnels associés aux réponses internationales et nationales à la COVID-19. C'est pour cette raison qu'après avoir pris connaissance de la maladie, l'OMS l'a classé et déclarée pandémie mondiale (bien que cela n'ait été fait que plusieurs mois après son apparition). Sous l'influence de l'OMS, une nomenclature internationale a été établie, avec des termes tels que confinement, pandémie, test et vaccin utilisés dans le même contexte pour limiter la confusion, coordonner les interventions et les contre-mesures, et aider à orienter les débats mitigés, la conceptualisation et la recherche (OMS 2020).

Le développement rapide de la COVID-19 en une crise mondiale est venu justifier la décision de l'OMS de la déclarer pandémie. Le 22 mars 2020, on comptait environ 311 000 infections dans le monde et environ 13 000 décès. Deux mois plus tard, les infections mondiales ont atteint 5 218 711 et le nombre de décès est monté à 335 072 (Worldometers 2020 ; Al Jazeera 2020). Fin juillet, on comptait plus de 17 millions d'infections mondiales et environ 671 000 décès liés à la COVID-19. Fin octobre, les infections mondiales ont augmenté à un rythme d'environ un million tous les deux jours, franchissant ainsi la barre des 45 millions. Le nombre de décès à travers le monde s'élevait à environ 1,2 million (soit environ 3,46 %), tandis que le taux de rétablissement mondial s'était amélioré, passant d'environ 78 % à la mi-avril à 96,5 % à la fin octobre (Worldometers 2020 ; et Ravelo et Jerving 2020). Toutefois, il faut prendre note de la prudence recommandée par l'OMS quant à l'interprétation des données, car il existe des écarts considérables entre les données publiées par l'OMS, les autorités de santé publique de divers pays et d'autres sources. Cela est principalement dû à la diversité des critères d'inclusion, aux inégalités entre les infrastructures et les systèmes de santé, aux variations dans la détection des cas, les définitions, les tests de laboratoire, aux différences dans les stratégies de notification entre les pays, les États et les territoires, et aux différentes heures limites de publication des données. Par conséquent, l'OMS vérifie et contrôle en permanence l'exactitude et la fiabilité de ces données (OMS 2020).

Figure 1 : Augmentation mensuelle des infections dans le monde
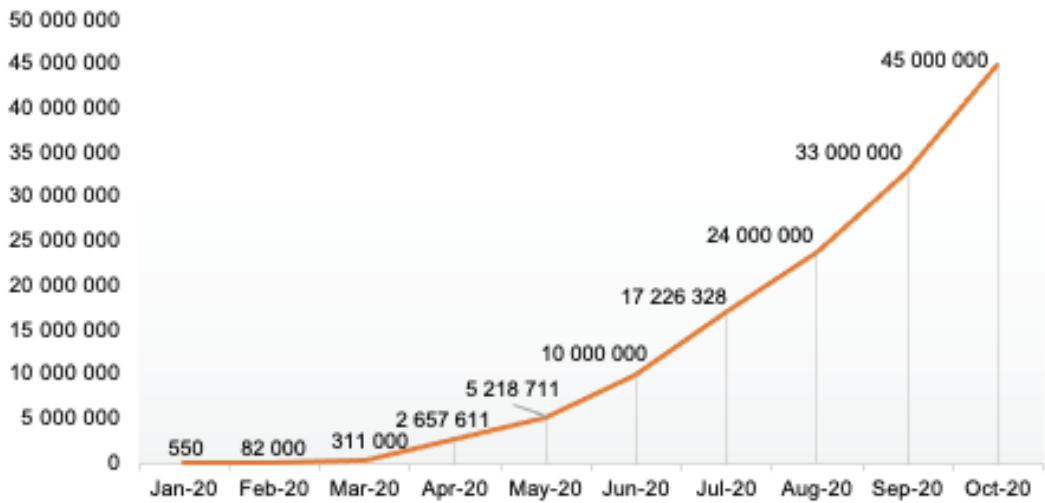
(Graphique: Promise Mahlangu)

Figure 2 : Augmentation mensuelle du nombre de décès dans le monde
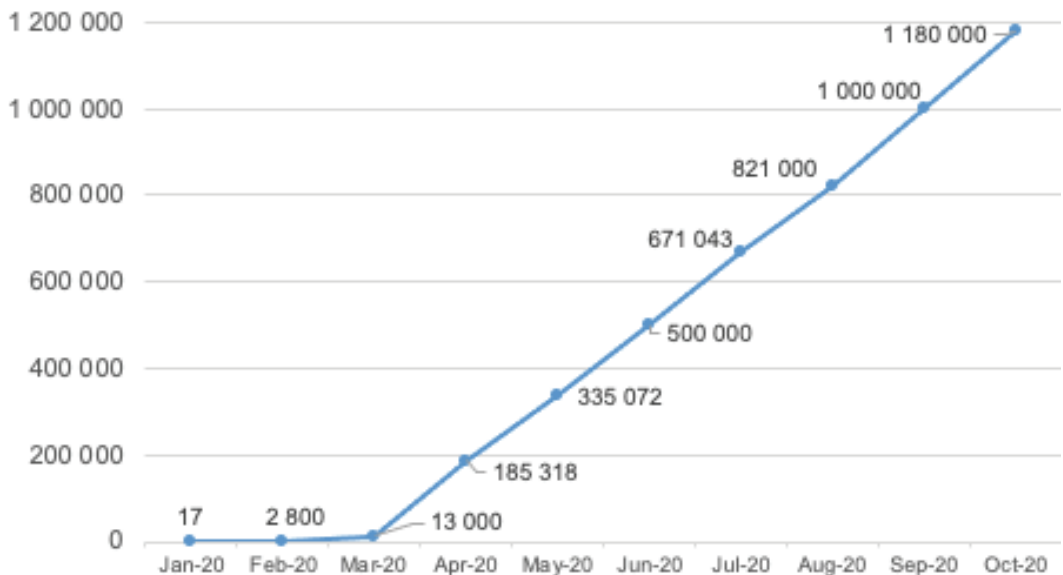
(Graphique: Promise Mahlangu)

Le taux d'infection en Afrique était comparativement plus faible que dans d'autres régions du monde. Le nombre de cas sur le continent a dépassé le cap des 200 000 le 11 juin. Bien qu'il ait fallu 98 jours pour atteindre 100 000 cas, en 18 jours seulement, il a atteint 200 000 cas. Le 25 juin 2020, l'Afrique comptait plus de 300 000 infections confirmées et plus de 8 000 décès liés à la COVID-19. Le nombre d'infections est passé à 500 000 le 8 juillet, doublant en un mois dans environ 22 pays du continent. Cependant, l'Algérie, l'Égypte, le Ghana, le Nigeria et l'Afrique du Sud représentaient à eux seuls, environ 71 % des cas du continent (OMS 2020). Le 7 août, le nombre de cas en Afrique a dépassé le million, mais il représentait encore un vingtième du nombre total d'infections dans le monde. Fin août, l'Afrique a connu une baisse de 20 % des cas confirmés, 23 des 54 pays ayant signalé une réduction soutenue des nouveaux cas : une baisse d'environ 37 % en Afrique centrale, de 28 % en Afrique australe et de 16 % en Afrique de l'Ouest, mais une augmentation de 6,3 % et de 6,6 % en Afrique de l'Est et en Afrique du Nord respectivement. Le schéma de la maladie COVID-19 en Afrique et la baisse du taux d'infections étaient probablement dus à des facteurs socio-écologiques tels qu'une faible densité de population, une population plus jeune et un temps chaud et humide. Toutefois, le bureau de l'OMS en Afrique a mis en garde contre la complaisance et contre le fait qu'une vigilance relâchée pourrait à nouveau faire augmenter les infections (OMS 2020 ; Ravelo et Jerving 2020).

Figure 3: Cas confirmés par région, 20 août 2020
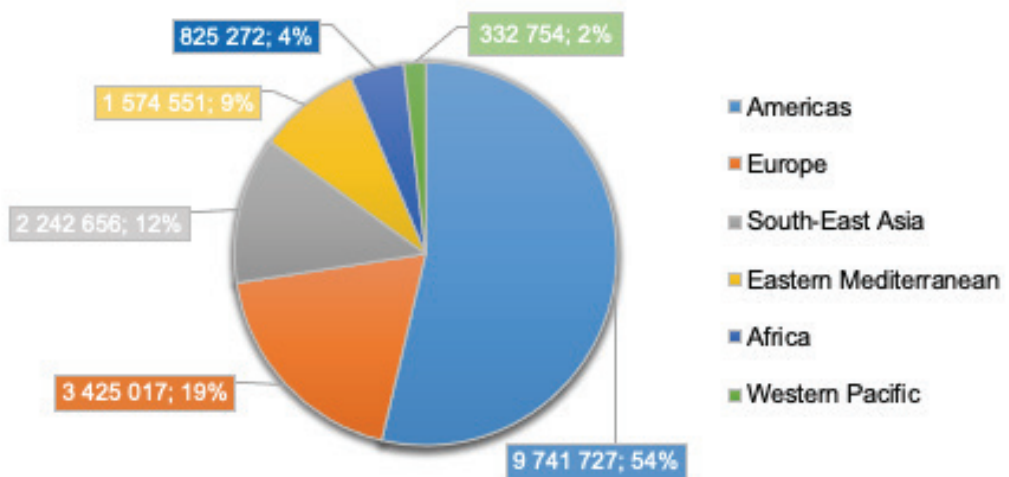
(Graphique: Promise Mahlangu)

Au 4 août 2020, les pays les plus touchés en Afrique étaient l'Afrique du Sud (516 862 cas et 8 539 décès), l'Égypte (94 640 cas et 4 888 décès) et le Nigeria (44 129 cas et 896 décès). À ce stade, l'Afrique du Sud se classait au cinquième rang mondial pour le nombre de cas confirmés, après les États-Unis (4 718 249), le Brésil (2 750 318), l'Inde (1 855 745) et la Russie (859 762). En octobre, les cas sud-africains continuaient d'augmenter à un rythme significatif, mais l'analyse statistique sur la propagation de COVID-19 indiquait une tendance à la baisse (South Africa 2020).

Figure 4: L'Afrique du Sud et les cinq pays au monde les plus infectés, de juillet à octobre 2020
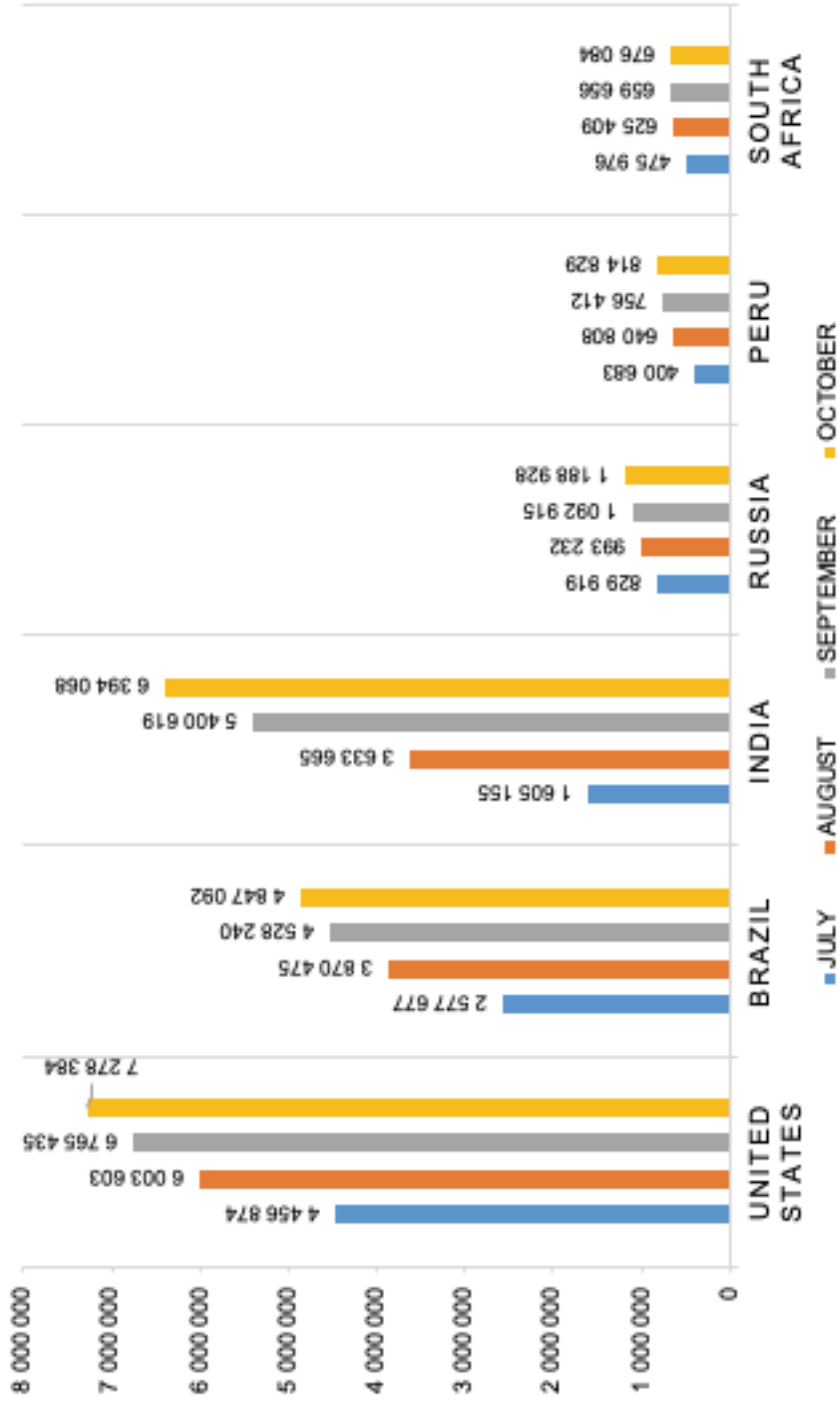
(Graphique: Promise Mahlangu)

Cet impact sans précédent de COVID-19 a imposé un cadre d'action qui place la science au cœur de la prise de décision, les scientifiques et les décideurs politiques devant travailler ensemble pour identifier des solutions afin de faire face aux risques émergents qui affectent la société et l'économie. Les énormes perturbations causées par cette pandémie sont évidentes dans toutes les sphères de l'activité humaine et ont nécessité la reconsidération de nombreuses choses, notamment la gestion mondiale des épidémies, la préparation et la réaction des services médicaux, l'élaboration des politiques et la gouvernance, la formation et l'éducation, l'interaction sociale, le soutien économique direct et les secours, les opérations commerciales, la transparence et le partage des informations. La réalité est que la gestion des conséquences de la pandémie, en particulier aux niveaux socio-économique et politique, restera un impératif mondial pour les années à venir.

La pandémie ayant entraîné la plus grande perturbation du système éducatif dans l'histoire, elle représente une plus grande menace pour la plupart des enfants que le virus lui-même. Tragiquement, elle exacerbera les inégalités mondiales existantes en matière d'accès à l'éducation et, selon l'UNESCO, environ 1,6 milliard d'apprenants sont touchés par la fermeture des écoles dans le monde entier afin d'arrêter la propagation du virus. En conséquence, des décennies de progrès dans le domaine de l'éducation pourraient être perdues. Cela aura de graves conséquences sur tous les apprenants, mais plus particulièrement sur les filles, car l'expérience des fermetures d'écoles a montré que les filles pourraient être davantage poussées à substituer l'éducation aux tâches domestiques et qu'elles pourraient être contraintes de se marier plus tôt, tomber enceintes et être victimes de violences et d'abus sexuels (Solberg 2020).

La propagation et l'influence mondiales de la pandémie COVID-19 sont sans précédent dans l'histoire récente. Dans une économie mondiale interconnectée, elle pose des défis majeurs aux décideurs politiques dans leurs efforts d'évaluation de ses effets directs et indirects sur l'économie et la perturbation de l'offre et de la demande. Le confinement et les restrictions associés à la pandémie ont perturbé l'offre et la productivité de la main-d'œuvre, tandis que la perte inévitable de revenus a réduit la consommation, le potentiel d'investissement et les perspectives économiques. Bien qu'il ne soit pas possible de prédire avec précision les dommages économiques associés à la pandémie COVID-19, les économistes s'accordent sur la gravité de son impact négatif sur l'économie mondiale (Duffin 2020). Selon les premières estimations, les pertes de PIB des grandes économies seraient d'au moins 2,4 % en 2020, mais après que la COVID-19 soit devenue une pandémie mondiale, les marchés boursiers mondiaux ont subi des chutes spectaculaires, comme le Dow Jones qui a enregistré sa plus forte chute en une seule journée (près de 3 000 points) le 16 mars 2020 (Duffin 2020). En octobre 2020, certaines sources du Fonds monétaire international ont prévoyaient une croissance mondiale de - 4,4 % en 2020, indiquant que «la reprise complète sera probablement longue, inégale et incertaine» (Zhang 2020).

Certaines régions sont plus touchées que d'autres. Bien que les analyses soulignent l'effet négatif sur l'économie mondiale et le fait qu'aucun pays ne sera épargné, la Chine et les États émergents d'Asie s'en sortiront mieux que le reste. En début septembre 2020, la Banque asiatique de développement estimait que les économies des «pays en développement d'Asie» se contracteront de 0,7 % en 2020 ; la première contraction en près de six décennies (Al Jazeera 2020). Alors que la Chine enregistrait une croissance annuelle de 4,9 % au cours du troisième trimestre, le retour à la croissance du pays a été plus rapide et plus élevé que prévu (Zhang 2020). Parc contre, les marchés émergents tels que la Turquie, l'Afrique du Sud et l'Arabie saoudite connaîtront probablement une activité économique très déprimée pendant au moins huit trimestres.

La pandémie de COVID-19 n'a pas été aussi féroce en Afrique qu'ailleurs, et à la mi-août 2020, le nombre de décès enregistrés sur le continent était d'environ 25 000 (environ 3 % des décès mondiaux), alors que l'Afrique compte environ 17 % de la population mondiale. Malheureusement, l'impact économique de la pandémie sur l'Afrique est considérable et disproportionné par rapport à l'impact sur la santé publique. Avec la contraction de la demande extérieure, la réduction de la demande locale due au confinement et le ralentissement de l'activité économique, la baisse des recettes fiscales, et l'augmentation des dépenses dans les secteurs de la santé et de la protection sociale, de nombreuses économies d'Afrique subsaharienne n'ont pas pu répondre suffisamment à la COVID-19 en introduisant des ajustements fiscaux qui, «sans un soutien extérieur substantiel, se traduisent par des programmes d'austérité dans nombre de ces pays « (Adam 2020).

Les estimations de la Banque mondiale indiquent que la croissance économique en Afrique subsaharienne devrait tomber à -3,3 % en 2020 en raison de la pandémie, ce qui représente la première récession dans la région depuis 25 ans. En outre, la pandémie pourrait plonger jusqu'à 40 millions de personnes dans l'extrême pauvreté en Afrique en 2020 et effacer les progrès réalisés en matière de lutte contre la pauvreté au cours des cinq dernières années. Cette prévision rejoint celles faites par le Fonds monétaire international de juin 2020 (Banque mondiale 2020). D'autres données sont tout aussi inquiétantes. Au cours du deuxième trimestre de 2020, le Nigeria a enregistré son pire résultat depuis plus d'une décennie, son PIB réel annuel s'étant contracté de 6,1 %. Au cours de la même période, en raison de mesures d'endiguement sévères, le PIB réel annuel de l'Afrique du Sud s'est contracté de 17,1 %. Au cours du premier trimestre, l'économie angolaise (deuxième producteur de pétrole en Afrique subsaharienne) s'est également contractée de 1,8 % (Banque mondiale 2020). Le continent a perdu plus d'une décennie de croissance économique et la reprise sera longue et difficile.

COVID-19 est la première pandémie d'ampleur véritablement mondiale à l'ère de l'information. Comme il est désormais possible de communiquer très rapidement, il est évident que le «drame» de la pandémie se joue sur les plateformes de médias sociaux. Un défi majeur entre les nouvelles traditionnelles et les nouvelles des médias sociaux est que beaucoup de ceux qui partagent les actualités et les informations sur les médias sociaux «ne sont pas nécessairement équipés d'outils nécessaires pour produire et partager une information juste et équilibrée» (Jones 2017 305). Le simple fait de publier ou de transmettre des nouvelles et des informations n'implique pas que les faits soient exacts, que les informations soient corroborées, que l'on utilise des sources primaires, que l'on agisse de manière équitable et éthique, que l'on comprenne la diffamation, ainsi que l'effet potentiellement dommageable de ne pas réfléchir à ce que l'on dit (Jones 2017 305). En conséquence, les médias sociaux ont été à la fois une malédiction et une bénédiction pendant la pandémie. D'une part, ils ont permis aux gens de rester en contact avec leurs proches et leurs amis pendant les périodes de confinement difficiles qu'ils ont connues dans le monde entier ; ils ont contribué à améliorer l'humeur et le sentiment de bien-être des gens, et ont joué un rôle crucial dans la diffusion de l'information. D'autre part, cependant, ils ont renforcé la fracture numérique, diffusé des informations qui n'étaient pas actuelles, n'ont pas été soumis à un examen par les pairs et sont devenus une source d'informations non fiables, incorrectes, inapplicables, voire fausses et de fausses actualités. Le gouvernement sud-africain a averti que la création ou la diffusion de fausses actualités serait poursuivable en justice et a imploré la population de vérifier les informations avant de les partager (Afrique du Sud 2020).

Lorsque COVID-19 a été déclarée pandémie, elle a provoqué une diffusion massive d'informations sur toutes les plateformes de médias sociaux. Dans une analyse de données à grande échelle des informations postées sur les médias sociaux par Cinelli et ses co-auteurs (en se concentrant sur les plates-formes principales telles que Twitter, Instagram et YouTube qui sont moins réglementées que

Gab et Reddit), ils ont constaté que les schémas de diffusion des informations provenant de «sources fiables» n'étaient pas nécessairement différents de la diffusion d'informations provenant de «sources douteuses» (Cinelli 2020 : 6). Une étude de Pennycook et de ses co-auteurs montre que les médias sociaux véhiculent de fausses affirmations, car les gens «ne réfléchissent tout simplement pas suffisamment à l'exactitude du contenu» (Pennycook 2020:770). C'est pourquoi la réaction des médias sociaux à COVID-19 est qualifiée d'»infodémie» (Cinelli 2020 :1). L'expérience des médias sociaux COVID-19 souligne à nouveau l'importance d'utiliser ces outils de manière responsable et utile en adhérant à des lignes directrices normatives.

Mais, pour en revenir à la pandémie, le monde parviendra-t-il à se débarrasser de COVID-19? Les diverses quêtes pour le développement d'un vaccin contre la COVID-19 se poursuivent sans relâche dans le monde entier, avec des résultats mitigés. En octobre 2020, il n'existait aucun vaccin contre COVID-19, mais un certain nombre d'essais cliniques pour des vaccins potentiels se poursuivent, avec des résultats positifs attendus. Une fois qu'un vaccin aura été prouvé sûr et efficace, il sera approuvé par les autorités nationales de réglementation, fabriqué et distribué. On ne sait pas quand un vaccin contre COVID-19 sûr et efficace sera prêt à être distribué, mais on estime qu'il le sera entre le début et la mi-2021. Comme c'est le cas pour la plupart des vaccins, les scientifiques prévoient que les vaccins contre COVID-19 ne seront pas pleinement efficaces et que leur impact sur la pandémie dépendra de facteurs tels que la manière dont ils seront approuvés, fabriqués et distribués, et le nombre de personnes qui seront vaccinées (OMS 2020).

Alors que COVID-19 devenait rapidement une véritable pandémie mondiale, sa gestion a eu des dimensions mondiales qui se sont toutefois aussi caractérisées par des réponses nationales uniques et souvent controversées. Elle a eu un impact sur la politique nationale et, dans le cas des États-Unis d'Amérique, est devenue un enjeu majeur des élections présidentielles. Après la réouverture progressive de l'économie de certains pays, toujours en proie à de nouvelles infections et à des taux de mortalité élevés liés à la COVID-19, la crainte d'une seconde vague d'infections s'est concrétisée fin 2020 et, dans certains cas (par exemple en République d'Irlande et au Royaume-Uni), les mesures restrictives ont été rétablies. L'impact mondial de cette pandémie est déjà profondément stupéfiant ; elle se poursuit et sera considérée comme l'un des événements les plus marquants de l'histoire du monde.

Ce numéro de la *Revue africaine du développement et de la gouvernance du secteur public* (AJPSDG) s'intéresse à un certain nombre d'aspects relatifs à la COVID-19 dans le contexte de l'Afrique. Les articles et les articles d'opinion publiés dans ce numéro mettent en évidence un certain nombre de domaines clés relatifs à l'expérience et à la gestion de la COVID-19 en Afrique.

Comme l'indiquent Davy du Plessis et Charles Keyter dans leur article très pertinent, «Des styles de leadership adaptés à une convergence de crises liées à la COVID-19», les dirigeants à travers le monde ont été confrontés à l'une des plus grandes crises de l'histoire récente. Les pays du monde entier sont en crise, car COVID-19 a commencé comme une crise sanitaire mondiale, mais s'est transformée en crises convergentes en raison de son impact grave sur la vie des citoyens du monde entier aux niveaux social, économique et politique. Sachant qu'il y a une interface entre la crise et le style de leadership, quel style de leadership est le meilleur pour faire face à une crise convergente ? Cet article se concentre sur les différents styles de leadership tels que le leadership transformationnel, transactionnel, autocratique, démocratique et serviteur. Les forces des différents styles de leadership sont combinées et un style de leadership adaptatif est considéré comme le plus approprié à la crise de la COVID-19, mais comme la pandémie n'est pas encore terminée, seul le temps dira s'il s'agit bien du style de leadership le plus approprié pour les crises convergentes.

Les gouvernements ont dû réagir pour gérer l'impact de la crise de COVID-19, mais comme l'indique Johnny Pietersen dans sa discussion instructive sur « Le lien entre l'administration publique et la gestion des catastrophes» en faisant spécifiquement référence à l'Afrique du Sud, cette réaction a dû se faire dans le contexte du cadre réglementaire légitime et le gouvernement a dû élaborer et mettre en œuvre des politiques pour gérer cette éventualité. La discussion fait le point sur les déclarations politiques, les réglementations et les directives émises pour gérer la pandémie en Afrique du Sud. Les développements politiques sont juxtaposés aux réactions du public pour conclure sur l'efficacité et l'efficience de la politique publique. Même si la politique publique a été mise en œuvre de manière systématique pour contenir la propagation des infections et atténuer les conséquences socio-économiques, certaines parties de la société ont exprimé leur mécontentement, comme en témoignent les litiges. Dans l'ensemble, l'administration publique est à juste titre au centre de la gestion des catastrophes par le biais de la politique publique, cependant, un processus d'évaluation globale de la politique doit être entrepris pour améliorer la prestation des services.

Après l'élaboration des politiques et leur mise en œuvre au niveau national, une question importante est le degré d'efficacité de cette mise en œuvre dans les différentes sphères du gouvernement. Riaan de Coning donne un aperçu de «la réponse nationale de l'Afrique du sud à la COVID-19, avec référence spécifique à la gouvernance au niveau provincial». COVID-19 a fait appel à des mesures sans précédent dans le monde entier pour freiner sa propagation, et en Afrique du Sud, ces mesures comprenaient un confinement stricte initial suivi d'un assouplissement progressif des réglementations de confinement. La législation et les règlements qui l'accompagnent contiennent des dispositions spécifiques concernant les rôles et les responsabilités des provinces dans ce processus. Cette étude examine de manière critique la réaction du gouvernement à la catastrophe de COVID-19 au fur et à mesure de son déroulement, en se référant spécifiquement à la gouvernance au niveau locale, notamment dans les provinces. La recherche a utilisé une analyse de documents pour extraire les principales caractéristiques des mesures prises par les gouvernements provinciaux pour lutter contre la propagation du virus. Les résultats indiquent que le paysage de la gouvernance a été modifié pour soutenir les achats d'urgence pour lutter contre la propagation de COVID-19. En tant qu'étude de cas, les résultats apporteront une plus-value aux cours de gestion et de leadership en attirant l'attention sur les prescriptions de gouvernance et leur application, sur la manière dont les provinces se sont préparées à faire face aux effets de la pandémie de COVID-19, ainsi que sur l'examen rétrospectif de l'efficacité des mesures de gestion prévues au fur et à mesure du déroulement de la pandémie.

Après la déclaration du confinement national en Afrique du Sud, les forces de défense nationales sud-africaines (SANDF) ont été déployée pour soutenir les services de police sud-africains. Comme Petrus C. Bester, Sonja Els et Laetitia Olivier l'illustre de façon poignante, le déploiement de la SANDF dans le cadre du confinement lié à COVID-19 a fourni un cas unique pour évaluer la gouvernance en action. Comme le but du confinement était d'aplanir la courbe» d'infections, le caractère national du déploiement de la SANDF et des services de police dans le cadre de l'*opération Notlela a* soulevé diverses préoccupations. Les auteurs ancrent leur discussion sur l'idée que la gouvernance est un processus visant à orienter les organisations, qu'elles soient publiques ou privées. Les différents mécanismes de gouvernance associés (participation, décentralisation, État de droit, processus, redevabilité, contrôle, éthique et transparence) sont utilisés comme outils de diagnostic pour analyser ce cas. Partant de l'hypothèse que la gouvernance et le droit sont liés, l'étude examine la Constitution sud - africaine en tant que loi suprême du pays qui fournit le cadre juridique de toutes les institutions légales et politiques, et des politiques qui en découlent. L'analyse confirme la légalité du déploiement mais identifie certaines lacunes concernant les mécanismes de pilotage de sa gouvernance. Diverses conclusions et recommandations sont formulées, et des enseignements intéressants peuvent être tirés de cette étude de cas.

Malgré la nature mondiale de la pandémie de COVID-19, elle a eu de graves répercussions sur les citoyens du monde entier par la façon dont ils travaillent, la manière dont les services sont fournis et son impact en termes de genre. Trois études de cas abordent de façon poignante cette question en se référant aux groupes vulnérables, en particulier les femmes pauvres d'Afrique du Sud, qui fournissent des services tels que l'eau et l'assainissement aux citoyens, ainsi que l'effet de COVID-19 sur les modalités de travail dans la fonction publique sud-africaine.

Motlagabo Gladys Matseke compare la fourniture de services d'eau et d'assainissement dans les zones urbaines et rurales pendant la crise de COVID-19. L'accès à l'eau potable et à un assainissement adéquats est particulièrement important pendant l'état de catastrophe nationale dû au coronavirus, où l'utilisation de l'eau est centrale pour une hygiène constante des mains dans la prévention de la propagation du nouveau coronavirus. Cette étude de cas se concentre sur l'approvisionnement en eau potable et l'assainissement dans les provinces du Limpopo et du Cap-Oriental, à prédominance rurale, comparées aux provinces du Gauteng et du Cap-Occidental, à prédominance urbaine. Il semble que l'accès à l'eau et à l'assainissement se soit amélioré pendant la crise de COVID-19 dans les provinces à prédominance rurale et urbaine. Cela est dû à la fourniture et à la distribution de réservoirs d'eau, de camions et de matériel d'hygiène par le Département national de l'eau et de l'assainissement dans les deux zones, en fonction des besoins. Certains problèmes ont également été constatés dans les provinces à prédominance rurale et dans les provinces à prédominance urbaine, ces deux zones nécessitant une attention particulière. Les efforts, l'engagement et la collaboration entre les sphères nationales, provinciales et locales du gouvernement, y compris les entités provinciales de l'eau, pour assurer la fourniture de services d'eau et d'assainissement aux communautés nécessiteuses, devraient être maintenus au-delà de la crise COVID-19.

Au fur et à mesure que la pandémie COVID-19 se développait, il est rapidement apparu que les femmes noires pauvres étaient plus exposées que les autres. Nitasha Ramparsad s'intéresse aux ménages multigénérationnels dirigés par des femmes ayant un emploi ; elle examine l'impact potentiel de COVID-19 sur les ménages recevant des allocations de vieillesse, et comment une maladie entrant dans un ménage aura un impact sur la famille, les biens familiaux, les niveaux de violence domestique et les niveaux de pauvreté. Les cas des femmes noires pauvres de la classe ouvrière, telles que les bonnes ou les nourrices ou celles qui travaillent dans le secteur informel (y compris les vendeurs) sont abordées, en référence à leur expérience durant la pandémie. L'aide apportée par l'État aux femmes noires pauvres est également examinée en termes d'accessibilité. L'article est basé sur une recherche documentaire et fait référence à la couverture médiatique pendant les niveaux de confinement 5 et 4 respectivement. Les recommandations portent sur une réponse inclusive à la situation critique des ménages noirs pauvres pendant une pandémie. Les questions spatiales dans les townships et les établissements informels créées par le besoin de distanciation sociale sont examinées en termes d'héritage de l'apartheid. L'article se termine par des interventions générales possibles de l'État pour apporter une réponse plus holistique aux femmes noires pauvres plus spécifiquement en Afrique du Sud.

Comme le souligne Jacqueline Nkate dans une contribution informative, la pandémie de COVID- 19 a changé la façon dont les gens travaillent, interagissent et se comportent. Elle analyse l'effet de la pandémie sur les modalités de travail dans la fonction publique sud-africaine, afin d'identifier les pratiques et les outils qui ont été mis en œuvre en réponse à la pandémie, et qui pourraient être adoptés après COVID-19 pour améliorer l'efficacité. L'étude a révélé que la pandémie a affecté le mode de fonctionnement de la fonction publique, ce qui a nécessité un examen des politiques, pratiques et systèmes existants et, dans certains cas, l'élaboration de nouveaux. Pour répondre de manière

adéquate à la pandémie, la fonction publique a dû mettre en place des contrôles administratifs pour assurer la gestion des congés, des modalités de travail flexibles, l'acquisition de ressources humaines et la prestation de services de première ligne. Les pratiques identifiées, qui pourraient être adoptées dans la fonction publique après la COVID-19, concernent les régimes de travail flexibles, l'utilisation de la technologie, la gestion des données, le développement de cadres réglementaires pertinents et l'optimisation des processus d'affaires.

Les quatre tribunes d'opinion intéressantes publiées dans ce numéro donnent un aperçu des expériences pertinentes de divers pays et mettent en lumière certains des éléments relatifs à l'impact durable de COVID-19 en Afrique. Patrick Tandoh-Offin et Wisdom Kofi Adzakor indiquent comment une période difficile, telle que celle provoquée par la pandémie de COVID- 19, ont mis à nu les limites du populisme politique et du nationalisme parochialiste. Dans sa tribune d'opinion, Samuel J. Ngale indique qu'au milieu de la pandémie, les termes «chaos», «chance» et «espoir» décrivent le mieux l'état d'esprit de la plupart des gens au Mozambique, car ils sont confrontés à une grande incertitude quant à la nature et à l'ampleur de la pandémie.

Dans une tribune d'opinion intitulée « Réhumanisation du service public et la réponse à la covid-19 : où en est l'école nationale de formation des agents de la fonction publique ?», Kedibone Phago et Sibusiso Vil-Nkomo nous rappellent qu'en déterminant la réalité actuelle en ces temps difficiles, les fonctionnaires doivent apprécier leur interconnexion avec le public dans une démocratie bien gérée. La dernière tribune d'opinion, intitulée « Lutte contre l'inégalité sociale post-COVID-19 parmi les apprenants des écoles primaires et post-primaires en Ouganda», nous ramène à l'impact de COVID-19 sur l'éducation et indique que, dans la gestion de l'éducation, les gouvernements devraient apprécier le milieu social des apprenants, réfléchir aux cadres d'apprentissage, examiner correctement la faisabilité des modules d'apprentissage et s'engager activement avec les parties prenantes pour parvenir à des décisions politiques réalisables.

Enfin, à l'ère de l'information, l'accès rapide et facile à des informations fiables est un avantage à la fois crucial et acceptable. Pour guider les chercheurs et les lecteurs dans ces efforts, Mmakwena Molala propose un examen, une comparaison et une analyse utiles de diverses bases de données internationales de connaissances sur la COVID-19. Il convient de noter que la plupart des informations contenues dans ces bases de données sont gratuites et souvent disponibles en plusieurs langues. Pour pouvoir agir, nous devons savoir et comprendre. Ce volume pourrait peut-être y contribuer dans une certaine mesure, aussi moindre soit-elle.

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COVID-19: DE PANDEMIA GLOBAL A DESASTRE PARA O CONTINENTE AFRICANO

Thean Potgieter

Em finais de 2020, a severa pandemia da síndrome respiratória aguda da doença de Coronavírus (referida como COVID-19 nesta discussão) ainda está a desenrolar-se internacionalmente sem quaisquer ideias conclusivas sobre os seus prazos, bem como o seu efeito duradouro na economia, política, saúde mundial e sociedade global, entre outros. Nos nossos esforços para compreender a sua relevância para a saúde global, actividade governamental, economia e sociedade, é muito importante continuar a estudar as suas origens, evolução e impacto a uma escala nacional, regional e internacional, e talvez ganhar dela conhecimento e compreensão para gerir futuras pandemias.

Os coronavírus podem causar doenças que vão desde a constipação comum, a doenças graves como a Síndrome Respiratória Aguda (SARS) e a Síndrome Respiratória do Médio Oriente (MERS). Eles circulam em animais e podem ser transmitidos aos seres humanos e, neste caso (COVID-19), é o sétimo vírus corona conhecido a afectar os seres humanos (Al Jazeera 2020). A doença COVID-19 é causada por um vírus altamente infeccioso que causa doenças respiratórias (como a gripe) com sintomas que incluem tosse, febre, e em casos graves até dificuldade em respirar. A sua natureza transmissível é agravada à medida que pessoas infectadas, mas assintomáticas, podem infectar outras. As manifestações clínicas são também complexas; afectando o sistemas pulmonar, cardiovascular, neurológico, músculo-esquelético, e outros, imitando diferentes condições médicas, ao passo que qualquer condição pré-existente pode aumentar o perigo de mortalidade.

O primeiro caso confirmado de alguém afectado pela COVID-19 pode ser rastreado em finais de 2019 na cidade de Wuhan, província de Hubei, China (com uma população de cerca de 11 milhões de pessoas). A 31 de Dezembro de 2019, a China notificou a Organização Mundial de Saúde (OMS) de uma série de infecções respiratórias na cidade. A OMS é uma agência especializada das Nações Unidas responsável pela saúde pública internacional.

Inicialmente, a OMS relatou nos meios de comunicação social (a 4 de Janeiro de 2020) que existia uma aglomeração de casos de pneumonia (sem registos de mortes até então) em Wuhan. À medida que casos começaram a ser relatados na República da Coreia, Japão, Tailândia e Singapura, o Director-Geral da OMS convocou uma Comissão de Emergência para considerar o surto do novo coronavírus na China. As infecções oficiais na China aumentaram de cerca de quarenta em 1 de Janeiro de 2020 para 550 com dezassete mortes em 22 de Janeiro (Worldometers 2020 e Al Jazeera 2020). A 23 de Janeiro, na primeira reunião do Comité de Emergência da OMS sobre o surto, a OMS indicou que este não constituía ainda uma emergência pública de preocupação internacional e que não havia "nenhuma prova" da propagação do vírus entre seres humanos fora da China. Contudo, a 4 de Fevereiro de 2020, a OMS declarou a COVID-19 uma "Emergência de Saúde Pública de Preocupação Internacional", seguindo a mesma abordagem adoptada com o advento do vírus H1N1 que causou a gripe suína em 2009, a poliomielite em 2014, a Zika que afectou as Américas em 2016, e os surtos de Ébola na África

Ocidental em 2014 e 2019 (OMS 2020). A principal diferença reside no facto de que, após a rápida notificação e pronta acção, estas outras epidemias de saúde permaneceram contidas a nível regional, ao passo que a COVID-19 evoluiu rapidamente para uma pandemia global.

Durante o mês de Fevereiro, investigadores Chineses indicaram que o vírus poderia ter-se propagado de um animal infectado para seres humanos através de pangolins traficados ilegalmente (valorizados para alimentação e medicina), enquanto alguns cientistas também apontaram morcegos ou cobras como possíveis fontes (Al Jazeera 2020). À medida que a taxa de novas infecções ocorria e atingia uma curva cada vez maior, a doença COVID-19 rapidamente se tornou verdadeiramente global e a sua propagação surpreendeu muitos países em diferentes regiões do mundo que se consideravam suficientemente distantes geograficamente, ou que confiavam erroneamente na sua própria capacidade para lidar rapidamente com tal contingência. Isto levou a OMS a caracterizar a COVID-19 como uma pandemia a 11 de Março de 2020 (OMS 2020). «Pandemia» não é uma palavra que seja usada de forma impensada ou descuidada, e se for mal aplicada, pode causar medo irrazoável, ou aceitação injustificada de que a luta terminou; levando a sofrimento e morte desnecessários. Uma vez que o principal papel da OMS é dirigir a saúde internacional no seio do sistema das Nações Unidas e orientar os parceiros nas respostas globais em matéria de saúde, ela lidera os acordos institucionais associados às respostas internacionais e nacionais no contexto da COVID-19.

Após ter tomado conhecimento da doença, a OMS categorizou-a e declarou-a uma pandemia global (embora apenas meses após o seu surto). Influenciada pela OMS, foi estabelecida uma nomenclatura internacional, com termos como confinamento, pandemia, testes e vacinas utilizados no mesmo contexto para limitar a confusão, coordenar intervenções e contramedidas, e ajudar a orientar debates mitigados, conceptualização e investigação (OMS 2020). Dado que a COVID-19 rapidamente se tornou uma crise global, a decisão da OMS de a declarar uma pandemia foi justificada. Em 22 de Março de 2020, havia cerca de 311 000 infecções globais; causando cerca de 13 000 mortes. Dois meses depois, as infecções globais aumentaram para 5 218 711 e o número de mortos para 335 072 (Worldometers 2020; Al Jazeera 2020). No final de Julho, havia mais de 17 milhões de infecções globais e cerca de 671 000 mortes relacionadas com a COVID-19. No final de Outubro, as infecções globais aumentaram a uma taxa de cerca de um milhão de dois em dois dias; ultrapassando a marca dos 45 milhões (veja os gráficos 1 e 2). A mortalidade global foi de cerca de 1,2 milhões (ou cerca de 3,46%), ao passo que a taxa de recuperação global tinha melhorado de cerca de 78% em meados de Abril para 96,5% no final de Outubro (Worldometers 2020; and Ravelo and Jerving 2020). Contudo, é necessário ter em conta a prudência da OMS na interpretação dos dados, uma vez que existem discrepâncias consideráveis entre os dados publicados pela OMS, as autoridades de saúde pública de vários países, e outras fontes. Isto deve-se principalmente a diversos critérios de inclusão, desigualdades nas infra-estruturas e nos sistemas de saúde, variações na detecção de casos, definições, testes laboratoriais, várias estratégias de notificação entre países, estados e territórios, e diferentes prazos para a comunicação de dados. Consequentemente, a OMS está continuamente a verificar a exactidão e a fiabilidade dos dados (OMS 2020).

Gráfico 1: Aumento Mensal de Infecções Globais

(Gráfico: Promise Mahlangu)

Gráfico 2: Aumento Mensal de Mortes Globais
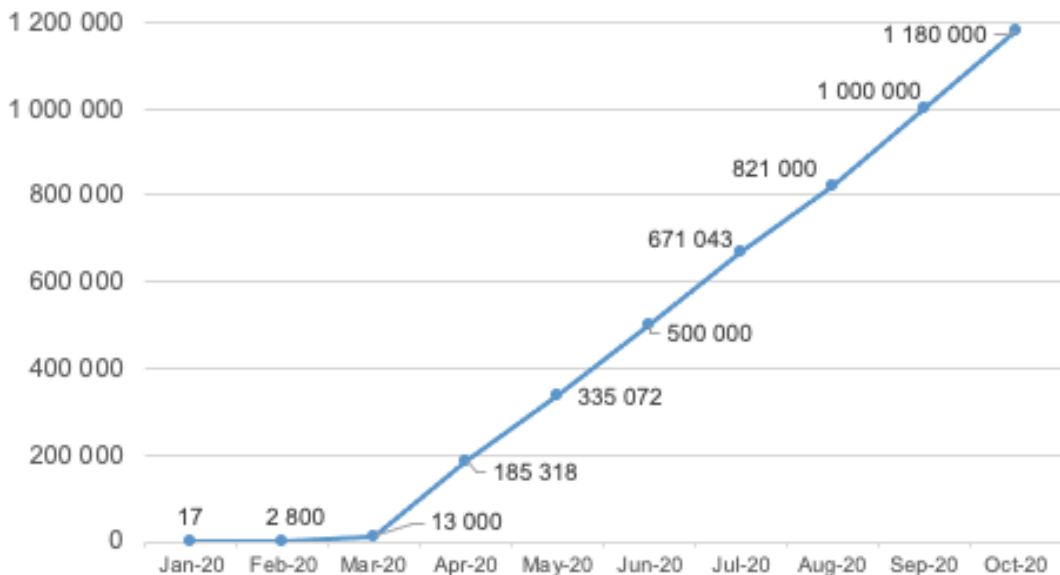
(Gráfico: Promise Mahlangu)

A taxa de infecção em África era comparativamente mais baixa do que em outras partes do mundo (veja o gráfico 3). O número de casos no continente ultrapassou a marca dos 200 000 até 11 de Junho. Embora tenha demorado 98 dias a atingir 100 000 casos, em apenas 18 dias atingiu 200 000 casos. Em 25 de Junho de 2020, a África tinha mais de 300 000 infecções confirmadas, e mais de 8 000 mortes relacionadas com a COVID-19. As infecções aumentaram para 500 000 até 8 de Julho; duplicando em cerca de 22 países do continente num mês. Contudo, a Argélia, Egipto, Gana, Nigéria e África do Sul representaram cerca de 71% dos casos do continente (OMS 2020). Os casos em África ultrapassaram a marca de 1 milhão em 7 de Agosto, mas isto representava apenas cerca de um vigésimo do número global de infecções. No final de Agosto, a África registou uma redução de 20% nos casos confirmados, com 23 dos 54 países a relatarem uma descida sustentada em novos casos: uma redução de cerca de 37% na África Central, uma redução de 28% na África Austral, e 16% na África Ocidental, mas um aumento de 6,3% e 6,6% na África Oriental e Norte de África, respectivamente. O padrão da doença COVID-19 em África e o declínio da taxa de infecções foram provavelmente devidos a factores sócio-ecológicos, tais como a baixa densidade populacional, uma demografia mais jovem, e um clima quente e húmido. No entanto, o gabinete da OMS em África advertiu contra a complacência e que a vigilância relaxante poderia aumentar de novo as infecções (OMS 2020; Ravelo e Jerving 2020).

Gráfico 3: Infecções confirmadas por região, 20 de agosto de 2020
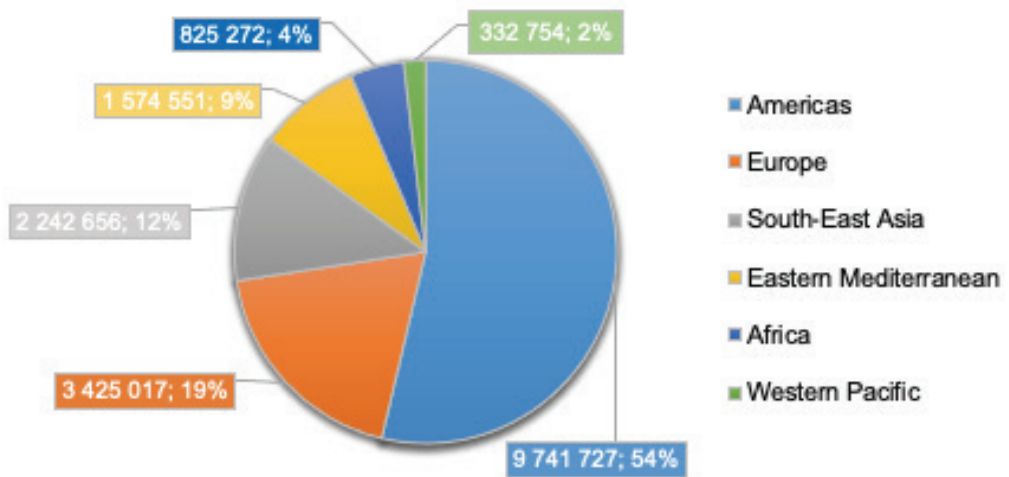
(Gráfico: Promise Mahlangu)

Em 4 de Agosto de 2020, os países mais afectados em África eram a África do Sul (516 862 casos e 8 539 mortes), o Egipto (94 640 casos e 4 888 mortes) e a Nigéria (44 129 casos e 896 mortes). Nesta fase, a África do Sul ocupa o quinto lugar no ranking mundial em número de casos confirmados (veja o gráfico 4), depois dos EUA (4 718 249), Brasil (2 750 318), Índia (1 855 745) e Rússia (859 762). Em Outubro, os casos sul-africanos ainda estavam a aumentar a um ritmo significativo, mas a análise estatística sobre a propagação da COVID-19 indicou uma tendência descendente (África do Sul 2020).

Gráfico 4: África do Sul e os cinco principais países infectados do mundo, julho a outubro de 2020
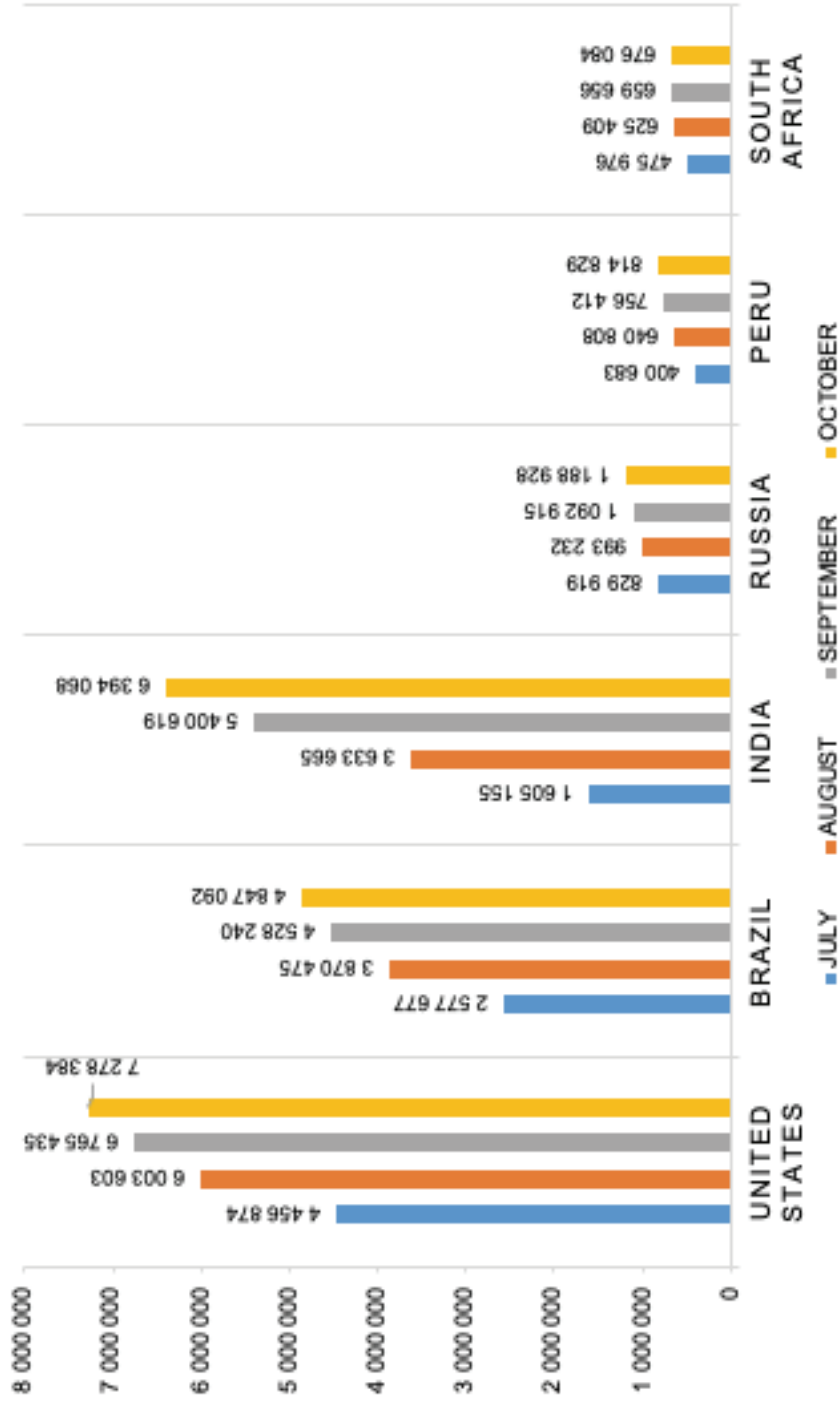
(Gráfico: Promise Mahlangu)

Este impacto sem precedentes da COVID-19 obrigou a um quadro de acção que colocou a ciência no centro da tomada de decisões, uma vez que cientistas e decisores políticos tiveram de trabalhar em conjunto para identificar soluções para enfrentar os riscos emergentes para a sociedade e a economia. As perturbações substanciais causadas por esta pandemia são evidentes em todas as esferas do esforço humano e exigiram uma reconsideração de muitas coisas – incluindo a gestão global de epidemias, a preparação e reacção dos serviços médicos, desenvolvimento de políticas e governação, formação e educação, interacção social, apoio económico directo e linhas vitais, operações comerciais, abertura, e partilha de informação. A realidade é que a gestão das consequências da pandemia, especificamente a nível socioeconómico e político, será um imperativo global para os próximos anos.

Como a pandemia resultou na maior perturbação da educação na história, ela é vista como uma ameaça maior para a maioria das crianças do que o próprio vírus. Tragicamente, irá exacerbar as desigualdades globais existentes no acesso à educação e, segundo a UNESCO, cerca de 1,6 mil milhões de alunos são afectados pelo encerramento mundial de escolas, num esforço para impedir a propagação do vírus. Em resultado disso, décadas de progresso na educação poderão ser perdidas. Terá consequências graves para todos os alunos, mas mais particularmente para as raparigas, uma vez que a experiência do encerramento de escolas indicou que as raparigas poderão enfrentar mais pressão para substituir a educação por tarefas domésticas e poderão ser forçadas a casar mais cedo, engravidar e ser vítimas de violência e abuso sexual (Solberg 2020).

A propagação e influência global da pandemia COVID-19 é inédita na história recente. Numa economia mundial interligada, ela apresentou grandes desafios junto dos decisores políticos nos seus esforços de avaliar os seus efeitos económicos directos e indirectos e a quebra na oferta e procura. O confinamento e as restrições associadas à pandemia perturbaram a oferta de mão-de-obra e a produtividade, enquanto a inevitável perda de rendimentos reduziu o consumo, o potencial de investimento e as perspectivas económicas. Embora não seja possível prever com precisão os danos económicos associados à pandemia da COVID-19, os economistas concordam com o seu grave impacto económico global negativo (Duffin 2020). As primeiras estimativas indicavam que as perdas do PIB para as principais economias seriam de pelo menos 2,4% em 2020, mas depois da COVID-19 se ter tornado uma pandemia global, os mercados bolsistas mundiais sofreram quedas dramáticas, tais como o Dow Jones que relatou a sua maior queda de sempre num único dia (quase 3 000 pontos) a 16 de Março de 2020 (Duffin 2020). Até Outubro de 2020, algumas fontes do Fundo Monetário Internacional projectaram um crescimento global de -4,4% em 2020, indicando que "a recuperação total será provavelmente longa, desigual e incerta" (Zhang 2020).

Algumas regiões são mais afectadas do que outras. Embora as análises sublinhem o efeito económico global negativo e o facto de nenhum país ficar incólume, tanto a China como os Estados emergentes na Ásia serão mais bem-sucedidos. No início de Setembro de 2020, o Banco Asiático de Desenvolvimento estimou que em 2020 as economias da "Ásia em desenvolvimento" irão sofrer uma contracção de 0,7 por cento; a primeira recessão em quase seis décadas (Al Jazeera 2020). Uma vez que a China registou um crescimento anual de 4,9% durante o terceiro trimestre, o regresso do país ao crescimento foi mais rápido e superior ao esperado (Zhang 2020). No entanto, mercados emergentes como a Turquia, África do Sul, e Arábia Saudita irão provavelmente enfrentar uma actividade económica muito deprimida durante pelo menos oito trimestres.

A pandemia da COVID-19 não foi tão feroz em toda a África como noutros lugares, e em meados de Agosto de 2020 as mortes registadas no continente eram de cerca de 25 000 (cerca de 3% das mortes globais) tendo a África cerca de 17% da população global. Infelizmente, porém, o impacto económico da pandemia na África é extenso e desproporcionado em relação ao impacto sobre a saúde pública. Com a retracção da procura externa, as medidas de confinamento reduziram a procura local e refrearam a actividade económica, as receitas fiscais diminuíram e as despesas com a saúde e protecção social aumentaram e muitas economias da África subsariana não puderam responder suficientemente à COVID-19 através de ajustamentos fiscais, algo que "sem um apoio externo substancial, pacotes de políticas viáveis em muitos destes países" resultou em programas de austeridade (Adam 2020).

As estimativas do Banco Mundial indicam que o crescimento económico na África subsariana deverá cair para -3,3% em 2020 devido à pandemia, o que representa a primeira recessão na região em 25 anos. Além disso, a pandemia poderá lançar cerca de 40 milhões de pessoas em pobreza extrema na África em 2020 e, pelo menos, apagar o progresso na luta contra a pobreza feito nos cinco anos antecedentes. Esta previsão está de acordo com a estimativa feita pelo Fundo Monetário Internacional em Junho de 2020 (Banco Mundial 2020). Outros dados são inquietantes. Durante o segundo trimestre de 2020, a Nigéria teve o seu pior resultado em mais de uma década, uma vez que o seu PIB real anual contraiu em 6,1 por cento. No mesmo período, devido a severas medidas de contenção, o PIB real da África do Sul contraiu 17,1 por cento numa base anual. No primeiro trimestre, a economia Angolana (o segundo maior produtor de petróleo da África Subsaariana) também contraiu 1,8 por cento (Banco Mundial 2020). O continente perdeu mais de uma década de crescimento económico e a recuperação será longa e difícil.

A COVID-19 é a primeira pandemia de proporções verdadeiramente globais na era da informação. Visto que a comunicação é agora possível com maior rapidez, ficou evidente que o 'drama' da pandemia se iria desenrolar nas plataformas dos meios de comunicação social. Um grande desafio entre notícias tradicionais e informações dos meios de comunicação social é que muitos dos que partilham dessas notícias "não estão necessariamente equipados com os instrumentos necessários para produzir e divulgar informação justa e equilibrada" (Jones 2017 305). A simples publicação ou encaminhamento de notícias e informações não implica a obtenção de factos correctos, a corroboração de informação, o uso de fontes primárias, acções justas e éticas, compreensão sobre difamação, bem como o efeito potencialmente prejudicial de falar antes de pensar (Jones 2017 305). Consequentemente, os meios de comunicação social foram tanto uma maldição como uma bênção durante a pandemia. Por um lado, permitiu às pessoas permanecerem em contacto com os seus entes queridos e amigos durante os confinamentos difíceis vividos em todo o mundo; contribuindo para aumentar o humor e a sensação de bem-estar das pessoas, e foi crucial na divulgação de informação. Por outro lado, contudo, aumentou a divisão digital, distribuiu informação não actualizada, não foi submetida a revisão pelos pares e tornou-se uma fonte de informação inválida, incorrecta, não aplicável ou mesmo falsa e notícias falsas. O governo sul-africano advertiu que a criação ou divulgação de notícias falsas poderia ser objecto de processo judicial e implorou à população para verificar a informação antes de a partilhar (África do Sul 2020).

Ao ser declarada uma pandemia, a COVID-19 provocou uma difusão maciça de informação em todas as plataformas de meios de comunicação social. Numa análise em grande escala de dados de informação publicada nos meios de comunicação social por Cinelli e pelos seus co-autores (centrada nas plataformas principais como Twitter, Instagram e YouTube, que são menos regulamentadas, tal como a Gab e Reddit), verificou-se que os padrões de difusão relacionados com a informação

proveniente de "fontes fiáveis" não eram necessariamente diferentes da difusão de informação proveniente de "fontes questionáveis" (Cinelli 2020: 6). As evidências num estudo da Pennycook e co-autores sugerem que as falsas alegações são partilhadas nos meios de comunicação social, uma vez que as pessoas "simplesmente não pensam suficientemente sobre se o conteúdo é ou não exacto" (Pennycook 2020:770). Assim, a reacção dos meios de comunicação social à COVID-19 é referida como uma "infodemia" (Cinelli 2020:1). A experiência dos meios de comunicação social sobre a COVID-19 volta a salientar a importância de se usar estas ferramentas de forma responsável e útil, aderindo a directrizes normativas.

Mas, voltando à pandemia, será que o mundo vai conseguir livrar-se da COVID-19? Várias tentativas para o desenvolvimento de uma vacina COVID-19 continuam sem parar em todo o mundo, com medidas mistas de sucesso. Em Outubro de 2020, não existia nenhuma vacina para a COVID-19, mas um contínuo esforço para uma série de ensaios clínicos para potenciais vacinas; esperando-se resultados positivos. Uma vez provada a segurança e eficácia de uma vacina, esta será sancionada pelos reguladores nacionais, fabricada e distribuída. Não se sabe quando é que uma vacina COVID-19 segura e eficaz estará pronta para distribuição, mas as estimativas apontam para o início a meados de 2021. Como acontece com a maioria das vacinas, os cientistas prevêem que as vacinas COVID-19 não serão totalmente eficazes e o seu impacto na pandemia dependerá de factores tais como a forma como são aprovadas, fabricadas e entregues; e quantas pessoas são vacinadas (OMS 2020).

Como a COVID-19 rapidamente se tornou uma verdadeira pandemia global, a sua gestão teve dimensões globais que, no entanto, também se caracterizaram por respostas nacionais únicas, e frequentemente controversas. Ela teve impacto na política nacional e, tornou-se numa importante questão eleitoral presidencial no caso dos Estados Unidos da América. Depois de alguns países terem reaberto gradualmente as suas economias, ainda cambaleantes sob novas infecções e elevadas taxas de mortalidade relacionadas com a COVID-19, os receios de uma segunda vaga de infecções tornaram-se realidade no final de 2020 e, em alguns casos (por exemplo, na República da Irlanda e no Reino Unido), foram reintroduzidas medidas restritivas. O impacto global desta pandemia já é profundamente espantoso, e será considerado um dos acontecimentos mais importantes da história mundial. Este número do Jornal Africano de Desenvolvimento do Sector Público e Governação (AJPSDG) trata de uma série de aspectos relacionados com a COVID-19 no contexto Africano. Os artigos e opiniões publicados nesta edição destacam uma série de áreas-chave relevantes para a experiência e gestão da COVID-19 em África. As Davy du Plessis and Charles Keyter indica no seu artigo muito apropriado, "Estilo de liderança numa crise como a Pandemia da COVID-19", que os líderes globais têm sido confrontados com uma das maiores crises da história recente. Países de todo o mundo estão em crise uma vez que a COVID-19 começou como uma ameaça à saúde global, mas transformou-se em crises convergentes devido ao seu grave impacto na vida dos cidadãos a nível social, económico, e político. Visto haver uma interface entre a crise e o estilo de liderança, qual é o melhor modelo para lidar com uma crise convergente? Este artigo centra-se nos vários estilos de liderança, tais como a liderança transformacional, transaccional, autocrática, democrática e serviçal. Os pontos fortes destes diferentes estilos são combinados e um estilo de liderança adaptável é visto como o mais apropriado à crise da COVID-19, mas uma vez que a pandemia ainda não terminou, só o tempo dirá se este é de facto o estilo de liderança mais apropriado para crises convergentes.

Os governos tiveram de intervir para gerir o impacto da crise da COVID-19, mas como como indicado por Johnny Pietersen na sua discussão informativa sobre "A ligação entre a administração pública e a gestão de desastres" com referência específica à África do Sul, esta resposta teve de ocorrer no contexto do quadro regulamentar legítimo e o governo precisou de desenvolver e implementar políticas para gerir esta contingência. A discussão cita a evolução das declarações políticas, regulamentos e directivas emitidas para gerir a pandemia na África do Sul. Os desenvolvimentos políticos são justapostos com reacções públicas para chegar a conclusões sobre a eficácia e eficiência das políticas públicas. Embora a política pública tenha sido implementada sistematicamente para conter a propagação de infecções e mitigar as consequências socioeconómicas; certos sectores da sociedade expressaram insatisfação; como exemplificado pelo litígio. Globalmente, a administração pública é justificadamente fundamental para a gestão de desastres através de políticas públicas, porém, deve ser implementado um processo abrangente de avaliação de políticas para melhorar a prestação de serviços.

Na sequência do desenvolvimento e da implementação de políticas nacionais, surge uma questão importante com respeito ao grau de eficácia da implementação de políticas nas várias esferas de governo. Riaan de Coning fornece informações sobre "a resposta nacional da África do Sul à COVID-19 com referência específica à governação de sub-nível nas províncias". A COVID-19 invocou medidas mundiais sem precedentes para travar a sua propagação, e na África do Sul, estas medidas incluíram um confinamento inicial rígido seguido de uma flexibilização gradual dos regulamentos aplicáveis ao isolamento. A legislação e regulamentação que a acompanhava previa especificamente os papéis e responsabilidades das províncias neste processo.Este estudo examina criticamente a reacção do governo ao desastre da COVID-19 à medida que este se desdobrava, com referência específica à governação de sub-níveis nas províncias. A investigação utilizou uma análise documental para extrair as principais características das acções tomadas pelos governos provinciais para combater a propagação do vírus. As conclusões apontam para o facto de que o panorama da governação foi alterado para apoiar as aquisições de emergência para combater o contágio da COVID-19. Como estudo de caso, os resultados acrescentarão valor aos cursos de gestão e liderança, focando a atenção nas prescrições de governação e na sua aplicação, na forma como as províncias se prepararam para lidar com os efeitos da pandemia COVID-19, bem como numa consideração retrospectiva da eficácia das acções de gestão planeadas à medida que a pandemia se desenrola.

Após a declaração de um confinamento a nível nacional na África do Sul, a Força de Defesa Nacional Sul-Africana (SANDF) foi destacada para apoiar o Serviço de Polícia Sul-Africano. Como Petrus C. Bester, Sonja Els e Laetitia Olivier deliberaram de forma convincente, o destacamento da SANDF como parte do confinamento COVID-19 forneceu um caso único para avaliar a governação em acção. Já que o objectivo do confinamento era "achatar a curva" das infecções, a natureza doméstica da implantação do SANDF e do Serviço de Polícia como Operação Notlela levantou várias preocupações. Os autores ancoram a sua discussão sobre a noção de que a governação é um processo destinado a orientar organizações, públicas ou privadas. Os vários mecanismos associados à governação (participação, descentralização, estado de direito, processo, responsabilização, supervisão, ética e transparência) são usados como um instrumento de diagnóstico para analisar este caso. Com base no pressuposto de que a governação e o direito estão interligados, o estudo examina a Constituição sul-africana como a lei suprema do país que fornece o quadro legal para todas as instituições legais e políticas e políticas subsequentes. A análise confirma a legalidade do destacamento, mas identifica algumas deficiências relacionadas com os mecanismos directivos para governação. São feitas várias conclusões e recomendações e lições interessantes podem ser extraídas deste estudo de caso.

Apesar da natureza global da pandemia da COVID-19, esta teve um impacto severo nos cidadãos de todo o mundo através da forma como trabalhavam, do modo como os serviços eram prestados e do seu impacto em termos de género. Três estudos de caso discutem intensamente esta questão com referência a grupos vulneráveis, especificamente em relação a mulheres pobres na África do Sul, prestação de serviços como água e saneamento aos cidadãos, bem como o efeito da COVID-19 na organização de trabalho no serviço público sul-africano.

Motlagabo Gladys Matseke compara o abastecimento de água e serviços de saneamento em áreas urbanas e rurais durante a crise da COVID-19. O acesso a água limpa e saneamento adequado é especialmente importante durante o estado de desastre nacional do coronavírus, onde o uso da água é central para a higiene constante das mãos na prevenção da propagação do novo vírus. Este estudo de caso incide no fornecimento de água limpa e saneamento no Limpopo e Cabo Oriental como províncias predominantemente rurais em comparação com Gauteng e Cabo Ocidental como províncias predominantemente urbanas. Parece haver um melhor acesso à água e saneamento durante a crise da COVID-19, tanto nas províncias predominantemente rurais como nas prevalentemente urbanas. Isto deve-se ao fornecimento e distribuição de tanques de água, camiões, e material de higiene pelo Departamento Nacional de Água e Saneamento a ambas as áreas; em grande parte determinado de acordo com o local de maior necessidade. Alguns desafios também foram observados tanto em províncias predominantemente rurais como urbanas; com ambas as áreas a necessitarem de atenção. Os esforços, compromisso e colaboração entre as esferas de governo nacional, provincial e local, incluindo entidades provinciais de água, para assegurar o abastecimento de serviços às comunidades carenciadas, devem ser sustentados para além da crise da COVID-19.

À medida que a pandemia COVID-19 se desdobrava, tornou-se rapidamente evidente que as mulheres negras pobres permaneciam em maior risco. Nitasha Ramparsad analisa as famílias multi-geracionais chefiadas por mulheres empregadas; examinando o possível impacto da COVID-19 nas famílias de idosos que recebem subsídios, e como uma familia será afectada por uma doença no seu seio, do ponto de vista patrimonial, níveis de violência doméstica e de pobreza. São discutidas as mulheres negras pobres da classe trabalhadora, tais como domésticas ou amas ou as que trabalham no sector informal (incluindo vendedoras), com referência à sua experiência durante a pandemia. O alívio proporcionado pelo Estado às mulheres negras pobres é também explorado em termos de acessibilidade. O artigo é baseado em pesquisa no ambiente de trabalho e refere-se à cobertura por parte da imprensa durante o confinamento a níveis 5 e 4, respectivamente. As recomendações centram-se numa resposta inclusiva à situação das famílias negras pobres durante uma pandemia. As questões espaciais nos bairros e povoados informais criados pela necessidade de distanciamento social são analisadas em termos do legado do apartheid. O artigo conclui com possíveis intervenções amplas do Estado no sentido de dar uma resposta mais holística especificamente às mulheres negras pobres na África do Sul.

Como a Jacqueline Nkate sublinha numa contribuição informativa, a pandemia da COVID-19 mudou a forma como as pessoas trabalham, interagem e se comportam. Ela analisa o efeito da pandemia na organização do trabalho no serviço público sul-africano, para identificar as práticas e ferramentas que foram implementadas em resposta à pandemia, as quais podem ser adoptadas após a COVID-19 para melhorar a eficiência. O estudo revelou que a pandemia afectou a forma como o serviço público funciona; o que exigiu uma revisão das políticas, práticas e sistemas existentes e, em alguns casos, o desenvolvimento de novos. Para dar uma resposta adequada à pandemia, o serviço público teve de implementar controlos administrativos em matéria de gestão de férias (baixas); organização flexível do trabalho; aquisição de recursos humanos; e a prestação de serviços de primeira linha. As

práticas identificadas, que podem ser adoptadas no serviço público pós COVID-19, estão em relação a flexibilidade no trabalho, a utilização de tecnologia, a gestão de dados, o desenvolvimento de quadros regulamentares relevantes e a optimização dos processos empresariais.

Os quatro artigos de parecer de opinião interessantes publicados nesta edição fornecem uma visão das experiências relevantes de vários países e destacam alguns dos elementos relacionados com o impacto duradouro da COVID-19 em África. Patrick Tandoh-Offin e Wisdom Kofi Adzakor indicam como um período difícil, como o provocado pela pandemia da COVID-19, expôs os limites do populismo político e do nacionalismo paroquial. No seu artigo de opinião, Samuel J. Ngale indica que, no meio da pandemia, os termos "caos", "acaso" e "esperança" melhor descrevem o estado de espírito da maioria das pessoas em Moçambique, uma vez que sentem muita incerteza sobre a natureza e o âmbito da pandemia. Num artigo de parecer de opinião intitulado "Rehumanizar o serviço público e uma resposta à COVID-19: Onde está a Escola Nacional de Governo?", Kedibone Phago e Sibusiso Vil-Nkomo lembram-nos que ao determinar a realidade actual em tempos tão difíceis, os funcionários públicos precisam de apreciar a sua interligação com o público numa democracia bem gerida. O artigo de opinião final, sobre "Combater a desigualdade social pós-COVID-19 entre os alunos das escolas primárias e pós-primárias no Uganda", leva-nos de volta ao impacto da COVID-19 na educação e indica que, na gestão da educação, os governos devem apreciar os antecedentes sociais dos alunos, reflectir sobre os ambientes de aprendizagem, examinar devidamente a viabilidade dos pacotes de ensino, e envolver-se activamente com as partes interessadas para chegar a decisões políticas exequíveis.

Finalmente, na era da informação, o acesso rápido e fácil a dados fiáveis é uma vantagem tanto crucial como aceitável. Para orientar os investigadores e leitores em tais esforços, Mmakwena Molala fornece uma revisão, comparação e análise útil de várias bases de dados internacionais no domínio de conhecimento sobre a COVID-19. É de salientar o facto de a maior parte da informação nestas bases de dados ser gratuita e frequentemente disponível em várias línguas. A fim de tomar medidas, precisamos de conhecer e compreender. Talvez este volume possa contribuir de uma pequena forma para tal.

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THE NEXUS BETWEEN PUBLIC ADMINISTRATION AND DISASTER MANAGEMENT:
A CASE OF COVID-19 IN SOUTH AFRICA

Johnny Masego Pietersen[1]

INTRODUCTION

Any legitimate government must keep the public safe from natural and man-made disasters. Governments in a functional state are a part of the executive branch (Venter 2011: 83), which is contextually responsible for public policy. The legislature, executive and judiciary branches of the state exist with relative independence for the separation of powers in policymaking and implementation and evaluation. According to Pyper (2015:14), public administration is an organisational setting of government. Simply put, public administration is the domain of public policy. Hence, the pertinent public institutions in collaboration with relevant stakeholders facilitate and implement public policies on disaster management. The health outbreak caused by the coronavirus necessitated policy readiness and institutional responses to manage its impact.

This article analyses the South African policy response to COVID-19, as a disaster with a particular focus on the role of public administration. In so doing, the role of public administration is chronicled through relevant policies on disaster management. Essentially, this article will follow a three-fold approach to navigate this nexus of public administration and disaster management. First, the initial sections conceptualise COVID-19. Second, the concepts of public administration (discipline) and public administration (practice) are explained in the context of theories and the function of disaster management. Third, the sections are dedicated to analysis of institutional arrangements on COVID-19 at international and national levels, resulting in the conclusion and recommendations.

METHODOLOGY

The methodology is qualitative, with a case study approach. Since qualitative research is premised on analysing lived experiences, case studies facilitate a needed immersion in a phenomenon (Fouché and Schurink 2011:320). A public policy must be effectively and efficiently applied in times of natural and human-made disasters. The research problem is on the effectiveness and efficiency of public administration in implementing policy on the management of COVID-19. Similarly, a research question enquires on how the related public policies assist with managing COVID-19 as a disaster in South Africa.

THE NATURE OF COVID-19 AS A DISASTROUS PANDEMIC

The World Health Organization (WHO) informed countries that it had received reports on 31 December 2019 about several cases of unknown pneumonia in Wuhan city of Hubei Province in China (Harapan *et al*. 2020: 668). These cases had been reported since 8 December 2019, and many of the patients worked at or lived around the Seafood Wholesale Market. On 7 January 2020, this pneumonia-like disease was

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identified as novel coronavirus with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and ultimately named coronavirus disease 2019 (COVID-19) by the WHO on 11 February (Harapan *et al*. 2020: 668). Eventually, the WHO declared COVID-19 a pandemic on 11 March 2020 (Lindeman *et al*. 2020: 1).

"Coronaviruses are single-stranded RNA viruses belonging to the family *Coronaviridae* that can cause various diseases with enteric, respiratory, hepatic and neurological symptoms" (Kang *et al*. 2020: 1). Coronaviruses have infected animals like cattle, camels and snakes (Malik *et al*. 2020: 68) and were first identified in humans in 1960. Scientific interest increased when in 2002 – 2003, 2003 the Severe Acute Respiratory Syndrome (SARS-CoV), caused 774 deaths out of 8 000 infections. In 2012, the Middle East Respiratory Syndrome (MERS-COV) had a higher mortality rate, with 919 out of 2 521 cases (Malik *et al.* 2020: 68). By 30 August 2020, COVID-19 had exceeded the abovementioned outbreaks considerably, as more than 25.9 million cases were recorded, with 847 126 thousand deaths but more than 17.5 million recoveries (Worldometers 2020).

COVID-19 shares the same genome with the bat-derived SARS-CoV and MERS-CoV, hence an investigation of bats as the potential original hosts (Kang *et al*. 2020: 2). In this regard, the author states three reasons that rule out a direct transmission to humans by bats: (i) no bats were for sale at Huannan Seafood Wholesale market, (ii) the related bats in the area do not match the genetics of those that could have caused SARS-CoV and MERS-CoV, the 'relatives' of COVID-19, and (iii) the intermediaries were found to be civets and possibly camels in the case of SARS-CoV and MERS-CoV (Harapan *et al*. 2020: 668). In contrast, the authors do not rule out direct transmission by bats since in Bangladesh, the Nipah virus does not need an intermediary to move from bats to humans as it can be contracted by drinking date palm sap.

The symptoms of COVID-19 are fever, cough, myalgia, fatigue, headache and diarrhoea, but the gastrointestinal symptoms are not as common in COVID-19 as they are in MERS-CoV (Sifuentes-Rodríguez and Palacios-Reyes 2020: 47). Another symptom is shortness of breath, resulting in patients needing oxygen supply. The WHO clarifies that symptoms that are less common are aches, nasal congestion, headache, conjunctivitis, sore throat, diarrhoea, loss of taste or smell, skin rash or discolouration of fingers. The elderly and people with underlying medical problems (comorbidities) such as high blood pressure, diabetes, heart problems and cancer are at a higher risk of developing illness (Harapan *et al*. 2020: 669*)*. It is positive that the infected people can recover from COVID-19 (Dheda *et al*. 2020: 7).

Asymptomatic infections were confirmed, indicating that people with no symptoms could infect others (Sifuentes-Rodríguez *et al*. 2020: 50). But, there is a challenge with recording asymptomatic cases and the mild infections in the absence of testing the virus (Farouzesh *et al*. 2020: 4613), which makes costly testing important for controlling COVID-19 infections. Prophylaxis is problematic as the coronavirus is regarded as dangerous and insidious and can easily be transmitted, even through contaminated surfaces (Biccard 2020: 62).

The aforementioned pandemic nature of COVID-19 illustrates its potential for disastrous impact on societies. COVID-19 has the potential to overwhelm health systems and economies (Chin *et al*. 2020). In this regard, South Africa approaches COVID-19 as a disaster due to its potential impact on all facets of society. Section 1 of the Disaster Management Act, No 57 of 2002, defines a disaster as an instant natural or human-caused occurrence which is beyond normal coping mechanisms as it disrupts, threatens or cause death, damages property, infrastructure and/or environment (RSA 2002). The characteristics of a health pandemic include the rapid nature of infections, the severity and death rate as well as the extent

to which lives and systems are disrupted (Harapan *et al*. 2020: 668). Both a pandemic and a disaster share characteristics of disruption of lives and livelihoods beyond coping mechanisms.

PUBLIC ADMINISTRATION AND DISASTER MANAGEMENT

Public administration

Public administration as a discipline and practice has evolved through four overarching models (Sicilia, Guarini, Sancino, Andriani and Ruffini 2016: 10-13). The original model is conveniently referred to as the old public administration model, which entails the provision of public services directly to the public through control, vertical hierarchy, strong bureaucracy and the observance of politics-administration dichotomy. The second model is the neo-liberal and market-oriented New Public Management (NPM), which reiterated the delivery of public services by outsourcing provision to private companies. The third model is new governance, which is premised on the relationship between public organisations and the public, civil society, communities, international organisations and other stakeholders. This model acknowledges the facilitation role of politicians. The fourth model – and the current theoretical dominant model – is coproduction, which implies provision of public services in collaboration with non-governmental institutions with an intention to co-create value.

Theoretically, public administration is eclectic in nature, as it draws some influences from various other disciplines such as political science and sociology (Zürn; Wälti and Enderlein 2010: 1; Thoenig 2007: 88, Miller and Fox 2007: 4). Raadschelders (2011: 125) concurs that Public Administration is multidisciplinary and interdisciplinary, for example, public personnel management uses behavioural psychology and decision-making theory from the rational choice theory in economics. Furthermore, Thornhill and Van Dyk (2010: 97) conclude that public administration is an applied science that is informed by any theory that is pertinent to the practice of public administration. The drawing of episteme from other disciplines enhances the comprehensive nature of public administration. To this end, the regulatory context of public institutions is varied and inclusive of all policy positions that are pertinent for any legally assigned key function.

The practice of public administration, in the form of public or civil service, reflects its multi-sectoral nature through various experts, specialists and competencies (Uwiyeyimana and Basheka 2017: 4). Klijn and Snellen (2009: 17) concur that the public policy environment requires multiple actors. Thus, disaster management is a complex environment as it operates with multiple actors in inter-jurisdictional engagements. In South Africa, a disaster management function is a concurrent function between national and provincial spheres of government in accordance with schedule 4 (Part A) of the Constitution of South Africa, 1996. Operationally, the management of health disasters like COVID-19 require various service providers; such as doctors, nurses, virologists, medical scientists, pharmacists, human resource managers, politicians and law enforcement services.

All of these service providers and experts need public policy guidance. This policymaking is coordinated at political and administrative levels (Cox and Haruna 2018: 66) and such policies are usually communicated by heads of the executive arms of governments, by provincial and national ministers as well as municipal mayors. The regulatory space, with inherent contestations and cooperation among disparate actors, reflects complexity. As such, in the course of implementing policies to manage disasters, public administrators have simultaneously managed political mandates and societal expectations, and organised civil society and pressure groups.

Public administrations may use different delivery models (Besley and Ghatak 2007: 127-139). In combating COVID-19, public administration actors have to apply a service delivery model that is pertinent for disaster management. According to Fox and Meyer (1995: 118), service delivery entails the governmental provision of tangible and intangible public goods. Public servants epitomise a bureaucracy (Raadschelders, Vigoda-Gadot and Kisner 2015: 154); implying that they are actors in public institutions. Koppel (2011) cited in (Frederickson, Smith, Larimer & Licari 2016: 243) asserts that public administration should discard the myth that public services are only provided by governmental institutions. It is on this basis that public administration has evolved with the incorporation of private institutions and non-governmental organisations to provide public services.

Globally, there is dissatisfaction with governmental performance (Breakfast, Bradshaw, and Nomarwayi 2019: 110). Public services can be ineffective (Thornhill 2011: 54). In essence, poor public services are indicative of a failure of public administration. In cases where a trust deficit exists between public administrators and the citizens; there is a high possibility of tensions and lack of cooperation. A lack of cooperation by the public in a disaster situation results in the insufficient adherence to life-saving measures and directions.

PUBLIC ADMINISTRATION: THEORETICAL DISPOSITIONS ON DISASTER MANAGEMENT

The theories for policy connection between public administration and disaster management are drawn from issues of governance, collaboration, complexity, and the multiplicity of actors as well as jurisdictions.

Interdependency theory

The interdependency theory postulates that governance networks can facilitate cooperation between a number of strategic and independent actors who are mutually dependent on each other (Sørensen and Torfing 2007:98-99). The actors from all sectors have mutual relations that lead to sharing of knowledge, innovation, formal authority and funding through a practice called resource pooling (Sørensen *et al*. 2007: 100). Poor coordination on projects is the normally result of a failure by network actors to recognise mutual dependency (Sørensen *et al*. 2007: 101). The interdependency theory is crucial in disaster management as it has potential to affect the collaboration to offset possible challenges with all forms of resources.

Governmentality theory

According to Dean (1999) and Foucault (1991), governmentality means collective actions to galvanise government and its public administration to enhance the living conditions of the citizens (Sørensen *et al*. 2007:106). Michel Foucault's notion of governmentality espoused in 1978 accommodates the network governance model (Triantafillou 2007: 185-197). In public administration, therefore, government institutions in the public sector can benefit from the required formal and informal networks as well as rationality.

The notion of network governance is critiqued for its lack of legitimacy as it has the propensity to provide limited participation by the public on policy matters (Børzel and Panke 2007: 164). Although Max Weber concluded that obedience is derived from self-interest, legitimacy and fear; legitimacy is the only factor that can sustain a relatively long political stability (Børzel *et al.* 2007: 159). These authors imply that fear and coercion cannot maintain political stability. Instead of coercion,

governmental institutions, including public administration, should rather increase democratic means like the observance of accountability and inclusiveness (Børzel *et al*. 2007: 165). Any challenge such as the level of legitimacy is a crucial part of a discourse, especially during planning phases, to ensure a collective policy approach among the relevant networks as espoused by a governmentality theory.

Collaborative governance theory

The many actors who are involved in the policy space of governance need to collaborate for success. Collaborative governance theory entails processes and structures used for public policy decisions that include institutional and individual actors beyond the confines of public administration (Emerson, Nabatchi and Balogh 2012, cited in Frederickson *et al.* 2016: 242). Essentially, in policy matters, public organisations have to involve the private sector, experts, civic organisations and the public in general. Overall, the collaborative governance theory proposes internal and external collaboration and cooperation.

Whole of Government concept

Efforts to increase coordination, integration and collaboration in the entire institutional context are characterised as Whole of Government (WoG). WoG is synonymous with concepts like Joined up government (JUG), holistic government, networked government, connected government, cross-cutting policy, horizontal management, partnerships and collaborative public management (Gregory 2003, cited in Christensen and Lægreid 2011: 15). Although it is not simple to attain the Whole of Government (WoG) approach; the successful collaborative working across organisational boundaries can benefit service delivery through well-crafted policies (Christensen, *et al.* 2011: 15). The WoG approach militates against silo approaches but encourages collaborative and inclusive governance models.

Complexity theory

Complexity theory recognises interdependencies among agencies which are internal and external to a system (Klijn, *et al*. 2009: 24). Social systems are inherently complex (Haynes 2015: 25) and in line with complex public administration. Complexity theory is underpinned by policy trajectory that consists of multiple functions, actors, institutional norms and values (Klijn, *et al*. 2009: 24 and Christensen, *et al.* 2011: 22). In view of this, the complexity theory reflects the interdependencies in environments that do not guarantee linear solutions. As such, complexity theory considers policy space that is dynamic, which is a phenomenon befitting disaster management.

Managing public programmes with a mentality of complexity can assist public administration to manage the VUCA (volatility, uncertainty, complex and ambiguity) situational context (Van der Wal 2017: 3). Hence, organisations must use foresight and scenario planning, to analyse both plausible future outcomes to inform current decisions (Van der Wal 2017: 254). Essentially, public institutions must plan in advance to prepare systems, processes and resources for the management of disasters.

Coproduction and public value theories

Coproduction theory advocates for the deployment of institutional arrangements within and outside public administration to contribute to the delivery of public services (Sicilia, *et al. 20*16: 12). The

authors emphasise that coproduction acknowledges that public institutions do not have to be the only providers of public services. Brandsen and Honingh (2015: 427) posit that voluntary inputs, communities, professionals and organisational officials are elements of coproduction. Alford (2014) and Bovaird (2007) cited in Sicilia *et al.* (2016) reiterate that coproduction involves citizens, volunteers, and non-governmental partners. In fact, the citizens are empowered to determine the nature of services when they create services and products with governmental networks.

If it is intended, coproduction can enhance public value (Brandsen *et al.* 2015: 428). Public value theory by Mark Moore (1995) advocates for stakeholder involvement in public policy and development of public interventions that can benefit citizens (Stoker 2006: 47). Both coproduction and public value theories have resonance with an idea of co-creation. Osborn and Brown (2005) cited in Nemec, Meričková, Svidroňová and Klimovskỳ (2017: 283) link co-creation with innovation in both the public and private sectors with the expressed need to find solutions. Thus, coproduction theories with public value advocate for a direct involvement of government in the provision of a public service, provided non-governmental actors are involved.

Inter-jurisdictional governance theory

The inter-jurisdictional theory postulates about inter-organisational cooperation among actors in various jurisdictions (Frederickson, *et al*. 2016: 241). At the international level, the inter-jurisdictional governance is practiced through the Global Governance Organisations (GGO) (Jonathan Koppel (2008) cited in Frederickson, *et al*. 2016: 241). The United Nations (UN) and WHO are examples of GGOs. Now that the GGOs tend to lack legitimacy to be able to enforce decisions, it is necessary to enhance legitimacy through representation, participation, equality, legislative framework, and openness (Koppel (2008) cited in Frederickson *et al*. 2016: 241). Importantly, the relevant GGOs have the ability to enrich a multi-sectoral approach that is required in disaster management.

INTERNATIONAL DISASTER RELIEF SYSTEM

Public administration of any country requires policy certainty at national and international levels of jurisdiction. The international disaster relief system consists of the UN, private organisations like the Red Cross, development agencies of the donor governments like the United States Agency for International Development (USAID), and the international media (Green 1977, cited in Van Niekerk 2005: 35). The international relief system was established as post-war response to assist countries that were devastated by the Second Wold War (Gunn 1992, cited in Van Niekerk 2005: 34). Consequently, the United Nations Relief and Rehabilitation Administration (UNRRA) was established as the pioneering global organisation for relief assistance towards the end of the Second World War. In 1971, the UN established the United Nations Disaster Relief Office (UNDRO) with an intention to coordinate disaster management better with initial emphasis on natural disasters and subsequent accommodation of man-made disasters (Van Niekerk 2005: 35).

The UN disaster relief system is more legitimate as it applies to all member countries whereas the private and donor governments are reliant on relations between countries. Furthermore, the donor countries' system is negatively associated with self-serving influence on the recipient countries, thus perpetuating a system akin to neo-colonialism. In this regard, the UN relief system is expected to provide policy direction for country-specific disaster management. The Sendai Framework for Disaster Risk Reduction (2015-2030) is the current UN policy to guide countries. The Sendai framework is a product

of a reviewed Hyogo Framework for Action: Building the Resilience of Nations and Communities to Disasters (2005 –-2015). The framework directs countries to reduce risks for disasters by applying inclusive policies.

The WHO is a specialised agency of the UN, founded in 1948, to manage international public health; hence it is also referred to as Global Guardian of Public Health (Da Silva 2020: 563). As such, one of the constitutional principles of the WHO is to encourage national governments to provide sufficient health and social measures for citizens (WHO 2020b). South Africa is a founding member of the WHO but the country's voting rights were withdrawn during the 17th session of the World Health Assembly in 1964 (Dirco 2020). Subsequently, the democratised South Africa was re-admitted for active participation during the 47th World Health Assembly, 2 to 13 May 1994.

MANAGEMENT OF COVID-19: INTERNATIONAL FRAMEWORK

UN and WHO

The UN adopted THE *Sendai Framework for Disaster Risk Reduction 2015 – -2030* to ensure that the 17 Sustainable Development Goals (SDGs) are not jeopardised by any disaster. The most relevant SDG for COVID-19 related issues is on healthy lives and well-being of all people. In addressing disasters in general, the Sendai Framework outlines four priority areas, which are: understanding disaster risk; strengthening disaster risk governance to manage disaster risk; investing in disaster risk reduction for resilience; and enhancing disaster preparedness for effective response and to 'Build Back Better' in recovery, rehabilitation and reconstruction (See Table 1 below).

Table 1: Understanding the UN Disaster risk reduction priorities with benchmarks and Indicators

	UN priorities disaster risk reduction	Some benchmarks	Some indicators
1	Understanding disaster risk	· Policies and practices covering vulnerabilities, capacities and hazards characteristics · Prevention and mitigation and recovery guidelines	· Practical information, Public education and awareness · Cooperation in the scientific and technological communities · Intergovernmental collaboration
2	Strengthening disaster risk governance to manage disaster risk	· Clear visions, plans, guidance and coordination within and across sectors	· Integrated disaster risk reduction through coordination and promotion of quality standards
3	Investing in disaster risk reduction for resilience	· Public and private investments in disaster risk prevention	· Allocated resources, insurance, risk sharing, inclusive policies, social safety net and financial protection · Enhanced resilience of national health systems, livelihoods and ecosystems

	UN priorities disaster risk reduction	Some benchmarks	Some indicators
4	Enhancing disaster preparedness for effective response and to 'Build Back Better' in recovery, rehabilitation and reconstruction	· Further strengthened disaster management	· Improved preparedness and contingencies including early warning systems, multi-sectoral co-operation forecasting and stockpiling materials for rescue and relief activities

The Health Emergency and Disaster Risk Management Framework (2019: 6) of the WHO proposes a comprehensive disaster risk management plan that includes prevention, mitigation, emergency preparedness, response and recovery. Within its health management mandate and resources, the WHO is therefore tasked to manage health outbreaks like COVID-19 and Ebola. The WHO first categorised the disease as a Public Health Emergency of International Concern when there were 98 cases without recorded deaths outside China, and subsequently as a pandemic owing to the rapid increase of infections in more than one country and the possible low level of readiness to respond adequately (WHO 2020a). In doing so, the WHO was mobilising country-specific responses and its own guidance repertoire.

Standardised approach is required to combat a complex situation of disaster management. The WHO directed and influenced countries with standardised terminology like lockdown, pandemic, testing, contact tracing and vaccine to limit confusion, coordinate interventions and counter-measures, and assist with guiding debates, conceptualisation and research. Importantly, the WHO released a *COVID-19 Strategy Update* with five guiding objectives for countries:

- *Mobilise* all sectors and communities to be responsible by owning preventative measures like hygienic hand washing, respiratory etiquette and physical distancing.

- *Control* mechanisms, which entail isolating all cases, tracing, quarantining with humane treatment, and supporting the infected and affected.

- *Suppress* community transmission by applying all preventative measures, including restrictions on travelling.

- *Reduce* mortality by providing appropriate clinical care to the sick and protecting essential workers as well as frontline workers.

- *Develop* a vaccine to manage future infections.

Select country policy responses to the international disaster management framework

According to Farouzesh *et al*. (2020: 3), the WHO approached COVID-19 rationally with its guiding framework and strategies. In contrast, the President of the United States of America, Donald Trump, accused the WHO of two issues: (i) its failure to hold China account for an attempted cover-up of the outbreak, and (ii) misleading the world with inaccurate claims about the coronavirus, which included the earlier conclusion that there is no human-to human transmission; resulting in a lack of support for the US's intended travel ban on Chinese arrivals (Trump: 2020). In this regard, the US suspended its financial contribution to the WHO on 14 April 2020. In a measured response, Dr Tedros Ghebreyesus,

the Director-General of WHO, encouraged member states to focus on combating the virus without politicisation (Ghebreyesus 2020). Similarly, the UN Secretary-General implored political leaders to ensure social cohesion and eradicate hate speech during the pandemic (Guterres 2020).

Although the pandemic is still evolving, current responses by various countries are assessed on the basis of their alignment with the WHO guidelines. Like China and South Korea, Australia reduced infection rates by enforcing travel bans and social gatherings as well as management of its health system (Chin, *et al.* 2020). Although New Zealand has an advantage of a small population and relative geographical isolation; the country extensively controlled borders, restricted social gatherings and acknowledged experts when there were only six cases (Wilson 2020: 282-290).

In Africa, countries applied various responses contextually and such measures include quarantines, curfews, and the closure of schools and markets (Kavanagh *et al.* 2020: 1735). To illustrate this, Rwanda implemented lockdown immediately in a population of 12 million and ensured a universal health care approach while providing food for the needy, while Ethiopia postponed elections but did not implement restrictions on the movement of people. There is low a COVID-19 impact in Uganda with its young population but the prolonged lockdown response has a negative impact on diseases like HIV/AIDS, malaria and maternal health (Bell *et al.* 2020: 2-3). Zimbabwe applied lockdown measures after two death COVID-19 cases, however, the country was insulated from the extreme negative impact of COVID-19 by its less dense transport system, air travel and social gatherings (Katsidzira *et al.* 2020: 1-3). However, one unintended consequence in Zimbabwe was the reduced capacity to respond to emergency medical services for non-COVID-19 illnesses (Katsidzira, *et al.* 2020: 1).

Olofsson and Nygren (2020: 2) report that while other European nations were in lockdown, in Sweden up to 49 people could still gather, and primary schools, restaurants and gyms were operational. The Swedish approach was largely based on personal responsibility, in that citizens were informed but trusted to work from home and self-quarantine if they had comorbidities (Lindeman *et al.* 2020: 1). Notably, Sweden's cases and deaths exceeded those of other neighbouring Scandanavian countries.

According to Pfrimer and Barbosa (2020: 2), Brazil's initial response was ineffective due to President Bolsonaro's denial of the severity of COVID-19, ostensibly to protect the economy. In addition to the ill-prepared health sector in Brazil, the president's intransigence to follow the WHO guidelines resulted in a poor testing repertoire (Da Silva 2020: 563). The US is perceived to have responded late when compared to South Korea as they share the same date of the first confirmed case (Balogun 2020: 14). Although a multi-sectoral approach in the US is commendable; testing and contact tracing in thotspots including New York have not been effective (Chen, Cao and Yang 2020: 2). Consequently, the US and Brazil experienced the highest number of cases as the pandemic evolved. The foregoing indicates that all countries followed the WHO guidelines, albeit with some variations in the extent of lockdown and reopening of their economies.

POLICY MANAGEMENT OF COVID-19 IN SOUTH AFRICA

Policy guidelines

Biccard (2020: 62) argues that South Africa and Africa in general would experience a health crisis owing to their poor public health infrastructure. Following the confirmation of COVID-19, South Africa had to plan in consideration of its weak public health system, significant population with comorbidities, lack

of potable water in some communities and dense informal housing settlements. In response to the disaster, the South African government undertook immediate actions to reduce the rate of infections with the mantra of 'flattening the curve'. The nation's readiness for COVID-19 could significantly reduce the spread of the virus (Zhao *et al*. 2020: 5).

Section 152 (d) of the 1996 Constitution provides for a safe and healthy environment, whereas section 11 in the constitutional Bill of Rights indicates that all people have the right to life. The Disaster Management Act, 2002 (Act 57 of 2002) (RSA 2002) is used to manage the COVID-19 pandemic and is under the auspices of the Minister of Cooperative Government and Traditional Affairs (COGTA). Section 1 of the DMA, 2002, defines disaster management as a continuous and integrated multi-sectoral and multi-disciplinary process of planning and implementation of measures aimed at prevention, mitigation, rapid response and post-disaster recovery, as well as rehabilitation. Based on the Disaster Management Act, No 57 of 2002 (RSA 2002), South Africa adopted a national framework for disaster management in 2005 (See Table 2).

Table 2: Capacity for Risk Management in South Africa

	Risk Management in South Africa	Some benchmarks	Indicators
1	Integrated policy approach	· Intergovernmental Committee (Section 4 of the DMA, 2002)	· Legislation · National Disaster Management Framework (section 6 of the DMA, 2002).
2	Integrated direction and implementation of policy	· National Disaster Management Centre	· Promotion of integrated and coordinated system · Regulations on lockdown, prevention, mitigation and recovery, support for the vulnerable
3	Arrangements for stakeholder participation and engaging technical advice	· National Disaster Management Advisory Forum (section 5 of the DMA, 2002) · Provincial (section 29 of the DMA, 2002) and Metropolitan disaster management centres (section 42 (a) of the DMA	· Early declaration of COVID-19 as a disaster · Clinical strategy and Risk adjustment strategy · Funds for emergency relief according to Public Finance Management Act, 1999, sections 16 and 25 · Budget readjustment-Supplementary budge
4	Arrangement for national, regional and international co-operation	· National cooperation on disaster management and at international, regional levels (Section 6 of DMA)	· UN and WHO frameworks, polices, directives and statements · Joint standards of practice

Institutional arrangements

The institutional arrangements are within the three spheres of government to cater for issues of intergovernmental relations, cooperative government and separation of powers, in accordance with chapter 3 of the 1996 South African Constitution (RSA 1996). The legislature in the national parliament, provincial legislatures and municipal councils conducted virtual meetings to discuss COVID-19 for oversight purposes. At government level, the executive authority (Cabinet) led by the President was the highest structure in deciding on policy matters. Similarly, the executive authorities at provincial and a combined legislative and executive structures at municipal levels provided guidance on policy implementation mechanisms.

As section 5 (a) of the DMA, 2002 provides only three months for a disaster period, the state of disaster had to be extended in accordance with section 5 (c) of the DMA, 2002. To implement disaster management, government had to develop regulations and possible fines in accordance with the chapter 8 of the DMA, 2002. Moreover, multiple actors were mobilised by the disaster management frameworks across all spheres of government as per the DMA, 2002. In addition to the regulations, the relevant ministers could issue directives on behalf of public service departments. The nature of COVID-19 placed greater significance on the portfolios of health, cooperative government and traditional affairs, economy, labour and education. Provincial administrations also accounted for specific jurisdictional issues in provinces as well as municipalities.

The National Institute for Communicable Diseases (NICD) is a South African public health institute supporting government's response to communicable diseases nationally (NICD 2020). The NICD contributes to policies and programmes on infectious diseases like COVID-19 by means of public health research. As such, NICD works closely with the Department of Health and other stakeholders. Clinically, the NICD produced a document entitled *Clinical management of suspected or confirmed COVID-19 disease, Version 3*. on clinical management that entails eight stages, defined by preparation, primary prevention, lockdown by restricting the movement of people, testing and active case tracing, management of hotspots and cluster outbreaks, medical care, management of bereavement and support and ongoing vigilance (Department of Health: 2020).

Strategies, operations and public responses

Activities relating to policy implementation ensued, in line with the aforementioned institutional framework. On 15 March 2020 when there were 61 cases with no reported deaths, South Africa classified COVID-19 pandemic a national disaster in accordance with section 26 and 23(8) of the DMA, 2002. Moreover, the president announced that the National Coronavirus Command Council (NCCC), chaired by the President, had been established to coordinate government's response to the pandemic. Interestingly, the President mentioned that the NCCC would consist of, among others, the Inter-Ministerial Committee (Speech of the President, 25 March 2020). It was not clear who the other members of the NCCC were. All nine provinces operated with the Provincial Command Councils (PCCs).

A nationwide lockdown was declared on 23 March 2020 to commence on 26 March 2020 and end on 16 April 2020, with severe measures to contain the spread of the virus (Office of the President 2020). The regulations issued in terms of section 27(2) of the DMA, 2002 on 18 March 2020 stipulated drastic measures which included people being confined to their homes, working from home except for essential workers; the closure of educational institutions, the prohibition of outdoor exercise, the sale

of essential items in grocery stores only and a ban on tobacco and alcohol. In fact, alcohol was only produced for the manufacturing of hand sanitisers. The lockdown was extended to 30 April 2020 as continued containment of the pandemic was still required.

The hard lockdown was downgraded on 01 May 2020 from level 5 to level 4 in accordance with concomitant regulations issued on 29 April 2020. The eased measures in lockdown level 4 regulations allowed critical civil and construction work, veterinary services, refuse removal, social work services, 100 per cent coal production for electricity producing Eskom, limited mining, restricted exercising from 6am to 9am, a curfew between 8pm and 5am and agricultural food production to ensure food security.

The president's speech about the easing of restrictions from 1 May 2020 introduced the Risk Adjusted Strategy (RAS) with its five levels (Ramaphosa 2020a). This implied that South Africa was being moved from level 5 to 4 with effect from 01 May 2020. The RAS is explained in Table 3 below:

Table 3: The South African Risk Adjusted Strategy

Risk Adjusted Strategy level	Explanation	Assumed conditionality	Period of implementation
Level 5	Drastic measures to contain the transmission of the virus	High virus spread and low readiness	26 March to 31 April 2020
Level 4	Extreme measures to limit community or cluster transmission and allowing some activities to resume	High virus spread and low moderate readiness	1 May to 31 May 2020
Level 3	Restrictions on many activities	Moderate virus spread with moderate readiness	1 June
Level 2	Physical distancing and restrictions on leisure and social activities to prevent a resurgence of the virus	Moderate virus spread with high readiness	18 August 2020
Level 1	More activities can resume, including unlimited unrestricted human movement, with precautions and health guidelines	Low virus spread and high health systems readiness	- - -

This announcement of a RAS when the country was completing the hard lockdown indicates that government's planning was not systematic as the country was not informed about the five levels initially. De Coning, Cloete and Burger (2018: 199) assert that policy implementation involves multiple actors and other complex contexts; resulting in a chaotic and non-linear means of delivering programmes and projects. In defence of government and public administration, policy management during a pandemic may seem chaotic due to the swift decisions and actions required.

The NCCC became controversial, especially during level 4 of lockdown. Eight private citizens applied to the Western Cape High Court to have the lockdown regulations and the NCCC declared unconstitutional (News24, 26 June 2020). The main concern was that the NCCC has usurped the powers of Cabinet and is legally invalid. The Democratic Alliance (DA) sought clarity on the role of the NCCC by means of

a parliamentary question. In response to a parliamentary question on 10 June 2020, the President mentioned that the NCCC is a committee of Cabinet, established to advise on COVID-19 but that final decisions are taken by Cabinet (Ramaphosa 2020c). In the end, the Western Cape High Court dismissed a court application on 26 June 2020 on the basis that the courts cannot prescribe policy to government and it could not be proven that the regulations were not constitutional. Importantly, when awarding costs to all parties, the judge concluded that initially the role of the NCCC was confusing.

The Minister of Defence informed the parliamentary committee on defence that the Military Ombudsman ruled against the South African National Defence Force (SANDF) in a probe about the death of Mr Collins Khoza on 10 April 2020 (The Times 2020b). In it, the report rules that the four soldiers of the SANDF contravened their code of conduct when they acted against Mr Khoza, whom they primarily accused of breaking the alcohol restrictions under the level 5 lockdown. Among other contraventions, the soldiers entered the Khoza household unaccompanied by the Johannesburg Metropolitan Police Department and the South African Police Service as required by the rules of engagement. In fact, the SANDF is tasked to provide support to the national and metro police only. Moreover, the security forces were not expected to use excessive force when during lockdown. Against this background, the report recommends disciplinary measures against the platoon leader and other soldiers. Meanwhile, the family intended to proceed with a court case.

The government, through public administration, continued to implement the strategy evidenced by movement to level 3 of lockdown from 1 June 2020 (Ramaphosa 2020b). These level 3 regulations, which were issued on 28 May 2020, entailed further easing of lockdown regulations and related specific directions which included travelling for work, exercising at any time of the day but not in groups, the mandatory use of face marks and a concerted targeting of hotspots of cluster infections. Although interprovincial travel remained banned, people were allowed one-way travel from other provinces for work purposes. Alcohol was sold from 9am t0 5pm from Monday to Thursday every week.

Tobacco remained banned as part of the strategy to save lives and relieve the health facilities (The Times 2020a). This continued ban of tobacco trading from level 5 of lockdown led to litigation by the Free Trade Independent Tobacco Association (FITA) and British American Tobacco South Africa (BATSA); more or less arguing that the WHO did not ban smoking for COVID-19 and that the ban has increased the sale of illicit cigarettes. The High Court in Pretoria ruled against FITA on the basis that cigarettes are not essential and tobacco is addictive (High Court 2020). Even though FITA was subsequently granted the right to appeal, on 26 August 2020, they settled with the Minister of CoGTA. The settlement may have been influenced by the unbanning of tobacco sales on 18 August 2020 and an understanding that the Minister of CoGTA would practice a public participation process before implementing a similar restriction (Businesstech 2020). The BATSA case was heard from 05 August 2020. Thus, the full outcomes of both cases are still pending.

On 5 May 2020, the Tebeila Institute of Leadership, Governance and Training lost a case against the opening of schools by the Department of Basic Education on 01 June 2020 (Department of Basic Education 2020). In contrast, the government lost a court case with costs on 1 June 2020 that was lodged by Liberty Fighters Network and Reyno Dawid De Beer. The court declared that level 3 and 4 lockdown regulations do not pass the constitutional rationality test as per section 36 of the 1996 Constitution. As such, the Minister of CoGTA was ordered to review the regulations but the order was suspended for 14 days. Following this judgement, the Minister appealed but the case was not yet concluded by the time the downgrading to lower levels of lockdown occurred.

On 25 June 2020, the government reviewed the level 3 lockdown regulations (Department of Cooperative Government, Notice 43476 2020). A significant change was the prohibition of alcohol again to relieve the health institutions as alcohol-related trauma incidents were burdening hospitals. However, the new level 3 regulations allowed the conditional opening of restaurants for sit-in, personal care business like salons, cinemas and casinos as part of the gradual reopening of the economy.

The evolution of the pandemic worsened socio-economic problems like poor economic growth, abuse of women and corruption. Unemployment increased in the first quarter of 2020 from 29.1 per cent to 30.1 per cent, and the economy continued a consecutive quarterly decline when Gross Domestic Product (GDP) fell by 2% in the first quarter of 2020 (Statistics South Africa 2020). One policy response to emerging socio-economic problems was a review of the country's budget. In the supplementary budget speech, tabled in Parliament on 24 June 2020, it was predicted that South Africa would experience a 7.2% economic contraction, which would be the largest in 90 years (Mboweni 2020).

On 17 August 2020, South Africa moved from Level 3 to level 2 of lockdown on the basis of the declining number of new confirmed cases from 12000 per day to 5000 per day as well as the improved recovery rate at 80% with resultant reduced pressure in health care facilities (Ramaphosa 2020d). The highlights of eased regulations included the unbanning of inter-provincial travel permitted domestic leisure travel, gyms reopening with conditions, the lifting of restrictions on tobacco sales and of the suspension of alcohol, with some restricted hours and days of sales. In line with the need to continue with caution, the banning of big gatherings exceeding 50 people remained.

The aforementioned litigation and late communication of RAS represented a shift in public support. Zhao and his co-authors (2020: 5) argue that in South Africa, the public has been positively responsive to government's measures to combat COVID-19. The measures that were undertaken for level 5 by the government of South Africa were initially supported by all political parties, as evidenced by unified messages when the President met with leaders of the opposition parties (EWN 2020). Later, the political parties and some sections of society questioned certain policy measures, including the NCCC and tobacco ban and the stoppage of hot food for takeaways from grocery stores owing to COVID-19 being a respiratory disease. The DA advocated for the balancing of saving lives with livelihoods as the economy was worsening. In contrast, the Economic Freedom Fighters (EFF) questioned the easing of measures as they believed that COVID-19 storm was not yet over (ENCA 2020). Overall, differences between political parties and government were heightened over the increased economic slowdown, increased unemployment and other threats to livelihood. All these socio-political differences attested that public policy is the domain of all actors in society when coordinated by public administration.

The required readiness with practical mechanisms to reduce the spread of COVID-19 (Zhao *et al*. 2020: 5) has contributed to South Africa moving from the higher levels to level 2. Policy interventions by public administration were eased by preparedness with the appropriate legislation, the declaration of essential services and a national disaster management framework as fortified by the guidelines from the UN and WHO. The swift implementation of lockdown also contributed to the low mortality rate as well as the high recovery rate despite South Africa having been in the top five in the world with regard to infection numbers. More importantly, public administration was a conducive environment for the coordination of policy on disaster management as it could provide a space for cooperation by multiple actors from various jurisdictions. For any policy mistakes that were committed during the management of COVID-19, the public administration must coordinate the process of policy evaluation. Dye (1995) cited in Rabie and Cloete (2018: 274) defines policy evaluation as a process of determining the consequences of an implemented policy.

CONCLUSIONS AND RECOMMENDATIONS

Public administration is central to the management of COVID-19. It is through public administration that public policies are developed and implemented. More importantly, the institutional arrangements within the public sector are poised to accommodate non-governmental institutions, including citizens and organised civil society. Simply put, the complexity that is inherent in disaster management can be managed by public administration with its public policies and institutions that are geared to engage nationally and internationally. Of practical significance was the availability of the Disaster Management Act, 2002 as a foundational piece of legislation for the management of any disaster (RSA 2002). Importantly, the concomitant National Disaster Management Framework necessitated the inclusive institutional arrangements based on multiple actors, jurisdictions and disciplines.

Public sector institutions, led by executive authorities (ministers) managed the emerging consequences of the pandemic with regulations and directives. Notably, South Africa followed the international frameworks under the auspices of the UN and the WHO. When public administration utilised its disaster management framework, it was easy to locate it within international practice. Some countries that have arguably implemented lockdown late seem to have suffered higher levels of infection rates. In contrast, South Africa is acknowledged as having acted swiftly to contain infections. The effective and efficient implementation of a disaster management policy contributed to progress that led to the easing of measures following the stabilising infection rates and increased recovery rate. There is a general sense that the swift decision to implement lockdown earlier could have contributed to the avoidance of the possible worst-case scenarios of high infections and overwhelmed public health systems.

There are policy failures that could lead to a disconnection between public administration and disaster management. The five-level RAS was arguably communicated late when the country moved from level 5 to level 4; resulting in varied dissatisfaction with the length of the lockdown, the state of the regulations, and consequences for livelihoods. Despite some of the outstanding outcomes of legal challenges and other criticisms expressed against the lockdown regulations, the public administration must evaluate the implementation of the disaster management policy with a specific focus on COVID-19. To inculcate a culture of foresight planning in disaster management, a policy evaluation must be conducted by the Disaster Management Centre in accordance with section 21 (b) of the DMA, 2002. A comprehensive evaluation could pronounce on the fairness of the lockdown regulations and conduct by all actors. Notwithstanding the failures, a connection between public administration and disaster management exists when public policymaking and implementation processes are inclusive of all sectors, disciplines and jurisdictions.

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SUITABLE LEADERSHIP STYLES FOR THE COVID-19 CONVERGED CRISIS

Davy Du Plessis[1] and Charles Keyter [2]

INTRODUCTION

The effects of globalisation were highlighted with the outbreak of the COVID-19 coronavirus pandemic. Almost all countries are affected by this outbreak; leaders globally were faced with one of the biggest crises during the 21st century. As humans operate in a global, dynamic, and interdependent environment, one should remember that any significant negative or positive occurrence may impact, directly or indirectly, the entire global scene. Facing this challenge or any other challenge in future might require a more proactive than reactive leadership that is willing to innovate and modify old patterns of leadership behaviour. Elected national leaders do not operate in isolation, but their actions and decisions are visible and have consequences within a global environment. Enhancing the welfare of citizens globally remains one of the biggest challenges public leaders may face during their time in office.

It has been more than 100 years since the Spanish Flu pandemic and 12 years since the global financial crisis. The Spanish flu (1918 –1919) claimed the lives of more than 50 million people: more than the two World Wars combined (Loayza 2018). The consequences of the latest global crisis, COVID-19, impact local economies, human lives globally, and the international marketplace. The novel SARS-CoV-2 coronavirus that emerged in the City of Wuhan in the People's Republic of China, in December 2019, whereafter the Chinese authorities notified the World Health Organization of an outbreak of a novel strain of coronavirus causing severe illness, was subsequently named SARS-CoV-2. The virus is now known as COVID-19. Coronaviruses are a large family of viruses known that can cause illnesses ranging widely in severity. The first illness caused by a coronavirus emerged with the 2003 Severe Acute Respiratory Syndrome (SARS) epidemic in China and now a second outbreak such a severe illness (Scripps Research Institute 2020). Many factors may affect the successful handling of any crisis within organisations, national economies, and the global economy.

One of the factors that can influence a crisis such as COVID-19 is the leadership style and the approach used by leaders to deal with the crisis. In this regard, the leadership style used in dealing with such a crisis can affect the dealing of the crisis. In the academic literature, various leadership styles have been identified and analysed. However, in dealing with converged crises (social, economic, and political) such as the COVID-19 case, from a leadership perspective, the possibility of combining the strengths of various leadership styles can be considered. Therefore, the purpose of this article is to examine whether an appropriate leadership style consisting of variables from different leadership styles can be combined to create a leadership style that can deal with a crisis such as the COVID-19.

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BACKGROUND

An increasing number of developing and developed countries globally are struggling with the outbreak of COVID-19 and are facing an unprecedented threat to human life, social cohesion, and economic devastation due to the fragile health care systems and socio-economic vulnerabilities. The current COVID-19 pandemic calls for a specific type of leadership, decision-making and action. It requires, more than ever, innovative, and collaborative leadership measures by public leaders globally to contain the spread of COVID-19, which is growing at an accelerating pace, and to mitigate its far-reaching repercussions. Public leadership forms part and parcel of effective public governance. It also embraces governmental and societal approaches, which are essential for countries globally to mobilise actions effectively, efficiently, economically, and ethically at all levels of government, and with the participation of all stakeholders. Stakeholders to be included are the private sector, youth organisations, faith-based organisations, and civil society organisations in solving a crisis such as COVID-19. Global, national, federal, regional, provincial, and local government coordination is essential to deliver services effectively. Against this backdrop, this article will focus on the different leadership styles that may apply to deal with the pandemic.

Defining crisis

According to the Cambridge Dictionary, a crisis is "great disagreement, confusion or suffering" or "an extremely difficult or dangerous point in a situation". The word 'crisis' has been used synonymously with several other occurrences auch as disaster, business interruption, catastrophe and emergency (Herbage 2010). This article opted for the definition of a crisis, as "an extremely difficult or dangerous point in a situation" (Cambridge Dictionary 2020). The consequences of a disaster may impact the external environment of an organisation or a state or globally. As Hart and co-authors (2001) argue, the effects of a crisis are that it may be accelerating rapidly at vast speed and emerge with other emergencies; therefore, the consequences are prolonged. According to Perrow (1999), a crisis can be the result of environmental forces or failure of the technology itself or exclusively from human error. Perrow (1999) further argues that a crisis is the consequences of three factors; namely, threat, surprise, and limited decision-making time.

However, all crises are not the consequences of an existing or new problem or issues (Coombs and Hollady 2012). On 2 December 2014, the then President of the United States of America, Barack Obama warned that follow the Ebola Virus epidemic in West Africa that the world should prepare for a pandemic in the next five years or a decade from now (Obama 2014). Is the blind eye turned on this warning by global leaders not conducive to the high deaths across the globe and the subsequent economic and social problems due to the coronavirus pandemic? The impact of COVID-19 might be mitigated to some extent if action plans were in place, particularly in the health sector. Many other factors or issues depend to what extent the consequences of a crisis may be alleviated.

Moreover, it is important to mention that with the COVID-19 pandemic we are in the situation of a converging crisis because this started as a health crisis, but converged into social, economic, and political crises. Therefore, this crisis might call for a convergence of leadership styles. Hence, this article will look at how existing leadership styles may lessen the consequences of this crisis.

The interface between crisis and leadership

Coombs and Hollady (2012) present an approach to deal with crisis management; they refer to this approach as the three processes approach. This three-process approach can equally apply to leadership. The processes are the pre-crisis (prevention and preparation), the crisis (response) and the post-crisis (learning and revision). It is challenging to predict most crises. Besides, similar crises might not repeat themselves, and the mitigation actions applied to a disaster in the past may not be applicable or practical to apply in a current crisis (Mitroff, *et al*. 1989). The environment changes over time. This change in the environment may be a change, but not limited due to technology, culture, perceptions and habits, as such organisations and countries should make adjustments to resources and capabilities to ensure a timely response to mitigate the crisis (Papalová 2015:448–459). These resources are human, capital, information, and tangible resources.

The first process to deal with a crisis is to develop a crisis plan. This plan should cover the responsibilities, procedures, actions, and communications, and should indicate the time of crisis. Developing a crisis plan takes time and resources. It is, however, time and other resources well spent that in the long run, can save time when the crisis takes place. Time to take decisions to alleviate the impact of a crisis is minimal because if appropriate mitigations are not in place, the impact of a crisis can be detrimental to all.

Nevertheless, unexpected problems can surface due to technologies and databases that have been developed quickly (Sapriel 2003). Also, leaders are sometimes unable to identify warning signals (Regester and Larking 2002). An early warning system provides adequate support for leaders, and control is essential to guide the leaders (Xu, S. 2010). An early warning system provides an immediate forecast by using scientific forecasting methods or by using simple methods.

After a crisis, leaders cannot be inactive and wait for another crisis. Leaders should be ready and prepare for potential crises in the future. The evaluation and adjustment of the procedures and results of crisis leadership are of vital importance. Leaders' constant evaluation of a crisis will help to improve the preparation for the next crisis. The main objective of the audit after the crisis is to identify the lessons learned from the specific 'trigger' event. The daily operations of the organisation or country should incorporate the lessons learned from the past.

Every crisis is a source of learning as Deverell (2009) indicates, and hence a framework based on answers to the following questions can provide direction. Firstly, what does is learn and when does it learn? Secondly, what is the focus of the teachings? Lastly, is learning blocked from the implementation or carried out? Besides, organisations and countries are always under threat from various sources (Deverell 2009). The process of prevention begins with finding the risk areas. Risks are of different types and originate from different situations. Krzikallova and Kuznetsova (2017) simply characterise a risk (financial or non-financial) as a probability or threat of damage, injury, liability, loss or any other negative occurrence that is caused by external or internal vulnerabilities. Pre-emptive action can reduce negative occurrences. All definitions of risk that may lead to a crisis are in agreement that risks have two characteristics; namely, uncertainty, which relates to an event that may or may not happen and lead to a loss, or an event that has unwanted consequences or damages.

The process of crisis management consists of three sub-processes, i.e. prevention, self-realisation in a time of crisis and post-crisis activities. None of these (sub) processes must be underrated. If any of the

processes are not adequately deal with, the entire range of mitigation strategies may fail; leading to disastrous consequences. The outputs of individual processes are related and affect the quality of the follow-up process. Prevention includes various ways to reduce the risk of a crisis. For leaders to ignore the signs of a potential crisis can be detrimental. When the COVID-19 virus was alerted by China to the World Health Organization during December 2019, the reaction of world leaders was divided, and not all could see the severity of this pandemic. Therefore, not all countries had established procedures and resources to minimise the consequences of this crisis. Consequently, many countries were unable to act timeously and effectively because they failed to respond to the warning signs of a potential crisis forming.

LEADERSHIP CHARACTERISTICS REQUIRED DURING A CRISIS

Of note is the contention by Pearson and Clair (1998) that uncertainty and determination are the two factors that characterise a crisis. These two factors impact the capability and effectiveness of leaders to evaluate information and to make the most effective decision(s) in a short time to address the crisis. Billings, Milburn and Schaalman (1980) supports this by highlighting that response uncertainty and time pressure are significant features of an emergency. In addressing these features of a crisis, the question beckons, which type of leadership style or styles would be best suited?

When observing the leadership behaviour of successful crisis leaders, ten critical characteristics emerge according to Rowe (2008). First, leaders should see things as they are. That implies that leaders should anticipate events and their negative impact. Those, as mentioned earlier, require that leaders should have the intelligence to distinguish what is essential to the organisation/ country and not their gain. Second, a detailed strategy based on facts that highlights the possible causes and effects should be in place. This strategy will ensure that the crisis is viewed/approach realistically. Third, many practical plans to solve the crisis should be in place. Through a brainstorming exercise, practice plans can be compiled, without a pre-approach of the leader that may, in their opinion, be the best.

Fourth, leaders should take ownership of the solution, even it may be not their preferred approach to deal with the crisis. The decision-making process can be executed. Leaders can take decisions only when they familiarise themselves regarding guidance from experts in the specific field(s). An effective leader will use a combination of real-time data along with his/her inherent wisdom built on years of leadership experience. Subsequently, leaders should communicate the decision to all stakeholders in such a way that all the stakeholders take ownership of the decision. This will ensure that all stakeholders work tirelessly to ensure organisational resistance does not impact the effectiveness of the decision. Fifth, leaders should understand that the ownership, contributions, and involvement of all stakeholders are essential to ensure the sustainability of the solution, to the benefit of all in the long term and if a similar future crisis may occur (Rowe 2008).

Sixth, leaders should avoid only listening to advice from those who share their opinions regarding possible solutions. An effective leader in a crisis should listen to those who have different opinions and views regarding solutions. In an emergency, it is worth mentioning that it is sometimes not practically possible to listen to a specific elite minority opinion but to take a stance on a decision that will be for the good of all stakeholders. The next quality of an effective leader in a crisis is that a leader should be positive, calm, and brave. The leader must realise that his/her followers are looking up to him/her for information and realistic hope for the future. Besides, they decide for the good of the majority even if it is not the most popular decisions/actions.

The seventh characteristic of a leader in a crisis is that the leader takes the risk to address the crisis. A disaster may confront a leader with a situation or situations that they never encounter or a lack of experience or knowledge to address or solve the crisis. The uncertainty may force a leader to take a decision or action about an emergency, never happened in the past, where there is no action regarding a similar crisis in history that may guide the decision. An effective leader in an emergency, however, is prepared to take a calculated risk to address the crisis. The second last quality of a leader in a crisis is that the leader may not have all the required information to decide. An effective leader will decide because of a decision on how imperfect it may be better than no decision. Besides, an effective leader will be aware that the decision taken, prior to implementation, may be altered as new information becomes available, or the crisis may worsen. Lastly, leaders that take actions to the benefit of the majority should consider the risk associated with the decision may make a mistake regarding the choice of the decision to mitigate the impact of a crisis (Rowe 2008). The risk is, however, vital that when a leader makes a mistake, with or during the execution of a decision, they should acknowledge it.

SCRUTINISING LEADERSHIP STYLES TO DEAL WITH A CRISIS

What type of leadership style (s) is/are then required prior, during and after the crisis? There is no specific leadership style that may address a crisis because each leadership style has its own strengths and weaknesses. Due to the lack of traits of a specific leadership style, the form of leadership required, for a converged crisis, can be developed by borrowing from the traits of different leadership styles. In this regard, elements of the transformational, transactional, servant, democratic and autocratic leadership styles can be used to deal with a crisis. Some traits of an autocratic leadership style can be beneficial during the reinforcement of strategies agreed upon during the pre-crisis stage, while some of the traits can be effective during the pre-stage and post-stage of a crisis.

A crisis consists of three stages: the first stage is the pre-crisis stage, also known as the prevention stage. The second stage is the crisis response stage, where leaders need to continually communicate on how to deal with the crisis at hand. The last stage, where stocktaking takes place regarding the crisis, is known as the post-crisis stage. Table 1 below represents the various stages in a crisis and the actions required in each stage.

Table 1: The Stages in a Crisis and Actions Required

Stages	Stages and requirements from leadership during each stage	Actions required during stage
1	**Pre-Crisis:** Known as the prevention stage	Environmental scanning may mitigate the consequences of a crisis.
		Preparation involves creating the crisis management plan that is updated at least annually.
		Selecting and training the crisis management team.
		Pilot testing the crisis management plan and crisis management team and adjusting these if needed.
2	**Crisis Response:** Communicate the crisis to all stakeholders. Be honest about all the consequences, if known, without a negative attitude	What do leaders do and how do leaders communicate the crisis when it hits?
		How is the initial crisis response executed?
		How what and when the reputation repair and behavioural intentions are addressed.
3	**Post-crisis:**	A crisis is no longer the focal point of management's attention but still requires some attention.
		Reputation repair may be continued or initiated during this phase, according to the adjusted crisis plan in place.
		Important follow-up communication is required; namely, to provide additional information promised during the crisis phase. The follow-up communication depends on the information promised during the crisis and the timeframe to put the promises in place. Second, organisation or country leaders need to release updates on the recovery process, corrective actions, and investigations of the crisis.

Source: Coombs 2006.

To deal with the various crisis stages, appropriate leadership traits are of critical importance. In this regard, Figure 1 provides a breakdown of the various leadership traits needed to address a crisis. Once again, the figure represents the three stages; namely, the pre-crisis stage, the actual crisis stage and the post-crisis stage. This model suggested to deal with leadership during a crisis is based on traits borrowed from transformational, transactional, autocratic, democratic, and servant leadership models.

Figure 1: Leadership Traits Needed to Address a Crisis
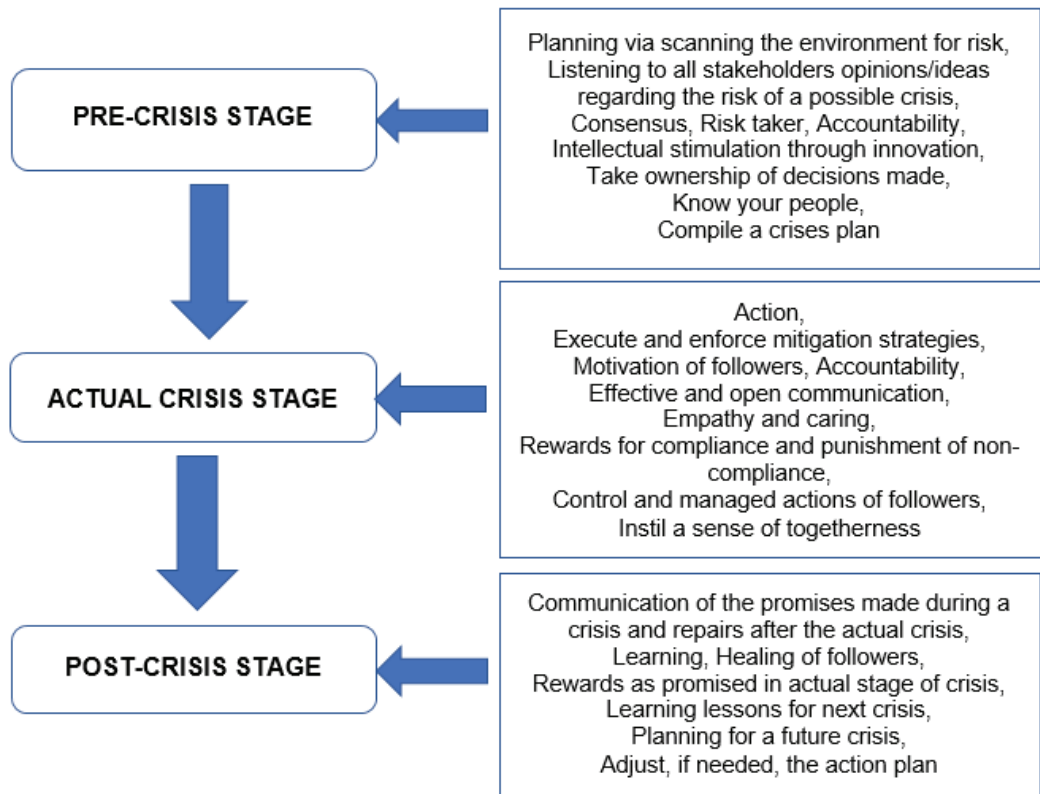
The next section will offer reasons for the traits borrowed to develop this model.

Transformational leadership style

As Kelly (2005) argues, the most effective leadership style in a time of crisis is transformational leadership because transformational leaders react speedily to change during an emergency. As Bass (1985) claims a transformational leader has qualities that may address a crisis and set off some of the negative consequences of a crisis. The first quality of a transformational leadership style is the idealised influence of leaders on their followers. As a role model for their followers, transformational leaders should set the example regarding core values, convictions and ethical principles that may apply during a crisis. Through this example, the leader build trust among his/her followers and in return, enhances their confidence in the leader. As the saying goes, 'lead by both action and example.' In the current COVID-19 pandemic, leaders' actions should be based on standards set. After the actual crisis has passed, leaders should keep to promises made and information promised during the actual crisis stage, which will ensure that followers regain trust in their leaders.

Secondly, inspirational motivation and the ability of the leader to inspire confidence, with the leader having the strength to enthuse confidence, motivate, and stimulate a sense of purpose amongst followers. To achieve this, the leader should effectively and openly communicate all information with

his/her followers; reminding them of the vision for their organisation or country in the case of a crisis. This trait is of utmost importance during the crisis response stage. It is, however, essential to note that in an emergency, leaders should not demotivate their followers; that is why the leader needs excellent communication skills. Besides, the leader should display the following important behaviours and attributes: continued optimism, enthusiasm, and the ability to point out the positive, that is of crucial importance to ensure that the morale of followers is not decreased due to the crisis. These behavioural attitudes of leaders, in the current COVID-19 pandemic, are vital; not only for economic reasons, but also for social and personal reasons.

Thirdly, as Bass (1985) states that intellectual stimulation, creativity, and autonomy among their followers should be encouraged and embedded in an organisation, country, or global context culture. To ensure mental stimulation, creativity, and independence, the involvement of followers in decision-making is critical and to create a conducive environment to stimulate creativity and innovation to find a practical and cost-effective solution for a crisis, but also in the long-term, to ensure sustainable solutions are achieved if information/ideas are flowing upwards and downwards in an organisation, country or globally without any negative criticism. This information sharing from top to bottom and vice versa can ensure that the action plan, for future crises, can be altered after the crisis.

As a final point, Bass (1985) argues that the individualised consideration of group members should be a boost. Groups or people and societies are constituted from individuals with different motivation factors, including money, a belief in change, excitement or other motivations. Leaders should, through observation, recognise and determine these needs of the individuals in their groups or societies. To ensure this need assessment, leaders should know their organisation's or society's needs. In crisis time, time as one of the most precious resources cannot be waste to do this need analysis. To reduce the time spent on need analysis, it should be in place before a crisis hit. This trait, of individual consideration of a transformational leadership style, is of utmost importance during the pre-crisis phase.

Democratic leadership style

The following traits borrowed from democratic leadership can enhance the pre-crisis the post-crisis stage of a crisis. According to Preda (2006), one of the characteristics of this leadership style is that it focusses on people. In the COVID-19 pandemic, people should know and beware that their leaders focus and care for them. Besides, the decisions made regarding mitigation strategies are participative and through consultation, take place with the various stakeholders during the pre-crisis stage. The decisions to address possible crises or post-crises should be negotiable among the highly skilled leaders committee. All decisions made should be made to ensure a change or even a transformation to mitigate the consequence of a future crisis. Risk, as another trait borrowed from the democratic leadership style, should be based on trial and error and an opportunity to learn during the post-crisis stage. The trial and error approach can ensure that future crises are effectively and efficiently addressing.

Transactional leadership style

A transactional leadership style, as argued by Zohar and Luria (2004), will reflect positively on the outcome when dealing with the crisis as a transactional style enables the organisation to carry out more complex operating processes. This implies that the transformational leader is needed to respond to the emergencies while the transactional leader is required to execute the decision(s) that the transformational leader took.

Transactional leadership capitalised on exchanges rewards and promises of rewards for performance. If leaders make promises during the actual crises stage that they should keep their promises. Otherwise, if a crisis hits in the future, people will not be motivated to do what is then expected of them. The following traits, copied from the transactional leadership style, may be appropriate during the three stages of a crisis. These traits of transactional leadership styles focus on the importance of organisation, results, process, and day-to-day progress for the current decisions in place. This is to attain the goals of the organisation, which implies that the transactional leader ensures that the decision taken was to address the crisis.

The transactional leader is responsible for upholding routine by managing individual performance and facilitating group performance during the action phase of the crisis stage. To provide returns, the transactional leader rewards excellent performance or withholds rewards like remuneration, promotions during the post-crisis phase. Transactional leaders use rewards and punishments to gain compliance during the action stage to ensure the timely, efficient, and practical implementations of mitigation strategies. Avolio, B.J. (1999) identifies four dimensions of transactional leadership; namely, setting of commonly agreed goals coupled with rewards for achieving the goals, clarifying expectations, and providing necessary resources. These traits can apply during the post-crisis and crisis stages. The reward dimension can apply during the post-crisis stage. Followers receive their reward for achieving goals during the crisis stage. Lastly, active management, by exception, is the style in which managers anticipate problems, monitor progress and issue corrective measures. This trait, namely active management by exception, is applicable during all three phases of a crisis. Transactional leaders are adept at making deals that motivate and this can prove beneficial to an organisation or the residents of a country. These adapted deals will ensure sustainability after the crisis and when a new crisis occurs in the future (Germano 2010; Odumeru and Ifeanyi 2013; and Northouse 2016).

Servant leadership

The notion of a servant leadership style is based on the writings Robert Greenleaf during the 1970s. Emanating from Greenleaf's work Spears (2010) identified ten relevant characteristics or features which could be relevant to addressing the requirements for guidance prior, during, and after a post-crisis. The first skill is listening, which entails not only to entertain but include communication skills and decision-making skills. This skill is of great importance during all three stages of a crisis.

The second skill refers to the emotional healing of people. This emotional healing, coupled with mental and physical healing, is of importance during the post-crisis stage of a crisis. Third, the skill of leaders' persuasion means that leaders should seek consensus rather than compliance from followers during the pre-phase and the actual stage of a crisis (Spears 2010). Fourth, a servant leader can conceive solutions to problems which are not presently there. This kind of conceptualisation, therefore, requires the leader to look beyond simple day-to-day realities to conceptualise issues that might not even be visible in the new future. Conceptualisation is vital for the pre-stage and post-stage of a crisis because leaders should have a picture of the future.

Another skill of servant leaders is their ability to foresee likely outcomes through the understanding of the past (Spears 2010). The ability of leaders to foresee the future encompasses a servant leader's ability to learn from past experiences, the ability to identify what is currently happening, and the ability to understand the consequences of specific decisions. This trait, as mentioned earlier, can apply during the post-crisis stage. The eight attributes of servant leadership imply that leaders take ownership of

their own and their team's actions. This trait is of specific importance during the pre- action and post-crisis, stage. Besides, this leadership style is branded by openness as well as persuasion. It is not about controlling actions, but instead allowing oneself to be accountable. This accountability is of crucial importance for open and positive communication during the actual crisis stage.

The servant leadership model focuses on the intrinsic value people offer outside of their contribution as employees. Therefore, a servant leader aims to help people realise their potential beyond the ability to do the job well (Spears 2010). In a crisis, followers deal with extraordinary challenges, but if the followers rise beyond their known capabilities, they may handle the impact of a crisis more positively. This trait is applicable during the post-stage of a crisis because people are rewarded for a job well done. The rewarding for a job well-done can ensure that people feel that their contributions are acknowledged. Servant leadership requires a commitment to help people realise their personal and professional development potential, as well as to support it.

In sum, servant leadership relies on a sense of togetherness within the organisation or the country. A sense of belonging amongst people is promoted. This skill of a servant leader is of crucial importance throughout the pre-crisis, crisis, and post-crisis stages of a crisis.

Autocratic leadership style

The following traits, relevant to an authoritarian leadership style, can also be of relevance and mitigate strategies opted for during a crisis. During a crisis, as Preda (2006) indicates, one of the traits of autocratic leadership is that the leader is defensive about risking and seeing risks as a threat. This trait is needed to ensure that the mitigation strategies decided upon and after participative decision-making, it will be implemented as planned. The main aim of an autocratic style trait during a crisis is to achieve the task to ensure that the plans/mitigation strategies are in place (Preda 2006). Besides, the decisions made regarding the enforcement of the mitigation strategies are not open for participation. This non-participation and directive are traits of the autocratic leadership style that can ensure that the mitigation implementation will happen on time to reduce the impact of the crisis.

Furthermore, to expedite the strategies, autocratic leaders will be controlled from a central platform, where the foremost leaders are in control. This is to ensure that the mitigation strategies opted for will be implemented as agreed upon during the pre-stage of the crisis. Furthermore, Preda (2006) argues that a trait of an autocratic leadership style is to choose conflict or confrontation to solve problems experienced when implementing strategies during the actual crisis. Another quality of this style of leadership is that its followers are obedient, which can ensure that the decisions made may be put in place timeously. This timely execution of decisions is vital during the ongoing crisis stage.

Adaptive leadership style

According to Heifetz (1994: 2) "Instead of looking for saviours, we should be calling for leadership that will challenge us to face problems for which there are no simple, painless solutions-problems that require us to learn new ways". Besides dealing with complex problems, which are known as adaptive problems, leaders may also face technical and practical problems. Although adaptive problems might be challenging to describe and define, technical and practical problems can be easily defined and managed because of previous experiences. Practical and technical lessons learned during a crisis such as the Spanish flu pandemic are useful in dealing with future pandemics such as the current COVID-19 pandemic.

Adaptive challenges are much more complex because of the complexity of human beings and their behaviours. To change the behaviours of human beings requires leaders to go beyond prior knowledge of the context or experiences of the crisis to adapt and re-establish new forms of behaviour. The implications are that leaders, and specifically public leaders, must deal with adaptive problems rather than technical problems. This approach requires that public leaders manage these adaptive problems using different actions and competencies. "Dealing with adaptive problems requires leaders to make use of reflections and analysis, combined with facilitation, to enhance learning, rather than making use of commanding approaches (Keyter 2019: 61).

From the work of Heifetz and Laurie, it could be deduced that six leading principles that leaders faced when they deal with adaptive problems could be identified (Keyter 2019). These principles are as follows: First, leaders need to get on the balcony, implying that leaders have to reflect and see the broader systemic patterns and dynamics rather than act reactively. The reflection of leaders requires dealing with a combination of challenges such as the political, economic, social, technological, technical, environmental, and global changes that will impact policymaking and policy implementation. Second, leaders need to identify adaptive challenges, such as the threats experienced. Third, leaders need to regulate distress, meaning they need to influence people to feel the pressures necessitating change without overwhelming them. Fourth, leaders need to maintain disciplined attention. This disciplined attention implies that leaders must focus on the crisis or issues that need attention, rather than deal with denial and personal attacks. According to the fifth principle, leaders need to give the work back to their followers. This will ensure that everyone, not only leaders and managers, take responsibility in dealing with the crisis or issues. As President Cyril Ramaphosa of South Africa indicated in a public statement during the recent lockdown in his country, the COVID-19 crisis will pass, but it is up to the people of South Africa "to determine how long it will last" (Wiysonge 2020). Lastly, leaders need to protect the voices of their leadership from below, meaning that people who are willing to share original or creative ideas should be heard (Keyter 2019). At the same time, people who expose flaws or contradictions should be allowed to air their views and concerns.

CONCLUSION

Dealing with a crisis is such as COVID-19 requires leaders, and specifically public leaders, to think out of the box. At the same time, the promotion of the general welfare of citizens is crucial. Public leaders should not shy away from their responsibility. However, dealing with a converged crisis in which economic, social-technical, practical, political crises have global implications and is not that simple, or at all straightforward. This article briefly focussed on the different leadership styles to be considered in making decisions. The strengths of each style of leadership were offered. Therefore, in dealing with the COVID-19 crisis, this article proposes an adaptive leadership approach. The adaptive leadership approach embraces the strengths of leadership approaches borrowed from transformational, transactional, autocratic, democratic, and servant leadership models. For now, the adaptive leadership approach seems to be the most appropriate when dealing with a converged crisis like COVID-19. However, since the pandemic is not over yet, only history will tell whether such leadership approach was the right one to follow.

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SOUTH AFRICA'S NATIONAL RESPONSE TO COVID-19, WITH SPECIFIC REFERENCE TO SUB-LEVEL GOVERNANCE IN PROVINCES

Riaan de Coning[1]

INTRODUCTION

It is generally accepted that the world will never return to the way it was before the outbreak of the COVID-19 pandemic. A particular characteristic of the pandemic is that there is little known about the way that the deadly virus is transmitted and there is no vaccine for it. But how did the crisis unfold? After an unknown type of pneumonia was detected in Wuhan, China, the latter reported it to the World Health Organization (WHO) during December 2019. Immediate intensive efforts were instituted to analyse available data to help countries prepare to cope with the imminent threat. The WHO declared the outbreak a public health emergency of international concern on 30 January 2020, after which the name for the new disease was pronounced as COVID-19 (WHO 2020b).

On 23 March 2020, the President of the Republic of South Africa announced extraordinary measures in response to the COVID-19 disaster. These included the declaration of a national state of disaster as well as a nationwide lockdown, effective for 21 days from midnight on 26 March 2020. The legal grounds for the lockdown is Section 27(2) of the Disaster Management Act 57 of 2002 (RSA 2002), which authorises the issuing of directions concerning matters pertaining to assisting and protecting the public, providing relief to the public, protecting property, preventing or combatting disruption, as well as dealing with destructive and other effects of the disaster (South Africa 2020a).

After an extension of the initial (Alert level 5) lockdown by two weeks, the lockdown restrictions were relaxed to Alert level 4, on 30 April 2020 (Department of Co-Operative Governance and Traditional Affairs 2020a), to Alert level 3 on 1 June 2020 (South Africa 2020c) and to advanced Alert level 3 on 25 June 2020 (COGTA 2020f). The nationwide lockdown affected the lives of all South Africans and its socio-economic effects are consequently very complex. The purpose of this case study is to examine and critically analyse government's response to the threat of COVID-19, with specific reference to sub-level governance in provinces.

LITERATURE REVIEW

The literature review outlines the legislative and regulatory framework which was utilised to manage the COVID-19 pandemic, the initial (Alert level 5) lockdown instituted by government as well as its purpose, and the phased easing of the lockdown to Alert levels 4 and 3, respectively, with an emphasis on the special measures instituted in Alert level 3 to manage localised outbreaks of the coronavirus. It also explains the separate roles of national, provincial and local government in dealing with the pandemic.

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Government has delivered a consistent message insofar as it relates to the principles underlying the fight against the COVID-19 pandemic; namely, to implement a strategy that protects citizens, preserves life and creates capacity for health care of all its citizens (Mabuza 2020). The management of the COVID-19 pandemic occurs within relevant South African legislative and policy frameworks such as the South African Constitution (RSA 1996), the National Development Plan: Vision for 2030 (NDP 2012) and the Disaster Management Act 57 of 2002 (RSA 2002). The regulatory mechanisms that support the management of the COVID-19 pandemic are dealt with in the relevant findings.

Both the NDP and the South African Constitution (NDP 2012; RSA 1996) make reference to governance, which serves as a broad framework within which the COVID-19 pandemic is unfolding. The NDP (2012:32) mentions that, among others, poor governance remains a challenge in the Southern African Development Community (SADC). The South African Constitution (RSA 1996:99) articulates a range of basic values and principles governing public administration. These values and principles which support good governance include, among others, that a high standard of professional ethics must be promoted and maintained, efficient, economic and effective use of resources must be promoted; and public administration must be accountable.

The legislative options to manage the COVID-19 pandemic included declaring a national state of disaster in terms of the Disaster Management Act 57 of 2002 (RSA 2002) or declaring a state of emergency in terms of the State of Emergency Act 64 of 1997 (RSA 1997). The South African Government however opted to instate a national state of disaster (South Africa 2020a). The Bill of Rights, as set out in Chapter 2 of the South African Constitution (RSA 1996:5-20), guarantees a variety of rights for citizens including the right to assembly and the right to freedom of movement. In terms of Section 36 of the Constitution, any limitations of these rights should be reasonable and justifiable (RSA 1996:16). A clear distinction however exists between a state of emergency and a state of disaster. Briel (2020) states that in the case of the former, steps taken during a state of emergency may deviate from most of the rights in the Bill of Rights, while these rights need to be upheld during a state of disaster.

The institutional arrangements of South Africa mainly include the Cabinet as led by the President as well as the national and provincial Coronavirus Command Councils which are responsible for coordinating and guiding government's response to the pandemic by all spheres of government and society (De Visser and Chigwata 2020). The key role-players in these structures are the President of the Republic of South Africa (as the head of the NCCC), the various Ministers who issue regulations, Premiers of Provinces (as heads of Provincial Coronavirus Command Councils) and MECs, as coordinators of implementation (De Visser and Chigwata 2020). In terms of sub-level governance, the question of who is responsible for the implementation of the directions issued in terms of the Disaster Management Act 57 of 2002 (RSA 2002), arises. The responsibility to implement the Directions under the Disaster Management Act 57 of 2002 (RSA 2002) is placed on all premiers, Members of the Executive Councils (MECs) responsible for Local Government in the provinces, the President of the South African Local Government Association (SALGA), all mayors (whether executive or non-executive) and institutions of traditional leadership (De Visser and Chigwata 2020). The directions issued to deal with the COVID-19 pandemic instruct each province to establish a Provincial Command Council (PCCC) and coordinating structures to support the national institutional arrangements (COGTA 2020d).

Due to the rapid spread of the disease, The President of the Republic of South Africa, in collaboration with the NCCC, declared a 21-day national lockdown which commenced on 26 March 2020 to help curb the spread of the disease and minimise its impact on South African society (South Africa 2020a). This

national lockdown focused on actions which were expected to limit the spread of the disease, such as restricting the movement of people, practicing social distancing and contact tracing (COGTA 2020b). Government established official communication systems to keep the South African public informed. This included the dissemination of information through among others, the official government website www.gov.za, Twitter and Facebook. The South African broadcasting networks, SABC and ENCA, have provided live television coverage of events as they unfolded throughout this whole period, and most of the government briefing sessions were livestreamed on the internet.

In the main, the government-mandated lockdown has restricted the movement of people with the exception of those who work in essential services such as police, health services, fire fighters, defence, pharmaceutical sector, supermarkets as well as the transportation sector. The remainder of society were required to stay indoors, except in cases where citizens had to seek medical assistance, obtain medication from pharmacies or buy groceries from supermarkets (COGTA 2020b).

On 23 April 2020, President Cyril Ramaphosa (President of South Africa) made an announcement on the phased lifting of the nationwide lockdown and announced a risk-adjusted strategy, based on five Alert levels (South Africa 2020b). He informed the nation that the nationwide lockdown would be downgraded to Alert level 4 from 1 May 2020. On 29 April 2020, the Department of Co-Operative Governance and Traditional Affairs (COGTA) issued regulations that repealed Government Notice No. 318 of 18 March 2020, with effect from 1 May 2020. This followed the recommendation by the Minister of Health and consultation with members of the Cabinet indicating that Alert level 4 would be applicable from 1 May 2020 and would remain in force up to the declaration of different Alert levels for the duration of the national state of disaster. Chapters 1 and 2 of the regulations would be applicable for the duration of the national state of disaster, while Chapter 3 is only relevant in case of Alert level 4. In Chapter 3 of the regulations, a planned easing of the lockdown restrictions was introduced; primarily focussing on economic activity (COGTA 2020a).

On Sunday 24 May, the President announced that the country would be moving to Alert level 3 of the lockdown on 1 June 2020 (South Africa 2020c). Since then, comprehensive regulations indicating the nature of these measures were published on 28 May 2020 (COGTA 2020c). An important distinction in government's approach to a phased lifting of restrictions during Alert level 3 was the declaration of certain metropolitan municipalities and municipal districts as hotspots for COVID-19. Before the publication of the lockdown regulations for Alert level 3 on 28 May 2020, the Minister of Health clarified the intention of government to be able to declare COVID hotspots based on infection statistics. This explanation outlined that government has taken measures to identify areas that have been defined as epidemiological hotspots in areas that have more than 5 infected people per 100 000 of the population, or in areas where the infections were increasing at a fast pace (Department of Health 2020a).

The South African government has in the meantime started to intervene in areas that are regarded as hotspots by deploying experts and specialists that will implement measures to curb the spread. These areas also require heightened levels of tracking the contacts of COVID-19 positive patients; ensuring that those who are positive remain in quarantine/isolation and those who cannot self-quarantine are accommodated in quarantine facilities provided for by provinces. Provinces directly enforced government's primary aim of limiting the risk of further infection to other members of communities. Health Minister Zweli Mkhize further announced that in some of these hotspots, cluster outbreaks had also been identified (Department of Health 2020a). This means that positive cases are emanating from people participating in communal activities within a specific area; for example, factories, grocery

shops, farms etc. As a result, these areas also require rapid attention that includes screening, testing and the tracing of contacts. Cluster outbreaks drive the pandemic because the spread occurs within the cluster and then individuals spread the virus by taking it home, thereby causing community outbreaks (Department of Health 2020a). It is for this reason that government emphasises the importance of submitting to appropriate isolation once a person has tested positive or going into appropriate quarantine when a person has been identified as a direct contact of a positive patient. This reduces the risk of infecting others while waiting to be tested if you are a contact (Department of Health 2020a).

Minister Mkhize further added practical meaning to this explanation by reiterating that as the whole country moved to Alert level 3 on 1 June 2020, there would be constant assessment of each and every area and its rate of infection (Department of Health 2020a). If it is determined that, despite the abovementioned interventions, the spread of the infection is not contained, government will make a determination on whether to return that specific area (i.e. metropolitan municipality, district, sub-district or ward) to Alert level 4 or 5. This will be done rapidly and in an effort to contain and manage the spread of the virus, and also to ensure that the country's health facilities are not overwhelmed by the rapid rise of positive cases in that area (Department of Health 2020a).

The Regulations promulgated for moving from Alert level 5 to Alert level 4 on 1 May 2020 lifted a number of restrictions, but the continuation of certain measures and actions by government during the lockdown drew wide reaction from across South African society on issues ranging from constitutionality to human rights (Jeffery 2020:5-27).

Municipalities and provinces are required to develop and implement COVID-19 response plans (COGTA 2020e:14). In addition, provinces are required to support the establishment of joint operation centres in every metro and district municipality (COGTA 2020e:16). Furthermore, provinces are obligated to ensure that these centres as well as district disaster management centres are resourced. These provincial structures are required to monitor the impact of interventions and submit weekly reports to the national disaster management structures (De Visser and Chigwata 2020). Further, these provincial structures must monitor and coordinate the provincial department's response to COVID-19 and are expected to obtain and analyse district or metros' COVID-19 risk profiles. Lastly, the provincial structures are required to monitor and report on the progress and impact of the interventions to the national Minister of COGTA once a week (De Visser and Chigwata 2020).

It is expected that the consequences of the lockdown will be that many small businesses will close, many workers will lose their jobs and that it will severely affect those who are poor (Devereux 2020). A sharp rise in unemployment, an increase in personal debt and a significant retraction of the economy are projected economic consequences of the COVID-19 pandemic (South Africa 2020d). The disaster also highlighted the fact that South Africa has a serious challenge with gender-based violence (GBV) and violence towards children (South Africa 2020f). This is evidenced by a total of 8 700 cases of GBV that were reported between 26 March 2020 (when the lockdown began) and 3 April 2020 (Cothia 2020).

In preparation for the expected increase in infections, approximately 20 000 hospital beds were being prepared for COVID-19 patients while 27 field hospitals were being built countrywide (South Africa 2020c). Screening and testing was increased to adapt from a passive strategy to a pro-active strategy, where early identification and contact tracing could be done (South Africa 2020c).

By the end of May 2020, the total number of confirmed COVID-19 cases in South Africa stood at 29 240 (NICD 2020). With the imminent easing of lockdown regulations to Alert level 3 on 1 June 2020, a sharp rise in infections was to be expected as more contact between citizens was bound to occur (Gonzales 2020).

AIM, OBJECTIVES AND RESEARCH METHOD

The aim of this article is to critically examine government's reaction to the COVID-19 disaster as it unfolded, with specific reference to sub-level governance in provinces. The research focused on trends and key features of the actions taken by provincial government with the objective to identify fundamental concepts and to gain deeper insight beyond what is known about the epidemic in order to influence the management of similar disasters in future.

The method employed is document analysis, which forms part of the qualitative research process. In this process, documents are interpreted to give voice and meaning to a topic of interest (Bowen 2009). The specific type of documents analysed for this study include press statements, public briefings, published legislation or regulations, public speeches and documents which provide updates on the management of the COVID-19 pandemic on various websites. This is in line with O'Leary's (2014) assertions that there are three primary types of documents:

- Public records: The official, ongoing records of an organisation's activities. Examples include student transcripts, mission statements, annual reports, policy manuals, student handbooks, strategic plans, and syllabi.

- Personal documents: First-person accounts of an individual's actions, experiences, and beliefs. Examples include calendars, e-mails, scrapbooks, duty logs, incident reports, reflection journals, and newspapers.

- Physical evidence: Physical objects found within the study setting (often called artefacts). Examples include flyers, posters, agendas, handbooks, and training materials.

This study further employed grounded theory as a specific type of qualitative research based on the stated objective of the research. Corbin and Strauss (2015:28) state that grounded theory allows for identification of general concepts, the development of theoretical clarifications that reach beyond what is known, and offers novel insights into a wide range of experiences and phenomena.

The two distinguishing factors that set grounded theory apart from other forms of qualitative research are firstly that the concepts from which the theory is constructed are derived from data collected during the research process and not chosen prior to beginning the research and that, in grounded theory, research analysis and data collection are interrelated (Corbin and Strauss 2015:29). This means that there is an ongoing process of data collection and analysis during which concepts are derived from initial data collected and these concepts form the basis for subsequent data collection.

During this study, a systematic data collection process was employed, during which documents pertaining to the provincial COVID-19 response were continuously sourced and updated, chronologically sorted and summarised. Information relating to the emerging concepts was then grouped together in categories which are reflected as themes. These categories (themes) informed targeted further data collection and analysis, which further enlightened each emerging theme. The aforementioned method

is in accordance with grounded theory methodology, which entails the grouping together of concepts to form themes and integrating these themes in relation to the central category (Corbin and Strauss 2015:29).

FINDINGS

It is evident that while the NCCC determined the overarching legislative and regulatory directions to deal with the COVID-19 pandemic, provinces had to plan for and manage the consequences of the spread of the disease. The document analysis led to the identification of three thematic areas; namely, governance and oversight, screening, testing and monitoring in provinces as well as sourcing PPE and preparation of hospital capacity. The findings are presented below per theme. Each theme is followed by concluding remarks where after possible academic case study discussion topics and a conclusion is provided.

Theme 1: Governance and Oversight

Provincial governance and oversight is an ongoing process in terms of existing legislation and the supporting policy frameworks. During the COVID-19 pandemic, however, specific governance measures were adapted to support emergency procurement with a self-evident need for heightened vigilance in terms of oversight (National Treasury 2020). These measures, that guide governance and oversight, are provided below.

- National Treasury issued measures relating to the COVID-19 Disaster Management Central Emergency Procurement Strategy, namely Instruction Note 3 of 2020/21 and Circular 101 (National Treasury 2020). These measures were an initial response to the outbreak of the pandemic, and this was to allow for the urgent procurement of critical health products at a time of pronounced global shortages. Given the rapid changes in demand for specialised products like testing kits and ventilators, a national regulatory approach to procure goods centrally was required. The new measures came in the form of Note 5 of 2020/21 for Public Finance Management Act No. 1 of 1999 (PFMA) institutions. In response to the changing demand and supply as well as to give effect to the strict monitoring and reporting measures required during times of emergency procurement, the new Instruction Note and Circular was aimed at:

  o   providing measures for COVID-19 emergency procurement;

  o   opening the supply of these products to all suppliers conforming to specifications and those who are registered on the Central Supplier Database (CSD) of government;

  o   outlining the required personal protective equipment (PPE) item specifications according to the Department of Trade, Industry and Competition (DTIC), National Department of Health and World Health Organization requirements;

  o   outlining the maximum prices at which government will procure these PPE items; and

  o   outlining the emergency procurement, monitoring and reporting requirements.

- Parliament released a press statement (Parliament 2020), indicating that it is Parliament's responsibility to provide oversight as far as it relates to the delivery of services needed to relieve the burden of the COVID-19 pandemic on the public. It also outlined the kinds of activities that Members of Parliament should be busy with during the lockdown:

Parliament, whose Members are regarded as an essential service, in terms of the lockdown regulations, has the authority to execute its oversight functions during a lockdown or social distancing period. This can be done through, for example, individual MPs carrying out constituency work in various communities and holding the Executive accountable for implementing measures designed to overcome the state of disaster. The responsibility to conduct oversight is, therefore, not limited to committee meetings.

- On 15 May 2020, The Auditor General published a directive in terms of the Public Audit Act, 2004 (Act No. 25 of 2004), to facilitate optimal levels of accountability and transparency in the management of public resources (Auditor General 2020).

- On 8 April 2020, KwaZulu Natal Premier, Mr Sihle Zikalala, provided an indication of the commitment of the province to institute oversight and thereby ensure good governance (KwaZulu-Natal Provincial Government 2020b). The Premier announced that an investigation would be launched into alleged irregularities in the purchase of blankets by the Department of Social Development. The Provincial Executive Council resolved that the Provincial Treasury would be mandated to institute an investigation into the matter (KwaZulu-Natal Provincial Government 2020b).

Theme 1: Concluding remarks

The following concluding remarks are drawn from the findings provided in this theme:

- National Government, through National Treasury, extended its regulations (National Treasury 2020) to provide for the Constitutional objective (RSA 1996:112), of having fair, equitable, transparent, competitive and cost-effective procurement processes that take into account the urgent need for procuring essential health products required to fight the COVID-19 pandemic in provinces.

- The regulations issued by National Treasury (National Treasury 2020), duly authorise provinces to execute emergency procurement, but they also require the necessary accountability as stated in the existing legislation and amended regulations (National Treasury 2020).

- Parliament has placed emphasis on its own oversight role in terms of COVID-19-related activities in Government (Parliament 2020).

- Oversight is not only the responsibility of Government (South African Legislative Sector 2012:8). There is an interdependent relationship between the oversight and public participation mandate of Members of Parliament (MPs), Members of the Provincial Legislatures (MPLs) and active citizenship. During a lockdown, citizens should remain active by proactively reporting their observations to MPs and MPLs, if transgressions of the mentioned regulations occur (Runji 2020).

- Internationally, the observed trend is that although fraud and corruption are not new phenomena, during the COVID-19 pandemic their effects would likely be intensified (Organisation for Economic Co-operation and Development 2020).

Theme 2: Screening, testing and monitoring of COVID-19 in provinces

Screening and testing is a crucial health function in the process of managing the spread of the virus as it provides an indication of how many people are showing COVID-19 symptoms, and how many

citizens have been infected by the virus (WHO 2020a:11). Table 1 below indicates the number of citizens per province who have been screened for COVID-19, as well as the number of tests that have been conducted up to and including 27 May 2020.

Table 1: Number of citizens screened and tested for COVID-19 per province

Province	Number oftests conducted	Community screening
Western Cape	143 741	511 588
Eastern Cape	62 586	1 133 789
Gauteng	209 657	1 559 279
KwaZulu Natal	106 945	1 541 428
North West	10 871	1 584 342
Free State	33 165	1 594 273
Limpopo	14 134	2 604 253
Mpumalanga	18124	1 744 397
Northern Cape	5 825	640 746
Total	**634 996**	**12 914 095**

(Source: National Institute for Communicable Diseases (2020)

The table above indicates that while almost thirteen million citizens have been screened for COVID-19 in South Africa, a total of 634 996 COVID-19 tests have been completed. As reported earlier, the total number of COVID-19 infections in South Africa at the end of May 2020 stood at 29 240 (NICD 2020). Provinces have been actively involved in setting up systems to screen and test citizens for COVID-19 (Department of Health 2020b). Examples of the active involvement of premiers and provincial Members of the Executive Council (MECs) in monitoring the process of screening and testing is provided next.

- On 30 April 2020, the MEC for Health in the North West Province, Mr Madoda Sambatha, reported that that the mass screening and testing campaign was continuing to gain momentum in the North West Province (North West Department of Health 2020). At that stage, the province was approaching the 600 000 mark for people screened and over 500 tested, while the initiative was intensified to reach all citizens. In this campaign, Mr Sambatha led the door-to-door mass screening in Randlespark, Khuma (Siza Bantu) and Vaalreefs at Umziumuhle in Matlosana (North West Department of Health 2020).

- On 21 May 2020, the MEC for Health in Mpumalanga, Ms Sasekani Manzini, provided a COVID-19 update for the Mpumalanga province. This update revealed that cases kept increasing on a daily basis, as the Provincial Department of Health ramped-up community screening and referred presumptive cases for testing (Mpumalanga Department of Health 2020). Up to and including 21 May 2020, the Department has screened 2 701 965 (60%) of the provincial population, with 1 900 985 coming from community screening. Of these, 810 237 are in Ehlanzeni, 447 589 in Gert Sibande and 642 889 in Nkangala (Mpumalanga Department of Health 2020). A total number of 612 933 screenings were done in provincial facilities, with hospitals recording 230 277

and private healthcare facilities recording 382 656, while a further 188 047 screenings were conducted. The report also pointed out that the community screening seemed to be yielding positive results as 27 (35%) of the provincial COVID-19 cases were discovered from that process (Mpumalanga Department of Health 2020).

- The Gauteng Provincial Government (2020) reported on 9 April 2020 that a total of 8 005 Community Health Workers (CHWs) and 607 health professionals had been trained to trace contacts and conduct screening and testing (Gauteng Provincial Government 2020). The province had scaled up community screening and testing with the result that since 31 March 2020, a total of 26 841 people were screened and of those, 440 were tested (Gauteng Provincial Government 2020).

- On 16 April 2020, the Premier of KwaZulu Natal, Mr Sihle Zikalala, mentioned that the province had established 565 mass screening and testing teams, involving 1 130 staff throughout the province. These teams worked in pairs, and were constituted mostly by enrolled nurses (KwaZulu Natal Provincial Government 2020a). In addition to that, there were 90 teams focusing on road blocks, and 620 tracer teams providing contact tracing. A further twelve mobile testing vehicles were provided in the province and each of these testing vehicles would be staffed by one driver and a professional nurse (KwaZulu Natal Provincial Government 2020a).

Theme 2: Concluding remarks

The following concluding remarks are drawn from the findings provided in this theme:

- Screening and testing has gained momentum and is being intensified to identify and deal with COVID-19 infections (Cotterill 2020).

- Premiers and MECs have thus far been actively involved in managing the screening and testing processes in provinces (North West Department of Health 2020; Mpumalanga Department of Health 2020).

- In various instances, Premiers and MECs personally report progress in terms of provincial screening and testing to the media; thereby creating transparency (Mpumalanga Department of Health 2020; KwaZulu Natal Provincial Government 2020a).

- Based on provincial support in terms of screening and testing, accurate management information is created which, in turn strengthens the national COVID-19 planning effort (North West Department of Health 2020; Gauteng Provincial Government 2020).

Theme 3: Sourcing Personal Protective Equipment (PPE) and preparation of hospital capacity

While screening and testing provides an early indication of the spread of the virus, hospital capacity becomes critical to care for those who develop severe COVID-19 symptoms (PricewaterhouseCoopers 2020:1). At this relatively early stage of the COVID-19 outbreak, the aim was to prepare the South African health system for the influx of COVID-19 patients to hospitals (South Africa 2020g). Some examples of how provinces responded to managing the need for the projected increase in demand for PPE and additional hospitals beds follow.

- The first example highlights provincial intervention regarding reported shortages of PPE. On 8 April 2020, KwaZulu Natal Premier, Sihle Zikalala, indicated that the provincial management have noted ongoing dissatisfaction over the unavailability of PPE, based on complaints from healthcare workers and from organised labour (KwaZulu Natal Provincial Government 2020b). Despite the fact that the high demand from all countries affected by COVID-19 led to a global shortage of PPE, the Premier provided assurance that renewed efforts would be made to ensure that all those who require PPE would have access to it (KwaZulu Natal Provincial Government 2020b).

- The Western Cape Provincial Government took initiative to provide guidance to the private sector on acquiring PPE (Western Cape Department of Economic Development and Tourism 2020). On 31 May, 2020 the Provincial Minister of Finance and Economic Opportunities in the Western Cape, Mr David Maynier, announced that a number of valuable resources had been available for employers and employees returning to work through the website of the Western Cape government (Western Cape Department of Economic Development and Tourism 2020). Among these was an electronic link to an online marketplace where PPE suppliers could be accessed (Western Cape Department of Economic Development and Tourism 2020).

- In terms of available hospital beds, the Premier of the Western Cape, Mr Alan Winde, announced that the province noticed an increase in patients admitted for COVID-19 care in the province's hospitals as the expected peak of the infection was approaching (Western Cape Provincial Government 2020). Mr Winde said that on 22 May 2020, the Western Cape hospital system still had the capacity to deal with the demand for hospital beds (Western Cape Provincial Government 2020). He clarified that the existing bed capacity in the public sector consisted of 2 162 beds, which included 658 additional beds which were created through expansion (Western Cape Provincial Government 2020). A further 1 428 additional intermediate care beds in temporary or "field hospitals" were ready in the Western Cape (Western Cape Provincial Government 2020). With reference to beds required iin intensive care units (ICU), the need was expected to peak at 850, of which the majority already existed (Western Cape Provincial Government 2020). Premier Winde, however, warned that despite the predicted adequate availability of beds, the province may still fall short of ICU beds (Western Cape Provincial Government 2020). In this regard he urged citizens to reflect on their behaviour and look at ways in which each person can make changes to help flatten the curve and reduce the risk of transmission (Western Cape Provincial Government 2020).

- On 14 May, 2020 the President released a statement indicating that he was confident that the planned preparations in the Eastern Cape would be adequate to deal with the scourge of the COVID-19 pandemic (South Africa 2020e). The President was briefed on progress by the Eastern Cape Premier, Mr Lubabalo Oscar Mabuyane, on the provincial measures that were underway, such as the provision of beds in hospitals, boosting its human resource capacity, and the procurement of water for drought-stricken communities (South Africa 2020e). With reference to hospital beds, the province was planning to incrementally avail more beds to the western region in order to respond to the demands for beds in this area, which at the time was the province's COVID-19 epicentre (South Africa 2020e). The visit of the President followed a visit to the Eastern Cape in April 2020 by the Health Minister Zweli Mkhize, during which he expressed concern about the surge in COVID-19 cases as well as the province's readiness to address the pandemic (South Africa 2020e).

Theme 3: Concluding remarks

The following concluding remarks are drawn from the findings provided in this theme:

- Premiers are aware of challenges as they relate to PPE and evidence exists of interventions to make sure that PPE would be made available to staff that require it (KwaZulu-Natal Provincial Government 2020b).

- Evidence exists of at least one province that shared its database to an electronic marketplace for PPE in order to facilitate private sector access to the acquisition of PPE (Western Cape Department of Economic Development and Tourism 2020).

- While one province was confident that it should be able to cope with the expected influx of COVID-19 patients to its hospitals, it acknowledged that its facilities might be overwhelmed if the pandemic worsened (Western Cape Provincial Government 2020).

- The early intervention by Minister Zweli Mkhize in one province prompted intensified provincial planning for the creation of hospital beds in anticipation of the increased need for it (South Africa 2020e).

LIMITATIONS

The limited focus of this article deals with provincial governance and its content therefore needs to be considered in the broader approach adopted by the South African government to fight the COVID-19 pandemic. This article deals with the unfolding of the COVID-19 pandemic up to the end of May 2020. The use of this article as a case study needs to consider its findings in the context of the rapidly unfolding pandemic. When used in a learning context, relevant subsequent events in the COVID-19 pandemic need to be considered, as suggested in the following paragraph on recommendations for educational use. This study mainly provides evidence contained in documents which echoes the voice of policymakers and politicians. Citizen interviews could have added valuable context to the findings.

RECOMMENDATIONS FOR EDUCATIONAL USE

This article will be of use in public sector leadership/management courses as it provides a practical example of how the leadership process in government unfolded with specific reference to the relationship between national and provincial government in the Republic of South Africa, the revised regulatory framework for governance and how its implementation will be monitored as well as the effect of the interventions by Provincial Government to prepare for the COVID-19 pandemic. The following questions are therefore relevant for students to deliberate on:

- Consider to what extent provincial government gave effect to the implementation of lockdown regulations in terms of governance. Did the decision to identify and manage hotspots assist to curb the spread of the coronavirus? In which areas were they successful and in which areas could they improve?

- Did the revised governance framework for procuring goods and services during the COVID-19 pandemic support government's overall goal of saving lives and protecting livelihoods of citizens? Discuss the aspects that need to be considered to ensure that procurement policies are adhered to during the COVID-19 pandemic. What progress is being made in identifying and dealing with transgressions of procurement regulations?

- To what extent are provinces ready to deal with the healthcare needs of citizens, especially given the expected sharp rise in infections, and what more could be done to manage the situation?

- Which key developments took place in terms of the spread of the virus and how did the respective provincial governments react to it during the June to December 2020 time period?

Students will have to consider additional information, such as information provided on the government website www.gov.za, and the principles contained in the respective academic programme materials to deal with these questions.

CONCLUSION

This article critically examined government's reaction to the COVID-19 disaster as it unfolded with specific reference to sub-level governance in provinces. The research focused on trends and key features of the actions taken by key role-players in Provincial Government in this regard. The findings point to the fact that the governance landscape was amended to support emergency procurement to fight the spread of COVID-19. The implementation of the resultant oversight will however be a joint venture between Parliament, national, provincial and local government as well as the citizenry. Screening and testing gained momentum as it received priority in provinces. The resultant statistics that are available provide valuable management information for the national planning efforts to fight COVID-19. Provinces are still expanding their capacity to deal with the expected influx of COVID-19 patients. The overall readiness of the healthcare system will however become more apparent as the pandemic moves towards its peak. A further aspect to be considered is that South Africa's efforts to attain goal 3 of the Sustainable Development Goals (SDGs), namely good health and well-being, have been inhibited by the health crisis inflicted on South Africa as a result of the COVID-19 pandemic.

As a case study, the findings will add value to management and leadership courses by focusing attention on the governance prescripts and its application, how provinces prepared to deal with the effects of the COVID-19 pandemic, as well as a retrospective consideration of the effectiveness of the planned management actions as the pandemic unfolds.

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PROVISION OF WATER AND SANITATION DURING THE COVID-19 CRISIS: COMPARATIVE CASE STUDY IN PREDOMINANTLY URBAN AND PREDOMINANTLY RURAL PROVINCES

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INTRODUCTION

The South African Local Government is mandated by the Constitution of the Republic of South Africa to serve the needs of their communities by providing a democratic and accountable government for local communities, ensure the provision of services such water and electricity to communities in a sustainable manner, promote social and economic development, promote a safe and healthy environment and encourage the involvement of communities and community organisations in the matters of local government (RSA 1996; Parliament of the Republic of South Africa 2018).

The Government of South Africa created a three-tier governance layer, that is, national, provincial, and the local layer, to enable provision of essential services to citizens. The local layer was created as a decentralisation strategy to bring government closer to citizens and for speedy service delivery (Siddle: cited in Makale 2015). It is categorised into metropolitan, district, and local municipalities with different service delivery mechanisms aimed at enhancing service delivery (RSA 1998).

Despite the existence of the Local Government structure, the South African government continues to have deficient delivery of basic services such as water, housing, electricity, education, health, and sanitation especially in black urban townships as well as in rural areas in South Africa. According to the 2013 General Household Survey findings, provinces consisting mainly of urban areas and formal agricultural rural areas, that is Western Cape, Gauteng, Free State, and North West, had better access to basic services compared to predominantly rural provinces, that is, Eastern Cape, Limpopo, KwaZulu-Natal, and Northern Cape (Statistics SA 2014). The reason for the better levels of basic municipal services in the predominantly urban provinces was their close proximity to points of interest such as airports, mines, national roads, educational and health facilities (Makale 2015).

The provision of basic services to certain communities in South Africa has met challenges as local government still struggles to ensure that services reach all citizens. Certain areas within South Africa are still underdeveloped with lack of access to basic services and residents live in poverty. The revenue for municipalities in these areas is negatively impacted as they strive to do more with less financial resources to ensure that basic services reach every citizen (Makale 2015). As a result, South African municipalities make headlines due to the unending reports of service delivery protests for not delivering on their mandate.

The dissatisfaction in the provision of basic services in informal settlements, black urban townships, and rural areas has been accompanied by service delivery protests in these areas. Hence, Naidoo

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(2017) noted that service delivery protests have been rampant in certain areas in South Africa. Gauteng Province has been the epicenter of service delivery protests in South Africa and accounted for more than a third of all reported service delivery protests nationwide in 2017 alone (Municipal IQ Report: cited in Ndenze 3 April 2019). A rising prominence of service delivery protests had been noted in the Eastern Cape, where protests have occurred not only in the informal settlements but in the small towns and rural areas of the province (Municipal IQ 2020). Limpopo Province had also seen a wave of service delivery protests due to dissatisfaction with the delivery of basic services among other issues (Mathonsi 2017; Mamokhere 2019). Similarly, the Western Cape, Mpumalanga, Northern Cape, and Free-State provinces had seen some service delivery protests in certain municipalities (Ngcamu 2019).

Burger (2005) noted that service delivery is vital for poverty alleviation and the retribution of privileges. In this case, adequate access to clean water and proper sanitation in all areas in South Africa is essential. Environmental hygiene plays an essential role in the prevention of many diseases. As such, proper sanitation is one of the key elements in improving environmental sanitation. Access to clean water and proper sanitation is especially important during the coronavirus national state of disaster where the use of water is central for constant hand hygiene in the prevention of the spread of the novel coronavirus.

BACKGROUND

On the 31st of December 2019, the World Health Organisation (WHO) Country Office in the People's Republic of China picked up a media statement by the Wuhan Municipal Health Commission from their website on cases of 'viral pneumonia' in Wuhan, People's Republic of China (WHO 2020a). A novel coronavirus was eventually identified and it continued to spread across the different regions of the world. On the 30th of January 2020, the WHO's Director-General declared the novel coronavirus outbreak a public health emergency of international concern and made a call on all countries to implement decisions that are evidence-based and consistent (WHO 2020b).

The novel coronavirus outbreak has been described as not only a health crisis but also an education crisis, an employment and economic crisis, a crisis of hunger and poverty, and in some countries a crisis of governance and political stability (Cooley & Linn 2020). The impact of the novel coronavirus infections has shown its different faces in low-, middle-, and high-income countries. According to Cooley and Linn (2020), for developing countries with much larger populations at risk, fewer resources, and less capacity, the pressure to develop innovative approaches, test them quickly, and deliver them at scale is especially great.

In South Africa, the first warnings about the novel coronavirus were issued in January 2020 by the NICD which had since remained on high alert as the virus continued to spread globally (NICD 2020a). The first case of the coronavirus infection in South Africa was confirmed on 5 March 2020 (NICD 2020b). The declaration of the national state of disaster was announced by President Cyril Ramaphosa on the 15th of March 2020, in terms of the Disaster Management Act to intensify the fight against the spread of the novel coronavirus. Subsequent to this announcement, sets of regulations and directions followed targeting various sectors and institutions such as transport, immigration, business, provincial governments, and local governments.

The Municipalities and Provinces Directions to COVID-19 response issued on 25 March 2020, guided local and provincial governments' response to combat the further spread of the coronavirus. These directions were issued in terms of section 27(2) of the Disaster Management Act, 2002 (Act No.57 of 2002) by the Minister of Cooperative Governance and Traditional Affairs concerning the response to COVID-19 in the cooperative governance & traditional affairs sectors in South Africa (RSA 2020c). The

directions and amendments thereof were issued in respect of the provision of water and sanitation services, waste management, cleansing, and sanitation to mention a few.

Response against COVID-19 in rural municipalities and provinces in South Africa is of great concern due to limited resources that are essential during the COVID-19 crisis. Limited resources range from lack of funds and human resources, limited access to clean water, and proper sanitation among others. While the shortage of these resources might be minimal in urban areas, shortage in informal settlements and rural areas leads to dire consequences wherein the challenges of coping with a rapidly evolving coronavirus outbreak can be more.

The provision of water and sanitation services is a very important intervention in the fight against COVID-19 in South Africa. Also, President Cyril Ramaphosa's made a call for communities to practice good hygiene to combat the effects and spread of the deadly coronavirus. In his speech regarding the escalation of measures to combat the coronavirus/ COVID-19 pandemic, the President made a call for "everyone to wash hands frequently with hand sanitisers or soap and water for at least 20 seconds" (RSA 2020b). However, adequate access to water and proper sanitation for residents in informal settlements, black townships, and rural areas has always been a challenge and remains a challenge amid the COVID-19 crisis. As Hara and others (2020) reported that ever since the 21-day national lockdown to curb the spread of the coronavirus came into effect, there have been indications to the effect that the lockdown may have worsened the already existing inequalities in access to water and sanitation services in townships, informal settlements and among the homeless.

PREDOMINANTLY RURAL VERSUS PREDOMINANTLY URBAN PROVINCES IN SOUTH AFRICA

According to the Comprehensive Rural Development Framework (RSA 2009), rural areas are sparsely populated areas in which people farm or depend on natural resources, including villages and small towns that are dispersed throughout these areas, including large settlements in the former homelands, created by apartheid removals. Rural municipalities are more concentrated in KwaZulu-Natal, Eastern Cape, Northern Cape, and Limpopo while most of the urban municipalities are more concentrated in Gauteng and Western Cape.

Gauteng is the most urbanised province in South Africa. It is also South Africa's smallest province in area, but yet the most densely populated province (RSA 2020a). While population densities range between 22 and 117 people per square kilometer in the other provinces excluding the Northern Cape, the population density in Gauteng was approximately 785 people per square kilometer in 2017 (South Africa Gateway Infographics 2018). Western Cape's population density was about 50 people per square kilometer in 2017 (South Africa Gateway Infographics 2018). In 2017, population density in Eastern Cape Province was about 38 people per square kilometer while Limpopo Province had 46 people per square kilometer (South Africa Gateway Infographics 2018).

The Eastern Cape is the second largest province in South Africa in terms of its land area. It is predominantly rural with large parts of the province made up of former homelands Transkei and Ciskei (Pauw 2005). Eastern Cape's population was 6 712,276 (11.4%), making it the fourth most populous province in the country after Gauteng (15.2 million), KwaZulu-Natal (11.3 million), and Western Cape (6.8 million) in 2019 (STATS SA 2019). Limpopo Province is also predominantly rural with 10.2%, i.e. 5 982,584, of the South African population in 2019 (STATS SA 2019). The Western Cape is the 4th largest province in South Africa in terms of its land area and is home to about 11.6% of South Africa's population (STATS SA 2019).

PROBLEM

The fight against COVID-19 in rural areas may be much more challenging due to the limited resources and lack of proximity to resources. These challenges range from personal protective equipment and essential medicines stock-outs, limited supply of health care personnel, and lack of access to clean water and proper sanitation. This case study reports on the situation on the ground with regards to the supply of clean water and proper sanitation in predominantly rural provinces (i.e. Limpopo and Eastern Cape) in comparison to predominantly urban provinces (i.e. Gauteng and Western Cape). The Western Cape consists mainly of urban areas and formal agricultural rural areas.

METHODOLOGICAL AND THEORETICAL CONSIDERATIONS

This contribution uses the comparative case study approach to compare and contrast predominantly rural provinces versus predominantly urban provinces as case studies to illustrate COVID-19 responses with respect to the provision of clean water and sanitation. Comparative case studies are an effective qualitative tool for researching the impact of policy and practice in various fields of social research (Bartlett & Vavrus 2016).

Comparative case studies involve the analysis and synthesis of the similarities, differences, and patterns across two or more cases that share a common focus or goal (Goodrick 2014). "To be able to do this well, the specific features of each case should be described in-depth at the beginning of the study. The rationale for selecting the specific case study areas is directly linked to the key evaluation questions and, thus, to what needs to be investigated. An understanding of each case is important in establishing the foundation for the analytic framework that will be used in the cross-case comparison." (Goodrick 2014: 1)

Contributions in this report consist mainly of analyses of COVID-19-related information as reported through media statements and speeches posted on the provincial governments' websites, online newspaper articles, social media platforms, academic papers and reports. The successes (in the form of interventions adopted) and challenges with respect to the provision of water and sanitation in the Western Cape, Gauteng, Eastern Cape, and Limpopo provinces are documented in this case study.

INTERVENTIONS ADOPTED

COVID-19 financial relief for municipalities

Disaster intervention measures require immediate massive support with respect to financial and human resources. In ensuring this kind of support the South African President, Cyril Ramaphosa, announced a R20 billion relief funding of to be made available to municipalities for the provision of emergency water supply, increased sanitisation of public transport and facilities, and providing food and shelter for the homeless (RSA 2020d). This funding was targeted at vulnerable communities especially in informal settlements, small towns, and rural areas across all provinces in South Africa.

Budget reallocation

According to a statement made by the National Treasury on the 12th of May 2020, the national government made available more than R5 billion in support to municipalities to assist them in responding to the COVID-19 pandemic in the 2019/20 municipal financial year (RSA 2020e). This

support aimed at assisting municipalities to provide additional access to basic services for vulnerable communities during the lockdown and to sanitize public transport facilities as the economy undergoes a phased re-opening. The largest amounts were made available through the reallocation of conditional grant funds already allocated to municipalities in 2019/20. While the 2019/20 national and provincial financial years ended on 31 March 2020, the municipal financial year runs until 30 June 2020, which meant that grant funds transferred from the national government before the end of March 2020, still had three more months to be spent by municipalities.

In addition, the National Treasury granted approvals that funds transferred to municipalities but not contractually committed can be reallocated to be used to respond to the COVID19 pandemic (RSA 2020e). These reallocations approved in terms of section 20(6) of the Division of Revenue Act, 2019, include, R2.4 billion in Urban Settlements Development Grant allocations to metropolitan municipalities to be used for providing water and sanitation, mainly in under-serviced informal settlements and to cover the increased costs of more frequent waste management and other services; R1.5 billion in Municipal Infrastructure Grant (MIG) allocations to be reallocated for the provision of water and sanitation, including where urgent maintenance is needed to restore the functionality of water infrastructure; R970 million in Public Transport Network Grant allocations may be reallocated, mainly for sanitisation of public transport facilities; R306 million in the indirect Regional Bulk Infrastructure Grant was reallocated at the end of the 2019/20 national financial year and transferred to Rand Water to fund the roll-out of water tanks to supply communities without reliable access to water services (RSA 2020e).

A further amount of R151 million had been approved for release from the Municipal Disaster Relief Grant to support non-metropolitan municipalities with the costs of sanitisation, and increased provision of other municipal services. The government is also supporting municipalities to reallocate funds from other conditional grants that are projected to be underspent (RSA 2020e).

Supply of water tanks and tankers/trucks

The supply and distribution of water through water trucks is a short term relief measure to combat the spread of the coronavirus pandemic, with a focus on hotspot areas that have limited access to basic potable water supply. The National Department of Water and Sanitation (DWS) had been responsible for this task through a directive from the DWS Minister to ensure that all communities have access to water and to increase the provision of water and sanitation in high-density public areas, informal settlements, and rural areas. Easily accessible places such as schools and hospitals had been identified within municipalities for water tankers to be stationed (PMG 2020b).

Rand Water was appointed to coordinate all activities in respect of distribution, in conjunction with other water entities across South Africa. The objective was to deliver water tanks, water tankers, and standpipes (DWS 21 April 2020). The other water entities included Lepelle Northern Water in Limpopo, Amatola Water in Eastern Cape, Overberg Water in Western Cape, Sedibeng Water in Free State and the Northern Cape, Magalies Water in North West Province (DWS 21 April 2020). Rand Water was responsible for the supply of water in Mpumalanga and Gauteng.

Consequently, a national total of 18 875 water storage tanks, as indicated in Table 1, had been allocated for delivery to areas in dire need of safe and clean water, mainly in rural areas, across all provinces. More water tanks had been allocated to the Eastern Cape Province. The water tanks are part of the interventions by the DWS to enable a reliable supply of water to communities to ensure that people regularly wash their hands with soap and water to contain the spread of the deadly coronavirus.

Table 1: DWS COVID-19 Water supply Programme Status as of 20 April 2020 (DWS 21 April 2020)

Province	Number of tanks allocated	Tanks delivered	Number of tanks remaining to be delivered	Tanks installed	Number of tankers allocated	Tankers/ trucks delivered	Number of tankers remaining to be delivered
Western Cape	719	526	193	125	59	53	6
Eastern Cape	5395	4678	717	2583	201	171	30
Northern Cape	805	507	298	280	86	70	16
North West	1223	1285	0	225	145	145	0
Free State	2533	1217	1316	744	134	134	0
Limpopo	726	440	286	61	43	34	9
Gauteng	2812	1785	1027	667	56	46	10
Mpumalanga	651	299	352	8	60	59	1
KwaZulu-Natal	4011	4000	11	3005	532	527	5
Total	18875	14737	4200	7698	1316	1239	77

The Eastern Cape received 4 678 water tanks of the 5 395 water tanks allocated to the province. Of these 2 853 tanks were installed. Although 201 tankers (trucks) were allocated to the province 171 were delivered and in use as of 20 April 2020. The water tanks were delivered to the Eastern Cape's metropolitan municipalities, Buffalo City (271) and Nelson Mandela Bay (108). More water tanks were delivered in Alfred Nzo (595), Amathole (516), Chris Hani (803), Joe Gqabi (112), OR Thambo (978), and Sarah Baartman (1078) districts by 20 April 2020. The Eastern Cape Government also declared the province a drought disaster area to enable it to release funds to help affected municipalities.

Table 2: Eastern Cape Intervention as at 20 April 2020 (DWS 21 April 2020)

Municipalities	Number of tanks allocated	Tanks delivered	Tanks installed	Number of tankers allocated	Tankers/ trucks delivered	Tankers in use
Buffalo City Metropolitan	301	271	221	18	18	18
Nelson Mandela Bay Metropolitan	100	108	0	7	7	7
Alfred Nzo District	656	595	88	10	10	10
Amathole District	740	516	251	36	36	36
Chris Hani District	890	803	428	41	41	41
Joe Gqabi District	265	112	56	12	12	12
OR Thambo District	1251	978	634	22	22	22
Sarah Baartman District	1181	1088	749	25	25	25

In Limpopo, 726 water tanks were allocated (see table 1 and table 3). By 20 April 2020 Limpopo province received water 440 tanks in the districts of Vhembe (132), Waterberg (122), Sekhukhune (80), Capricon (87), Mopani (53), and Polokwane (25) (see table 3). To supplement these water tanks, the DWS also delivered 27 water tankers (trucks) to remote communities through its entity, Lepelle Northern Water (LPG 11 April 2020). The tankers were delivered to Vhembe, Sekhukhune, Bela-Bela, Polokwane, Mopani, Polokwane, Lephalale, Mogalakwena, Thabazimbi and Mokgopong/Modimolle (LPG 11 April 2020). Of the 43 water tankers allocated to the Limpopo province, 34 had been delivered as of 20 April 2020.

Table 3: Limpopo Intervention as of 20 April 2020 (DWS 21 April 2020)

Municipalities	Number of tanks allocated	Tanks delivered	Tanks installed	Number of tankers allocated	Tankers delivered	Tankers in use
Capricorn District	87	53	17	5	5	5
Sekhukhune District	150	80	4	13	4	3
Mopani District	115	53	8	4	4	4
Vhembe District	132	132	32	5	5	5
Waterberg District	211	122	0	16	16	14

Table 4 indicates that 2 812 water tanks were allocated to Gauteng Province. Of these 1 785 water tanks had been delivered and 667 installed as of 20 April 2020. Also, although 56 tankers had been allocated, 46 were delivered with 37 in use by 20 April 2020. By 2 June 2020, the DWS had provided 2 211 water tanks in densely-populated areas which include the Cities of Johannesburg (COJ), Tshwane (COT), and

Ekurhuleni, and the Sedibeng and West Rand District Municipalities (DWS June 2020). More water tanks were allocated to the West Rand (555) while the least was allocated in Sedibeng (254). Various areas in the province, including Roodepoort, Soweto, and Ennerdale in the City of Johannesburg, Hammanskraal in the City of Tshwane, and Benoni in the City of Ekurhuleni benefitted from these efforts (Amatola Water 2020).

Table 4: Gauteng Intervention as at 20 April 2020 (DWS 21 April 2020)

Municipalities	Number of tanks allocated	Tanks delivered	Tanks installed	Number of tankers allocated	Tankers delivered	Tankers in use
City of Johannesburg	410	410	336	4	4	4
City of Tshwane	416	416	56	9	9	9
Ekurhuleni	300	217	58	8	8	8
Sedibeng	254	254	78	15	15	15
West Rand	555	555	65	10	10	10

Both Table 5 and Table 1 show that the Western Cape Province had been allocated 719 water tanks, with 526 tanks delivered and 125 installed by 20 April 2020. Fifty-nine (59) tankers were delivered in the Western Cape, with 53 delivered and 49 tankers in use as at 20 April 2020. Table 5 indicates that the water tanks and trucks were delivered to the district municipalities and the Metro across the province, that is, in the City of Cape Town (93), Overberg (50), Cape Winelands (75), Central Karoo (63), Garden Route (88), and West Coast (55) by 20 April 2020.

Table 5: Western Cape Intervention as at 20 April 2020 (DWS 20 April 2020)

Municipalities	Number of tanks allocated	Tanks delivered	Tanks installed	Number of tankers allocated	Tankers delivered	Tankers in use
City of Cape Town	267	93	61	31	31	31
Overberg	50	50	5	3	1	1
Cape Winelands	75	75	33	5	5	3
Central Karoo	63	63	0	3	3	1
Garden Route	88	88	21	5	2	1
West Coast	55	55	5	4	2	2

Supply of hygiene materials

Through its Sanitation Work-stream, the DWS also coordinated the supply and distribution of hygiene materials to vulnerable communities and individuals to ensure that their homes are disinfected and or sanitized at all times to raise awareness of good hygiene practices as a means to combat the spread of the coronavirus (DWS 21 April 2020). Hygiene material packages included, water bucket used to fetch and store water for 24 hours, hand sanitizer, gloves and face masks, bleach, disinfectant, and bars of soap. Consequently, 53 945 sanitizers and 17 691 bars of soap had been distributed across all provinces by 20 April 2020, as indicated in Table 6.

Limpopo received most (9 110) sanitizers and 2 300 bars of soap while Eastern Cape received 4 076 sanitizers and 1 008 bars of soap (DWS 20 April 2020). Furthermore, Gauteng received 2 060 sanitizers and 2 847 bars of soap while Western Cape received 4 116 sanitizers and 1 000 bars of soap (DWS 20 April 2020).

CHALLENGES

Challenges in the supply and distribution of water tanks and tankers included delays in the distribution thereof (PMG 2020b). The reason for this delay, according to Minister Lindiwe Sisulu, was because, for a tank to be of use, it needed to be mounted on a platform (PMG 2020b). The provision of the platforms was the responsibility of municipalities. A further challenge was that municipalities faced challenges in accessing the cement and bricks needed for mounting and fixing the tanks in position, as hardware shops were closed during the total lockdown. All supplies from hardware stores had dried up. This state of affairs had caused delays. To address this challenge the Minister of Trade and Industry declared hardware stores essential services selling essential goods (PMG 2020b). The opening of hardware stores was expected to allow the rollout of water tanks to continue.

Furthermore, although there had been an agreement reached with the Minister of Basic Education that residents could obtain water from schools in areas under particular distress, this was stopped because of the vandalism of schools (PMG 2020b). It seems as if the initiative to provide water at easily accessible places such as schools had not been fruitful after all as this placed schools at risk of incidents of vandalism and burglary. The Basic Education Minister Motshekga had condemned the incidents of vandalism, burglary, and destruction of schools across several provinces in a statement (DBE 17 April 2020). In light of these reports, the direct link between access to water in schools and vandalism in schools needs to be established. Vandalism of water resources and infrastructure had also been reported (Monyakeni, April 2020).

Despite the supply and distribution of water tanks and tankers in the different provinces, some challenges had been noted. According to Mnisi (May 2020), information gleaned from the Ga-Kobe and Ga-Mphakani villages in Limpopo Province had revealed continuing deficits in water and sanitation provision where water and sanitation disaster relief facilities had not yet been received. Complaints about the lack of water or quality of water had been noted in these communities. These complaints included instances where water is sold by those with boreholes, limited times of access to water, and residents queuing for water and shared standpipes making social distance a challenge (Mnisi, May 2020).

Basson's report (Mnisi, May 2020) indicated that in Mbizana, in the Eastern Cape, emergency tanks were empty since they had only been filled at the time of delivery. In a similar observation, it was reported that emergency tanks in the Ramaphosa informal settlement in Motherwell, in Port Elizabeth, periodically ran dry (Ground up: cited in Mnisi, May 2020).

In the Western Cape, the number of households sharing communal standpipes and toilets was reported to be a huge problem in terms of dealing with the COVID-19 pandemic. The City of Cape Town apparently aimed to provide one water tap for every 25 families within a 200m radius and one toilet for every five families, which would comply with the Emergency Housing Programme (Hara *et al.* 2020). But, this had proven to be insufficient since for example in the Marikana informal settlement in Phillipi Township, the City of Cape Town had provided 50 communal standpipes for more than 60 000 residents (Hara *et al.* 2020). In Endlovini, in Khayelitsha, an estimated 20 000 people share 380 communal toilets which translate to about 53 people per toilet (Hara *et al.* 2020), and this was far beyond the required one toilet for every five families.

Reports on the 'Voices of South Africa's Informal Settlement Residents' in major cities during the COVID-19 crisis also noted severe basic service shortages concerning access to water, clean toilets, and waste removal (International Budget Partnership 2020). The major cities included Johannesburg, Ekurhuleni, and Tshwane in Gauteng Province, Cape Town in the Western Cape Province, and Buffalo City in the Eastern Cape Province. The 30 June 2020 report on metro municipalities noted that sanitation remained a serious problem, with some residents in Johannesburg and Cape Town reporting that they did not have access to sanitation; some complaints were about dirty toilets in Johannesburg and Cape Town, and residents reporting that broken and blocked toilets were not being fixed in Cape Town (International Budget Partnership 2020). The same report on non-metro municipalities noted that many residents in Port St. Johns, in the Eastern Cape, did not have access to municipal sanitation and had to construct their pit toilets, did not have regular access to water, and residents were not provided with soap or hand sanitizers (International Budget Partnership 2020).

DISCUSSION

In honouring the directions issued in respect of the provision of water during the COVID-19 crisis in the country, there has been a commendable roll-out of water tanks to communities in need across both urban and rural provinces by the National Department of Water and Sanitation. This incredible work was due to good collaboration between the three spheres government, including the provincial water entities. Similarly, there were lots of efforts in the provision of other essential services such as sanitation and waste management at the local government level in the different provinces, albeit with challenges and complaints noted in some instances.

One of the most concerning challenges included sharing of communal standpipes and queuing for water which made social distancing impossible due to overcrowding at the water provision sites especially in densely populated areas across both urban and rural provinces. Furthermore, the sharing of communal standpipes and toilets is also of great concern as this situation increases the spread of infections through touching of shared surfaces. This situation calls for interventions by all relevant stakeholders regarding how to avoid and minimise the spread of infections in this regard.

A 2013 report on the General Household Survey, stated that provinces consisting mainly of urban areas and formal agricultural rural areas, such as the Western Cape and Gauteng had better access to basic

services compared to predominantly rural provinces, such as the Eastern Cape and Limpopo (Statistics SA 2014). However, this case study does not show any evidence in support of the above-mentioned view. Instead, there seems to be improved access to water and sanitation during the COVID-19 crisis across both predominantly rural and predominantly urban provinces owing to interventions by the national government through the DWS in response to the pandemic. In addition, the 30 June 2020, report on 'Voices of South Africa's Informal Settlement Residents' in metro municipalities during the COVID-19 crisis noted some significant improvements in Cape Town and Johannesburg with regards to toilet cleaning, and most metros continuing to provide some soaps and hand sanitisers. The report had also shown improved refuse removal in Ekurhuleni (International Budget Partnership 2020).

The challenges noted in the provision of essential services in municipalities across provinces are partly due to the financial burden placed on municipalities during the COVID-19 lockdown. Therefore, the COVID-19 financial relief for municipalities could go a long way in alleviating the municipalities' strained finances. Also, the municipalities could use their share of the R11 billion of additional equitable share funding announced by the Finance Minister, Tito Mboweni, as well as reprioritised conditional grant funding, to address their service delivery challenges.

LIMITATIONS

The information provided in this case study provides a snapshot of the delivery of water and sanitation services during the early phase of the COVID-19 pandemic in South Africa. Also, since this case study was a document analysis, the information provided is restricted to what had been documented at the time of the study. More information is likely to be documented as more developments of the COVID-19 pandemic unfolds.

The findings reported herein could be corroborated through information obtained using other data collection methods such as interviews with relevant stakeholders. That is, the information reported in this case study could be strengthened through information from other sources and or using other data collection methods. For example, the information provided in Table 2 to 5 does not always add up to the correct totals presented in Table 1. As such, it would add more value to the information in this case study to verify this information through interviews with relevant stakeholders from the DWS.

CONCLUSION

Service delivery challenges in both predominantly rural and predominantly urban provinces have been noted with both areas needing attention during the COVID-19 crisis and beyond. It is important to note that some of these challenges have been in existence long before the COVID-19 pandemic and were exacerbated during the period. The South African government has done great work in ensuring improved service delivery with respect to the provision of clean water and proper sanitation including the provision of hygiene material across both areas despite the challenges experienced. These efforts, commitment, and collaboration across national, provincial, and local spheres of government should be sustained beyond the COVID-19 national state of disaster. This should be done in the spirit of ensuring the provision of basic services to communities in a sustainable manner as per the local government's mandate.

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DEPLOYMENT OF THE SOUTH AFRICAN NATIONAL DEFENCE FORCE FOR COVID-19: A CASE STUDY ON GOVERNANCE[1]

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INTRODUCTION

Within a period of less than three months, the novel coronavirus SARS-CoV2 with its origin in Wuhan, China, caused an infectious disease (COVID-19) of global proportions and was declared a pandemic by the World Health Organization (WHO) on 11 March 2020 (Africa Check 2020; World Health Organisation 2020). It had no cure and there was no vaccine against this disease. As a result it became an existential *security threat* to the world in general, and more specifically South Africa. A security threat or challenge is "… actions or events that put at risk the material or identity basis upon which individuals, societies, states and perhaps even the planet have come to expect or rely" (Herd, Puhl and Costigan 2013:1). COVID-19 fits the bill.

Based on the experience in northern hemisphere countries where it occurred first, it quickly became evident that the virus is specifically dangerous to vulnerable segments of the population such as the elderly and those with underlying medical conditions like diabetes, cardiovascular disease, cancer and chronic respiratory disease are more likely to develop serious illness that could in many cases lead to death. South Africa, with its many crowded informal settlements and coinciding malnutrition, high disease rate of HIV/AIDS, tuberculosis and other respiratory infections, submits that it has a vulnerable population (Gunther 2020). It was therefore safe to postulate that an uncontrolled outbreak would have severe implications, both directly for the South African population and indirectly for the already weak South African health infrastructure and consequently the South African economy, which was already in poor shape before the virus was diagnosed in South Africa.

Consequently, the African National Congress-led South African government acted proactively before the full force of the pandemic reached South Africa. President Cyril Ramaphosa announced aggressive suppressive measures, including a country-wide lockdown and the coinciding internal deployment (Operation Notlela) of the South African National Defence Force (SANDF) in support of the South African Police Service (SAPS) (Günther 2020; Heinecken 2020). The aim of the lockdown was to "flatten the curve"; to prevent COVID-19 infections from escalating (Parliamentary Monitoring Group 2020:2). The initial deployment of 2 820 soldiers on 25 March 2020 escalated within three weeks to 73 180

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1 This is an academic document and contains facts and opinions that the authors alone considered appropriate and correct for the subject. It does not necessarily reflect the official policy or the opinion of the South African Government or Department of Defence and Military Veterans, or the Stellenbosch University.

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by 21 April 2020 (Bailie 2020; Merten 2020), which is, in theory, the biggest-ever deployment of the SANDF. Mr Ramaphosa stated the reason for this deployment as: "… for service in co-operation with the [SAPS] in order to maintain law and order, support other State Departments and to control our border line to combat the spread of COVID-19." The deployment was further extended at the end of June 2020 to last until the end of September 2020, but with a reduction in manpower from 76 000 soldiers to 20 000 soldiers (Reuters; Staff Writer 2020).

This deployment was praised in some quarters and criticised in others (Bailie 2020; Burger and Peddle 2020; DefenceWeb 2020; Heinecken 2020; Madia 2020; Merten 2020; Rogers 2020). Criticisms and concerns ranged from questioning the legality of the deployment (De Vos 2020; Merten 2020), the procedures followed to authorise the deployment (Merten 2020) and the available manpower and equipment (Heinecken 2020), to whether the soldiers were appropriately trained to perform their duties in relation to this particular mission (Heinecken 2020). These criticisms are continually shared on news platforms and social media and highlight the fissure in South African civil-military relations, which has existed since the establishment of the SANDF in 1994, and has continued to deteriorate. In this cases it is especially the criticism and concerns about the legality and procedures followed to authorise the deployment of the SANDF for COVID-19 that require closer inspection; especially from a legal and governance perspective. Consequently, this deployment of the SANDF provides a compelling case to evaluate governance in action.

Governance, policy, the SANDF and COVID-19

Governance is a comprehensive term encompassing various core principles. The World Bank (2020) broadly defines governance as the exercise of political authority and the use of institutional resources to manage society's problems and affairs. "Society" refers to both citizens and private sector entities. Likewise, the Mo Ibrahim Foundation (2020) provides a more comprehensive and Africa-contextualised definition of governance as: "… *the provision of political, social and economic public goods and services that every citizen has the right to expect from their state, and the state has the responsibility to deliver to its citizens.*" A local academic, Professor Ivor Sarakinsky, provides a more focussed definition of govenance when he describes it as a process with the purpose of steering organisations, whether public or private, in the right direction, through various mechanisms such as accountability, oversight, compliance and transparency (Sarakinsky 2019). Hence, one can deduce that the SANDF is one of the resources at the disposal of government and if COVID-19 is viewed as one of society's problems and affairs, then it would be safe to say that in this instance government has exercised its political authority to deploy the SANDF to solve a problem to the benefit of the population (citizens). The solving of the problem is the "goods and services" provided through the SANDF that should be steered in the right direction through the various mechanisms that ensure the interaction of the state, civil society and the private sector.

Furthermore, the Mo Ibrahim Foundation (2020) developed an index consisting of four quantifiable and measurable components, functioning as indicators, to measure governance within states. These key components are safety and the rule of law, participation and human rights, sustainable economic opportunity and human development. Regarding the SANDF's deployment for COVID-19, the assumption is made that the safety and rule of law component of governance would be most applicable to this case. Closer inspection of the index reveals that this component consists of the subcategories of the rule of law, transparency and accountability, personal safety, and national security. In the case of the SANDF's COVID-19 deployment, the rule of law, personal safety and national security are viewed as the most relevant subcategories. The above suggests that governance and law are closely linked. Bell (2015:2-3) supports this observation when she states that the Constitution provides the legal framework for the legal and political institutions through which government takes place, the

governance institutions are creatures of law and operates according to law, and good government depends on a legal platform. Thus, the Constitution of the Republic of South Africa (1996) serves as guiding document for the country's security framework, as does the Defence Review 2015 (DR2015) (Department of Defence [DoD] 2015) for the DoD and doctrine in the SANDF.

The SANDF is a public organisation and is therefore part of what is referred to as the security sector, which implies the concept of security sector governance (SSG). The Geneva Centre for Security Governance (n.d.) states that SSG refers to the process by which accountable security institutions transparently supply security as a public good via transparent policies and practices. Hanggi (2003) describes SSG as a combination of the concepts of security and governance at the state level. In the case of the SANDF, this refers, to *inter alia*, the Defence Act No. 42 of 2002, the DR2015 (DoD 2015) and the White Paper on Defence (DoD 1996). De La Harpe, Rijken and Roos (2008:1) state that in the context of social security, good governance refers to ideas and values on how a state should act towards individuals (De La Harpe *et al*. 2008:1). Thus, human rights are seen as a "way to set minimum standards on how a state should govern" (De La Harpe *et al*. 2008:1) and the same can thus be said of the SANDF as an instrument in the hands of government.

In his opening address in February 2020, as newly elected chairperson of the African Peer Review Mechanism, President Ramaphosa highlighted the importance of the good governance principle (South African Institute of International Affairs (SAIIA). According to Ramaphosa, "real" peace and prosperity can only be gained through good governance (SAIIA 2020); thus emphasising the importance of governance in the utilisation of state resources such as the SANDF. Hence, analysing the case at hand will provide knowledge and understanding of the rationale and processes followed in involving the SANDF in a domestic health matter and furnish knowledge and understanding of the legal, policy and institutional frameworks that guide this deployment.

METHODOLOGICAL CHOICE

The case of the SANDF's deployment for COVID-19 creates a unique situation where a methodological choice can be made, which is to analyse the current situation by applying the case study as the strategy of inquiry. In this instance, the researchers used an instrumental case study (Stake 2000:437) to gain insight into the issue of the SANDF's domestic deployment in relation to COVID-19. The researchers will follow Stake's (2000:437) notion that the instrumental case study draws the researcher into illustrating how the concerns of researchers and theorists (regarding the SANDF's domestic deployment) are manifested in this case. Data for this study were compiled through desktop research and document analysis. This provided a starting point for examining the governance-related issues in terms of the SANDF deployment in this case. This case study covers the period 23 March to 31 May 2020.

According to Sarakinsky (2017), the definition of governance can be used as a diagnostic tool focussing on four elements. The first is the **exercise of authority or power,** which is purely about rule-based behaviour by government, publicly mandated institutions and the democratic process that gives those in power the authority to rule. Secondly, **managing societies' problems and affairs** is about using state resources to address the problems and challenges that citizens experience; capturing the issue of responsive government, and thirdly, the **use of institutional resources** normally occurs through a beaurocracy, which is the machine that changes policy into practice and outcomes by using resources to implement, *inter alia,* policy. Lastly, **steering** involves directing government in the right direction (positive and constructive) by using steering mechanisms such as participation, decentralisation, the rule of law, process, accoutability, transparency, oversight and ethics.

Sarakinsky (2017) observes that participation refers to deliberate democracy where institutions function in consultation with the community; decentralisation refers to cascading power down to the lower levels; rule of law implies the same consequences for all who do not comply with the law; process refers to the standards, rules and guidelines used to obtain a common goal; accountability is about taking responsibility for one's actions; transparency is about making information available to citizens to enable them to confirm that government is looking after their interests; oversight is an action mechanism related to accountability and includes, *inter alia*, the power to implement corrective measures; and ethics is about the framework that guide behaviour in terms of what is right and what is wrong. Using this diagnostic tool supports Stake's (2000:437) observation that the instrumental case study tends to take advantage of already developed instruments and preconceived coding schemes. This diagnostic tool will thus be applied as a theoretical framework for analysing governance and subsequenty, to make sense of governance-related issues in the deployment of the SANDF in this case.

Based on an assumption that governance and law are interlinked, the discussion and analysis focus on the SANDF's counter-intuitive domestic deployment of its forces by contextualising the role of the SANDF through the rationale of deploying the SANDF internally in relation to national security and health security, followed by an analysis of the legality of deploying the SANDF internally, before continuing to the military-related governance and defence policy that guides this deployment.

NATIONAL SECURITY AND THE RATIONALE FOR THE DOMESTIC DEPLOYMENT OF THE SANDF

National security is one of the subcategories of safety and the rule of law resorting under one of the four categories that the Mo Ibrahim Foundation (2020) has developed as quantifiable and measurable indicators of the overarching dimension of governance. Therefore, to understand the rationale of the current deployment of the SANDF, one has to begin by understanding what national security is and how the SANDF was mandated to deploy internally. From the notion that the Constitution of the Republic of South Africa (1996) serves as a guiding document for the country's security framework, national security is conceptualised in section 198(a): "*National security must reflect the resolve of South Africans, as individuals and as a nation, to live as equals, to live in peace and harmony, to be free from fear and want and to seek a better life.*" One can broadly interpret that COVID-19 specifically threatens the "… *free from fear and want* …" part of the description. The concept is further refined by the DR2015 (DoD 2015:1-2) as "… *all-encompassing conditions in which individual citizens live in freedom, peace and safety; participate fully in the process of governance; enjoy the protection of fundamental rights; have access to resources and the basic necessities of life; and inhabit an environment which is not detrimental to their health and well-being.*" It is thus clear that the threat emanating from COVID-19 constitutes a threat to national security in general and more specifically, human security (United Nations Development Programme 1994) or, as termed by the Mo Ibrahim Foundation (2020), personal safety. If one considers that Hendricks and Musavengana (2010:2) observed that if a population wants to be free from fear or want it requires a security sector that is responsive to the needs of its citizens, it makes sense that a state would deploy its military in support of its citizens. This, however, raises the question as to whether the SANDF can be deployed internally simply to ensure that its citizens are "… *free from fear and want* …"; especially when considering the historical context of how the military was (mis)-used by the apartheid regime to oppress the majority of South Africans.

The health and security nexus

While referring *inter alia* to pandemics, Dijkstra and de Ruijter (2017:613) confirm that public health may affect security and vice versa. It is thus rational to link *free from fear or want* with the WHO's (2020a) notion of "global public health security"; referring to both proactive and reactive activities to minimise the impact of acute public health events, as in the case of COVID-19. A lockdown enforced by the security services of a state can thus be viewed as a proactive activity to minimise the risk of spreading the disease; thus providing what can be referred to as a health and security nexus.

From the preceding it is clear that from a governance perspective, the South African government is legally mandated to exercise authority or power to manage society's problems and affairs relating to national security, including health security, to ensure the personal safety of its citizens. It is furthermore in principle mandated to use an institutional resource such as the SANDF. It is therefore necessary to take a closer look at the lawfulness of the SANDF's internal deployment. This lawfulness would be guided by various laws and policies.

LAWFULNESS OF THE CURRENT INTERNAL DEPLOYMENT

In order to analyse the lawfulness of this deployment in the current context, one has to start with the first section of the Disaster Management Act (Disaster Management Act No. 57 of 2002), which defines a "disaster" as a progressive or sudden, widespread or localised, natural or human-caused occurrence that causes or threatens to cause, *inter alia*, death, injury or disease. This therefore refers to citizens seeking to be free from fear or want. Furthermore, this occurrence must be of a magnitude that exceeds the ability of the affected persons to cope with it using only their own resources. Moreover, in accordance with section 23(6)(a) of the said Act, the disaster will be classified as a "natural disaster" if it affects more than one province. It is obvious that COVID-19 unequivocally meets these criteria and would require a response from government.

In addition, Section 27 of the Disaster Management Act (Disaster Management Act No. 57 of 2002) mandates the declaration of a national state of disaster. According to Section 27(2)(a), once so declared, the Minister (the Minister of Cooperative Governance and Traditional Affairs) may authorise the release of any available resources of the national government as well as the release of personnel of a national organ of state for the rendering of emergency services (Disaster Management Act No. 57 of 2002: Section 27(2)(b)); hence implying that the SANDF can be utilised as an organ of the state (institutional resource).

Furthermore, in assessing the domestic deployment of the SANDF, the point of departure will inevitably be its general legal framework. The subsequent discussion will therefore focus on the specific mandate to deploy soldiers internally to fight the spread of COVID-19, its legality, and the applicability of human rights law. From a legal perspective, the ultimate debate will be to identify the bottlenecks of the current domestic deployment (the case study at hand) and to align these bottlenecks with the legislative mandate.

The criticism and questions arising from the SANDF's internal deployment are not unique to SA. Globally, there are numerous calls from political and military establishments for armed forces to re-align and incorporate domestic security as part of their core function (Head and Mann 2009:172). However, a local researcher, Esterhuyse (2019:6), warns that, in their perceptions of national security, liberal democracies rely on the differences between internal and external security, and the distinct roles of the police and the

military are primarily linked to internal and external security, respectively, which support the necessity of studying the case of the SANDF's internal deployment from a governance perspective.

However, the SANDF has a broader role to play than merely defending the country's sovereignty (DoD 2015). In this regard, Mr Roelf Meyer, chairperson of the Defence Review Committee, emphasises that the question is not only "what the Defence Force is against" but also "what the Defence Force is for" and "what the Nation expects its Defence Force to do" (DoD 2015:iii). Against the backdrop of knowing that in essence the military can be utilised internally as an organ of the state, the legal inquiry commences by focusing on the general legal framework of the deployment.

General legal framework of internal deployment

The Constitution of the Republic of South Africa (1996) is the supreme law of the country (Constitution of the Republic of South Africa 1996: section 2) and all other legislative provisions are therefore subordinate to it (Currie and De Waal 2015:9). This principle dictates that the rules and principles of the Constitution have priority over any other rules made by the government, the legislature or the courts. Currie and De Waal (2015:9) emphasise that any law or conduct that is not in accordance with the Constitution, either for procedural or substantive reasons, will not have force of law. Constitutional democracy is the cornerstone to consider when interpreting any statute in national law. Concerning the SANDF, section 202(1) of the Constitution determines that the President is the Commander-in-Chief, and section 200(2) establishes the "primary object" of the SANDF. The word "primary" can be interpreted as of principal or chief importance and does not exclude other potential roles of the military. The "primary object" is described by means of a triad, to wit:

- Defend and protect the Republic;

- Defend and protect the territorial integrity; and

- Defend and protect its people (Constitution of the Republic of South Africa, 1996: section 200(2)).

Although the object is clearly defined, the Constitution does not stipulate the threat against which protection is needed. Montesh and Basdeo (2012:79) argue that although "defend" and "protect" are normally synonymous, the inclusion of both words is indicative of a clear distinction in the intent of their use. They propose that "defend" would imply defence against a military threat (external belligerent) and "protect" would include protection from natural disasters and crime and violence beyond the control of the police.

Furthermore, section 201(2) stipulates three instances where SANDF employment may only be authorised by the President; namely:

- Employment in cooperation with the police service;

- Employment in defence of the Republic; and

- Employment in fulfilment of an international obligation (Constitution of the Republic of South Africa 1996).

Sections 201(3) and 201(4) constitute further imperative procedural requirements in that, in the event of employment in terms of section 201(2) the President **must** (highlighting by the authors) inform

Parliament, promptly and in detail, of the following:

- Reasons for employment;
- Place of employment;
- Number of people involved; and
- Expected period of employment (Constitution of the Republic of South Africa 1996).

In the event of Parliament not being in session during the first seven days after the Defence Force is employed as such, the President **must** provide the above-mentioned information to the appropriate oversight committee (Constitution of the Republic of South Africa 1996: section 201(4)). The interpretation is that the President can only deploy the SANDF internally in a designated area for a specific purpose and for a specific period. From a governance perspective, it refers to Sarakinsky's (2017) notion of exercising authority or power related to rule-based behaviour by government, the utilisation of publicly mandated institutions, and the following of democratic processes.

Although the Constitution of the Republic of South Africa (1996) does not stipulate the secondary objects of the SANDF, through section 24(1) in Schedule 6, it provides for the retention of section 227(1) of the Interim Constitution (1993). This section establishes the functions of the SANDF, including "service in preservation of life, health or property" and "service in the upholding of law and order in the Republic in cooperation with the South African Police Service under circumstances set out in a law where the said police service is unable to maintain law and order on its own" (Interim Constitution of the Republic of South Africa No. 200 of 1993: section 227; Montesh and Basdeo 2012:79). Hence, section 227(1) of the Interim Constitution is still applicable.

Also of importance is section 199(5) of the Constitution (Constitution of the Republic of South Africa 1996), which enforces a legal obligation on the security services, including the SANDF, to act, teach and require their members to act in accordance with the Constitution and the law. This imposes a continuous duty on the SANDF.

The legal framework for the SANDF is, however, not only provided by the Constitution, but also includes the Defence Act No. 42 of 2002. Sections 18 –20 of the Defence Act (Defence Act No. 42 of 2002) expound the constitutional regulations for the internal employment and use of the SANDF. However, the third chapter of this Act must be read in conjunction with section 201(2) of the Constitution (Constitution of the Republic of South Africa 1996).

Thus, in addition to the employment as contemplated in section 201(2) of the Constitution, section 18 of the Defence Act (Defence Act No. 42 of 2002) mandates the President or the Minister (Minister of Defence and Military Veterans) to authorise internal deployment for the following purposes:

- Preservation of life, health or property in emergency or humanitarian relief operations;
- Provision of essential services;
- Provision of support to any department of state; and
- Effecting national border control.

In the event of such authorisation, the President or Minister **must** provide Parliament with the same information as stipulated in sections 201(3) and 201(4) of the Constitution, as well as additional

information on the expenditure incurred or expected to be incurred (Defence Act No. 42 of 2002: section 18(2)(e)). Moreover, section 18(5) stipulates that Parliament **may** confirm, amend, substitute or terminate this authorisation by resolution within seven days (Defence Act No. 42 of 2002).

By the same token, section 19 of the Defence Act stipulates that for employment in co-operation with the SAPS, the Minister **must** give notice of such employment in the Gazette within 24 hours of the commencement of such employment. Section 19(3)(c) furthermore requires that employment with the Police **must** be performed in accordance with a code of conduct and operational procedures approved by the Minister (Defence Act No. 42 of 2002: section 19(3)(c)(i)), as well as such guidelines regarding the cooperation and command and control of soldiers and policemen, which the Chief of the SANDF and the National Commissioner of the SAPS **may** determine (Defence Act No. 42 of 2002: section 19(3)(c)(ii)). It is submitted that the wording of section 19(3)(c) is ambiguous. On direct interpretation, it appears as if the code of conduct and operational procedure mentioned in section 19(3)(c)(i) are mandatory, but the guidelines mentioned in section 19(3)(c)(ii)(aa) and (bb) are optional, at the discretion of the said officials.

In addition to sections 18 and 19, section 20 of the Defence Act (Defence Act No. 42 of 2002) grants members of the SANDF, employed for a service contemplated in section 201(2) of the Constitution or section 18 of the Defence Act, certain explicit powers, duties and liabilities. Numerous sections of various acts are mentioned as legislation applicable to deployed soldiers. Examples are the South African Police Act (South African Police Act No. 68 of 1995); the Criminal Procedure Act (Criminal Procedure Act No. 51 of 1977); and the Road Traffic Act (Road Traffic Act No. 29 of 1989). This results in an expectation that soldiers should have similar competencies, obligations and liabilities as policemen or traffic officers. Powers include law enforcement powers such as arrest of citizens, search of premises, seizure of property, and conducting of roadblocks. The obligations include the use of minimum force which is reasonable in the circumstances (South African Police Act No. 68 of 1995: section 13(3)). These powers and duties may only be exercised for the purposes of the execution of the specific employment, prevention of crime, maintenance of law and order, or preservation of the internal security of the Republic. They exclude the investigation of crime (Defence Act No. 42 of 2002: section 20(2), 20(3)).

Section 20 of the Defence Act (Defence Act No. 42 of 2002) also provides that, during said internal employment, members of the SANDF shall be regarded as peace officers as defined in section 1 of the Criminal Procedure Act (Criminal Procedure Act No. 51 of 1977) and that members of the SANDF and the SAPS will not have any command and control over each other. The final provision in section 20(11) determines that members of the SANDF **must** receive appropriate training **prior** to such employment and **must** be equipped properly. Upon scrutinising section 20, one of the powers conferred on soldiers who are internally deployed, provided in section 49 of the Criminal Procedure Act (Criminal Procedure Act No. 51 of 1977), regulates the use of deadly force while attempting to make an arrest. Section 49(2) initially authorised "justifiable homicide" where a person was killed during an attempted arrest. However, in 2002 the Constitutional Court pronounced certain parts thereof unconstitutional in the case of The Minister of Safety and Security and Others: In Re Walters and Others (Minister of Safety and Security and Others. 2001). Without discussing the total ambit of the "new" section 49(2), the effect of the Walters case is that, when effecting an arrest, lethal force will only be justified under very strict circumstances, to wit:

• Where the life of the arrestor is threatened, and

• Where the life/lives of another/others is/are threatened (Minister of Safety and Security and others: In re State v Walters and other 2001).

Concerning the limitations of the "new" section 49(2), the SANDF has adopted a narrower policy, delineating the scope of the use of force by its members during internal operations. The SANDF promulgated an instruction in 2003 (DoD 2003) that determines what amount of force may be used to arrest a suspect or overcome resistance to arrest. This instruction differentiates between force that excludes the use of a firearm and force that includes the use of a firearm (DoD 2003). The deadly force authorised in terms of this instruction mirrors the normal requirements of private defence (self-defence in ordinary language) available to all citizens.

Another power available to internally employed soldiers is that of crowd management. Section 9 of the Regulation of Gatherings Act (Regulation of Gatherings Act No. 205 of 1993) authorises deployed soldiers to perform various acts concerning the dispersing of gatherings or demonstrations.

The Chief of Joint Operations of the SANDF issued a pocket guide for internal operations to serve as guidance to members on legal aspects. This pocket guide was drafted for a specific border control employment mandate, but has frequently been used for other internal operations since 2004 (SANDF n.d.). The SANDF and the SAPS must furthermore both adhere to a joint instruction during all joint operations; this instruction was mutually entered into in 2001 (DoD 2001). The instruction provides regulations applicable to the handling of crime scenes and other potential encounters, and specifies the various roles of soldiers and policemen.

In appraising the general legal framework of internal deployment of the SANDF, although lacking legal force, the defence doctrine often influences decision-making. In this regard, the White Paper on Defence (1996) discourages the deployment of the SANDF in support of the SAPS. According to this document, such deployment should only happen "in the most exceptional circumstances, such as a complete breakdown of public order beyond the capacity of the SAPS, or a state of national defence" (DoD 1996; Heinecken 2019:26). However, the South African DR2015 (DoD 2015) acknowledges the deployment of soldiers in protecting South Africa's people. The Defence Review recognises four main security challenges to the South African public/citizenry that would require a defence response; namely, acts of terror, social stability, organised and violent crime, and natural disasters (Burger and Peddle 2020; DoD 2015:2-28).

Specific legal mandate for SANDF to deploy internally for COVID-19

On the evening of 23 March 2020, following the declaration of a national state of disaster in terms of section 27 of the Disaster Management Act (Disaster Management Act No. 57 of 2002), President Ramaphosa announced the imposition of a nationwide lockdown for a period of 21 days with effect from midnight on 26 March 2020. Ramaphosa further announced the deployment of the SANDF "to support the SAPS in ensuring that the measures we are announcing are implemented" (Ramaphosa 2020). No additional information about this deployment was provided and no reference was made to the legal mandate or source of the deployment (Ramaphosa 2020). In an official letter to the Chairperson of the Joint Standing Committee on Defence, Parliament of the RSA (JSCD), dated 25 March 2020, Ramaphosa furnished the following information to Parliament (Kiewit 2020):

- Reason for employment – to serve in cooperation with the SAPS in order to firstly maintain law and order, secondly support the state departments and thirdly control the border to combat the spread of COVID-19;

- Number of people involved – 2 820;

- Period of employment – 26 March 2020 to 26 June 2020; and

- Expenditure of military operation – R641 200 290.

Subsequent to the extension of the lockdown period, Ramaphosa informed the JSCD in writing on 21 April 2020 of the employment of an additional 73 180 SANDF members in all nine provinces. The estimated cost of this employment was declared as R4 590 393 940 (defenceWeb 2020; Du Toit 2020; Parliamentary Monitoring Group 2020). Both documents stated that the employment had been mandated in terms of section 201(2)(a) of the Constitution and section 18(1) of the Defence Act (Mothapo 2020). The informing of the JSCD is a manifestation of section 199(8) of the Constitution; which giving effect to the principles of transparency and accountability (Daniels 2019:9-10), which are steering mechanisms as part of governance (Sarakinsky 2017). This is also an aspect of oversight, which is another steering mechanism (Sarakinsky 2017).

The number of soldiers to be deployed and the huge monetary implications are widely questioned. Groenewald, the leader of the Freedom Front Plus, claims a lack of openness and transparency from the government (Van der Walt 2020). However, defence analyst Heitman illustrates that it is only a pre-emptive authorisation to ensure authority for deployment when the need arises (Bailie 2020). The intention is not to deploy 73 180 soldiers simultaneously, but to rotate soldiers when fatigue sets in (Burger and Peddle 2020; Parliamentary Monitoring Group 2020). According to Xaba, co-chairperson of the JSCD, the expenditure would consist mainly of salaries and subsistence and travel allowances. Xaba indicated that the money would mainly be drawn from the department's budget, as well as from the budget of National Treasury (Du Toit 2020). To some extent, these arrangements demonstrate lack of participation as one of the steering mechanisms (Sarakinsky 2017).

A number of researchers, ranging from constitutional legal experts to non-legally qualified scholars, have raised concerns about the legality of the domestic COVID-19 deployment of soldiers (Bailie 2020; Burger and Peddle 2020; De Vos 2020; Merten 2020). Many reasons were provided to extrapolate that the deployment was unconstitutional. The concerns can as a result largely be clustered into four apprehensions:

- The deployment was mandated in terms of the "wrong" section of the Constitution (Constitution of the Republic of South Africa 1996) and/or the Defence Act (Defence Act No. 42 of 2002); therefore, the deployment of soldiers in areas other than employment with the police is unconstitutional;

- The SANDF did not meet the requirements of a code of conduct and operational procedures as required in section 19 of the Defence Act;

- The performance of law enforcement duties by the soldiers is contentious; and

- There was no adherence to parliamentary procedures and requirements.

The deployment occurred in terms of section 201(2)(a) of the Constitution (Constitution of the Republic of South Africa 1996) and section 18(1) of the Defence Act (Defence Act No. 42 of 2002). Supporters of the first concern argue that section 201(2)(a) of the Constitution (Constitution of the Republic of South Africa 1996) and section 18(1) of the Defence Act only provide for internal deployment in cooperation with the Police, and not for deployment in support of state departments as announced by the President. They reason that, if this is indeed the case, deployment to use soldiers in other areas than employment with the police, such as support of state departments, would be unconstitutional. Section 18(1)(a)-(d)

of the Defence Act provides for the rest of the President's mandate, but the wording explicitly states "in addition to the employment of the Defence Force by the President as contemplated in section 201(2) of the Constitution" (Bailie 2020; Burger and Peddle 2020; De Vos 2020). Hence, these followers argue that there is a contradiction between the Constitution and the Defence Act, and that the range of internal activities mentioned in section 18(1) (Defence Act No. 42 of 2002) exceeds services assisting the Police (Bailie 2020; Burger and Peddle 2020; De Vos 2020).

Furthermore, section 19 of the Defence Act must be read in conjunction with section 18 of the said Act, as all deployments by the President are made in terms of section 18, with additional requirements, referring to a code of conduct and operational procedures, from section 19; alternatively, that section 19 should have been used instead of section 18, as section 19 addresses employment in cooperation with the SAPS. According to De Vos (2020) this is also the argument in the heads of argument in the Constitutional Court application on the alleged torture and killing of Mr Khosa by SANDF soldiers. He furthermore posits that the logical and ethical view is that the soldiers were deployed in terms of section 18 of the Defence Act but that the deployment requires the promulgation of a code of conduct in accordance with section 19 of the Defence Act (De Vos 2020).

The authors are of the opinion that, apart from section 201(2) of the Constitution, the COVID-19 deployment could also have been mandated by the "primary object" of the SANDF to "defend and **protect** its people" contemplated in section 200(2) of the Constitution. The authors further submit that another constitutional source of the mandate could be section 227(1) of the Interim Constitution (Interim Constitution of the Republic of South Africa No. 200 of 1993), which authorises "service in preservation of life, health or property" and "service in the upholding of law and order in the Republic" in cooperation with the police.

In attempting to interpret the legislation applicable to the internal COVID-19 deployment, one must realise that constitutional interpretation is not an easy task and requires a holistic approach. Prior to the promulgation of the Constitution of the Republic of South Africa (1996), the search for the intention of the legislature was the ultimate question in statutory interpretation. This process resulted mainly in the "decoding of the written text" (Devenish 2006:251). The new constitutional dispensation requires an innovative methodology of statutory interpretation (African Christian Democratic Party v Electoral Commission and Others 2006; Devenish 2006:399). When interpreting any legislation, section 39(2) of the Constitution requires courts to promote the spirit, purport and objects of the Bill of Rights in a manner that portrays the values of South Africa's constitutional democracy (African Christian Democratic Party v Electoral Commission and Others 2006; Constitution of the Republic of South Africa 1996; Devenish 2006:400). Therefore, the constitutional interpretation must aim to ascertain the foundational values inherent in the Constitution, while the interpretation of other specific legislation must aim to determine whether the legislation is compatible with these values. It is thus focussed on recognition and applications of the purpose and values of the Constitution and not on the search for the literal meaning of the statute; hence departing from an "orthodox literal interpretation" (African Christian Democratic Party v Electoral Commission and Others 2006; Currie and De Waal 2015:135; Devenish 2006:251,403; Matiso v The Commanding Officer, Port Elizabeth Prison 1994:87).

In the midst of the public debate on the constitutionality of the deployment, Minister Mapisa-Nqakula (Minister of Defence and Military Veterans), surprisingly so, during her parliamentary briefing on 22 April 2020 (Parliamentary Monitoring Group 2020), mentioned that the legal provisions for the deployment emanated from sections 27(2) and 27(3) of the Disaster Management Act (Disaster Management Act No. 57 of 2002). The Minister did not mention the Defence Act and explained that section 27 of the

said Act mandates the employment of the SANDF in order to release resources, including personnel, to render emergency services and to assist and protect the public, prevent or combat disruptions, and deal with the destructive effects of the COVID-19 disaster (Parliamentary Monitoring Group 2020).

The legality of the mandate to deploy the SANDF internally for COVID-19 was one of the contentions dealt with by the High Court of South Africa in an application brought against the Minister of Defence and Military Veterans and Others (Khosa and others v Minister of Defence and Military Veteran and others 2020). [5]On 15 May 2020, Judge Fabricius ruled that the Constitution indeed provides for the deployment of the SANDF in conjunction with the SAPS (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:105). However, he confirmed that the precise mechanism of how that mandate is meant to operate had been left to Parliament. Parliament therefore included section 19 of the Defence Act (Defence Act No. 42 of 2002) to give effect to the broad powers in section 201(2)(a) (Constitution of the Republic of South Africa 1996). Section 18 of the Defence Act is the general provision for all internal deployments. Section 19 does not replace section 18 or 20, but specifies the preconditions for employment in cooperation with the Police (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:106). Fabricius furthermore explained that section 19 places cumulative obligations on the SANDF when it is internally employed with the SAPS (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:112).

The alleged absence of a code of conduct and operational procedures stipulated in section 19(3)(c)(i) (Defence Act No. 42 of 2002) is another controversial issue in the debate on the constitutionality of the deployment. It is argued that the current internal deployment is conducted without the required code of conduct and operational procedures (De Vos 2020). The argument is that such code and procedures may safeguard and protect the public from abuses by soldiers who are not trained to police the streets (De Vos 2020). This is also coupled with the provision in section 20(11) of the Defence Act that soldiers must receive appropriate training prior to such employment and must be properly equipped to perform their duties. Burger (Burger and Peddle 2020) warns that without prior and appropriate training and proper equipment, the purpose of the employment cannot be lawfully achieved. The authors agree with Burger, but submit that the SANDF has a generic code of conduct (DoD 2000), which is disseminated to all soldiers. This code is universally applicable in the daily lives of soldiers, whether internally deployed or not. The code promotes constitutional values such as "I respect the democratic political process and civil control of the SANDF", "I accept personal liability for my actions" and "I will treat all people fairly and respect their rights and dignity at all times" (DoD 2000). However, it is abundantly clear that Operation Notlela requires a mission-specific code of conduct. It can be stated that the lack of a code of conduct for the deployment demonstrates a lack of ethics as a steering mechanism in governance.

Emanating from their personal experience, Burger and Peddle (2020) assert that joint operations between the military and the police have been coordinated since mid-1990 by the Joint Operational and Intelligence Structure. However, Burger claims that these operations lacked police powers granted to the military (Burger and Peddle 2020). During the same webinar, Peddle, a former SANDF colonel from Chief Joint Operations, disclosed that the South African army frequently conducts a six-week-long crowd control course, which trains officers and non-commissioned officers in dealing with crowd control situations (Burger and Peddle 2020). Peddle explains that the exposure of soldiers during the SANDF's peacekeeping missions in the Democratic Republic of the Congo, Burundi and Sudan had

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5   The High Court application was brought by the relatives of Mr Khosa, who died after allegedly being tortured by SANDF soldiers during the lockdown. As the matter was still *sub judice* at the writing of this article, any information other than that related to governance is beyond the scope of this article.

equipped them with the necessary skills to perform policing functions among civilians, owing to the weak domestic police forces in those countries. According to Peddle (Burger and Peddle 2020), the South African army gained 20 years of experience in providing policing functions in heavily populated environments. Heinecken (2019:43) also concedes that peacekeeping operations demand extraordinary skills from soldiers "as soldiers are expected to help, protect and save vulnerable populations, rather than to fight". She (Heinecken 2019:44) deduces that a more "conciliatory approach" to security is thus required.

It is also important to note that SANDF soldiers receive training in the Law of Armed Conflict (LOAC), Operational and Humanitarian Law as part of their career pathways. Training is provided by the SANDF's Legal Division during courses such as Military Law. Courses in LOAC and humanitarian law are also presented at the SANDF's Peace Mission Training Centre at the South African Army College in Pretoria. It is thus clear that soldiers receive generic training in deployment-related legislation, although this is not necessarily context-specific.

It is furthermore submitted that, in order to adhere to section 19(3)(c)(i) (Defence Act No. 42 of 2002) during all internal deployments with the police, there are five generic agreements, referred to as Joint Security Service Agreements 1 to 5, which were entered into between the SANDF and the SAPS long before the COVID-19 deployment. These policy directives specify the obligations and competencies of the SANDF and the SAPS, respectively (DoD 2001; DoD 2003). Regarding the current COVID-19 deployment, Minister Mapisa-Nqakula (Parliamentary Monitoring Group 2020) also confirmed that the regions where members of the SANDF were deployed were determined by a situational analysis, as well as by decisions of the provincial and national Joint Operations Divisions; hence referring to "process" as one of the steering mechanisms, as proposed by Sarakinsky (2017).

Judge Fabricius also addressed this concern in his judgement (Khosa and Others v Minister of Military Veterans and others 2020). As part of the court proceedings, the SANDF filed numerous documents to imply that operational procedures and training of soldiers are in place. As the alleged torturing and killing of Mr Khosa happened in Alexandra, Johannesburg, the SANDF filed a "Joint-operations Divisional Operational Directive" to "Charlie Company of 21 South African Infantry Battalion on 30 March 2020" (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:46). Charlie Company was deployed in Alexandra. Fabricius ruled that, although the document is written in military language, it is clear that the content is insufficient for the purposes of section 19(3)(c)(i) (Defence Act No. 42 of 2002) and that there is a need for "clearer and louder" commands and warnings from the DoD about how SANDF members must deal with civilians in enforcing the lockdown regulations (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:47). The High Court referred to the "United Nations Basic Principles on the Use of Force and Firearms by Law Enforcement Officials" and suggested that the SANDF adapt these documents as guidelines (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:62). The SANDF was finally ordered (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:146) to, within five days:

- Develop and publish a code of conduct and operational procedures regulating the conduct of members of the SANDF;

- Widely publish it in newspapers, electronic platforms such as WhatsApp, Facebook and Twitter, and national and provincial radio stations; and

- File affidavits with the High Court confirming the above

The operational guidelines must furthermore include guidelines about the circumstances on the use of force in terms of section 49 of the Police Act (South African Police Act No. 68 of 1995), the enforcement of the lockdown regulations, the enforcement of social distancing, when a person may be arrested, and where members of the public may lodge complaints against members of the SANDF (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:146). The preceding highlights shortcomings in steering with specific reference to process, decentralisation, accountability, oversight and ethics.

Another public concern is the law enforcement powers bestowed on soldiers during the COVID-19 deployment (Burger and Peddle 2020; Pikoli 2020). It is clear that, irrespective of whether the deployment mandate was given in terms of the Disaster Management Act (Disaster Management Act No. 57 of 2002) or the Defence Act (Defence Act No. 42 of 2002), the deployed soldiers have powers similar to police officers to enforce the lockdown regulations. The Defence Act authorises this through section 20(1) and the Disaster Management Act specifies that the term "enforcement officer" is inclusive of a member of the SANDF (Disaster Management Act No. 57 of 2002). There is evidence that the SANDF has policies and training manuals in place to guide conduct in internal operations. Various courses are also presented on operational law in the military environment. Whether this information is sufficiently disseminated to all soldiers prior to internal missions is debatable; this should be done if dissemination is insufficient. Burger and Peddle (2020) speculate that the limited notice period for training, planning and preparation for the COVID-19 deployment must have presented major organisational challenges to the joint forces. It is a generally accepted principle in a democratic order such as in South Africa that state actions, including those of the security services, must be transparent, conducted in terms of national legislation and answerable to the law and the community. This obviously refers to the steering mechanisms of transparency, accountability and rule of law and oversight. Although it is evident that a national disaster is not a planned activity and requires immediate and swift action, the lack of specific provisions for the specific mandate cannot be condoned. The North Gauteng High Court pronounced that a mission-specific code of conduct and operational guidelines will enhance proper execution of enforcement powers by members of the SANDF, and members who disregard these guidelines, soon to be widely published by order of the court, will not have any justification for their actions and will be held criminally and civilly responsible (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:146).

Outcries in the media also encompass arguments about the required parliamentary procedures which were perceived not to be adhered to. These include procedures followed in circulating the President's second deployment letter and the subsequent approval thereof, the nature of the parliamentary discussions on the additional deployment, and the lack of openness of parliamentary actions; including that of the COVID-19 Command Council (Bailie 2020; Du Toit 2020; Merten 2020; Parliamentary Monitoring Group 2020; Stone 2020). The concern was even dealt with during a parliamentary debate (Parliamentary Monitoring Group 2020). The stance is that there is evidence of the assumption of unlawful executive power and/or unlawful centralisation of such power. These concerns challenge the political responsibility (accountability), the rule of law and the values enshrined in the Constitution. Section 1(d) of the Constitution endorses accountability of the democratic government, responsiveness, and openness (Currie and De Waal 2015:348). This section was pre-empted in the Preamble to the Constitution, which states that the Constitution lays the foundations for a democratic and open society in which government is based on the will of the people (Moseneke 2014). The foundational constitutional values of accountability, responsiveness and openness apply to the functioning of all branches of government (Els 2018:67; Moseneke 2014). The rule of law is a dynamic concept and many definitions are endorsed. Currie and De Waal (2015:10) summarise the rule of law as the protection of

basic individual rights by requiring government to act in accordance with pre-announced, clear rules that are enforced by impartial and fair procedures. Two principles will then find application:

- The principle of legality – organs of the state must obey the law; and

- The prohibition of arbitrariness: the state cannot exercise power over anyone unless the law permits it to do so (Currie and De Waal 2015:10; Els 2018:68).

The rule of law is also closely related to governance (Bester 2017:1). Bester (2017:2) summarises that the rule of law is ultimately "about a society that treats society well". It is obvious that citizens must be able to trust the government to abide by the rule of law and this is therefore also included by Sarakinsky (2017) in his diagnostic tool for governance.

From the above, it is clear that the SANDF is legally mandated to deploy in support of the SAPS, but that steering to direct government in the right direction was not optimised. This then leads to the next part: considering the SANDF's deployment within the legal framework, which is the applicability of human rights law in the enforcement of the COVID-19 lockdown regulations by the SANDF. Some may argue that the issue of human rights is a universal issue and should rather be universally discussed, but because of the criticism against the SANDF, the authors decided to include this matter in the case study.

Applicability of human rights law in the enforcement of COVID-19 lockdown regulations

Once the legal mandate of internal deployment of the SANDF has been established, the focus must shift to the protection of human rights during a national disaster. During national disasters, governments often neglect the duty to protect their citizens; hence, numerous violations of human rights may occur. Good governance and human rights are supplementary, as the principles of good governance provide the tool for the application of human rights law (De La Harpe *et al*. 2008:4). As De la Harpe and others (2008:4) infer, good governance has three functions in the relationship with human rights in that it serves as a prerequisite for aid and assistance, it guides the execution of human rights, and it serves as a preventative mechanism for the violation of human rights. Thus, if the principles of good governance are met, violations of human rights occur less easily.

United Nations agencies interlink disasters and human rights approaches. In 2010, the Human Rights Council sensitised governments to apply human rights during national disasters, as maintenance of human rights is a key component of disaster management (Ten Have 2018:158). Human rights are universal concepts. Human rights law can originate at international, regional or national level. South Africa has ratified various international human rights law instruments since the Universal Declaration of Human Rights in 1948 (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:3). Examples are the International Covenant on Civil and Political Rights and the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:3). The latter was domesticated through the Prevention and Combating of Torture of Persons Act of 2013.

Human rights in South Africa are constitutionally protected. The second chapter of the Constitution (Constitution of the Republic of South Africa) enshrines the Bill of Rights. Section 7(1) pronounces the Bill of Rights as the "cornerstone of democracy in South Africa". However, rights are not absolute. The limitation clause allows for "justifiable" infringement in certain circumstances (Constitution of the Republic of South Africa 1996: section 36; Currie and De Waal 2015:151). The test applied is whether

the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, considering factors such as the nature of the right, the importance of the purpose of the limitation and the nature and extent of the limitation (Constitution of the Republic of South Africa 1996: section 36(1)). The crucial factor to consider in the enforcement of lockdown regulations will be whether or not the state could have introduced less restrictive means to achieve the purpose of any specific regulation of the Disaster Management Act (Constitution of the Republic of South Africa 1996: section 36(1)(e); Disaster Management Act No. 57 of 2002; Khosa and Others v Minister of Defence and Military Veterans and Others 2020:146). The High Court confirmed that the least restrictive measures must not only be sought, but must also be applied and communicated to the people (Khosa and Others v Minister of Defence and Military Veterans and Others 2020:6). Currie and De Waal (2015:170) conclude that "to be legitimate, a limitation of a fundamental right must achieve benefits that are in proportion to the costs of the limitation."

During the lockdown period, through numerous newspaper reports and social media postings, it became evident that there is a large measure of distrust between the citizens of South Africa and the government, and more specifically, the SANDF. This distrust emanates from the conduct displayed by soldiers and police officials when limiting rights "necessary" to enforce the lockdown regulations. Hence, the question arises: when can constitutional rights be compromised and to what extent will a limitation be reasonable and justifiable? Human rights law is equally applicable in disasters, but the current lockdown regulations demand multiple restrictions to fundamental liberties such as freedom of movement, assembly and association, privacy and freedom of expression (Disaster Management Act No. 57 of 2002; Liebenberg 2020:36). Liebenberg (2020:36) argues that, provided that they are in terms of law and meet the requirements of reasonableness and proportionality, such limitations will be considered justifiable, as they have the legitimate purpose of protecting the health of people. This is also the stance of the South African Human Rights Commission (Pikoli 2020). Nevertheless, it is crucial to realise that certain fundamental rights, such as the prohibition of torture, remain applicable at all times and may not be deviated from (Irish Research Council 2018; Prevention and Combating of Torture of Persons Act 2013). It is common practice in international human rights law to protect four rights as non-derogable; namely, the right to life, the right to be free from torture and inhuman or degrading treatment, freedom from slavery, and the right to be free from a retroactive application of penal laws (Currie and De Waal 2015:82). Ten Have (2018:168), an international researcher, proposes that two categories of human rights are at stake during the emergency phase of a natural disaster: the right to protection of life and the right to security and physical integrity. This aspect of humanitarianism is also reflected in the United Nations Operational Guidelines on the Protection of Persons in Situations of Natural Disasters (Pikoli 2020).

Among the many public concerns about the SANDF's internal deployment, voiced mainly by the National Peace Commission (Stone 2020), is the claim that the conduct of SANDF members in enforcing the lockdown regulations portrays a state of emergency rather than a state of disaster (Pillay 2020; Van der Walt 2020). The legal implication of a state of emergency is that human rights are suspended, and the justification thereof is not tested against the constitutional limitation clause (Constitution of the Republic of South Africa 1996: section 36) but on other grounds, coupled with parliamentary oversight. During a state of disaster, human rights are not suspended *per se* but may be limited in circumstances justified by the limitation clause (Kleyn, Viljoen, Zitske and Madi 2018:193). States of emergency are measures of last resort (Currie and De Waal 2015:818). Although section 37(1)(a) of the Constitution (Constitution of the Republic of South Africa 1996) provides for a state of emergency in the event of a natural disaster, this will only be declared in exceptional circumstances (Kleyn *et al*. 2018:193). The rationale behind a state of emergency is that the need to protect the "life of the nation" justifies the suspension of certain fundamental rights (Currie and De Waal 2015:816). The current public concerns

must be seen against the backdrop of the history of South Africa, where states of emergency were often declared by the apartheid government; resulting in gross violations of human rights (Currie and De Waal 2015:816; Van der Walt 2020). Many citizens, including children, were detained without trial, some organisations and newspapers were banned, and excessive force was used (Currie and De Waal 2015:817). Curfews were often imposed (Currie and De Waal 2015:818) and the curfew during level 4 of the lockdown rings an out-of-tune bell to many South Africans (Bailie 2020; Van der Walt 2020). A curfew is a vast derogation of the right of freedom of movement. Currie and De Waal (2015:818) argue that a curfew would only be permissible (constitutional) if required by a state of emergency, as it limits the right of freedom of movement in a manner which is unlikely to be justified in terms of section 36 (Constitution of the Republic of South Africa 1996), hence the said level 4 lockdown might prove to be unconstitutional. However, contrary to the position in the apartheid regime, fundamental rights are now constitutionally protected and section 37 (Constitution of the Republic of South Africa 1996) explicitly states that certain rights may never be suspended in a state of emergency. This includes a "Table of Non-Derogable Rights"; encompassing such rights such as the right to human dignity, which is "entirely protected", even during a state of emergency and definitely during the lockdown period.

In view of all the above-mentioned concerns, it is evident that the internal COVID-19 deployment and the conduct of soldiers, whether reasonable or not, to enforce the lockdown regulation, seriously harm the image and reputation of the SANDF. Montesh and Basdeo (2012:90) warned that this is inevitably one of the downfalls of the deployment of armed forces with the police, where a danger exists that the defence force may also be politicised. Numerous reports of heavy-handed conduct and abuse of power by members of the SANDF appeared in newspapers and on social media (De Vos 2020; Faull 2020). Although fake news is a huge reality, a number of complaints were lodged at the Office of the Military Ombud (Khosa and Others v Minister of Defence and Military Veterans and Others 2020; Parliamentary Monitoring Group 2020). Numerous public comments of the Minister of Defence and Military Veterans seriously harmed the SANDF's reputation, to such an extent that these were condemned by the High Court (Faull 2020; Khosa and Others v Minister of Defence and Military Veterans and Others 2020:24). An example of the above is an incident on 25 March 2020; while addressing the media on the role of the SANDF during the lockdown, the Minister said: "It will only be skop, skiet and donder [kick, shoot and hit] when circumstances determine that. For now, we are a constitutional democracy..." (Deklerk 2020). This comment was understood by some to imply that, if provoked, constitutional rights may be impaired.

Despite all the negative inputs, it is clear that the SANDF operation also contributed to augmenting the fight against COVID-19. SANDF members assisted with medical screening, distributing pamphlets, delivering essential services such as water, conducting road blocks and setting up field hospitals (Parliamentary Monitoring Group 2020).The philosophy of *ubuntu*, with its emphasis on compassion, solidarity and respect for humanity, is a golden thread throughout the Constitution (Els 2018:54). The commander of the interim provincial command in Eastern Cape, Brigadier General M. Matanda, comments that there is "plenty room to show ubuntu" for members of the SANDF during the COVID-19 deployment (Rogers 2020). Matanda pronounces that his message to his subordinates is to be disciplined "and to remember that these are your mothers, fathers, brothers and sisters" (Rogers 2020).

The deployment of the SANDF is not only governed by national security imperatives of the Constitution, the legal mandate and higher order defence policy such as the DR2015, but also through its military strategy. Therefore, the insights gained from the preceding discussion will prove decisive in the development of a relevant and attainable South African military strategy. A general, collective understanding of the military strategy process and its potential effects on mission outcomes by all role-players (externally as well as domestically) is vital to the crafting of successful military strategies.

DEFENCE POLICY AND MILITARY STRATEGY

Development of military strategy is complex and the complexities associated with the processes of the development of military strategy are often explained by means of a variety of theories and concepts, dominated by works on military strategy and strategy-making by authors such as Karl von Clausewitz, Sun Tzu, Antoine-Henri Jomini and more recently, Arthur Lykke. Constructs such as the *Clausewitzian Trinity* (the relationship between the state, the military and the population) and the *Ends = Ways + Means (coupled to risk)* structure have, over centuries, been used as frameworks for analysis as part of strategy-making processes. This 'balancing' of ends, ways and means must, however, be aligned with current and appreciated security and operational environments and operational realities. Too often, these determinations and analyses become too focused on system analysis and mathematics and in many instances, the purposes defined for military deployments are too narrowly construed for the nature of war and the continually changing characteristics of conflict (Berkebile 2018:1). These changing characteristics of conflict manifest clearly in the SANDF's deployment for COVID-19 and pose questions about the SANDF's **military capacity** to "wage war" against the pandemic.

Military strategy and the SANDF

When analysing a country's *military capacity* to wage war and deploy succesfully in a variety of operations other than war, Von Clausewitz (as cited in Handel 1999:16,23) points to the requirement to analyse how effective the military leadership is, how well the military executes government orders/policies, whether it develops suitable doctrines and whether its members are well-organised/professional; thus showing a clear link with governance. In order to establish and maintain an effective defence system for the state, governments must be properly equipped, prepared and motivated to learn, and militaries must be sufficiently subordinate to civilian rule and governance. Moreover, societies should be informed about the roles that the armed forces should and should not play (Pion-Berlin and Dudley 2020:2).

Setting the scene for the COVID-19 deployment already started in 1994 when the South African DoD developed several higher-order defence policy documents. These included policies such as the 1996 White Paper on Defence (the first higher-order defence policy post-1994), the 1998 Defence Review and, more recently, the DR2015, which has already been alluded to in the preceding part of this study. These policy documents all had specified end states and reflected the perspectives, aims and objectives of the 'governments of the day'. The Clausewitzian '*trinity*' was relevant in terms of the interplay among three entities; namely, the government, the military and the people. Each of these three entities was defined and addressed in different ways in each of these policies. Furthermore, the development of these policies was an inclusive process. Daniels (2019:2-4) explains the consultative process in developing the 1996 White Paper on Defence, the interplay between the military and South African citizens in developing the Defence Review of 1998, and the extensive consultation process of developing the DR2015; thus, effecting participation as a steering mechanism.

The DR2015, the most recent highest policy document regulating the activities and affairs of the DoD, also refers to the 'balancing' of *ends, ways and means* to determine force preparation and force development requirements (DoD 2015). The DR2015 outlines the force design and force structure. However, the emphasis is still on designing and structuring for formal, conventional war as the 'primary' function of the SANDF, although it is accepted that there is a very low risk of this type of warfighting manifesting in the next few decades. The DR2015 describes some of the implications of the complexities

of contemporary, irregular wars, but very few guidelines are given on how the force design and force structure of the SANDF will be altered to be optimally configured for the so-called 'secondary tasks'. As stated above, the focus of the DR2015 is still on structuring and preparing for formal, conventional war as a 'primary' function of the military; despite the reality that military organisations have, over the ages, been deployed to perform so-called 'secondary tasks' far more often than being employed in formal war. This focus on 'primary tasks' often results in situations where military strategies are focused on essentially 'preparing for a previous war', instead of preparing and structuring military organisations for the tasks that they are most likely to perform. This 'misalignment' was again made clear when the SANDF was recently deployed to the Western Cape to assist in the counter-gangsterism efforts of the SAPS, the maintenance and repair of the waterworks on the Vaal Dam, and during the deployments to fight COVID-19. Thus, concerning force design and force structure, it is evident that at present the South African defence policy only focuses on or is restricted to the conduct of war, but that it should be extended to the peacetime and day-to-day management of defence capabilities (both internally and externally) as well (Till 2012:148).

The above raises a valid question as to government's capacity to deploy the SANDF successfully in view of a lack of rational, realistic and relevant policies and structures and its inability to mobilise the people's support for such a deployment. This then necessitates an analysis and discussion of the case.

ANALYSIS AND DISCUSSION

When applying Sarakinsky's (2017) proposed diagnostic tool, it indicates in broad terms that government does have the authority to rule and can exercise its power to make decisions on using publicly mandated institutions such as the military (Constitution of the Republic of South Africa 1996). The President did execute his authority as prescribed in the Constitution (1996), the Interim Constitution (1993) and the Disaster Management Act (Disaster Management Act No. 57 of 2002) by following democratic processes. COVID-19 is a pandemic and the threat it poses to the security of South African citizens can provide a rationale for utilising the military in fending off a threat to national security in general and more specifically, a health security-related threat. The SANDF was thus properly mandated to deploy internally and this decision also relates to the Mo Ibrahim Foundation's (2020) notion of personal safety. Health security is thus one of society's problems and the military is an institutional resource that can contribute to the protection of South African citizens (people) by managing society's problems and affairs. This illustrates Clauzewitz's trinity of the state, people and military (institution), as stated above. Government is exercising its authority based on the legislative mandate and laws that provide the rules for its behaviour and in the correspondence between the President and Parliament, mention is made of these laws. What created distrust was the fact that incorrect sections were referred to, although this did not make the deployment unlawful.

The SANDF exists as an institutional resource, but its design and structure seem to have a detrimental effect on responsive government and it did not utilise the bureaucracy properly as a machine to change policy proactively to address the utilisation of the SANDF in its 'secondary tasks', such as combating COVID-19 (DoD 2015:xi,0-7,2-15). Its officials and the broader population were not informed about the rules that guide government in properly mandating the SANDF for domestic deployments, which raised a number of questions related to steering. The initial lack of a mission-specific code of conduct for the deployment (Khoza and Others v Minister of Defence and Military Veterans and Others 2020) demonstrates a lack of ethics as a steering mechanism in governance. In the case of Khoza and Others v Minister of Defence and Others (2020:146), the High Court's pronunciation postulates that the lack of

a mission-specific code of conduct and operational guidelines might have a negative impact on the rule of law if soldiers can justify their actions citing a lack of these guiding principles. The Military Ombud was, however, functional and by 22 April 2020 had already received 20 complaints against deployed SANDF members (Prince 2020). The steering mechanism of decentralisation seems to be adequately addressed and is further supported by the fact that even before the requirement for this deployment, there were already agreements between the SAPS and the SANDF, as required (Defence Act No. 42 of 2002: section 19(3)(c)(i)).

The above links with process. In terms of process, the DR2015 (DoD 2015:xi,0-7) provides some principles and guidelines on various approaches to security solutions, but it does not include any useful detail on how command and control of these constructs are operationalised. Despite involving the broader population (citizens) in developing defence policy such as the DR2015, participation was neglected in deciding on the deployment and had a detrimental effect on civil-military relations. This is concerning when considering that Pion-Berlin and Dudley (2020:1) emphasise that civil-military relations ought to occupy a central position when analysing the relationship between a government and its citizens. It is good that government aims to harness its defence force for the sake of national security in general, and more specifically health security, but it must guard against the misuse of power by having, for example, a code of conduct and mission guidelines (ethics) and by acting transparently. Withholding information or shielding citizens from information prevents them from determining whether the decisions of government are in their interest. The centralisation of power to the COVID-19 Command Council also worked against decentralisation as a steering mechanism and subverted transparency. It Burger and Peddle (2020) also further speculate that the limited notice period for training, planning and preparation limited transparency and participation. No evidence could be obtained from the literature that during the course of the deployment proper oversight was done by the Joint Parliamentary Committee of Defence (Daniels 2019:10) and the fact that the High Court had to instruct the Minster of Defence and Military Veterans to implement corrective measures in the Khosa case is evidence of a lack of oversight from her side. A concerning comment was in fact made by a senior general of the SANDF to the effect that Parliament (the JSCD) was not their client and that the SANDF only took instructions from the President (Gerber 2020). It is thus clear that despite governance being in place and being followed with respect to oversight, the conduct of officials can undermine the public's perception of oversight, especially when viewed within the historical context. It contributes to citizens questioning the role of defence in democracy in general and more specifically the legitimacy of the SANDF's deployment. Overall, it is clear that the SANDF could, despite various acountability structures such as political administrative accountability and ministerial accountability (Sarakninsky 2017) through the JSCD, still lack accountability to civil society organisations by having no mechanism in place to address their concerns. Individuals could, however, lodge a complaint through the Military Ombud.

CONCLUSION AND RECOMMENDATIONS

The aim of this study was to gain understanding and knowledge of the rationale and processes from a governance perspective of involving the SANDF in a domestic health matter. By using Stake's (2000:437) incremental case study, the authors followed a theoretical and practical approach by applying Sarakinsky's (2017) diagnostic tool for governance in analysing the case of the deployment of the SANDF over the period 23 March 2020 to 31 May 2020 during the COVID-19 lockdown. The rationale for addressing the pandemic from a national security perspective was identified, the legal path taken to authorise the deployment was traced, and the policies mandating and guiding such a deployment were discussed. From the above, it is clear that the SANDF is legally mandated to deploy

in support of the SAPS (Rooi 2020) but that steering to direct government in the right direction was not optimised. It also demonstrates the utility of Sarakinsky's (2017) diagnostic tool in analysing governance for a particular case. The case provides valuable insights to, among others, students, specialists, practitioners, consultants, politicians, policy makers and members of legislatures, and a number of recommendations can be made.

Firstly, the study emphasises the role that key legislation and policies such as the Defence Act, Defence Review and Military Strategy play in ensuring good governance by linking the political system with its people (citizens) and to the extent that it establishes or maintains trust between government and its citizens. Good governance has a role to play in sustaining democratic values. It also emphasised the requirement that higher order policies such as the Defence Review and Military Strategy should address force design and force structure to enable the SANDF to execute its secondary tasks optimally. It is recommended that formal militaries in general and more specifically the SANDF prepare and equip themselves for 'secondary tasks' after developing appropriate policies, strategies, plans, force designs and force structures. The SANDF thus has to embark on holistic and in-depth research and development programmes to address gaps in current governance and structures to improve civil-military relations with reference to von Clausewitz's trinity of the state, the people and the military.

Secondly, it emphasises the role of communication and transparency, especially in the case where the SANDF, with its history of being used against its own citizens, is deployed domestically. In this regard the authors identified a trade-off between civil-military relations and the state-run monopoly when it comes to security matters and the use of force. It was difficult to reconcile this with what Sarakinsky (2017, and 2019) views as good governance. For instance, while transparency is required for effective civil-military relations, security matters are often covered by what Dijkstra and de Ruijter (2017:625) refer to as a cloak of secrecy. It is therefore recommended that governent and civil society should make a deliberate effort to make trade-offs to find middle ground between them in terms of security and transparency. This can be done by strengthening governance structures through already established bodies such as parliamentary oversight to ensure accountability and proper public governance. Proper oversight of the security sector can be achieved through enhancing knowledge and understanding the policy and legal frameworks, institutions and practices.

Third, closely linked to communication, this research emphasises the importance of the conduct of officials. The conduct of officials can undermine existing governance such as transparency, rule of law and oversight. It is therefore suggested that officials and especially senior officials be sensitised about how their conduct influences civil-military relations. Fourth, the study emphasises the need for further academic research on the governance issues related to the domestic deployment of the military in a state of disaster, as this will assist in streamlining the process in order to mend civil-military relations. The academic research can also contribute to developing and updating training material to prepare SANDF members for similar deployments.

Lastly, the above emphasises the importance of the role that trust plays between citizens and the government in the perceptions created by the SANDF's internal deployment. It is therefere worth concluding this dicussion with the observation by the African Union's Peace and Security Council (2020), which states the following: "Managing this pandemic requires trust, particularly between governments and citizens. Transparency and accountability are two important ingredients to build and maintain trust." Ultimately, this case study can be used to maintain those matters that were dealt with correctly and to make the necessary changes to those matters that were omitted or neglegted.

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WHY IS COVID-19 DIFFERENT TO OTHER PANDEMICS? ASSESSING THE GENDERED IMPACT OF COVID-19 19 ON POOR BLACK WOMEN IN SOUTH AFRICA

Nitasha Ramparsad[1]

INTRODUCTION

The COVID-19 pandemic in South Africa is part of the ongoing pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Odometers 2020). On 5 March 2020, Minister of Health, Zweli Mkhize, confirmed that the virus spread to South Africa, with the first known patient being a male citizen who tested positive upon his return from Italy (Department of Health 2020). On 15 March, the President of South Africa, Cyril Ramaphosa, declared a national state of disaster, and announced measures such as immediate travel restrictions and the closure of schools from 18 March (Ramaphosa 2020). On 17 March, the National Coronavirus Command Council was established, "to lead the nation's plan to contain the spread and mitigate the negative impact of the coronavirus" (Ramaphosa 2020). The table below unpacks the statistics on COVID-19 infections over a three-month period and it reflects the need to institute a lockdown as discussed below.
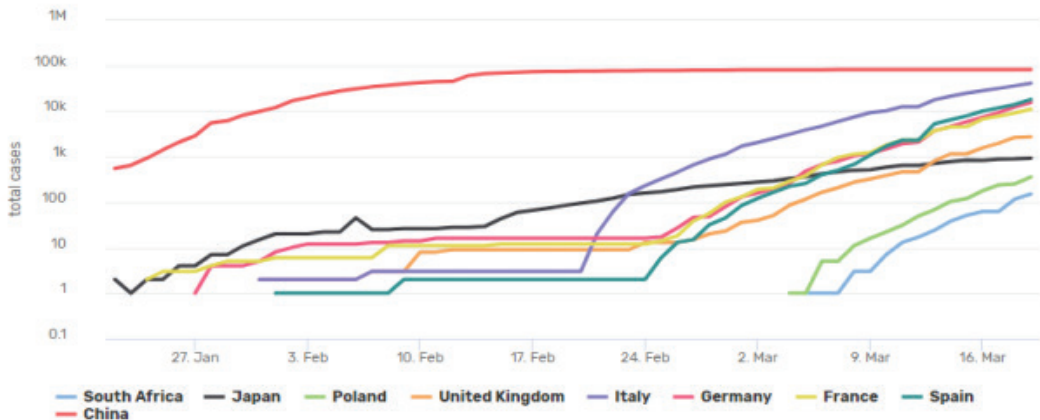
Data: https://raw.githubusercontent.com/CSSEGISandData/COVID-19/master/csse_covid_19_data/csse_covid_19_time_series
Figure © Climate System Analysis Group, University of Cape Town

Source: Science Direct 2020

On 23 March, President Cyril Ramaphosa addressed the nation and announced a 21-day national lockdown effective from midnight 27 March through to 16 April, with the deployment of the South African National Defence Force (SANDF) to support the government. The lockdown meant that movement was restricted and that citizens were expected to stay home. All activities were suspended except for essential services (Business Tech 2020).

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Policies and public health efforts have not addressed the gendered impacts of disease outbreaks (Smith 2019). The response to COVID-19 appears no different. The author is not aware of any gender analysis of the outbreak by global health institutions or governments in affected countries or in preparedness phases. Recognising the extent to which disease outbreaks affect women and men differently is a fundamental step for understanding the primary and secondary effects of a health emergency on different individuals and communities, and for creating effective, equitable policies and interventions.

HOW DOES THE PANDEMIC AFFECT POOR SOUTH AFRICAN WOMEN?

With the arrival of the pandemic, it was evident that poor women remained at higher risk than others. Many poor black women live in rural, peri-urban and informal settlements. Social distancing was enforced as a major prevention mechanism. This is impossible for certain sectors of the population; for example, black women living in an informal settlement in Khayelitsha who use a communal toilet and communal tap with no access to warm water or electricity, and who cannot social distance and keep up the hygiene standards expected during the pandemic (Blouws 2020).

The market research and strategy group Foshizi provides insight into how the national lockdown has impacted some of South Africa's poorest and most vulnerable communities living in townships. Researchers conducted interviews in Alexandra, Mamelodi, Soweto, Cosmo City, Tembisa, Tswelopele, Honeydew Informal Settlement and KwaDabeka, over the first 21 days of the national lockdown. Reflecting many of the media reports at the time, for many of the township communities, the lockdown was more of a 'soft lockdown' in these areas – not because of ill-discipline or out of a sense of defiance, but rather because of limited options and necessity (Business Tech 2020).

As Motshegoa and Rajuil (2020) highlighted, there are three main reasons for the lack of adherence to lockdown rules in townships. Firstly, many did not understand how the virus could possibly spread; secondly, living in lockdown wasn't feasible for many with lots having to leave their dwellings in search of food; and thirdly, most believed that COVID-19 was no more hazardous than their daily realities. "If anything, the lockdown feels unnecessarily oppressive (to them)," the researchers noted. Based on these findings, it is clear that social distancing, a major measure put in place for the containment of the virus, was indeed unachievable in townships.

This analysis reasserts the restrictions placed on poor black women living in informal settlements, who face the triple burden of oppression (Mama 1995). The requirements for lockdown during the pandemic were entirely unrealistic for women living in these spaces. The article now moves to a discussion on inequality in South Africa to reflect on how the statistics provided before the pandemic are in fact exacerbated during COVID-19.

INEQUALITY IN SOUTH AFRICA

South Africa is known as one of the most unequal countries in the world, reporting a per-capita expenditure Gini coefficient of 0,67 in 2006; dropping to 0,65 in 2015. This is according to the Inequality Trends in South Africa report released by Stats SA. According to the Palma ratio, the top 10% of the population spent 8,6 times more than the bottom 40% in 2006; this ratio decreased to 7,9 in 2015. These figures indicate that overall inequality, measured at a national level, has declined between 2006 and 2015 (Stats SA 2020).

On average, according to Stats SA's latest data from 2011, black women carry out roughly 2.5 times the amount of unpaid care work than males do, while Indian women carry out almost 4 times the amount of unpaid care work than men (Stats SA 2020). This work carries no formal financial value (unless you are employed as a domestic worker and if you are fortunate enough to be gainfully employed by an employer who recognises the financial value of the work that you do within their home and you are compensated accordingly), and remains unrecognised (Stats SA 2020). The reality is that, across the world, women and girls commit substantially more time than their male counterparts to unpaid care work (May and Hamdulay 2019).

Unpaid work undoubtedly continues during the pandemic and therefore places an additional burden on women that would otherwise be less effort in terms of time allocation. Women are essentially working during a structured time, and transport and amenities are not easily available as is the norm outside of the pandemic. This impacts poor black women in terms of honouring their working commitments and balancing their personal family lives, as the United Nations highlighted in a policy brief (UN, The impact of COVID on Women, 2020). Solidarity can therefore be found in the recognition and reduction of unpaid care work – in developed as well as developing countries. Unpaid care work is the work conducted by these women in their personal spaces and includes looking after their children, extended family, and at times community members. It is important to recognise the role that patriarchy and discrimination play in how women are viewed, their contribution to the household, the economic value that their work holds, and all the stereotypes that are present within our communities. We also need to recognise intersectionality and privilege, as women are not homogenous and in a country such as South Africa, women experience discrimination in very different ways (May and Hamdulay 2019). This is manifested in the manner in which women are still expected to undertake their role of care-giver in the home even though they are under the same economic pressure as men during COVID-19.

Ebrahim (2020) claims that the current crisis is likely to worsen existing inequalities and create new ones. The lockdown excludes informal food vendors as essential services. Researchers at the Institute for Poverty, Land and Agrarian Studies (PLAAS 2020) reveal that up to 70% of households in townships usually source food from informal vendors. The South African government has, as stated earlier, provided relief funds: the South African R500 billion COVID-19 financial support package presented to minimise the pandemic's socio-economic impact and to ensure food security during the lockdown phase illustrates comprehensive disaster management planning. The self-employed have been hard hit by the lockdown. Apart from a reference to spaza shops, the early directives shut down all informal trade – even trade in food and basic necessities. Street food traders alone support an estimated 500,000 livelihoods nationally and account for 40% of the informal township economy (Elsey 2020). This has a direct bearing on the poverty gap experienced by black women in townships and informal settlements. Many rely on street vendors for basic necessities.

POVERTY GAP FOR WOMEN IN SOUTH AFRICA

According to the Living Conditions Survey (LCS), which is part of Stats SA's household survey programme and provides detailed information on households' living circumstances, as well as their income and expenditure patterns, adult women experience higher levels of poverty than adult men. Information from this survey was used to compile the report Men, Women and Children: Findings of the LCS 2014/15. According to the LCS 2014/15, there were 35,1 million adults (aged 18 years and older) in South Africa in 2015. When looking at the poverty headcount by sex using the Upper-bound Poverty Line (UBPL), adult men and women experienced a headcount of 46,1% and 52,0%, respectively. Adult

females experienced higher levels of poverty when compared to their male counterparts, regardless of the poverty line used.

The provinces with the highest headcount of adult poverty are Limpopo (67,5%), Eastern Cape (67,3%), KwaZulu-Natal (60,7%) and North West (59,6%). For these four provinces, significantly more than half of their population was living in poverty. Gauteng and the Western Cape had the lowest proportion of adults living in poverty; at 29,3% and 33,2%, respectively. According to the LCS 2014/15, approximately 40,0% of South Africans were living below the UBPL. The poverty gap (the distance away from the poverty line) and severity of poverty measures were larger for female-headed households compared to households headed by males. The proportion of females living below the UBPL was 16,9% more than that of households headed by males (49,9% versus 33,0%). Almost six out of every ten households headed by males (59,3%) compared to over seven out of every ten households headed by females (74,8%) in traditional areas were living below the UBPL.
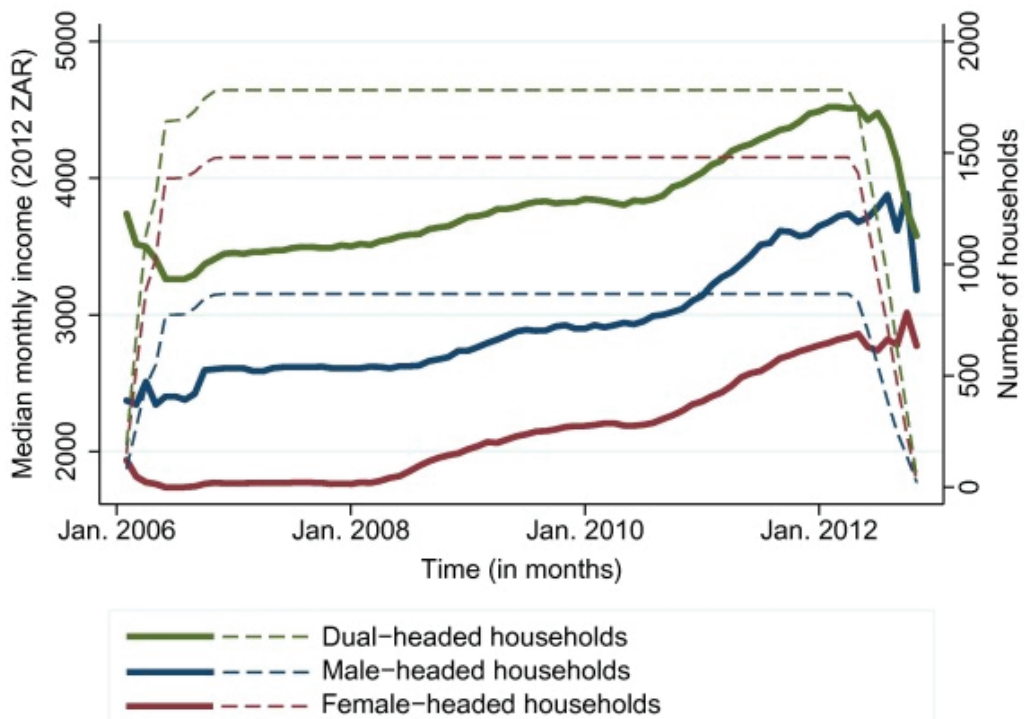
Source: Science Direct 2020

For poor female-headed households, 69,6% had full access to water, compared to 71,7% of poor male-headed households. Notably, the largest contributor to overall income inequality came from the labour market: 74% according to the survey. Female workers earn approximately 30% less, on average, than male workers. The report reveals that males are more likely to be employed and have relatively better-paying jobs compared to females (Fourie 2020).

The earnings distributions starkly depict the heavily racialised inequality in the South African labour market (Burger and Jafta 2010). In addition to having the worst employment outcomes, black South Africans also earn the lowest wages when they are employed. Whites, in contrast, earn substantially higher wages than all other population groups. To put things into perspective, the mean real earnings between 2011 and 2015 among employed black South Africans was R6 899 (real earnings) per month. For coloureds and Indians/Asians, the corresponding figures are R9 339 and R14 235 per month, respectively. Among whites, it was R24 646 per month, or more than three times as high as it was among black South Africans. The Eastern Cape reported the highest levels of inequality in 2015, with the Western Cape and Mpumalanga coming in second. All provinces, except Limpopo and Eastern Cape, experienced a decline in inequality from 2006 to 2015 (Business Tech 2020).

The differences in annual mean and median expenditures by province show the reality of interprovincial inequality. Gauteng and Western Cape were better off when compared to other provinces. Since 2006, there has been a greater dependence on social grants and less reliance on income from the labour market in the bottom deciles. In contrast, there was greater reliance on income from the labour market in the top deciles (Business Tech 2020).

While labour market income is overwhelmingly the largest contributor to income inequality when compared to other income sources, social grants and remittances have played a crucial role in reducing the income inequality gap between the bottom and top deciles over the years in South Africa (Fourie 2020). In 2020, according to Blouws (2020), a domestic worker who is employed in a private home falls within a particularly vulnerable group as she will continue to clean the home of affluent persons having travelled outside of the country. The employer will have the necessary medical funds and access to secure speedy access to health, whereas the domestic worker will not only struggle to access adequate healthcare, but will go home to infect children and other dependents living with her.

It has long been understood that in South Africa, if you are able-bodied and of working age, but unemployed, there are no social security transfers for you outside of the child support grant, the value of which will be R445 per month per child as of April 2020. So, you are dependent on extended networks of people who have jobs and people who draw social grants, or self-employment, as noted by Elsey (2020). The Southern Africa Social Policy Research Institute estimates that if everyone who is not receiving a benefit was to be given R561 per month for three months (R561 is the food poverty line, in 2019 Rands) then this would cost about R18,6 billion per month. Even so, bringing new people onto a register is a challenging prospect at the best of times. When the population is under lockdown to slow the spread of a virus, the task is absurdly difficult (Elsey 2020).

Domestic workers travel long distances to reach their place of employment and further expose themselves to risk of infection due to unsafe and deteriorating public transport systems. Domestic workers work in private homes with lack of proper accountability and regulation within the private space. Employers are likely to have domestic workers stay home during this time without consideration of the necessary compensation. This will leave a large group of women and their families entirely destitute and dependent (Blouws 2020). Blouws (2020) also comments on the realities of women farmworkers during the pandemic. Farmworkers and farm-dwellers are another vulnerable group in society. They live in unhygienic conditions on farms without access to water and electricity. These are people far removed from supervision and working on private land with few resources and access to heed the national safety precautions against COVID-19. According to Blouws (2020), these persons live with weakened immune systems and pre-existing conditions due to their working environment,

where they are not provided with the necessary protective gear and work in remote areas without ablution facilities. These conditions make women who live and work on farms more susceptible to falling seriously ill should they contract COVID-19. These women live in close proximity to each other and are not physically able to self-isolate away from their children and families.

Homeless women are also considered to be among the most vulnerable during the pandemic in South Africa. Women who live on the street and find themselves without homes live without access to adequate shelter, water, electricity or food, and are at higher risk as they cannot adequately social distance and do not have access to enough hygiene products. Their immune systems are most vulnerable as they sleep in the cold and contract diseases and viruses more easily. Some turn to alcohol or drug abuse, which further compromises their immune system. They have no facilities to wash their hands or bodies and do not have access to healthy food and medication to build their immune systems against infection (Blouws 2020).

The reality of social distancing is also true for small living spaces that cannot be regulated. Blouws (2020) reflects on the Cape Flats in the Western Cape and the inability of the residents to implement social distancing.

In families of colour you find, on average, three to six people living in the same household in a Wendy house, shack or one-bedroom house. There is no space to keep a family member separate to monitor their health or isolate them should they show signs of an infection. An additional problem is the risk and increase of domestic violence during this time… The continued spatial make-up of the Western Cape reflects apartheid-era spatial segregation where people of colour live on the urban periphery with access to little or no basic services. As a result, these persons form the most vulnerable group in a pandemic because of their poor living conditions with already burdened access to health, safety, policing and socio-economic needs. These areas are riddled with crime and already overburdened with resource capacity for general assistance to communities (Blouws 2020).

The spatial realities of the Western Cape are true for other provinces that still see the effects of Apartheid in the spatial configuration of communities. This is duplicated in other parts of the country and thus also contributes to the inability of poor black women to adequately social distance.

WHY IS THIS RECESSION DIFFERENT TO OTHERS?

Compared to "regular" recessions, which affect men's employment more severely than women's employment, the employment drop related to social distancing measures has a large impact on sectors with high female employment shares. In addition, the closure of schools and day care centres has massively increased childcare needs, which has a particularly large impact on working mothers. The effects of the crisis on working mothers are likely to be persistent (Alon et al. 2020). This observation is true for South Africa, as we see many women in the informal labour market being affected by the institution of lockdown. As stated earlier, many poor women work as domestic help and therefore could not access their employment due to the implementation of restrictions on movement (Alon et al 2020).

Childcare, which places a huge burden on women, has also changed under the conditions of COVID-19. Worldwide, more than 1.5 billion children are out of school (UNESCO 2020). This has dramatically increased the need for childcare. In addition, grandparent-provided childcare is now discouraged due to the high mortality rate for the elderly, and given social distancing measures, sharing childcare with

neighbours and friends is very limited also. Thus, most families have no choice but to watch their kids themselves. Based on the existing distribution of childcare duties in most families, mothers are likely to be more affected than fathers. Single mothers, of which there are many in South Africa, and who are often in a disadvantaged economic position to begin with, will take the biggest hit (Fleming et al. 2020).

Workers who lose jobs are likely to have less secure employment in the future (Jarosch 2015). The consequences are not just limited to those who lose jobs, but include those who were about to enter the labour market for the first time (Altonji et al 2016). Many businesses are now becoming much more aware of the childcare needs of their employees, and respond by rapidly adopting more flexible work schedules and telecommuting options. Through learning by doing and changing norms, some of these changes are likely to prove persistent. As a result, in many places mothers and fathers alike will gain flexibility in meeting the combined demands of having a career and running a family. Since women are currently more exposed to these competing demands, they thus stand to benefit disproportionately (Alon et al 2020).

Notably, poor women, due to their participation in the informal sector, do not benefit from this flexibility. Many women are forced to rely on the social grant system and the newly introduced special COVID-19 grant (SA Government, March 2020). Applications for the special COVID-19 Social Relief of Distress grant are conducted electronically. This creates a barrier for women who do not have access to the internet and cannot prioritise money for data to apply for the special grant. Access to the grant was only made possible through applications via Whatsapp, SMS and email (SA Government, March 2020). This creates a barrier for poor women who, as stated previously, bear the brunt of the impact of COVID-19 and the subsequent lockdown measures (Blouws 2020).

The criteria also excluded many single mothers who rely on the child support grant. The grant only applied the following criteria as set by government (SA Government, March 2020):

- South African citizens;
- Permanent residents or refugees registered with the Department of Home Affairs;
- Residents within the borders of the Republic of South Africa;
- Persons above the age of 18;
- Unemployed;
- Not receiving any income;
- Not receiving any social grant;
- Not receiving any unemployment insurance benefit and who does not qualify to receive unemployment insurance benefits;
- Not receiving a stipend from the National Student Financial Aid Scheme;
- Not receiving any other government COVID-19 response support; and
- Not resident in a government funded or subsidised institution.

Child-headed households were also excluded from the special grant as these are, as indicated earlier according to Stats SA, usually female-headed (Bassier, et al 2020). Additional requirements to access the grant include proof of residence and banking details. Many poor women live in informal settlements or in the proverbial "back yard" accommodation. Access to proof of residence is not easily accessible.. Bank charges eat into already low wages and therefore many do not have formal bank accounts (Bassier,

et al 2020). The website provided for information COVID, namely SouthAfricaCaronavirus.co.za does make room for money transfers but again, compliance must be met with the required documentation. "Citizens without bank accounts can also apply. In this case, payment will be effected through a money transfer once all the necessary validations have been completed" (SA Government, March 2020).

Payments for other grants were increased by the South African government to alleviate such exclusions; however, with many poor women being sole breadwinners, additional access to the COVID-19 grant would have made an impact on the income of their households. This is a missed opportunity in terms of providing access (Fourie 2020). In March 2020, the Presidency announced "Child support grant beneficiaries will receive an extra R300 in May and from June to October they will receive an additional R500 each month. All other grant beneficiaries will receive an extra R250 per month for the next six months" (SA Government, March 2020).

WHAT ELSE CAN BE DONE TO SUPPORT POOR HOUSEHOLDS?

The latest Quarterly Labour Force Survey found that close to 3 million people were working in the informal sector, or around 18% of total employment numbers (Stats SA 2020). Additional cash in the hands of poor individuals is critical to protect them. South Africa has an extensive social grant system, which can be used, very easily, to distribute additional support to the vulnerable. Bassier, et al (2020) make this appeal to the government; providing evidence of how a top-up on the Child Support Grant could reach a large proportion of the poor and vulnerable. This is a major need for poor women, many of whom – as cited in the previous section – cannot access the special COVID-19 grant due to the compliance requirements hence a new means of access to relief must be explored.

It is most unfortunate that, with regard to social services,] food security, there has been a major mismatch between policy intent and implementation capacity. The systemic weaknesses residing in those who were assigned the responsibility to disseminate social services have resulted not only in poor control and management of such resources, but, more importantly, in thousands of people not being able to access well-intended support measures timeously; thereby often going hungry (Fourie 2020). Widely reported corruption regarding the distribution of food parcels erodes the confidence of the poor in the support offered by the State. Unemployment stood at 6,7 million at the end of 2019. It is unpleasant to note that unemployment increased by almost 10%, or 587,000 individuals, over the last year. The lockdown is likely to accelerate this trend significantly. In addition to the 6,7 million unemployed, a further 2,86 million people were classified as discouraged work seekers. This refers to those aged 15 to 65 years who want to work, but have given up looking for work. Under the expanded definition of unemployment, they are also classified as unemployed (Elsey 2020).

The Institute for Poverty, Land and Agrarian Studies (PLAAS Institute) provides some excellent insight into food dynamics for the poor at this time, and offers sensible ideas about measures that talk to food security in the national lockdown. Its suggestions include the use of cash rather than vouchers; a deconcentration of the food system; urgent assistance for small-scale food producers; an aggregation of small-scae producers' output and an adjustment of procurement systems, the repurposing of corporate infrastructure; procurement from small-scale food producers; management of shopping expeditions; and acceptance of work within the informal sector. (Elsey 2020)

The emergence of gangsterism for products that cannot be attained also creates an unsafe environment for poorer households. The constructive contribution of some gang leaders is not a new phenomenon.

In the 1980s, for example, there had been instances where gang leaders agreed to a truce to contain retaliatory murders; or had prioritised protecting communities and even political activists from the apartheid police. Hence, seeing gangs coming to the fore to fill the gaps left by policy implementation failures is not unexpected (See Policy Brief, Crime and Contagion, March 2020). These gangs are usually male-dominated and further exploit poor women, who may elect to access contraband goods.

In fact, the very endurability of gangs can be attributed to policy implementation failures in respect of apartheid spatial planning, historically; and employment creation, provision of secure housing and recreation facilities, and the empowerment of social support mechanisms, currently. Gangs are highly organised, with broad networks, abundant resources, and their lines of command and control are clear and rigidly applied. Gang activities are ingratiated into the broader political economy of a given community, and even the country (Fourie 2020).

Resources accumulated through illicit manufacturing and trade in drugs, weapons (and now alcohol and cigarettes); violence and corruption contribute to the livelihoods of gangsters and their families; and are also often used to sustain the material needs of the many unemployed in the community. It then becomes implicit that, as integral parts of a community, the need to run soup kitchens, distribute food parcels, purchase electricity, inter alia, become compelling, as gang leaders experience the depth of the suffering.

So what is the gendered impact? Domestic violence has increased significantly during COVID-19 and while measures have been put in place in terms of relief and safe houses for women, active policing is needed to ensure the safety of women (Tolmay and Morna 2020). Tolma and Morna explain that a woman who is experiencing domestic violence at the hands of a partner on whom she is financially dependent, while carrying out unpaid care work, will be reluctant to seek help against her partner because she will be left financially vulnerable once separated. Again, violence against poor black women in South Africa also plays a factor in their ability to adequately respond during COVID-19 to violent situations due to the economic situation in which they find themselves.

CONCLUSION AND RECOMMENDATIONS

Structural discrimination, which is present in our homes, communities and places of work, contributes to the lack of recognition assigned to unpaid care work conducted by women. Discrimination within the current economic value chain leads to men being paid more than women in the labour market; leaving women dependant on their male counterparts within family units for their financial wellbeing, while they carry out unpaid care work. Through this dependence, women become vulnerable to poverty. It is clear that black women in South African represent the largest group in terms of those experiencing extreme poverty and those most affected by COVID-19 and the impact of the subsequent measures to contain the virus. With the arrival of the pandemic, there was a distinct positioning of poor women, who remained at higher risk than others. Many poor black women live in rural, peri-urban and informal settlements. Social distancing was enforced as a major prevention mechanism. Compared to "regular" recessions, which affect men's employment more severely than women's employment, the employment drop related to social distancing measures has a large impact on sectors with high shares of female employment. In addition, the closure of schools and day-care centres has massively increased childcare needs, which has a particularly large impact on working mothers. The effects of the crisis on working mothers are likely to be persistent, due to high demands on working women.

It is noted that the State has undertaken various measures to assist the poor; however, some recommendations are put forward to further strengthen the support that is currently in place. During the next phases of lockdown, it is recommended that the COVID-19 grant compliance measures be reduced to remove the requirement for banking details and proof of residence. This relaxation will allow those with valid IDs and valid refugee and asylum - seeking evidence to access the COVID-19 grant and thus assist poor women in increasing their monthly income. Noting that relief measures for access to water and sanitation have been provided to informal settlements, the State must endeavour to provide more sponsored masks and sanitisers to the most vulnerable and extend this offering to sponsored cleaning products such as bleach to assist poor women who have several burdens during COVID-19.

Increase free health care to the most vulnerable by taking healthcare to the people. This exists currently in the form of hospitals for those who have COVID-19, however, many poor women rely on free clinics to attain medication and treat themselves and their children. Going to such institutions during the pandemic increases their riskl of exposure. This burden could be lessened by the availing of health care in communities to prevent rather than treat the pandemic. In South Africa we have placed an enormous burden on community health care workers to address the gaps in our health care system when dealing with the HIV/AIDS pandemic. These women are at the front line of performing care work without recognition and proper remuneration. Allowing for commerce in the informal sector such as vendors will also assist in providing much needed accessible food to poorer households. This can be done by maintaining social distancing, as has been implemented in other parts of the world. As members of society, we need to begin the task of examining how we contribute to the burden of unpaid care work and how we can shift patriarchy within our own homes and communities. The government also has a critical role to play in ensuring that policies and laws that are passed consider the existing burden of care on women.

We need to build a society where there is equal distribution of care work. We need to examine the ways in which care work can be redistributed between women and men within the context of family life. The government has a critical role to play here to ensure access to maternity leave and benefits for employed and self- employed women in all sectors, and that leave provisions are extended to men to ensure that they meet their parental responsibilities. Finally, stricter controls should be in place for aid given to the poor. Corruption is widely reported and therefore must be addressed so that relief aid actually reaches the people who are intended to receive this. There is further pressure on the livelihoods of poor households, and food aid therefore must reach poor communities as a matter of priority.

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THE EFFECT OF COVID-19 ON THE WORK ARRANGEMENTS IN THE SOUTH AFRICAN PUBLIC SERVICE

Jacqueline Nkate[1]

INTRODUCTION

On 15 March 2020, President Cyril Ramaphosa declared the national state of disaster in terms of the Disaster Management Act no. 57 of 2002 (Republic of South Africa 2002) to implement the necessary measures to mitigate the impact of COVID-19 on society and the economy. A number of regulations and restrictions were put into place including closing schools and educational institutions, restricting the sale of alcohol after 6pm and prohibiting gatherings of more than 100 people and international travel. As a result of an increase in the number of COVID-19 infections, the President subsequently enforced further restrictions and a 21 day nation-wide lockdown starting from 21 March 2020 to contain the spread of the virus and "flatten the curve" (Ramaphosa 2020).

In terms of the lockdown restrictions, all South Africans were to stay home except for permitted work and/ or essential needs like buying food, collecting grants and seeking medical care. Only people and businesses that provide essential services and products for COVID-19 response were exempted from the lockdown. People categorised as essential personnel included health and medical personnel, police, emergency personnel, traffic officers, military personnel, security officers and those involved in the production, supply and delivery and of essential goods and services. Businesses that were not permitted to open during the lockdown were encouraged to continue operating remotely (Ramaphosa 2020).

As the lockdown was later extended beyond 21 days, it became evident that organisations would need to find innovative ways to adapt to change. In that regard, the public service was no exception. The term 'new normal' started trending as it described a new way of living, working and interacting with other people during the COVID-19 period (Dr YLM 2020). The 'new normal' also considers life beyond the pandemic period. What is commonly agreed upon is that life will never be the same post COVID-19. As Whiteside (2020) has opined that "While thousands of people will have lost loved ones, the biggest impact coronavirus could have is on the way millions of people behave in the future".

As reported by the International Labour Organisation (2020), the pandemic has led to a huge reduction in the working hours and economic activity globally. This was caused by prolonged and strict containment measures including workplace closures. To mitigate the effects of the pandemic, organisations across the globe have adopted technology and implemented remote work arrangements to support business continuity and improve efficiency (Mulki, Bardhi, Lassk, and Nanavaty-Dahl 2009). Similarly, COVID-19 has brought about unexpected changes to the world of work in South Africa and compelled organisations to revisit their actions, processes and strategies. As a way of adapting to the 'new normal', both private and public service organisations had to come up with innovative approaches to enable business continuity during the lockdown.

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PROBLEM

The COVID-19 outbreak and the national lockdown as a result of the outbreak are 'an unchartered territory' for the rest of the world, including South Africa. As a key role player in the country's COVID-19 response, the South African public service has to provide leadership on the COVID-19 response and the necessary services to citizens. This includes developing applicable regulations and enforcing compliance thereof; providing accurate, current data and information on the status of the pandemic; coordinating efforts to mitigate the impact of the pandemic; and providing social services, resources and infrastructure to respond to the pandemic. This peculiar situation requires creativity, adaptability, fast decision-making and a non-traditional approach to service delivery. Therefore, the availability of effective systems and processes as well as highly efficient, professional and accountable public servants who are capable of executing their tasks optimally is crucial during this period. In that regard, this study analyses the effect of COVID-19 pandemic on the work arrangements in South Africa with particular focus on the public service.

The study aims to identify the practices and tools that the public service implemented in response to the pandemic which can possibly be adopted post COVID-19 to improve efficiency in the public service. The study seeks to answer the following questions:

(i) How has COVID-19 affected the work arrangements in the public service?

(ii) How has the public service used technology to manage information and knowledge during the lockdown?

(iii) What good practices can the public service adopt post COVID-19 to improve its efficiency?

METHODOLOGY

A qualitative research approach using a document analysis method was used to obtain insights and analyse the effect of COVID-19 pandemic on the work arrangements in the South African public service. Document analysis entails a methodical review and evaluation of electronic and printed material and is often used for qualitative research and mixed method studies (Bowen 2009).

Given the broad coverage of events and availability of COVID-19 related content in the public domain as well as the cost-effectiveness and efficiency of collecting relevant data, document analysis was chosen as a suitable method for this study (Bowen 2009 and Tight 2019). On the other hand, potential limitations associated with this method such as "an incomplete collection of documents" and insufficient details to adequately respond to some of the research questions (Bowen 2009) were also taken into consideration and managed by consulting multiple sources of information. Among the printed and electronic materials that were analysed for this study are organisational reports, press releases, websites, journal articles, newspaper articles and government publications relating to the COVID-19 pandemic.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Systems theory, crisis management and Maslow's hierarchy of needs are used as the theoretical framework for this study to analyse actions, explain events and get a better understanding of the effect of COVID-19 on the work arrangements in the South African public service.

Systems theory

Systems theory seeks to explain the relationships and interdependencies between the system (i.e. the organisation), its components (i.e. human participants) and the environment. It also helps clarify how organisations function in relation to their environments. Communication, at internal, external and inter-organisational levels, is essential for the organisation's growth and efficiency. Thus, organisations need to operate as open systems by developing communication processes that allow exchange of information and feedback from both internal and external environments. Feedback helps organisations to improve and adapt to changing environments. As components of the system, organisational members are interdependent on each other and cannot function without the support of one another. Organisations learn through rare events like the current COVID-19 pandemic in order to review and restructure existing practises and improve their response mechanisms for future incidents (Lai, and Huili Lin 2017).

Organisations are also interdependent on each other within the environments that they operate in. Through their permeable boundaries, they are able to exchange resources (input) and products (output) (Lai, and Huili Lin 2017). The resources that are received by an organisation are processed internally by members of the organisation (employees) and converted into products. For example, since the beginning of the national lockdown, the public service organisations have been receiving guidelines and frameworks from the Department of Cooperative Governance and Traditional Affairs (CoGTA), Department of Health (DoH) and the Department of Public Service and Administration (DPSA) on how to mitigate the effects COVID-19 pandemic which they have to implement in their respective organisations and report on the compliance thereof. Throughout the processing phase, members of the organisation provide feedback regarding errors to be corrected and improvements to be made to the organisation (Lai, and Huili Lin 2017). Activities and interactions from the lower level of the organisation should influence the decisions that are taken at a higher level of the organisation and the overall organisational strategy

In the 21st century, technology enables organisations to interact with their stakeholders; manage large volumes of data, information and knowledge; build relationships; obtain feedback and "implement control mechanisms for adaptation and improvement of the organisation" (Lai, and Huili Lin 2017). As such, organisations are able to operate more like open systems. To fully benefit from technology, organisations have to integrate it into their business processes and their existing infrastructure. At an organisational level, technology helps track teamwork; manage personnel through intranet and align "large, complex organisations towards common and unified messages" (Lai, and Huili Lin 2017).

The public service may be regarded as a system composed of various institutions and entities and operating in South Africa (Environment). At a micro level, individual public service institutions may be regarded as systems composed of employees and operating in the context of the South African public service. Systems theory is applied to this study to analyse the relationships and interdependencies between the public service institutions and the public servants in the context of the public service so as to determine the effect of COVID-19 on the work arrangements in the South African public service. Furthermore, it is used to identify the communication processes that the public service has implemented to allow exchange of information and feedback from its internal and external environment. Lastly, the application of systems theory in this study provides clarity on how the public service has used technology to support its operations during the lockdown and facilitate communication with its stakeholders.

Crisis Management

Crisis is a period of discontinuity whereby "the core values of the organisation are under threat" and critical decision-making is required (Zamoum, and Gorpe 2018). For a situation to be regarded as a crisis, it has to be urgent, rare, significant, ambiguous, involve high risk and have high impact (Zamoum, and Gorpe 2018). Given that criteria, the COVID-19 outbreak can be regarded as a crisis. As aptly stated by Zamoum, and Gorpe (2018), during crisis, there is a need for information and at times, there are rumours and fake news spread via social media which need to be dispelled through crisis management. A case in point is when the South African Government had to implement regulations to criminalise the spreading of fake news relating to COVID-19 or government's response to the pandemic (Department of Employment and Labour 2020).

Crisis management is designed to prevent or reduce the negative impact of crisis on the organisation and its stakeholders. The pre-crisis stage of the crisis management process entails signal detection, crisis prevention and preparation for crisis management with the intention of reducing risks that may create crisis. The crisis stage focuses on the organisation's communication with its stakeholders and its response to the crisis situation. Post-crisis, an organisation needs to evaluate how the crisis was managed and examine media content and stakeholders' perceptions to prepare for possible crises in future. Throughout the crisis management process, an organisation needs to collect and analyse information, communicate internally and externally with all affected parties, and share lessons learnt from the crisis. There has to be a communication and media plan to involve the public and keep them informed about the true status of the crisis so as to win their confidence (Zamoum, and Gorpe 2018).

COVID-19 is a crisis that has negatively affected organisations and individuals. Managing this pandemic requires critical decision-making, effective crisis management and constant communication with organisational stakeholders and the public. The crisis management model is applied to analyse the activities that the public service organisations have undertaken to reduce the negative impact of the crisis. The model also helps analyse the communication activities of the public service organisations with their employees and stakeholders since the start of the COVID-19 outbreak and the subsequent national lockdown.

Maslow's hierarchy of needs

Maslow's hierarchy of needs helps explain the individuals' motivation at workplaces. It postulates that an individual has five levels of needs to fulfil and cannot move to the next level unless they have satisfied the previous need. Those needs are Physiological (i.e. thirst, hunger and sex), Safety (i.e. security, stability, and protection), Love and belonging (loving and being loved; escaping longlines), Self-esteem (i.e. respect for self and others) and Self-actualization (i.e. fulfilling one's potential) (Maslow 1981).

COVID-19 is a threat to employees' health and job security and affects their level of motivation at work. Due to the pandemic, some organisations in the private sector had to shut down while others retrenched employees in order to survive the economic impact of COVID-19. To protect the employees from possible COVID-19 infections at work, organisations had to implement COVID-19 safety measures and provide their employees with personal protective equipment to use at work.

THE EFFECT OF COVID-19 ON THE WORK ARRANGEMENS IN THE PUBLIC SERVICE

The United Nations Development Programme (2009) defines institutional arrangements as policies, practices and systems that enable organisations to function effectively and efficiently. COVID-19 has affected the way the public service operates and has, in some cases, necessitated the revision of existing policies, practices and systems and/or development of new ones where required. For instance, after the declaration of the national state of disaster, government departments were advised to suspend all non-essential domestic travels and meetings and instead, use teleconferencing and videoconferencing facilities. Government departments were also advised to cancel or postpone mass gatherings and reprioritise budget to cater for COVID-19 interventions (Mchunu 2020). Statistics South Africa had to suspend fieldwork and face-to-face data collection for some of its quarterly surveys and opted to conduct some of the interviews through telephone. That led to a delay in the data collection processes and the publication of the organisation's quarterly reports (Stats SA 2020b).

In accordance with the Occupational Health and Safety Act (OHSA) 1993, the public service has the responsibility to provide a safe and healthy work environment to its employees (Republic of South Africa 1993). COVID-19 poses a health risk to the public service employees, particularly the frontline personnel working at hospitals, courts, home affairs and correctional service facilities who have to interact directly with members of the public to deliver services. To comply with the OHSA, the public service organisations had to among others, conduct risk assessments on the COVID-19 outbreak; screen their employees for COVID-19 on a daily basis; procure adequate hygienic equipment and supplies for use by staff and visitors at the office buildings and develop action plans to manage confirmed COVID-19 cases (Department of Public Service and Administration 2020).

The guidelines issued by the Department of Public Service and Administration (DPSA) for the containment of COVID-19 in the public service provide for the implementation of administrative controls in the following areas:

(i)   Flexible work arrangements in terms of work location and working hours;

(ii)   Management of leave;

(iii)   Acquisition of additional human resources; and

(iv)   Front-line service delivery.

Flexible work arrangements

At the beginning of the national lockdown, government departments had to identify employees whose roles are essential for service delivery and the smooth running of government operations. Those employees were required to be physically at the workplaces to perform their duties and were granted permits by their employers to travel to work on a daily basis as per the rules of the lockdown alert level 5.

To minimise possible exposure to COVID-19 virus, employees whose services were not regarded as 'essential' were advised to work from home during that period. Government departments were urged to provide their employees with relevant resources (Mchunu 2020) such as laptops, data and phone equipment to enable them to work remotely, To help employees cope with the new work arrangements and succeed on the job, managers should provide accurate descriptions of tasks, clear and concise instructions and model best practices on how to work remotely. Furthermore, they should provide

training to equip employees with the relevant IT capabilities as well as the necessary support to work remotely (Mulki et al. 2009).

Remote working is not a common practice in South Africa. As indicated in diagram 1 below, the survey conducted by Statistics South Africa on the impact of the COVID-19 pandemic on employment and income in South Africa revealed that only few people (i.e. 1.4% of the respondents) worked from home before the national lockdown while most (i.e. 95,6% of the respondents) worked in non-residential buildings. During the lockdown, the percentage of people who worked from home increased to 77,9% while the one for those who worked in non-residential buildings decreased to 15%. The majority (i.e. 88,0%) of those who worked from home lived in the suburbs and only 5,4% in townships (Stats SA 2020a). The reason for that disparity could be due to the availability of an enabling infrastructure in the suburbs such as better network coverage as compared to townships (Gillwald 2017).

Diagram 1: Work arrangements before and during the lockdown
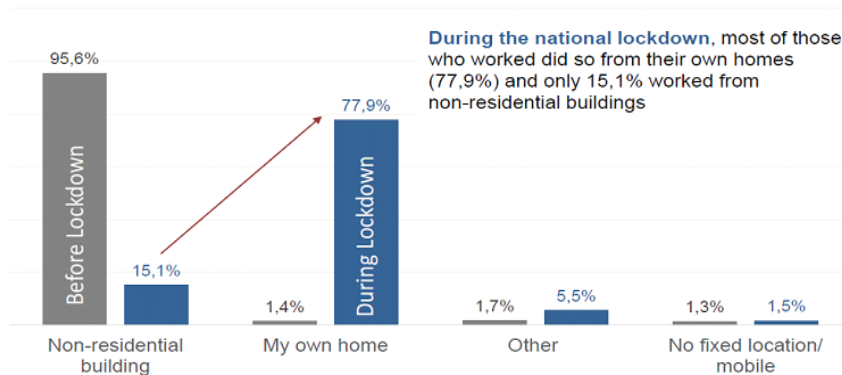
Source: Statistics South Africa

The relaxation of the rules during lockdown alert level 3 on 1 June 2020 allowed more employees to return to work on a scheduled basis. Employees who were not scheduled to go to the office were expected to work from home. To minimise the risk of exposure to COVID-19 virus as a result of overcrowded offices, government departments were advised to "develop schedules for a staggered return" of employees to work and amend their working times to provide for flexible lunch breaks, different arrival and departure times and where possible, shift work (Department of Employment and Labour 2020 and Mchunu 2020).

Owing to a high demand for human resources during the lockdown, some of the essential personnel such as nurses, doctors and emergency medical personnel had to work long hours under intense pressure to deliver the requisite services. Therefore, special permission was granted to the national and provincial departments of Health, the department of Home Affairs (DHA) and the department of Transport (DoT) to pay out overtime compensation in excess of the set limit of "30% of the employee's monthly salary" (Mchunu 2020).

Management of leave

In accordance with applicable public service prescripts regarding the management of leave in the public service, an employee who tests positive for COVID-19 is entitled to sick leave or incapacity leave in case they have exhausted their sick leave. Employees who worked closely with the affected employee and those who were exposed to someone with a confirmed case of COVID-19 are eligible to self-quarantine for 14 days and work from home during the quarantine period (DPSA 2020).

Provision has also been made for employees who need to attend to their children and/or spouses or life partners who are in quarantine or isolation to take family responsibility leave or annual leave (in cases where family responsibility leave has been exhausted). Should an employee decide to self-quarantine without seeking medical attention, it will be treated as an annual leave or unpaid in case they have exhausted their annual leave. An employee's refusal to go to work on account due to fear of COVID-19 infection is treated as an unpaid leave (DPSA 2020).

The guidelines do not address the management of leave in relation to remote work as the DPSA is in the process of developing a framework to outline the norms and standards for remote working arrangements in the public service (Mchunu 2020).

Acquisition of additional human resources

During the national lockdown, the public service had to acquire additional human resources to assist with the implementation of COVID-19 mitigation measures. Government departments were granted permission to make temporarily appointments where necessary to augment their capacity to deliver COVID-19 related services (DPSA 2020). Where possible, job interviews were conducted via telephone or video to minimise the risk of infection.

Font-line service delivery

A number of public service organisations including the department of Home Affairs, department of Correctional Services and department of Health have continued providing front-line services throughout the lockdown period. To protect the front-line personnel from possible COVID-19 infections, the employers had to provide each employee with Personal Protective Equipment (PPE) such as masks and rubble gloves and train them on how to identify and mitigate the COVID-19 risks. The employers had to also provide adequate scanners for temperature screening as well as hand sanitisers and soaps for use by employees and the public. The public service organisations were also required to create awareness on the COVID-19 protocols through posters and awareness materials in their office buildings (DPSA 2020).

THE USE OF TECHNOLOGY IN THE PUBLIC SERVICE TO MANAGE INFORMATION AND KNOWLEDGE DURING THE NATIONAL LOCKDOWN

The importance of accurate, timely, reliable information during this global crisis cannot the over-emphasised. In accordance with systems theory, the public service has to gather information from various internal and external sources, process and analyse it, and share the output internally and externally with its stakeholders (Lai, and Huili Lin 2017). In order to make well-informed decisions and implement relevant intervention measures, the South African Government requires crucial data and information relating to COVID-19 infections, recoveries and mortalities; mitigation measures; and treatment. Based on the information received, the public service can make projections, allocate resources, and develop and/or implement relevant regulations. Government also has the responsibility to keep its employees, citizens, media, international governing bodies and any other relevant stakeholders informed about the developments and lessons learnt on COVID-19 (Zamoum, and Gorpe 2018). In return, Government has to take into consideration the feedback received from its stakeholders so as to improve and make the necessary changes. At an organisational level, the public service employees require accurate, timely information from their managers, colleagues and external stakeholders to perform their duties and to adequately support the COVID-19 mitigation efforts (Mukhopadhyay and Mukhopadhyay 2020).

Given the magnitude of the stakeholder networks and work involved in the COVID-19 mitigation initiative, technology becomes the essential thread that binds everything together. Owing to the mobility and travel restrictions imposed by the pandemic, the public service has introduced the use of video-conferencing tools such as Microsoft Teams, Zoom, Skype and Google Meet to support their business operations. These IT applications have enabled employees from geographically dispersed locations to share information and collaborate on projects in real time and in an efficient and effective manner (Igbinovia and Ikenwe 2012). Through these tools, organisations have managed to successfully host online meetings, conferences, webinars and even job interviews. While these applications have been efficient and user-friendly, some of the users have been complaining of "video call fatigue" as a result of attending too many or too long online meetings (Kretchmer 2020).

Technology has also played a critical role in terms of enabling access, collection, storage, and dissemination of COVID-19 related information (Gillwald 2017; and Igbinovia and Ikenwe 2012). Since the start of the COVID-19 outbreak, various international and local organisations have developed knowledge management systems to capture, store and disseminate useful information, statistics and research output on the COVID-19 pandemic. A number of academic institutions in South Africa have also developed dashboards and analytical tools to identify trends, make projections and monitor the spread of the virus in the country. Table 1 below provides a list of the sources of information on COVID-19 pandemic at global, continental and national levels.

Table 1: Sources of information on COVID-19 at global, continental and national levels

ORGANISATION	CONTENT TYPE AND WEB LINK
1 World Health Organisation (WHO)	The WHO Coronavirus Disease (COVID-19) Dashboard contains the latest statistics, maps and information from all regions and countries on COVID-19. Website: https://covid19.who.int/?gclid=EAIaIQobCh-MI0Ziv9L7O6gIVaoBQBh0DWwzAEAAYASAAEgIhFvD_BwE.
2. African Union	African Union Resource Portal contains information, news, regulations and guidelines about COVID-19 in all countries on the African continent. Website: https://au.int/en/covid19.
3. National Institute of Communicable Diseases (NICD)	National Institute of Communicable Diseases, COVID-19 Database contains details of infected persons and those suspected to have the COVID-19 virus in South Africa. Website: https://www.nicd.ac.za/diseases-a-z-index/covid-19/.
4. Department of Health and the National Health Insurance (NHI)	COVID-19 Corona Virus South African Resource Portal provides official news, maps, guidelines, social & economic relief information and resources. Website: https://sacoronavirus.co.za/.
5. South African Government	SA Government COVID-19 portal provides official COVID-19 regulations and guidelines in South Africa. Website: https://www.gov.za/coronavirus/guidelines.

Source: Author

The National Development Plan (NDP) 2030 recognises the potential of technology to improve interdepartmental coordination; build intelligence; and speed up delivery (National Planning Commission 2012). Among the most common problems experienced in the public service are inefficient business processes, inadequate resources, skills shortages, inefficient communication and decision-making processes, non-availability of adequate ICT infrastructure (Kekana 2011). The public service needs to address these problems, particularly those relating to inadequate ICT infrastructure and skills to realise the benefits of technology.

Technology is also crucial for the successful implementation of flexible working arrangements and the advancement of knowledge management in the public service. According to Al Ahbabi, Singh, Balasubramanian, and Gaur (2019), knowledge management is widely practiced in the private sector than in the public sector. One of the key barriers to the effective implementation of knowledge management in organisations is the employees' unwillingness to share information (Alavi and Leidner 1999). That has also been the case in the South African public service. The successful adoption of knowledge management in the public service will require a drastic cultural change shift in the organisation so as to encourage staff to share information (Alavi and Leidner 1999).

**GOOD PRACTICES THAT THE PUBLIC SERVICE COULD ADOPT POST COVID-19**

The good practices identified are in relation to flexible work arrangements, use of technology, management of data, development of relevant regulatory frameworks and optimisation of business processes.

Flexible work arrangements

The national lockdown enabled the public service to 'pilot' remote working and develop relevant frameworks and policies to regulate that. In line with the post-crisis stage of the crisis management model, at the end of the pandemic, the public service organisations need to do an evaluation of how effective the flexible work arrangements were in order to build new organisational knowledge and identify areas for possible improvements (Mukhopadhyay and Mukhopadhyay 2020; and Zamoum, and Gorpe 2018). Since remote working is not a customary practice in the public service, organisations would need to identify and address possible obstacles to implementing flexible working arrangements so as to encourage adoption and realisation of benefits (Mulki *et al.* 2009).

As indicated in diagram 2 below, changing the organisational culture is the most common obstacle to implementing a flexible workplace policy (International Workplace Group (IWP) as cited in Routley 2020). This is likely to be the case in the public service environment, which is hierarchical and more controlled. Given that most of the processes in the public sector are manual (Kekana 2011; and National Planning Commission 2012), technology requirements, data security and privacy would also need to be addressed urgently. The implementation of remote work in the public service will require the necessary infrastructure and complementary IT support to deal with cybersecurity issues.

Diagram 2: Obstacles to implementing a flexible workplace policy
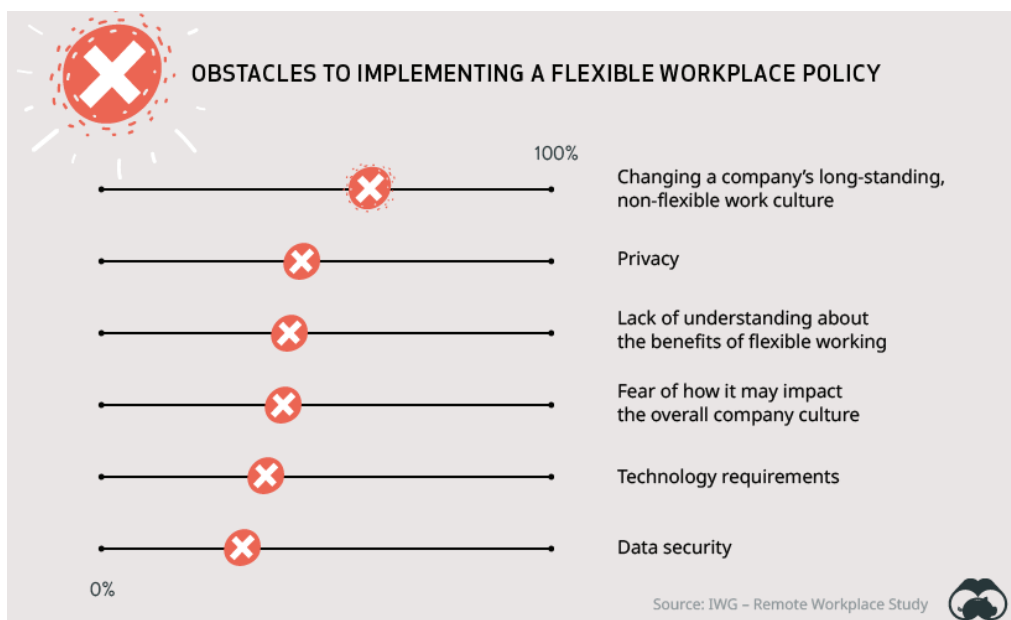
Source: IWG cited in Routley (2020)

The public service could integrate remote work arrangements into its human resource management and development strategy as a means to retain highly skilled employees and attract rare skills into the public service (Baard and Thomas 2010). According to South Africa's twenty year review report for period 1994 to 2014, the public service is experiencing a shortage of skills in health, information technology, finance engineering and infrastructure planning and which "compromises the quality of services rendered by the public sector" (Presidency South Africa 2014).

Use of technology

COVID-19 afforded the public service an opportunity to assess its readiness to digitalise its business processes and fully exploit technology to improve efficiency. The use of IT applications to conduct online meetings, webinars and video conferences proved to be efficient and cost-effective. This practice should be continued in the public service post COVID-19 to save time and costs associated with travelling. Relevant guidelines will have to be developed to regulate online engagements and to address issues pertaining to collection of evidence for reporting purposes and virtual meeting etiquette.

The cyber security issues experienced during the outbreak highlighted an urgent need to develop ICT skills in the public service, invest in ICT research and develop infrastructure to support communication and workplace collaboration. The use of technology to facilitate information and knowledge sharing, analyse data and engage stakeholders should be continued post COVID-19 to help speed up service delivery, build intelligence and improve decision-making in the public service.

Management of data

Data collected by various public institutions during the pandemic should serve as a building block to improving data integrity in the public service and developing a government knowledge base. The research outputs and data collected should be analysed to identify trends and draw insights to build intelligence and support future decision-making. The daily statistics and press releases published through the Government COVID-19 Corona Virus South African Resource Portal and other reliable media outlets created awareness on COVID-19 and helped citizens make informed decisions. Post COVID-19, the public service should continue providing citizens with relevant, accurate data and information on Government programmes and service delivery matters to enable them to make informed decisions.

Development of appropriate regulatory frameworks

In response to the pandemic, the public service had to review some of its existing policies and develop new ones to cater for the emerging demands. With the wide use of social media as one of the most powerful communication tools during the pandemic, issues such as cyber-bullying, social engineering and the spread of inaccurate information have become more pronounced. Further to the regulation enacted to combat the publishing of fake news on COVID-19, public service institutions need to review their existing social media policies, or develop new ones (where none exist), to leverage social media to promote transparency, responsiveness and accountability in the public service. A regulation pertaining to the ownership of data (particularly user-generated content) on social media and online platforms may also require urgent attention. The policies that were developed to regulate and/or support manual operations have to be revised to cater for online processes. For instance, the Occupational Health and Safety policies and the employees' performance management and development policies have to be reviewed to make provision for remote working and flexible working arrangements.

Optimisation of business processes

The NDP has highlighted weak accountability due to paperwork as well as slow decision-making and implementation owing to the "lack of effective delegation" as drawbacks of the current business processes in the public service (National Planning Commission 2012). To address these drawbacks, the NDP recommended the streamlining of processes to improve decision-making, accountability and reduce the centralisation of power. In terms of improving interdepartmental coordination, it recommended adopting a less hierarchical approach to enable effective delegation of responsibilities to lower level staff. The decentralisation of information and power during the lockdown empowered the essential workers to make decisions and perform their duties effectively. To empower lower staff to make sound decisions, organisations need to equip them with relevant information and, where necessary, provide training on technical matters (National Planning Commission 2012). This could be facilitated through the organisational knowledge repositories and other relevant technological tools.

CONCLUSION

COVID-19 pandemic affected the public service to a large extent and compelled the public service to implement relevant administrative controls to cater for the management of leave; flexible work arrangements in terms of working hours and work locations; acquisition of human resources; and delivery of front-line services. The COVID-19 global crisis has been a learning opportunity for the public service on how to manage a crisis of that magnitude.

The COVID-19 pandemic has presented an opportunity to the public service to adapt to change and assess its readiness to adopt and integrate ICT into its business processes. This crisis has, once again, shown the importance of data and information for decision making and effective service delivery. The COVID-19 response has been a collaborative effort between the public sector, private sector, academia, civil society and many other role players across the world which demonstrated the value of teamwork. To fully realise the benefits of technology, the public service needs to address problems relating to inadequate ICT infrastructure and skills, ineffective business processes, inadequate resources and weak accountability.

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OPINION PIECE:

COVID-19 EXPOSES THE LIMITS OF POLITICAL POPULISM AND PAROCHIAL NATIONALISM

Patrick Tandoh-Offin[1] and Wisdom Kofi Adzakor[2]

The coronavirus pandemic has caused a twist in course of many activities and, ultimately, a recession in the economies of most nations. On this premise, this essay will elicit and ascertain the limits of political populism and parochial nationalism amidst this difficult period. To begin with, it is imperative to know what the two terminologies in the essay – namely, political populism and parochial nationalism – imply. According to Gagnon and his co-authors (2018) in their discussion 'What is Populism? Who is the Populist?', political populism is the invocation of "the people" who are betrayed, wronged, or otherwise left vulnerable to forces outside their control. To add to that, political populism is a doctrine that supports the rights and power of the poor in their struggle against the privileged. Succinctly put, "the people" against "the elite".

Political populism is a political strategy employed by a specific type of leader who seeks to govern based on direct and unmediated support from his/her followers. It is particularly popular in Latin America and non-western societies. More concretely, Mudde and Rovira Kaltwasser (2017) defined political populism as a thin-cantered ideology which considers society to be ultimately separated into two homogeneous and antagonistic camps: "the pure people" versus the "corrupt elite", and which argues that politics should be an expression of the *volonté générale* (general will) of the people. Political populism also describes many more specific philosophies, vis-à-vis right-wing, left-wing, or neither; including democracy, socialism, labour movements, and even some forms of fascism. Labour parties are referred to as populist movements and are often led by labour unions. Populist democracy refers to efforts to engage a higher proportion of the population more actively in the democratic process, such as through public referenda and registering voters. Reactionary populism describes extreme right-wing populism and is practically synonymous with the "radical right." It is most associated with anti-immigration policies and extreme nationalism; Donald Trump's campaign was a perfect example. Populist socialism, or left-wing populism, has often been associated with opposition to capitalism and support for communism or socialism.

In parochial nationalism, there is a high sense of nationhood, where indigenes of that particular jurisdiction firmly and strongly uphold their national ideals, norms, values and culture in such a manner that makes them narrow-minded. According to Tomaney (2012), parochial nationalism is the tendency of a nation to promote the confinement of its interest to local spheres; lacking global perspective: i.e. narrowness in its political and socio-economic dispensation. Parochial nationalism seeks to bring forth the ideology of "ours is better than theirs" in relation to foreign cultures. As Rogers Brubaker (1998:233) pointed out, "Europe was the birthplace of the nation-state and modern nationalism at the end of the eighteenth

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century, and it was supposed to be their grave-yard at the end of the twentieth". In addition, many proponents of the globalisation hypothesis argue that nationalist resurgence is a European phenomenon. Thus, according to Mary Kaldor (2004), in other parts of the world, forms of nationalism may vary and take the form of religious communalism, tribalism, clanism and so forth.

The coronavirus disease 2019 (COVID-19) emerged in December 2019 in Wuhan; the capital of Hubei province, in China. While the outbreak in China is almost over, this highly contagious disease is currently spreading across the world and throughout European Union/ Exclusive Economic Area (EU/EEA) member States; with a daily increase in the number of affected countries, confirmed cases and infection-related deaths. Based on the high levels of global spread and the severity of COVID-19, on 11 March 2020, the Director-General of the World Health Organization (WHO) declared the COVID-19 outbreak a pandemic. COVID-19 is an acute respiratory disease caused by a newly emerged zoonotic coronavirus. A positive-sense enveloped single-stranded RNA virus, named Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), has been isolated from a patient with pneumonia, and connected to the cluster of acute respiratory illness cases from Wuhan.

Coronavirus has affected 210 countries and territories around the world. By the end of April 2020, there were 3.1 million confirmed cases and at least 218 000 deaths from the COVID-19 outbreak. This has increased to more than 18 million infections in early August and a global death toll from COVID-19 estimated at least 700 000. Globally, about 3.4% of reported COVID-19 cases have died. By comparison, seasonal flu generally kills far less than 1% of those infected.

Parochial nationalism became the elemental force to be reckoned with in the post-Cold War world order; challenging its stability by reshaping boundaries, unleashing wars and disintegrating multinational states. A clear example of parochial nationalism can be found in Harry Truman, former United State President. As Damms (2003) describes, Truman uncritically believed in American values and political-economic interest in Europe, and placed Sino-American relations on a path of long-term animosity. In fact, parochial nationalism was not pronounced only in the western world. By the 1950s, various African nationalist leaders (such as Kwame Nkrumah, Jomo Kenyatta, Julius Nyerere, Kenneth Kaunda, Haile Selassie and Albert Luthuli) were championing the course of pursuing some sort of parochial nationalism. According to Mills (1980), African political interest and involvement began in the 1870s and became a significant factor from the 1880s. African political nationalism in South Africa, for instance, can be seen, broadly, as all political actions and ideological elements to improve the status, rights and position of Africans in the emerging society imposed by white intrusion and conquest. In the case of the Soweto Uprising, which comprised 10 000 to 20 000 black students, protesting against learning in Afrikaans at school is a prominent example of political nationalism in Africa.

The COVID-19 pandemic will certainly adversely affect global economies, as did the global financial crises of 2008. Among the many reasons that should cause global anxiety about the impact of COVID-19 across the world is the fact that the superpower economies like Germany, the United State of America, Russia, and France are going to be heavily affected. This will be evident in the spheres of economic, political and social development, among others, while the ripple effect will have consequences for many other countries.

Socio-economic growth in many countries will suffer due to the fact that COVID-19 has stopped international travel across the globe, schools closed and conferences were cancelled. It has curtailed the movement of people and restricted their full participation in economic activities; causing countries

to use considerable fiscal resources to cushion their citizens. Borders were also closed (and remain so), which certainly led to deglobalisation. The severity of political populism and parochial nationalism on the part of the United States of America, Brazil and other superpowers contributed significantly to the global challenges and failures in inadequately responding to the virus. When the first images showing the rampant effect of the virus emerged from China in January 2020, leaders such as Donald Trump, Boris Johnson (Prime Minister of the United Kingdom) and many other heads of state downplayed its potential threat. They seemingly hoped, or believed, that the virus wouldn't rear its ugly head in their countries.

Political populism and parochial nationalism have truly proven to be disadvantageous as the aforementioned countries have recorded more cases than China; the country in which virus originated. At the beginning of May 2020, reported cases for the US stood at 1.16 million with a death toll of 67 046, while by early August the total number of infections had risen to a whopping 4.68 million with more than 155 000 reported deaths. By early May, the UK had 182 000 recorded cases and 28 131 confirmed deaths, which rose to more than 300 000 at the end of July with more than 40 000 confirmed deaths (Worldometers 2020).

In the case of Boris Johnson, he even became the first world leader to catch coronavirus, which Prince Charles of the United Kingdom was also reported to have contracted. Even after Brazil became the country with the second highest infections in early July (1.7 million), its president, Jair Bolsonaro, still trivialised the virus as "a little flu" and ignored social distancing – only to contract the virus himself (Mohapatra 2020). These brings to bear how complacent some leaders were about the virus. If they had come together to strike a common course to tackle the issue with China head on, this whole mess could have been prevented.

Donald Trump, again labelling his critics, "un-American", and the Turkish President Recep Tayyip Erdogan saying about himself and his party, "We are the people," and then turns to his critics with the question, "Who are you?" (Müller 2016), are all instances of political populism that have dominated political scenes around the globe. It is important to note that dividing the populace (citizens or electorate) is the political business model of populists; some of which are perpetrated to score political points.

Drawing from the case of Africa, however, Ghana in particular; is fact that there have been concerted efforts and political will by the government and the largest opposition party to help contain and defeat the virus by embarking on several ventures that are worth applauding. The distribution of food items to many households by the opposition party shows this. Even more demonstrative of the limits of populism is when the President of the Republic of Ghana declared a collective national day of fasting and prayers on COVID-19. Excessive parochial nationalism in many nations have also resulted in unilateralism. Unilateralism has taken hold in major global power centres of the globe. This has deprived many nations from striking regional engagements that were mutually beneficial, in order to address these common issues.

As unilateralism could be understood as a doctrine or agenda that supports one-sided action, it may be in disregarded for other parties, or as an expression of a commitment toward a direction which other parties may find disagreeable. As part of efforts to minimise the phenomenon of political populism and parochial nationalism, governments of various sovereignties should base their decisions and messages on evidence rather than rumours, and they should focus on what is within their control rather than pretend that they can stop the virus at their borders. Ultimately, it is not open borders but an open society that is at stake.

In conclusion, COVID-19 has called for stronger States to provide assistance to countries with weaker capacity to deal with the crisis, even if the countries are adversaries. World leaders should come together in one accord to adopt one common practice that can best fight the virus, as parochialism in these circumstances will only exacerbate the issue. As emphasised by the United Nations Secretary-General during the launch of a COVID-19 Global Humanitarian Response Plan on 23 March 2020, "We must come to the aid of the ultra-vulnerable – millions upon millions of people who are least able to protect themselves. This is a matter of basic human solidarity. It is also crucial for combating the virus. This is the moment to step up for the vulnerable."

As Michael Ignatieff (1994:2) indicated many years ago:

> With blithe lightness of mind, we assumed that the world was moving irrevocably beyond nationalism, beyond tribalism, beyond the provincial confines of the identity inscribed in our passports towards a global market culture which was to be our new home." However, we maintain that considering the above occurrences and arguments, it can be said that the COVID-19 pandemic has indeed exposed the limits on the long-practiced populism and parochial nationalism.

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TRIBUNE D'OPINION:

COVID-19 EXPOSE LES LIMITES DU POPULISME POLITIQUE ET DU NATIONALISME PAROCHIALISTE

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La pandémie de coronavirus a provoqué un revirement dans le cours de nombreuses activités et, en fin de compte, une récession endurée par les économies de presque toutes les nations. C'est sur cette base que le présent essai vise à déterminer les limites du populisme politique et du nationalisme parochialiste, en cette période difficile. Pour commencer, il est impératif de savoir ce qu'impliquent les deux terminologies utilisées dans l'essai, à savoir le populisme politique et le nationalisme parochialiste. Selon Gagnon et ses co-auteurs (2018) dans leur discussion «Qu'est-ce que le populisme ? Qui serait le populiste ? le populisme politique est l'invocation du «peuple» qui est trahi, lésé ou est exposé à des forces qui échappent à son contrôle. En outre, le populisme politique est une doctrine qui soutient les droits et le pouvoir des pauvres dans leur lutte contre les privilégiés. En bref, «le peuple» contre «l'élite».

Le populisme politique est une stratégie politique employée par un type spécifique de dirigeant qui cherche à gouverner en s'appuyant sur le soutien direct et sans intermédiaire de ses partisans. Il est particulièrement populaire en Amérique latine et dans les sociétés non occidentales. Plus concrètement, Mudde et Rovira Kaltwasser (2017) ont défini le populisme politique comme une idéologie à l'esprit étroit qui considère que la société est finalement séparée en deux camps homogènes et antagonistes : «le peuple pur» contre «l'élite corrompue», et qui soutient que la politique doit être l'expression de la volonté générale du peuple. Le populisme politique décrit également de nombreuses philosophies plus spécifiques, vis-à-vis de la droite, de la gauche, ou des deux ; y compris la démocratie, le socialisme, les mouvements ouvriers, et même certaines formes de fascisme. Les partis travaillistes sont appelés mouvements populistes et sont souvent dirigés par des syndicats. La démocratie populiste fait référence aux efforts visant à faire participer plus activement une plus grande proportion de la population au processus démocratique, par exemple par le biais de référendums publics et de l'inscription des électeurs. Le populisme réactionnaire décrit le populisme d'extrême droite et est pratiquement synonyme de «droite radicale». Il est surtout associé aux politiques anti-immigration et au nationalisme d'extrême droite ; la campagne de Donald Trump en est un parfait exemple. Le socialisme populiste, ou populisme de gauche, a souvent été associé à l'opposition au capitalisme et au soutien au communisme ou au socialisme.

Le nationalisme parochialiste offre un sens élevé de la nation, où les indigènes de cette juridiction particulière soutiennent fermement et fortement leurs idéaux, normes, valeurs et culture nationaux d'une manière qui les rend bornés. Selon Tomaney (2012), le nationalisme parochialiste est la tendance d'une nation à promouvoir le confinement de ses intérêts dans les sphères locales ; il

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manque de perspective globale, c'est-à-dire l'étroitesse de son ordre politique et socio-économique. Le nationalisme parochialiste cherche à faire émerger l'idéologie selon laquelle «le nôtre est mieux que le leur» par rapport aux cultures étrangères. Comme l'a souligné Rogers Brubaker (1998 :233), «l'Europe a été le lieu de naissance de l'État-nation et du nationalisme moderne à la fin du XVIIIe siècle, et elle était censée être leur tombe à la fin du XXe». En outre, de nombreux partisans de l'hypothèse de la mondialisation soutiennent que la résurgence du nationalisme est un phénomène européen. Ainsi, selon Mary Kaldor (2004), dans d'autres parties du monde, les formes de nationalisme peuvent varier et prendre la forme de communalisme religieux, de tribalisme, de clanisme, etc.

La maladie à coronavirus 2019 (COVID-19) est apparue en décembre 2019 à Wuhan, la capitale de la province de Hubei, en Chine. Alors que l'épidémie en Chine est presque terminée, cette maladie très contagieuse se propage dans le monde entier et dans les États membres de l'Union européenne et de la Zone économique exclusif (UE/ZEE), avec une augmentation quotidienne du nombre de pays touchés, de cas confirmés et de décès liés à l'infection. Compte tenu des niveaux élevés de propagation mondiale et de la gravité de la COVID-19, le 11 mars 2020, le directeur général de l'Organisation mondiale de la santé (OMS) a déclaré que l'épidémie de COVID-19 constituait une pandémie. La COVID-19 est une maladie respiratoire aiguë causée par un coronavirus zoonotique nouvellement apparu. Un virus enveloppé à ARN simple brin de polarité positive, appelé coronavirus-2 du syndrome respiratoire aigu sévère (SRAS-CoV-2), a été isolé chez un patient souffrant de pneumonie et relié à l'ensemble des cas de maladies respiratoires aiguës de Wuhan.

Le coronavirus a touché 210 pays et territoires dans le monde entier. Fin avril 2020, on comptait 3,1 millions de cas confirmés et au moins 218 000 décès dus à l'épidémie de COVID-19. Ce chiffre est passé à plus de 18 millions d'infections au début du mois d'août et le bilan mondial des décès dus à la COVID-19 est estimé à au moins 700 000. Au niveau mondial, environ 3,4 % des cas de COVID-19 signalés sont morts. En comparaison, la grippe saisonnière tue généralement bien moins de 1 % des personnes infectées.

Le nationalisme parochialiste est devenu la force élémentaire à ne pas sous-estimer dans l'ordre mondial de l'après-guerre froide ; il remet en question sa stabilité, en remodelant les frontières, en déclenchant des guerres et en désintégrant les États multinationaux. On trouve un exemple clair de nationalisme parochialiste chez Harry Truman, ancien Président des États-Unis. Comme le décrit Damms (2003), Truman croyait sans réserve aux valeurs américaines et aux intérêts politico-économiques de l'Europe, et a placé les relations sino-américaines sur la voie d'une animosité à long terme. De fait, le nationalisme parochialiste n'était pas prononcé que dans le monde occidental. Dans les années 1950, plusieurs dirigeants nationalistes africains (tels que Kwame Nkrumah, Jomo Kenyatta, Julius Nyerere, Kenneth Kaunda, Haile Selassie et Albert Luthuli) ont soutenu la poursuite d'une sorte de nationalisme parochialiste. Selon Mills (1980), l'intérêt et l'engagement politiques africains ont commencé dans les années 1870 et sont devenus un facteur important à partir des années 1880. Le nationalisme politique africain en Afrique du Sud, par exemple, peut être considéré, au sens large, comme l'ensemble des actions politiques et des éléments idéologiques visant à améliorer le statut, les droits et la position des Africains dans la société émergente imposée par l'intrusion et la conquête des Blancs. Dans le cas du soulèvement de Soweto, qui a rassemblé 10 000 à 20 000 étudiants noirs, la protestation contre l'enseignement en afrikaans à l'école est un exemple éminent de nationalisme politique en Afrique.

La pandémie de COVID-19 aura certainement des répercussions négatives sur les économies mondiales à l'instar des crises financières mondiales de 2008. Parmi les nombreuses raisons qui devraient susciter

l'inquiétude mondiale quant à l'impact de COVID-19 dans le monde, citons le fait que les économies des superpuissances comme l'Allemagne, les États-Unis d'Amérique, la Russie et la France vont être fortement touchées. Cela se manifestera dans les domaines du développement économique, politique et social, entre autres, tandis que l'effet domino aura des conséquences pour de nombreux autres pays.

La croissance socio-économique de nombreux pays sera affectée par l'interruption des vols internationaux à travers le monde, la fermeture des écoles et l'annulation des conférences en raison de la COVID-19. La maladie a réduit la circulation des personnes et restreint leur pleine participation aux activités économiques, si bien que les pays ont été poussés à utiliser des ressources fiscales considérables pour venir en aide à leurs citoyens. Les frontières ont également été fermées (et le sont encore), ce qui a certainement conduit à la démondialisation. L'intensité du populisme politique et du nationalisme parochialiste de la part des États-Unis d'Amérique, du Brésil et d'autres superpuissances, a contribué de manière significative à l'incapacité du monde et à l'inadéquation des réponses face au virus. Lorsque les premières images illustrant l'effet endémique du virus sont sorties de Chine en janvier 2020, des dirigeants tels que Donald Trump, Boris Johnson (Premier ministre du Royaume-Uni) et de nombreux autres chefs d'État ont minimisé la menace potentielle qu'il représentait. Ils semblaient espérer, ou croire, que le spectre hideux du virus n'allait pas se manifester dans leur pays.

Le populisme politique et le nationalisme parochialiste se sont avérés être un véritable inconvénient, car les pays susmentionnés ont enregistré plus de cas que la Chine, le pays d'origine du virus. Début mai 2020, le nombre de cas signalés aux États-Unis s'élevait à 1,16 million et le nombre de décès à 67 046, tandis que début août, le nombre total d'infections était passé à 4,68 millions, avec plus de 155 000 décès. Début mai, le Royaume-Uni comptait 182 000 cas enregistrés et 28 131 décès confirmés, chiffre qui est passé à plus de 300 000 fin juillet avec plus de 40 000 décès confirmés (Worldometers 2020).

Dans le cas de Boris Johnson, il est même devenu le premier leader mondial à attraper le coronavirus, que Prince Charles du Royaume-Uni aurait également contracté. Même après que le Brésil soit devenu le deuxième pays le plus infecté début juillet (1,7 million), son Président, Jair Bolsonaro, a continué de banaliser le virus, en le qualifiant de «petite grippe» et à ignorer la distanciation sociale. Au final, il a lui-même contracté le virus (Mohapatra 2020). Cela montre à quel point certains dirigeants se sont montrés complaisants à l'égard du virus. S'ils s'étaient réunis pour trouver une solution commune afin d'attaquer le problème de front avec la Chine, tout ce gâchis aurait pu être évité.

Donald Trump, qualifiant à nouveau ses détracteurs de «non-américains», et le Président Turc Recep Tayyip Erdogan s'exclamant, «Nous sommes le peuple», en faisant référence à lui-même et à son parti, puis se tournant vers ses détracteurs en leur demandant «Qui êtes-vous ? (Müller 2016), sont tous des exemples de populisme politique qui ont dominé les scènes politiques dans le monde entier. Il est important de noter que la division de la population (citoyens ou électeurs) est le modèle économique politique des populistes, dont certains sont perpétrés pour marquer des points politiques.

Toutefois, si l'on s'inspire du cas de l'Afrique, et plus particulièrement du Ghana, on constate que le gouvernement et le principal parti d'opposition ont fait preuve d'efforts concertés et de volonté politique pour aider à contenir et à vaincre le virus en se lançant dans plusieurs initiatives qui méritent d'être saluées. La distribution de produits alimentaires à de nombreux ménages par le parti d'opposition en est la preuve. Les limites du populisme sont encore plus évidentes lorsque le président de la République du Ghana a déclaré une journée nationale collective de jeûne et de prières sur COVID-19. Dans de nombreux pays, un nationalisme excessif et étroit a également conduit à l'unilatéralisme.

L'unilatéralisme a pris racine dans les principaux centres de pouvoir du monde. Cela a eu pour effet d'empêcher de nombreuses nations d'établir des contacts régionaux mutuellement bénéfiques afin d'aborder ces questions communes.

L'unilatéralisme pouvant être compris comme une doctrine ou un programme qui soutient une action unilatérale, peut être ignoré par les autres parties, ou comme l'expression d'un engagement vers une direction qui peut ne pas plaire aux autres parties. Dans le cadre des efforts visant à minimiser le phénomène du populisme politique et du nationalisme parochialiste, les gouvernements de diverses souverainetés devraient fonder leurs décisions et leurs messages sur des preuves plutôt que sur des rumeurs et ils devraient se concentrer sur ce qui est sous leur contrôle plutôt que de prétendre pour limiter le virus à leurs frontières. En fin de compte, ce n'est pas l'ouverture des frontières qui est en jeu mais l'ouverture de la société.

Pour conclure, COVID-19 a appelé les États les plus forts à apporter une assistance aux pays ayant une capacité plus faible à faire face à la crise, même si ces pays s'avèrent être des adversaires. Les dirigeants du monde entier devraient se réunir d'un commun accord pour adopter une pratique commune qui permette de lutter au mieux contre le virus, car le parochialisme dans ces circonstances ne fera qu'exacerber le problème. Comme l'a souligné le secrétaire général des Nations unies lors du lancement d'un Plan mondial d'intervention humanitaire COVID-19, le 23 mars 2020, « Nous devons venir en aide aux personnes ultra-vulnérables - des millions et des millions de personnes qui sont le moins en mesure de se protéger. Il s'agit d'une question de solidarité humaine fondamentale. C'est également crucial pour combattre le virus. Il est l'heure de venir en aide aux plus vulnérables ».

Comme l'a indiqué Michael Ignatieff (1994 :2) il y a plusieurs années de cela :

> « Avec une légèreté d'esprit, nous avons supposé que le monde allait irrévocablement passer le stade du nationalisme, du tribalisme, des limites provinciales de l'identité inscrite dans nos passeports, pour s'acheminer vers une culture de marché mondial qui allait prendre le dessus ».

Toutefois, nous soutenons que, compte tenu des faits et arguments ci-dessus, il convient d'affirmer que la pandémie de COVID-19 a effectivement mis en évidence les limites du populisme et du nationalisme parochialiste, pratiques de longue date.

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PARECER DE OPINIÃO:

A COVID-19 EXPÕE OS LIMITES DO POPULISMO POLÍTICO E DO NACIONALISMO PAROQUIAL

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A pandemia do coronavírus causou uma reviravolta no desenrolar de muitas actividades e, em última análise, uma recessão nas economias de quase todas as nações. Partindo desta premissa, este ensaio irá elucidar e determinar os limites do populismo político e do nacionalismo paroquial no contexto deste período difícil. Para começar, é absolutamente necessário compreender o teor das duas terminologias do ensaio - nomeadamente, populismo político e nacionalismo paroquial - e as suas implicações. Para além disso, o populismo político é uma doutrina que apoia os direitos e o poder dos pobres na sua luta contra os privilegiados. Em termos sucintos, "o povo" contra "a elite".

O populismo político é uma estratégia política usada por um tipo específico de líder que procura governar com base no apoio directo e não mediado dos seus seguidores. É particularmente popular na América Latina e em sociedades não ocidentais. Mais concretamente, Mudde e Rovira Kaltwasser (2017) definiram o populismo político como uma ideologia de fina cobertura que considera a sociedade como fundamentalmente separada em dois campos homogéneos e antagónicos: "o povo puro" contra a "elite corrupta", e que argumenta que a política deve ser uma expressão da vontade geral (*volonté générale*) do povo. O populismo político também descreve muitas filosofias mais específicas, vis-à-vis a direita, a esquerda, ou nenhuma delas; incluindo a democracia, o socialismo, os movimentos laborais, e mesmo algumas formas de fascismo. Os partidos trabalhistas são designados por movimentos populistas e são frequentemente liderados por sindicatos de trabalhadores. A democracia populista refere-se aos esforços destinados a envolver uma maior proporção da população de uma forma mais activa no processo democrático, por exemplo, através de referendos públicos e do registo de eleitores. O populismo reaccionário descreve o populismo da extrema-direita e é praticamente sinónimo de "direita radical". Está mais associado com políticas anti-imigração e nacionalismo extremo; a campanha de Donald Trump foi um exemplo perfeito. O socialismo populista, ou populismo de esquerda, tem sido frequentemente associado com a oposição ao capitalismo e apoio ao comunismo ou ao socialismo.

No nacionalismo paroquial, existe um elevado sentido de nação, onde os indígenas dessa jurisdição em particular defendem firme e fortemente os seus ideais, normas, valores e cultura nacionais de uma forma que os transforma em pessoas de mente fechada. De acordo com Tomaney (2012), o nacionalismo paroquial é a tendência de uma nação em promover o confinamento do seu interesse às esferas locais; carente de perspectiva global: isto é, estreitamento da sua dispensação política e socioeconómica. O nacionalismo paroquial pretende fomentar a ideologia de que "a nossa é melhor que a deles" em relação às culturas estrangeiras. Como Rogers Brubaker (1998:233) salientou, "a Europa foi

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o berço do estado-nação e do nacionalismo moderno no final do século dezoito, e supostamente seria o seu cemitério no final do século vinte". Além disso, muitos defensores da hipótese da globalização argumentam que o ressurgimento nacionalista é um fenómeno europeu. Assim, segundo Mary Kaldor (2004), noutras partes do mundo, as formas de nacionalismo podem variar e assumir a forma de comunalismo religioso, tribalismo, grupos de clãs e assim por diante.

A doença do coronavírus 2019 (COVID-19) surgiu em Dezembro de 2019 em Wuhan; a capital da província de Hubei, na China. Apesar do surto na China estar quase ultrapassado, esta doença altamente contagiosa está actualmente a espalhar-se por todo o mundo e pelos Estados membros da União Europeia/Área Económica Exclusiva (UE/EEA); com um aumento diário do número de países afectados, casos confirmados e mortes relacionadas com infecções. Com base nos elevados níveis de propagação global e na gravidade da COVID-19, a 11 de Março de 2020, o Director-Geral da Organização Mundial de Saúde (OMS) classificou o surto da COVID-19 como uma pandemia. A COVID-19 é uma doença respiratória aguda causada por um recém-surgido coronavírus zoonótico. Um vírus RNA de sentido positivo, denominado Síndrome Respiratório Agudo Grave Coronavirus-2 (SRA-CoV-2), foi isolado de um doente com pneumonia, e associado ao conjunto de casos de doença respiratória aguda de Wuhan.

O Coronavírus já afectou 210 países e territórios em todo o mundo. No final de Abril de 2020, havia 3,1 milhões de casos confirmados e pelo menos 218 000 mortes causadas pelo surto da COVID-19. Este número aumentou para mais de 18 milhões de infecções no início de Agosto e o número global de mortes causadas pela COVID-19 foi estimado em pelo menos 700 000. A nível mundial, cerca de 3,4% dos casos comunicados de COVID-19 resultaram em morte. Em comparação, o número de vítimas mortais relacionado à gripe sazonal é geralmente muito inferior a 1% das pessoas infectadas.

O nacionalismo paroquial tornou-se a força elementar a ser considerada no mundo após a Guerra Fria; desafiando a sua estabilidade através da reformulação de fronteiras, desencadeando guerras e desintegrando estados multinacionais. Um exemplo claro de nacionalismo paroquial pode ser encontrado em Harry Truman, antigo Presidente dos Estados Unidos. Como Damms (2003) descreve, Truman acreditava acriticamente nos valores americanos e nos interesses político-económicos europeus, e colocou as relações sino-americanas num caminho de animosidade a longo prazo. Na realidade, o nacionalismo paroquial não foi pronunciado apenas no mundo ocidental. Nos anos 50, vários líderes nacionalistas africanos (tais como Kwame Nkrumah, Jomo Kenyatta, Julius Nyerere, Kenneth Kaunda, Haile Selassie e Albert Luthuli) defendiam a ideia de seguir uma espécie de nacionalismo paroquial. De acordo com Mills (1980), o interesse e envolvimento politico africano começou na década de 1870 e tornou-se um factor significativo a partir de 1880. O nacionalismo político africano na África do Sul, por exemplo, pode ser considerado, em termos gerais, como todas as acções políticas e elementos ideológicos com vista a melhorar o estatuto, os direitos e a posição dos africanos na sociedade emergente imposta pela intrusão e conquista dos brancos. No caso da Revolta do Soweto, que integrou 10 000 a 20 000 estudantes negros, protestar contra a aprendizagem na língua Afrikaans (Africânder) na escola, é um exemplo notável do nacionalismo político em África.

A pandemia da COVID-19 irá certamente afectar negativamente as economias globais, do mesmo modo que as crises financeiras globais de 2008. O facto das economias das superpotências como a Alemanha, Estados Unidos da América, Rússia e França ficarem fortemente afectadas pelo impacto da COVID-19, constitui uma das muitas razões para causar ansiedade a nível mundial. Isto tornar-se-á evidente nas esferas do desenvolvimento económico, político e social, entre outras, enquanto outros países irão sentir o efeito consequencial da ondulação.

O crescimento sócioeconómico em muitos países sofrerá devido ao facto da COVID-19 ter interrompido as viagens internacionais através do globo, o encerramento de escolas e o cancelamento de conferências. Tem limitado a circulação de pessoas e restringido a sua plena participação em actividades económicas; obrigando países a utilizar recursos fiscais consideráveis para proteger os seus cidadãos. As fronteiras também foram fechadas (e continuam a sê-lo), o que certamente levou à desglobalização. A gravidade do populismo político e do nacionalismo paroquial por parte dos Estados Unidos da América, do Brasil e de outras superpotências contribuiu significativamente para os desafios e fracassos globais e numa resposta inadequada ao vírus. Quando as primeiras imagens mostrando o efeito desenfreado do vírus emergiram da China em Janeiro de 2020, líderes como Donald Trump, Boris Johnson (Primeiro-Ministro do Reino Unido) e muitos outros chefes de Estado minimizaram a sua potencial ameaça. Eles aparentemente esperavam, ou acreditavam, que o vírus não iria erguer a sua cabeça feia nos seus países.

O populismo político e o nacionalismo paroquial provaram ser verdadeiramente desvantajosos, uma vez que os países acima mencionados registaram mais casos do que a China; o país onde o vírus teve a sua origem. No início de Maio de 2020, os casos divulgados para os EUA ascendiam a 1,16 milhões com um número de mortes de 67 046, enquanto no início de Agosto o número total de infecções tinha aumentado para 4,68 milhões, com mais de 155 000 mortes notificadas. No princípio de Maio, o Reino Unido tinha 182 000 casos registados e 28 131 mortes confirmadas, tendo os números aumentado para mais de 300 000 no final de Julho com mais de 40 000 mortes confirmadas (Worldometers 2020).

No Reino Unido, o Boris Johnson tornou-se o primeiro líder mundial a contrair o coronavírus, e foi reportado que o príncipe Charles também havia sido infectado. Mesmo depois de o Brasil se ter tornado o país com a segunda maior taxa de infecções no início de Julho (1,7 milhões), o seu presidente, Jair Bolsonaro, ainda banalizou o vírus como "uma pequena gripe" e ignorou o distanciamento social – tendo ele próprio contraído o vírus (Mohapatra 2020). Estes factos demonstram a complacência de alguns líderes em relação ao vírus. Se eles se tivessem juntado para encontrar um método comum para enfrentar frontalmente o problema com a China, toda esta confusão poderia ter sido evitada.

Donald Trump, mais uma vez classificando os seus críticos, "não americanos", e o Presidente turco Recep Tayyip Erdogan declarando acerca de si próprio e do seu partido, "Nós somos o povo", e depois voltando-se para os seus críticos com a pergunta, "Quem são vocês? (Müller 2016), são todos exemplos do populismo político que tem dominado as cenas políticas em todo o mundo. É importante notar que a divisão da população (cidadãos ou eleitorado) é o modelo de negócio político dos populistas; em alguns casos perpetrados para ganhar pontos políticos.

No entanto, tirando partido do exemplo africano, do Gana em particular, constata-se que tem havido esforços concertados e vontade política por parte do governo e do maior partido da oposição para ajudar a conter e derrotar o vírus, através de vários empreendimentos que merecem ser aplaudidos. A distribuição de produtos alimentares a muitas famílias pelo partido da oposição demonstra isto mesmo. Mais demonstrativo ainda dos limites do populismo é o facto de o Presidente da República do Gana ter declarado um dia nacional colectivo de jejum e orações pela COVID-19. O nacionalismo paroquial excessivo em muitas nações também resultou em unilateralismo. Esta situação tem sido generalizada nos principais centros mundiais de poder. Isto tem privado muitas nações de se empenharem em iniciativas regionais marcantes que seriam mutuamente benéficas para abordar estas questões comuns.

Uma vez que o unilateralismo pode ser entendido como uma doutrina ou agenda que apoia uma acção unilateral, ele poderá ser considerado como algo que desrespeita outros partidos, ou como uma expressão de um compromisso direcionado num sentido com o qual outros partidos possam não concordar. Como parte dos esforços para minimizar o fenómeno do populismo político e do nacionalismo paroquial, os governos de várias soberanias deveriam basear as suas decisões e mensagens em provas e não em rumores, e concentrar-se no que está sob o seu controlo em vez de fingir que podem deter o vírus nas suas fronteiras. Em última análise, não são as fronteiras abertas, mas uma sociedade aberta que está em jogo.

Em conclusão, a COVID-19 requer que os Estados mais fortes forneçam assistência àqueles com capacidades mais débeis a fim de poderem lidar com a crise, mesmo que os países sejam adversários. Os líderes mundiais deveriam unir-se num acordo com vista a adoptar uma prática comum para melhor combater o vírus, uma vez que o paroquialismo nestas circunstâncias só irá exacerbar a questão. Como sublinhado pelo Secretário-Geral das Nações Unidas durante o lançamento de um Plano Global de Resposta Humanitária à COVID-19, a 23 de Março de 2020. "Temos de ajudar os ultra-vulneráveis - milhões e milhões de pessoas com pouca capacidade de se protegerem. Esta é uma questão básica de solidariedade humana. É também crucial para combater o vírus. Este é o momento de intervir a favor dos mais fragilizados".

Assim como Michael Ignatieff (1994:2) indicou há muitos anos:

> Com a leveza de espírito, assumimos que o mundo estava a mover-se irrevogavelmente para além do nacionalismo, tribalismo, limites provinciais da identidade inscrita nos nossos passaportes em direcção a uma cultura de mercado global que seria a nossa nova casa". Contudo, sustentamos que, considerando as ocorrências e argumentos acima referidos, pode dizer-se que a pandemia da COVID-19 expôs de facto os limites do populismo há muito praticado e do nacionalismo paroquial.

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OPINION PIECE:

CHAOS, CHANCE AND HOPE: VIEWS ON THE COVID-19 SITUATION IN MOZAMBIQUE BY AUGUST 2020

Samuel J. Ngale

Chaos, chance and hope are the words that best describe the mood of most people in Mozambique; a country with 28 million people. There is much uncertainty about the nature and scope of the pandemic. The majority of citizens have little culture of social distancing in order to stay safe; if they do, little is shown by way of encouragement. Despite all of these challenges, citizens still hold hope that life will return to normal.

According to a press release issued by the Ministry of Health, by the beginning of August, 63 725 people had been tested for the coronavirus that causes COVID-19; 1 352 in the previous 24 hours. By 29 August, the number of tests rose to 92 988 (Ministry of Health 2020). By early August, 1 056 of these tests were administered in public facilities, and 296 in privately owned laboratories, as the private sector only tested samples from Cabo Delgado (186) and Maputo City (110). By 29 August, all 952 tests during the previous 24 hours were from public sector laboratories (Club Mozambique 2020).

Of all the samples tested, 435 came from Maputo city, 324 from Cabo Delgado, 240 from Maputo province, 85 from Zambezia, 85 from Tete, 68 from Nampula, 48 from Sofala, 35 from Manica, 21 from Niassa, nine from Inhambane and five from Gaza. Of these tests, 1 302 were negative, but 50 people tested positive for the coronavirus. This brought the number of people diagnosed with the disease to 2 079 since the first case was discovered on 22 March. Of the new cases, 49 were Mozambicans, and one is an Indian citizen. Twenty-seven were women or girls, while 23 were men or boys. Seven of the children were under the age of 15, four were youths (aged between 15 and 24), and 36 were adults (aged between 15 and 24). Only one was over 65 years of age and no indication of age was available for two of the cases.

Thirty-nine of the new cases were diagnosed in Maputo. This came on top of the 30 cases diagnosed in the capital the previous day. The city has now clearly become the main focus for COVID-19 in the country and, as has already happened in the northern cities of Nampula and Pemba, the disease in Maputo may be making a transition from an epidemic with foci of transmission to an epidemic with community transmission.

Of the remaining cases, six were from Maputo province (two in Matola city, two in Marracuene district, and one each in Namaacha and Manhica). Two were from Zambezia (one from the provincial capital; Quelimane, and one from Milange, on the border with Malawi), two were from Gaza (one in Chokwe and one in Bilene), and one was from Nampula.

In line with standard Ministry of Health procedures, all 50 new cases were placed in home isolation, and their contacts were traced. A press release by the Ministry added that at the time ten COVID-19

patients remained hospitalised in isolation wards (five in Maputo, four in Beira and one in Nampula). Over the same 24-hour period, 13 more patients made a full recovery from COVID-19 – four in Cabo Delgado, three in Nampula, three in Maputo and three in Maputo province. This brings the total number of recoveries to 778 (which is 37.4 percent of all positive cases). The geographical distribution of the 2 079 positive cases, by the province where they were diagnosed, was as follows: Cabo Delgado, 488; Maputo, 468; Nampula, 438; Maputo province, 369; Sofala, 73; Tete, 58; Inhambane, 47; Zambezia, 46; Gaza, 44; Niassa, 30; Manica 18.

The sharp rise in the number of cases diagnosed in the capital means that Maputo city (a province) has overtaken Nampula to become the province with the second largest number of cases. In terms of active cases, Maputo city (with 372), and Maputo province (with 258), have outstripped both Nampula (with 201) and Cabo Delgado (with 253).

As of the first week of August 2020 the main COVID-19 statistics for Mozambique now stand at: 2 079 confirmed cases, of whom 778 have made a full recovery, and 1 284 are active cases. Unfortunately 17 COVID-19 patients have died, 15 from the disease itself, and two from other pathologies.

Therefore, the Mozambican parliament, the Assembly of the Republic, met for an extraordinary sitting in Maputo on Tuesday, 4 August. It passed a resolution approving the report delivered by President Filipe Nyusi on the state of emergency that was in force between 1 April and 29 July. The state of emergency ended as the Constitution of Mozambican does not allow a further extension. The President presented detailed information to the Assembly of the Republic about the measures taken under the state of emergency to prevent the spread of the coronavirus that causes the COVID-19 respiratory disease; indicating that the pandemic was not slowing down.

In his report to the Parliament, the President claimed that in general, the aims of the state of emergency had been achieved. The country has managed to delay the peak of the epidemic and has avoided the collapse of our health system and the President highlighted that in Mozambique the "number of cases of COVID-19 per million inhabitants was one of the lowest in the world", the "transmission per million inhabitants was one of the lowest in Africa and in SADC (Southern African Development Community), and the number of deaths per million inhabitants was also one of the lowest" (Frey 2020a). By 29 August, the number of known deaths since the start of the pandemic rose to 22 (Ministry of Health 2020; Frey 2020b). However, the government had consistently urged the public not to drop their guard against COVID-19 as the fact that the state of emergency ended "does not mean relaxing the measures of prevention against the pandemic" (Frey 2020a).

The great pandemics in history have profoundly changed the societies in which they appeared. The great plague of fourteenth century in fact ended the medieval period; paving the way for the advent of the modern era which favoured the birth of modern states and was necessary to contain the risk of social disaggregation. This pandemic is unique because it affects all countries and is therefore the first truly global event.

So, how is Mozambican society navigating the "new normal?" We have seen the Government trying its best to manage the situation, with a measure of success since the first declaration of a national state of emergency on 23 March, and the cancelling of it for seven days only to reinstate it again. Why? Well, simply because the numbers still indicate a growing number of cases.

Since the major question in people's minds has to do with the inter-human relationship, a certain dose of immunisation will be required. There are no historical societies without a form of immunisation. The de-confinement and return to normality has already begun. This new state of emergency was decreed seven days after the end of the last period of extension.

Although restrictions were maintained, the President indicated that a phased approach to the recovery of economic activities would apply. This gradual approach would be divided into three phases, which need to be adopted with caution (Archyde 2020). The first phase started on 18 August and the easing included the resumption of classes in higher and technical education, in the academies of defence and the security forces, as well as institutions training teachers and health personnel. Religious services were also allowed; with the provision that no more than 50 participants could attend, while at funeral ceremonies the number of people allowed increased from 10 to 50.

The second phase was scheduled for 1 September. Important changes include the reopening of cinemas, theatres, casinos, gyms and driving schools, among others, as these activities are considered to be of medium risk. The third phase, allowing for the resumption of economic activities, is scheduled to commence on 1 October, and covers the resumption of 12th grade classes in schools, which is the last year of secondary education in Mozambique.

As the full resumption of education is a matter of concern to all countries affected by COVID-19, the President of Mozambique indicated by early August that the resumption of pre-school, primary school and general secondary education "is dependent on the verification of conditions imposed by health authorities and inspection bodies, clearly obeying the trend of the pandemic in our country"; adding that the same condition applies to team sports (Archyde 2020).

However, certain restrictions will remain as the President also announced that establishments selling alcoholic beverages would remain closed until the applicable conditions to allow them to operate fully are established. With regard to international flights, restrictions also remained, as he indicated that the situation would receive urgent attention and that further detail would be announced but that airlines need to have proper preventive hygiene protocols in place.

As the President of Mozambique highlighted, the country managed to avoid undue pressure on its health system, which could be regarded an example of managing the pandemic in the region. However, matters of concern remain; such as the fact that many citizens do not comply with preventative measures, which has resulted in an increase in the number of coronavirus cases and which could still have a negative impact.

Despite the relatively limited number of infections compared to many other countries, new infections continue to occur and are growing – at the same time, the number of parties is growing, and more bars are operating in defiance of the rules, whereas the requirement to wear masks is disrespected. As a result, the President called on "every Mozambican" to help combat COVID-19 (Archyde 2020).

But what is normal, what is a return to normality, are there perspectives that do not obscure the horizon? The post-crisis crisis will not be a health crisis but an economic and social one. Normality after pandemic could be 'carnivalesque'; masked. But one must remember that carnival means "meat-valley", the end of the meat period, the beginning of Lent, austerity. So, in essence, it could and would imply bankrupt companies, increased unemployment, more hunger, and more misery.

In line with the first phase, the Mozambican government indicated that most institutions of higher education did reopen on 18 August as they had indicated that adequate water supply and sanitation protocols were in place to prevent the spread of COVID-19 (AllAfrica 2020). However, by early August, in the higher education sector, for instance, the Ministry of Science and Technology released a list of 20 educational institutions that failed to pass the test for resuming classes, while the Ministry of Education indicated that there was still much work to be done before face-to-face classes in higher and technical-professional education could resume. Of the seventy higher and technical-professional education establishments evaluated, 20 proved unready to resume classes in the context of the coronavirus. The media also indicated challenges in various technical schools relating to classrooms with insufficient distancing between desks, as well as inadequate sanitary conditions and water supply. Institutions indicated that they would create conditions to resume classes, and that there would be no major surprises, with the exception of smaller problems in health systems.

The director of the Industrial and Commercial Institute of Albasine said he did not have information about such investigations before stating, off record, that there were no sanitation problems, much less with physical distancing, as there were many classrooms available. Most of the approved institutions are private. Of the 20 failing, 15 are public and five private. One of the approved ones, management said that they met the necessary hygiene conditions even before classes were suspended.

Fifty-one higher education and technical-professional establishments throughout the country still remain to be checked. This complexity brought by the COVID-19 pandemic cannot be apprehended by any unilateral epistemic knowledge, but needs an ecumenical way of approaching knowledge; including homegrown knowledge on medicine.

The great viruses in history have breached the human body's natural barriers, have challenged people's immune systems and have wreaked havoc on the planet. Historic evidence have also showed that after great pandemics, the world went through a process of reconstruction. New viruses often result in the development of new vaccines to make normal social life possible, and to accommodate the losses and damage it caused. Crises were also often an opportunity for the dominant to take advantage of organising the world to their liking. For example, the bovine plague of 1884 weakened our resistance and the colonial occupation of African territories went from ten to ninety percent.

The current crisis can also be an unprecedented opportunity if we know how to be bold in building a new future. It is a crisis that questions the dogmas of ultra-liberalism; the superpowers of markets, the prevalence of corruption, the sanctity of efficiency; which invites us to think of a society that respects the balances of the environment and the seriousness of growing climate problems. It seems to be in favour of the emergence of alternative economic logics, which may lead to the reconstruction of the strongest local, national and regional economies. This is the challenge for Mozambican and African science: to participate in the new immunisation, which is a cultural battle already underway; a different post-post liberal economic logic.

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TRIBUNE D'OPINION :

CHAOS, CHANCE ET ESPOIR : POINTS DE VUE SUR LA SITUATION DE LA COVID-19 AU MOZAMBIQUE EN AOÛT 2020

Samuel J. Ngale

Chaos, chance et espoir sont les mots qui décrivent le mieux l'état d'esprit de la plupart des gens au Mozambique, pays de 28 millions d'habitants. Il y a beaucoup d'incertitude quant à la nature et l'ampleur de la pandémie. La majorité des citoyens ne sont pas vraiment accoutumés à la distanciation sociale comme moyen de protection ; ceux qui la pratiquent, ne sont guère encouragés à le faire. En dépit de tous ces défis, les citoyens espèrent que la vie reprendra son cours normal.

Selon un communiqué de presse publié par le ministère de la Santé, au début du mois d'août, 63 725 personnes avaient été testées au coronavirus responsable de la COVID-19 ; 1 352 au cours des 24 heures précédentes. Le 29 août, le nombre de tests est passé à 92 988 (ministère de la Santé 2020). Début août, 1 056 de ces tests avaient été effectués dans des établissements publics et 296 dans des laboratoires privés, le secteur privé n'ayant testé que des échantillons provenant de Cabo Delgado (186) et de la ville de Maputo (110). Au 29 août, les 952 tests effectués au cours des 24 heures précédentes provenaient tous de laboratoires du secteur public (Club Mozambique 2020).

Sur l'ensemble des échantillons testés, 435 provenaient de la ville de Maputo, 324 de Cabo Delgado, 240 de la province de Maputo, 85 de Zambézie, 85 de Tete, 68 de Nampula, 48 de Sofala, 35 de Manica, 21 de Niassa, 9 d'Inhambane et 5 de Gaza.

Des tests effectués, 1 302 se sont avérés négatifs mais 50 personnes ont été testées positives au coronavirus. Cela a porté à 2 079 le nombre de personnes atteintes de la maladie depuis la découverte du premier cas le 22 mars.

Parmi les nouveaux cas, 49 étaient Mozambicains et l'autre était d'origine Indienne. Les femmes ou filles étaient au nombre de 27 et les hommes ou garçons, au nombre de 23. Les enfants de moins de 15 ans étaient au nombre de 7, les jeunes âgés de 15 à 24 ans, au nombre de 4 et les adultes âgés de 15 à 24 ans, au nombre de 36. L'un d'entre eux avait plus de 65 ans et aucune information sur l'âge n'était disponible concernant deux des cas.

Parmi les nouveaux cas, 39 ont été diagnostiqués à Maputo. Cela s'ajoute aux 30 cas diagnostiqués dans la capitale la veille. Il est à présent clair que la ville est devenue le principal foyer de COVID-19 dans le pays et, comme cela s'est déjà produit dans les villes de Nampula et Pemba, au nord, à Maputo, nous pourrions assister à un passage de transmission d'épidémie à partir d'un foyer épidémique à une transmission d'épidémie avec transmission communautaire.

Parmi les cas restants, 6 provenaient de la province de Maputo (deux de la ville de Matola, deux du district de Marracuene, et un de Namaacha et de Manhica). Deux étaient originaires de Zambie (un de la capitale provinciale, Quelimane, et un de Milange, à la frontière avec le Malawi), deux de Gaza (un à Chokwe et un à Bilene) et un de Nampula.

Conformément aux procédures standard du ministère de la Santé, les 50 nouveaux cas sont désormais en isolement et des dispositions ont été prises pour retracer leurs contacts. Le communiqué du ministère a ajouté que 10 patients COVID-19 étaient hospitalisés et placés en isolement - 5 à Maputo, 4 à Beira et 1 à Nampula.

Au cours des mêmes 24 heures, 13 autres patients se sont complètement rétablis de COVID-19 - 4 à Cabo Delgado, 3 à Nampula, 3 à Maputo et 3 dans la province de Maputo. Cela porte le nombre total de guérisons à 778 (soit 37,4 % de l'ensemble des cas positifs).

Dès mercredi, la répartition géographique des 2 079 cas positifs, par province où ils ont été diagnostiqués, était la suivante : Cabo Delgado, 488 ; Maputo, 468 ; Nampula, 438 ; province de Maputo, 369 ; Sofala, 73 ; Tete, 58 ; Inhambane, 47 ; Zambézie, 46 ; Gaza, 44 ; Niassa, 30 ; Manica 18.

La forte augmentation du nombre de cas diagnostiqués dans la capitale signifie que la ville de Maputo a dépassé Nampula pour devenir la province avec le deuxième plus grand nombre de cas. En termes de cas actifs, la ville de Maputo (avec 372) et la province de Maputo (avec 258) ont dépassé Nampula (avec 201) et Cabo Delgado (avec 253).

Dès la première semaine d'août 2020, les principales statistiques COVID-19 pour le Mozambique s'élevaient désormais à : 2.079 cas confirmés, dont 778 ont été complètement rétablis et 1.284 sont des cas actifs, 17 patients COVID-19 sont décédés, dont 15 de la maladie elle-même et deux d'autres pathologies.

C'est pourquoi le Parlement Mozambicain, l'Assemblée de la République, s'est réuni en session extraordinaire à Maputo, le mardi 4 août. Il a adopté une résolution approuvant le rapport du Président Filipe Nyusi sur l'état d'urgence en vigueur entre le 1er avril et le 29 juillet. Le Président a présenté au Parlement des informations détaillées sur les mesures prises dans le cadre de l'état d'urgence pour prévenir la propagation de la maladie respiratoire COVID-19 causée par le coronavirus ; indiquant que la pandémie ne ralentissait pas.

Dans un rapport à l'Assemblée de la République, le Président a affirmé qu'en général, les objectifs de l'état d'urgence avaient été atteints. Le pays a réussi à retarder le pic de l'épidémie et a évité l'effondrement de notre système de santé. «Le nombre de cas de COVID-19 par million d'habitants est l'un des plus bas du monde», a-t-il déclaré. «Le niveau de transmission par million d'habitants était l'un des plus bas en Afrique et dans la SADC (Communauté de développement de l'Afrique australe), et le nombre de décès par million d'habitants était également l'un des plus bas» (Frey 2020b). Le 29 août, le nombre de décès connus depuis le début de la pandémie est passé à 22 (ministère de la Santé 2020).

Le gouvernement a exhorté le public à ne pas baisser la garde contre COVID-19. «La fin de l'état d'urgence ne signifie pas un relâchement des mesures de prévention contre la pandémie», a déclaré M. Nysi.

Les grandes pandémies de l'histoire ont profondément changé les sociétés dans lesquelles elles sont apparues. La peste de 1300 a en effet mis fin à la période médiévale ; ouvrant la voie à l'avènement de l'ère moderne qui a favorisé la naissance d'États modernes et était nécessaire pour contenir le risque de désagrégation sociale. Cette pandémie est unique car elle touche tous les pays et constitue donc le premier événement véritablement mondial.

Alors, comment les sociétés Mozambicaines naviguent-elles dans la «nouvelle normalité» ? Nous avons vu le gouvernement faire de son mieux pour gérer la situation, avec un certain succès depuis la première déclaration de l'état d'urgence national le 23 mars, et l'annulation de celui-ci pendant 7 jours seulement pour le rétablir à nouveau. Pourquoi ? Eh bien, tout simplement parce que les chiffres indiquent toujours un nombre croissant de cas.

Vu que la grande question dans l'esprit des gens concerne la relation interhumaine, une certaine dose d'immunisation sera nécessaire. Il n'existe pas de sociétés historiques sans forme d'immunisation, la première étant le droit. Le déconfinement et le retour à la normalité ont déjà commencé. Ce nouvel état d'urgence a été décrété sept jours au sortir de la dernière période de prolongation, ce qui permet de le faire.

Bien que les restrictions aient été maintenues, le Président a indiqué qu'une approche progressive de la reprise des activités économiques serait appliquée. Cette approche progressive serait divisée en trois phases qui doivent être adoptées avec prudence (Archyde 2020). La première phase a débuté le 18 août et l'assouplissement comprend la reprise des cours au sein de l'enseignement supérieur et technique, des académies militaires et des forces de sécurité, ainsi que dans les établissements de formation des enseignants et du personnel de santé. Les offices religieux ont également été autorisés, à condition que le nombre de participants se limite à 50, tandis que pour les cérémonies funéraires, le nombre de personnes autorisées est passé de 10 à 50.

La deuxième phase était prévue pour le 1er septembre. Parmi les changements importants, citons la réouverture des cinémas, théâtres, casinos, gymnases et auto-écoles, entre autres, car ces activités sont considérées comme présentant un risque moyen. La troisième phase, permettant la reprise des activités économiques, devait commencer le 1er octobre et couvre la reprise des classes de Terminales dans les écoles, la classe de Terminale étant la dernière année de l'enseignement secondaire au Mozambique.

La reprise complète de l'enseignement étant un sujet de préoccupation pour tous les pays touchés par COVID-19, le Président du Mozambique a indiqué début août que la reprise de l'enseignement préscolaire, primaire et secondaire général «dépendait de la vérification des conditions imposées par les autorités sanitaires et les organismes d'inspection, obéissant clairement à la tendance de la pandémie dans notre pays» ; ajoutant que la même condition s'appliquait aux sports d'équipe (Archyde 2020).

Toutefois, certaines restrictions resteront en vigueur, car le Président a également annoncé que les établissements de vente de boissons alcoolisées resteraient fermés jusqu'à ce que les conditions applicables pour leur réouverture soient pleinement établies. S'agissant des vols internationaux, des restrictions demeurent également, car il a indiqué que la situation recevrait une attention toute particulière et que des précisions seraient fournies ultérieurement, mais que les compagnies aériennes devraient mettre au point des protocoles d'hygiène préventive appropriés.

Comme l'a souligné le Président du Mozambique, le pays a réussi à éviter une pression extrême sur son système de santé, ce qui peut être considéré comme un exemple de gestion de la pandémie dans la région. Cependant, des sujets de préoccupation demeurent, comme le fait que de nombreux citoyens ne respectent pas les mesures barrières, ce qui a entraîné une augmentation du nombre de cas atteints du coronavirus et qui pourrait encore avoir un impact négatif.

En dépit du nombre relativement limité d'infections comparé à de nombreux autres pays, de nouvelles infections continuent de se produire et sont en hausse - parallèlement, le nombre de fêtes augmente, de plus en plus de bars fonctionnent au mépris des règles, tandis que l'obligation de porter un masque n'est pas respectée. De ce fait, le Président a appelé «chaque Mozambicain» à contribuer à la lutte contre la COVID-19 (Archyde 2020).

Mais qu'est-ce qui est considéré comme normal, qu'est-ce qu'un retour à la normalité, n'y a-t-il pas des perspectives qui obscurcissent l'horizon ? La crise de l'après-crise ne sera pas une crise sanitaire mais une crise économique et sociale. La normalité après une pandémie pourrait être carnavalesque ; masquée. Mais il faut se rappeler que carnaval signifie «la vallée de la viande», la fin de la période de la viande, le début du carême, l'austérité. Donc, en substance, cela pourrait et impliquerait des entreprises en faillite, une augmentation du chômage, plus de famine et plus de misère.

Conformément à la première phase, le gouvernement Mozambicain a indiqué que la plupart des établissements d'enseignement supérieur avaient rouvert le 18 août, car ils avaient indiqué que des protocoles adéquats d'approvisionnement en eau et d'assainissement étaient en place pour lutter contre la propagation de COVID-19 (AllAfrica 2020). Toutefois, début août, dans le secteur de l'enseignement supérieur, par exemple, le ministère des Sciences et des Technologies a publié une liste de 20 établissements d'enseignement qui n'avaient pas réussi à remplir les critères de reprise des cours, tandis que le ministère de l'Éducation a indiqué qu'il restait beaucoup à faire avant que les cours en face à face dans l'enseignement supérieur et technique-professionnel puissent reprendre. Sur les 70 établissements d'enseignement supérieur et technique professionnel évalués, 20 se sont révélés ne pas être prêts à reprendre les cours dans le contexte du coronavirus. Les médias ont également fait état de difficultés dans diverses écoles techniques liées au manque d'espace entre les pupitres dans les salles de classe, ainsi qu'à des conditions sanitaires et à un approvisionnement en eau inadéquats. Les établissements ont indiqué qu'ils mettraient en place les conditions nécessaires à la reprise des cours et qu'il n'y aurait pas de grandes surprises, à l'exception de petits problèmes dans les systèmes de santé.

Le directeur de l'*Industrial and Commercial Institute [Institut d'enseignement industriel et commercial]* d'Albasine a indiqué ne disposer d'aucune information sur ces enquêtes, avant de déclarer, officieusement, qu'il n'était pas confronté à des problèmes sanitaires, et encore moins de distanciation physique du fait des nombreuses salles de classe dont l'établissement dispose. La plupart des établissements agréés sont privés. Sur les 20 établissements défaillants, 15 sont publics et cinq privés. La direction d'un des établissements agréés, a déclaré avoir satisfait aux conditions d'hygiène nécessaires avant même la suspension des cours.

Il reste 51 établissements d›enseignement supérieur et technico-professionnels à contrôler sur l'ensemble du pays. La complexité introduite par la pandémie de COVID-19 ne peut être appréhendée par une connaissance épistémique unilatérale, mais nécessite une approche œcuménique de la connaissance, y compris des connaissances locales sur la médecine.

Il existe une immunité à tout type de virus. Même durant les moments les plus importants de l'histoire, après une grande pandémie, il y a eu une reconstruction du monde avec de nouveaux vaccins qui ont rendu la vie sociale possible, ont permis de s'adapter et de vivre avec les nouvelles brèches. Les crises ont souvent également été l'occasion pour les groupes dominants de tirer profit de la situation pour organiser le monde à leur convenance. Citons par exemple, la peste bovine de 1884 qui a affaibli notre résistance et pendant laquelle, l'occupation coloniale des territoires africains est passée de dix à quatre-vingt-dix pour cent.

La crise actuelle peut, elle aussi, constituer une opportunité sans précédent, si nous savons faire preuve d'audace. C'est une crise qui remet en cause les dogmes de l'ultralibéralisme ; les superpuissances des marchés, la corruption, le caractère sacré de l'efficience ; qui nous invite à penser à une société qui respecte l'environnement et son équilibre écologique, ainsi que l'apogée de la question climatique. Elle semble être favorable à l'émergence de logiques économiques alternatives, qui peuvent conduire à la reconstruction des économies locales, nationales et régionales plus fortes. C'est le défi que doit relever la science mozambicaine et africaine : participer à la nouvelle immunisation, qui est une bataille culturelle déjà en cours ; une logique économique différente post-libérale.

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PARECER DE OPINIÃO:

CAOS, ACASO E ESPERANÇA: PONTOS DE VISTA SOBRE A SITUAÇÃO DA COVID-19 EM MOÇAMBIQUE EM AGOSTO DE 2020

Samuel J. Ngale

Caos, acaso e esperança são as palavras que melhor descrevem o humor da maioria das pessoas em Moçambique; um país com 28 milhões de pessoas. Existe muita incerteza sobre a natureza e o alcance da pandemia. A maioria dos cidadãos não tem conhecimento suficiente sobre o distanciamento social para garantir a sua segurança; se o têm, dificilmente são encorajados neste sentido. Apesar de todos estes desafios, os cidadãos ainda têm esperança de que a vida regresse à normalidade.

De acordo com um comunicado de imprensa emitido pelo Ministério da Saúde, 63 725 pessoas tinham sido testadas para o coronavírus que provoca a COVID-19 no início de Agosto; 1,352 nas 24 horas precedentes. Até o dia 29 de Agosto, o número de testes aumentou para 92 988 (Ministério da Saúde 2020). No princípio de Agosto, 1.056 destes testes foram administrados em instalações públicas, e 296 em laboratórios privados, uma vez que o sector privado apenas testou amostras de Cabo Delgado (186) e da Cidade de Maputo (110). Até 29 de Agosto, todos os 952 testes efectuados nas 24 horas precedentes provinham de laboratórios do sector público (Clube Moçambique 2020).

De todas as amostras testadas, 435 vieram da cidade de Maputo, 324 de Cabo Delgado, 240 da província de Maputo, 85 da Zambézia, 85 de Tete, 68 de Nampula, 48 de Sofala, 35 de Manica, 21 de Niassa, 9 de Inhambane e 5 de Gaza. 1.302 destes testes foram negativos, mas 50 pessoas testaram positivo para o coronavírus. Isto eleva o número de pessoas diagnosticadas com a doença para 2 079 desde que o primeiro caso foi detectado a 22 de Março.

Dos novos casos, 49 são Moçambicanos, e um é um cidadão Indiano. Vinte e sete são mulheres ou raparigas e 23 são homens ou rapazes. Sete são crianças com menos de 15 anos, quatro são jovens entre os 15 e 24, e 36 são adultos entre os 15 e 24 anos. Um tem mais de 65 anos de idade, não havendo informação etária disponível para dois dos casos.

Trinta e nove dos novos casos foram diagnosticados em Maputo. Isto vem juntar-se aos 30 casos detectados na capital no dia anterior. A cidade tornou-se agora claramente o foco principal da COVID-19 no país e, como já aconteceu nas cidades de Nampula e Pemba, ao norte, a doença no Maputo pode estar a transitar de uma epidemia com focos de transmissão para uma epidemia com transmissão comunitária.

Dos casos restantes, seis eram da província de Maputo (dois na cidade de Matola, dois no distrito de Marracuene, um em Namaacha e outro em Manhica). Dois pertenciam à Zambézia (um da capital provincial; Quelimane, e um de Milange, na fronteira com o Malawi), dois eram de Gaza (um em Chokwe e um em Bilene), e outro de Nampula.

Em conformidade com os procedimentos normais do Ministério da Saúde, todos os 50 novos casos estão agora em quarentena domiciliar, e os seus contactos estão a ser rastreados. A notícia divulgada pelo Ministério acrescentou que dez pacientes com COVID-19 continuam hospitalizados em enfermarias de isolamento - cinco em Maputo, quatro na Beira e um em Nampula.

Durante o mesmo período de 24 horas, mais 13 pacientes fizeram uma recuperação total da COVID-19 - quatro em Cabo Delgado, três em Nampula, três em Maputo e três na província de Maputo. Isto eleva o número total de recuperações para 778 (o que representa 37,4 por cento de todos os casos positivos).

Na quarta-feira, a distribuição geográfica dos 2.079 casos positivos, por província onde o diagnóstico foi feito, era a seguinte: Cabo Delgado, 488; Maputo, 468; Nampula, 438; província de Maputo, 369; Sofala, 73; Tete, 58; Inhambane, 47; Zambézia, 46; Gaza, 44; Niassa, 30; Manica 18.

O aumento acentuado do número de casos diagnosticados na capital significa que a cidade de Maputo (uma província) ultrapassou Nampula para se tornar a província com o segundo maior número de casos. Em termos de casos activos, a cidade de Maputo (com 372), e a província de Maputo (com 258), ultrapassaram tanto a Nampula (com 201) como Cabo Delgado (com 253).

Na primeira semana de Agosto de 2020, as principais estatísticas da COVID-19 para Moçambique eram as seguintes: 2.079 casos confirmados, dos quais 778 fizeram tiveram uma recuperação total, e 1.284 casos activos. 17 Pacientes com COVID-19 faleceram, 15 devido à própria doença, e dois de outras patologias.

Assim, o Parlamento Moçambicano e a Assembleia da República reuniram-se para uma sessão extraordinária em Maputo, na terça-feira, 4 de Agosto. Foi aprovada uma resolução que autoriza o relatório entregue pelo Presidente Filipe Nyusi sobre o estado de emergência que esteve em vigor entre 1 de Abril e 29 de Julho. O Presidente apresentou informação detalhada ao Parlamento sobre as medidas tomadas durante o estado de emergência para evitar a propagação do coronavírus que causa a doença respiratória COVID-19; indicando que a pandemia não estava a abrandar.

Num relatório à Assembleia da República, o Presidente afirmou que, em geral, os objectivos do estado de emergência tinham sido alcançados. O país conseguiu atrasar o pico da epidemia e evitou o colapso do nosso sistema de saúde. "O número de casos de COVID-19 por milhão de habitantes foi um dos mais baixos do mundo", disse ele. "O nível de transmissão por milhões de habitantes foi um dos mais baixos em África e na SADC (Comunidade de Desenvolvimento da África Austral), e o número de mortes por milhões de habitantes foi também um dos mais baixos" (Frey 2020b). A 29 de Agosto, o número conhecido de mortes desde o início da pandemia subiu para 22 (Ministério da Saúde 2020).

O governo exortou o público a não baixar a guarda contra a COVID-19. "O fim do estado de emergência não significa o relaxamento das medidas de prevenção contra a pandemia", disse Nysi.

As grandes pandemias da história mudaram profundamente as sociedades onde surgiram. A praga de 1300 acabou de facto com o período medieval; abrindo o caminho para o advento da era moderna que favoreceu o nascimento de estados modernistas, algo necessário para conter o risco de desagregação social. Esta pandemia é única porque afecta todos os países e é, portanto, o primeiro acontecimento verdadeiramente global.

Então, como é que as sociedades Moçambicanas estão a navegar na "nova normalidade"? Temos visto o Governo a dar o seu melhor para gerir a situação, com uma medida de sucesso desde a primeira declaração de estado de emergência nacional a 23 de Março, e o seu cancelamento durante 7 dias apenas para a restabelecer de novo. Porquê? Bem, simplesmente porque os números ainda indicam um número crescente de casos.

Uma vez que a grande questão na mente das pessoas tem a ver com a relação inter-humana, uma certa dose de imunização será necessária. Não existem sociedades históricas sem uma forma de imunização. O processo de desconfinamento e regresso à normalidade já começou. Este novo estado de emergência foi decretado sete dias após o fim do último período de prorrogação.

Embora as restrições fossem mantidas, o Presidente indicou que uma abordagem faseada para a recuperação das actividades económicas iria ser aplicada. Esta iniciativa gradual seria dividida em três fases, que deveriam ser adoptadas com cautela (Archyde 2020). A primeira fase teve início a 18 de Agosto e a atenuação incluiu o reinício das aulas no ensino superior e técnico, nas academias de defesa e das forças de segurança, bem como nas instituições de formação de professores e pessoal de saúde. Os serviços religiosos também foram permitidos; com a disposição de que não poderiam assistir mais de 50 participantes, enquanto nas cerimónias fúnebres o número de pessoas permitidas aumentou de 10 para 50.

A segunda fase estava agendada para 1 de Setembro. As mudanças importantes incluem a reabertura de cinemas, teatros, casinos, ginásios e escolas de condução, entre outras, uma vez que estas actividades são consideradas de risco médio. A terceira fase, permitindo o reinício das actividades económicas, está prevista para 1 de Outubro, e abrange o reinício das aulas da 12ª classe nas escolas, o último ano do ensino secundário em Moçambique.

Uma vez que o pleno reinício do ensino é motivo de preocupação para todos os países afectados pela COVID-19, o Presidente de Moçambique indicou no início de Agosto que a retoma do ensino pré-escolar, primário e secundário geral " depende da verificação das condições impostas pelas autoridades sanitárias e organismos de inspecção, obedecendo claramente à evolução da pandemia no nosso país"; acrescentando que a mesma condição se aplica aos desportos de equipa (Archyde 2020).

Contudo, certas restrições permanecerão, uma vez que o Presidente também anunciou que os estabelecimentos de venda de bebidas alcoólicas permanecerão fechados até que sejam estabelecidas as condições aplicáveis que lhes permitam funcionar plenamente. Contudo, certas restrições permanecerão, uma vez que o Presidente também anunciou que os estabelecimentos de venda de bebidas alcoólicas permanecerão fechados até que sejam estabelecidas as condições aplicáveis que lhes permitam funcionar plenamente. No que respeita aos voos internacionais, as restrições também continuam, e o Presidente indicou que a situação iria receber atenção urgente e que seriam anunciados mais pormenores, devendo, as companhias aéreas ter em vigor protocolos de higiene preventiva adequados.

Como o Presidente de Moçambique salientou, o país conseguiu evitar pressões indevidas sobre o seu sistema de saúde, facto que pode ser considerado como um exemplo de gestão da pandemia na região. No entanto, continuam a existir motivos de preocupação, tais como o facto de muitos cidadãos não cumprirem as medidas preventivas, o que resultou num aumento do número de casos de coronavírus que ainda pode ter um impacto negativo.

Apesar do número relativamente limitado de infecções em comparação com muitos outros países, continua a haver um aumento de novos contágios e ao mesmo tempo há um aumento do número de festas, mais bares estão a funcionar em desacordo com as regras, ao passo que a exigência de usar máscaras é desrespeitada. Por conseguinte, o Presidente apelou a "todos os Moçambicanos" para ajudar a combater a COVID-19 (Archyde 2020).

Mas o que é normal; o que é um regresso à normalidade; existem perspectivas que não obscureçam o horizonte? O problema pós-crise não será um de saúde, mas um desastre económico e social. A normalidade após uma pandemia pode ser carnavalesca; mascarada. Mas é preciso lembrar que carnaval significa "vale-carne", o fim do período da carne, o início da Quaresma, a austeridade. Portanto, na sua essência, poderia e implicaria empresas falidas, aumento do desemprego, mais fome e mais miséria.

Em linha com a primeira fase, o Governo Moçambicano indicou que a maioria das instituições de ensino superior reabriram a 18 de Agosto, uma vez que tinham indicado a existência de protocolos adequados de abastecimento de água e saneamento para evitar a propagação da COVID-19 (AllAfrica 2020). No entanto, como exemplo, menciona-se que no início de Agosto, o Ministério da Ciência e Tecnologia divulgou uma lista de 20 instituições de ensino que não passaram no teste para o reinício das aulas, enquanto o Ministério da Educação indicou que ainda havia muito trabalho a ser feito antes das aulas presenciais no ensino superior e técnico-profissional poderem ser retomadas. Dos setenta estabelecimentos de ensino superior e técnico-profissional avaliados, 20 revelaram-se pouco preparados para retomar as aulas no contexto do coronavírus. Os meios de comunicação social também indicaram desafios em várias escolas técnicas relacionados com salas de aula com distâncias insuficientes entre carteiras, bem como condições inadequadas do ponto de vista sanitário e abastecimento de água. As instituições indicaram que iriam criar condições para retomar as aulas, e que não haveria grandes surpresas, com a excepção de problemas menores a nível dos sistemas de saúde.

Antes se se pronunciar sobre tais investigações, de forma não oficial, o Director do Instituto Industrial e Comercial de Albasine disse que não havia problemas de natureza sanitária, muito menos de distanciamento físico, uma vez que existiam muitas salas de aula disponíveis. A maioria das instituições aprovadas são privadas. Das 20 não aprovadas, 15 são públicas e cinco privadas. Em relação a uma das sancionadas, a direcção declarou que preenchiam as condições de higiene necessárias, mesmo antes de as aulas serem suspensas.

Cinquenta e um estabelecimentos de ensino superior e técnico-profissional em todo o país ainda não foram inspeccionados. Esta complexidade causada pela pandemia da COVID-19 não pode ser apreendida por qualquer conhecimento epistémico unilateral, mas necessita de uma forma ecuménica de abordar o conhecimento; incluindo o conhecimento caseiro sobre medicina.

Os grandes vírus da história quebraram as barreiras do corpo humano, desafiaram os sistemas imunitários das pessoas e causaram estragos no planeta. As evidências históricas também mostraram que, após grandes pandemias, o mundo passou por um processo de reconstrução. Novos vírus resultam frequentemente no desenvolvimento de novas vacinas para tornar possível uma vida social normal, e para acomodar as perdas e danos causados por eles. Muitas vezes, as crises apresentaram também uma oportunidade para os dominantes tirarem partido da organização do mundo a seu gosto. Por exemplo, a peste bovina de 1884 enfraqueceu a nossa resistência e a ocupação colonial dos territórios africanos passou de dez para noventa por cento.

A crise actual poderá também criar uma oportunidade sem precedentes, se soubermos ser ousados na construção de um novo futuro. É uma crise que questiona os dogmas do ultra-liberalismo; as superpotências dos mercados, a prevalência da corrupção e a santidade da eficiência; que nos convida a pensar numa sociedade que respeite os equilíbrios do ambiente e a gravidade dos crescentes problemas climáticos. Parece ser a favor da emergência de lógicas económicas alternativas, que podem levar à reconstrução das mais fortes economias locais, nacionais e regionais. Este é o desafio para a ciência Moçambicana e Africana: participar na nova imunização, uma batalha cultural já em curso e uma lógica económica pós-liberal diferente.

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OPINION PIECE:

COMBATING POST-COVID-19 SOCIAL INEQUALITY AMONG LEARNERS IN PRIMARY AND POST-PRIMARY SCHOOLS IN UGANDA

Stella B. Kyohairwe,[1] Roberts Muriisa Kabeba[2] and Gerald K. Karyeija[3]

INTRODUCTION

Following the World Health Organization (WHO) announcement that COVID-19 is a global pandemic because of the many lives it had claimed worldwide in March 2020, education institutions are some of the hard-hit areas of the economy. With many countries taking drastic decisions to close education institutions, the biggest dilemma faced by governments and policymakers between closing schools within barely weeks of opening for the first quarter of the 2020 calendar year, was a trade-off between accomplishing the required curriculum of the education programs and saving lives from the coronavirus. Education institutions, including schools, colleges and universities, proved to be among the high population concentration centres[4]. The challenge facing schools is that apart from having many people interacting on a daily basis (both learners and instructors), there is a dynamic, interactive exchange between external persons and those residing within the physical boundaries of schools. This increases the chances for the spread of the deadly coronavirus infection. The complexity of having the non-boarding educational institutions where learners and teachers interact regularly with local communities, poses a threat with regard to community transmission of coronavirus, which is likely to create a health crisis that Uganda's weak economy is currently ill-prepared to handle.

BACKGROUND AND DISCUSSION

The Ugandan education system starts consists of Early Childhood Education with nursery and day-care centres that offer pre-primary education for children aged 3-5 years. Thereafter, the children join a seven-year primary education cycle – where the majority of the children are under free Universal Primary Education. The post-primary stage consists of secondary school education, where students spend four years of ordinary secondary school level and two years of advanced secondary school level. There is also Business Technical and Vocational Education and Training (BTVET), composed of technical and farm schools that admit primary leavers for Certificates, "O" level secondary education leavers for Ordinary Diplomas, and "A"-level secondary education leavers for Advanced Diplomas. Higher in the system is tertiary education, comprising two categories: universities and other degree awarding institutions. Parallel to the formal education system structure, there is non-formal education; comprising basic literacy, continuing education, and community learning. While the Ugandan education system is this broad, our opinion piece is limited to the primary and secondary school education system.

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1   Uganda Management Institute.
2   Mbarara University of Science and Technology.
3   Uganda Management Institute.
4   Concentration centres are considered those places where, at any one point, more than 10 people are interacting. These include education institutions of all sorts, churches, supermarket arcades and malls, mass weddings, meetings and seminars; to mention a few.

In response to the danger posed by the pandemic, the President of the Republic of Uganda, on Wednesday 18 March 2020, took proactive measures and announced the closure of all schools and education institutions from 20 March 2020; an action that affected over 15 100 000 learners and 548 000 teachers in 73 200 schools and institutions. Recognising the potential impact of this pandemic, the Ministry of Education and Sports constituted a sector response task force to strengthen the preparedness of the education sector and generate measures to mitigate the impact of COVID-19 on Uganda's education systems for primary and secondary schools. In a statement issued by the Minister of Education and Sports on 4 and 20 April 2020, the categorical sector response strategy was twofold: first, a plan to ensure continuity of learning while learners are at home through a holistic learning process outside the classroom in which parents and families involve learners in home activities to equip them with life skills like art, music, farming, sports, and home chores. Besides supporting the learners with academic materials obtained from schools, parents would also continue to assist learners with developing societal values and positive attitudes to life. Second, strategies to prepare for the resumption of and management of schooling once the COVID-19 lockdown was lifted were put in place to ensure continuous learning during the lockdown. This would be achieved by producing harmonised learning packages for home use. The Ministry of Education and Sports and National Curriculum Development Centre would produce harmonised learning materials to be delivered on the radio, on television and through self-study print materials. To ensure equity, local government administrative structures at the district, sub-county, parish and village level would locate and prioritise the least served learners in the distribution of self-study materials.

We recognise the untested and unprecedented learning environment of a home setting that is a cultural shock to many, as some print and broadcast and self-study materials are hardly accessible in some places. The nationwide lockdown due to COVID-19 has necessitated that school children study online via radio, television or through internet access. However, the level of affordability of radios, television sets and the required energy source to power them, especially in the rural areas, remain hypothetical.

Uganda has 300 FM radio stations and 30 free-to air television (TV) stations registered with a listernership of 87% and 34% of the population radio and TV, respectively (BBC Media Action 2019). In 2018, the National information Technology survey (NITA 2018) found that 65.3%and 21.8% households owned radio and TV, respectively. The same survey found that 83.4% of individuals in Uganda owned a radio and put listenership at 78%. Using radio could thus be considered a good avenue for continuous learning during the lockdown. However, several challenges are observed to come from this arrangement: the ability of learners to listen and comprehend the message transmitted over radio is limited by the fact that they are not used to the system, let alone physically challenged students who cannot hear or see the messages transmitted through the media. The ability of parents to listen and convey teaching materials to learners is assumed and hard to predict. Unfortunately, the current literacy rate of 76.53 percent for Ugandans aged 15 years and older, according to 2020 UNESCO statistics, cannot tell the facts about this measure. It is also curious that the government of Uganda is set to buy millions of radio sets and yet most Ugandans own a set already. This renders the expense a waste of public resources that could have been directed to better use.

The level of affordability of radios and television sets and the required energy source to power them, especially in rural areas, remains hypothetical. The distribution and access of home-schooling learning materials is slow, and most importantly, it is assumed that TV and radio and parents' guidance to learners are a substitute for teachers. This is an underestimation of the role of teachers in curriculum delivery and instruction in the learning process. It has also been also observed that in all arrangements

for continued learning, there is no clear provision for learners to seek clarity on issues they may not understand. Consequently, there has been an outcry from parents, teachers and learners; pointing to the challenging realities surrounding continuous learning under the above circumstances. To the dismay of the public, some administrators at district education offices have even expressed their concerns about the dilemma regarding the effectiveness of measures for education continuity during the COVID-19 lockdown. Some have expressed the inadequacy of the materials sent by the Ministry of Education and Sports, while others say that they have only received one batch since the start of lockdown. A survey conducted by Makerere University found that the reading materials are inadequate, superficial in content, and only cover the first term, when students are expected to have been covering second term content, and the timing for radio and TV lessons is poor (Kitubi 2020). In addition, and especially in rural areas, some unscrupulous people are charging fees for pre-recorded classes on CDs and selling them for/at exorbitant prices, or running illegal classes both physically and on video sets in their homes. This does not only raise the question of access but also poses a challenge regarding inequity among learners.

We appreciate the nature of diversity among our learners. Learners at every level are faced with multiple binaries of urban-rural education environment, the physically able and disabled, and more and less technology-enabled learners; and many are confronted with socio-economic disparities of income and gender associated with their social backgrounds. There are immigrant children in displaced community settlements and others with language barriers; especially in our country, which has no single national language. This situation occurs in an environment where the majority of households are involved in dominantly subsistence farming environments, and where rural households engage learners in home chores and as workers in gardens. This means that the proposition of holistic learning strategies of e-learning and harmonised learning packages at home may benefit a small proportion of learners.

Given the above scenarios, it is our contention that the education policy response to the COVID-19 pandemic in Uganda is haphazard and based on unrefined decisions of a garbage-can model. In garbage-can models of decision-making, we experience "organised anarchies" – decision situations characterised by (i) problematic preferences that lack standard consistent requirements to inform choice; (ii) unclear technology and reliance on processes that are hardly understood by all members; and (iii) fluid participation with individuals; varying in the amount of time and effort they devote to different domains; with their involvement varying from one time to another (Cohen, March and Olsen 1972). Without delving into the detail of this decision-making theory, we consider the two proposed education measures for education continuity during the COVID-19 lockdown as being imbued with multiple actors: teachers, learners, district administration, parents and other family members, without clear role definition and differentiation. Combining the holistic learning process and harmonised learning packages in a family domain in an African setting is subjecting the learners to too many choices of overlapping activities over space and time. Home chores, parents' priorities, learners' interests, interruptions of leisure facilities and of course the envisioning of future uncertainties generate an ambiguity regarding choices to make, when and how to make them and who should determine the choice. In such circumstances, the expectations of the Ministry of Education and Sports for holistic and continuous learning in such an environment becomes incomprehensibly complex.

It is also important to note that in Uganda, it is very critical to have promotions and get to the next class. After that you get the appropriate qualifications which can lead to a job. This makes progression in class a stepping stone to opportunity. So, Ugandans feel that there is a big loss taking place. This

has brought lot of anxiety and stress around what the future holds. This has been exacerbated by challenges of staying at home, such as increased teen pregnancies with the associated ramifications to the girl child.

We therefore contend that the response to COVID-19 requires conscious policy decisions which take into account the nature and magnitude of the problem at hand, the affected population categories and the environment. We acknowledge that inequality in education is one of the most challenging global aspects to achieve a level that is considered amongst the Sustainable Development Agenda (SDG4). We invoke articles 30 and 34 of the Constitution of the Republic of Uganda (1995), which stress education as a human right, and therefore call for interventions of continuity of learning in Uganda during the COVID-19 lockdown that promote principles and practices of equality.

The process of solving learning challenge require urgent consideration of several access challenges, the necessary resource requirements, arrangements to accommodate the numbers involved and to decide on the roles of the various actors involved. If the current measures cannot meet the principles of equality, we propose that schooling resumes at a time when the conditions can allow for interactive learning and when student-teacher engagement is possible. It is our opinion that the current arrangements in place are resource-wasteful and inadequate. As a large amount of resources were wasted by printing materials to which learners had limited access (Kitubi 2020), the impact of wasting resources in this way should be limited. These resources could be invested in facilities, materials and human resources when normalcy returns, to fast-track the teaching and learning processes and compensate for lost time. We opine that parents are wasting their little hard-earned money during this difficult time of COVID-19 by purchasing and printing materials, which could be invested in some income-generating micro or macro projects to prepare for school fees and student requirements when schools re-open. We envisage a high probability of drop-outs due to economic hardships faced in this pandemic to such an extent that even if schools were to open now, some parents would not be able to afford to send all students back because of the high cost of education, mostly in private schools, where a substantial number of our learners are enrolled.

CONCLUSION

The COVID-19 pandemic has tremendously affected the Ugandan education system at all levels. For primary and secondary education, the Ministry of Education and Sports introduced holistic learning process interventions outside the classroom and harmonised at-home learning packages. We believe in the triangulation of the two interventions and agree that learning is continuous and can take place at any time outside a classroom environment. We also appreciate the shift from theory-based to skills-oriented approaches in homes.

In conclusion we considered the arrangements at the time of writing (by middle 2020) as resource-wasteful and inadequate. In addition lessons to be noted for current and future pandemics are that the Ministry of Education and Sports should appreciate learners' social backgrounds, reflect on Uganda's learning environment, properly examine the feasibility of learning packages, and mostly actively engage with stakeholders to arrive at workable policy decisions.

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TRIBUNE D'OPINION :

LUTTE CONTRE L'INÉGALITÉ SOCIALE POST-COVID-19 PARMI LES APPRENANTS DES ÉCOLES PRIMAIRES ET POST-PRIMAIRES EN OUGANDA

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INTRODUCTION

Suite à l'annonce par l'Organisation mondiale de la santé (OMS) selon laquelle COVID-19 est désormais considérée comme une pandémie mondiale en raison des nombreuses pertes de vies humaines dans le monde, en mars 2020, les établissements d'enseignement font partie des secteurs économiques les plus durement touchés. Alors que de nombreux pays prennent la décision drastique de fermer les établissements d'enseignement dans les semaines qui suivent leur ouverture pour le premier trimestre de l'année académique 2020, les gouvernements et les décideurs politiques se trouvent confrontés à un plus grand dilemme, notamment, un compromis entre compléter les programmes d'enseignement requis et sauver des vies de la maladie à coronavirus. Les établissements d'enseignement, à savoir, les écoles, collèges et universités, se sont avérés être parmi les centres à forte densité de population[4]. Le défi auquel sont confrontés les établissements scolaires est qu'en dehors de l'interaction quotidienne entre de nombreuses personnes (apprenants et instructeurs), il existe un échange dynamique et interactif entre les personnes externes et celles qui résident dans les environs des écoles. Cela augmente les risques de propagation de l'infection mortelle à la maladie à coronavirus. La complexité engendrée par des établissements d'enseignement sans internat où les apprenants et les enseignants interagissent régulièrement avec les communautés locales, constitue une menace en termes de transmission communautaire de la maladie à coronavirus, qui risque de créer une crise sanitaire à laquelle la faible économie de l'Ouganda n'est actuellement pas préparée.

CONTEXTE

Le système éducatif ougandais comprend l'éducation de la petite enfance avec des crèches et des garderies qui offrent un enseignement préscolaire aux enfants âgés de 3 à 5 ans. Par la suite, les enfants rejoignent l'école primaire pendant sept ans - où la majorité d'entre eux jouissent d'un enseignement primaire universel gratuit. La phase qui suit comprend l'enseignement secondaire, où les élèves passent quatre ans dans le cycle ordinaire de l'école secondaire et deux ans dans le cycle avancé de l'école secondaire. Il existe également des filières d'enseignement et de formation économique, technique et professionnelle (BTVET), offertes par des écoles techniques et agricoles qui admettent les élèves en

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1   Uganda Management Institute.
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3   Uganda Management Institute.
4   Les centres à forte densité de population sont considérés comme des lieux où, à un moment donné, plus de dix personnes sont en relation à la fois. Il s'agit notamment des établissements d'enseignement de toutes sortes, des églises, des arcades des centres commerciaux et des supermarchés, des grandes cérémonies de mariages, des réunions et des séminaires, pour ne citer que ceux-là

fin de cycle primaire en vue d'obtention de certificats, les élèves en fin de cycle secondaire de niveau «O» en vue d'obtention de diplômes ordinaires et les élèves en fin de cycle secondaire de niveau «A» en vue de l'obtention de diplômes supérieurs. L'enseignement supérieur est le niveau le plus élevé du système et se compose de deux catégories : les universités et les autres institutions qui délivrent des diplômes universitaires. Parallèlement à la structure du système d'éducation formelle, il existe une éducation non formelle qui comprend l'alphabétisation, la formation continue et l'apprentissage communautaire. Bien que le système éducatif ougandais soit aussi diversifié, notre tribune d'opinion se limite au système d'enseignement primaire et secondaire.

En réponse au danger posé par la pandémie, le Président de la République d'Ouganda a pris des mesures proactives le mercredi 18 mars 2020 et a annoncé la fermeture de tous les établissements scolaires et autres, à partir du 20 mars 2020 ; une action qui a touché plus de 15 100 000 apprenants et 548 000 enseignants dans 73 200 écoles et institutions. Conscient de l'impact potentiel de cette pandémie, le ministère de l'Éducation et des Sports a constitué un groupe de travail sectoriel avec pour objectif de renforcer le degré de préparation du secteur de l'éducation et de créer des mesures pour atténuer l'impact de COVID-19 sur les systèmes éducatifs des écoles primaires et secondaires ougandaises. Dans une déclaration rendue publique par le ministre de l'Éducation et des Sports, les 4 et 20 avril 2020, la stratégie de réponse sectorielle par catégorie poursuivait un double objectif : premièrement, un plan visant à assurer la continuité de l'apprentissage pendant que les apprenants sont à la maison grâce à un processus d'apprentissage holistique en dehors de la salle de classe, où les parents et les familles font participer les apprenants à des activités à la maison qui permettent de leur transmettre des aptitudes dans l'art, la musique, l'agriculture, le sport et les tâches ménagères. Outre le soutien académique que les parents apporteraient aux apprenants à partir du matériel scolaire obtenu de l'école, ces derniers continueraient également à aider les apprenants à développer des valeurs sociétales et des attitudes positives face à la vie. Deuxièmement, des stratégies visant à préparer la reprise des cours et la gestion de la scolarité une fois le confinement lié à la COVID-19 levé, seraient mises en place pour assurer un apprentissage continu pendant le confinement. Ceci serait réalisé en établissant des auxiliaires didactiques harmonisés pour utilisation à domicile. Le ministère de l'Éducation et des Sports et le Centre national d'élaboration de programmes scolaires [*National Curriculum Development Centre*] produiraient des ressources didactiques harmonisées qui seraient diffusées à la radio, à la télévision et sous forme de ressources imprimées aux fins d'auto-apprentissage. Pour garantir l'équité, les structures administratives des gouvernements locaux, au niveau des districts, des sous-comtés, des paroisses et des villages localiseraient et donneraient la priorité aux apprenants les plus défavorisés en termes de distribution des ressources d'auto-apprentissage.

Nous sommes conscients du fait que la maison comme cadre pédagogique non testé et sans précédent, constitue un choc culturel pour beaucoup, car certains imprimés, certaines ressources radiodiffusées et d'auto-apprentissage sont difficilement accessibles selon les endroits. Le confinement national lié à la COVID-19 a exigé que les écoliers étudient en ligne, en ayant recours à la radio, la télévision ou en ayant accès à Internet. Cependant, le niveau d'accessibilité aux radios, téléviseurs et à la source d'énergie nécessaire pour les alimenter, en particulier dans les zones rurales, est hypothétique.

L'Ouganda compte 300 stations de radio FM et 30 chaines de télévision gratuites avec un taux d'écoute respectivement de 87% et 34% pour la radio et la télévision (BBC Media Action. 2019). En 2018, l'enquête nationale sur les technologies de l'information (NITA 2018) a révélé que 65,3 % et 21,8 % des ménages possédaient respectivement une radio et une télévision. La même enquête a révélé que 83,4 % des individus en Ouganda possédaient une radio et que le taux d'écoute était de 78 %.

L'utilisation de la radio pourrait donc être considérée comme un bon moyen d'apprentissage continu pendant le confinement. Cependant, observons que ces dispositions s'accompagnent de nombreux défis, notamment : la capacité des apprenants à écouter et à comprendre le message transmis par la radio est limitée par le fait qu'ils ne soient pas habitués au système, ne parlons même pas des élèves handicapés physiquement qui ne peuvent pas entendre ou voir les messages transmis par les médias. La capacité des parents à suivre et à transmettre les enseignements dérivés des ressources didactiques aux apprenants est présumée et difficile à prévoir. Malheureusement, le taux d'alphabétisation actuel de 76,53 % des Ougandais âgés de 15 ans et plus, selon les statistiques de l'UNESCO pour 2020, ne permet pas de s'enquérir des faits concernant cette mesure. Il est également curieux que le gouvernement Ougandais s'apprête à acheter des millions de postes de radio alors que la plupart des Ougandais en possèdent déjà un. Cela fait de cette dépense un gaspillage de ressources publiques qui auraient pu être affectées à un meilleur usage.

Le niveau d'accessibilité aux radios, aux téléviseurs et à la source d'énergie nécessaire pour les alimenter, en particulier dans les zones rurales, reste hypothétique. La distribution et l'accès aux ressources didactiques pour l'enseignement à domicile sont lents, et surtout, si on suppose que la télévision, la radio et l'accompagnement pédagogique que les parents apportent aux apprenants se substituent aux enseignants. Il est clair ici que le rôle des enseignants est sous-estimé dans l'application des programmes et l'instruction dans le processus d'apprentissage. Il a également été observé que dans toutes les dispositions relatives à l'apprentissage continu, il n'existe aucune disposition claire permettant aux apprenants de chercher à clarifier des questions qu'ils ne comprennent peut-être pas. En conséquence, les parents, les enseignants et les apprenants ont protesté, soulignant les réalités difficiles qui entourent l'apprentissage continu dans les circonstances susmentionnées. C'est avec beaucoup de stupéfaction que le public a appris que certains administrateurs des bureaux locaux d'éducation avaient même exprimé leurs inquiétudes quant au dilemme concernant l'efficacité des mesures visant à assurer la continuité de l'éducation pendant le confinement lié à la COVID-19. Certains ont indiqué l'inadéquation des ressources envoyées par le ministère de l'Éducation et des Sports, tandis que d'autres disent n'avoir reçu qu'un seul lot depuis le début du confinement. Une enquête menée par l'université de Makerere a révélé que les documents didactiques étaient inadéquats, que le contenu était superficiel et ne couvrait que le premier trimestre, alors que les étudiants étaient censés avoir couvert le contenu du second trimestre et que les horaires des cours à la radio et à la télévision étaient inadaptés (Kitubi 2020). En outre, et surtout dans les zones rurales, certaines personnes sans scrupules font payer des frais pour des cours préenregistrés sur CD et les vendent à des prix exorbitants ou organisent des cours illégaux offrant des cours en présentiel et l'usage d'appareils vidéo à leur domicile. Cela ne soulève pas simplement la question de l'accès, mais pose également un problème d'inégalité entre les apprenants.

Nous apprécions la diversité qui existe parmi nos apprenants. Les apprenants à tous les niveaux sont confrontés à de multiples binaires, que ce soit par rapport au cadre éducatif urbain-rural, aux personnes physiquement aptes et handicapées, aux apprenants plus ou moins habiles en technologie ; et aux disparités socio-économiques de revenus et de genre liées à leurs origines sociales, auxquels beaucoup sont confrontés. Il y a des enfants d'immigrants dans des zones d'installation de personnes déplacées et d'autres confrontés à des barrières linguistiques, en particulier dans notre pays, qui n'a pas une seule et unique langue nationale. Cette situation se produit dans un contexte où la majorité des ménages pratiquent surtout l'agriculture de subsistance et où les ménages ruraux impliquent les apprenants dans les tâches ménagères et dans l'entretien des jardins. Cela signifie que la proposition de stratégies d'apprentissage holistiques combinant apprentissage en ligne et auxiliaires d'apprentissage harmonisés à la maison, pourrait ne bénéficier qu'à un infime nombre d'apprenants.

Compte tenu des scénarios ci-dessus, nous soutenons que la réponse de la politique de l'éducation à la pandémie de COVID-19 en Ouganda est aléatoire et basée sur des décisions brutes du modèle *Garbage can* (Modèle de la poubelle). Dans les prises de décisions dérivées du modèle *Garbage Can*, nous sommes confrontées à des «anarchies organisées», c'est-à-dire des situations de décisions caractérisées par i) des préférences problématiques qui n'ont pas d'exigences standard cohérentes pour éclairer le choix ; ii) une technologie peu claire et une dépendance à l'égard de processus qui sont à peine compris par tous les membres ; et iii) une participation fluide avec les individus, qui varie dans le temps et les efforts qu'ils consacrent à différents domaines, leur participation variant d'un moment à l'autre (Cohen, March, & Olsen 1972). Sans entrer dans le détail de cette théorie de la prise de décision, nous considérons que les deux mesures éducatives proposées pour assurer la continuité de l'éducation pendant le confinement lié à la COVID-19 sont imprégnées de multiples acteurs : enseignants, apprenants, administration du district, parents et autres membres de la famille, sans définition et différenciation claire des rôles. La combinaison du processus d'apprentissage holistique et des auxiliaires d'apprentissage harmonisés dans un cadre familial africain soumet les apprenants à un trop grand nombre de choix d'activités qui se chevauchent dans l'espace et le temps. Les tâches ménagères, les priorités des parents, les intérêts des apprenants, les interruptions causées par les espaces de loisirs et, naturellement, les incertitudes quant au futur, suscitent une ambiguïté concernant les choix à faire, quand et comment les faire et qui doit déterminer le choix. Dans de telles circonstances, les attentes du ministère de l'Éducation et des Sports en matière d'apprentissage holistique et continu dans un tel contexte deviennent incompréhensibles et complexes.

Il convient également de noter qu'en Ouganda, il est très important de passer en classe supérieure. Après cela, vous obtenez les qualifications nécessaires qui peuvent mener à un emploi. Le passage en classe supérieure est donc une porte vers des opportunités. Il n'est par conséquent pas surprenant que les Ougandais ressentent un sentiment de perte énorme. Cela a provoqué beaucoup d'anxiété et de stress quant à l'avenir. Cette situation a été exacerbée par les défis qui accompagnent le fait de rester à la maison, citons par exemple, l'augmentation du nombre de grossesses chez les adolescentes, avec les implications qui en découlent pour les petites filles.

Nous soutenons donc que la réponse à la COVID-19 exige des décisions politiques réfléchies qui tiennent compte de la nature et de l'ampleur du problème en question, des catégories de population touchées et du contexte. Nous reconnaissons que l'inégalité d'accès à l'éducation est l'un des enjeux mondiaux les plus difficiles à atteindre pour parvenir à un niveau qui est considéré comme faisant partie du Programme de développement durable (SDG4). Nous invoquons les articles 30 et 34 de la Constitution de la République d'Ouganda (1995), qui soulignent que l'éducation est un droit de l'homme et nous appelons par conséquent à des interventions dans la continuité de l'apprentissage en Ouganda, pendant le confinement lié à la COVID-19, qui favorisent des principes et des pratiques d'égalité.

Le processus de résolution des défis liés à l'apprentissage exige une attention urgente face aux divers problèmes d'accès, aux besoins en ressources nécessaires, aux dispositions à prendre pour satisfaire le nombre de personnes concernées et décider des rôles des différents acteurs impliqués. Si les mesures actuelles ne peuvent répondre aux principes d'égalité, nous proposons que les études se poursuivent à un moment où les conditions peuvent permettre un apprentissage interactif et où l'interaction entre élèves et enseignants est possible. Nous sommes d'avis que les dispositions actuelles en place sont inadéquates et entrainent un gaspillage de ressources. Vu que d'énormes ressources ont été gaspillées à travers l'impression de documents auxquels les apprenants n'avaient qu'un accès limité (Kitubi 2020),

l'impact de ce type de gaspillage de ressources devrait être réduit. Ces ressources pourraient être investies dans des installations, du matériel et des ressources humaines lorsque les choses reprendront leur cours normal, afin d'accélérer les processus d'enseignement et d'apprentissage et de compenser le temps perdu. Nous sommes d'avis que les parents gaspillent le peu d'argent durement gagné pendant cette période difficile de COVID-19 dans l'achat et l'impression de ressources didactiques, argent qui pourrait être investi dans certains micro ou macro projets générateurs de revenus et qui leur permettrait de couvrir les frais de scolarité et satisfaire aux besoins des enfants lorsque les écoles rouvriront. Nous envisageons une forte probabilité d'abandon scolaire en raison des difficultés économiques rencontrées durant cette pandémie, à tel point que même si les écoles venaient à rouvrir maintenant, certains parents n'auraient pas les moyens de renvoyer leurs enfants à l'école vu le coût élevé de l›éducation, particulièrement dans les écoles privées où un nombre important de nos apprenants sont inscrits.

CONCLUSIONS

La pandémie de COVID-19 a énormément affecté le système éducatif ougandais à tous les niveaux. S'agissant de l'enseignement primaire et secondaire, le ministère de l'Éducation et des Sports a adopté des interventions holistiques en vue d'un processus d'apprentissage en dehors de la salle de classe et a harmonisé les auxiliaires d'apprentissage à domicile. Nous croyons à la triangulation des deux interventions et sommes d'accord sur le fait que l'apprentissage doit être continu et peut avoir lieu à tout moment en dehors de la salle de classe. Nous apprécions également le passage d'une approche fondée sur la théorie à une approche axée sur les compétences dans les foyers.

Pour conclure, les dispositifs actuels sont inadaptés et entrainent un gaspillage des ressources. Les leçons à tirer des pandémies actuelles et futures sont que le ministère de l'Éducation et des Sports devrait tenir compte du milieu social des apprenants, réfléchir au cadre d'apprentissage de l'Ouganda, absolument examiner la faisabilité des auxiliaires d'apprentissage et surtout mobiliser activement les parties prenantes pour parvenir à des décisions politiques réalisables.

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PARECER DE OPINIÃO:

LUTA CONTRA A DESIGUALDADE SOCIAL ENTRE ALUNOS DAS ESCOLAS PRIMÁRIAS E PÓS-PRIMÁRIAS DO UGANDA, NO PERÍODO PÓS-COVID-19

Stella B Kyohairwe[1], Roberts Muriisa Kabeba[2], Gerald K. Karyeija[3]

INTRODUÇÃO

Na sequência do anúncio da Organização Mundial de Saúde (OMS) de que a COVID-19 é uma pandemia global devido às muitas vidas que ceifou a nível mundial em Março de 2020, as instituições escolares são algumas das áreas da economia mais duramente atingidas. Uma vez que muitos países tomaram decisões drásticas para encerrar instituições de ensino, o maior dilema enfrentado pelos governos e decisores políticos foi o de encerrar as escolas apenas algumas semanas após a sua abertura para o primeiro trimestre do ano civil de 2020,

o que constituiu um compromisso entre cumprir o currículo exigido para os programas de ensino e salvar vidas ameaçadas pelo coronavírus.

As instituições educacionais, incluindo escolas, colégios e universidades, provaram estar entre os centros de alta concentração populacional. O desafio enfrentado pelas escolas é que para além de terem muitas pessoas a interagir diariamente (tanto alunos como instrutores), existe também um intercâmbio dinâmico e interactivo entre pessoas externas e as que residem dentro dos limites físicos das escolas. Isto aumenta a probabilidade de propagação da infecção mortífera causada pelo coronavírus. A complexidade de ter as instituições de ensino sem internato, obriga os alunos e professores a interagir regularmente com as comunidades locais, o que constitui uma ameaça no que diz respeito à transmissão comunitária do coronavírus, algo que pode criar uma crise de saúde com a qual a débil economia do Uganda não conseguirá lidar actualmente.

ANTECEDENTES

O sistema educativo Ugandês começa com a Educação Infantil emm infantários e creches que oferecem educação pré-escolar para crianças dos 3-5 anos de idade. Posteriormente, as crianças aderem a um ciclo de sete anos de ensino primário - onde a maioria das crianças recebe Ensino Primário Universal gratuito. A fase pós-primária consiste do ensino secundário, onde os estudantes frequentam quatro anos de ensino secundário normal e dois anos de ensino secundário avançado. Existe também o Ensino e Formação Técnica e Profissional Empresarial (BTVET), composto por escolas técnicas e agrícolas que aceitam alunos que abandonam o ensino primário para obterem certificados, aqueles que deixam o ensino secundário de nível "O" para obterem Diplomas Básicos, e ainda aqueles que deixam o ensino secundário de nível

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"A" para obterem Diplomas Avançados. O ensino superior do sistema escolar é o ensino terciário, incluindo duas categorias: universidades e outras instituições de atribuição de graduações. Paralelamente à estrutura do sistema de educação formal, existe a educação não formal; abrangendo alfabetização básica, educação contínua, e aprendizagem comunitária. Embora o sistema educativo ugandês seja assim tão amplo, o nosso artigo de opinião limita-se ao sistema de ensino primário e secundário.

Na Quarta-feira, 18 de Março de 2020, em resposta ao perigo colocado pela pandemia, o Presidente da República do Uganda tomou medidas pró-activas e anunciou o encerramento de todas as escolas e instituições de ensino a partir de 20 de Março de 2020; uma acção que afectou mais de 15 100 000 alunos e 548 000 professores em 73 200 escolas e instituições. Reconhecendo o impacto potencial desta pandemia, o Ministério da Educação e Desportos constituiu uma força tarefa de resposta sectorial para reforçar a preparação do sector educativo e gerar medidas para mitigar o impacto da COVID-19 nos sistemas educativos do Uganda tanto nas escolas primárias como secundárias.

Numa declaração emitida pelo Ministro da Educação e Desportos a 4 e 20 de Abril de 2020, a estratégia de resposta categórica do sector foi dupla: primeiro, um plano para assegurar a continuidade da aprendizagem enquanto os alunos estão em casa através de um processo de aprendizagem holístico fora da sala de aula em que os pais e as famílias envolvem os alunos em actividades caseiras para os equipar com competências para a vida, como a arte, música, agricultura, desporto, e tarefas domésticas. Para além de apoiar os alunos com materiais académicos obtidos nas escolas, os pais também continuariam a ajudar os alunos a desenvolver valores sociais e atitudes positivas em relação à vida. Em segundo lugar, foram postas em prática estratégias de preparação para o reinício e gestão da escolaridade, uma vez que o confinamento da COVID-19 seja levantado, a fim de assegurar a aprendizagem contínua durante o confinamento. Isto seria conseguido através da produção de pacotes de aprendizagem harmonizados para uso doméstico. O Ministério da Educação e Desportos e o Centro Nacional de Desenvolvimento Curricular produziriam materiais de aprendizagem harmonizados para serem entregues na rádio, televisões e através de material de auto-estudo impresso. A fim de assegurar a equidade, as estruturas administrativas do governo local a nível distrital, sub-condado, paroquial e de aldeia localizariam e dariam prioridade aos alunos menos beneficiados na distribuição de materiais de auto-aprendizagem.

Reconhecemos o ambiente de aprendizagem doméstico não testado e sem precedentes, o qual é um choque cultural para muitos, uma vez que alguns materiais impressos e difundidos de auto-estudo dificilmente se encontram acessíveis em alguns locais. O confinamento a nível nacional devido à COVID-19 obrigou as crianças em idade escolar a estudar online via rádio, televisão ou através da Internet. Contudo, o nível de acessibilidade a rádios, aparelhos de televisão e a fontes de energia necessárias para os activar, continua a ser hipotético, especialmente nas zonas rurais.

O confinamento a nível nacional devido à COVID-19 obrigou as crianças em idade escolar a estudar online via rádio, televisão ou através da Internet. Contudo, o nível de acessibilidade a rádios, aparelhos de televisão e a fontes de energia necessárias para os activar, continua a ser hipotético, especialmente em zonas rurais. O inquérito Nacional de Tecnologia de Informação (NITA 2018) revelou que 65,3% e 21,8% dos agregados familiares possuíam rádio e televisão, respectivamente. O mesmo inquérito revelou que 83,4% dos indivíduos no Uganda possuíam um rádio e situavam o número de ouvintes em 78%. O uso da rádio poderia assim ser considerado uma boa opção para a aprendizagem durante o confinamento. No entanto, têm sido observadas várias dificuldades associadas a este arranjo: a capacidade dos alunos em escutar e compreender a mensagem transmitida pela rádio é limitada pelo facto de não estarem habituados ao sistema, quanto mais os alunos com dificuldades físicas

que não podem ouvir ou ver as mensagens transmitidas através dos meios de comunicação social. A capacidade dos pais para escutar e transmitir materiais didácticos aos alunos é assumida e difícil de prever. Infelizmente, a actual taxa de alfabetização de 76,53% para Ugandenses com 15 anos de idade ou mais, de acordo com as estatísticas da UNESCO de 2020, não revela os factos no que diz respeito a esta medida. É também curioso que o governo do Uganda esteja disposto a comprar milhões de aparelhos de rádio, apesar de a maioria dos Ugandeses já possuir uma unidade. Isto torna a despesa num desperdício de recursos públicos que poderiam ser canalizados para fins melhores.

O nível de acessibilidade aos custos dos aparelhos de rádio e televisão e a fontes de energia necessárias para os alimentar, especialmente nas zonas rurais, continua a ser uma hipótese. A distribuição e acesso a materiais de aprendizagem em casa é lenta e, o mais importante é o facto de se passar a assumir que a televisão e a rádio e a orientação dos pais aos alunos podem substituir os professores. Esta é uma subestimação do papel dos professores em termos de apresentação dos currículos e instrução no processo de aprendizagem. Foi também observado que em todos os mecanismos de aprendizagem contínua, não existe uma disposição bem definida que permita aos alunos procurarem clareza sobre questões que talvez não compreendam. Por conseguinte, houve um clamor por parte dos pais, professores e alunos; apontando para as realidades desafiadoras em torno da aprendizagem contínua sob as circunstâncias acima referidas. Para consternação do público, alguns administradores das secretarias distritais de educação expressaram mesmo as suas preocupações sobre o dilema relativo à eficácia das medidas de continuidade da educação durante o confinamento da COVID-19. Alguns expressaram a sua insatisfação com os materiais enviados pelo Ministério da Educação e Desportos, enquanto outros dizem ter recebido apenas um lote desde o início do confinamento. Um inquérito conduzido pela Universidade de Makerere concluiu que os materiais de leitura são inadequados, de conteúdo superficial, e apenas cobrem o primeiro trimestre, ao passo que se espera que os estudantes tenham coberto o conteúdo do segundo trimestre, apesar de o calendário das aulas radiofónicas e televisivas ser deficiente (Kitubi 2020). Além disso, e especialmente nas zonas rurais, algumas pessoas sem escrúpulos estão a cobrar taxas por aulas pré-gravadas em CD e a vendê-las por preços exorbitantes, ou a apresentar aulas ilegais tanto fisicamente como em videoclipes em suas casas. Isto não só levanta a questão de acesso como também coloca um desafio no que respeita à desigualdade entre os alunos. Apreciamos a natureza da diversidade entre os nossos alunos. Os alunos a todos os níveis são confrontados com múltiplos binários do ambiente de educação urbano-rural, os fisicamente capazes e deficientes, e os alunos com mais e menos capacidades tecnológicas; e muitos são confrontados com disparidades socioeconómicas de rendimento e de género associadas às suas origens sociais. Há crianças imigrantes deslocadas em assentamentos comunitários e outras com barreiras linguísticas; especialmente no nosso país, onde não existe uma única língua nacional. Esta situação ocorre num ambiente em que a maioria das famílias está envolvida em ambientes de agricultura dominantemente de subsistência, e em que as famílias rurais envolvem os alunos em tarefas domésticas e de jardinagem. Isto significa que a proposta de estratégias de aprendizagem holísticas de ensino electrónico e pacotes de estudo harmonizados para uso doméstico poderá beneficiar uma pequena proporção de alunos.

Tendo em conta os cenários acima referidos, é nossa opinião que a resposta política educacional à pandemia da COVID-19 no Uganda é aleatória e baseada em decisões não refinadas de um modelo de lata de lixo. Nos modelos de lata de lixo, experienciamos "anarquias organizadas" - situações de decisão caracterizadas por i) preferências problemáticas que carecem de critérios padronizados e consistentes para informar a escolha; ii) tecnologia pouco elucidativa e confiança em processos que praticamente não são compreendidos por todos os membros; e iii) participação fluida com indivíduos; variando na quantidade de tempo e esforço que dedicam a diferentes domínios; com o seu envolvimento a variar

de vez em quando (Cohen, March, & Olsen 1972). Sem entrar nos pormenores desta teoria de tomada de decisões, consideramos as duas medidas de educação propostas para a continuidade da educação durante o confinamento da COVID-19 como estando imbuídas de múltiplos actores: professores, alunos, administração distrital, pais e outros membros da família, sem definição e diferenciação clara das funções. Combinar o processo de aprendizagem holística e pacotes de ensino harmonizados num domínio familiar num contexto africano está a sujeitar os alunos a demasiadas escolhas de actividades sobrepostas em espaço e tempo. As tarefas domésticas, as prioridades dos pais, os interesses dos alunos, o encerramento de locais de lazer e, claro, a previsão de incertezas futuras geram uma ambiguidade no que diz respeito às escolhas a fazer, quando e como fazê-las e quem deve determinar a escolha. Em tais circunstâncias, as expectativas do Ministério da Educação e dos Desportos no que toca a aprendizagem holística e contínua em tal ambiente torna-se incompreensivelmente complexa.

É também importante notar que no Uganda, é fundamental passar de classe e passar para o novo ano escolar. Depois disso, obtêm-se as qualificações adequadas que podem resultar num emprego. Isto torna a progressão na classe um trampolim de oportunidades. Assim, os Ugandeses sentem que estão a perder muito. Isto tem causado muita ansiedade e estress em torno daquilo que o futuro lhes reserva. Isto tem sido exacerbado pelos desafios de permanecer em casa, o aumento de gravidezes adolescentes com ramificações associadas às crianças do sexo feminino.

Por conseguinte, defendemos que a resposta à COVID-19 requer decisões políticas conscientes que tenham em conta a natureza e magnitude do problema em questão, as categorias de população afectadas e o ambiente. Reconhecemos que a desigualdade na educação é um dos aspectos globais mais desafiadores para atingir um nível considerado na Agenda do Desenvolvimento Sustentável (SDG4). Invocamos os artigos 30 e 34 da Constituição da República do Uganda (1995), que salientam a educação como um direito humano e, por conseguinte, apelamos a intervenções de continuidade da aprendizagem no país durante o confinamento da COVID-19 visando a promoção de princípios e práticas de igualdade.

O processo de resolução dos desafios de aprendizagem exige a consideração urgente de vários obstáculos de acesso, as necessidades de recursos necessários, disposições para acomodar os números envolvidos e para decidir quais os papéis dos vários actores envolvidos. Se as medidas actuais não puderem satisfazer os princípios de igualdade, propomos que a escolarização seja retomada numa altura em que as condições possam permitir uma aprendizagem interactiva na qual a participação de alunos e professores seja possível. Na nossa opinião, as actuais disposições em vigor são inúteis e inadequadas em termos de desperdício de recursos. Uma vez que uma grande quantidade de recursos foi desperdiçada pela impressão de material ao qual os alunos tiveram acesso limitado (Kitubi 2020), o impacto do desperdício de recursos desta forma deve ser limitado. Os recursos mencionados poderiam ter sido investidos em instalações, materiais e capital humano por ocasião de um regresso à normalidade, de modo a acelerar os processos de ensino e aprendizagem e compensar o tempo perdido. Somos da opinião que os pais estão a desperdiçar o pouco dinheiro que ganharam durante este período difícil da COVID-19, comprando e imprimindo materiais, em vez de investir em alguns projectos de nível micro ou macro que geram rendimentos a fim de se poderem preparar para as propinas escolares e as necessidades dos estudantes quando as escolas voltarem a abrir. Prevemos uma elevada probabilidade de desistência escolar devido às dificuldades económicas enfrentadas nesta pandemia, a tal ponto que mesmo que as escolas abrissem agora, alguns pais não teriam meios para enviar todos os alunos de volta devido ao elevado custo da educação, principalmente em escolas privadas, onde um número substancial dos nossos alunos está matriculado.

CONCLUSÕES

A pandemia da COVID-19 afectou imensamente o sistema educativo do Uganda a todos os níveis. O Ministério da Educação e dos Desportos introduziu intervenções holísticas de aprendizagem fora da sala de aula a nível do ensino primário e secundário e harmonizou pacotes de aprendizagem caseira. Acreditamos na triangulação das duas intervenções e concordamos que a aprendizagem é contínua e pode ter lugar em qualquer altura fora de um ambiente de sala de aula. Também apreciamos a mudança de abordagens baseadas em teoria para estratégias orientadas por competências nos lares.

Concluímos que as actuais disposições são inadequadas e um desperdício de recursos. Aprendemos também que o Ministério da Educação e Desportos deve considerar os antecedentes sociais dos alunos, reflectir sobre o ambiente de aprendizagem no Uganda, examinar devidamente a viabilidade dos pacotes de ensino e, na generalidade, envolver-se activamente com intervenientes para chegar a decisões políticas exequíveis.

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OPINION PIECE:

REHUMANISING THE PUBLIC SERVICE AND THE COVID-19 RESPONSE: WHERE IS THE NATIONAL SCHOOL OF GOVERNMENT?

Kedibone Phago[1] and Sibusiso Vil-Nkomo[2]

BACKGROUND

Discourses regarding human beings require conscientiousness because of our complex cognitive abilities to reason and communicate. This is evident in what human beings have been able to achieve in terms of their development over centuries. As part of formalising this discourse, the epistemological function of universities –especially faculties of humanities – has demonstrated how science and new discoveries can impact on human beings or make them aware of certain factors. These factors are behavioural, environmental, political, economic or otherwise, and are central in influencing how we construct our daily realities and belief systems. There is no doubt that negative experiences tend to repeat themselves unless they are consciously dealt with. In some cases, recidivism happens quickly; like the denial that "Apartheid was a crime against humanity" (BBC 2020). Thus, carefully constructed interventions of any kind should be able to benefit humankind in order to receive any amount of recognition and respect.

The South African public sector has demonstrated a dire state of affairs and a need to rehumanise its employees. This is necessary to ensure a humanitarian public service; following several years of dysfunctional state institutions and the brazen corruption experienced during the COVID-19 period. Vil-Nkomo's (2015) editorial was dedicated to leaders including South Africans such as Nelson Mandela and Albert Luthuli, who were bestowed the Nobel Prize for Peace. Alfred Nobel's view on this particular award was that it shall be awarded to the person who in the preceding years "shall have done the most or the best work for fraternity between nations and the abolition or reduction of standing armies and the formation and spreading of peace congresses" (Nobel 1891). In this way, the personas of Mandela and Luthuli (and their eminent contemporaries) should serve to embody our current beliefs in rehumanising our public service. These examples need to be deeply rooted in the education and training systems of our society, public service and our dealing with the country's public affairs. Thus, those among us who are able to emulate and embody these high moral standards should be given an opportunity to serve as political leaders and public servants.

In fact, our rehumanising mantra and premise should clearly indicate that our talents and skills are wrapped in Botho/Ubuntu (where this notion is not used in vain or as a buzz word). This is to reinforce our commitment to the realities and beliefs of our founding fathers and mothers who understood what democracy ought to be. Their sacrifices were absolutely not about nebulous democracy to reign in South Africa.

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CONCEPTS

Rehumanising the public service

The deterioration of the quality of life could mean that the value of being human has been taken away. Issues that usually overtly contribute to this deterioration include poverty, the lack of functioning health and education facilities, and high unemployment (Markus 2013). Similarly, public officials and politicians who are pressured or choose to act carelessly or negligently, as with the evidence at the various commissions of inquiry as well as the corruption in COVID-19 tenders) require interventions from public institutions such as the National School of Government (NSG) to imbue the entire public service with strong ethics and values. In this way, the intention is to ensure that officials and politicians are reminded to act conscientiously and accountably, with enforceable penal codes for wrongdoing. This serves to rehumanise the public service.

Humanitarian public service

Humanitarian public service is premised on the notion that the government should take the lead in protecting the value of the human lives of their citizens where it matters; such as during the COVID-19 period (Macrae 1998). In this regard, this important consideration needs to ensure that, through their social contract and constitutional obligations, government systems focus on improving the living conditions of citizens. These improvements need to be realised in the developmental agenda and in actions such as maintaining functional hospitals, providing a reliable electricity supply, and ensuring the effective functioning of key government departments and entities (i.e. Home Affairs, the State Security Agency, Transnet and the South African Revenue Service (SARS), among others). Often, the opposite of a humanitarian public service manifests through its failing public institutions, which are unable to adhere to their *raison d'être*.

WHY DO WE NEED TO REHUMANISE OUR PUBLIC SERVICE?

The COVID-19 pandemic, economic crisis and the lack of functioning essential public services needs to cause outrage among South Africans because they have contributed to high levels of unemployment, as indicated by the latest figures released by Statistics South Africa during 2020. The tabling of the COGTA budget speech of 2018 its former Minister, Zweli Mkhize (2018), indicates a dire situation where only seven percent of municipalities in the country were considered functional. Various commissions of enquiry, such as the ones into SARS Commission (2018) and the Public Investment Commission (2018) have shown how those who were supposed to be trusted have turned against their own and abused their positions of power. The State Capture Commission of Enquiry (2018) continues to lay bare the industrial looting of public finances. COVID-19 tenders provided to politicians and their associates have opened the lid as to why those who are entrusted with protecting public resources are not conscientious enough in their tasks. Looting of public funds has served the interest of individual politicians, their families and friends at the expense of national, provincial and local government and state-owned enterprises (SOEs). Obviously, this is against the oath of office or solemn affirmations made by many of these players.

The loss of trust in some public officials has been exposed in other fora. For example, the Constitutional Court essentially ruled that former President Jacob Zuma and the fifth Parliament (Constitutional Court 2017) of the Republic of South Africa had abdicated their basic duties and functions in the

implementation of the Report of Public Protector (Public Protector 2016). The stealing of COVID-19 funds meant to support patients and communities remains a serious indictment on those in leadership positions in the public sector. However, certain political parties have somewhat trivialised this and other pronouncements. This has been demonstrated by the reappointment, to the sixth Parliament, of the same individuals against whom serious allegations have been made. This demonstrates a lack of accountability and consequence management in the entire government machinery, and a disregard for the country's citizens. It has destroyed the essence of humanness of these public officials. Worse still is that citizens continue to be stripped naked of their operational citizenship, and the dignity of their country is being rapidly eroded.

Considering the above, an existential challenge confronts the NSG in developing standards of performance for all those who are serving in the public sector. Adherence to such standards should be enforced through compliance in order to maintain the highest levels of integrity and professionalism. Equally important is for the NSG to give guidance as to how public affairs must be shaped for now, as well as into the future. In other words, isomorphic mimicry and rote learning, education in an emerging market economy, and a public service not based on meritocracy are extremely dangerous.

HOW DO WE REHUMANISE OUR PUBLIC SERVICE?

The focus of this piece is in regard to the role of the NSG in rehumanising our public service and COVID-19 response. The relevance of this question is in the context of the above issues, which negatively afflict some of our elected and appointed public officials, acting without the required moral rectitude and honesty.

With the recent appointment of Mr Busani Ngcaweni as the new principal, the role of the NSG needs to be revisited and strengthened. Currently, the School offers training courses for entry-level to senior officials within the public service. In many cases, these are just scratching the surface because the focus is easily on reaching training targets regarding the number of public servants trained. While target achievement is important, urgently addressing the structural features of the NSG is essential. A fledgling nation must have an effective and relevant training and education entity. In other words, the School needs to serve as a nerve centre for the impactful education and training of public servants, and should set the tone in this regard. Setting the tone requires consistent intervention in programmes that rehumanise the public sector, as well as flexibility and considerations for customised interventions. Furthermore, a holistic approach that allows for the training and education of well-rounded politicians and officials should be adopted. The following are some of the key considerations of our reality and beliefs:

What is our reality as a people/country?

Our reality manifests itself mainly through the conduct of our leaders and the strength of our institutions, which are often in the media spotlight. Leaders must always remember that they derive their acts of engagement from the citizens. The quality of our leaders (i.e. political leaders and senior public servants) determines the level of our institutional efficacy, and can only serve as a microcosm for our being as a nation. Again, the issue pertaining to the dysfunctionality of institutions such as municipalities, provincial and national government departments and SOEs can only mirror the state of our being and our reality as a nation. Essentially, the industrial-scale looting of public resources by our very own public officials in leadership positions has set a new low. The Constitutional Court ruling

regarding Parliament abdicating its role to hold the executive to account, and the former President violating his oath of office, are issues which need to preoccupy us if we are to understand our current realities and rehumanise ourselves. The report of the former Public Protector, Thuli Madonsela, which recommended a commission of enquiry into state capture (Public Protector 2016), serves as an attempt to keep politicians and senior public officials accountable with regard to the use of taxpayers' money and other resources.

What is our belief?

The constitutional system in South Africa is a foundation which protects our co-existence in our diversity. The Constitution provides a basis for our rights, aspirations, and fundamental values. Our bad actions as politicians and senior public officials – which undermine these rights, aspirations and values –have created inertia within our society. The role of the NSG must be to develop multiple interventions to ensure that the glue that binds our society is deeply rooted in our public institutions, for all levels of employment, to maintain discipline, uniformity, continuity, effectiveness, efficiency and innovation. In addition, it must be a bulwark against nepotism, cronyism, spoils systems and incompetence in the public sector.

In this case, the NSG has a momentous task ahead in developing and maintaining tools which can assist in determining the current reality of the public service. The question of maintaining our constitutional state means that politicians and public officials need to be cognisant of our needs as individuals, and collectively to function in a diverse society as outlined in the preamble of our Constitution. As Paulo Freire states in "The Pedagogy of the Oppressed", you must "liberate the oppressed and the former oppressor" (Freire 2000). This must be one of the symbiotic roles of the NSG; where the public servant sees his/her interconnectedness with the public in a well-managed democracy.

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TRIBUNE D'OPINION:

RÉHUMANISATION DU SERVICE PUBLIC ET LA RÉPONSE À LA COVID-19 : OÙ EN EST L'ÉCOLE NATIONALE DE FORMATION DES AGENTS DE LA FONCTION PUBLIQUE (NSG) ?

Kedibone Phago[1], Sibusiso Vil-Nkomo[2]

CONTEXTE

Les discours sur les êtres humains demandent de faire preuve de conscience en raison de nos capacités cognitives complexes à raisonner et à communiquer. Ceci se traduit par ce que les êtres humains ont été capables de réaliser en termes de développement au cours des siècles. Dans le cadre de la formalisation de ce discours, la fonction épistémologique des universités - en particulier des facultés de sciences humaines - a montré comment la science et les nouvelles découvertes peuvent avoir un impact sur les êtres humains ou les sensibiliser à certains facteurs. Ces facteurs sont d'ordre comportemental, environnemental, politique, économique ou autre, et sont essentiels pour influencer la manière dont nous construisons nos réalités quotidiennes et nos systèmes de croyance. Il ne fait aucun doute que les expériences négatives ont tendance à se répéter si elles ne sont pas traitées consciemment. Dans certains cas, la récidive se produit rapidement ; comme le fait de refuser d'admettre que «l'apartheid était un crime contre l'humanité» (BBC, 2020). Ainsi, des interventions soigneusement conçues, de quelque nature qu'elles soient, devraient pouvoir bénéficier à l'humanité pour recevoir un minimum de reconnaissance et de respect.

Le secteur public sud-africain connait une situation désastreuse et a besoin de réhumaniser ses employés. C'est nécessaire pour assurer un service public humanitaire ; après plusieurs années de dysfonctionnement des institutions de l'État et de corruption éhontée observée pendant la période de COVID-19. L'éditorial de Vil-Nkomo (2015) était consacré à des dirigeants, parmi lesquels des Sud-Africains tels que Nelson Mandela et Albert Luthuli qui se sont vu décerner le prix Nobel de la paix. Pour Alfred Nobel ce prix : «[Il]... doit être décerné à la personne qui, au cours des années écoulées, a le plus ou le mieux contribué à la fraternité entre les nations, à l'abolition ou à la réduction des forces militaires, à la promotion de la paix et à la tenue de congrès de la paix" (Nobel 1891). C'est dans ce contexte que des personnalités de la trempe de Mandela et de Luthuli (de même que les figures contemporaines éminentes de leur époque) devraient servir à incarner nos convictions actuelles en matière de réhumanisation dè notre service public. Ces exemples doivent être profondément ancrés dans les systèmes d'éducation et de formation de notre société, dans le service public et dans notre façon de traiter les affaires publiques du pays. Ainsi, ceux d'entre nous qui sont capables d'imiter et d'incarner ces normes morales élevées devraient avoir l'opportunité de servir en tant que dirigeants politiques et agents de la fonction publique.

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En fait, le mantra et les prémisses de notre réhumanisation devraient clairement indiquer que nos talents et nos compétences sont enveloppés dans le Botho/Ubuntu (où cette notion n'est pas utilisée en vain ou comme un mot à la mode). Cela vise à renforcer notre engagement vis-à-vis des réalités et des croyances de nos pères et mères fondateurs qui ont compris ce que la démocratie devrait être. Leurs sacrifices n'avaient absolument rien à voir avec la nébuleuse démocratique qui allait régner en Afrique du Sud.

CONCEPTS

Réhumaniser le service public

La détérioration de la qualité de la vie pourrait signifier que la valeur même de l'existence humaine a été ôtée. Les enjeux qui contribuent généralement ouvertement à cette détérioration sont la pauvreté, le manque de services de santé et d'établissement d'enseignement fonctionnels ainsi que le taux de chômage élevé (Thomas A. Markus). De même, les agents de la fonction publique et les hommes politiques qui subissent des pressions ou qui choisissent d'agir avec négligence ou imprudence (comme le reflètent les diverses commissions d'enquête et de cas de corruption dans les appels d'offres liées à la COVID-19) nécessitent l'intervention d'institutions publiques telles que l'École nationale de formation des agents de la fonction publique (NSG) pour imprégner l'ensemble du service public d'une éthique et de valeurs solides. L'intention est ainsi de rappeler aux agents de la fonction publique et aux hommes politiques qu'ils doivent agir de manière consciencieuse et responsable, en tenant compte des codes pénaux applicables en cas d'actes répréhensibles. Il s'agit ici de réhumaniser le service public.

Service public humanitaire

Le service public humanitaire est fondé sur la notion selon laquelle le gouvernement doit prendre l'initiative de protéger la valeur de la vie humaine de ses citoyens là où cela compte ; comme par exemple, pendant la période de COVID-19 (Macrae 1998). À cet égard, cet élément important doit garantir que, par le biais de leur contrat social et de leurs obligations constitutionnelles, les systèmes gouvernementaux se concentrent sur l'amélioration des conditions de vie des citoyens. Ces améliorations doivent être réalisées dans le cadre de programme de développement et d'actions telles que le maintien d'hôpitaux fonctionnels, la fourniture d'un approvisionnement fiable en électricité et la garantie du fonctionnement efficace des principaux ministères et entités du gouvernement (notamment le ministère de l'Intérieur, l'Agence de sécurité de l'État, Transnet et l'administration fiscale sud-africaine (SARS), entre autres). Souvent, le contraire d'un service public humanitaire se manifeste à travers ses institutions publiques défaillantes incapables de se conformer à leur *raison d'être*.

POURQUOI DEVONS-NOUS RÉHUMANISER NOTRE SERVICE PUBLIC ?

La pandémie de COVID-19, la crise économique et l'absence de services publics essentiels fonctionnels doivent susciter l'indignation des Sud-Africains car ils ont contribué à un taux de chômage élevé, comme l'indiquent les derniers chiffres publiés par *Statistics South Africa* en 2020. La présentation du budget de 2018 de la COGTA, lors du discours de son ancien ministre, Zweli Mkhize (2018), indique une situation désastreuse où seulement sept pour cent des municipalités du pays sont considérées comme fonctionnelles. Diverses commissions d'enquête, comme celles de la SARS (2018) et sur les investissements publics (2018) ont montré comment ceux qui étaient censés être dignes de confiance se sont retournés contre les leurs et ont abusé de leur position de pouvoir. La Commission d'enquête

sur la capture de l'État (2018) continue de mettre à nu le pillage industriel des finances publiques. Les appels d'offres liés à la COVID-19 lancés aux hommes politiques et à leurs associés ont exposé les raisons pour lesquelles ceux qui sont chargés de protéger les ressources publiques ne sont pas assez consciencieux dans leurs tâches. Le pillage des fonds publics a servi les intérêts des hommes politiques, de leurs familles et de leurs amis aux dépens des gouvernements nationaux, provinciaux et locaux et des entreprises d'État. Il est évident que cela va à l'encontre du serment professionnel ou des déclarations solennelles de nombre de ces acteurs.

La perte de confiance en certaines autorités publiques a été mise en évidence dans d›autres forums. Par exemple, la Cour constitutionnelle a essentiellement jugé que l'ancien Président Jacob Zuma et le cinquième Parlement (Cour constitutionnelle 2017) de la République d'Afrique du Sud avaient abdiqué leurs devoirs et fonctions de base dans la mise en œuvre du Rapport de la médiatrice de la République (Médiatrice de la République 2016). Le vol des fonds de COVID-19 destinés à soutenir les patients et les communautés, reste une accusation grave à l'encontre de ceux qui occupent des positions de leadership dans le secteur public. Cependant, certains partis politiques ont quelque peu banalisé cela, ainsi que d'autres déclarations. Cela a été démontré par la reconduction, au sixième Parlement, des mêmes personnes contre lesquelles de graves allégations ont été faites. Ce cadre démontre un manque de redevabilité et de gestion des conséquences dans l'ensemble de l'appareil gouvernemental, ainsi qu'un mépris des citoyens du pays. Cette situation a détruit l'essence même de l'humanité de ces agents de la fonction publique. Pire encore, les citoyens continuent d'être dépouillés de l'aspect opérationnel attaché à leur citoyenneté et la dignité de leur pays s'effrite à une vitesse vertigineuse.

À la lumière de ce qui précède, la NSG est confrontée à un défi existentiel dans l'élaboration de normes de performance pour tous ceux qui travaillent dans le secteur public. Le respect de ces normes doit être assuré par la conformité, afin de maintenir les plus hauts niveaux d'intégrité et de professionnalisme. Il est tout aussi important que la NSG donne des orientations sur la manière dont les affaires publiques doivent être façonnées pour le présent et pour l'avenir. En d'autres termes, le mimétisme isomorphe et l'apprentissage par cœur, l'éducation dans une économie de marché émergente et un service public non fondé sur la méritocratie sont extrêmement dangereux.

COMMENT RÉHUMANISER NOTRE SERVICE PUBLIC ?

Cette tribune se concentre sur le rôle de la NSG dans la réhumanisation de notre service public et sur la réponse à la COVID-19. La pertinence de cette question s'inscrit dans le contexte des questions ci-dessus, qui touchent négativement certains des agents de la fonction publique qui ont été élus et nommés, agissant sans la rectitude morale et l'honnêteté requises.

Avec la récente nomination de M. Busani Ngcaweni comme nouveau directeur, le rôle de la NSG doit être réexaminé et renforcé. Actuellement, l'École propose des cours de formation de différents niveaux, allant des nouveaux agents aux hauts fonctionnaires du service public. Dans de nombreux cas, ces cours ne font qu'effleurer la surface, car l'accent est mis sur la réalisation des cibles de formation par rapport au nombre de fonctionnaires formés. Bien qu'il soit important d'atteindre la cible, il est essentiel de s'attaquer d'urgence aux caractéristiques structurelles de la NSG. Une nation naissante doit disposer d'une entité de formation et d'éducation efficace et adéquate. En d'autres termes, l'école doit servir de point névralgique pour l›éducation et la formation des fonctionnaires et doit donner le ton à cet égard. Donner le ton demande une intervention constante dans les programmes visant la réhumanisation du secteur public, ainsi que de la flexibilité et des considérations pour des interventions

personnalisées. En outre, il convient d'adopter une approche holistique qui permette de former et d'éduquer des hommes politiques et des agents bien équilibrés. Ci-dessous quelques-unes des considérations essentielles liées à notre réalité et à nos convictions :

Quelle est notre réalité en tant que peuple/pays ?

Notre réalité se manifeste principalement par le comportement de nos dirigeants et la force de nos institutions, qui sont souvent sous les feux des médias. Les dirigeants ne devraient jamais oublier qu'ils tirent leurs actes d'engagement des citoyens. La qualité de nos dirigeants (c'est-à-dire les dirigeants politiques et les hauts fonctionnaires du service public) détermine le niveau de notre efficacité institutionnelle et ne peut servir que de microcosme à notre existence en tant que nation. Là encore, la question du dysfonctionnement des institutions telles que les municipalités, les ministères provinciaux et nationaux et les entreprises d'État ne peut que refléter l'état de notre existence et notre réalité en tant que nation. Pour l'essentiel, le pillage à l'échelle industrielle des ressources publiques par nos propres agents de la fonction publique, en position de leadership, a atteint un autre niveau de bassesse. L'arrêt de la Cour constitutionnelle concernant l'abdication par le Parlement de son rôle de tenir les autorités exécutives responsables de leurs actes et la violation par l'ancien Président de son serment, sont des questions qui doivent nous préoccuper si nous voulons comprendre nos réalités actuelles et nous réhumaniser. Le rapport de l'ancienne médiatrice de la République, Thuli Madonsela, qui a recommandé la mise en place d'une commission d'enquête sur la capture de l'État (Médiatrice de la République 2016), montre la volonté de tenir les hommes politiques et les hauts fonctionnaires du service public responsables de l'utilisation de l'argent des contribuables et d'autres ressources.

Quelle est notre conviction ?

Le système constitutionnel en Afrique du Sud est fondé de manière à protéger notre coexistence dans notre diversité. La Constitution sert de base à la protection de nos droits, nos aspirations et nos valeurs fondamentales. Nos mauvaises actions en tant qu'hommes politiques et hauts fonctionnaires - qui sapent ces droits, aspirations et valeurs - ont causé une inertie au sein de notre société. Le rôle de la NSG doit être de réaliser de multiples interventions pour que le lien qui nous unisse en tant que société soit profondément ancré dans nos institutions publiques, à tous les niveaux d'emploi, afin de maintenir la discipline, l'uniformité, la continuité, l'efficacité, l'efficience et l'innovation. Il doit en outre être un rempart contre le népotisme, le clientélisme, les systèmes de dépouillement et l'incompétence dans le secteur public.

À cet égard, la NSG a une tâche capitale à accomplir dans l'élaboration et le maintien d'outils capables d'aider à déterminer la réalité actuelle de la fonction publique. La question du maintien de notre État constitutionnel implique que les politiciens et les agents de la fonction publique soient conscients de nos besoins en tant qu'individus et collectivement, pour fonctionner dans une société diversifiée, comme le souligne le préambule de notre Constitution. Comme le dit Paulo Freire dans «La pédagogie des opprimés», vous devez «libérer les opprimés et l'ancien oppresseur» (Freire 2000). Cela doit être l'un des rôles symbiotiques de la NSG, où l'agent de la fonction publique perçoit son interconnexion avec le public dans une démocratie bien gérée.

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PARECER DE OPINIÃO:

RE-HUMANIZAR O SERVIÇO PÚBLICO E A RESPOSTA À COVID-19: ONDE ESTÁ A ESCOLA NACIONAL DO GOVERNO?

Kedibone Phago[1], Sibusiso Vil-Nkomo[2]

ANTECEDENTES

Os discursos sobre seres humanos requerem consciência devido às nossas complexas capacidades cognitivas de raciocinar e comunicar. Isto é evidente no que os seres humanos foram capazes de alcançar em termos do seu desenvolvimento ao longo dos séculos. Como parte da formalização deste discurso, a função epistemológica das universidades - especialmente as faculdades de humanidades - tem demonstrado como a ciência e as novas descobertas podem influenciar os seres humanos ou consciencializá-los em relação a certos factores. Estes factores são comportamentais, ambientais, políticos, económicos ou outros, e são fundamentais para influenciar a forma como construímos as nossas realidades diárias e os nossos sistemas de crenças. Não há dúvida de que as experiências negativas tendem a repetir-se, a menos que sejam tratadas conscientemente. Em alguns casos, a reincidência acontece rapidamente; como negar que " o Apartheid foi um crime contra a humanidade" (BBC 2020). Assim, intervenções de qualquer tipo, cuidadosamente concebidas, deveriam ter a capacidade de beneficiar a humanidade, de modo a poderem receber algum grau de reconhecimento e respeito.

O sector público sul-africano tem demonstrado estar numa situação deplorável e a necessidade de re-humanizar os seus funcionários. Isto é necessário para assegurar um serviço público humanitário; após vários anos de instituições estatais disfuncionais e de corrupção descarada vivida durante o período da COVID-19. O editorial de Vil-Nkomo (2015) foi dedicado a líderes Sul-Africanos incluindo Nelson Mandela e Albert Luthuli, a quem foi atribuído o Prémio Nobel da Paz. A opinião de Alfred Nobel sobre este prémio em particular era a de que ele será atribuído à pessoa que nos anos anteriores " tenha feito o maior ou o melhor trabalho de confraternização entre nações e a abolição ou redução de exércitos permanentes, assim como a formação e difusão de congressos de paz" (Nobel 1891) Desta forma, as personas de Mandela e Luthuli (e os seus eminentes contemporâneos) deveriam servir para encarnar as nossas crenças actuais na re-humanizacao do nosso serviço público. Estes exemplos têm de estar profundamente enraizados nos sistemas de educação e formação da nossa sociedade, no serviço público e no nosso relacionamento com os assuntos públicos do país. Assim, aqueles entre nós que são capazes de imitar e personificar estes elevados padrões morais deveriam ter a oportunidade de servir como líderes políticos e funcionários públicos.

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De facto, o nosso mantra e premissa re-humanizante deve indicar claramente que os nossos talentos e capacidades estão envoltos em Botho/Ubuntu (onde esta noção não é usada em vão ou como simplesmente uma expressão). Isto é para reforçar o nosso compromisso com as realidades e crenças dos nossos pais e mães fundadores que entendiam o que a democracia deveria ser. Os seus sacrifícios absolutamente não se referiam a uma democracia nebulosa para reinar na África do Sul.

CONCEITOS

Re-humanizar o serviço público

A deterioração da qualidade de vida pode significar que o valor de ser humano tenha sido removido. As questões que normalmente contribuem abertamente para esta deterioração incluem a pobreza, a falta de infra-estruturas funcionais de saúde e educação, e o alto desemprego (Markus 2013). Da mesma forma, funcionários públicos e políticos que são pressionados ou optam por agir de forma descuidada ou negligente, como evidenciado nas várias comissões de inquérito, bem como a corrupção em concursos (COVID-19) exigem intervenções de instituições públicas tais como a Escola Nacional de Governo (NSG) para imbuir todo o serviço público com ética e valores fortes. Assim, a intenção é assegurar que os funcionários e políticos sejam recordados a agir de forma consciensiosa e responsável, com códigos penais aplicáveis em caso de infracções. Isto serve para re-humanizar o serviço público.

Serviço público humanitário

O serviço público humanitário baseia-se na noção de que o governo deve assumir a liderança na protecção do valor das vidas humanas dos seus cidadãos onde for relevante; tal como durante o período da COVID-19 (Macrae 1998). A este respeito, esta importante consideração deve garantir que, através do seu contrato social e das suas obrigações constitucionais, os sistemas governamentais se concentrem em melhorar as condições de vida dos cidadãos. Estas melhorias devem concretizar-se na agenda de desenvolvimento e em acções como a manutenção da funcionalidade dos hospitais, o fornecimento fiável de electricidade e a garantia do funcionamento eficiente dos principais departamentos e entidades governamentais (isto é, os Assuntos Internos, a Agência de Segurança do Estado),Transnet e a Autoridade Tributária Sul-Africana (SARS), entre outros. Muitas vezes, o oposto de um serviço público humanitário manifesta-se através das suas instituições públicas deficientes, que são incapazes de aderir à sua razão de ser.

PORQUE PRECISAMOS DE RE-HUMANIZAR O NOSSO SERVIÇO PÚBLICO?

A pandemia da COVID-19, a crise económica e a falta de funcionalidade dos serviços públicos essenciais devem causar indignação entre os Sul-Africanos, porque têm contribuído para elevados níveis de desemprego, como indicam os últimos números divulgados pela Estatísticas da África do Sul (South Africa Statistics) durante 2020. Na apresentação do discurso orçamental do COGTA de 2018, o seu antigo Ministro, Zweli Mkhize (2018), apontou para uma situação desastrosa onde apenas sete por cento dos municípios do país eram considerados funcionais. Várias comissões de inquérito, tais como a da Autoridade Tributária (2018) e da Comissão de Investimento Público (2018) mostraram como aqueles que eram considerados ser dignos de confiança se viraram contra os seus próprios co-cidadãos e abusaram das suas posições de poder. A Comissão de Inquérito da Captura do Estado (2018) continua a pôr a nu o saque industrial das finanças públicas. As propostas da COVID-19 apresentadas aos políticos e seus associados removeram a tampa para revelar a razão pela qual aqueles a quem é confiada a protecção dos recursos públicos não são suficientemente consciensiosos nas suas tarefas. O

saque de fundos públicos tem servido os interesses de políticos individuais, das suas famílias e amigos à custa do governo nacional, provincial e local e de empresas estatais (SOE). Obviamente, isto é contra o juramento de posse ou afirmações solenes feitas por muitos destes actores.

A perda de confiança em alguns funcionários públicos tem sido exposta noutros fóruns. Por exemplo, o Tribunal Constitucional decidiu essencialmente que o ex-Presidente Jacob Zuma e o Quinto Parlamento (Tribunal Constitucional 2017) da República da África do Sul tinham abandonado os seus deveres e funções básicas na implementação do Relatório do Protector Público (Protector Público 2016). Contudo, alguns partidos políticos banalizaram de certa forma este e outros pronunciamentos. Isto foi demonstrado pela renomeação, ao sexto Parlamento, dos mesmos indivíduos contra os quais foram feitas alegações graves. Isto demonstra uma falta de responsabilização e de gestão de consequências em toda a máquina governamental, e um desrespeito para com os cidadãos do país. Destruiu a essência do humanismo destes funcionários públicos. Pior ainda é o facto de os cidadãos continuarem a ser despojados da sua cidadania operacional, e a dignidade do seu país está a ser rapidamente corroída.

Com base no acima exposto, um desafio existencial confronta o NSG (Escola Nacional do Governo) no desenvolvimento de padrões de desempenho para todos aqueles que servem no sector público. A adesão a tais normas deve ser imposta através de conformidade, a fim de manter os mais altos níveis de integridade e profissionalismo. Também é importante que a NSG providencie orientações sobre como os assuntos públicos devem ser moldados por agora, bem como no futuro. Por outras palavras, a mímica isomórfica e a aprendizagem de rotina, a educação numa economia de mercado emergente, e um serviço público não baseado em meritocracia, são extremamente perigosos.

COMO É QUE RE-HUMANIZAMOS O NOSSO SERVIÇO PÚBLICO?

O foco desta peça diz respeito ao papel do NSG na re-humanização do nosso serviço público e a resposta à COVID-19. A relevância desta questão está no contexto das questões acima referidas, que afectam negativamente alguns dos nossos funcionários públicos eleitos e nomeados, que agem sem a necessária rectidão moral e honestidade.

Com a recente nomeação do Sr. Busani Ngcaweni como novo director, o papel da NSG precisa de ser revisitado e reforçado. Actualmente, a Escola oferece cursos de formação para o ingresso de altos funcionários no serviço público. Em muitos casos, estes estão apenas a arranhar a superfície, porque o foco incide facilmente em atingir os alvos de formação em relação ao número de funcionários públicos formados. Embora a concretização dos alvos seja importante, é essencial abordar urgentemente as características estruturais da NSG. Uma nação jovem deve ter uma entidade de formação e educação eficiente e relevante. Por outras palavras, a Escola precisa de servir como centro nevrálgico para a educação e formação impactante dos funcionários públicos, e deve definir o tom a este respeito. Estabelecer o tom requer uma intervenção consistente em programas que re-humanizem o sector público, bem como flexibilidade e considerações para intervenções personalizadas. Além disso, deveria ser adoptada uma abordagem holística que permitisse a formação e educação de políticos e funcionários bem fundamentados. Seguem-se algumas das principais considerações sobre a nossa realidade e crenças:

Qual é a nossa realidade como povo/país?

A nossa realidade manifesta-se principalmente através da conduta dos nossos líderes e da força das nossas instituições, que estão frequentemente no centro das atenções dos meios de comunicação social. Os

líderes devem sempre lembrar-se de que obtêm as suas posições de envolvimento dos cidadãos. A qualidade dos nossos líderes (isto é, líderes políticos e altos funcionários públicos) determina o nível da nossa eficácia institucional, e apenas pode servir como um microcosmo para o nosso ser como nação. Mais uma vez, a questão relativa à disfuncionalidade de instituições tais como municípios, departamentos governamentais provinciais e nacionais e empresas públicas só pode espelhar o estado do nosso ser e da nossa realidade como nação. Essencialmente, a pilhagem a escala industrial de recursos públicos pelos nossos próprios funcionários públicos em posições de liderança estabeleceu um novo mínimo. A decisão do Tribunal Constitucional sobre o Parlamento ter abdicado do seu papel de exigir contas ao executivo, e do antigo Presidente violar o seu juramento de posse, são questões que nos devem preocupar se quisermos compreender as nossas realidades actuais e re-humanizar-nos. O relatório da antiga Protectora Pública, Thuli Madonsela, que recomendou uma comissão de inquérito sobre a captura estatal (Protectora Pública 2016), serve como uma tentativa para responsabilizar políticos e altos funcionários públicos no que diz respeito ao uso das verbas fiscais dos contribuintes e outros recursos.

Qual é a nossa crença?

O sistema constitucional na África do Sul é uma fundação que protege a nossa coexistência na nossa diversidade. A Constituição fornece uma base para os nossos direitos, aspirações, e valores fundamentais. As nossas más acções como políticos e altos funcionários públicos - que minam estes direitos, aspirações e valores - criaram inércia na nossa sociedade. O papel da NSG deve ser o de desenvolver múltiplas intervenções para assegurar que a cola que liga a nossa sociedade esteja profundamente enraizada nas nossas instituições públicas, para todos os níveis de emprego, para manter a disciplina, uniformidade, continuidade, eficácia, eficiência e inovação. Além disso, deve ser um baluarte contra o nepotismo, o compadrio, os sistemas de despojos e a incompetência no sector público.

Neste caso, o NSG tem uma importante tarefa à sua frente, no desenvolvimento e manutenção de ferramentas que podem ajudar a determinar a realidade actual do serviço público. A questão de manter o nosso estado constitucional significa que os políticos e os funcionários públicos precisam de estar cientes das nossas necessidades enquanto indivíduos, e a nivel colectivo eles devem funcionar numa sociedade diversificada, tal como delineado no preâmbulo da nossa Constituição. Assim como Paulo Freire afirma em "A Pedagogia do Oprimido", é preciso "libertar o oprimido e o antigo opressor" (Freire 2000). Este deve ser um dos papéis simbióticos da NSG; onde o funcionário público vê a sua interligação com o público numa democracia bem gerida.

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ABSTRACTS OF ARTICLES IN THIS EDITION

RÉSUMÉS DES ARTICLES DE CETTE ÉDITION

SUMÁRIO DOS ARTIGOS NESTA EDIÇÃO

THE NEXUS BETWEEN PUBLIC ADMINISTRATION AND DISASTER MANAGEMENT: A CASE OF COVID-19 IN SOUTH AFRICA

Johnny Masego Pietersen

The outbreak of the COVID-19 pandemic focuses attention on public policy. Globally, the management of natural and human-made disasters is in the realm of public administration. With regard to the discipline of public administration, the relevant theories and concepts for disaster management are on governance, complexity, interdependencies, multiple sectors, multiple jurisdictions and co-production. This article analyses the effectiveness and efficiency of public administration in the management of COVID-19 as a disaster. The inherent question is on the manner in which public policy is utilised to mitigate against COVID-19. An acceptable public policy response is premised on international and national disaster management frameworks. In this regard, the study chronicles developments on policy statements, regulations and directives issued to manage the pandemic in South Africa. As a case study, the policy developments are juxtaposed with public reactions to conclude on the effectiveness and efficiency of public policy. Even though public policy was implemented systematically to contain the spread of infections and mitigate the other socio-economic consequences, certain sections of society have expressed dissatisfaction. Overall, public administration is central to disaster management through public policy; however, a comprehensive policy evaluation process must be undertaken to improve service delivery. An evaluation of regulations and operations during COVID-19 may yield appropriate responses on the state of consultation, public participation, fairness, justice, and transparency.

Keywords: *COVID-19, coronavirus, pandemic, public policy, public administration, complexity, regulations, disaster management.*

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LE LIEN ENTRE L'ADMINISTRATION PUBLIQUE ET LA GESTION DES CATASTROPHES : UN CAS DE COVID-19 EN AFRIQUE DU SUD

Johnny Masego Pietersen

L'apparition de la pandémie de COVID-19 concentre l'attention sur la politique publique. Partout dans le monde, la gestion des catastrophes naturelles et d'origine humaine relève du domaine de l'administration publique. S'agissant de la discipline de l'administration publique, les théories et concepts pertinents en matière de gestion des crises portent sur la gouvernance, la complexité, les interdépendances, de multiples secteurs, de multiples juridictions et la coproduction. Cet article analyse l'efficacité et l'efficience de l'administration publique dans la gestion de COVID-19 en tant que catastrophe. La question intrinsèque est de savoir comment la politique publique est utilisée pour atténuer les effets de COVID-19. Une réponse crédible en termes de politique publique repose sur les cadres internationaux et nationaux de gestion des catastrophes. À cet égard, l'étude fait la chronique des changements effectués sur les déclarations politiques, les règlementations et les directives émises afin de gérer la pandémie en Afrique du Sud. Dans le contexte d'une étude de cas, les changements effectués sur les politiques sont juxtaposés aux réactions du public afin de conclure sur l'efficacité et l'efficience de la politique publique. Même si la politique publique a été mise en œuvre de manière systématique, en vue de contenir la propagation des infections et d'atténuer les autres conséquences socio-économiques, certains secteurs de la société ont exprimé leur mécontentement. Dans l'ensemble, l'administration publique est au cœur de la gestion des catastrophes par le biais de la politique publique ; cependant, un processus d'évaluation globale de la politique doit être entrepris pour améliorer la prestation des services. Une évaluation des réglementations et des opérations dans le contexte de la COVID-19 peut apporter des réponses appropriées sur l'état de la consultation, de la participation publique, de l'équité, de la justice et de la transparence.

Mots-clés : COVID-19, coronavirus, pandémie, politique publique, administration publique, complexité, réglementation, gestion des catastrophes.

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A LIGAÇÃO ENTRE A ADMINISTRAÇÃO PÚBLICA E A GESTÃO DE CATÁSTROFES: UM CASO DE COVID-19 NA ÁFRICA DO SUL

Johnny Masego Pietersen

O surto da pandemia COVID-19 coloca um enfoque na política pública. Globalmente, a gestão de catástrofes naturais e das provocadas pelo homem está no domínio da administração pública. No que diz respeito à disciplina deste sector, as teorias e conceitos relevantes para a gestão de desastres centram-se na governação, complexidade, interdependências, sectores múltiplos, várias jurisdições e co-produção. Este artigo analisa a eficácia e eficiência da administração pública na gestão da COVID-19 como um desastre. A questão inerente é sobre a forma como a política pública é usada para mitigar os efeitos da COVID-19. Uma resposta aceitável das políticas públicas deve basear-se em quadros internacionais e nacionais de gestão de catástrofes. A este respeito, o estudo apresenta a evolução das declarações políticas, regulamentos e directivas emitidas para gerir a pandemia na África do Sul. Como estudo de caso, os desenvolvimentos políticos são justapostos com reacções públicas para chegar a conclusões sobre a eficácia e eficiência das políticas públicas. Embora a política pública tenha sido implementada sistematicamente para refrear a propagação de infecções e mitigar as outras consequências socioeconómicas, esta situação tem suscitado insatisfação em certos sectores da sociedade. De um modo geral, a administração pública é fundamental para a gestão de catástrofes através de políticas públicas; contudo, deve haver um processo abrangente de avaliação de políticas para melhorar a prestação de serviços. Uma avaliação dos regulamentos e operações durante a COVID-19 pode produzir respostas apropriadas sobre o estado de consulta, participação pública, equidade, justiça, e transparência.

Palavras-Chave: *COVID-19, coronavírus, pandemia, política pública, administração pública, complexidade, regulamentos, gestão de desastre*

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SUITABLE LEADERSHIP STYLES FOR THE COVID-19 CONVERGED CRISIS

Davy du Plessis and Charles Keyter

Since the outbreak of the covid-19 pandemic in December 2019, countries worldwide are in crisis. Covid-19 started as a global health crisis that transformed into converging crises due to its severe impact on the life of citizens globally at the social, economic, and political levels. When dealing with the covid-19 crisis, the main question asked is about the type of leadership style required to deal with a converged crisis because there is an interface between the crisis and the leadership style embraced. A leadership style is required to manage a crisis to the general welfare of all. In this regard, this article focusses on the various leadership styles in place; namely, the transformational, transactional, autocratic, democratic and servant leadership styles. The strengths of these different leadership styles were combined to recommend the adaptive leadership style most appropriate in a crisis such as the covid-19 pandemic. The adaptive leadership style has six leading principles for leaders to face adaptive problems. These principles are as follows: first, leaders must reflect and see the broader systemic patterns and dynamics rather than act reactively; second, leaders need to identify adaptive challenges such as the threats experienced. Third, leaders need to regulate distress. Fourth, leaders need to maintain disciplined attention. In the fifth place, leaders need to give the work back to their followers. Lastly, leaders need to protect the voices of the leadership from below. However, since the covid-19 pandemic is not over yet, only time will indicate whether the adaptive leadership style can be the most appropriate leadership style to deal with these converged crises.

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DES STYLES DE LEADERSHIP ADAPTÉS À UNE CONVERGENCE DE CRISES LIÉES À LA COVID-19

Davy du Plessis et Charles Keyter

Depuis l'apparition de la pandémie de COVID-19 en décembre 2019, les pays du monde entier sont en crise. La COVID-19 a commencé comme une crise sanitaire mondiale qui s'est transformée en une convergence de crises en raison de ses effets graves sur la vie de l'ensemble des citoyens, aux niveaux social, économique et politique. La principale question qui se pose face à la crise de COVID-19 est celle de savoir quel type de style de leadership est requis pour faire face à une convergence de crises, car il existe une interface entre la crise et le style de leadership adopté. Il est nécessaire d'appliquer un style de leadership qui permettrait de **gérer une crise dans l'inté**rêt général de tous. À cet effet, le présent article met l'accent sur les différents styles de leadership en place, à savoir, les styles de leadership transformationnel, transactionnel, autocratique, démocratique et serviteur. Les forces de chacun de ces différents styles de leadership ont été fusionnées de manière à recommander le style de leadership adaptatif le plus approprié en situation de crise, telle que celle de la pandémie de COVID-19. Le style de leadership adaptatif comporte six principes de base **élaborés de manière à ce que** les leaders puissent faire face aux problèmes d'adaptation. Ces principes sont les suivants : premièrement, les leaders doivent se pencher sur et comprendre les modèles et dynamiques systémiques profonds plutôt que d'intervenir de manière réactive ; deuxièmement, les leaders doivent identifier les défis liés à l'adaptation tels que les menaces rencontrées. Troisièmement, les leaders doivent pouvoir gérer le degré de **détresse.** Quatrièmement, les leaders doivent être extrêmement attentifs. Cinquièmement, les leaders doivent impliquer leurs partisans dans le travail à accomplir. Pour finir, les leaders doivent permettre à leurs partisans de s'exprimer à tous les niveaux de l'échelle. Cependant, vu que la pandémie de COVID-19 n'est pas encore terminée, seul le temps nous dira si le style de leadership adaptatif peut être le plus approprié pour faire face à cette convergence de crises.

Mots-clés *: COVID-19, styles de leadership, crise sanitaire mondiale, leadership adaptatif, convergence de crises.*

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ESTILOS DE LIDERANÇA ADEQUADOS PARA A CRISE CONVERGENTE LIGADA À COVID-19

Davy Du Plessis e Charles Keyter

Todos os países a nível mundial estão em crise desde o surto da pandemia da COVID-19, em Dezembro de 2019. A COVID-19 começou como uma crise de saúde global que se transformou em crises convergentes devido ao seu grave impacto global na vida dos cidadãos a nível social, económico, e político. Ao lidar com a crise da COVID-19, a principal questão colocada relaciona-se com o tipo de estilo de liderança necessário para lidar com uma crise convergente, uma vez que existe uma interface entre a crise e o estilo de liderança adoptado. Um estilo de liderança é necessário para gerir uma crise para o bem-estar geral de todos. A este respeito, este artigo centra-se nos vários estilos de liderança existentes; nomeadamente, os estilos transformacionais, transaccionais, autocráticos, democráticos e de liderança serviçal. As forças destes diferentes estilos de liderança foram combinadas de forma a recomendar o estilo de liderança adaptativo mais apropriado numa crise como a pandemia da COVID-19. O estilo de liderança adaptativa contém seis princípios orientadores que permitem aos líderes enfrentar problemas de adaptação. Estes princípios são os seguintes: primeiro, os líderes devem reflectir e olhar para os padrões e dinâmicas sistémicas mais vastas em vez de agirem reactivamente; segundo, os líderes precisam de identificar os desafios adaptativos, tais como as ameaças vivenciadas. Em terceiro lugar, os líderes precisam de regular o estresse. Quarto, eles precisam de manter uma vigilância disciplinada. Em quinto lugar, precisam de devolver o trabalho aos seus seguidores. Por último, os líderes devem proteger as vozes da liderança a partir de baixo. Contudo, uma vez que a pandemia da COVID-19 ainda esta em curso, só o tempo indicará se o estilo de liderança adaptativa poderá ser o mais apropriado para lidar com estas crises convergentes.

Palavras-Chave: *COVID-19, estilos de liderança, crise de saúde global, liderança adaptativa, crises convergentes*

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SOUTH AFRICA'S NATIONAL RESPONSE TO COVID-19, WITH SPECIFIC REFERENCE TO SUB-LEVEL GOVERNANCE IN PROVINCES

Riaan de Coning

The COVID-19 pandemic has invoked unprecedented world-wide measures to curb its spread. In South Africa, these measures included an initial hard lockdown followed by a gradual easing of lockdown regulations. The accompanying legislation and regulations made specific provisions for the roles and responsibilities of provinces in this process. At present, provinces are actively dealing with the COVID-19 pandemic. The readiness of provincial healthcare systems will however become more apparent as the pandemic moves towards an expected peak during late 2020. This case study article critically examines government's reaction to the COVID-19 disaster as it unfolded, with specific reference to the sub-level governance of the disaster in provinces. The research employed document analysis to extract key features of the actions taken by Provincial Government to fight the spread of the virus. The findings point to the fact that the governance landscape was amended to support emergency procurement to fight the spread of COVID-19. The implementation of the resultant oversight will be a joint venture between Parliament and national, provincial and local government, as well as the citizenry. Screening and testing gained momentum as it received more priority in South African provinces. The resultant statistics that became available provided more accurate management information for national planning efforts to fight COVID-19. Provinces are still expanding their capacity to deal with the expected influx of COVID-19 patients. The overall readiness of the healthcare system will however become more apparent as the pandemic moves towards its peak. As a case study, the findings will add value to management and leadership courses by focusing attention on the governance prescripts and its application, particularly the manner in which provinces dealt with the effects of the COVID-19 pandemic, as well as retrospective consideration of the effectiveness of the planned management actions as the pandemic unfolds.

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RÉPONSE NATIONALE DE L'AFRIQUE DU SUD À LA COVID-19, AVEC RÉFÉRENCE SPÉCIFIQUE À LA GOUVERNANCE AU NIVEAU PROVINCIAL

Riaan de Coning

La pandémie de COVID-19 a nécessité des mesures sans précédent à l'échelle mondiale pour enrayer sa propagation. En Afrique du Sud, ces mesures ont consisté en un confinement massif initial, suivi d'un assouplissement progressif des règles de confinement. La législation et les règlementations qui s'en sont ensuivies, contiennent des dispositions spécifiques sur les rôles et les responsabilités des provinces dans ce processus. À l'heure actuelle, les provinces se consacrent activement à la pandémie de COVID-19. Le niveau de préparation des systèmes de santé provinciaux deviendra toutefois plus apparent au fur et à mesure que nous nous rapprocherons du pic de la maladie, prévu d'ici fin 2020. Cet article axé sur une étude de cas, examine de manière critique, la réaction du gouvernement face à la crise de COVID-19, à mesure que la maladie évolue, en faisant spécifiquement référence à la gestion de la crise au niveau provincial. À partir d'une analyse de documents, la présente recherche a extrait les principales caractéristiques des mesures prises par le gouvernement provincial pour freiner la propagation du virus. Les résultats indiquent une modification du paysage de la gouvernance pour faciliter les achats d'urgence dans un effort de lutte contre la propagation de COVID-19. Le système de contrôle qui en résulte, sera un projet conjoint mis en œuvre à travers une collaboration entre le parlement, les gouvernements aux niveaux national, provincial et local et les citoyens. Les tests et dépistages, considérés comme prioritaires au niveau des provinces sud-africaines, ont été intensifiés. Les statistiques obtenues indiquent une gestion plus efficace dans un effort de planification nationale visant à lutter contre COVID-19. Les provinces continuent d'accroître leur capacité à faire face à l'afflux prévu de patients atteints de COVID-19. L'état de préparation général du système de santé deviendra toutefois plus apparent à mesure que la pandémie approchera de son apogée. Les résultats tirés de cette étude de cas apporteront une valeur ajoutée aux cours de gestion et de leadership en focalisant l'attention sur les prescriptions en matière de gouvernance et leur application, en particulier sur la manière dont les provinces ont fait face aux effets de la pandémie de COVID-19, ainsi que sur l'examen rétrospectif de l'efficacité des mesures de gestion prévues à mesure que la pandémie évolue.

Mots-clés : *COVID-19, confinement, gouvernance à un niveau inférieur, contrôle, systèmes de santé.*

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A RESPOSTA NACIONAL DA ÁFRICA DO SUL À COVID-19, COM REFERÊNCIA ESPECÍFICA À GOVERNAÇÃO A NÍVEL PROVINCIAL

Riaan de Coning

A pandemia da COVID-19 recorreu a medidas mundiais sem precedentes para refrear a sua propagação. Na África do Sul, estas medidas incluíram um confinamento inicial duro seguido de uma flexibilização gradual dos regulamentos aplicáveis. A legislação e os regulamentos acompanhantes estabeleceram disposições específicas para os papéis e responsabilidades das províncias em relação a este processo. Actualmente, as províncias estão a lidar activamente com a pandemia da COVID-19. A prontidão dos sistemas provinciais de saúde tornar-se-á contudo mais aparente à medida que a pandemia avança rumo a um pico esperado no final de 2020. Este artigo de estudo de caso examina criticamente a reacção do governo ao desastre da COVID-19 em curso, com referência específica ao seu sub-nível de governação nas províncias. A investigação recorreu à análise documental para extrair as principais características das acções tomadas pelo Governo Provincial no combate à propagação do vírus. As conclusões apontam para o facto de o panorama da governação ter sido alterado para apoiar aquisições emergenciais para combater a disseminação do vírus. A implementação do controlo resultante será um empreendimento conjunto entre o Parlamento e os governos nacionais, provinciais e locais, bem como os cidadãos. O rastreio e os testes ganharam ímpeto ao receberem mais prioridade nas províncias sul-africanas. As estatísticas resultantes que se tornaram disponíveis forneceram informações de gestão mais precisas para os esforços de planeamento nacional no combate à COVID-19. As províncias estão ainda a expandir a sua capacidade para lidar com o afluxo esperado de pacientes com COVID-19. A prontidão geral do sistema de saúde tornar-se-á contudo mais aparente à medida que a pandemia avança para o seu auge. Como estudo de caso, os resultados acrescentarão valor aos cursos de gestão e liderança, ao passo que a atenção se irá concentrar nas prescrições de governação e na sua aplicação, particularmente no modo como as províncias abordaram os efeitos da pandemia da COVID-19, bem como na consideração retrospectiva da eficácia das acções de gestão planeadas à medida que a pandemia se desencadeia.

Palavras-Chave: *COVID-19, confinamento, governação de sub-nível, supervisão, sistemas de saúde*

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PROVISION OF WATER AND SANITATION DURING THE COVID-19 CRISIS: COMPARATIVE CASE STUDY IN PREDOMINANTLY URBAN AND PREDOMINANTLY RURAL PROVINCES

Motlagabo Gladys Matseke

The South African Local Government still faces challenges in the delivery of basic services such as water and sanitation post-apartheid. This is concerning as access to clean water and proper sanitation is especially important during the coronavirus national state of disaster, where the use of water is central for constant hand hygiene in the prevention of the spread of the novel coronavirus. This case study focuses on the supply of clean water and sanitation in Limpopo and Eastern Cape as predominantly rural provinces in comparison to Gauteng and Western Cape as predominantly urban provinces. There seems to be improved access to water and sanitation during the COVID-19 crisis across both predominantly rural and predominantly urban provinces. This is due to the supply and distribution of water tanks, trucks, and hygiene material by the National Department of Water and Sanitation to both areas; largely determined according to where they were needed most. Some challenges have also been noted in both predominantly rural and predominantly urban provinces, with both areas needing attention. The efforts, commitment, and collaboration across national, provincial, and local spheres of government including the provincial water entities in ensuring the provision of water and sanitation services to needy communities should be sustained beyond the COVID-19 crisis.

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APPROVISIONNEMENT EN EAU ET ACCÈS À L'ASSAINISSEMENT EN PÉRIODE DE COVID-19 : ÉTUDE DE CAS COMPARATIVE DANS DES PROVINCES À PRÉDOMINANCE URBAINE ET RURALE

Motlagabo Gladys Matseke

Le gouvernement local sud-africain reste confronté à des défis dans la fourniture de services de base tels que l'accès à l'eau et à l'assainissement post-apartheid. Ceci est d'autant plus préoccupant car l'accès à l'eau potable et à un assainissement adéquat est particulièrement important en situation d'état de catastrophe nationale en raison de l'épidémie de coronavirus, où l'utilisation de l'eau est centrale pour une hygiène constante des mains dans la prévention de la propagation du nouveau coronavirus. Cette étude de cas se concentre sur l'approvisionnement en eau potable et l'accès à l'assainissement dans les provinces du Limpopo et du Cap-Oriental, à prédominance rurale, par rapport aux provinces du Gauteng et du Cap-Occidental, à prédominance urbaine. Il semble qu'il y ait eu une amélioration au niveau de l'accès à l'eau et à l'assainissement pendant la crise de COVID-19 dans les provinces à prédominance rurale et urbaine. Cela est dû à la fourniture et à la distribution de réservoirs d'eau, de camions et de kits d'hygiène par le Ministère national de l'eau et de l'assainissement dans les deux régions, en fonction des besoins. Certains problèmes ont également été constatés dans les provinces à prédominance rurale et dans les provinces à prédominance urbaine, ces deux zones nécessitant une attention particulière. Les efforts, l'implication et la collaboration entre les sphères nationales, provinciales et locales du gouvernement, y compris les entités provinciales en charge de l'eau, déployés pour assurer la fourniture de services d'eau et d'assainissement aux communautés nécessiteuses, devraient être maintenus au-delà de la crise de COVID-19.

Mots-clés : COVID-19, eau et assainissement, prestation de services, Limpopo, Cap-Oriental, Cap-Occidental, Gauteng

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ABASTECIMENTO DE ÁGUA E SANEAMENTO DURANTE A CRISE DA COVID-19: ESTUDO DE CASO COMPARATIVO EM PROVÍNCIAS PREDOMINANTEMENTE URBANAS E RURAIS

Motlagabo Gladys Matseke

O governo local Sul-Africano pós-apartheid ainda enfrenta desafios na prestação de serviços básicos, tais como água e saneamento básico. Isto é preocupante uma vez que o acesso a água limpa e saneamento adequado é especialmente importante durante o estado de desastre nacional do coronavírus, onde o uso da água é fundamental para a higiene constante das mãos a fim de prevenir a propagação do novo coronavírus. Este estudo de caso concentra-se no fornecimento de água limpa e saneamento em Limpopo e Cabo Oriental como províncias predominantemente rurais em comparação com Gauteng e Cabo Ocidental que são províncias dominantemente urbanas. Parece haver um melhor acesso à água e ao saneamento durante a crise da Covid-19, tanto em províncias predominantemente rurais como urbanas. Isto deve-se ao fornecimento e distribuição de tanques de água, camiões, e material de higiene pelo departamento nacional de água e saneamento a ambas as áreas; amplamente determinado de acordo com o local onde são mais necessários. Alguns desafios também foram observados tanto em províncias predominantemente rurais como urbanas, com ambas as áreas a necessitarem de atenção. Os esforços, compromisso e colaboração entre as esferas de governo nacional, provincial e local, incluindo as entidades provinciais responsáveis, para garantir o fornecimento de serviços de água e saneamento às comunidades carenciadas devem ser mantidos para além da crise da Covid-19

Palavras-Chave: *covid-19,* água e saneamento*, entrega de serviços, Limpopo, Cabo Oriental, Cabo Ocidental, Gauteng*

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DEPLOYMENT OF THE SOUTH AFRICAN NATIONAL DEFENCE FORCE FOR COVID-19: A CASE STUDY ON GOVERNANCE

Petrus C. Bester, Sonja Els, Laetitia Olivier

Since the World Health Organization declared COVID-19 a worldwide pandemic it has had a severe impact on South African citizens. On 23 March 2020, South African President Cyril Ramaphosa declared a nationwide lockdown to "flatten the curve" of infection by COVID-19. The South African National Defence Force (SANDF) was deployed in support of the South African Police Service in what is known as Operation NOTLELA. The domestic nature of this deployment (also read employment) raised various concerns, which provided a compelling case to evaluate governance in action. This study applies the incremental case study as a strategy for inquiry and uses interpreted governance as a process with the purpose of steering organisations, whether public or private, in the right direction; through various mechanisms such as participation, decentralisation, rule of law, process, accountability, oversight, ethics and transparency; ultimately using it as a diagnostic tool for governance to analyse the case. Based on the assumption that governance and law are interlinked, the study examined the South African Constitution as the supreme law of the country that provides the legal framework for all legal and political institutions and subsequent policies. The study revealed that the Constitution and other relevant legislation, such as, *inter alia*, the Disaster Management Act No. 57 of 2002, the Defence Act No. 42 of 2002 and the Interim Constitution of 1993, mandated the domestic deployment of the SANDF motivated by a health and security nexus. It is further supported by the SANDF's highest level policy, namely the South African Defence Review 2015. An analysis of the legal framework and processes followed confirmed the legality of the deployment, but a number of shortcomings were identified regarding the steering mechanisms for governance. It was especially during the case of Khosa and Others v Minister of Defence and Others (2020) that shortcomings in terms of ethics (framework for guiding behaviour), rule of law, decentralisation, oversight, and accountability were identified. The centralisation of power to the COVID-19 Command Council had a detrimental effect on decentralisation, transparency, participation and accountability; especially for civil society organisations. Various conclusions and recommendations are made, especially with respect to the conduct of officials, who might create perceptions and undermine the effect of steering mechanism already in place. Ultimately, this case study can be utilised to ensure that those matters that have been omitted or neglected can be corrected in the future utilisation of the military and that those that dealt with correctly are maintained in future.

Keywords: COVID-19, governance, South African National Defence Force, SANDF deployment, Defence Act, disaster management

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DÉPLOIEMENT DE LA FORCE DE DÉFENSE NATIONALE SUD-AFRICAINE EN RAISON DE LA COVID-19 : UNE ÉTUDE DE CAS SUR LA GOUVERNANCE

Petrus C. Bester, Sonja Els, Laetitia Olivier

Depuis que l'Organisation mondiale de la santé a déclaré que la COVID-19 constituait une pandémie mondiale, elle a eu de graves répercussions sur les citoyens sud-africains. Le 23 mars 2020, le Président Sud-Africain Cyril Ramaphosa a décrété le confinement national pour «aplatir la courbe» des flambées de COVID-19. La force de défense nationale sud-africaine (SANDF) a été déployée pour soutenir les forces de police sud-africaines dans le cadre de l'opération NOTLELA. La nature nationale de ce déploiement (à lire aussi dans le sens d'emploi) a soulevé diverses préoccupations, qui plaident avec force pour une évaluation de la gouvernance en action. La présente applique l'étude de cas progressive comme stratégie d'enquête et a recours à la gouvernance interprétée comme processus ayant pour but d'orienter les organisations, qu'elles soient publiques ou privées, dans la bonne direction, par le biais de divers mécanismes tels que la participation, la décentralisation, l'État de droit, le processus, la redevabilité, le contrôle, l'éthique et la transparence, de sorte à l'utiliser comme outil de diagnostic de la gouvernance dans le cadre de l'analyse de cas. Partant de l'hypothèse qu'il y a une corrélation entre la gouvernance et le droit, l'étude a examiné la Constitution sud-africaine comme loi suprême du pays qui établit le cadre juridique de toutes les institutions juridiques et politiques ainsi que les politiques qui en découlent. L'étude a révélé que la Constitution et autres textes de loi pertinents, tels que, *inter alia*, la Loi n° 57 de 2002 sur la gestion des catastrophes, la Loi n° 42 de 2002 sur la défense et la Constitution provisoire de 1993, imposaient le déploiement national de la SANDF pour des raisons liées à la santé et à la sécurité. Elle est en outre soutenue par la politique de la SANDF au plus haut niveau, à savoir le South African Defence Review 2015. Une analyse du cadre juridique et des processus suivis a confirmé la légalité du déploiement, mais un certain nombre de lacunes ont été identifiées en ce qui concerne les mécanismes de pilotage de la gouvernance. C'est notamment dans l'affaire qui oppose *Khosa et autres au ministre de la D*éfense et autres (2020) que des lacunes ont été identifiées en termes d'éthique (cadre d'orientation du comportement), d'État de droit, de décentralisation, de contrôle et de redevabilité. La centralisation du pouvoir au niveau du Conseil de pilotage en phase de COVID-19 a eu un effet néfaste sur la décentralisation, la transparence, la participation et la redevabilité ; en particulier pour les organisations de la société civile. Diverses conclusions et recommandations ont été formulées, notamment en ce qui concerne la conduite des agents de la fonction publique, qui pourrait créer des perceptions et saper l'effet du mécanisme de pilotage déjà en place. En fin de compte, cette étude de cas peut être utilisée pour s'assurer que les questions qui ont été omises ou négligées puissent être corrigées dans le recours futur à l'armée et que celles qui ont été traitées correctement soient maintenues à l'avenir.

Mots-clés : COVID-19, gouvernance, force de défense nationale sud-africaine, déploiement de la SANDF, Loi sur la défense, gestion des catastrophes

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DESTACAMENTO DA FORÇA DE DEFESA NACIONAL SUL-AFRICANA PARA A COVID-19: UM ESTUDO DE CASO SOBRE GOVERNAÇÃO

Petrus C. Bester, Sonja Els, Laetitia Olivier

Desde que a Organização Mundial de Saúde declarou a COVID-19 uma pandemia mundial, esta teve um impacto severo nos cidadãos sul-africanos. A 23 de Março de 2020, o Presidente Sul-Africano Cyril Ramaphosa declarou um confinamento a nível nacional para "achatar a curva" da infecção causada pelo vírus. A Força de Defesa Nacional Sul-Africana (SANDF) foi destacada para apoiar o Serviço de Polícia Sul-Africano na chamada Operação NOTLELA. A natureza doméstica deste destacamento (leia-se também emprego) suscitou várias preocupações, o que constituiu um argumento convincente para avaliar a governação em acção. Este estudo aplica o estudo de caso incremental como uma estratégia de inquérito e usa a governação interpretada como um processo com o objectivo de dirigir organizações, públicas ou privadas, na direcção certa; através de vários mecanismos tais como participação, descentralização, Estado de Direito, processo, responsabilização, supervisão, ética e transparência; utilizando-o, em última análise, como instrumento de diagnóstico para a governação para analisar o caso. Com base no pressuposto de que a governação e o direito estão interligados, o estudo examinou a Constituição Sul-Africana como a lei suprema do país que constitui o quadro legal para todas as instituições legais e políticas subsequentes. O estudo revelou que a Constituição e outra legislação relevante, tais como, entre outras, a Lei de Gestão de Desastres nº 57 de 2002, a Lei de Defesa nº 42 de 2002 e a Constituição Provisória de 1993, mandataram o destacamento doméstico da SANDF motivado por um nexo de saúde e segurança. *É ainda apoiada pela política de mais alto nível da SANDF, nomeadamente a Revisão da Defesa Sul-Africana* de 2015. Uma análise do quadro legal e dos processos seguidos confirmou a legalidade do destacamento, mas foram identificadas várias deficiências no que diz respeito aos mecanismos de gestão da governação. Foi especialmente durante o caso de Khosa e Outros contra o Ministro da Defesa e Outros (2020) que foram identificadas deficiências em termos de ética (quadro de orientação do comportamento), Estado de Direito, descentralização, supervisão, e responsabilização. A centralização do poder para o Conselho de Comando da COVID-19 teve um efeito prejudicial na descentralização, transparência, participação e imputabilidade; especialmente para as organizações da sociedade civil. São feitas várias conclusões e recomendações, especialmente no que diz respeito à conduta dos funcionários, que podem criar percepções e minar o efeito do mecanismo de gestão já em vigor. Em última análise, este estudo de caso pode ser usado para assegurar que os assuntos que foram omitidos ou negligenciados possam ser corrigidos em operações militares futuras e que aqueles que foram geridos correctamente possam ser mantidos no futuro.

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WHY IS COVID-19 DIFFERENT TO OTHER PANDEMICS? ASSESSING THE GENDERED IMPACT OF COVID-19 ON POOR BLACK WOMEN IN SOUTH AFRICA

Nitasha Ramparsad

This article builds on the work of Elena Moore (2020). She looks at multi-generational households headed by women in employment. The first article examined the possible impact of COVID-19 on old age grant-receiving households. Moore questions whether, if disease enters a household, it will have different impacts depending on the family, family assets, levels of domestic violence and levels of poverty. This article looks at the specific impact on the impact of COVID-19 as the disease referred to by Moore and its impacts on poor black women in South Africa during the lockdown period, which began on 26 March 2020. The working class poor black women who are perhaps maids or nannies is discussed with reference to their experience during the pandemic. The plight of the informal sector and the inclusion of vendors is also unpacked with reference to the effect of the pandemic on this sector. The article is based on desktop research and makes reference to media coverage provided by the Daily Maverick during lockdown levels 5 and 4, respectively. The relief provided by the State for poor black women is also explored in terms of accessibility. Recommendations are provided for a more inclusive response to the plight of poor black households during a pandemic. In addition, the spatial issues created by the need for social distancing during a pandemic are looked at in terms of the legacy of apartheid and the spatial issues experienced in townships and informal settlements. The article concludes by providing broad interventions that can be explored by the State in providing a more holistic response to the poor; specifically poor black women living in South Africa.

Keywords: COVID-19, gendered impact, black women, townships, informal settlements, poverty

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POURQUOI COVID-19 EST-ELLE DIFFÉRENTE DES AUTRES PANDÉMIES ? ÉVALUER L'IMPACT DE COVID-19 SUR LES FEMMES NOIRES PAUVRES EN AFRIQUE DU SUD

Nitasha Ramparsad

Cet article s'appuie sur les travaux d'Elena Moore (2020). Elle s'intéresse aux ménages multigénérationnels dont les chefs de famille sont des femmes avec un emploi. Le premier article examine l'impact possible de COVID-19 sur les ménages recevant une allocation vieillesse. Moore pose la question de savoir si la maladie venait à s'infiltrer dans un ménage, aurait-elle des répercussions différentes selon la famille, les biens familiaux, les niveaux de violence domestique et les niveaux de pauvreté ? Cet article examine l'impact spécifique de COVID-19, dont Moore fait référence, et ses répercussions sur les femmes noires pauvres en Afrique du Sud pendant la période de confinement, qui a débuté le 26 mars 2020. L'auteur traite des femmes noires de la classe ouvrière pauvre, souvent, employées comme bonnes ou nourrices, en référence à leur expérience pendant la pandémie. La situation critique du secteur informel et l'inclusion des vendeurs sont également abordées en référence aux effets de la pandémie sur ce secteur. L'article est basé sur une recherche documentaire et fait référence à la couverture médiatique du Daily Maverick pendant les niveaux 4 et 5 de confinement. L'assistance apportée par l'État aux femmes noires pauvres est également examinée en termes d'accessibilité. Des recommandations sont élaborées pour une réponse plus inclusive à la situation critique des ménages noirs pauvres en période de pandémie. En outre, les questions spatiales qui sont nées de la nécessité d'une distanciation sociale en temps de pandémie, sont examinées en termes d'héritage de l'apartheid et des problèmes spatiaux vécus dans les townships et les établissements informels. L'article se termine en proposant un large éventail d'interventions que l'Etat pourrait envisager afin d'assurer une réponse plus holistique aux questions liées aux pauvres et plus particulièrement, aux femmes noires pauvres vivant en Afrique du Sud.

Mots-clés : *COVID-19, impact sexospécifique, femmes noires, townships, établissements informels, pauvreté.*

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PORQUE É QUE A COVID-19 É DIFERENTE DE OUTRAS PANDEMIAS? AVALIAÇÃO DO SEU IMPACTO EM TERMOS DE GÉNERO SOBRE AS MULHERES NEGRAS POBRES NA ÁFRICA DO SUL

Nitasha Ramparsad

Este artigo baseia-se no trabalho de Elena Moore (2020). Ela analisa famílias de várias gerações chefiadas por mulheres empregadas. O primeiro artigo examinou o possível impacto da COVID-19 nas famílias de idosos que recebem subsídios. Moore questiona se os impactos da doença no seio de um agregado familiar serão diferentes consoante a família, os bens familiares, os níveis de violência doméstica e os índices de pobreza. Este artigo analisa o impacto específico na prevalência da COVID-19 como a doença referida por Moore, e os seus efeitos sobre as mulheres negras pobres da África do Sul durante o período de confinamento, que teve início a 26 de Março de 2020. As mulheres negras pobres da classe trabalhadora que são talvez empregadas domésticas ou amas é discutida com referência à sua experiência durante a pandemia. A situação do sector informal e a inclusão de vendedores é também analisada com referência ao efeito da pandemia sobre este sector. O artigo baseia-se em pesquisa no ambiente de trabalho e faz referência à cobertura mediática fornecida pelo Daily Maverick durante o confinamento a nível 5 e 4, respectivamente. O alívio proporcionado pelo Estado às mulheres negras pobres é também explorado em termos de acessibilidade. São feitas recomendações para uma resposta mais inclusiva à situação das famílias negras pobres durante uma pandemia. Além disso, as questões espaciais criadas pela necessidade de distanciamento social durante uma pandemia são analisadas em termos do legado do apartheid e das questões de espaço vividas em bairros e assentamentos informais. O artigo termina por sugerir intervenções amplas que podem ser exploradas pelo Estado para dar uma resposta mais holística aos pobres; especificamente às mulheres negras desfavorecidas que vivem na África do Sul.

Palavras-Chave: *COVID-19, COVID 19, impacto no género, mulheres negras, bairros periféricos, assentamentos informais, pobreza*

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THE EFFECT OF COVID-19 ON WORK ARRANGEMENTS IN THE SOUTH AFRICAN PUBLIC SERVICE

Jacqueline Nkate

The COVID-19 pandemic has caused disruption all over the world and changed the way people work, interact and behave. Since the beginning of the COVID-19 outbreak in South Africa, the public service has been playing a key role in terms of developing and issuing relevant regulations for the mitigation of the impact of the COVID-19 pandemic on society and the economy, and implementing measures to enforce compliance therewith. The public service has also been providing essential services to citizens during the crisis. This study analyses the effect of the COVID-19 pandemic on the work arrangements in the South African public service to identify the practices and tools that have been implemented in response to the COVID-19 pandemic, which can possibly be adopted post COVID-19 to improve efficiency in the public service. A document analysis method was employed to obtain insights and knowledge on this topic and to answer the research questions. The study reveals that the COVID-19 pandemic has affected the way in which the public service operates, which necessitated a review of existing policies, practices and systems and, in some cases, the development of new ones. To adequately respond to the pandemic, the public service had to implement administrative controls to cater for the management of leave; flexible work arrangements; the acquisition of human resources; and the delivery of frontline services. The COVID-19 pandemic has afforded the public service an opportunity to 'pilot' flexible working arrangements, integrate technology into its operations, and assess its readiness to fully exploit technology to improve efficiency.

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L'EFFET DE LA COVID-19 SUR LES MODALITÉS DE TRAVAIL DES SERVICES PUBLICS SUD-AFRICAINS

Jacqueline Nkate

La pandémie de COVID-19 a provoqué des perturbations dans le monde entier et a changé la façon dont les gens travaillent, interagissent et se comportent. Depuis le début de l'épidémie de COVID-19 en Afrique du Sud, les services publics ont joué un rôle clé dans l'élaboration et la publication de réglementations pertinentes visant à atténuer l'impact de la pandémie de COVID-19 sur la société et l'économie, et dans la mise en place de mesures visant à faire respecter ces réglementations. Les services publics ont également fourni des services essentiels aux citoyens pendant la crise. Cette étude analyse l'effet de la pandémie de COVID-19 sur les modalités de travail des services publics sud-africains, afin d'identifier les pratiques et les outils qui ont été mis en œuvre en réponse à la pandémie de COVID-19, qui peuvent éventuellement être adoptés au lendemain de la COVID-19, en vue d'améliorer l'efficience des services publics. Les informations et perspectives sur le sujet dont il est question, ainsi que les réponses aux questions de la recherche, sont tirées de l'analyse de documents. L'étude révèle que la pandémie de COVID-19 a affecté le mode de fonctionnement du service public, ce qui a nécessité un examen des politiques, pratiques et systèmes existants et, dans certains cas, l'élaboration de nouveaux. Pour faire face de manière adéquate à la pandémie, le service public a dû mettre en place des contrôles administratifs pour assurer la gestion des congés, des modalités de travail flexibles, des achats et des ressources humaines et la prestation de services nécessitant un contact direct avec la clientèle. La pandémie de COVID-19 a donné au service public l'occasion de tester des modalités de travail flexibles, d'intégrer la technologie dans ses opérations et d'évaluer sa capacité à exploiter pleinement la technologie en vue d'obtenir une meilleure efficience.

Mots-clés : COVID-19, télétravail, service public, confinement, gestion de crise.

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O EFEITO DA COVID-19 EM MODALIDADES LABORAIS NO SERVIÇO PÚBLICO SUL-AFRICANO

Jacqueline Nkate

A pandemia da COVID-19 causou perturbações em todo o mundo e mudou a forma como as pessoas trabalham, interagem e se comportam. Desde o início do surto da doença na África do Sul, o serviço público tem desempenhado um papel fundamental em termos de desenvolvimento e emissão de regulamentos relevantes para a atenuação do impacto doença na sociedade e na economia, e de implementação de medidas para impor o seu cumprimento. O serviço público também tem vindo a prestar serviços essenciais aos cidadãos durante a crise. Este estudo analisa o efeito da pandemia da COVID-19 nos arranjos de trabalho no serviço público Sul-Africano para identificar as práticas e ferramentas que têm sido implementadas em resposta a esta pandemia e que podem eventualmente ser adoptadas após a COVID-19 para melhorar a eficiência no serviço público. Foi empregue um método de análise documental para obter perspectivas e conhecimentos sobre este tópico e para responder às questões de pesquisa. O estudo revela que a pandemia da COVID-19 afectou a forma como o serviço público funciona, o que exigiu uma revisão das políticas, práticas e sistemas existentes e, em alguns casos, o desenvolvimento de novos. Para dar uma resposta adequada à pandemia, o serviço público teve de implementar controlos administrativos para a gestão de absentismo; arranjos de trabalho flexível; a aquisição de recursos humanos; e a prestação de serviços de linha da frente. A pandemia da COVID-19 proporcionou ao serviço público uma oportunidade de "pilotar" acordos de trabalho flexível, integrar tecnologia nas suas operações, e avaliar a sua prontidão no sentido de explorar plenamente a sua capacidade tecnológica para melhorar a eficiência.

Palavras-Chave: COVID-19, trabalho à distância, serviço público, confinamento, gestão de crise.

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REVIEW OF SELECTED KNOWLEDGE DATABASES ON COVID-19

Mmakwena Molala and Thean Potgieter[1]

On 11 March 2020, the World Health Organization (WHO) proclaimed COVID-19 as a global pandemic. The scale at which it spread across the world caused considerable concern and fear as it quickly resulted in millions of infections and truly staggering death rates in many countries. To manage COVID-19, countries instituted emergency health measures as advised by the WHO, their own Departments of Health and local scientific experts.

Knowledge is certainly power in the ongoing global battle against COVID-19. However, the challenge is that that too much information is available online and even news could be questionable or untrustworthy. As much new data is generated daily, it is crucial to ensure that the reliable information reaches people as fake news and misleading information could add to panic and anxiety (Simpson and Conner 2020). Proper information leads to better knowledge and understanding, which eliminates fear and in this case will contribute to the proper management of the pandemic. Knowledge is regarded as an outcome of using information to interpret data (Boisot, 2002) and our experience over time should be managed (also through the use of technology) to create new knowledge and understanding (Becerra-Fernandez and Sabherwal 2015:9). However, will the COVID-19 information experience enhance our capacity to manage knowledge in future?

This review of some of the existing knowledge databases on COVID-19 is based on the premise that they should be assessable and well organized, easy to navigate, open access sources, and updated with the latest information, while researched articles should ideally be peer-reviewed. As there is a plethora of databases internationally, the knowledge databases discussed in this review are not comprehensive, but rather represent some noteworthy international, regional and national databases, as well as databases created by NGOs, centres of research and learning, public and private organisations. The use of knowledge has three main themes: awareness of the problem of knowledge usage, framework for learning from experience, and methods for evaluating the value of knowledge (Massingham 2019). The COVID-19 knowledge databases reviewed were selected due to their objectives and capacity to contribute towards broader knowledge creation and dissemination.

INTERNATIONAL DATABASES

The international response COVID-19 is guided by the WHO, national health infrastructures, NGOs, and institutions of research and learning analysing the impact of COVID-19. Many databases are of specific relevance as information is available in multiple languages. The following international databases are of note:

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1   South African National School of Government.

World Health Organization (WHO) Research Database

The WHO research database provides access to the latest international and multilingual scientific knowledge on COVID-19. The WHO coordinates COVID-19 reporting from various countries on the management of the pandemic, as well as infection, death and recovery statistics. This includes the sharing of best practices amongst member states. Literature cited by WHO is updated daily through comprehensive searches of scientific articles. This database is a comprehensive multilingual source providing the global community with reliable information in the following languages: Arabic, Chinese, English, French, German, Hindi, Portuguese, Russian, and Spanish.

Availability: All information and access related to COVID-19 (including webinars) is free.
Website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019.

American Association for the Advancement of Science

The Science Journals portal of the American Association for the Advancement of Science provides access to foremost and timely research results, analysis, and news coverage on COVID-19 and the Coronavirus.

Availability: All content is free to access.
Website: https://www.sciencemag.org/collections/coronavirus.

***BMJ* Coronavirus (COVID-19) Hub**

The *British Medical Journal* (*BMJ*) is one of the world's oldest peer-reviewed general medical journals. The *BMJ* Coronavirus (COVID-19) Hub supports health professional and researchers with practical guidance, online CPD courses, and the latest news. Its global coronavirus research adds useful evidence to our understanding of the pandemic.

Availability: The content is free and updated daily.
Website: https://www.bmj.com/coronavirus.

Cambridge Core

Cambridge Core is the home of academic content belonging to Cambridge University Press. Cambridge Core publishes recent research relevant to COVID-19 and provides access to a growing body of research.

Availability: Free to access.
Website: https://www.cambridge.org.

Chinese Medical Association COVID-19 Platform

The Chinese Medical Association (CMA) developed a COVID-19 academic research communication platform with information on the role of medical education, training and professional exchanges. It is a network of societies, scientists, research institutes, treatment centres, hospitals, ministries, public health agencies, and patient support organisations. The association also conducts research into cancer patients affected by the pandemic, and provides recommendations to physicians caring for such patients.

Availability: Coronavirus free access collection.
Website: https://www.uicc.org/membership/chinese-medical-association.

Cochrane Library

The Cochrane Library is a collection of medical and healthcare databases by Cochrane and other organisations. At the core of the collection is the Cochrane Reviews, providing in-depth meta-analyses, summaries, and interpretations of medical research results. Cochrane's COVID-19 sources provide access to high-quality research to support evidence based decision-making aimed at combating the virus.

Availability: Coronavirus free access collection.
Website: https://www.cochranelibrary.com.

Elsevier

Elsevier is an information and analytics company specializing in scientific, technical, and medical content. Its Novel Coronavirus Information Centre publishes expert information for the research and health community on SARS-cov-2 (the novel coronavirus) and COVID-19 (the disease). Elsevier created a range of free access resources which includes evidence-based clinical guidance and more than 41,000 research articles to read, download and data mine. The collection is inclusive of a comprehensive list of early-stage (see SSRN below) and the latest peer reviewed research on COVID-19 from journals which includes *The Lancet* and *Cell Press*.

Availability: All resources are free to access, including guidelines for clinicians and patients.
Website: https://www.elsevier.com.

European Centre for Disease Prevention and Control

The European Centre for Disease Prevention and Control (ECDC) is an agency of the European Union. It has a dedicated COVID-19 pandemic portal that closely monitors its outbreak and provides regular epidemiological and risk management updates. The portal provides global epidemiological updates, as well as maps and infection data.

Availability: Coronavirus free access collection.

Website: http://www.ecdc.europa.eu/en/covid-19-pandamic.

JAMA Network

The *JAMA* Network is an open access medical journal published by the American Medical Association covering all aspects of the biomedical sciences. The *JAMA* Network COVID-19 collection includes a question and answer portal, access to an interactive map, and research on vaccine development, infection control and public health preparedness. It also indicates the spread of the virus across continents.

Availability: Coronavirus free access collection.
Website: https://www.jamanetwork.com/journals/jama/pages/coronavirus-alert.

Johns Hopkins Coronavirus Resource Center

The Coronavirus Resource Center of the Johns Hopkins University incorporates analysis, data and facts from experts across the institution in global public health, infectious disease, and emergency preparedness. As the Resource Center provides considerable updated information, news and infographics on the unfolding global nature of the pandemic, it is an important source for the public and policymakers alike.

Availability: All COVID-19 content is free to access.
Website: https://coronavirus.jhu.edu/.

The Lancet

The Lancet, a weekly peer-reviewed journal, is one of the oldest and best-known general medical journals in the world. The COVID-19 Resource Centre of *The Lancet* aims to assist health workers and researchers in their efforts to bring this outbreak to a close. This Resource Centre provides access to COVID-19 content from across the world as published in *The Lancet* journals.

Availability: All COVID-19 content is free to access.
Website: https://www.thelancet.com/coronavirus.

LitCovid

LitCovid is an online hub created by the US National Library of Medicine to assist with providing credible scientific information on COVID-19 and is regarded as 'the most comprehensive resource' on the '2019 novel Coronavirus'. It is a curated literature hub with up-to-date scientific information and access to more than 70 000 relevant articles (categorized by topic and geographic location). In addition it offers general medical information relating to, amongst others, treatment mechanisms, diagnosis, transmissions, specific patient case studies, prevention measures, as well as COVID-19 forecasting.

Availability: it is an open access database.
Website: https://www.ncbi.nlm.nih.gov/research/coronavirus/docsum.

The *New England Journal of Medicine*

The *New England Journal of Medicine* provides a collection of articles and other resources on COVID-19 including clinical reports, management guidelines and commentary. The webpage provides access to videos on clinical medicine.

Availability: Coronavirus free access collection.
Website: http://www.nejm.org/coronavirus.

Oxford Academic Journals

The COVID-19 Information Hub of Oxford University Press has made content from online resources and leading journals on the pandemic freely accessible to assist researchers, medical professionals, policy makers, and others working to address the health crisis.

Availability: Coronavirus free access collection.
Website: https://academic.oup.com/journals.

PLOS Blogs

The PLOS Blogs network is a non-profit, open access publisher empowering researchers to accelerate progress in science and medicine by leading transformation in research communication. PLOG Blogs supports the global response to COVID-19 by sharing relevant research findings.

Availability: Coronavirus free access collection.
Website: https://plos.org/blogs/.

Springer Nature

Springer Nature is a global publisher dedicated to providing the best possible service to research communities. In supporting the global response to COVID-19, Springer Nature provides direct access to the latest available research, evidence, and data.

Availability: Free access to COVID-19 journal and book content.
Website: https://www.springernature.com/gp.

Social Science Research Network (SSRN)

SSRN's Coronavirus and Infections Disease Research page provides early-stage research to assist researchers, medical professionals, public health authorities and the public to understand, contain and manage this disease. The SSRN preprint (supported by Elsevier) is aimed at rapid worldwide dissemination of early-stage coronavirus-related research. It must be noted that papers did not go through a peer-review process (to validate and improve the quality of published material).

Availability: Coronavirus free access collection.
Website: https://www.ssrn.com/index.cfm/en/coronavirus.

Wiley Online Library

The Wiley COVID-19 resource portal aims to provide researchers, educators, and professionals with access to the latest research and share examples of how community is uniting and evolving during this pandemic.

Availability: Coronavirus free access collection.
Website: https://novel-coronavirus.onlinelibrary.wiley.com.

United Nations Children's Fund (UNICEF)

The UNICEF Coronavirus disease (COVID-19) Information Centre provides access to recent COVID-19 news and resources. UNICEF is working with health experts to promote facts over fear and provide trustworthy guidance to parents, caregivers and educators for personal and family protection.

Availability: Coronavirus free access collection.
Website: https://www.unicef.org.

AFRICA-WIDE SOURCES

African Union (AU)

As a continental body with 55 member states the AU has an important role to play in coordinating member states in managing the COVID-19 pandemic. It created a platform for sharing experiences, prevention measures, health management, and in some cases it solicited support and resources for member states. The AU also developed a COVID-19 Surveillance Dashboard, which provides updates on the spread of COVID-19 on the continent. Information is provided on the Africa Joint Continental Strategy for managing COVID-19, guidelines for Africa Centres for Disease Control and Prevention (CDC), policy matters, as well as science and public health.

Availability: Coronavirus free access collection.
Website: https://au.int/en/covid19.

Africa CDC: Coronavirus Disease 2019 (COVID-19) Dashboard

The Africa Centres for Disease Control and Prevention (CDC) is a public health agency of the African Union aimed at supporting public health initiatives and strengthening the capacity of health institutions to detect and respond quickly and effectively to disease threats and outbreaks. The Africa CDC Coronavirus Disease 2019 (COVID-19) Dashboard provide updates and briefs on the COVID-19 in Africa, information on health practices, response funding, and partnerships amongst others.

Availability: All information and access is free.
Website: https://africacdc.org/covid-19/.

World Health Organization (WHO) Regional Office for Africa

The WHO Regional Office for Africa is one of six WHO regional offices around the world. Within the African region it works with member states and development partners to improve health and well-being. The WHO Regional Office for Africa Coronavirus (COVID-19) portal provides much information on the unfolding pandemic, strategic responses, travel advice, technical information, updated continental statistics and links to other sources.

Availability: All information and access related to COVID-19 (including webinars) is free.
Website: https://www.afro.who.int/health-topics/coronavirus-covid-19.

NATIONAL DATABASES: SOUTH AFRICA

In a wake of the COVID-19 outbreak countries responded in various ways to protect their citizens. In terms of its Risk Communication and Community Engagement (RCCE) the WHO provided action plan guidance to governments and their partners on COVID-19 preparedness and responses (WHO 2020). The responses and pandemic prevention measures put in place differed from country to country based on their unique appreciation of the situation and dissimilar infection rates. The South African government acted swiftly to curb the spread of COVID-19, declared a State of Disaster and put a risk-adjustment strategy in place. The websites discussed below provides some indication of the information on COVID-19 availed to the South African public.

Department of Health

The COVID-19 Coronavirus South African Resource Portal of the Department of Health is a pivotal tool that provides the South African public with updated news and information. The resources offered include information from the Ministerial Advisory Committee, press releases, audio and video material, statistics, social cluster briefings, research articles, health and mental wellbeing guidelines, symptom monitoring, lockdown fitness tutorials, and information on explaining COVID-19 to children. Advice is also given to essential workers, managing workplaces with infected employees, and on death management. The portal has links to other portals, social media tools, a support line, and the South African COVID-19 Alert App.

Availability: Coronavirus free access collection.
Website: https://sacoronavirus.co.za.

National Institute for Communicable Diseases (NICD)

The South African NICD is a national public health institute and a crucial resource of knowledge and expertise in government's response to communicable diseases. It provides comprehensive scientific information to assists with planning, policy development and programmes aimed at responding to communicable diseases. The NICD supports the fight against COVID-19 with comprehensive updates, as well as sharing information, technical resources and advice.

Access: Open.
Website: https://www.nicd.ac.za/diseases-a-z-index/covid-19/.

University of Pretoria COVID-19 Database

The Centre for Human Rights at the University of Pretoria created a database on COVID-19. It provides updates on COVID-19, information on the progress and effect of the pandemic in a number of African countries, as well as links to relevant institutions, research and publications. Data is presented in an easy to access format.

Availability: Coronavirus free access collection.
Website: https://www.chr.up.ac.za/covid19-database

FINAL REMARKS

This selection of databases on the COVID-19 pandemic is based on the principle that knowledge and information should be assessable, well organized, updated and reliable. As the COVID-19 experience poignantly illustrated the pitfalls of access to too much information and the potentially damaging effect of false or misleading information, it is important for both researchers and the average person to have open access to trustworthy and comprehensive sources. All the databases reviewed makes an important contribution by enhancing COVID-19 awareness, prevention and management; sharing ideas and ground-breaking research; and providing comparisons between countries and divergent policy responses.

On the technical level the shocking spread of the pandemic could be followed through state of the art infographics and easy access to global media sources of all types. We are in an age with easy access to information, but we need to understand how to find reliable information and constantly protect the existence of trustworthy sources. The COVID-19 information experience will hopefully enhance our capacity to manage knowledge in future.

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EXAMEN D'UNE SÉLECTION DE BASES DE DONNÉES DE CONNAISSANCES SUR LA COVID-19

Mmakwena Molala et Thean Potgieter[1]

Le 11 mars 2020, l'Organisation mondiale de la santé (OMS) a proclamé que la COVID-19 était une pandémie mondiale. L'ampleur de sa propagation à travers le monde a suscité une inquiétude et une crainte considérables, car elle a rapidement entraîné des millions d'infections et des taux de mortalité vraiment stupéfiants dans de nombreux pays. Afin de faire face à la COVID-19, les pays ont mis en place des mesures sanitaires d'urgence sur les conseils de l'OMS, de leur propre ministère de la Santé et d'experts scientifiques locaux.

Les connaissances sur la maladie sont certainement un atout dans la lutte mondiale actuelle contre COVID-19. Cependant, le flux d'informations disponibles en ligne est énorme et même les actualités pourraient être douteuses ou peu fiables, ce qui pose en soi un défi. Vu le nombre important de nouvelles données générées chaque jour, il est essentiel de s'assurer que des informations fiables parviennent aux gens, car les infox et les informations fallacieuses pourraient ajouter à la panique et à l'anxiété (Simpson et Conner 2020). Une information correcte favorise une meilleure connaissance et une plus grande compréhension, ce qui élimine la peur et, dans ce cas, contribue à la bonne gestion de la pandémie. Les connaissances sont considérées comme le résultat de l'utilisation de l'information pour interpréter les données (Boisot, 2002) et notre expérience au fil du temps devrait être gérée (également par le biais de la technologie) pour créer de nouvelles connaissances et une meilleure compréhension (Becerra-Fernandez et Sabherwal 2015 :9). Cependant, l'expérience de l'information liée à la COVID-19 renforcera-t-elle notre capacité à gérer les connaissances à l'avenir ?

Cet examen de certaines des bases de données de connaissances existantes sur COVID-19 est basé sur le principe qu'elles doivent être évaluables et bien organisées, faciles à parcourir, en accès libre et mises à jour avec les dernières informations, tandis que les articles recherchés devraient en principe être revus par des pairs. Comme il existe une pléthore de bases de données à l'échelon international, les bases de données de connaissances examinées dans cette étude ne sont pas exhaustives, mais représentent plutôt quelques bases de données internationales, régionales et nationales remarquables, ainsi que des bases de données créées par des ONG, des centres de recherche et d'apprentissage, des organisations publiques et privées. L'utilisation des connaissances suit trois thèmes principaux : la sensibilisation au problème de l'utilisation des connaissances, le cadre pour tirer des enseignements de l'expérience et les méthodes d'évaluation de la valeur des connaissances (Massingham 2019). Les bases de données de connaissances sur COVID-19 examinées ont été sélectionnées en raison de leurs objectifs et de leur capacité à contribuer à la création et à la diffusion plus larges des connaissances.

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1 École nationale de formation des agents de la fonction publique sud-africaine.

BASES DE DONNÉES INTERNATIONALES

La riposte internationale à la COVID-19 est guidée par l'OMS, les infrastructures sanitaires nationales, les ONG et les institutions de recherche et d'apprentissage qui analysent l'impact de COVID-19. De nombreuses bases de données présentent un intérêt particulier car les informations sont disponibles en plusieurs langues. Il convient de mentionner les bases de données internationales suivantes :

Base de données de recherche de l'Organisation mondiale de la santé (OMS)

La base de données de recherche de l'OMS permet d'accéder aux dernières connaissances scientifiques internationales et multilingues sur COVID-19. L'OMS coordonne les rapports sur la COVID-19 de divers pays concernant la gestion de la pandémie, ainsi que les taux d'infections, de mortalité et de guérisons. Cela comprend le partage des meilleures pratiques entre les États membres. La littérature citée par l'OMS est mise à jour quotidiennement grâce à des recherches approfondies d'articles scientifiques. Cette base de données est une source multilingue complète qui fournit à la communauté mondiale des informations fiables dans les langues suivantes : allemand, anglais, arabe, chinois, espagnol, français, hindi, portugais et russe.

Disponibilité : Toutes les informations et l'accès relatifs à COVID-19 (y compris les webinaires) sont gratuits.
Site web : https://www.who.int/emergencies/diseases/novel-coronavirus-2019.

Association américaine pour l'avancement des sciences

Le portail des revues scientifiques de l'Association américaine pour l'avancement des sciences donne accès aux résultats de recherche, aux analyses et aux reportages les plus récents sur COVID-19 et le coronavirus.

Disponibilité : L'accès à l'ensemble du contenu est gratuit.
Site web : https://www.sciencemag.org/collections/coronavirus.

BMJ Coronavirus (COVID-19) Hub [Centre de la Revue académique britannique de médecine générale Coronavirus]

La Revue académique britannique de médecine générale *(BMJ)* est l'une des plus anciennes revues de médecine générale au monde à être soumise à une révision par les pairs. La *BMJ Coronavirus (COVID-19) Hub* soutient les professionnels de la santé et les chercheurs en leur fournissant des conseils pratiques, des cours de formation continue en ligne et les dernières informations disponibles. Ses recherches mondiales sur les coronavirus apportent de précieux éléments à notre compréhension de la pandémie.

Disponibilité : Le contenu est gratuit et mis à jour quotidiennement.
Site web : https://www.bmj.com/coronavirus.

Cambridge Core

Cambridge Core rassemble le contenu académique appartenant à Cambridge University Press. Cambridge Core publie des recherches récentes en rapport avec COVID-19 et donne accès à un ensemble croissant de recherches.

Disponibilité : Accès gratuit.
Site web : https://www.cambridge.org.

Plateforme COVID-19 de l'Association médicale chinoise

L'Association médicale chinoise (CMA) a mis en place une plateforme de communication COVID-19 aux fins de recherche universitaire, avec des informations sur le rôle de l'enseignement médical, de la formation et des échanges professionnels. Il s'agit d'un réseau de sociétés, de scientifiques, d'instituts de recherche, de centres de traitement, d'hôpitaux, de ministères, d'agences de santé publique et d'organisations de soutien aux patients. L'association mène également des recherches sur les patients cancéreux touchés par la pandémie, et fournit des recommandations aux médecins qui s'occupent de ces patients.

Disponibilité : Collection sur le coronavirus en libre accès.
Site web : https://www.uicc.org/membership/chinese-medical-association.

Bibliothèque Cochrane

La Bibliothèque Cochrane comporte des bases de données médicales et de soins de santé de Cochrane et d'autres organisations. Parmi les bases de données figurent les revues Cochrane, qui fournissent des méta-analyses approfondies, des résumés et des interprétations des résultats de la recherche médicale. Les sources COVID-19 de Cochrane donnent accès à des recherches de haute qualité qui participent à des prises de décisions fondées sur des données probantes visant à combattre le virus.

Disponibilité : Accès gratuit à la collection sur le coronavirus.
Site web : https://www.cochranelibrary.com.

Elsevier

Elsevier est une entreprise d'analyse de données spécialisée dans les contenus scientifiques, techniques et médicaux. Son centre d'information sur les nouveaux coronavirus publie des informations spécialisées destinées à la communauté de la recherche et de la santé sur le SRAS-cov-2 (le nouveau coronavirus) et COVID-19 (la maladie). Elsevier a créé une gamme de ressources en accès libre qui comprend des conseils cliniques fondés sur des données probantes et plus de 41 000 articles de recherche à lire, à télécharger et à explorer. La collection comprend une liste complète des recherches en phase précoce (voir le SSRN ci-dessous) et les dernières recherches sur COVID-19 évaluées par des pairs et publiées dans des revues telles que *The Lancet* et *Cell Press*.

Disponibilité : Toutes les ressources sont en libre accès, y compris les directives pour les cliniciens et les patients.
Site web : https://www.elsevier.com.

Centre européen de prévention et de contrôle des maladies

Le Centre européen de prévention et de contrôle des maladies (ECDC) est une agence de l'Union européenne. Il dispose d'un portail dédié à la pandémie de COVID-19 qui suit de près son évolution et fournit des mises à jour régulières sur l'épidémiologie et la gestion des risques. Le portail fournit des mises à jour épidémiologiques mondiales, ainsi que des cartes et des données sur l'infection.

Disponibilité : Collection sur le coronavirus en libre d'accès.
Site web : http://www.ecdc.europa.eu/en/covid-19-pandamic.

Réseau JAMA

Le réseau JAMA est une revue médicale en accès libre, publiée par *l'American Medical Association* qui couvre tous les aspects des sciences biomédicales. La collection COVID-19 du réseau JAMA comprend un portail de questions et réponses, l'accès à une carte interactive et des recherches sur le développement de vaccins, le contrôle de l'infection et la préparation de la santé publique. Elle indique également la propagation du virus à travers les continents.

Disponibilité : Collection sur le coronavirus en libre accès.
Site web : https://www.jamanetwork.com/journals/jama/pages/coronavirus-alert.

Centre de ressources sur les coronavirus Johns Hopkins

Le centre de ressources sur les coronavirus de l'université Johns Hopkins intègre des analyses, des données et des faits provenant d'experts de l'ensemble de l'institution en matière de santé publique mondiale, de maladies infectieuses et de préparation aux situations d'urgence. Le centre de ressources fournit des informations, des actualités et des infographies actualisées sur la nature mondiale de la pandémie, ce qui en fait une source importante pour le public et les décideurs politiques.

Disponibilité : Tout le contenu sur COVID-19 est en libre accès.
Site web : https://coronavirus.jhu.edu/.

The Lancet

The Lancet, une revue hebdomadaire à comité de lecture, est l'une des revues de médecine générale les plus anciennes et les plus connues au monde. Le centre de ressources COVID-19 de *The Lancet* vise à aider les professionnels de la santé et les chercheurs dans leurs efforts pour mettre un terme à cette épidémie. Ce centre de ressources donne accès au contenu sur COVID-19 du monde entier, tel que publié dans les revues de *The Lancet*.

Disponibilité : Tout le contenu sur COVID-19 est en libre accès.
Site web : https://www.thelancet.com/coronavirus.

LitCovid

LitCovid est une plateforme en ligne créée par la *US National Library of Medicine* [Bibliothèque nationale de médecine américaine] en vue d'aider à fournir des informations scientifiques crédibles sur la COVID-19 et est considérée comme «la ressource la plus complète» sur le «nouveau Coronavirus 2019». Il s'agit d'un centre de documentation avec des informations scientifiques actualisées et un accès à plus de 70 000 articles pertinents (classés par sujet et par zone géographique). En outre, la plateforme offre des informations médicales générales concernant, entre autres, les mécanismes de traitement, le diagnostic, les transmissions, des études de cas spécifiques de patients, les mesures de prévention, ainsi que les prévisions par rapport à COVID-19.

Disponibilité : il s'agit d'une base de données en libre accès.
Site web : https://www.ncbi.nlm.nih.gov/research/coronavirus/docsum.

Le *New England Journal of Medicine*

Le *New England Journal of Medicine* propose une collection d'articles et d'autres ressources sur CO-VID-19, y compris des rapports cliniques, des directives de gestion et des commentaires. La page web donne accès à des vidéos sur la médecine clinique.

Disponibilité : Collection sur les coronavirus en accès libre.
Site web : http://www.nejm.org/coronavirus.

Oxford Academic Journals [Revues académiques d'Oxford]

Le centre d'information sur COVID-19 de *l'Oxford University Press* a rendu librement accessible le contenu des ressources en ligne et des principales revues sur la pandémie, afin de venir en aide aux chercheurs, professionnels de la santé, décideurs politiques et autres personnes travaillant activement à la résolution de la crise sanitaire.

Disponibilité : Collection sur le coronavirus en accès libre.
Site web : https://academic.oup.com/journals.

PLOS Blogs

Blogs PLOS

Le réseau de blogs PLOS est un éditeur à but non lucratif en libre accès qui permet aux chercheurs d'accélérer les progrès de la science et de la médecine, en s'efforçant de transformer l'aspect communicatif de la recherche. PLOG Blogs soutient la riposte mondiale à la COVID-19 en partageant les résultats de recherche pertinents.

Disponibilité : Collection sur les coronavirus en accès libre.
Site web : https://plos.org/blogs/.

Springer Nature

Springer Nature est un éditeur de renommée mondiale qui s'efforce de fournir le meilleur service possible aux communautés de recherche. En soutien à la réponse mondiale face à COVID-19, Springer Nature fournit un accès direct aux dernières recherches, éléments probants et données disponibles.

Disponibilité : Accès gratuit au contenu de la revue et du livre sur COVID-19.
Site web : https://www.springernature.com/gp.

Réseau de recherche en sciences sociales (SSRN)

La page du SSRN consacrée à la recherche sur les coronavirus et les maladies infectieuses présente les premières étapes de la recherche afin d'aider les chercheurs, les professionnels de la santé, les autorités de santé publique et le public à comprendre, contenir et gérer cette maladie. La prépublication du SSRN (soutenue par Elsevier) vise à diffuser rapidement dans le monde entier les résultats des premières recherches sur les coronavirus. Il convient de noter que les articles n'ont pas fait l'objet d'un processus de revue par les pairs (pour valider et améliorer la qualité du matériel publié).

Disponibilité : Collection sur les coronavirus en accès libre.
Site web : https://www.ssrn.com/index.cfm/en/coronavirus.

Wiley Online Library [Bibliothèque en ligne Wiley]

Le portail de ressources Wiley sur la COVID-19 vise à fournir aux chercheurs, aux éducateurs et aux professionnels, un accès aux dernières recherches et à partager des exemples de la façon dont la communauté s'unit et évolue pendant cette pandémie.

Disponibilité : Collection sur le coronavirus en accès libre.
Site web : https://novel-coronavirus.onlinelibrary.wiley.com.

Fonds des Nations unies pour l'enfance (UNICEF)

Le centre d'information de l'UNICEF sur les maladies à coronavirus (COVID-19) donne accès aux actualités et aux ressources récentes sur la COVID-19. L'UNICEF travaille avec des experts de la santé pour promouvoir les faits plutôt que la peur et fournir des conseils fiables aux parents, aux soignants et aux éducateurs en vue d'assurer une protection personnelle et familiale.

Disponibilité : Collection sur les coronavirus en accès libre.
Site web : https://www.unicef.org.

SOURCES À L'ÉCHELLE DE L'AFRIQUE

Union africaine (UA)

En tant qu'organe continental comprenant 55 États membres, l'UA a un rôle important à jouer dans la coordination des États membres pour la gestion de la pandémie COVID-19. Elle a créé une plateforme pour le partage des expériences, des mesures de prévention, de la gestion de la santé et, dans certains cas, elle a sollicité le soutien et les ressources des États membres. L'UA a également développé un tableau de bord de suivi de COVID-19, qui fournit des mises à jour sur la propagation de COVID-19 à travers le continent. Des informations sont fournies sur la stratégie continentale commune de l'Afrique pour la gestion de COVID-19, les directives pour les centres Africains de contrôle et de prévention des maladies (CDC), les questions politiques, ainsi que la science et la santé publique.

Disponibilité : Collection sur les coronavirus en accès libre.
Site web : https://au.int/en/covid19.

Centres Africains de contrôle et de prévention des maladies (CDC) : Tableau de bord sur la maladie à coronavirus (COVID 19)

Le centre Africain de contrôle et de prévention des maladies (CDC) est une agence de santé publique de l'Union africaine qui vise à soutenir les initiatives de santé publique et à renforcer la capacité des institutions sanitaires à détecter et à répondre rapidement et efficacement aux menaces et aux épidémies. Le tableau de bord des CDC pour l'Afrique sur la maladie à coronavirus 2019 (COVID-19) fournit des mises à jour et des informations sur la COVID-19 en Afrique, des informations sur les pratiques sanitaires, le financement des interventions et les partenariats, entre autres.

Disponibilité : Toutes les informations et l'accès sont gratuits.
Site web : https://africacdc.org/covid-19/.

Bureau régional de l'Organisation mondiale de la santé (OMS) pour l'Afrique

Le Bureau régional de l'OMS pour l'Afrique est l'un des six bureaux régionaux de l'OMS dans le monde. Dans la région africaine, il travaille avec les États membres et les partenaires du développement en vue d'améliorer la santé et le bien-être. Le portail du Bureau régional de l'OMS pour l'Afrique sur Coronavirus (COVID-19) fournit de nombreuses informations sur la pandémie en cours, des réponses stratégiques, des conseils aux voyageurs, des informations techniques, des statistiques continentales actualisées et des liens vers d'autres sources.

Disponibilité : Toutes les informations et l'accès relatifs à COVID-19 (y compris les webinaires) sont gratuits.
Site web : https://www.afro.who.int/health-topics/coronavirus-covid-19.

BASES DE DONNÉES NATIONALES : AFRIQUE DU SUD

Suite à l'épidémie de COVID-19, les pays ont réagi de diverses manières pour protéger leurs citoyens. Dans le cadre de sa communication des risques et d'engagement communautaire (CREC), l'OMS a fourni aux gouvernements et à leurs partenaires des conseils sur la préparation et la riposte face à la COVID-19 (OMS 2020). Les réponses et les mesures de prévention des pandémies mises en place ont varié d'un pays à l'autre en fonction de leur appréciation unique de la situation et de la différence au niveau des taux d'infection. Le gouvernement sud-africain a agi rapidement pour freiner la propagation de COVID-19, a déclaré l'état d'urgence et a mis en place une stratégie d'ajustement des risques. Les sites web mentionnés ci-dessous donnent une idée des informations sur COVID-19 dont dispose le public sud-africain.

Ministère de la Santé

Le portail de ressources sud-africain COVID-19 du ministère de la Santé est un outil essentiel qui fournit au public sud-africain des actualités et des informations actualisées. Les ressources proposées comprennent des informations provenant du comité consultatif ministériel, des communiqués de presse, du matériel audio et vidéo, des statistiques, des informations sur les groupes sociaux, des articles de recherche, des directives sur la santé et le bien-être mental, le suivi des symptômes, des tutoriels sur le conditionnement physique et des informations sur la manière d'expliquer la COVID-19 aux enfants. Des conseils sont également donnés par rapport aux travailleurs essentiels, à la gestion des lieux de travail où travaillent des employés infectés et à la gestion des décès. Le portail comporte des liens vers d'autres portails, des outils de médias sociaux, un numéro de service d'assistance et l'application *COVID 19 Alert South Africa*.

Disponibilité : Collection sur les coronavirus en accès libre.
Site web : https://sacoronavirus.co.za.

Institut national des maladies transmissibles (NICD)

Le NICD sud-africain est un institut national de santé publique et une ressource cruciale de connaissances et d'expertise dans la riposte du gouvernement face aux maladies transmissibles. Il fournit des informations scientifiques complètes pour aider à la planification, à l'élaboration de politiques et de programmes visant à lutter contre les maladies transmissibles. Le NICD soutient la lutte contre COVID-19 par des mises à jour complètes, ainsi que par le partage d'informations, de ressources techniques et de conseils.

Accès : Ouvert.
Site web : https://www.nicd.ac.za/diseases-a-z-index/covid-19/.

Base de données COVID-19 de l'université de Pretoria

Le Centre pour les droits de l'homme de l'Université de Pretoria a créé une base de données sur COVID-19. Cette dernière fournit des mises à jour sur COVID-19, des informations sur la progression et les effets de la pandémie dans un certain nombre de pays africains, ainsi que des liens vers les institutions, les recherches et les publications pertinentes. Les données sont présentées dans un format facile d'accès.

Disponibilité : Collection sur les coronavirus en accès libre.
Site web : https://www.chr.up.ac.za/covid19-database

OBSERVATIONS FINALES

Cette sélection de bases de données sur la pandémie de COVID-19 est basée sur le principe que les connaissances et les informations doivent être évaluables, bien organisées, mises à jour et fiables. L'expérience de COVID-19 ayant illustré de façon poignante les pièges de l'accès à trop d'informations et l'effet potentiellement dommageable d'informations fausses ou trompeuses, il est important pour les chercheurs comme pour le citoyen moyen d'avoir un accès libre à des sources fiables et complètes. Toutes les bases de données examinées apportent une contribution importante en améliorant la sensibilisation, la prévention et la gestion de COVID-19, en partageant des idées et des recherches novatrices, et en fournissant des comparaisons entre les pays et des réponses politiques divergentes.

Sur le plan technique, la propagation choquante de la pandémie a pu être suivie grâce à une infographie de pointe et à un accès facile aux sources médiatiques mondiales de tous types. Nous sommes à une époque où l'accès à l'information est facile, mais nous devons comprendre comment trouver des informations fiables et protéger en permanence l'existence de sources dignes de confiance. L'expérience de l'information en lien avec COVID-19 nous permettra, espérons-le, d'améliorer notre capacité à gérer les connaissances à l'avenir.

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REVISÃO DE BANCOS DE DADOS SOBRE CONHECIMENTOS SELECCIONADOS EM RELACAO À COVID-19

Mmakwena Molala e Thean Potgieter[1]

A 11 de Março de 2020, a Organização Mundial de Saúde (OMS) proclamou a COVID-19 como uma pandemia global. A escala a que se propagou pelo mundo causou considerável preocupação e medo, na medida em que rapidamente provocou milhões de infeções e taxas de mortalidade verdadeiramente espantosas em muitos países. A fim de gerir a COVID-19, os países instituíram intervenções sanitárias de emergência, conforme aconselhado pela OMS, pelos seus próprios Departamentos de Saúde e por peritos científicos locais.

O conhecimento constitui certamente poder na batalha global corrente contra a COVID-19. No entanto, existe um desafio associado a um excesso de informação disponível na Internet e a notícias que podem ser questionáveis ou não fidedignas. Uma vez que muitos dados novos são gerados diariamente, é crucial assegurar que informação fiável chegue às pessoas, dado o facto de que notícias falsas e informações enganosas podem aumentar o pânico e a ansiedade (Simpson e Conner 2020). A informação correta contribui para um melhor conhecimento e compreensão, reduzindo o medo e, neste caso, contribuindo para uma gestão adequada da pandemia. O conhecimento é reconhecido como o resultado do uso de informação para interpretar dados (Boisot 2002) e a nossa experiência no decorrer do tempo deve ser gerida (também através do uso da tecnologia) para criar novos conhecimentos e compreensão (Becerra-Fernandez e Sabherwal 2015:9). Contudo, será que a experiência informativa sobre a COVID-19 irá reforçar a nossa capacidade de gerir o conhecimento no futuro?

Esta revisão de algumas das bancos de dados sobre o conhecimento existente acerca da COVID-19 baseia-se na ideia de que estas devem ser avaliáveis e bem organizadas, fáceis de navegar, de fontes de acesso aberto, e atualizadas com informações recentes, enquanto os artigos pesquisados devem, idealmente, ser revistos por pares. Tendo em conta que existe uma infinidade de bases de dados a nível internacional, as fontes de conhecimento discutidas nesta revisão não são abrangentes, mas representam alguns bancos de dados internacionais, regionais e nacionais notáveis, bem como bases de dados criadas por ONGs, centros de investigação e aprendizagem, organizações públicas e privadas. O uso do conhecimento tem três temas principais: sensibilização para o problema do seu uso, enquadramento para aprender com a experiência, e métodos para avaliar o valor do mesmo (Massingham 2019). As bases de dados informativas sobre a COVID-19 revisadas foram selecionadas em função dos seus objetivos e capacidade de contribuir para a criação e difusão de conhecimentos mais amplos.

BANCOS DE DADOS INTERNACIONAIS

A resposta internacional à COVID-19 é orientada pela OMS, infraestruturas nacionais de saúde, ONGs, e instituições de investigação e aprendizagem que analisam o impacto da doença. Muitos bancos de dados são de relevância específica, uma vez que a informação está disponível em várias línguas. São de destacar os seguintes a nível internacional:

[1] Escola Nacional de Governo da África do Sul.

Banco de dados de Pesquisa da Organização Mundial de Saúde (OMS)

O banco de dados de pesquisa da OMS fornece acesso aos mais recentes conhecimentos científicos internacionais e multilingues sobre a COVID-19. A OMS coordena os relatórios da COVID-19 de vários países sobre a gestão da pandemia, bem como as estatísticas de infeção, morte e recuperação. Isto inclui a partilha das melhores práticas entre os estados membros. A literatura citada pela OMS é atualizada diariamente através de pesquisas exaustivas de artigos científicos. Este banco de dados é uma fonte multilingue abrangente que fornece informações fiáveis à comunidade global nas seguintes línguas: árabe, chinês, inglês, francês, alemão, hindi, português, russo, e espanhol.

Disponibilidade: Toda a informação e acesso relacionado à COVID-19 (incluindo webinars) é gratuito.
Website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019.

Associação Americana para o Progresso da Ciência

O portal Science Journals da Associação Americana para o Progresso da Ciência fornece acesso aos principais e oportunos resultados de investigação, análises e cobertura noticiosa sobre a COVID-19 e o Coronavírus.

Disponibilidade: O acesso ao conteúdo é grátis.
Website: https://www.sciencemag.org/collections/coronavirus.

***Centro BMJ* Coronavírus (COVID-19)**

O Jornal Médico Britânico (BMJ), revisado por pares, é uma das revistas médicas genéricas mais antigas do mundo. O Centro BMJ Coronavírus (COVID-19) apoia profissionais de saúde e investigadores com orientação prática, cursos de CPD online, e as últimas informações. A sua investigação global sobre o coronavírus acrescenta provas úteis à nossa compreensão da pandemia.

Disponibilidade: O conteúdo é grátis e atualizado diariamente
Website: https://www.bmj.com/coronavirus.

Centro Cambridge

O Cambridge Core (Centro Cambridge) é a casa dos conteúdos académicos pertencentes à Imprensa da Universidade de Cambridge. O Cambridge Core publica pesquisas recentes relevantes à COVID-19 e permite o acesso a um grupo crescente de pesquisadores.

Disponibilidade: Acesso grátis.
Website: https://www.cambridge.org.

Plataforma da Associação Médica Chinesa COVID 19

A Plataforma da Associação Médica Chinesa (CMA) desenvolveu uma plataforma de comunicação de pesquisa académica da COVID-19 com informações sobre o papel da educação médica, formação e intercâmbios profissionais. Trata-se de uma rede de sociedades, cientistas, institutos de investigação, centros de tratamento, hospitais, ministérios, agências de saúde pública, e organizações de apoio aos doentes. A associação também realiza estudos sobre pacientes cancerosos afetados pela pandemia, e fornece recomendações aos médicos que cuidam de tais doentes.

Disponibilidade: Coleção de acesso gratuito sobre o Coronavírus
Website: https://www.uicc.org/membership/chinese-medical-association.

Biblioteca Cochrane

A Biblioteca Cochrane é uma coleção de bancos de dados médicos e de cuidados de saúde da Cochrane e de outras organizações. No núcleo da coleção estão as Revisões Cochrane (Cochrane Reviews) que fornecem meta-análises aprofundadas, resumos e interpretações dos resultados da investigação médica. As fontes COVID-19 da Cochrane fornecem acesso a investigação de alta qualidade para apoiar a tomada de decisões baseadas em provas, destinadas a combater o vírus.

Disponibilidade: Coleção de acesso gratuito sobre o Coronavírus
Website: https://www.cochranelibrary.com.

Elsevier

Elsevier é uma empresa de informação e análise especializada em conteúdos científicos, técnicos, e médicos. O seu Centro de Informação sobre o Novo Coronavírus publica informação especializada destinada à comunidade de investigação e saúde sobre o SARS-cov-2 (o novo coronavírus) e COVID-19 (a doença). A empresa criou uma gama de recursos de acesso livre que inclui orientação clínica baseada em provas e mais de 41.000 artigos de pesquisa para leitura, carregamento e mina de dados. A coleção inclui uma lista completa das primeiras fases (ver SSRN abaixo) e a mais recente investigação avaliada por pares a respeito da COVID-19 a partir de revistas que incluem The Lancet e Cell Press.

Disponibilidade: Todos os recursos são de acesso gratuito, incluindo orientações para clínicos e pacientes.
Website: https://www.elsevier.com.

Centro Europeu de Prevenção e Controlo de Doenças

O Centro Europeu de Prevenção e Controlo de Doenças (ECDC) é uma agência da União Europeia. Tem um portal dedicado à pandemia COVID-19 que acompanha de perto o seu surto e fornece atualizações regulares em matéria epidemiológica e de gestão de riscos. O portal fornece atualizações sobre epidemiologias globais, assim como mapas e dados de infeção.

Disponibilidade: Coleção de acesso gratuito sobre o Coronavírus
Website: http://www.ecdc.europa.eu/en/covid-19-pandamic.

Rede JAMA

A Rede JAMA é uma revista médica de acesso livre publicada pela Associação Médica Americana que cobre todos os aspetos das ciências biomédicas. A coleção COVID-19 desta rede inclui um portal de perguntas e respostas, acesso a um mapa interativo e investigação sobre desenvolvimento de vacinas, controlo de infeções e preparação em matéria de saúde pública. Indica também a propagação do vírus através dos continentes.

Disponibilidade: Coleção de acesso gratuito sobre o Coronavírus
Website: https://www.jamanetwork.com/journals/jama/pages/coronavirus-alert.

Centro de Recursos de Coronavírus da Universidade de Johns Hopkins

O Centro de Recursos de Coronavírus da Universidade Johns Hopkins incorpora análises, dados e factos fornecidos por especialistas de toda a instituição em saúde pública global, doenças infeciosas, e preparação para emergências. Uma vez que o Centro de Recursos fornece informações, notícias e infografias consideravelmente atualizadas sobre a natureza global do desdobramento da pandemia, ele é uma fonte importante tanto para o público como para os decisores políticos.

Disponibilidade: Todo o conteúdo da COVID-19 é de acesso gratuito.
Website: https://coronavirus.jhu.edu/.

The Lancet

A revista The Lancet, revisada semanalmente por pares, é uma das publicações de medicina geral mais antigas e mais conhecidas do mundo. O Centro de Recursos COVID-19 do Lancet tem como objetivo ajudar os trabalhadores de saúde e investigadores nos seus esforços para pôr fim a este surto. Este Centro de Recursos fornece acesso ao conteúdo da COVID-19 a nível global, tal como publicado nas revistas com o nome acima mencionado.

Disponibilidade: Todo o conteúdo da COVID 19 é de acesso gratuito.
Website: https://www.thelancet.com/coronavirus.

LitCovid

O LitCovid é um núcleo online criado pela Biblioteca Nacional de Medicina dos EUA para ajudar a disponibilizar informação científica credível sobre a COVID-19 e é considerado como "o recurso mais abrangente" do " novo Coronavírus de 2019". É um polo de literatura especializada com informação científica atualizada com acesso a mais de 70 000 artigos relevantes (categorizados por tópico e localização geográfica).

Além disso, oferece informação médica geral relacionada, com mecanismos de tratamento, diagnóstico, transmissões, estudos de casos específicos de pacientes, medidas de prevenção, bem como previsão COVID-19, entre outros.

Disponibilidade: é uma base de dados de acesso aberto.
Website: https://www.ncbi.nlm.nih.gov/research/coronavirus/docsum.

O Jornal de Medicina da Nova Inglaterra

O *New England Journal of Medicine* fornece uma coleção de artigos e outros recursos sobre a COVID-19 incluindo relatórios clínicos, diretrizes de gestão e comentários. A página Web fornece acesso a vídeos sobre medicina clínica.

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito.
Website: http://www.nejm.org/coronavirus.

Revistas Académicas da Universidade Oxford

O Centro de Informação COVID-19 da Imprensa da Universidade de Oxford tornou o conteúdo dos recursos online e das principais revistas sobre a pandemia gratuitamente acessível para ajudar investigadores, profissionais de medicina, decisores políticos, e outros que trabalham para enfrentar a crise de saúde.

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito.
Website: https://academic.oup.com/journals.

PLOS Blogs

A rede PLOS Blogs é uma editora sem fins lucrativos e de acesso livre que capacita os investigadores a acelerar o progresso da ciência e da medicina, liderando a transformação na comunicação da pesquisa. O PLOG Blogs apoia a resposta global à COVID-19, partilhando os resultados relevantes da investigação.

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito.
Website: https://plos.org/blogs/.

Springer Nature

A Springer Nature é uma editora global dedicada a oferecer o melhor serviço possível às comunidades de pesquisa. Ao apoiar a resposta global à COVID-19, a Springer Nature fornece acesso direto às últimas investigações, provas, e dados disponíveis.

Disponibilidade: Acesso gratuito ao conteúdo da revista e do livro sobre a COVID-19.
Website: https://www.springernature.com/gp.

Rede de Investigação em Ciências Sociais (SSRN)

A página de pesquisa do Social Science Research Network (SSRN) sobre o Coronavírus e Doenças Infeciosas oferece investigação em fase inicial para ajudar os investigadores, profissionais de medicina, autoridades de saúde pública e o público a compreender, conter e gerir esta doença. A pré-impressão SSRN (apoiada pela Elsevier) tem por objetivo divulgar rapidamente a nível mundial a investigação relacionada com a fase inicial do coronavírus. Convém notar que os artigos não passaram por um processo de revisão por pares (para validar e melhorar a qualidade do material publicado).

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito.
Website: https://www.ssrn.com/index.cfm/en/coronavirus.

Biblioteca Wiley Online

O portal de recursos Wiley COVID-19 visa proporcionar acesso a investigadores, educadores e profissionais às últimas pesquisas e partilhar exemplos de como a comunidade se está a unir e a evoluir durante esta pandemia.

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito.
Website: https://novel-coronavirus.onlinelibrary.wiley.com.

Fundo das Nações Unidas para a Infância (UNICEF)

O Centro de Informação sobre a Doença de Coronavírus da UNICEF fornece acesso às recentes notícias sobre a COVID-19 e recursos. A UNICEF está a trabalhar com especialistas em saúde para promover factos sobre o medo e fornecer orientação de confiança aos pais, cuidadores e educadores para proteção pessoal e familiar.

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito.
Website: https://www.unicef.org.

FONTES AFRICANAS

União Africana (AU)

Como órgão continental com 55 estados membros, a UA tem um papel importante na coordenação dos países membros no que diz respeito à gestão da pandemia da COVID-19. A organização criou uma plataforma para a partilha de experiências, medidas de prevenção, gestão da saúde e, em alguns casos, solicitou apoio e recursos para esses membros. A UA também desenvolveu o Painel de Vigilância COVID-19, que fornece atualizações sobre a propagação da doença no continente. São fornecidas informações sobre a Estratégia Continental Conjunta de África para a gestão da COVID-19, orientações para os Centros Africanos de Controlo e Prevenção de Doenças (CDC), questões políticas, bem como ciência e saúde pública.

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito.
Website: https://au.int/en/covid19.

Os Centros Africanos de Controlo e Prevenção de Doenças (CDC): Painel da Doença Coronavírus 2019 (COVID-19)

Os Centros Africanos de Controlo e Prevenção de Doenças (CDC) são uma agência de saúde pública da União Africana destinada a apoiar iniciativas de saúde pública e reforçar a capacidade das instituições neste domínio para detetar e responder rápida e eficazmente a ameaças e surtos de doenças. O Painel Africano CDC (Doença de Coronavírus 2019 [COVID-19] fornece atualizações e resumos sobre a COVID-19 em África, informação sobre práticas de saúde, financiamento de resposta, e parcerias, entre outros.

Disponibilidade: Toda a informação e acesso é livre.
Website: https://africacdc.org/covid-19/.

Escritório Regional para a África da Organização Mundial de Saúde (OMS)

O Escritório Regional para a África da OMS é um dos seis gabinetes regionais da OMS em todo o mundo. Na região africana trabalha com os estados membros e parceiros de desenvolvimento para melhorar a saúde e o bem-estar. O portal do Escritório Regional da OMS para o Coronavírus da África (COVID-19) fornece muita informação sobre o desenrolar da pandemia, respostas estratégicas, conselhos de viagem, informação técnica, estatísticas continentais atualizadas e ligações a outras fontes.

Disponibilidade: Toda a informação e acesso relacionado com a COVID-19 (incluindo webinars) é gratuito.
Website: https://www.afro.who.int/health-topics/coronavirus-covid-19.

BANCOS DE DADOS NACIONAIS: ÁFRICA DO SUL

Na sequência da COVID-19, os países que sofreram surtos responderam de várias formas para proteger os seus cidadãos. Em termos da sua Comunicação de Riscos e Envolvimento Comunitário (RCCE), a OMS forneceu orientações de plano de ação aos governos e aos seus parceiros sobre a preparação e respostas à COVID-19 (OMS 2020). As respostas e as medidas de prevenção da pandemia implementadas diferiram de país para país, com base na sua apreciação única da situação e nas diferentes taxas de infeção. O governo sul-africano agiu rapidamente para travar a propagação da COVID-19, declarou o Estado de Desastre e pôs em prática uma estratégia de ajustamento do risco. Os sites discutidos abaixo fornecem algumas indicações sobre a informação relativa à COVID-19 disponibilizada ao público sul-africano.

Departamento de Saúde

O portal dos Recursos do Coronavírus da COVID-19 do Departamento de Saúde da África do Sul é uma ferramenta essencial que fornece ao público sul-africano notícias e informações atualizadas. Os recursos oferecidos incluem informação do Comité Consultivo Ministerial, comunicados de imprensa, material áudio e vídeo, estatísticas, sínteses de grupos sociais, artigos de investigação, diretrizes de saúde e bem-estar mental, monitorização de sintomas, tutoriais de aptidão física para confinamento, e informação sobre como explicar a COVID-19 às crianças. Também é dado aconselhamento a trabalhadores essenciais, gestão de locais de trabalho com empregados infetados, e como gerir a morte. O portal tem ligações a outros portais, ferramentas de comunicação social, uma linha de apoio, e a aplicação de alerta à COVID-19 para a África do Sul.

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito.
Website: https://sacoronavirus.co.za.

Instituto Nacional de Doenças Transmissíveis (NICD)

O NICD sul-africano é um instituto nacional de saúde pública e um recurso fundamental de conhecimento e perícia na resposta do governo às doenças transmissíveis. Fornece informação científica abrangente para ajudar no planeamento, desenvolvimento de políticas e programas destinados a responder às doenças transmissíveis. O NICD apoia a luta contra a COVID-19 com atualizações abrangentes, bem como a partilha de informação, recursos técnicos e aconselhamento.

Acesso: Aberto.
Website: https://www.nicd.ac.za/diseases-a-z-index/covid-19/.

Banco de Dados da Universidade de Pretoria sobre a COVID-19

O Centro de Direitos Humanos da Universidade de Pretória criou uma base de dados sobre a COVID-19. Fornece atualizações acerca da doença, informações sobre o progresso e efeito da pandemia em vários países africanos, bem como ligações a instituições, investigação e publicações relevantes. Os dados são apresentados num formato de fácil acesso.

Disponibilidade: Coleção sobre o Coronavírus de acesso gratuito
Website: https://www.chr.up.ac.za/covid19-database

OBSERVAÇÕES FINAIS

Esta seleção de bancos de dados sobre a pandemia da COVID-19 baseia-se no princípio de que o conhecimento e a informação devem ser avaliáveis, bem organizados, atualizados e fiáveis. Como a experiência da COVID-19 ilustrou pungentemente as armadilhas do acesso a demasiada informação e o efeito potencialmente prejudicial de informação falsa ou enganosa, é importante tanto para os investigadores como para a pessoa comum ter acesso aberto a fontes fidedignas e completas. Todos os bancos de dados revistos dão um importante contributo, reforçando a sensibilização, prevenção e gestão da COVID-19; partilhando ideias e investigação inovadora; e fornecendo comparações entre países e respostas políticas divergentes.

A nível técnico, a chocante propagação da pandemia poderia ser monitorizada através de infografias de última geração e de fácil acesso a fontes globais de meios de comunicação de todos os tipos. Estamos numa era de fácil acesso à informação, mas precisamos de compreender como obter informação fiável e proteger constantemente a existência de fontes fidedignas. A experiência de informação relacionada a COVID-19 irá provavelmente aumentar a nossa capacidade de gerir o conhecimento no futuro.

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Revue Africaine De Développement Et De Gouvernance Du Secteur Public

Renseignements sur la revue

La Revue Africaine De Développement Et De Gouvernance Du Secteur Public (AJPSDG) est une revue scientifique à comité de lecture publiée par le Réseau des Instituts africains de renforcement des capacités de gestion (AMDIN).

La revue examine un grand nombre de sujets et de questions concernant la gouvernance, le développement, la recherche et la mise en œuvre de politiques, ainsi que la direction et la gestion au sein du secteur public en Afrique. Les articles incluent des sujets de recherche spécifique aussi bien qu'interdisciplinaires, et portent sur des approches et des expériences aussi bien théoriques que pratiques relatives au développement et à la gouvernance en Afrique.

La revue publie des articles de recherche évalués par des pairs, ainsi que des documents de consultation, des documents de politique générale, des entretiens avec des personnes éminentes, et des comptes rendus de livres sur des questions importantes relatives au développement et à la gouvernance du secteur public en Afrique.

Le public ciblé de la revue compte des étudiants, des experts, des praticiens, des consultants, des politiques, des décideurs, des membres de législatures ainsi que les lecteurs intéressés par l'actualité africaine.

En vue de s'assurer que les articles sont pertinents et de haute qualité, toutes les soumissions sont évaluées par des pairs ou attestées par au moins deux experts. L'évaluation se fait de manière entièrement anonyme et dans le plus grand secret. Un modèle de rapport standard est utilisé par les pairs. En se basant sur les réactions des répondants, ainsi que sur les aspects relatifs à la structure et au contenu, les rédacteurs réservent le droit d'apporter des mises au point mineures aux articles soumis avant de les publier.

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Toute correspondance concernant les articles en français devrait être adressée à :

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Toute correspondance concernant les articles en portugais devrait être adressée à :

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Revista Africana de Desenvolvimento e Governação do Sector Público

Informação Sobre a Revista

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A revista investiga um amplo espectro de assuntos e questões relacionadas com a governação, desenvolvimento, pesquisa, implementação de políticas, liderança e gestão no sector público em África. Isso inclui pesquisa interdisciplinar e baseada em disciplinas, com foco em abordagens teóricas, práticas e experiências relevantes ao desenvolvimento e governação em África.

A revista destina-se a estudantes, especialistas, profissionais, consultores, políticos, decisores políticos, membros das legislaturas e interessados em assuntos africanos.

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