HSRC Responds to the COVID - 19 Outbreak

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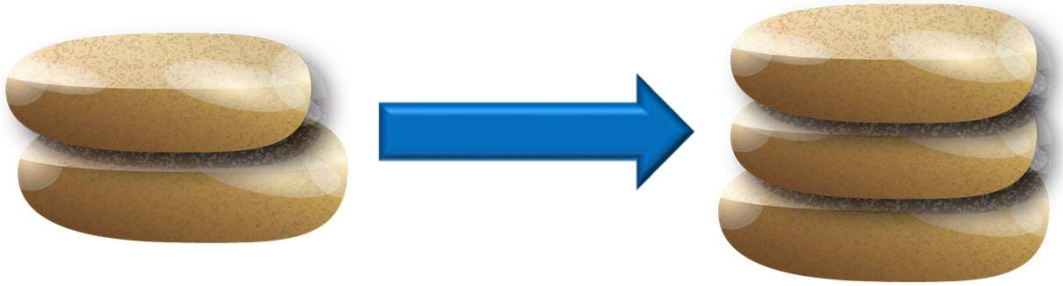
"Communities are at the heart of any disease outbreak and health emergency response"

The HSRC launched the project "Street talk-Asikulume" at the end of March 2020 to gather crucial behavioural data to provide insights into the social dynamics of the South African population's response to the COVID-19 outbreak. The HSRC's rapid assessment of social and behavioural factors is crucial to assist government mitigate the effects of the spreading epidemic.

Engaging communities regarding their knowledge, beliefs, practices and attitudes in response to the COVID-19 outbreak in South Africa

INTRODUCTION

- We acknowledge and appreciate the excellent work that has been done with respect to the epidemiology and health care aspects of this disease
- We also appreciate the extensive work undertaken on the economic impact of the pandemic
- This survey provides a starting point to balance the country's response at this tipping point in the fight against the pandemic: the socio-behavioural insights from South Africans



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HEALTH PROMOTION AND WELL-BEING FRAMEWORK FOR OUTBREAK RESPONSE ACTION GUIDELINES

Health Promotion Strategies	Levels at which Health Promotion and Care Interventions are Targeted		
	Primary prevention (Community level)	Early detection & secondary prevention (community based or institutional)	Patient care (community based or institutional)
Health behaviour, health information and health literacy	• Lockdown measures • Physical distance > 2m • Face masks when outdoors • Cough and sneeze control • Hand washing • Avoid touching face • Testing	• Self-identification of symptoms. Self-isolation. Contact helpline. • Triage and symptom screening • Surveillance	• SOPs • PPE • Ventilators • Clinical management determined by severity of symptoms • Discharge and monitoring
Personal protective equipment and facilities	• Masks, gloves, aprons • Soap, water and sanitiser	• Early detection of symptomatic patients • Using PPE to prevent community transmission • Door-to-door screening	• SOPs • PPE determined by context and risk • Prevention of transmission measures for patients • Infectious disease equipment
Containment measures	• Movement restrictions • Travel bans restrictions • Isolation • Quarantine	• Self- and extra-household quarantine and (or) isolation • Contact review and contact tracing • Self-isolation and quarantine of contacts • Local containment	• SOPs • Facility infection prevention and control • Outbreak management
Legislation / Policies Global Regional National Local levels	• Declaration of state of disaster by National government • Invoking Section 27 of the Disaster Management Act	• Regulations for the implementation of early detection measures, guidelines and SOPs	• SOPs and Guidelines for screening, Treatment, Care and Management
Economic Interventions (e.g.: pricing, taxation, trade)	• Support for business • Tax support • Food and health interventions • Pricing	• Identification of people with financial hardship • Link to financial aid • Income supplementation	• Cost of care, cost of testing • NHI
Biotechnology (e.g., pharmaceuticals, vaccines, tests)	• Surface spraying and other infection control • Vaccine and other drug development	• Provide vaccine timeously	• Treatment protocols • Experimental treatments • Vaccine and other drug availability

STUDY METHODS

Study design and population

- The HSRC's research response to the COVID-19 outbreak employed a mixed methods approach with a
  - Quantitative studies – panel surveys conducted online and telephonically
    - General population survey 1: Socio-behavioural survey
    - General population survey 2: Lockdown survey
    - Healthcare workers survey – www.hsrc.ac.za/heroes
    - Youth survey
    - Data from surveys is benchmarked using the general population demographics based on Stats SA's mid-year estimates allowing for generalisability of findings

  - Qualitative studies
    - Key informant interviews
    - Photovoice case studies
    - Social media studies

  - Study sample
    - Sample of all South Africans aged 18 years and older communities, including healthcare workers
    - Qualitative studies included interviews with informants including teachers, shebeen owners and sex workers

- Partnerships with UKZN, SAPRIN (Agincourt), Walter Sisulu University, NIHSS and Acumen Media were crucial for expansion into these communities

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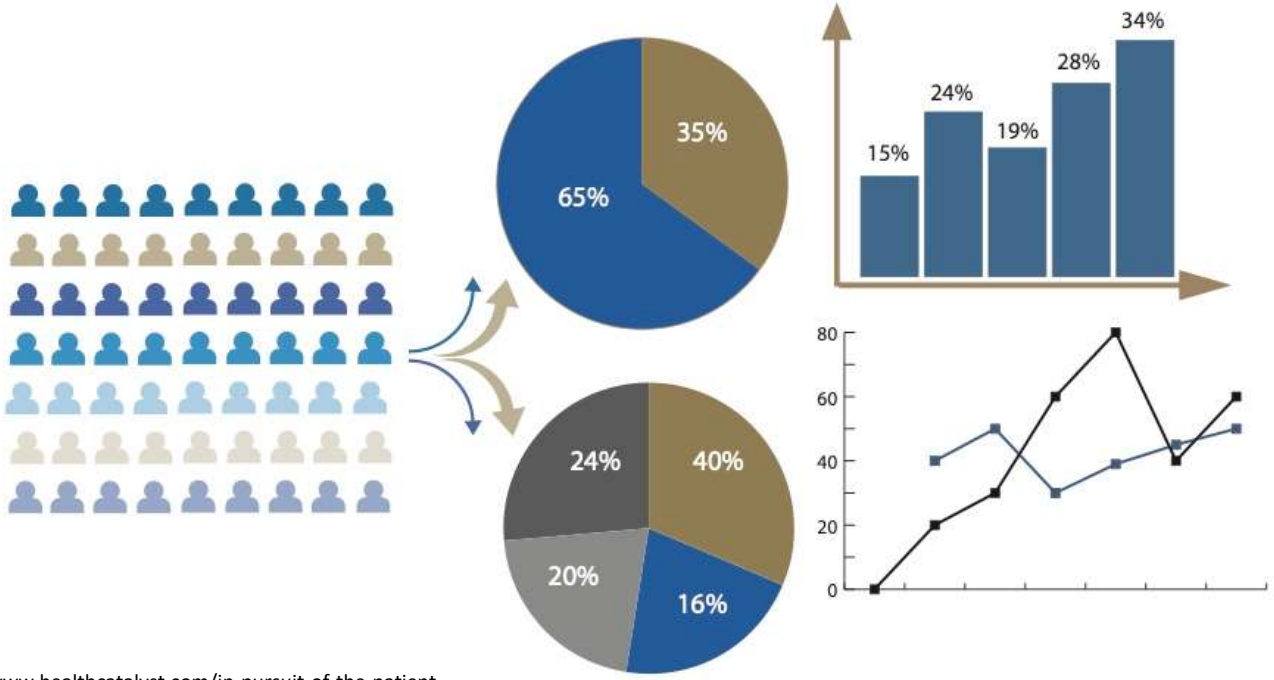
ANALYSING THE DATA

The data was benchmarked (weighted) to the distribution of South Africa's adult population.
The mid-year adult population estimates from Statistics South Africa by age, sex, race, and province is used in this process. This allows the data to be generalizable to the country.



Source: https://www.healthcatalyst.com/in-pursuit-of-the-patient-stratification-gold-standard

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PRELIMINARY RESULTS OF LOCKDOWN SURVEY:

8 – 24 APRIL 2020

MOVING FROM LOCKDOWN TO COMMUNITY PARTICIPATION, MOTIVATION AND ENABLEMENT

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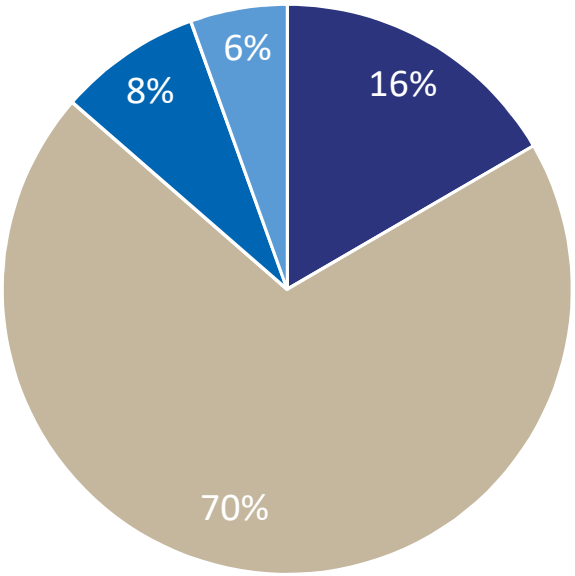
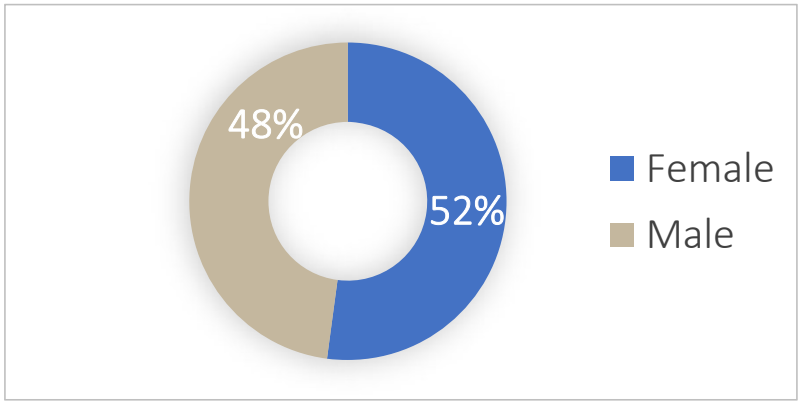
DEMOGRAPHIC PROFILE BY RACE, SEX AND AGE

Out of a total of 19330 participants, the majority (70%) were 25-59 years of age





Slightly more than half of the participants were females

Population group	%
African	78.4%
White	9.6%
Coloured	9.0%
Indian/Other	3.0%

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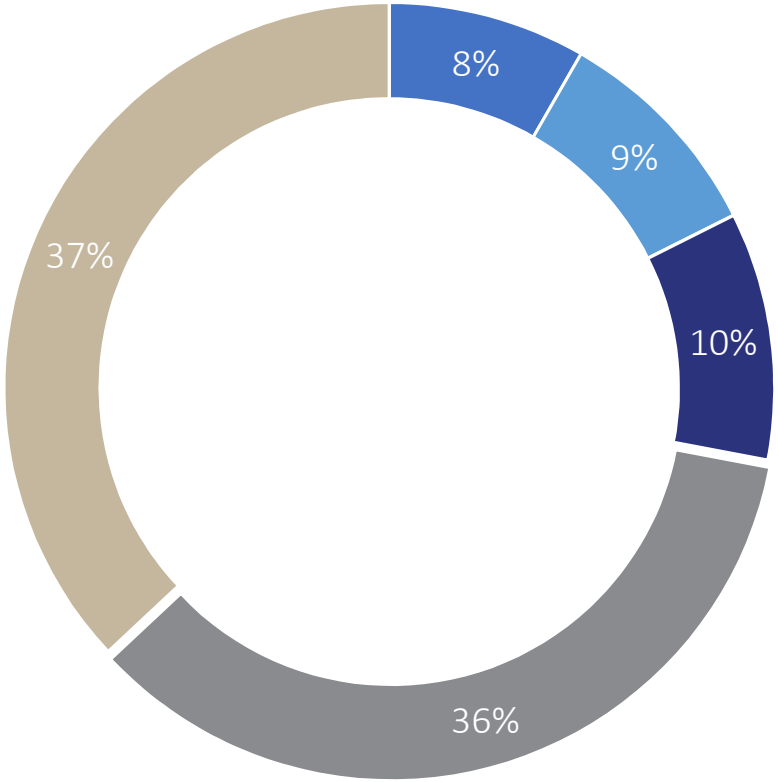
DEMOGRAPHIC PROFILE BY TYPE OF EMPLOYMENT

- Student
- Self employed
- Employed informal/part time
- Unemployed
- Employed full time



- 36% of participants are unemployed
- 10% had informal/part time work
- 9% were self employed

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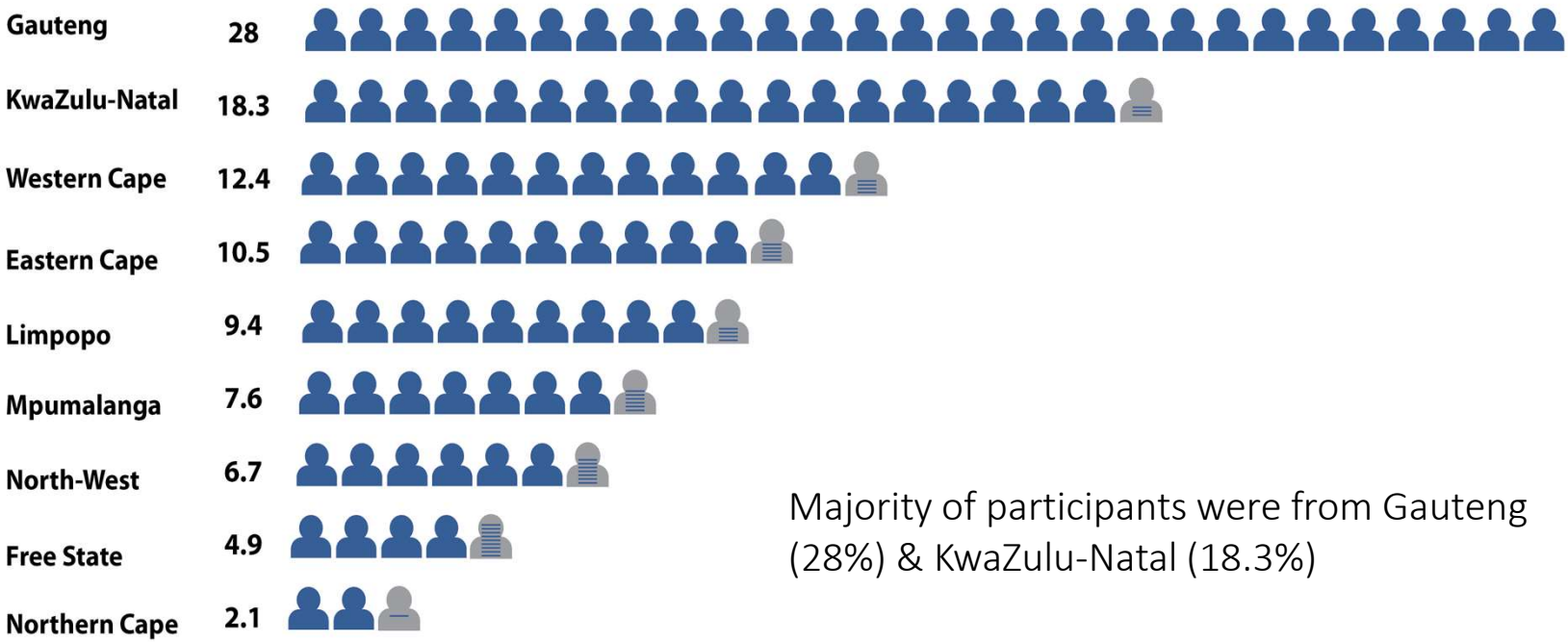
DEMOGRAPHIC PROFILE BY PROVINCE



Majority of participants were from Gauteng (28%) & KwaZulu-Natal (18.3%)

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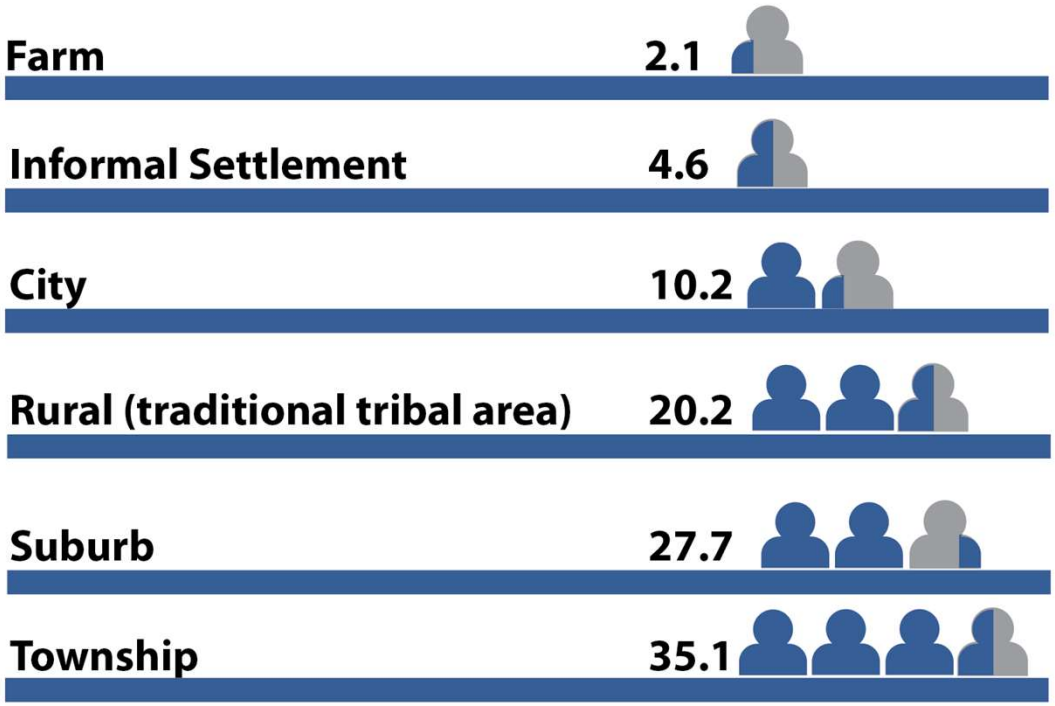
DEMOGRAPHIC PROFILE BY COMMUNITY TYPE



Approximately one third of participants stated their community type was a township (35.1%) and 1 in 5 indicated they were from a rural community type

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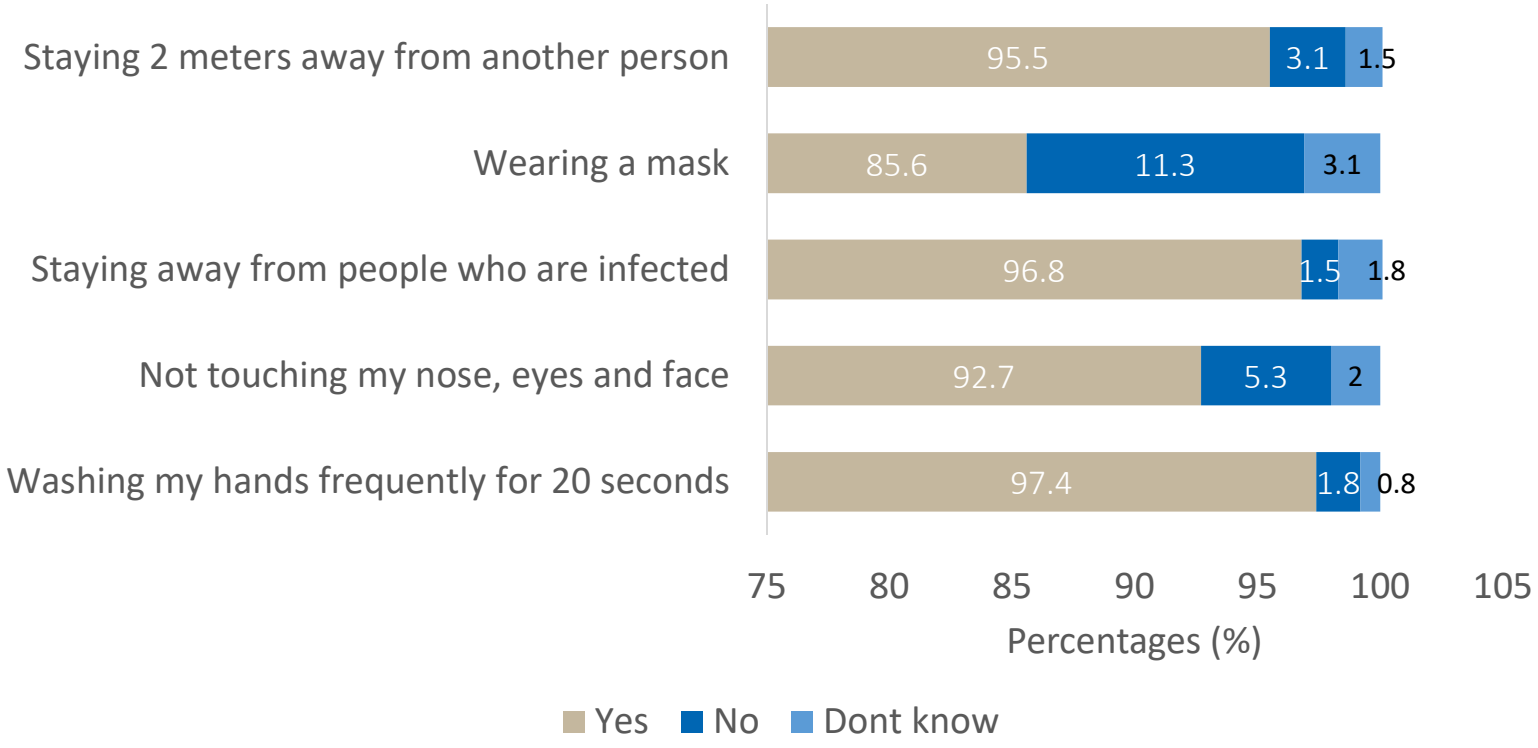
KNOWLEDGE ABOUT COVID-19 PREVENTION



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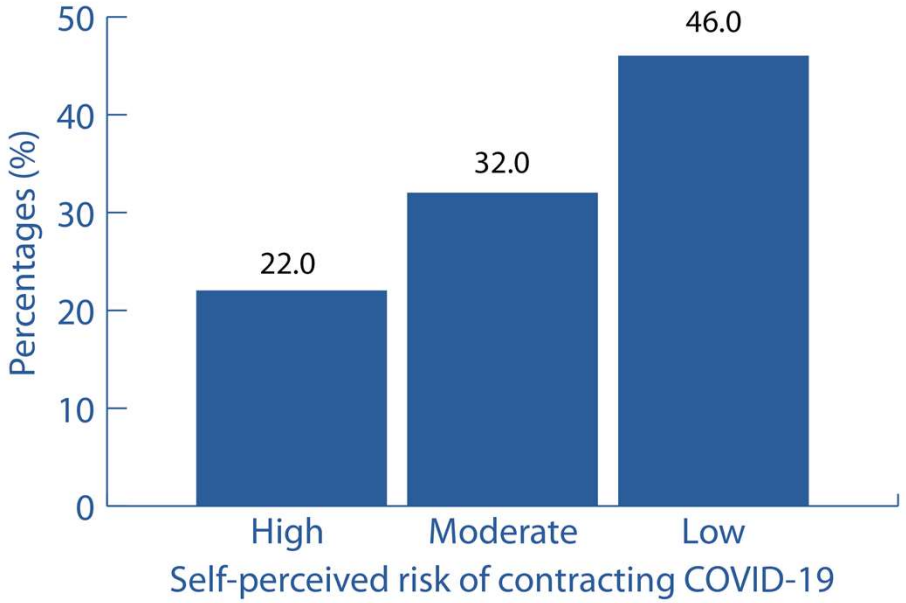
RISK PERCEPTION

Most participants perceived themselves to be at moderate or low risk



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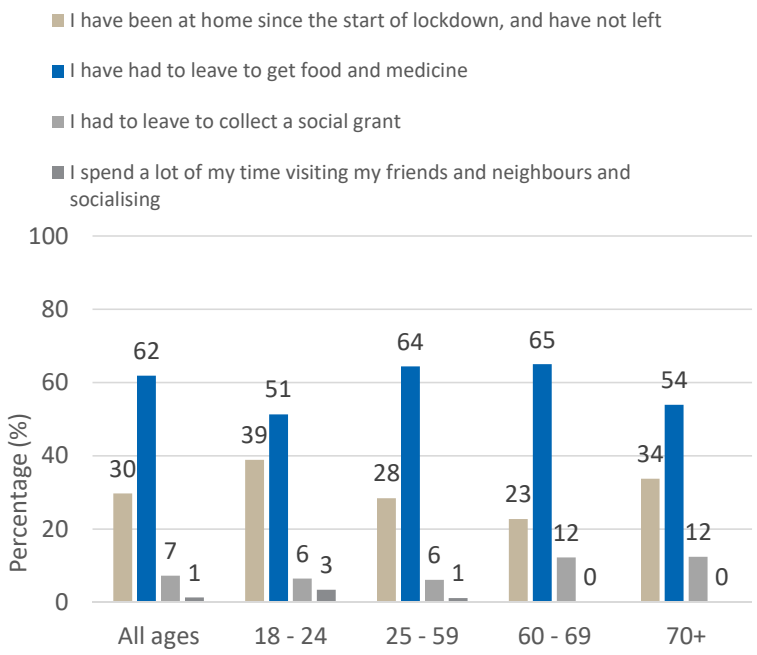
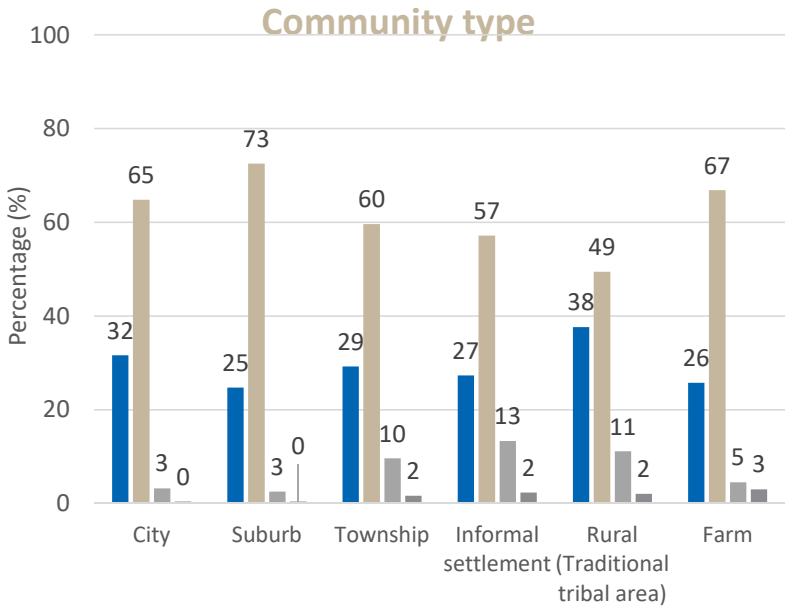
KEY MESSAGE 1

What the findings tell us	Logic for change from data to action	Health promotion strategy: health behavior change, health literacy, information, policy
• Being in the situation of lockdown could have given 1 in 2 people a sense of security and so they perceived themselves to be at low risk • Only 1 in 5 people believe that they are at high risk of infection	• If the burden of disease is high and generalised, and mortality is high, most people will perceive themselves at high risk. • When the curve is flattened and the burden of disease appears to be relatively low and mortality low, then most people will perceive themselves to be at low risk (complacency due to lockdown success) • We may becomes victims of the successes gained during the lockdown if preventive behaviours are not intensified	• **As we lift the lockdown, preventive behaviour change has to be intensified** • All people of South Africa need to take responsibility for their own behavior • Targeted messages have to promote voluntary behavior actions (hand washing, social distancing and masks) • The tipping point is between the epidemiologic, the economic, and the social/individual behaviors

ADHERENCE TO LOCKDOWN REGULATIONS:

STAYING AT HOME BY AGE AND COMMUNITY TYPE





30% had not left home since the start of lock down and 62% had left to get food/medicine

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KEY MESSAGE 2

What the findings tell us	Logic for change from data to action	Health promotion strategy: health behavior change, health literacy, information
The majority of people adhered to the regulations: The results show that **99%** either left their homes for food, medicine and social grants or stayed home.	This is important to build upon. The country needs to move from a situation of being in lock down to appealing for community participation and invoking the spirit of Ubuntu.	The message is South Africa you can do it to save lives. Take control of your lives to prevent you, your family and your neighbours from contracting the Corona virus.

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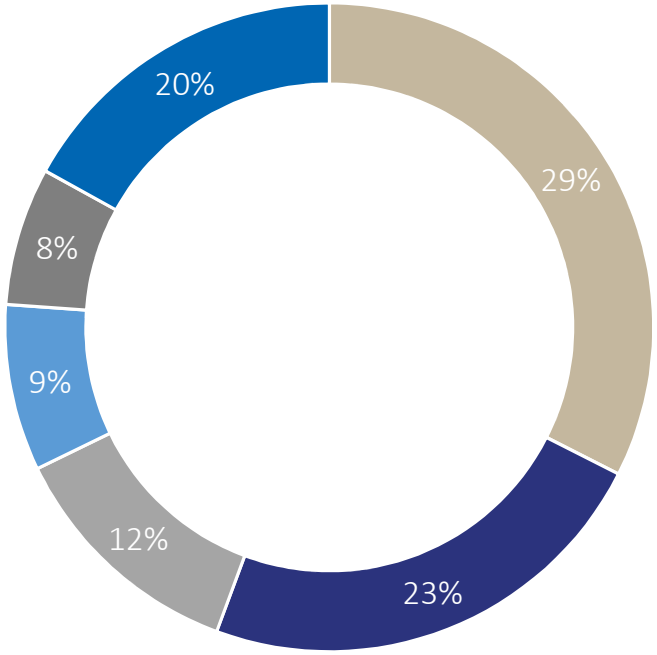
ADHERENCE TO LOCKDOWN REGULATIONS:

CONTACT WITH PEOPLE DURING LOCKDOWN

(While you were away from home, how many people did you come into close contact with? (within 2 metres)

Only 20% indicated that they had not left home, 8% had met with more than 50 people



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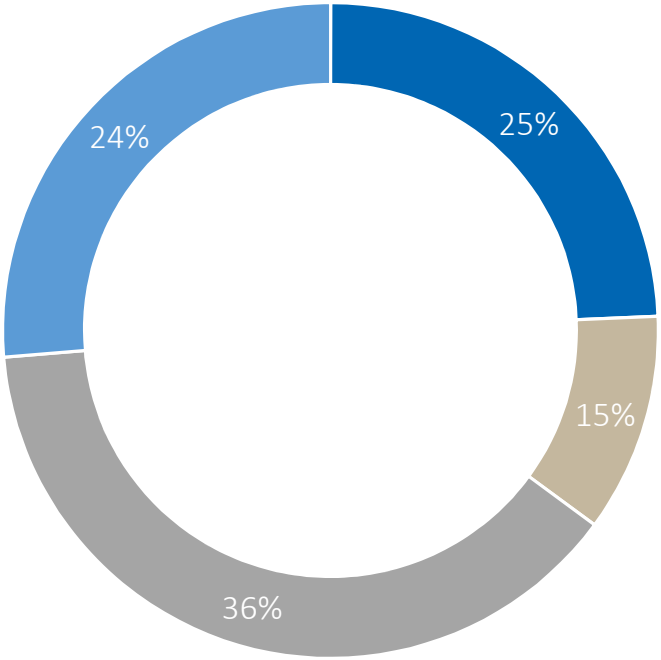
KEY MESSAGE 3

What the findings tell us	Logic of change from data to action	Health promotion strategy: health behavior change, health literacy, information, policy and economic interventions
29% of people reported that they came into close contact with 10 or more people during the past 7 days when out of their homes. 15% had to use public transport to get to the shops.	It is important to use the psychosocial and behavioural determinants to build a targeted culturally appropriate behaviour change approach regarding social distancing and its meaning in the local context. To deconstruct our normal lives so as to break the chain of transmission.	The message is that South Africans have to disrupt their social relations and activities in order to save lives, by adopting social distancing. Anyone can be infectious with or without symptoms, so everyone needs to have a duty to protect others by wearing a mask whenever out of one's home. The message is for public transport to disinfect the taxis and ensure the use of masks and social distancing inside the taxis and at taxi ranks. (Enabling messages about what you can do rather than what you cannot do).

ACCESS TO ESSENTIALS DURING LOCKDOWN:

FOOD

- We can buy from a shop within walking distance from my house
- We can buy from a shop, which I reach using a taxi/bus (public transport)
- We can buy from a shop, which I reach using my car
- We do not have enough money to buy food during the lockdown



Just under a quarter (24%) of residents had no money to buy food

More than half (55%) of informal settlement residents had no money for food

About two-thirds of residents from townships also had no money for food

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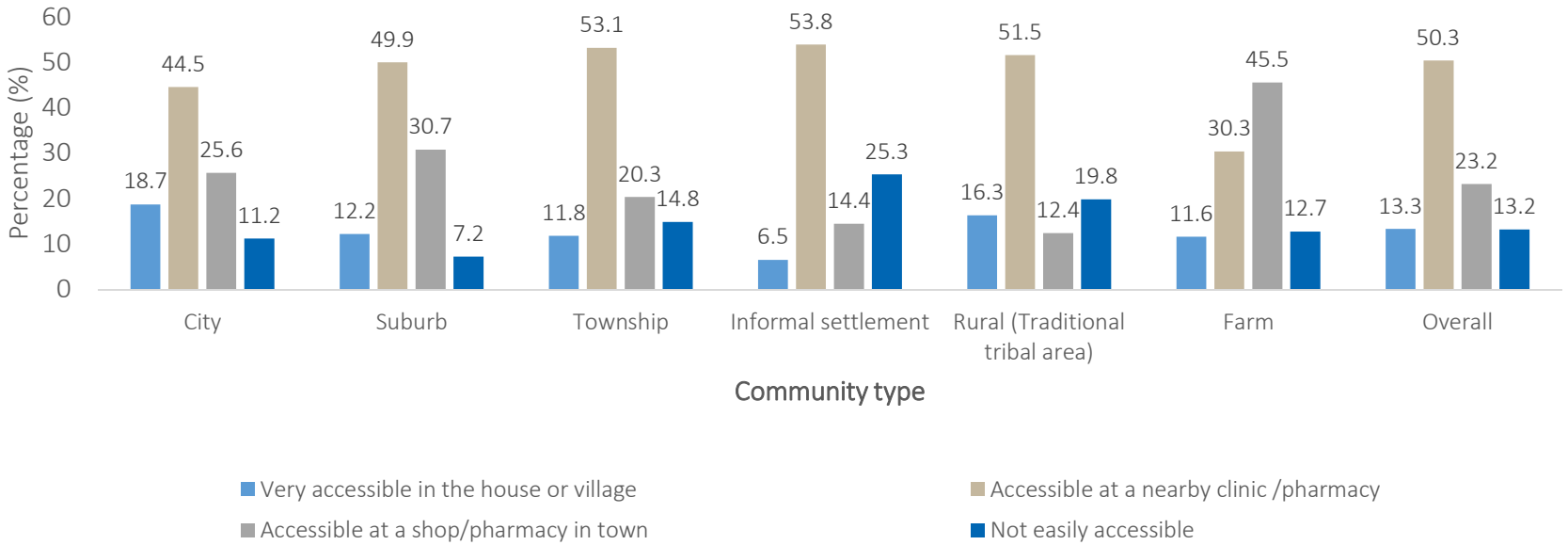
ACCESS TO ESSENTIALS DURING LOCKDOWN:

CHRONIC MEDICATION

- Approximately 13.2% of the population indicated that their chronic medication was inaccessible during the lockdown.
- Approximately 13%-25% of those living in informal settlements, rural (traditional tribal areas) and farms indicated their chronic medications were not easily accessible.



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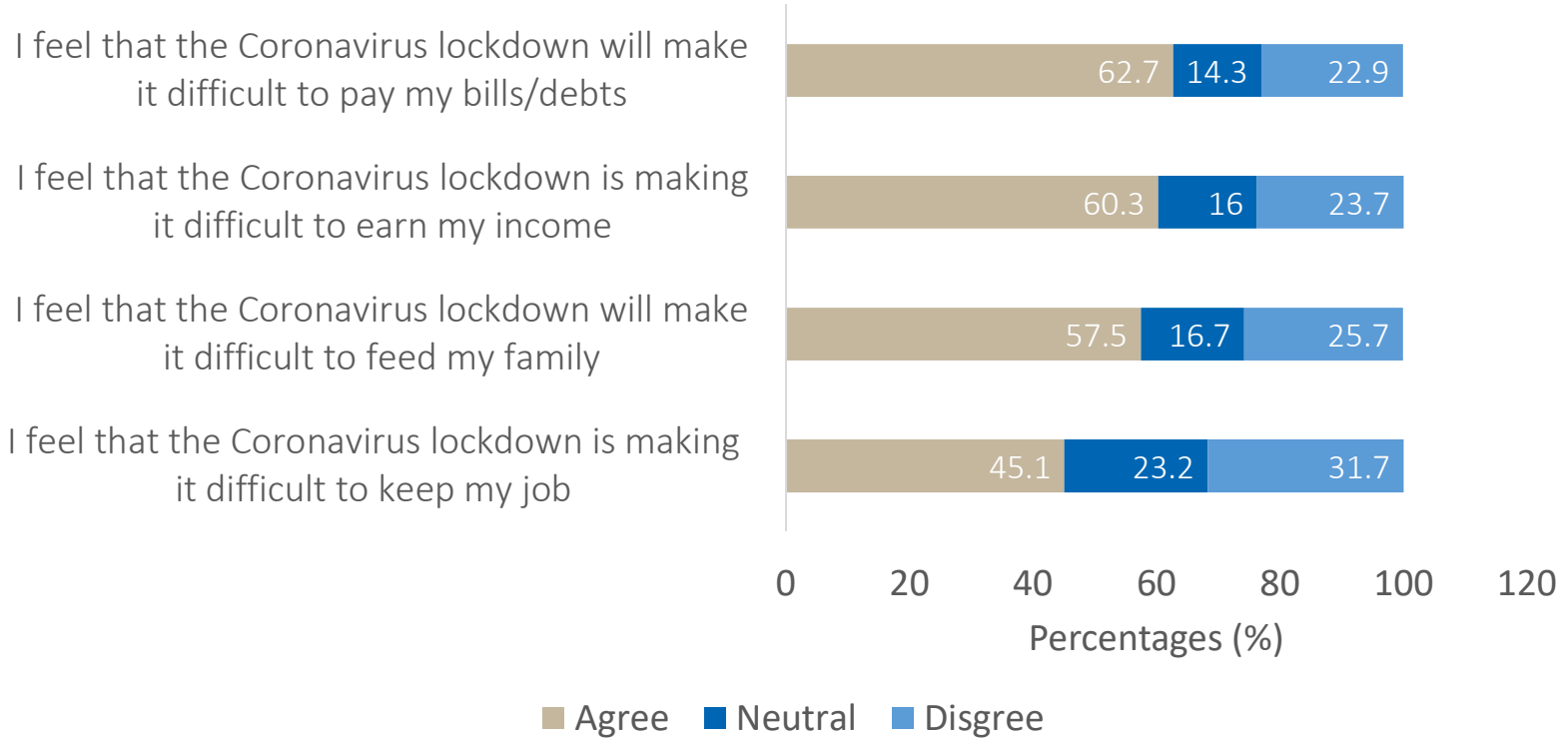
KEY MESSAGE 4

What the findings tell us	Logic of change from data to action	Health promotion strategy: health behavior change, health literacy, policy
13% of people reported that their chronic medication was inaccessible during lock down, with over 20% of people from informal settlements and rural/ traditional areas reporting that their chronic medication was inaccessible during lock down.	Impoverished and remote communities continue to face barriers to health care access. Those people who are struggling to access chronic medication will also struggle to access services related to COVID-19. It is important to relook at primary health care at a municipal ward level and to re-examine the role of community health workers, family caregivers and youth.	We need to build a social compact to create a new model between health care system and the local community at municipal level. The message is to take the medicines to the home. Learn from the Cuban experience.

DETERMINANTS OF BEHAVIOUR: FINANCIAL CAPABILITY



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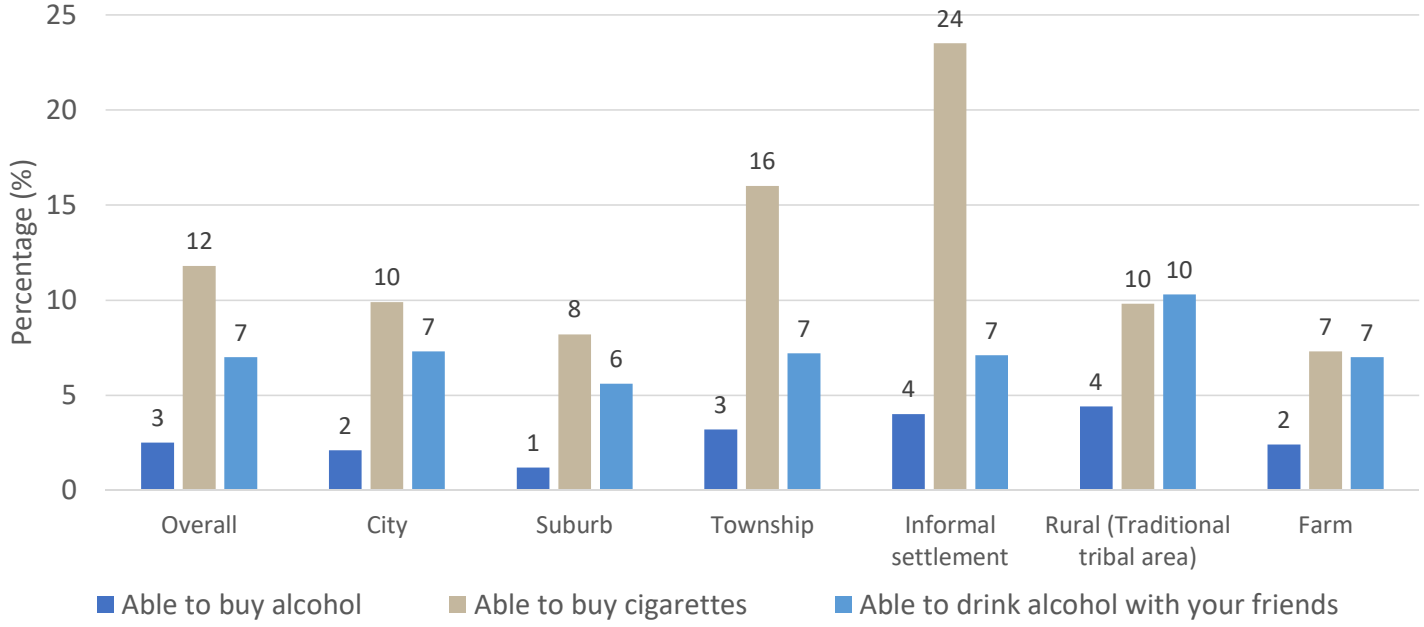
KEY MESSAGE 5

What the findings tell us	Logic of change from data to action	Health promotion strategy: health behavior change, health literacy, information, economic and policy
Between 45% and 63% of people reported that the lock down would make it difficult to pay bills, debts, earn income, feed their families and keep their jobs. Additionally, 26% of people reported that they had no money for food.	Structure the package and expand the reach of the government's economic and social relief programmes, in a way that every person feels that they are being taken care of, and in a way that is accountable at all levels with immediate consequences for violations.	The message is that the government and society as a whole acknowledges that some communities are struggling and people may have no money to buy food Create a social compact with communities and the public and private sector, to ensure sustainable financial and social relief. This should include promoting intergenerational cohesion, sustainable food banks at the level of the district.

ADHERENCE TO LOCKDOWN REGULATIONS:

ACCESS TO ALCOHOL AND CIGARETTES

Cigarettes were more accessible than alcohol during lockdown. A quarter of people from informal settlements were able to buy cigarettes during lockdown.



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KEY MESSAGE 6

What the findings tell us	Logic of change from data to action	Health promotion strategy: health behavior change, health literacy, information, policy
Cigarettes (12%) were more accessible than alcohol (3%) during lockdown. A quarter of people from informal settlements were able to buy cigarettes during lockdown.	One in five people in South Africa currently smoke, and approximately one in ten smokers were able to access cigarettes during lock down. The continued access to cigarettes in informal settlements could imply informal trade.	This highlights the need for tobacco control interventions to prevent illicit trade and smuggling. The results also call for better regulation of tobacco sales in informal markets.

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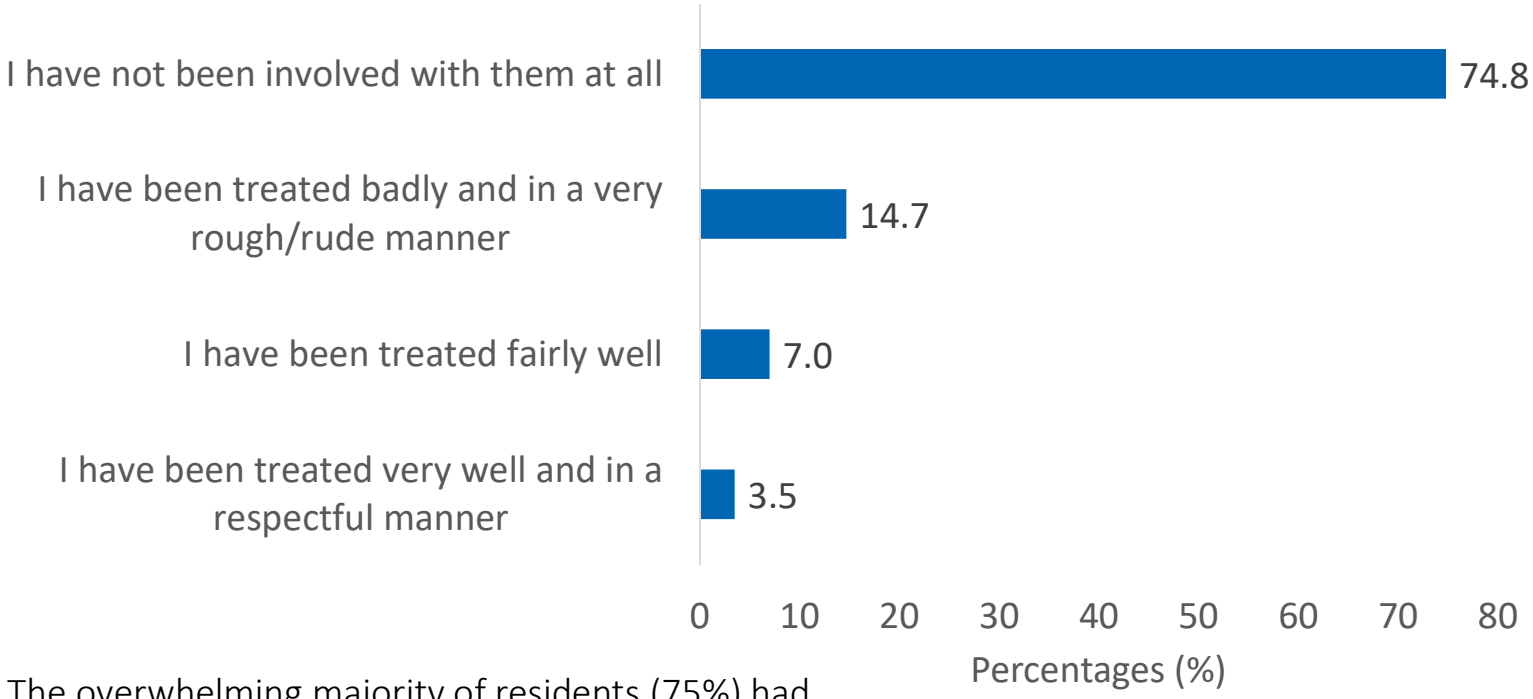
EXPERIENCE WITH LAW ENFORCEMENT



The overwhelming majority of residents (75%) had no interaction with law enforcement, 14.7% of the residents indicated that they were treated badly

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KEY MESSAGE 7

What the findings tell us	Logic of change from data to action	Health promotion strategy: health behavior change, health literacy, information, policy
The majority of people were not involved with law enforcement at all 15% of people were treated badly/roughly	The speedy introduction of regulations without guidance and support sets people up for failure Need to be sensitive to the major disruption to people's lives In order to ensure that the law is enforced, they play multiple roles (education and information, enforcement laws, social support)	Provide clear guidance and support to people so that they are able to adhere to regulations Acknowledge that it is difficult for people to make these major changes willingly in order to protect their families and communities Law enforcement should be provided with clear guidelines and support to enable them to deal with intentional violators and risk takers

CLOSING REMARKS

- We are in a moment of psychological crisis, the situation is immediate.
- We have empirical data that shows goodwill, solidarity and Ubuntu
- South Africans are saying “we have your back” however
  - Medium term there will be challenges and we will be more open to scrutiny and debate
  - The difficulties in accessing essentials such as food and medicines will erode goodwill
- The survey has shown that we have a window of immediate opportunity

- Prof Crain Soudien

THANK YOU

Thank you to South Africans for sharing their views, perceptions and thoughts with us by participating in the survey and for sharing the survey link with their networks

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THANK YOU

- Undertaking a project rapidly in the face of a public health emergency requires a strong collaborative team working under pressure to provide the country with important socio-behavioural and social data.
- Thanks are due not only to HSRC staff across the organisation, but also to key partners in implementing the survey
- Thank you to influencers and media personalities for encouraging participation of the survey and recording public health messaging
- Thank you to the Department of Science and Innovation for your ongoing support and strategic direction, particularly DG Phil Mjwara and DDG Imraan Patel and their staff

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- Walter Sisulu University
- KwaZulu-Natal Department of Health
- South African Population Research Infrastructure (SAPRIN)
- South African Population Research Infrastructure (SAPRIN) Agincourt
- Harambee Youth Employment Accelerator
- Banking Council
- First National Bank
- Acumen Media
- Research and Academia for supporting the survey through extensive networks
- BINU/Moya Messaging platform
- National Institute for the Humanities and Social Sciences (NIHSS)
- Government Communication and Information System (GCIS) and their networks and partners
- Higher Health
- Communication Cluster Advisory Group
- Anti-COVID-19 group facilitated by University of KwaZulu-Natal
- HIV and TB Healthworkers Hotline

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Sibiya Sinethemba
Sifiso Siboniso Zondi
Sinenhlanhla Mthembu Sne
Siphelele Zondi
Sphamandla Nkosi
Sunhera Sukdeo
Tandile Nongqoqo
Tiara Maharaj

Excellent Nkune
Nosihle Hlophe
Mxoli Xulu
Luyanda Dube
Philani Mbhele
Sihle Dayimani
Sphiwo N Tom
Ncebakazi Mbiko
Sandiswa Mdlalana
Lizo Mdolo
Mgayi Cwangco
Justine Govender
Anelisa Kani
Azizipho Nobanda
Caitlin Govender
Khadija Gannie
Mliya Ali
Navitha Singh
Zinhle Mzobe
Zahrah Timol
Zamambotho Mabozo
Toni Renton
Xolani Ntembe
Thobeka Mkhwanazi
Thamsanqa Zakwe
Thandeka Magubane
Thandeka Nkambule

Siphamandla Nkosi
Mohamed Suleman
Sihle Dayimani
Zinhle Mzobe
Zamanthusi Miya
Mphilisi Siyaya
Sibabalwe Dobe
Christen-Joy Winnaar
Ayanda Ndlovu
Hluvuko Ndindani
Naeema Suleman
Sinentlahla Qadi
Bongani Mafuleka
Philile Madela
Atiyyah Ameen
Nozuko Lawana
Samela Mtyingizane
Mohundi Mpyana
Mkhize Minenhle
Teddy Monde Ngobese
Yolanda Wyatt
Siyabonga Mtshali
Snakhokonke Makhanya

Prof. Stephen Tollman
Prof. Kathleen Kahn
Prof. Francesc Xavier Gomez-Olive
Daniel Ohene-Kwofie
Pedzisai Ndagurwa
Ngonidzashe Ngwarai
Mercyful Mdluli
Zanele Cossa
Nkateko Nyathi
Wisani Maphanga
Corlia Khoza
Annelie Lubisi
Thandiwe Hlatswayo
Polite Thibela
Monareng Nester
Theodorah Mnisi
Sagwati Malumane
Solly Ndlovu
Simon Ndzimande
Prosperous Mlangeni
Agnes Themba
Safira Sibuyi
Thuli Wavele
Iyander Ngobeni