DA COVID FAQs

1. Does the DA support the national lockdown?

Short answer (TL:DR)

The DA does not support the continued national lockdown. A lockdown is not an effective long-term strategy for responding to the virus.

Long answer

We supported the initial 21 days of lockdown (27 March 2020- 16 April 2020) based on expert advice and global best practice at the time. This was to give the government a chance to increase the national health system's readiness to handle the epidemic (i.e. raise the line). As well as to slow the spread of the virus (not eliminate it) by preventing a surge of cases which would overwhelm the health system (i.e. flatten the curve). A lockdown cannot be used as a long-term strategy for responding to the virus; because over time adherence levels drop, non-COVID health risks increase and economic risks increase.

From the onset we have expressed concern with irrational regulations and interventions which play no part in improving health system capacity or flattening the curve, inadequate testing and test turnaround times, lack of and/or withholding of data, absence of parliamentary oversight, and with the inadequate support to poor people and struggling businesses.

2. What strategy does the DA propose for managing Covid?

Short answer (TL:DR)

There should a two-stage approach: a choice between lockdown or a complete opening, not various levels. A single opening of the economy combined with non-pharmaceutical interventions (e.g. wearing masks, hand and surface sanitizing, social distancing to extent possible) and sector health protocols is what is needed. As well as encouraging and assisting high-risk groups to isolate.

Long answer

The DA believes that South Africa's response to Covid must be rational/proportional in terms of the myriad other risks that our society faces; including risks from other diseases and poverty-related risks. It must also be sustainable over at least a two-year period and it must be based on transparency and trust rather than secrecy and coercion.

The strategy we support at this stage of the epidemic consists of the following:

-Opening up of all sectors of the economy, institutions and schools, subject to sector specific health protocols. Distinct levels of lockdown, in most parts of the country, cannot be credibly justified (see question 3).

-Put in place localized hotspot management specifically where there is an outbreak in a community or workplace.
-Compliment, or refocus testing strategy with self-reporting of symptoms. It is clear that South Africa, like other developing countries, is struggling with ensuring mass testing with less than 24-hour turnaround times.
-Non-pharmaceutical interventions, including: wearing of free, publicly available masks (in public areas where physical distancing is not possible), social distancing, hand and surface sanitization etc.
-No resources to be spared in funding testing and NPIs, as it would be cheaper to do that than the economic cost to the country of continued lockdown.
-Encouraging and assisting the high-risk group to shield from the virus (60+ year-olds and those with the core Covid co-morbidities, such as HIV, diabetes, hypertension).
-Allowing those who can work from home to do so.
-Continuing to build healthcare capacity (raising the line) including by establishing temporary hospitals, increasing personnel numbers by enlisting and training volunteers, and acquiring personal protective equipment (PPE).

The best weapon South Africa has at its disposal now to keep the curve as flat as possible is non-pharmaceutical interventions, not enforcing levels of national lockdown or arbitrary regulations.

3. Does the DA still support a 'phased' smart lockdown?

Short answer (TL:DR)

If we had the data to make it work, then yes. But we do not. Potentially only the Western Cape and Gauteng are conducting enough testing to make it work, but even that is hobbled by test turnaround times. We cannot support a strategy for which the country lacks the data to execute. South Africa lacks the information required to credibly move between several distinct levels of COVID response.

Instead the lockdown should be ended completely while continuing with nonpharmaceutical interventions.

Long answer

The strategy (version 1) proposed by the DA on the 13th of April 2020 proposed a smart lockdown with levels, such as what was being considered at the time in countries like France, Austria, and New Zealand. However, in strategies with levels, the decision to move to a particular level is driven by information on new cases, which in turn is dependent on testing.

South Africa is conducting far below the 36 000 tests per day the NHLS had targeted for the end of April. In addition, test turnaround times take several days instead of under 24 hours. Movement between distinct levels of lockdown is dependent on how the virus is progressing- South Africa is conducting too little tests, far too slowly to determine various levels of lockdown. The turnaround times for this strategy matter as much as the amount of testing. If turnaround times are long, it means that by the time a positive result is returned patients may no longer be infectious and they have likely come into contact with too many people to trace.

Together with the lack of transparency into how each sector's risk was determined, this makes the stages put in place by government arbitrary. The country has already been subject to various revisions, thus creating levels within levels.

We therefore, revised this specific element of our position on the 27th of April 2020. It was clear as early as that date that South Africa was not conducting the kind of testing and tracing regime that would support a strategy based on levels. This revision maintains the non-pharmaceutical interventions we have been calling for from the beginning, but replaces levels with a general opening combined with sector health protocols.

Instead of the government determining which business activity should be permitted in each level (especially in absence of a data backed approach to do so), we proposed instead that all business be allowed to open provided they meet the level of health protocols required. This remains our position on the reopening of the economy.

In practice opening up the economy with protocols for each sector will mean a gradual and not a sudden opening. The distancing, sanitisation, and screening measures required at this stage of the epidemic mean that businesses will open up at variable speed depending on their ability to comply. And those that do open will likely not be able to run their operations immediately at the same capacity due to the need to keep customers and staff at a distance, to possibly rotate staff in cohorts etc.

Therefore, our call to open up with protocols non-pharmaceutical interventions is not abandoning the call for opening to be cautious and gradual. Businesses open only if they are ready to comply with health protocols.

This view has been reiterated by leading experts. This includes Dr. Glenda Gray, Dr Marc Mendelson, Dr. Shabir Madhi, and Dr Alex van den Heever.

4. What is the DA response to the announced move to level 3?

Short answer (TL:DR)

The level 3 which has been announced on the 24th of May is very different to initial level 3 proposals made in April. So different as to make it close to the full opening of the economy as we have called for. The government, however, needs to go all the way and not retain certain arbitrary restrictions for the sake of saving face. There needs to be a clear decision whether we are moving to a full opening of the economy, or sticking to the approach of arbitrary, constantly revised levels.

Long answer

South Africa was about to reach the world's longest lockdown. Having been backed into a corner we finally have before us a wider opening of the economy than what was initially proposed for level 3. This is a sign that the hard lockdown, and risk adjusted levels are slowly being abandoned for a two-stage COVID response, i.e. moving between a hard lockdown and a single opening of the economy combined with non-pharmaceutical interventions and protocols.

However, it does not go far enough to make the move coherent. Certain select activities such as personal care (e.g. hairdressers) are still excluded even though customers can more effectively distance there than in shopping aisles. South Africa needs to develop workplace protocols. The only barrier to carrying out an activity should be the inability to comply with health protocols, not ministerial whim. Level 4 restrictions were subject to various revisions, let us avoid the same confusion now. This can be avoided by opening up all sectors and putting in place sector protocols and non-pharmaceutical interventions.

Furthermore, other capricious and arbitrary regulations such as the ban on cigarette sales should be immediately lifted. We are encouraged to see that alcohol sales will be permitted and during standard operating hours. Restricted hours would have served only to increase congestion.

5. Has the lockdown worked?

Short answer (TL:DR)

It worked potentially to delay the peak of the virus, but not to significantly increase health sector readiness or meet testing daily targets.

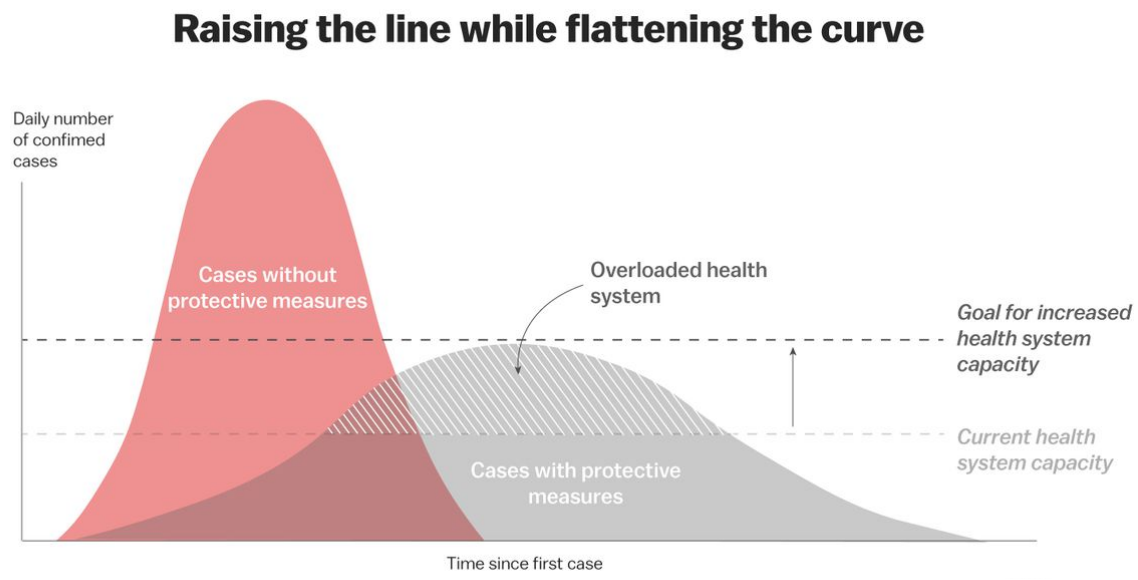
Long answer

The initial lockdown may have been prudent and effective, particularly due to its effect in affluent areas. But trying to keep densely populated areas under lockdown has not been very effective.

In order to flatten the curve the reproduction rate of the virus needs to be 1 or less than 1, estimates suggest that South Africa has a reproduction rate of 1.2 which is not enough to flatten the curve.

In addition, the lockdown was meant to provide time to significantly ramp up testing and improve health system capacity. South Africa is still short of the 36 000 tests per day the NHLS predicted we would be conducting by the end of April. Furthermore, South Africa will fall far short of needed ICU beds and ventilators in both optimistic and pessimistic projections.

If we have failed to significantly flatten the curve or raise the line, then the lockdown has not been much of a success. And its continuation will prove even less of a success, because adherence is declining amongst other economic and health factors. The importance of raising the line has not been spoken about as extensively as flattening the curve. However, in addition to increasing testing, this is what the government was meant to do with the time provided by the lockdown. The importance of raising the line is illustrated by the following graph.



Source: Vox, Adapted from CDC and Kumar Rajaram, UCLA

6. If the lockdown has failed to get us ready, will opening up not risk lives?

Short answer (TL:DR)

Continued lockdown risks more lives than opening up, if all lives are taken into account, rather than just those at risk from COVID. Unfortunately, South Africa does not have the luxury of a policy scenario where no lives are lost. If lockdown restrictions cannot be adhered to for a long period of time in densely populated countries, then extension of lockdowns brings little public health gain at an enormous economic cost.

Long answer

It is important to remember that there is no option before policymakers where no lives are lost. We have to make difficult choices.

Current projections place worst case scenario COVID deaths at 45 000 by November. We need to bear in mind that more than 400 000 South Africans die from natural causes each year.

There is also a link between economic devastation and increased mortality. The ability of the public health system to respond to TB, diabetes, to treat potentially fatal injuries etc. requires resources which come from the fiscus. Without these resources lives are lost. Due to the current lockdown SARS will lose R284 billion in revenue in the current fiscal year, this has a direct impact on government social and health spending. Aside from the impact on the fiscus, economic decline will lead to job losses (estimates between 3 and 7 million) and loss of income, which in turn means starvation and malnutrition for millions of people. Poor nutrition and low incomes are further directly linked to compromised immune systems reducing quality of life and years lived. Furthermore, we have observed other effects of the lockdown on the ability of the health care system to respond to other threats- e.g. 50% less people have come in for TB testing, this is serious as TB kills more than 60 000 people per year in South Africa.

Ultimately keeping lockdown restrictions in place will do little to reduce overall COVID deaths, because adherence in densely populated areas is already low, but can increase non-COVID deaths and COVID related economic disaster. Non-pharmaceutical interventions will do more to reduce deaths now than lockdown conditions.

7. Does the DA support the COVID relief efforts which have been put in place?

Short answer (TL:DR)

The COVID relief response in South Africa is woefully inadequate. The inadequacy of the COVID relief provided is a large motivating factor in calling for the end of the national lockdown.

Long answer

South Africa's COVID relief response has been a failure on several fronts:

- Relief too small to plug the gap. South Africa's official COVID relief package amounts to R500 billion. Whereas the lockdown has been estimated to cost the economy R13 billion a day. This makes it important to get the economy back up and going fully as soon as possible. Since South Africa cannot match the relief provisions of more developed countries, thus the urgency to open up is greater.
- Where money is available it is taking too long to put in the hands of those who need it. In April a special grant of R350 a month for the next 6 months was announced to be paid to individuals who are currently unemployed and do not receive any other form of social grant or UIF payment. A month later only 10 individuals have been paid. Many businesses and individuals have not received TERS or UIF funds. The DA has proposed that relief funds be distributed using SARS.
- Relief funds to be dispersed using racial criteria. The DA has taken the government to court in respect of demographic based provision of relief.
- The Department of Social Development's draft regulations shut down soup kitchens and placed stiff regulations on the distribution of food parcels. This had the effect of depriving hundreds of thousands of South Africans from receiving food at a critical time. The DA has won a reprieve from the High Court, interdicting government from preventing NGO, churches etc from feeding the hungry and distributing food.

8. Why does the DA-run Western Cape have the highest infection numbers and COVID deaths in South Africa?

Short answer (TL:DR)

There are several plausible reasons for the higher infections and recorded COVID deaths in the Western Cape, including: It is ahead of the trajectory the rest of the country will eventually follow, it had more cases pre-lockdown due to tourism from high risk countries, the particular testing strategy followed by the province (higher testing and targeting of hotspots), and post-mortem testing being conducted in the province.

Long answer

Leading experts predict that many provinces will catch up to the Western Cape's trajectory in the coming weeks and months.

Why has the Western Cape been ahead of that curve? One of the reasons is that Cape Town is Africa's most popular tourist region, and thus welcomed the most visitors from the hardest-hit regions in the world, including China, Europe and the United States while the epidemic was progressing. Many of the country's first cases were reported in the Western Cape, and it is likely that the province has had the highest number of infections all along.

Another reason relates to the province's testing numbers and testing strategy. The WC has been testing more of its population than any other province. The more tests conducted; the more cases will be recorded.

Secondly, in contrast to other provinces, the WC has chosen an approach focused on testing in 'hotspots' — places where the infections are concentrated — as opposed to general testing of the population. This means that the ratio of tests which come back positive will be higher, because of the purposeful testing of places where the virus is suspected to be present.

Lastly the Western Cape is performing post-mortem testing. This means that patients who were not tested for COVID before they died have a greater chance of still being picked up in the Western Cape. If someone is not tested for COVID before or after they die, their death will not be recorded as a COVID related death. This shows the impact of testing on the reported COVID death rate.

9. Why is the Western Cape ready to reopen?

Short answer (TL:DR)

The province has used the time under lockdown effectively: to conduct high levels of testing and increase health care system capacity. Keeping the entire province under a generalised lockdown would not yield further benefits.

Long answer

The purpose of the lockdown was to buy the government time to ramp up testing and increase the capacity of the health care system. The Western Cape has been transparent about how the lockdown was utilised to achieve the following:

- R725.5 million has been committed towards Covid-19 related expenditure across the Western Cape Government.
- The conversion of the CTICC into a temporary hospital facility that will provide some 850 additional beds at the peak of the pandemic is well underway.
- The province will soon open additional temporary hospitals along the R300 in the Metro, in Khayelitsha and in the Cape Winelands that collectively provide an additional 616 beds.

- 18 testing and triage centres (12 are already operational) have been opened to provide additional support at these facilities.
- 3888 Community Health Workers are operating across the province, with a further 464 due to start work soon
- The number of tests have increased from 7 975 on 1 April to 94 275 on 18 May. This is an increase of 1182%. This represents a testing ratio of 1347.27 per 100 000, the highest in the country.

This should not be read to mean that the Western Cape health system will not be overwhelmed. It will, as will all health systems around the country. And as they have always been pre-COVID. South Africa has never operated with a health system that had capacity above demand. But the Western Cape has used the time provided by the lockdown as could be reasonably be expected.

It is now time to rely on nonpharmaceutical interventions to slow the spread over as long a period as possible. And to focus testing and isolation measures in hotspots.

The full statement on the Western Cape's preparations can be found here.

10. What are the DA's court cases about?

Short answer (TL:DR)

The DA is challenging irrational lockdown regulations and the constitutionality of the Disaster Management Act.

Long answer

- We instructed our lawyers to challenge the discriminatory use of the coronavirus emergency relief fund because it isn't right for government to exclude citizens from this relief based on their, or their employer's, race and other arbitrary criteria.
- We filed papers in the High Court challenging the rationality of three separate lockdown-related issues: the night curfew, the ban on e-commerce and the restriction on exercise hours. And we are also challenging the constitutionality of the aspect of the Disaster Management Act that allows the National Command Council to make decisions as they please, without any checks and balances.
- The DA lodged a complaint with the South African Human Rights Commission regarding the Department of Social Development preventing NGOs from distributing food. The DSD has subsequently been found by the SAHRC to have violated human rights in doing so. In addition we obtained a reprieve from the High Court, interdicting government from preventing NGO, churches etc from feeding the hungry and distributing food.

We will continue to take legal action where regulations, under the guise of COVID risk reduction, are used to arbitrarily restrict our rights and freedoms.

11. What is the DA's position on the opening of schools?

Short answer (TL:DR)

We support the reopening of schools that are ready to implement health protocols. Subject to parental choice in the return of their children to school.

Long answer

What we know at present is that there are fewer cases of COVID-19 among children compared to cases among adults globally. Children make up between 0.8%-2% of all COVID cases in different countries.

Emerging evidence suggests that children are at low risk of becoming seriously ill should they become infected with COVID. In the largest study of paediatric patients 95% of children were asymptomatic to displaying moderate symptoms, 5% had severe symptoms, and 0.6% were critical.

The jury is still out regarding the extent to which children pose a risk in spreading infection to other members of the household.

In light of this we support the decision to safely reopen schools to ensure learners complete their academic year.

That said, health protocols in schools must be put in place. In this regard there are many details still to be unpacked. And the major challenge now will be the implementation of safety measures to ensure that learners, teachers and school staff will be safe. Once personal protective equipment (PPE), sanitation resources and other measures have been delivered to schools, we will have a true reflection on the safety and readiness of schools.

The DA has noted that auditors will monitor the progress of schools in this regard. We too will be doing our own monitoring. The DA will insist that schools that are not ready, should not open. We also call on the Minister to ensure that progress reports are shared with Parliament and the public on a weekly basis in the run-up to the reopening, as well as afterwards. These updates will be crucial in determining the phased return of the remaining grades.

We reiterate our call that a protocol is developed by the Department and provinces to determine when and why each individual school may open or close in difficult situations, for instance, if a number of learners or teachers become ill, or where an infection “hotspot” is identified.

Furthermore, the decision of sending children back to school must remain with parents.