

COVID-19 SHINES A LIGHT ON SOUTH AFRICA'S STARK INEQUALITIES

24 MARCH, 2020

[BLOG \(HTTP://WWW.SRHM.ORG/NEWS-CATEGORY/BLOG/\)](http://www.srhm.org/news-category/blog/)

Written by Sarah Pugh, Independent Consultant, Cape Town, South Africa

On Sunday, 15 March, South African President Cyril Ramaphosa declared a national State of Disaster, encompassing measures such as visa bans, travel restrictions, school closures and the restriction of gatherings over 100 people. The first case of the novel coronavirus Covid-19 was reported on 5 March. Today, less than three weeks later, the number of confirmed cases surpassed 550. Many worry that the real numbers are likely much higher, particularly given financial and logistical barriers to testing.[1] Last

night, President Ramaphosa addressed the nation to announce an unprecedented 21-day lockdown, effective from Thursday 26 March at midnight.

In some parts of South Africa scenes now familiar around the world are unfolding, with many shoppers heading to the stores to stockpile supplies, if they haven't already done so. Images in the media of store shelves barren of products such as long-life milk, canned goods, and toilet paper have likely spurred even more "panic-shopping," although South Africans are assured that supply chains remain intact.

Yet there are many more South Africans who cannot and have never been able to afford to fill up a cart with groceries, let alone stockpile for a potential lockdown. South Africa is one the world's most unequal societies where many live hand-to-mouth, relying daily on the informal economy to survive. The latest figures from the World Inequality Database show that "the top 1% of South African earners take home almost 20% of all income in the country, while the top 10% take home 65%. The remaining 90% of South African earners get only 35% of total income." [2] As a recent report on inequality from Statistics South Africa makes clear, despite the formal end of apartheid almost 26 years ago, these divisions remain deeply entrenched along racial, gender and spatial lines. [3]

Since the first cases emerged, those of us living in South Africa, as in other parts of the world, have been asked to undertake "social distancing" measures, to work from home if we can, and to wash our hands regularly. Yet it is almost impossible to imagine how this advice could be followed by those South Africans and residents who share crowded spaces and rooms in informal settlements or

townships, who share public toilets with many other families, or who do not have ready access to running water and services. Working from home can only be an option for the minority. For those who rely on crowded public taxis (minibuses) or trains for transport to and from work, there can be no “social distancing.”

In a country with low household savings and high household debt, many will have no cushion to protect them from the economic assault that Covid-19 is only beginning to unleash. With the newly announced lockdown, the implications for those already living on the margins will be dire. Already, for example, some are pointing to the negative nutritional implications of the school closures, which will affect an estimated 9 million school children who normally rely on school feeding programmes for one meal a day.[4]

Underlying health conditions and vulnerabilities are another major concern in our context. Despite important advances in the fight against both HIV and TB, South Africa still has one of the highest TB burdens globally, and UNAIDS’ data for 2018 put South Africa’s HIV prevalence (the percentage of people living with HIV) among adults 15-49 years at 20.4%.[5] Global data coming out of the pandemic suggests that those with underlying health conditions are more at risk of serious complications or death from Covid-19 infection.

The linkages between economic inequalities and inequalities in health outcomes are well known. SRHM explored these issues in depth in relation to SRHR in its 2018 issue “SRHR for all? Exploring inequities within countries” (Vol.26. Iss.54 (<https://www.tandfonline.com/toc/zrhm21/26/54?nav=tocList>)). In South Africa’s two-tiered health system, high quality care is

generally available through the private sector for the minority who can afford Medical Aid schemes or private payment, while the much less robustly-resourced public health care system struggles to meet demand and standards for the majority of South Africans. On top of this, access to health care of any kind is notoriously difficult and sometimes impossible for the hundreds of thousands of irregular migrants living in South Africa, even where they are legally entitled to such care. How migrants, refugees and asylum seekers will be included in the response to Covid-19 is an important, and to date largely overlooked question.[6],[7]

How a lockdown will impact other aspects of health, including SRHR, in South Africa remains an open and troubling question. In a country with particularly high rates of sexual and gender-based violence (SGBV), what will a lockdown mean for those unable to leave the home to seek safety from an abusive partner? What will it mean for access to support and services for SGBV survivors? What happens when you add into the mixture the tensions of even higher economic stress than usual? What will the lockdown mean for access to SRHR services, including contraception, antenatal care, and safe abortion care (the latter being difficult to access in South Africa even at the best of times)? What are the gender implications of the school closures, especially for single mothers? This is a particularly important question in a country where data show that most children (45.6%) aged 0-6 live in a single-parent household, with their mother.[8]

South Africa, like the rest of the world, will be dealing with the fall-out from Covid-19 for many years to come. Now, on the cusp of our national lockdown, we are taking a deep breath and hoping that we can emerge on the other side with lessons to take forward into a more equitable and just post-Covid-19 future.

[1] Stent, James and Nathan Geffen. 17 March 2020. “Covid-19: Why “test, test, test” is easier said than done”. GroundUp.
<https://www.groundup.org.za/article/covid-19-why-test-test-test-easier-said-done/>
(<https://www.groundup.org.za/article/covid-19-why-test-test-test-easier-said-done/>)

[2] Webster, Dennis. 19 Nov 2019. “Why South Africa is the world’s most unequal society.” Mail & Guardian.
<https://mg.co.za/article/2019-11-19-why-sa-is-the-worlds-most-unequal-society/> (<https://mg.co.za/article/2019-11-19-why-sa-is-the-worlds-most-unequal-society/>)

[3] Statistics South Africa. 2019. Inequality Trends in South Africa: A multidimensional diagnostic of inequality.”
<http://www.statssa.gov.za/publications/Report-03-10-19/Report-03-10-192017.pdf>
(<http://www.statssa.gov.za/publications/Report-03-10-19/Report-03-10-192017.pdf>)

[4] Manyathela, Clement. 23 March 2020. "School closures will impact nutrition needs of kids dependent on feeding schemes." Eyewitness News. <https://ewn.co.za/2020/03/23/school-closures-will-impact-nutrition-needs-of-kids-dependent-on-feeding-schemes> (<https://ewn.co.za/2020/03/23/school-closures-will-impact-nutrition-needs-of-kids-dependent-on-feeding-schemes>)

[5]
<https://www.unaids.org/en/regionscountries/countries/southafrica>
(<https://www.unaids.org/en/regionscountries/countries/southafrica>)

[6] Vearey, Jo. 16 March 2020. "Hypocrisy in the time of Covid-19." Daily Maverick. <https://www.dailymaverick.co.za/article/2020-03-16-hypocrisy-in-the-time-of-covid-19/>
(<https://www.dailymaverick.co.za/article/2020-03-16-hypocrisy-in-the-time-of-covid-19/>)

[7] Vearey, Jo and Sally Gander. 20 March 2020. "Foreign migrants must be included in Covid-19 response" Daily Maverick. <https://www.dailymaverick.co.za/article/2020-03-20-foreign-migrants-must-be-included-in-covid-19-response/>
(<https://www.dailymaverick.co.za/article/2020-03-20-foreign-migrants-must-be-included-in-covid-19-response/>)

[8] Statistics South Africa. Mbalo Brief: The Missing Piece of the Puzzle. March 2018. <http://www.statssa.gov.za/wp-content/uploads/2018/03/Mbalo-Brief-March-2018.pdf>
(<http://www.statssa.gov.za/wp-content/uploads/2018/03/Mbalo-Brief-March-2018.pdf>)

Please note that blog posts are not peer-reviewed and do not necessarily reflect the views of SRHM as an organisation.

JOIN OUR MAILING LIST

Receive the latest SRHM publications, call for papers and more.

Your Email address	SIGN UP
--------------------	---------

By clicking Sign Up, I consent to Sexual and Reproductive Health Matters storing my data above and for them to contact me from time to time via email with news and special offers. I understand that Sexual and Reproductive Health Matters will continue to hold and process my data in line with their privacy policy available here: www.srhm.org/privacy-policy (/privacy-policy)

FOLLOW US



(https://twitter.com/SRHM_UK) (https://www.facebook.com/SRHM_UK) (https://www.instagram.com/SRHM_UK)

SRHM | SEXUAL AND
REPRODUCTIVE
HEALTH
MATTERS

MORE THAN A JOURNAL

MORE THAN A JOURNAL

Copyright © 2020 Sexual and Reproductive Health Matters

SRHM is registered as a charity and a company limited by guarantee in England.

Registered charity no.1040450. Limited company registered no.2959883