

Comments on Dr. Botlhale Tema's response to Technology Deployment in the Age of Covid

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A more detailed bio is available at the end of this note**

My comments are made in response to the comments shared by Dr. Botlhale Tema on "Technology Deployment in the Age of Covid" by Alfred Watkins. Reflecting on the context of South Africa, having lived the majority of my life there, I agree largely with the comments of Dr. Tema, and continue the argument on the need for a community-driven approach to COVID-19.

To start, I would agree that the response to COVID-19 in South Africa has not been adapted to the context or realities the country faces. The response has largely been the same one used globally of hand washing and social distancing. It has not taken into account issues of household size, density of the population, the limitation of sanitation, hygiene and access to clean water, for example. A 2016 [study](#) found that less than 50% of the population had access to piped water inside their homes and only 60% of the population had flush toilets. Those without access are largely found in informal settlements and rural areas. Thus, I completely agree with the point made by Dr. Tema that the approaches adopted to manage COVID-19 are unrealistic for these environments.

However, it is not only the issue of access to water and space, but the issue of the economy and desperation for money that is also disregarded in the response. The lockdown adopted in South Africa on 27 March 2020 has been hailed as one of the strongest globally, with the entire population almost brought to a halt for well over a month. While being praised for this approach, the lockdown dealt a serious blow to an already weak economy. Approximately [40% of the population](#) lives below the poverty line and informal employment is the only source of income for many South Africans. The state was unable to provide enough assistance to tide people over and many in the population shared sentiments that hunger was a greater risk than COVID-19. In other words, the desperation for food outweighed the risk of the virus. In less than one month, [three million South Africans](#) lost their income and jobs (approximately 5% of the population), resulting in a widespread hunger crisis. In a household survey sent out on 15 July, [47% of respondents](#) reported that their household ran out of money to buy food in April 2020. It was seen as unsustainable to continue the harsh restrictions beyond 14 weeks.

As a result, we are now seeing a rapid re-opening of the economy which has been accompanied by a rapid increase in cases. There are now over [300,000 cases in the country](#) and the already under-resourced health system is quickly becoming overwhelmed. There is general sense that the country locked down [too early, with only 400 cases](#) when the restrictions were enforced. This again points to a flawed response where it was simply unsustainable to maintain a strict lockdown for an indefinite period of time. The peak of the virus was always predicted for August/September 2020 and there was never a reality where a strict lock down could be upheld for six plus months. There are different time limitations for developing contexts and that is a reality we are seeing clearly in South Africa.

This challenge, however, is not unique to South Africa; we are seeing it across the African continent. As Dr. Tema mentioned, with the rapid pace of urbanization, informal settlements, slums and shack dwellings are growing rapidly, along with the challenge of informal employment, weak economies, a lack of basic infrastructure and poor governance. The outbreak of COVID-19 is exacerbating many of these pre-existing crises.

And yet, many of the responses have been largely insensitive of both the realities at hand as well as cultural practices of communities. Many communities rely on physical gathering to pass information, praying together and enjoying social events jointly, as well as to support one another. Burial rights are entrenched in culture and tradition as are religious ceremonies, and the authorities have not taken this sufficiently into account.

I agree completely with Dr. Tema and want to expand on her comments regarding the value of a community engagement approach to the pandemic. A central principle within the peacebuilding field is inclusion of those you are working to support in all elements of decision making. This does not mean consultation with communities to validate an approach that you developed with community consultation but rather developing approaches and interventions with communities as equal partners during the development phase. Why is this so central? Each context, community and culture is different and each responds to crisis differently. It is only those living with their daily realities that truly know what will work for that communities and what success looks like.

When we connect this sentiment to the COVID-19 response, the importance of community engagement in how information is shared and interventions are deployed is vital. Looking at South Africa, access to internet, television, radio and information more broadly differs vastly across the country. We are well aware that misinformation about the pandemic is rife and the challenge of stigma surrounding COVID-19 is prominent. Fear of a positive result leads to a reluctance to be tested for COVID-19.

In order to counter this misinformation and fear as well as gain buy-in from communities on virus remediation measures, one needs to ensure that responses are embedded in the practices of the communities and driven by individuals themselves – in other words, a people-centered approach. The government may not hold much influence in communities, not have access to these communities, and not be trusted in the communities. It is rather community authorities -- chiefs and traditional and religious leaders -- who hold power and these are the leaders communities turn to in times of panic. Failing to account for these realities is dangerous and leads inevitably to approaches which will fail. Engagement with communities on what a response to the pandemic driven by their needs and realities is key to a successful approach. Discussions on what drives individuals, what it is that takes people out of their homes, what level of risk individuals are willing to take on, and what resources individuals require will help provide the context needed to shape a realist approach as well as offer opportunities to gain buy-in and trust of those who will be asked to live with and implement the restrictions. Bottom-up, community driven responses created with the community and not enforced from the outside have a stronger likelihood of both acceptance and effectiveness.

And as Dr. Tema indicates, these discussions need to happen earlier rather than later. One cannot engage the community to only validate a response and expect widespread acceptance. We have seen this with too

many global policy frameworks -- developed in isolation, taken to communities where little or no resonance is found, and resulting in largely unachieved goals and objectives. As we wait for a vaccine for COVID-19, these discussions and engagement are the only way to ensure community buy in to a COVID-19 mitigation strategy, and the only way to reduce infections in the country. Policies have been decreed by authorities and we are already seeing those largely being ignored due to the realities many individuals face on a daily basis. Once the vaccine is developed, however, deployment will require community buy-in and support to ensure both the understanding of the importance of, and willingness to get, the vaccine.

I am definitely not a scientist and have little knowledge of vaccine development, but I am a peacebuilder and have worked and lived in Africa the majority of my life. What I have seen and learnt during this time is that responses developed in isolation and enforced in a top-down manner have limited success. Relationships and trust building are vital as is meaningful engagement with the community. As Dr. Tema states, everybody has “an understanding of their contexts and they have dreams of a better future for their children.” It is this sentiment which is too often overlooked in global responses to crises. South Africa, along with much of the continent, is facing a global health crisis as well as a poverty and inequality crisis. Together this paints a very difficult picture of what lies ahead. The only way to effectively respond is to ensure responses are rooted in the context and realities at hand and developed with support from the people themselves.

Lesley Connolly is The Global Peacebuilding Policy Advisor at the Life & Peace Institute (LPI) where she works on supporting more meaningful engagement between local and global actors with the goal of making international peace policies less remote to, and more influenced by, the everyday experiences of those living in conflict. She holds a Masters of Arts in International Relations and International Law from New York University and a Masters of Philosophy in Social and Transitional Justice from the University of Cape Town, South Africa. Lesley has worked in both the United States and South Africa on peacebuilding policy and practice, with a specific focus on the African continent. She has worked closely with both the African Union and United Nations supporting more effective policy responses contributing to long-term prevention and sustainable peace.