







What is common to both these social upheaval drivers is that they rather expose, than create, the societal ills that lead to the sickness and violence prevailing in a society.

It is now urgent that we address the root causes of these and other socio-economically destructive phenomena, and, in so doing, determine relevant and progressive policies that brings us closer to the attainment of the Sustainable Development Goals.

The stories that are reported in the media every day depicting violence against women and children, is unacceptable. As society we have to wage war against the scourge of gender based violence in the same way as we fought apartheid.

It is up to us to foster a culture of caring and compassion to stop the brutality of violence committed against women and children.

Last year in September, we joined all nations of the world as we committed to the United Nations Political Declaration on Universal Health Coverage.

The Declaration enjoins all united nations members to commit to the full attainment of Universal Health Coverage by 2030.

With so little time to that day, and so much to do, we could not have imagined a few months ago that a global crisis would hit us and

would demand our full faculties. It was only a few months ago that the virus was something happening somewhere else.

The virus has arrived with such speed and with so much uncertainty, it has demanded no less than the boldest interventions in the shortest amount of time.

It is in fact staggering when one considers the sheer volume of regulation, policymaking and lawmaking that has taken place in the past three months alone.

Most gratifying is seeing changes in the understanding of society- the things society has been willing to do, the things we consciously gave up, makes this COVID-19 crisis an age defining era, one which is usually characterized by at least a decade whereas ours took place in a few months.

Our health care system is now under the most intense scrutiny it has ever been subjected to. Never before did lay people worry about doubling times, stochastic models, R- noughts, daily statistics, morbidity, mortality and details of appraising clinical trials- today these are colloquial conversation.

This has come at a time when the nation is contemplating the National Health Insurance Bill, which is anchored in the tenets of the Presidential Health Compact and Quality Improvement Plan.

I know that this Faculty has a special interest in reconfiguring a fragmented unequal health care landscape into a single system that provides equal access and quality of care to all in the context of an uneven socio-economic environment.

COVID-19 demands these very principles to be addressed urgently and without delay- failure to do this will cost lives and have devastating economic effects, as we have witnessed won 16 0 0 TmSy 0.2 (t) ro



South Africa already faced a huge challenges without the introduction of COVID-19.

The realization of the National Health Insurance has been a road hampered by opposition, and a fundamentally flawed system that is being protected by those that benefitted from it.

Although the annual budgets of the private and public sectors are similar, the private sector only serves 16% while the public sector serves 84%.

With such inequality, the public health care system has suffered in the sheer weight of the burden while the private sector was characterized by over servicing in the face of rising and escalating health care costs.

The Health Market Inquiry published by the Competition Commis-



We see this University as pivotal to this task to ensure that policy is always relevant, implementable and allows for agility, leapfrogging and rapid progress.

ble sectors of society was inevitable and there would be no telling what would happen to the poor, the malnourished, the elderly and those living with co- morbidities, including the world's largest population of people living with HIV.

This is why for example after having Covid 19 for many weeks, one person with Covid-19 in Khayelitsha was headline news.

That has indeed been the progress of things and we have a virus, that we are still learning about, raging like a bushfire in our townships and densely populated, impoverished areas.

Our initial lockdown has served its purpose- it flattened and delayed the curve, thus our health care system was not overwhelmed from the start.

This bought us precious time to prepare for the inevitable. And we have prepared well.

The Government took the necessary bold steps it needed to take and, by and large, our COVID-19 response is hailed a success.

Certainly for the first few weeks and months we have managed to avert disaster: the numbers would have been extremely high and quickly overwhelmed the system had we not taken the measures we

did. In the first few weeks the doubling time was two days- With the hard lockdown we delayed this by 15 days.

Our hospitalization and mortality rates are some of the lowest in the world and our recovery rate is higher than the global average.

Although the threat of the system being overcome by the virus lingers, it has not yet manifested.

That's why by we keep warning our public that flattening the curve is a daily battle that every one needs to be involved in.

We have had to implement drastic measures to slow the spread of the virus and we have had to regulate and at times enforce the regulations.

But now the numbers are rising and we have to adapt the World Health Organizations guidelines to our our reality. We made the necessary sacrifices amidst already murky economic conditions: we are faced with little choice but to open the economy despite the rising numbers. It will not help us to save people from COVID 19 only for them to succumb to hunger.

We are moving forward with confidence, backed by science, which told us it would not be worth extending the lockdown as it would not have an effect on the inevitable laws of epidemiology.

In terms of our model even if we extended the lockdown by another two months we would not necessary delay the peak by any meaningful margin.

We must ensure that, as the virus spreads, we are able to contain the curve, but, as we open the economy, sustaining this requires a commitment to the goals of achieving UHC and shifting emphasis from regulation and law enforcement to social compacting for mass buy in and compliance.

Recently, we introduced the Multi- Sectoral Ministerial Advisory Committee on Social Behavioural Change, which will be advising myself and the Honorable Minister Lindiwe Zulu on strategies to introduce and sustain behavioural change in communities.

This is because we recognized that it is possible, after all, to beat COVID-19 with extreme social distancing- so behaviour influences what happens to your curve to a lesser or greater extent. Therefore there is real value in investing time, energy and resources in cultivating cultures that promote social distancing, regular hygiene practice and voluntary separation from society when necessary.

These are strategies that have proven to contain the spread of COVID-19, but their implementation demand an acceptance of permanent new customs.

Additionally, when it comes to case management, we must cultivate a new culture based on the most fundamental pillars of Universal Health Coverage:

1. There must be political will to invest in health.

COVID-19 compelled us to invest 20 billion into health, and 500 billion into socio-economic relief. This is the most stark evidence that disinvestment in health is disinvestment in the the entire economy. Af-





We have had to almost move heaven and earth to ensure that critical posts are funded such that we do not have a single unemployed health care worker who is willing and qualifies to work in the country. Struc-



This University has fought and won for the past 60 years.

You have been preparing for the role of the era- to be the incubator that shapes Policy and Governance and equips staff in the Department of Health, (indeed across the department and spheres of government), with competencies and attributes that will change the Health Care environment.

Now, this University finds itself at the belly of it all- The Western Cape. You have about 60% of the national burden right at your doorstep.

For this faculty, this is an opportunity to produce tangible results and set up the gold standard of governance to the world- particularly crisis management.

The Western Cape has epitomized all the things I have discussed above about the evolution of the Pandemic but also has its set of unique challenges.

Firstly the issue of behavioural change remains a big challenge, despite the rising numbers. One of the biggest concerns is the reluctance to quarantine in a facility by people who do not have the means to isolate safely. We need smart and rapidly implementable strategies that illicit the strongest social buy-in of the people for the greatest success.

We have been engaged in this discussion with Western Cape for two to three weeks. Across the board we now encourage engaging civil society, religious organizations, past patients and NGO's to encourage social change. This is one of the challenges that the University can rise up to so we can get adequate compliance to do the things that break the cycle of transmission. This is our weakest point that we are seeing as we engage communities.

In addition the province's targeted testing strategy still needs constant re-engagement and agility. We are aiming to prioritize certain groups of patients- persons under investigation in hospitals, health care workers, the elderly and those with co-morbidities. We need to ensure we are making good use of resources.

The Western Cape faces staff pressures and lurking labour unrest- proactive measures need to be put in place to secure PPE's, recruit more health workers, and introduce policy reform to ease burden. Society must also be enlisted to play its part so we altogether control the surge.

We are using the stock visibility system and working together with provinces to streamline their procurement processes so stock can be moved quickly and efficiently.

We have also woken up to the exciting news on the utility of the medicine dexamethasone. We have quickly looked into our own situation

and the Ministerial Advisory Committee is issuing an advisory to guide protocols for the use of dexamethasone in the clinical setting. We have checked and seen that we have over 300 000 vials in stock at present and we have the added advantage that the company licenced to manufacture the product is a South African company.

We are also participating in other large, well managed, therapeutic trials to add to the body of knowledge and secure our ability to access therapeutics when the time comes.

South Africa's deficiency in manufacturing medical devices such as PPE and ventilators as well as deficiencies in manufacturing of medicines and and lack of ownership of active pharmaceutical ingredients (API's) was severely exposed during the outbreak.

We felt the pinch when we found ourselves competing with other countries and worldwide lockdown regulations. We need to be a lot more enabling than this: startups should be able to respond competently to a national crisis and existing enterprises should be capacitated to quickly ramp up when the market calls for it.

There has been a digital race for the ultimate geospatial tracking and

We have piloted our tracking and tracing system in Western Cape and I believe this is an area the university can focus on- there is so much opportunity in this space and it also has exciting implications for research and development.

There is also much work to be done to regulate the digital space at large, considering its unprecedented utility in facilitating correspondence. As the world works, learns, trades and entertains increasingly online, the rules of engagement will need to evolve to keep up with accepted norms and standards.

There is clearly so much work to be done.

This means all centres of learning need to also relook into their systems of learning and be willing to make the necessary adaptations to

Last but not least, we need academic institutions to be exemplary in their conduct- to make the necessary changes in the schooling environment that facilitate social distancing and safe learning. There needs to be much advancement done in the e-learning space to make it valuable and easier to access for any kind of student

Universities must encourage innovation from all corners of society.

Leadership in policy frame- working should emanate from grassroots levels to demonstrate relevance and practicality

In the future, the history of mankind may very well be defined by our pre and post Covid terms.

This is the institution that is up for the challenge. I thank you all for all the work that has been done to date and wish you all the very best of luck- for yourselves and for the sake of the future of this country.

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