



From the ED's desk

Dear Friends,

As we emerge from a devastating third wave of the coronavirus pandemic, there is a dangerous sense of complacency setting in around the use of face masks, washing hands and physical distancing. There's a high level of excitement in South Africa as Bafana Bafana gears up to take on Ethiopia at FNB stadium with 2000 vaccinated soccer fans set to attend. This is a wonderful first step on the road back to our pre-pandemic lives, but there's still a way to go before we're fully out of danger.

Compared to the first two waves of the pandemic, South Africans didn't experience a public and open display of death and suffering during the third wave. Better understanding and the experience of the first two waves by the public, health system and increased vaccinations, led to fewer people dying despite an increase in new cases during the third wave. Nevertheless, while the clinical response has been well managed and rolled out, it has proven more difficult to influence people's behaviour. The danger is that the public is letting their guard down—also contributing to a lower uptake in the free vaccination programme. Worst of all and most worrying, is the hesitancy and open resistance to being vaccinated.

What is amazing about the vaccination programme is that it is cutting across all the fault lines that define our unequal society. This is a programme that is treating rich and poor South Africans equally. It's a programme where neither race nor gender determines how you get treated. The way that it is being implemented shows how huge programmes can be rolled out when there is political will and when there is cooperation with the private sector in a public-led programme where everybody is treated equally. Yes, there are factors that still make it more accessible to those of us that are privileged, but that is not explicit in the design and rollout of the vaccine programme, as is the case where money determines service.

But still the number of people volunteering to be vaccinated is not as high as the scientists and doctors advising us would like it to be. This is despite vaccinations being proven to be safe – not a single person in South Africa has died because of the Covid-19 vaccination. So how has it come to be that the Eastern Cape and Limpopo rank as the best performing provinces for vaccinations and Cape Town is where the anti-vaccination protests are the loudest? Why is it that a good policy and programme of vaccination is not following the expected pattern of uptake in the country? Why are vaccination sites not overwhelmed by people wanting to be vaccinated despite them being free and relatively accessible? Why is the response so sluggish?

Perhaps the answer lies in a recent study, "Learning from COVID-19: A 23-Nation Comparative Study of COVID-19 Response, with Lessons for the Future of Public Health" led by Sheila Jasanoff of Harvard University. The study compared the responses of 23 countries' to Covid-19, including South Africa. It found that responses to the pandemic ranged somewhere between control, consensus and chaos. Countries with strong lockdowns and restrictions were categorized as those that implemented strong statist centrally driven responses (Taiwan), with consensus countries deferring decisions to a scientific body that had credibility and support (Germany) and chaotic countries, being places with open dissent and a divided public (USA). South Africa was characterised as having elements of all three but specifically named as an example of a country where, the study found that "in polarized societies, crises aggravate divisions such as racial and economic disparities, political hyper-partisanship, and distrust of governing elites" negatively influenced the success of the countries response.

The study argued that reducing the impact of the virus was not determined by the type of intervention chosen. In all countries, the impact of the intervention was a result of the interface between public health infrastructure, the economy and above all else, politics. It found that in all policy interventions, it is not the scientific or proven policy that gets selected as the best one, but the politically acceptable one that gets implemented. We saw this in South Africa when the protests of middle-class people as well as the economic suffering of poor people with no income, forced government to reconsider its hard lockdown, leading to an easing of restrictions in the first wave.

In the end, it is the continued marginalization of people, long-term exploitation by the economic system and a distrust of government that defines the success or failure of a public policy intervention. Jasanoff pointed out. So, the reason there is such a hesitancy towards being vaccinated is perhaps because a large percentage of the population has been marginalized and excluded for too long. Together with this we have had a deterioration in the confidence that people have in government. This is perhaps the reason why people are more trusting of traditional medicines and churches. Whilst encouraging people to get vaccinated is our number one priority for now, the reasons behind why they are not vaccinating lie in our deeply unequal society, which we must fix.

In this month's newsletter our focus remains on our work as NACOSA to address gender-based violence, remove the stigma and marginalization of people who use drugs, as well as how we are trying to make the vaccine more accessible to key populations such as sex workers. We hope that these programmes will go some way in reducing inequality and suffering, which lie at the root of our problems.

Mohamed Motala
Executive Director



When COVID-19 arrived in South Africa in 2020, NACOSA's My Journey programme for adolescent girls and young women had to swiftly adapt to continue reaching young women and girls with health messaging and support. And so the **My Journey Influencer** project was born. Thirty young women recently graduated from the project and shared their experiences.

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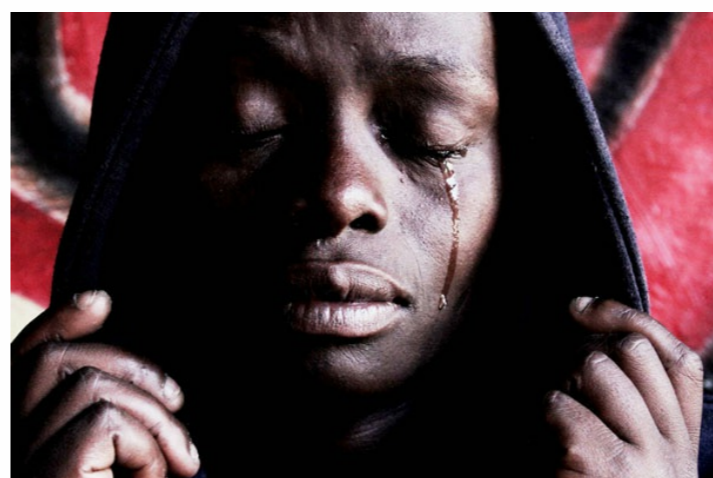
NACOSA works with donors, government, organisations and communities across South Africa to try to turn the tide on gender based violence (GBV). Our Community Based Violence Prevention and Linkages to Response programme, funded by PEPFAR and USAID, has produced a series of **short videos that look at GBV**, how to spot it and what to do about it.

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Sex workers and people who inject drugs, who are considered 'key populations' in terms of HIV, face huge barriers in accessing health services, even in the best of times. Many are now struggling to access the national Covid-19 vaccination programme. We looked at what the barriers are and what our partner organisations are doing to **take the vaccine to key populations**.

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There is a painful story behind many of the people you see sleeping on the pavements, under bus shelters and on concrete floors in cities around the country. **People who inject drugs** are amongst the most marginalised communities, out of reach of the health and social services that other South Africans enjoy. To build a better society, we need to treat people who inject drugs with humanity.

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