The Socio-Economic Rights Impact of Covid-19 in Selected Informal Settlements in Cape Town

Prepared by

Robert Nanima and Ebenezer Durojaye

ACKNOWLEDGMENTS

We thank the Open Society Foundation of South Africa, CS Mott Foundation and Amplify Change for supporting the publication of this report. Thanks are due as well to colleagues at the DOI for their assistance.

Suggested citation:

Nanima Robert & Durojaye Ebenezer
'The socio-economic rights impact of Covid-19 in selected informal settlements in Cape Town' (Dullah Omar Institute, 2020).

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ACONYMS AND ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
ACHPR	African Charter on Human and Peoples' Rights
ACERWC	African Committee of Experts on the Rights and Welfare of the Child
AIDS	Acquired immune deficiency syndrome
ASSAf	Academy of Science of South Africa
CBO	Community-based organisation
CESCR	Committee on Economic, Social and Cultural Rights
FBO	Faith-based organisation
HIV	Human immunodeficiency virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
NGO	Non-governmental organisation
SES	Socio-economic status

EXECUTIVE SUMMARY

At the end of 2019, the coronavirus known as SARS-CoV-2 broke out in Wuhan, China.[1] Since then, this virus, along with the disease it causes, Covid-19, has spread to 215 countries. According to the World Health Organisation, as at 15 May 2020 approximately 4,307,287 people were infected and 295,101 deceased.[2] Many countries have been affected by rising death tolls. The United States has reported more than 1,122,486 cases and 65,735 deaths,[3] while Italy, the United Kingdom, Spain and France have seen more than 24,000 fatalities.[4] At the time of writing, South Africa had 12,739 positively confirmed cases, 238 deaths and 5,676 recoveries.[5]

These tragic statistics bring to the fore the role of the state in the promotion and protection of rights such as the rights to the highest attainable standard of health and the rights to education, housing and nutrition. In regard to the International Covenant on Economic, Social and Cultural Rights, the Committee on Economic, Social and Cultural Rights underlines the need for ensuring the interdependence and indivisibility of all human rights, specifically civil and political and economic, social and cultural rights, and, even more specifically, the rights to health, housing, food and water.[6] Similar rights are provided for in regional instruments such as the African Charter on Human

1 Huang, C., Yeming, W., Xingwang, L., Lili, R., Jianping, Z., Yi, H., Li, Z. (2020). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. The Lancet, 395(10223), 497-506

2 Coronavirus Disease 2019 (COVID-19) Situation Report available at https://bit.ly/3bkpiCn (accessed 18 April 2020).

3 Centers of Disease Control and Prevention: Cases in the U.S. available at https://bit.ly/2VYVCWb (accessed 4 May 2020).

4 Reported Cases and Deaths by Country, Territory, or Conveyance available at https://bit.ly/2VZIgcv (accessed 4 May 2020).

5 Covid-19 Coronavirus South African Resource Portal available at https://bit.ly/2YsURX1 (accessed 15 May 2020)

6 See Committee on Economic, Social and Cultural Rights 'Statement on the coronavirus disease (Covid-19) pandemic and economic, social and cultural rights' E/C.12/2020/1 6 May 2020.

and Peoples' Rights,[7] the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol),[8] and the African Charter on the Rights and Welfare of the Child (ACERWC).[9]

Numerous countries have imposed lockdowns to ensure social distancing. This has led to the violation of various human rights such as the rights to freedom of movement and to life in the context of ensuring livelihood, human dignity, health and education.[10] South Africa followed suit and has been under lockdown since 17 March 2020, restrictions which it has eased through a fivetier system. As will be shown, the adoption of the level 4 restrictions from 2 May 2020 does not necessarily change the effect of the level 5 restrictions on socio-economic rights.

The restrictions in South Africa followed the recognition of an outbreak of a pandemic under the Disaster Management Act.[11] The regulations that followed restricted the movement of all persons in the Republic.[12] This had significant effects on everyone's rights, especially in the case of vulnerable communities. These include people in informal settlements and in categories such as women, children, older persons, immigrants and persons with disabilities.[13] Key aspects of the regulations pertinent to the socio-economic rights of people in local communities include restrictions on movement and on the rights to education, health, housing, food and nutrition, and work, as well as on the right to life in the context of obtaining a livelihood.

7 African Charter on Human and Peoples' Rights, article 16.

8 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), article 14(2)(c).

9 African Charter on the Rights and Welfare of the Child, article 22.

10 This is discussed further below.

11 Disaster Management Act 57 of 2002.

12 Government Gazette 43148, dated 25 March 2020, providing for the Disaster Management Act (57/2002): Regulations made in terms of Section 27(2) by the Minister of Cooperative Governance and Traditional Affairs.

13 Disaster Management Act (note 12).

It is not in doubt that stringent measures are needed to contain the spread of the coronavirus, and it may be argued generally that in case of pandemics such measures are justifiable.[14] However, the measures taken have had adverse effects on the vulnerable population. These include the failure to ensure the continuous realisation of certain rights such as the right to food and access thereto and the right to public health. These effects should be contextualised as challenges entrained by limitations imposed by a state.[15] As such, measures to curb the spread of Covid-19 should be based on a holistic approach that identifies challenges in communities arising from the lockdown.

To develop the arguments above, this report begins with a review of the recent literature on epidemics and human rights, after which it analyses the legality of the measures taken by the government to address the spread of Covid-19. These are examined in the light of the legal framework on lockdown and international human rights. Selected communities are evaluated – among other things, the discussion looks at their demographics, socio-economic challenges and coping mechanisms, and the effectiveness of the government's palliative measures. Finally, the report presents its conclusion and recommendations – the latter are informed by the experiences of the selected communities.

14 Silva, D. S., & Smith, M. J. Commentary: Limiting Rights and Freedoms in the Context of Ebola and Other Public Health Emergencies: How the Principle of Reciprocity Can Enrich the Application of the Siracusa Principles available at https://bit.ly/3diAtMA/.

15 Diego, Maxwell & Smith (note 14).

Contemporary Epidemics and their Human Rights Consequences

This section examines the evolution of epidemics and the human rights violations that have accompanied responses to them.
The emphasis is on violations to do with socio-economic rights such as the rights to health, education, work, housing, and food and nutrition.

Influenza and socio-economic rights

The deadliest epidemic of the 20th century was the Spanish flu of 1918,[16] which affected a third of the global population and led to more than fifty million deaths.[17] Socio-economic status (SES) informed the mortality rate: there were fewer deaths in high-income countries than in low-income ones, and fewer deaths among the wealthy than among the urban poor.[18] In the case of the swine flu of 2009, improvements in SES saw lower rates of mortality – 284,000 deaths, compared to 30 million deaths due to the Spanish flu.[19] This shows, in other words, that improved SES mitigates the effects of a pandemic.

In regard to the right to health, countries that did not address the challenges of social inequalities suffered greatly in their pandemic outcomes. Studies have found that the reduction of social inequalities across communities and the use of vaccinations play a role in ensuring that persons with low socio-economic status are not unduly affected by restrictions imposed during outbreaks.[20]

16 Taubenberger, J. K., & Morens, D. M. (2006). 1918 Influenza: The mother of all pandemics. Emerging Infectious Diseases, 12(1), 15-22, 15.

17 Jordan & University of Toronto (1927). Johnson & Mueller (2002) 105-115.

18 Mamelund, S. E., Shelley-Egan, C., & Rogeberg, O. (2019). The association between socioeconomic status and pandemic influenza: protocol for a systematic review and meta-analysis. Systematic Reviews, 8(1), 1-6, 2.

19 CDC estimate of global H1N1 pandemic deaths: 284,000 available at https://bit.ly/2A5YW9L (accessed 3 May 2020).

20 Jordan & University of Toronto (1927). Johnson & Mueller (2002) 105-115.

This means that the initiatives by governments and other public health interventions work collectively to mitigate the spread of a pandemic. In regard to education, results following the influenza pandemics indicate that limited literacy and educational achievement impeded access to preventive services.[21] It is also argued that that the lack of adequate levels of education and literacy exacerbated the pre-existing problems experienced by persons with low levels of education. They could not improve their diets, and as such their nutritional status remained weak. In addition, low levels of education meant they could get only low-paying jobs, a situation that limited their access to adequate health care. One of the interventions was the closure of schools, which impacted on the education of schoolgoers.[22]

As regards housing, the nature of housingincreased the impact of the Spanish flu. For instance, it was found in Norway that persons who lived in small flats suffered higher mortality rates than those in better neighbourhoods.[23] Research indicates that the structure of houses and the conditions in rooms have a direct influence on health.[24] This is particularly challenging where there is a high concentration of houses in a certain area. In addition, the use of inadequate construction materials affects the health of occupants and aids the transmission of respiratory pandemics such as influenza.[25]

21 Feinberg, I., Frijters, J., Johnson-Lawrence, V., Greenberg, D., Nightingale, E., & Moodie, C. (2016). Examining associations between health information seeking behavior and adult education status in the US: An analysis of the 2012 PIAAC Data. PloS One, 11(2), 1-20.

22 Bootsma, M. C., & Ferguson, N. M. (2007). The effect of public health measures on the 1918 influenza pandemic in US cities. Proceedings of the National Academy of Sciences, 104(18), 7588-7593, 7588.

23 Mamelund, Shelley-Egan & Rogeberg (2019) 3.

24 Mezzoiuso, A. G., Gola, M., Rebecchi, A., Riccò, M., Capolongo, S., Buffoli, M., & Signorelli, C. (2017). Indoors and health: Results of a systematic literature review assessing the potential health effects of living in basements. Acta bio-medica: Atenei Parmensis, 88(3), 375-382.

25 Díez, F. B. (1996). Meteorología y salud. La relación entre la temperatura ambientaly la mortalidad. Rev Esp Salud Pública, 70(3), 251-259.

Social distancing and the closure of public places were common interventions that governments adopted during the outbreaks of Spanish and swine flu.[26]

HIV/AIDS and socio-economic rights

Another scourge, one with which the world is still grappling, is the HIV/AIDS pandemic. By looking at the interventions taken in response to it, one can draw important lessons in dealing with Covid-19. The HIV/AIDS outbreak came to light in the early 1980s and since then has affected more than 37.9 million people globally.[27] Unlike influenza, which is transmitted through respiration, HIV/AIDS is transmitted sexually, through blood transfusion or contact with the bodily fluids of an infected person, and via mother-to-child transmission. Most countries have disseminated information on the need for behavioural change. This is evident, for instance, in 'ABC' messaging ('Abstain, Be faithful, Use condoms').[28] Evidence shows that communities that engaged in behavioural change saw significant reduction in HIV/AIDS infection.[29] In the case of Covid-19, behavioural change encompasses social distancing, washing hands with soap and water, cleaning surfaces, and self-isolating.

Statistics paint a dismal picture of the situation in South Africa. It has the largest concentration in the world of people living with HIV, accounting for 20 per cent of all HIV-positive persons globally.[30] A disaggregation of these figures according to the South African National Household Survey indicates that more than 7.7 million people, comprising 20.4 percent of all adults, live with the virus.[31]

26 Jordan, E. O., Reed, D. B., & Fink, E. B. (1919). Influenza in three Chicago groups. Public Health Reports (1896-1970), 1528-1545. Bootsma & Ferguson (2007) 7588.

27 The Global HIV/AIDS Epidemic available at https://bit.ly/2YxfC3Q (accessed 3 May 2020).

28 Murphy, E. M., Greene, M. E., Mihailovic, A., & Olupot-Olupot, P. (2006). Was the 'ABC' approach (abstinence, being faithful, using condoms) responsible for Uganda's decline in HIV? PLoS Medicine, 3(9), 1443-1447.

29 Bertozzi, S., Padian, N. S., Wegbreit, J., DeMaria, L. M., Feldman, B., Gayle, H., & Isbell, M. T. (2006). HIV/AIDS prevention and treatment. Disease control priorities in developing states, 2, 331-370.

30 Mabhena, N., Ndirangu, J., & Mutevedzi, P. Presentation, Track 3: Epidemiology and Prevention. Presented during the Closing Plenary of the 6th South African AIDS Conference, Durban, South Africa, 21 June 2013 available at https://bit.ly/2SBcHn4 (accessed 3 May 2020).

31 HIV and AIDS in South Africa available at https://bit.ly/2L2Jf5o (accessed 3 May 2020).

A close look at these figures shows that the vulnerable population is greatly affected. First, women are disproportionately affected by HIV, at 26 per cent compared to 15 per cent of men,[32] while about 260,000 children under the age of 14 are living with HIV.[33] In addition, statistics indicate that the blacks are most affected, followed by coloureds, Indians and whites.[34] Civil society organisations continue to engage the government through the courts to improve the provision of treatment to vulnerable persons living with HIV, such as expectant mothers.[35] The health implications of Covid-19 in South Africa are that its spread places immunocompromised people living with HIV at significant risk.[36]

32 HSRC (2018) 'The Fifth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017' available at https://bit.ly/2KZFjSX (accessed 3 May 2020).

33 UNAIDS 'AIDS info' available at http://aidsinfo.unaids.org/ (accessed 3 May 2020).

34 Mabaso, M., Makola, L., Naidoo, I., Mlangeni, L. L., Jooste, S., & Simbayi, L. (2019). HIV prevalence in South Africa through gender and racial lenses: Results from the 2012 population-based national household survey. International Journal for Equity in Health, 18(1), 167-178.

35 For instance, the Treatment Action Campaign received a decision from the Constitutional Court ruling that the South African government must provide ARVs to prevent mother-to child-transmission. See Minister of Health and Others v Treatment Action Campaign and Others (No. 2) 2002 (5) SA 721; para 135(3)(a)-(d)

36 ASSAf Statement on the Implications of the Novel Coronavirus (SARS-CoV-2; Covid-19) in South Africa available at https://bit.ly/2A0szZV (assessed 3 May 2020). Covid-19's impact on people who live with HIV and TB available at https://bit.ly/2KZrQud (accessed 4 May 2020).

Secondly, poverty and domestic violence have caused disparities in the figures.[37] Due to poverty, women cannot easily access treatment or antiretroviral drugs. Furthermore, their male partners use violence to exert control. Domestic violence has increased due to the lockdown, with more than 87,000 cases having been recorded.[38] In addition, poverty increases the disparity in HIV prevalence between genders and among race groups due to historical and other entrenched cultural and socio-economic inequalities.[39]

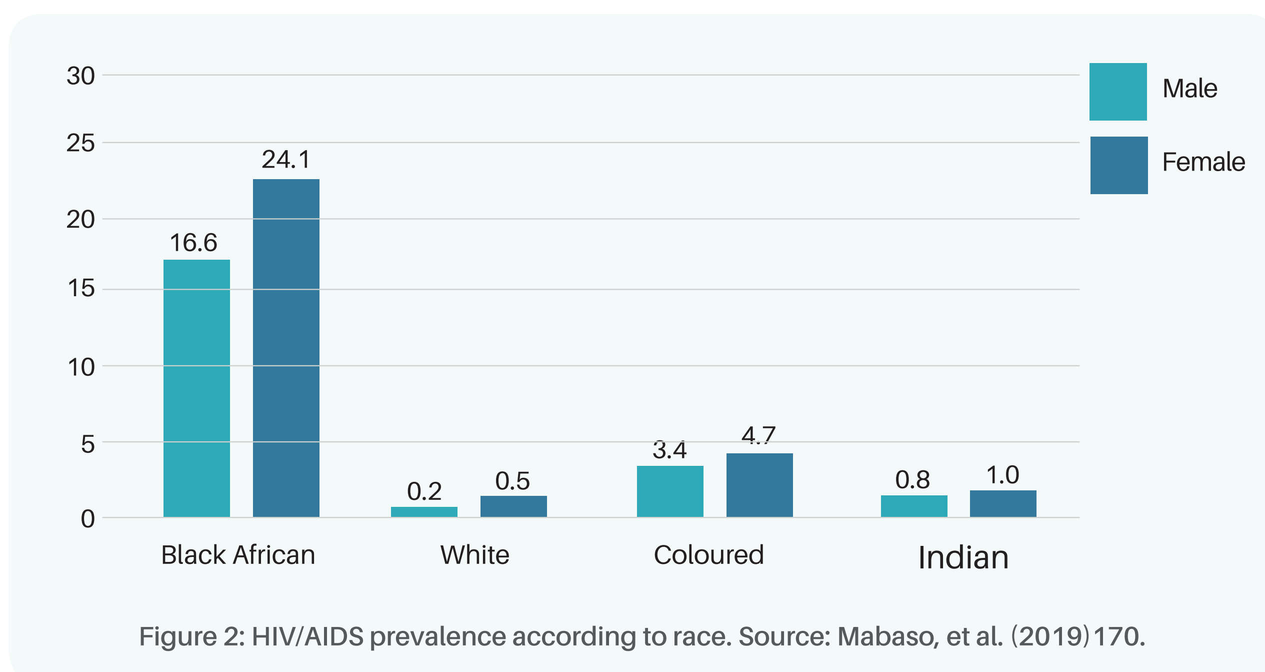


Figure 2: HIV/AIDS prevalence according to race. Source: Mabaso, et al. (2019) 170.

Thirdly, demographic patterns indicate that HIV prevalence is highest in urban informal settlements.[40] In South Africa, the latter refer to slums or poor areas with high mobility of people.[41] Residents usually come from rural areas in search of economic opportunities in cities, or are a result of an overflow from formal areas.[42]

37 Van Damme, W., Kober, K., & Kegels, G. (2008). Scaling-up antiretroviral treatment in Southern African countries with human resource shortage: How will health systems adapt? Social Science & Medicine, 66(10), 2108-2121.

38 Available at https://bit.ly/2yhPxvb (accessed 4 May 2020).

39 Mabaso, Makola, Naidoo, Mlangeni, Jooste & Simbayi (2019) 167-178.

40 HSRC (2012) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012 available at https://bit.ly/2WriFYN (accessed 4 May 2020).

41 David, A. M., Mercado, S. P., Becker, D., Edmundo, K., & Mugisha, F. (2007). The prevention and control of HIV/AIDS, TB and vector-borne diseases in informal settlements: Challenges, opportunities and insights. Journal of Urban Health, 84(1), 65-74.

42 HSRC (2012) (note 40).

Their abodes are often temporary structures which they inhabit while waiting for the state to provide free or subsidised housing.[43]
As such, social distancing as a public health intervention is problematic. A respiratory disease like Covid-19 among a community with a high prevalence of HIV is fatal. Lockdown means these vulnerable groups of people cannot go to work to fend for their families. In addition, their access to adequate food and nutrition is curtailed. Their right to life in the context of livelihood is threatened.

These statistics are important in showing that the HIV/AIDS pandemic, as with the Spanish flu, has the greatest impact on persons whose common denominator is low SES. It is worth noting that the improvement of the SES of an individual is connected to his or her ability to use measures that mitigate the spread of a pandemic.

43 HSRC (2012) (note 40).

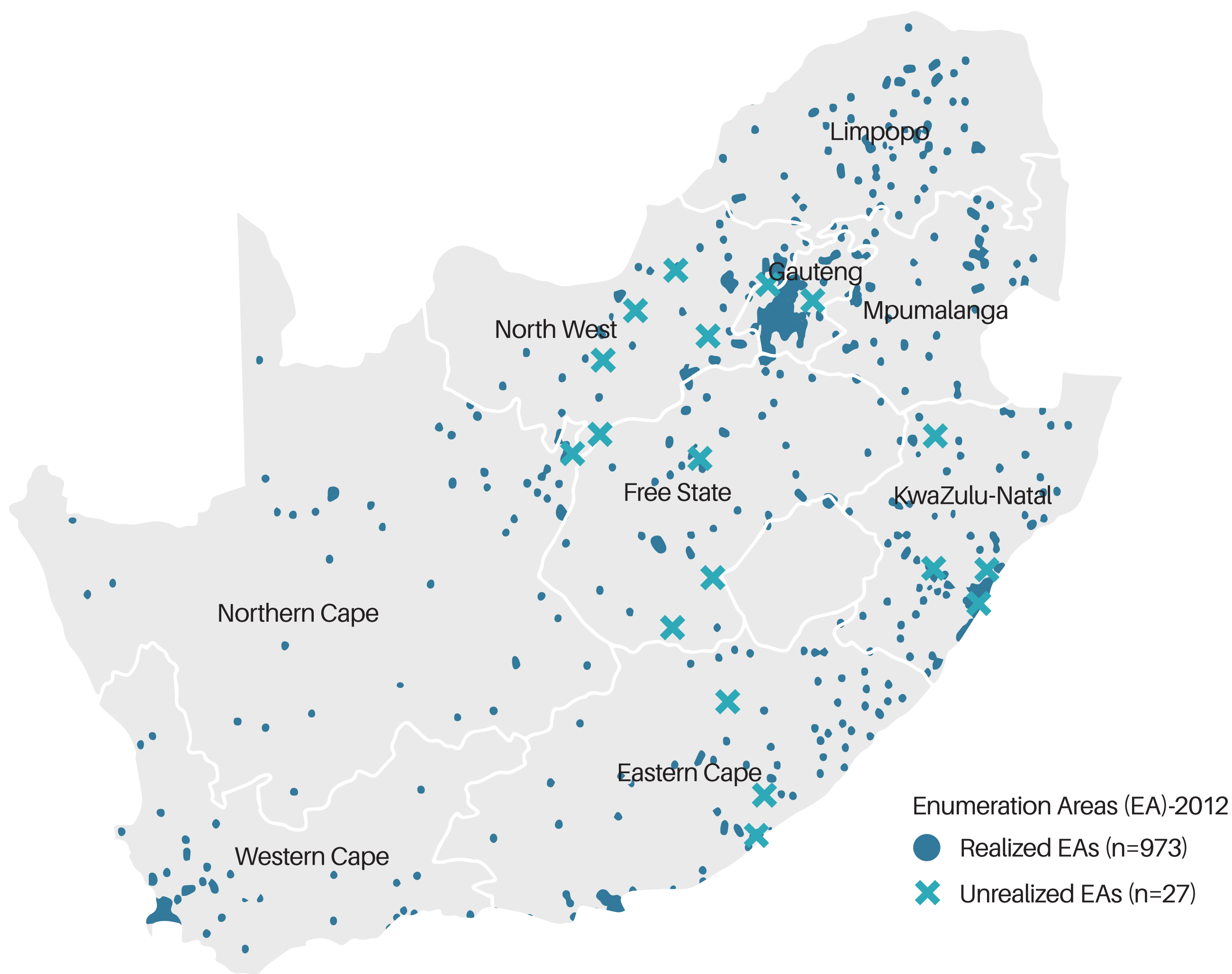
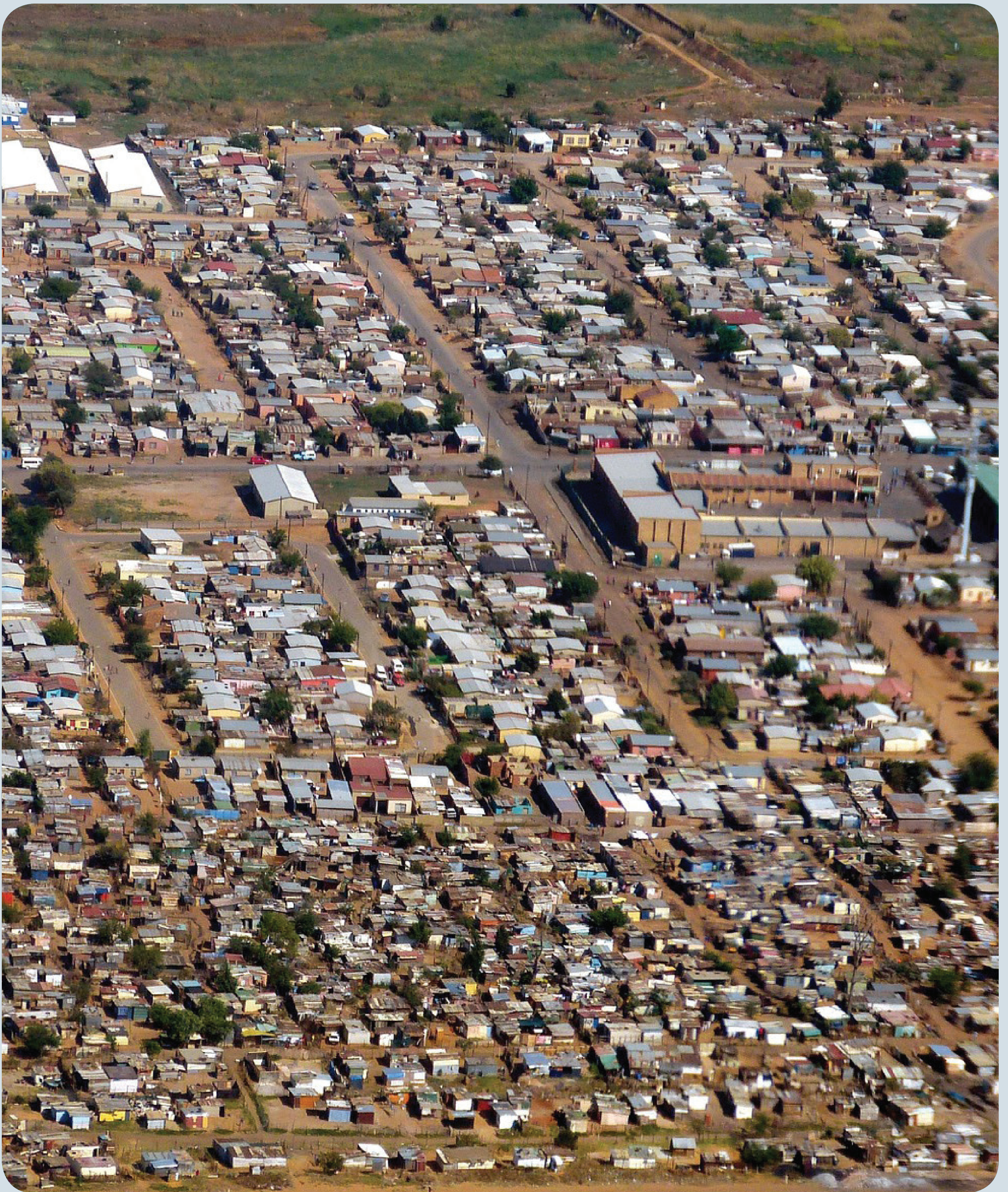


Figure 2: Urban informal settlements in South Africa. Source: HSRC (2014) 8

The major impact that the epidemic has had on the masses is the stigma it has created around people with HIV. Research indicates that 12.6 per cent of women and men between 15 and 49 years reported discriminatory attitudes towards them.[44] This stigma extends to the health sector, where 3.2 per cent of people living with HIV have been denied services due to their status.[45] The challenge for the government is to ensure that such persons' rights to the highest attainable standard of health as well as to education, food and nutrition, work and housing are not compromised.

44 UNAIDS, South Africa: Stigma and discrimination, 62 available at https://bit.ly/2W19oHY (accessed 2 May 2020).

45 UNAIDS (note 44).



Overview of the spread of Covid-19 in South Africa

In view of the lessons above, it is crucial to appreciate the magnitude of the problem of Covid-19 in South Africa. As at 13 May 2020, South Africa had 12,739 positively confirmed cases, 238 deaths and 5,676 recoveries.[46] Mass screenings have been conducted and 386,352 people tested for Covid-19.[47] A look at the provinces shows that the Western Cape has the highest number of cases, namely 6,713 (representing 55.6 per cent of infections). It is followed by Gauteng, with 2,074; the Eastern Cape (12.7 per cent); and KwaZulu-Natal, with 1,413 (11.7 per cent).[48] The provinces with the lowest figures are the Free State, with 139 infections (1.1 per cent); Mpumalanga, with 66 (0.5 per cent); Limpopo with 54 (0.4 per cent); North West with 25 (0.4 per cent); and Northern Cape, with 30 (0.2 per cent).[49]

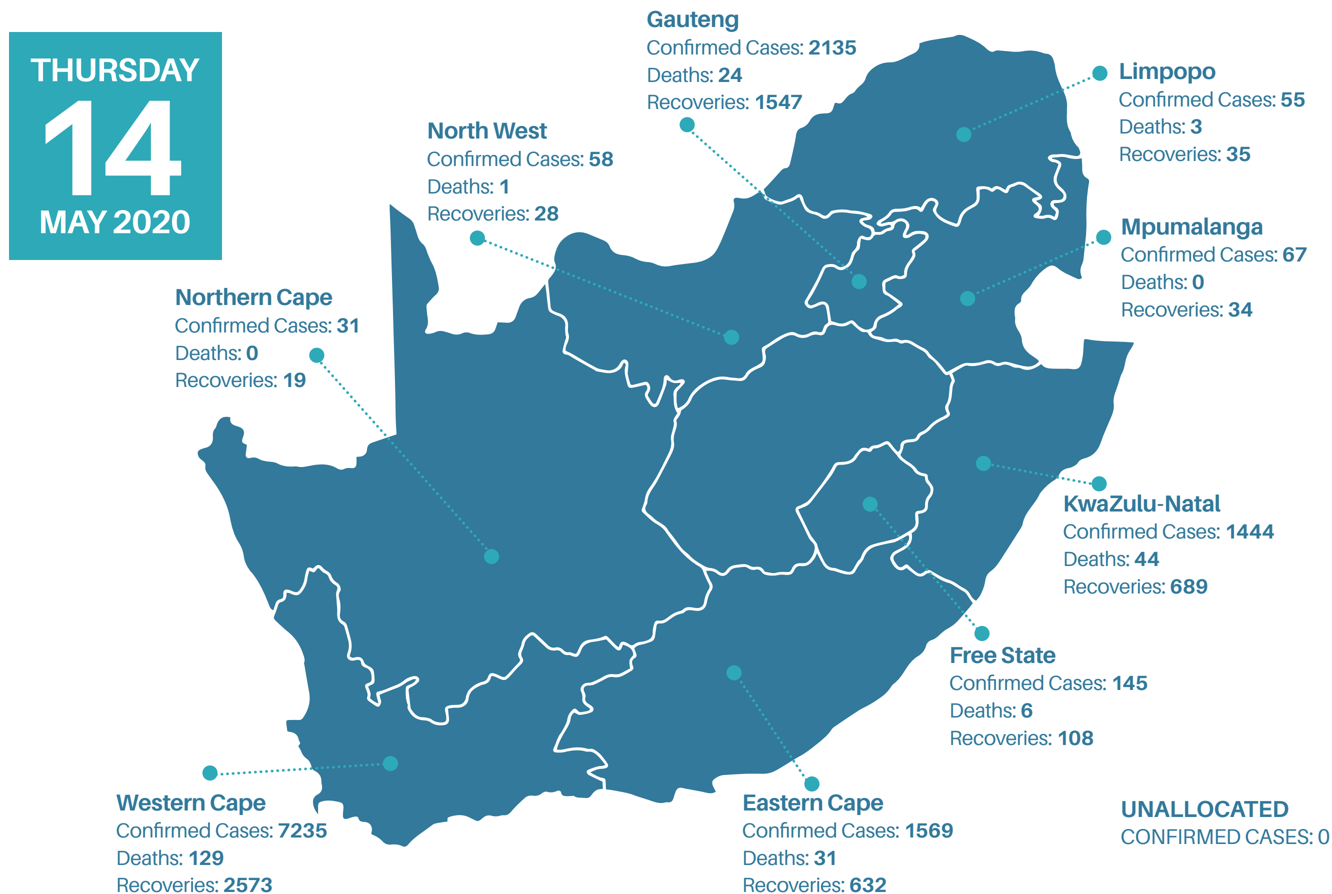


Figure 3: Spread of Covid-19 in South Africa. Source: Department of Health: Covid-19 Statistics in South Africa

46 Covid-19 Coronavirus South African Resource Portal available at https://bit.ly/2YsURX1 (accessed 15 May 2020).

47 Covid-19 Coronavirus South African Resource Portal (note 46).

48 Covid-19 Coronavirus South African Resource Portal (note 46).

49 Covid-19 Coronavirus South African Resource Portal (note 46).

With regard to race, South Africa has taken the deliberate step of not disaggregating data on Covid-19 according to race. For instance, the Department of Health's national Covid-19 reporting profile shows a breakdown only by numbers of tests conducted, positive cases, recoveries and deaths.[50] Likewise, provincial statistics make no mention either of race.

Province	Total cases	Percentage
Western Cape	7,235	56.8
Gauteng	2,135	16.8
Eastern Cape	1,569	12.3
KwaZulu-Natal	1,444	11.3
Free State	145	1.1
Mpumalanga	67	0.5
North West	58	0.5
Limpopo	55	0.4
Northern Cape	31	0.2
Total	**12,739**	**100.0**

Table 1: Number of Covid-19 cases in South Africa. Source: Department of Health: Covid-19 Statistics in South Africa

In the Western Cape, more adults have been infected by Covid-19 than have children.[51] About 156 children under the age of 5 years have been infected, followed by 465 between the age of 6 to 20 years.[52] In addition, 1,743 persons between 21 to 30; 2,154 between 31 to 40 years; and 1,475 between 41 to 50 years were infected.[53]

50 Covid-19 Coronavirus South African Resource Portal (note 46).

51 Covid-19 response, Let's stop the spread available at https://coronavirus.westerncape.gov.za/covid-19-dashboard (accessed 15 May 2020).

52 Covid-19 response (note 51).

53 Covid-19 response (note 51).

A further 938 between 51 to 60 years, 360 between 61 to 70 years, 152 between 71 to 80 years, and 87 over 80 years were infected in the Western Cape.[54]

A comparison between children and adults indicates that 621 children were infected, compared to 6,909 adults. It should be noted that categorisation as an adult does not start at 18 years, the age of majority, but at 20. This implies that the numbers are much higher with regard to adults. While children account for 8.9 per cent of the infected population in Cape Town, persons above the age of 60 make up a further 8 per cent.[55] It would appear that the most affected people are those between the age of 21 and 59.[56] These provincial results fall short of giving exact numbers in regard to the vulnerable population as they do not disaggregate according to gender.

No. of Cases and Deaths by Age

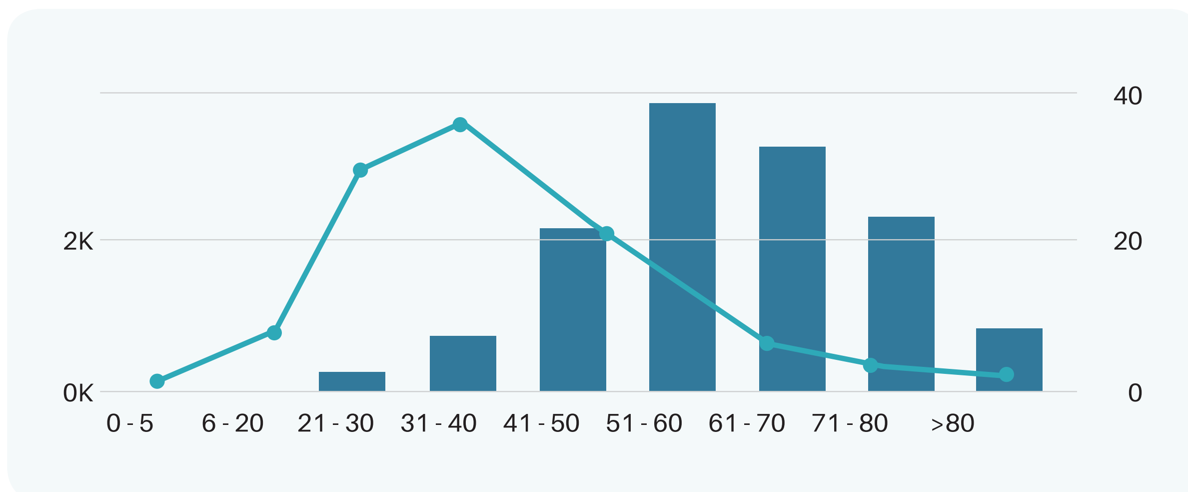


Figure 4: Spread of Covid-19 in the Western Cape according to age.
Source: Western Cape Government (2020)

In addition, a look at the details of infections in the Western Cape indicates that the highest number of Covid-19 infections have been in the Tygerberg subdistrict, with 1,306 persons infected, followed by Khayelitsha, with 1,030, and Klipfontein, with 915.[57]

54 Covid-19 response (note 51).

55 Covid-19 response (note 51).

56 Covid-19 response (note 51).

57 Covid-19 response (note 51).

An examination of the legal framework on the lockdown in the light of international human rights

The documentation and formal recognition of socio-economic rights starts with the Universal Declaration of Human Rights.[58] Socio-economic rights are further provided for in the International Covenant on Economic, Social and Cultural Rights (ICESCR).[59] The rights therein include the rights to health,[60] education,[61] food and nutrition,[62] and housing.[63] The African Charter on Human and Peoples' Rights (ACHPR) recognises the indivisibility of human rights and the existence of economic, social and cultural rights.[64] Unlike the International Covenant on Civil and Political Rights (ICCPR), the ICESCR does not contain a derogation clause on rights. However, it contains a general limitation clause in article 4. **This article declares:**

The States Parties to the present Covenant recognize that, in the enjoyment of those rights provided by the State in conformity with the present Covenant, the State may subject such rights only to such limitations as are determined by law only in so far as this may be compatible with the nature of these rights and solely for the purpose of promoting the general welfare in a democratic society.[65]

58 G.A. res. 217A (III), U.N. Doc A/810 at 71 (1948).

59 (1966) 993 UNTS 3.

60 Article 7. See also CESCR, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 August 2000, E/C.12/2000/4.

61 Article 13. See also CESCR, General Comment No. 13: The Right to Education (Art. 13 of the Covenant), 8 December 1999, E/C.12/1999/10.

62 Article 11. See also CESCR, General Comment No. 12: The Right to Adequate Food (Art. 11 of the Covenant), E/C.12/1999/5.

63 Article 11. See also CESCR, General Comment No. 12: The Right to Adequate Food (Art. 11 of the Covenant), E/C.12/1999/5.

64 CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982). See article 15 on work, 16 on health, 17 on education. See also Yeshanew, S. A. (2011). Approaches to the justiciability of economic, social and cultural rights in the jurisprudence of the African Commission on Human and Peoples' Rights: Progress and perspectives. African Human Rights Law Journal, 11(2), 317-340.

65 ICESCR, article 4.

This is in line with the constitutional provision on the limitation of rights, which offers further context on how rights may be limited in free and democratic society.[66] One of the reasons for limiting rights is the need for a balance between community interests and the protection of the individual's fundamental rights.[67] Both civil and political rights and economic and social rights may be limited for reasons of public order, health, morals, national security or public safety.[68]

While the ICESCR does not have a General Comment on derogations, General Comment 34 of the Human Rights Committee on article 4 of the ICCPR is not limited to civil and political rights.[69] To this end, the limitation must be provided by law[70] and meet specific conditions in regard to necessity and proportionality.[71] Proportionality entails that any limitation of an individual right must be appropriate to achieving the aim of socio-economic welfare in the context of the ICESCR.[72]

In addition, the Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights (Siracusa Principles)[73] guide states on restrictions during public health or national emergencies. At their core, the Siracusa Principles entail the continued enjoyment of both civil and political as well as socio-economic rights.[74]

65 ICESCR, article 4.

66 Constitution of South Africa, article 36.

67 Soering v United Kingdom A 161 (1989); 11 EHRR 439 at para 89.

68 Muler, A. (2009). 'Limitations to and derogations from economic, social and cultural rights'. Human Rights Law Review, 9(4), 557-602.

69 For an understanding of article 4 in the context of the ICESCR in general and of its relation in particular to article 2(1) of the ICESCR, see Muler (2009) 582-588.

70 ICCPR, article 19(3).

71 Human Rights Committee, General Comment No. 34, note 4, para 22.

72 See Kokkinakis v Greece A 260-A (1993); 17 EHRR 397 para. 49.

73 Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, Annex, UN Doc E/CN.4/1984/4 (1984).

74 See endnote 21, Principle 58.

Furthermore, they affirm the need to balance human rights and public health restrictions. In principle, public health may be used to limit certain rights so as to enable a country to adopt measures for containing a threat to the health of the population, for preventing disease or injury, and for providing care for the sick and injured.[75] The Siracusa Principles call on the states to use the International Health Regulations of the World Health Organization.[76] As such, application of the Siracusa Principles aids the balancing of restrictions and human rights in the containment of a pandemic.

In relation to Covid-19, states have imposed lockdowns of varying degrees of restrictiveness,[77] but need to ensure that, rather than suspending the enjoyment of rights, they limit them within the bounds of the law. As a reminder to this effect, a statement by the Committee on Economic, Social and Cultural Rights (CESCR) warns that efforts by states to combat Covid-19 must not undermine the enjoyment of socio-economic rights.[78] Similarly, the African Commission on Human and Peoples' Rights has noted that while lockdown measures may be useful in curbing the spread of Covid-19, their application must be consistent with the human rights guarantees of the African Charter.[79]

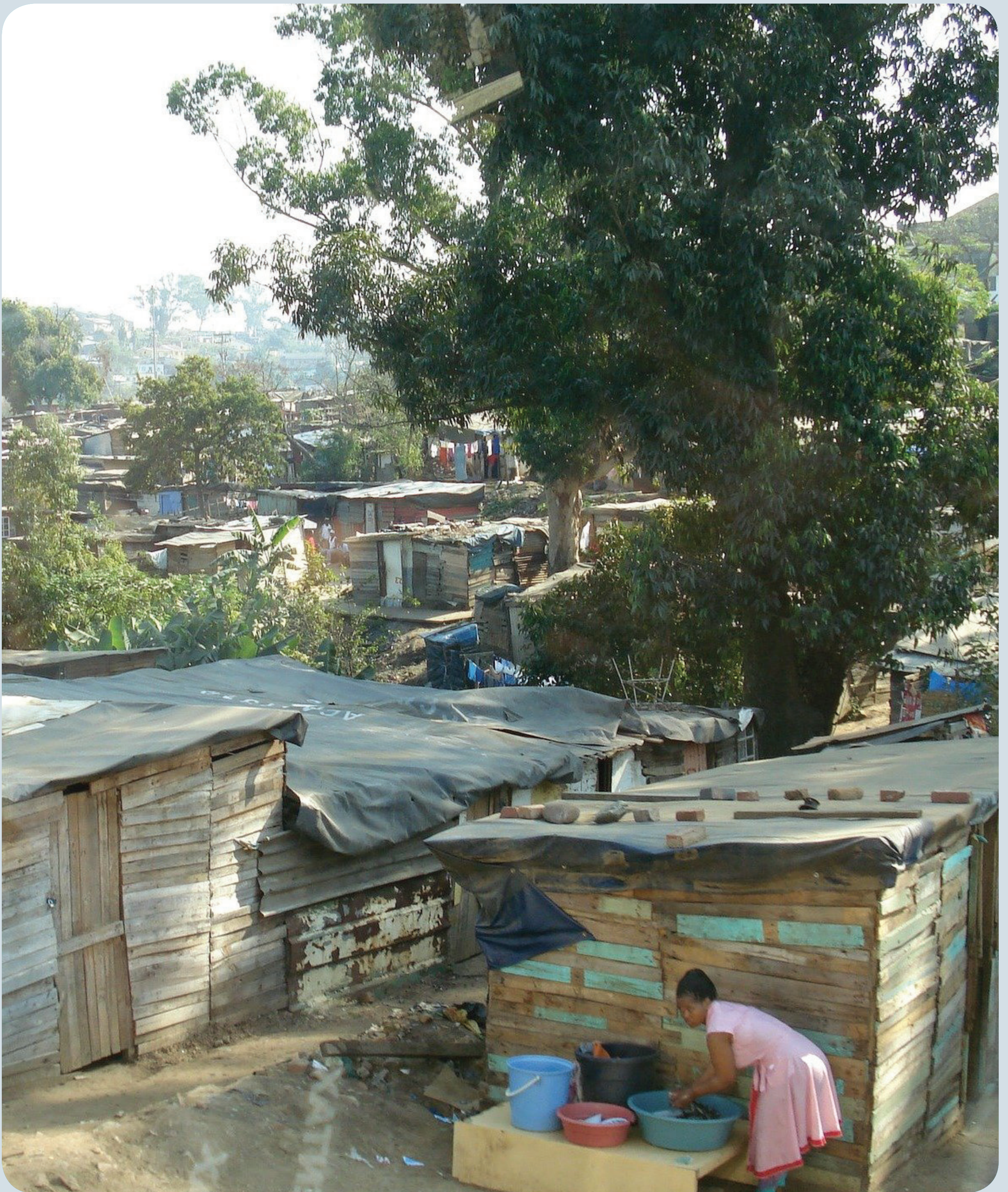
75 See endnote 21, Principle 25.

76 See endnote 21, Principle 26.

77 2000 (3) SA I (CC) para 34.

78 See Committee on Economic, Social and Cultural Rights 'Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights' E/C.12/2020/1 6 April 2020.

79 See African Commission on Human and Peoples' Rights 'Press statement on human rights based effective response to the novel COVID-19 virus in Africa' available at https://www.achpr.org/pressrelease/detail?id=483 (accessed on 11 May 2020)



Measures by the Government

The measures taken

The government of South Africa took drastic measures to combat the pandemic.[80] This was to enable the country to have an integrated, co-ordinated disaster management mechanism for preventing and reducing the spread of the coronavirus. The government declared a national state of disaster in terms of the Disaster Management Act.[81] First, the government limited contact between persons who may be infected and South African citizens.[82] As a result, all nonessential travel outside the Republic was prohibited.[83] In addition, all nonessential domestic travel by air, rail, taxis and bus was discouraged.[84] Secondly, it limited contact among groups of people[85] by prohibiting gatherings of more than 100 people.[86] All upcoming mass celebrations were prohibitedand schools closed.[87] Thirdly, the government strengthened its surveillance and testing systems.[88] This was through the identification of isolation and quarantine sites in each district and metro and the improvement of capacity at all designated hospitals in all provinces.[89] The government also increased the capacity of contact tracing.[90]

In addition, the government recognised various socio-economic challenges such as the safety of children, loss of income by small-business owners and informal traders, loss of jobs, and lack of adequate housing, especially by the vulnerable population and including the homeless.[91]

80 For a list of government media statements on Covid-19, see https://www.gov.za/mediastatements. See also Covid-19 materials at www.saflii.org/content/covid-saflii-0.

81 Disaster Management Act 57 of 2002, section 27.

82 Statement by President Cyril Ramaphosa on measures to combat Covid-19 epidemic available at https://bit.ly/35x79PB (accessed 2 May 2020).

83 Statement by President Cyril Ramaphosa (note 82).

84 Government Gazette 43148, dated 25 March 2020, providing for the Disaster Management Act (57/2002): Regulations made in terms of Section 27(2) by the Minister of Cooperative Governance and Traditional Affairs.

85 Statement by President Cyril Ramaphosa (note 82).

86 Statement by President Cyril Ramaphosa (note 82).

87 Statement by President Cyril Ramaphosa (note 82).

88 Statement by President Cyril Ramaphosa (note 82).

89 Statement by President Cyril Ramaphosa (note 82).

90 Statement by President Cyril Ramaphosa (note 82).

91 Update by President Cyril Ramaphosa on measures to combat Covid-19 epidemic available at https://bit.ly/2SBI29e (accessed 2 May 2020).

It undertook to provide food and money to identified communities.[92] In addition, the government has undertaken palliative measures to mitigate the spread of Covid-19. This has included the use of early identification and the assessment and treatment of pain and other problems associated with Covid-19.[93] A look at the Disaster Management Act regulations shows that physical, psychosocial and psychological support is an essential service during the lockdown.[94] To this end, the government announced a massive testing drive[95] engaging both the public and private healthcare sector to curb the spread of Covid-19.[96]

An analysis of the legality of measures

In effect, the measures have limited the right to movement and curtailed people from going to work;[97] they have also affected the right to education.[98] Another human-rights impact on vulnerable and marginalised groups is the measures have limited access to food due to the inflated prices of foods.[99] The government's undertaking to provide food has been affected by delays in delivering food parcels to communities.[100]

92 SASSA provides food parcel relief available at https://bit.ly/3b6xBkg (accessed 3 May 2020).

93 For a definition of 'palliative measures', see WHO definition of palliative care available at https://bit.ly/2Z86DGK (assessed 15 May 2020).

94 According to the Gazette, medical support applies both to physical and psychological illnesses. See Government Gazette, Regulation Gazette 111056 volume 657, regulation 1.3, dated 19 March 2020 available at https://bit.ly/3cBUVb9 (accessed 15 May 2020).

95 Government rolls out massive COVID-19 testing drive available at https://bit.ly/2zC4p7Q (accessed 15 May 2020).

96 Coronavirus lockdown: Healthcare sector regulations fact sheet available at https://bit.ly/2ZdeWkq (assessed 15 May 2020).

97 Government Gazette 43148, dated 25 March 2020, providing for the Disaster Management Act (57/2002): Regulations made in terms of Section 27(2) by the Minister of Cooperative Governance and Traditional Affairs.

98 Where the only education provided is online education, this foregrounds the need for internet connectivity and the provision of data.

99 Food security priority actions in the context of Covid-19 in South Africa: A civil society perspective available at https://bit.ly/3fmPjn8 (accessed 4 May 2020).

100 Ellis, E. 'Fear and frustration mounting as Eastern Cape communities await food parcels' 9 April 2020 Maverick Citizen available at https://bit.ly/2zdCaMl (accessed 3 May 2020).

The enforcement of the lockdown has also been marred by the use of excessive force by security agents charged with enforcing the lockdown.[101]

The rights in issue are not absolute rights. As such, limitations can be placed on their enjoyment. In terms of the South African Constitution, rights in the Bill of Rights may be limited under certain conditions. First, the limitation has to be for a law of general application.[102] A law of general application includes common law and statutory law and customs.[103] Secondly, the limitation should be reasonable and justifiable in an open and democratic society and based on human dignity, equality and freedom.[104] The court is required to take into account all factors listed in section 36(1).[105] In doing so, it evaluates the nature and importance of the right; the importance and purpose of the limitation; and the nature and extent of the limitation.[106] It is expected that the State uses a less restrictive means to achieve its purpose. This is achieved through a balancing of the relationship between the limitation and its purpose.[107]

As mentioned, the limitation of rights during public health emergency is recognised under international law.[108] Thus, the Siracusa Principles were developed to address circumstances under which rights might be limited or derogated from. For this to happen, such limitations must be in accordance with the law; based on a legitimate objective; strictly necessary in a democratic society; the least restrictive and intrusive means available; and not arbitrary,unreasonable, or discriminatory.[109]

101 News24, 'Covid-19 lockdown: Human rights in Africa at risk as governments take heavy-handed action' available at https://bit.ly/2WtqxJq (3 May 2020).

102 Constitution of South Africa, article 36.

103 Shabalala v Attorney-General, Transvaal 1996 (1) SA 725 (CC) para 23; S v Thebus 2003 (6) SA 505 (CC) para 65. See also De Reuck v Director of Public Prosecutions, Witwatersrand Local Division 2004 (1) SA 406 (CC) para 57.

104 Constitution of South Africa, section 36(1).

105 Iles, K. (2007). Fresh look at limitations: Unpacking section 36. South African Journal on Human Rights, 23(1), 68-92, 75.

106 Section 36(2)(a)-(c).

107 Section 36(2)(e)-(d).

108 See article 4 of the ICCPR.

109 Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, U.N. Doc E/CN.4/1985/4, Annex (1985).

It should be recalled that the restriction on the movement of persons and goods, with the exceptions of individuals and entities providing essential services, has curtailed most socio-economic rights.[110] It is a known fact that if the restrictions on the movement of people are lifted quickly, the rate of Covid-19 infections could increase exponentially.

A subjective evaluation of the importance of the right to movement has to be balanced against the dangers that its enjoyment without limitation presents. In *S v Manamela and Another (Director- General of Justice Inter-vening)*, where the appellant was convicted of being in possession of suspected stolen goods,[111] the court held that despite the rational connection of the limitation to crime prevention, it was not the least restrictive means.[112]

Arguably, this principle may be decided differently in the era of Covid-19. Recently, an action filed by a group of Muslim leaders challenged the constitutionality of some of the regulations in that they restrict rights to religion (for example, saying daily prayers as Muslims), freedom of movement, and dignity.[113]

The applicants argued that the regulations undermine their right to religion in the Constitution and should be declared unconstitutional. In her judgment, Judge Brenda Neukircher held that every citizen had been called upon to make sacrifices of their fundamental rights as entrenched in the Constitution. She noted that this was done for the 'the greater good' in view of the coronavirus pandemic.[114]

110 Government Gazette 43148, dated 25 March 2020, providing for the Disaster Management Act (57/2002): Regulations made in terms of Section 27(2) by the Minister of Cooperative Governance and Traditional Affairs; Regulation 11B and 11C.

111 2000 (3) SA 1.

112 2000 (3) SA 1, para 34.

113 *Mohamed and Others v President of the Republic of South Africa* and Others (21402/20) [2020] ZAGPPHC 120 (30 April 2020).

Therefore, she concluded by noting, 'I cannot find that the restrictions imposed are either unreasonable or unjustifiable and thus the application must fail.'[115] It is suggested that the restrictions on Covid-19 need to be eased gradually to avoid a spike in the infections. Recently, a Gauteng High Court has upheld a challenge to the constitutionality of the lock-down imposed by the government in the wake of COVID-19 pandemic. In declaring the regulations permitting the lockdown unconstitutional, the Court noted that the measures were too stringent, interfered with enjoyment of rights and could not be said to be proportionate.[116] The government has appealed against this judgment and it will be interesting to know the outcome of the appeal. While some commentators have hailed the decision as positive, others have cautioned about its likely implications as it could amount to judicial overreach.[117]

114 Mohamed and Others (2020) para 75.

115 Paragraph 77.

116 *De Beer and Others v Minister of Cooperative Governance and Traditional Affairs* (21542/2020) [2020] ZAGPPHC 184 (2 June 2020).

117 See for instance, P De Vos 'Lockdown regulation judgment is flawed, but so is government's 'means justifies the ends' defence' Daily Marverick 4 June 2020 available at https://www.dailymaverick.co.za/opinionista/2020-06-04-lockdown-regulationjudgment-is-flawed-but-so-is-governments-means-justifies-the-ends-defence (accessed 18 June 2020), see also, P Balthazar 'A disturbing example of judicial overreach' Daily Maverick 3 June 2020 available at https://www.dailymaverick.co.za/opinionista/2020-06-03-a-disturbing-example-of-judicial-overreach/ (accessed on 18June 2020)

A critical evaluation of selected communities

Demographics of the communities

The Dullah Omar Institute has, for the past five years, carried out a series of workshops and engaged with communities on socio-economic issues ranging from housing and health to social security. The South African Constitution of 1996 is often regarded as progressive in the sense that it explicitly recognizes socio-economic rights such as, the rights to housing, food, health, sanitation and social security. Sadly, however, more than two decades after the adoption of the Constitution, a significant number of the population lives in poverty and inequality has widened. The hope that the Constitution will lead to a more just and equal society has remained forlorn.

This report looks at five communities and examines the challenges they have been facing during the pandemic, their coping mechanisms and the effectiveness of the government's palliatives in their communities. It is based on the monitoring reports received from community leaders in each of the communities.

Due to the lockdown and prohibition on social gathering, it was not possible to visit the selected communities physically. Rather, information for this study was based on monitoring reports sent electronically by community leaders. In some of its workshops, DOI has empowered community leaders on how to document and monitor human rights violations in their communities. Hence, it was easy for the community leaders to document challenges facing their communities during the lockdown.

Fisantekraal is a metropolitan municipality in the City of Cape Town. It is located 30 km north east of Cape Town and has a population of 12,369,[118] of whom 50.29 per cent are male and 49.71 female.[119] Racial disaggregation shows that black Africans form 51.46 percent of the population, followed by coloureds, at 46.88 percent, others at 0.83 percent, whites at 0.49 percent, and Asians at 0.34 percent.[120] Of its 3,712 households, 1,247 are in the informal part.[121] The greatest socio-economic challenges in Fisantekraal include lack of adequate housing, water and sanitation.

118 Fistantekraal Main Place 199011 Census 2011 available at https://bit.ly/2xUpDNQ (accessed 10 May 2020).

119 Fistantekraal Main Place (note 116).

120 Fistantekraal Main Place (note 116).

121 Fistantekraal Informal Sub Place 199011002 Census 2011 available at https://bit.ly/35NHthS (accessed 10 May 2020).

This situation has improved following the execution of recent plans by the City of Cape Town to develop housing projects and the provision of backyards in the informal settlements.[122]

Delft is a township located next to Cape Town International Airport, Khayelitsha, Blue Downs and Belhar. Its most pressing socio-economic problems are high crime rates, high unemployment, and a large population,[123] one amounting to 152,030 people.[124] The demographics indicate that 50.92 percent are male and 49.08 female.[125] Racial disaggregation shows that coloureds form 51.49 per cent of the population, followed by black Africans at 46.22 percent, others at 1.83 per cent, Asians at 0.34 per cent, and whites at 0.12 percent.[126] It has 39,575 households.[127]

As mentioned, Delft is affected by high levels of crime, including drug abuse. This is evident in the prevalence of the use of methamphetamine (known as tik), marijuana and heroin,[128] which led to the introduction of mobile health centres offering free community-based treatment for alcoholism and drug addiction. The reduction of levels of substance abuse was key to the reduction of crime in Delft between 2008 to 2015.[129] In addition, Delft has been recorded as having a population classified as the urban poor.[130]

Manenburg is a township located 20 km from Cape Town and next to Nyanga and Gugulethu in the east, Hanover Park and Industrial Park in the west, and Heideveld in the north.

122 This analysis is as per the 2016 Report by the City of Cape Town available at https://bit.ly/3cAqwKv (accessed 15 May 2020).
123 Delft Main Place 199023 Census 2011 available at https://bit.ly/2WIyk63 (accessed 10 May 2020).
124 Delft Main Place (note 121).
125 Delft Main Place (note 121).
126 Delft Main Place (note 121).
127 Delft Main Place (note 121).
128 Report by the City of Cape Town (2016) 33.
129 City of Cape Town (note 126).
130 City of Cape Town (note 126) 58.

The most pressing socio-economic problems are poor living conditions and high levels of crime, gang activity and social disturbance.[131] Manenburg has a population of 52,877 people.[132] The demographics indicate that 47.76 per cent are male and 49.08 female.[133] Racial disaggregation shows that coloureds form 84.27 per cent of the population, followed by black Africans at 11.69 percent, others at 3.41 percent, Asians at 0.55 percent, and whites at 0.08 percent.[134] It has 10,881 households.[135] Unlike Delft and Fistantekraal, Manenburg has a very large coloured population.

An important challenge is the lack of transport from Manenberg to other neighbouring urban areas.[136] This is exacerbated by a large population with low income,[137] a situation that leads to problems such as poor health, poorquality education and high crime rates. As in Delft, drug abuse is rife,[138] in addition to which Manenburg is notorious for its gangsterism and violence.

Kraaifontein is a located in the city's northern suburbs and flanks the N1 towards Paarl and Worcester to the north.[139] It is bordered by Brackenfell to the south, Aruana, De Tuin, and Tara to the west, Goedemoed to the north-west, and De Novo to the east.[140] The most pressing socio-economic problems are high crime rates, unemployment, and a large population.[141]

131 Manenberg Sub Place 199029032 Census 2011 available at https://bit.ly/2Ajz2PX (accessed 10 May 2020).
132 Manenberg Sub Place (note 129).
133 Manenberg Sub Place (note 129).
134 Manenberg Sub Place (note 129).
135 Manenberg Sub Place (note 129).
136 Report by the City of Cape Town (2016) 58.
137 City of Cape Town (note 134).
138 City of Cape Town (note 134) 33.
139 Kraaifontein Main Place 199018 Census 2011 available at https://bit.ly/35LFACx (accessed 10 May 2020).
140 Kraaifontein Main Place (note 137).
141 Delft Main Place 199023 Census 2011 available at https://bit.ly/2WIyk63 (accessed 10 May 2020).

Kraaifontein has a population of 152,030 people.[142] The demographics indicate that 50.22 per cent are female and 49.78 male.[143] Racial disaggregation shows that black Africans form 43.35 percent of the population, followed by coloureds at 40.16 percent, whites at 14.45 percent, others at 1.67 percent, and Asians at 0.39 per cent.[144] It has 40,169 households.[145]

The high percentage of whites in the population stems from the fact that Kraaifontein has several relatively affluent suburbs. Nevertheless, a large proportion of its population are the urban poor, who resort to crime to survive.[146] Other challenges relate to the lack of adequate housing in communities such as Scottsdean, Wallacedene and Bloekombos.[147] Concerning levels of education, it was established that the average qualification was seniorprimary level or grade 7, while few others are with a grade 11 qualification.[148] The main public health facility is Kraaifontein Community Health Clinic;[149] other players are generally private health providers.[150]

Socio-economic challenges

According to the various reports received, the communities face differing challenges depending on their location and vulnerabilities. Against the backdrop of an already dire situation, the lockdown has made it even harder for members of these communities to enjoy basic needs and amenities such as food, water and sanitation, information, transportation, employment and health.

142 Kraaifontein Main Place (note 137).

143 Kraaifontein Main Place (note 137).

144 Kraaifontein Main Place (note 137).

145 Kraaifontein Main Place (note 137).

146 Report by the City of Cape Town (2016) 111.

147 Scottsdene challenges: Briefing by City of Cape Town available at https://pmg.org.za/committee-meeting/13859/ (accessed 15 May 2020).

148 Swanepoel, J. W., Van Niekerk, J. A., & D'Haese, L. (2017). The socio-economic profile of urban farming and non-farming house holds in the informal settlement area of the Cape Town metropole in South Africa. South African Journal of Agricultural Extension, 45(1), 131-140, 135.

149 Kraaifontein Community Health Clinic available at https://bit.ly/3cBhNru (accessed 15 May 2020).

150 Results on health care centres in Kraaifontein available at https://bit.ly/3dN3xMn (accessed 15 May 2020).

Access to food

The report from Fisantekraal identified the major challenges to be lack of transport and a lack of food to eat during the lockdown. Other problems includes limited compliance with social distancing, the loss of jobs, and the lack of adequate information on Covid-19.

The report from Delft identified lack of food and income or subsistence as the major problems. A challenge was the marginalisation of people providing essential services. This was evident in the non-recognition of informal traders and unregistered crèches. There was also limited availability of internet.

The report from Manenburg indicated that there was no free distribution of PPE and hand sanitizers for the underprivileged masses. Many people had lost their jobs and thus could not buy essential commodities. People stood in long queues to get medical treatment. Another challenge was the limited movement of people and vehicles due to the restrictions.

The report from Kraaifontein said the biggest problem was that it took a long time for food parcels to reach the community.

Water and sanitation

Other challenges include cut-offs of water and sanitation to informal settlements. Some services of the municipality could not be accessed. One of the community leaders reports that there is *'lack of access to water for some families'. The report from Kraaifontein echoed this, and added that the challenge of water cut-off [by] the City of Cape Town [is that they] put the new water box call[ed] blue water meter, meaning they give you … 350 litre[s] for water per day but if the water is finished before the day, you will get the next morning again – sometime you get, sometimes not.*

The problem of limited access to water pre-existed Covid-19 and is likely to have weakened public health initiatives such as encouraging people to clean surfaces and wash their hands with water and soap.

Health care

The greatest challenge has been the limited operation of health services in the communities. One report noted that 'municipality services can't be accessible to the community'. In addition, some public health measures involve monetary expenses. In this vein, one of the community leaders remarked of facemasks:

> *Not everyone can afford it, and stores ha[ve] ridiculous prices when it comes to essential health products, and people can barely afford food, electricity, and rent.*

This is an indication that public health requirements have not been followed to the letter due to lack of financial resources. This affects the fight to mitigate the spread and impact of Covid-19.[151] In a cumulative analysis, these challenges point to the violation of the community members' rights to food and nutrition, work and health.[152] In addition, it reflects a failure by the government to engage with the social determinants of health.[153]

It is only the report from Kraaifontein that pointed to the use of coping mechanisms, where Somalian business owners showed leadership by assisting some community members with food parcels and working together with an organisation in the community. They showed leadership and solidarity. This spoke to the existence of non-state actors taking the initiative to provide food for their communities, and points to the value of using businesses within communities to provide food and other essential items to the masses.[154]

The effectiveness of the government's palliatives

Some of the government's palliatives have included the provision of food parcels, use of toll free lines for communications and provision of social grants. The general perspective is that government palliatives have not been effective. The report from Fisantekraal stated, with regard to the government, that

> *[i]t hasn't been very effective, especially with the food parcels. What happens is that the food parcels get dropped off at an individual's home and that individual is to give to those less fortunate or whoever needs it, which they don't do – they rather give it to people they know, which is unfair to so many people and on so many levels.*[155]

This was exacerbated by other challenges relating to governmental performance. It was noted that while the government had done something to help, it had not tried hard enough. This resulted in challenges in the provision of the required services to the communities.

In regard to Delft, the report also referred to governmental ineffectiveness in providing required services during lockdown. Systems were said not to be working properly – for instance, an official toll-free phone number would ring without answer.

151 This was reiterated by other participants. See discussion below.

152 See discussion at notes 6-9.

153 See discussion at notes 6-9.

154 See suggestions on the need for the government to strategise its programmes at a time of emergencies involving people and organisations from the communities.

155 Fisantekraal questionnaire.

More tellingly, the distribution of food parcels was poorly organised. It was alleged that some holders of political office at local government level were using the exercise to serve political goals and thus abusing the system.[156]

Similar issues of ineffectiveness were noted in Manenburg, where chaos ensued when people did not receive the food parcels; there was also an insufficiency of other essentials, such as toiletries. It was alleged in this community that due to lack of proper co-ordination, crowds got out of control and did not adhere to social distancing when lining up to receive food parcels – a serious challenge, in that it undermined the purpose of the entire lock-down exercise. Another problem was that while some SASSA beneficiaries received double payments of their grants, others received none at all, scuttling the budgetary planning of the many community members who were counting on being paid.

The report from Kraaifontein indicated that the ineffectiveness was in the failure to disseminate the correct information by the leaders. The community leader noted:

> *We have not had that information or seen people assisted from the government yet. [There is] lack of leadership from the community members.*

This would suggest that there is a need for active citizens and structures that communicate with people on the ground so that they can plan better. From the foregoing, it is clear there was lack of engagement by government at the local government level with community leaders and community-based organisations (CBOs). The situation might have been different had government involved community leaders and CBOs in the communities in the process of distributing food parcels and other palliatives.

156 This shows dangers of politicising the Covid-19 pandemic right from developed countries like the United States to the grassroot administrative communities in South Africa. It would appear that politics should take a back seat during the fight against a pandemic.

Involving disadvantaged people in decision-making in processes affecting their lives is not only consistent with a rights-based approach to governance, but is also empowering, as it allows the voices of the people to be heard.

Suggestions

Various suggestions were made by the community leaders. The report from Fisantekraal proposed that the government provide sanitizers and masks to residents since they were already struggling to access essential resources such as food, electricity and funds to pay rent.

The reports from Kraaifontein and Manenburg also suggested, as just mentioned, that there is a need to have active citizens and structures that ground. This was reiterated by the report from Delft, which suggested that there was a need for better and strategic planning by the government through the use of NGOs, CBOs and FBOs in the communities. These would be instrumental in disseminating information about government programmes available in the various communities.

To avoid the politicisation of the pandemic, it was suggested that councillors should not be involved in the distribution of food parcels in communities. In the interim, all the participants faced challenges in accessing food and other essentials such as electricity, water and transport. Virtually all the reports indicated that community members were unable to acquire masks and sanitisers because they lacked the means to do so.

Conclusion

The approach by the government to curb the spread of Covid-19 has presented challenges in communities following the lockdown. These include the failure to access food and other essential items like electricity, water and transport. The requirement for communities to use sanitisers or masks and apply social distancing is problematic because of their lack of the means to do so and delays in the provision of state resources. Government interventions may need to be complemented by efforts by community businesses, CBOs and NGOs. The involvement of political leaders should be avoided.

The recommendations below speak to the challenges that have arisen during influenza outbreaks in the past and entail adopting measures aimed at improving the socio-economic conditions of the masses in the long run. It is critical that that state adopt a holistic perspective of this kind to be able to respond to future pandemics.

Specific recommendations

National government should

- ensure proper monitoring of the distribution of food parcels and resources;
- devise more effective and co-ordinated means of payment of SASSA and unemployment grants;
- improve communication and co-ordination among departments involved in implementing the government's palliative measures;
- improve the standard of living of people in informal settlements;
- expand testing and palliative care in relation to Covid-19 for people in informal settlements; and
- establish a committee or body that monitors outbreaks of disease to ensure effective preparedness for future pandemics.

Provincial governments and municipalities should

- engage with community members and CBOs to ensure effective distribution of food parcels and other palliatives;
- address the socio-economic conditions of people in informal settlements;
- ensure provision of water and sanitation services for people in informal settlements;
- establish a committee made up of government officials, community members and CBOs to monitor and supervise government interventions;
- refrain from playing politics in the implementation of palliative measures in informal settlements; and
- improve communication channels with people in informal settlements.

Parliament should

- strengthen its oversight functions over the executive's implementation of Covid-19 palliatives;
- enact appropriate legislation on the right to food; and
- overhaul legislation on public emergency and disaster management with a view to ensuring consistency with international human rights law.

Civil society groups should

- be vigilant in monitoring the implementation of government palliatives in informal settlements;
- engage with policy-makers with a view to ensuring the effective ways of distributing food parcels and other palliatives by the government;
- step up efforts in educating and providing information to people in informal settlements about Covid-19 and their human rights;
- assist people in informal settlements to seek redress for human rights violations that occur during the lockdown; and
- provide psychosocial support services to community members in need.

Community leaders should

- assist in disseminating relevant information on Covid-19 among community members;
- report any challenges with the implementation of government palliatives to the appropriate authorities;
- mobilise community members to adhere to hygiene practices necessary to curb the spread of the pandemic; and
- document human rights violations and other challenges in relation to the implementation of government palliatives in communities.

Chapter 9 institutions should

- investigate allegations of human rights violations or impropriety in the implementation of government palliatives in informal settlements and the implications for enjoyment of socio-economic rights;
- investigate incidents of violence, including domestic violence and other crimes, community in informal settlements during the lockdown period;
- engage with people in informal settlements with a view to understating the challenges they encounter daily; and
- produce a report to be tabled in Parliament on the effectiveness of the government's efforts at curbing the spread of the pandemic in informal settlements.

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