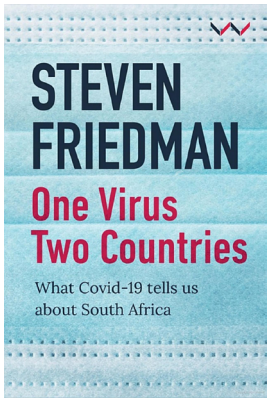
BOOK TITLE:
One virus, two countries: What COVID-19 tells us about South Africa



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One Virus, Two Countries – A critical review

One Virus, Two Countries is a sweeping polemic by the political scientist Steven Friedman, who critically evaluates the conduct of the key actors in the COVID-19 pandemic response in South Africa. The actors in this context are seen to be government, the scientists who are regarded as exercising informal influence over public perceptions, and a hoodwinked media.

The central thesis argued is that South Africa's problematic response to COVID-19 was not a failure to 'follow the science' or the overwhelming nature of the virus. Instead, he argues, it was the 'nature of the society and its division into two worlds, one focused firmly on the West as it looked down on everyone else, the other forced to make do in crowded dwellings and taxis, often deprived of the means to sustain itself, let alone protect itself'.

The ideas that flow from Western Europe and North America are therefore the only ones seen as worth considering. Innovations flowing from the rest of Africa or outside of the Western mindset are not worth pursuing by either government or scientists.

Friedman regards the strong calls by key scientists such as Glenda Gray and Shabir Madhi – who challenged the official government positions and argued for the abandonment of the strict lockdowns and inefficient test-and-trace strategies – as evidence of this 'First World' bias. Friedman suggests that, were it not for this bias, the 'better' COVID-19 outcomes in the rest of Africa offered evidence for alternative, more productive strategies.

The book, however, falls far short of an insightful critique of the various COVID actors as it largely retrofits questionable 'evidence' and arguments to confirm a pre-determined thesis.

Only four central features of the main thesis are discussed here as it is not possible to go into all the many weaknesses of the book.

First, the initial 'hard lockdown' in South Africa, far from arising from 'Western science', was a 'cut and paste' of the Chinese Communist Party's strategy in Wuhan. The flawed assumption was that the virus could be substantially contained or even eliminated by a one-off concerted effort to separate the infected from the susceptible population. However, two factors ended this dream quite quickly: (1) reinfections due to waning antibodies and emergent variants were discovered; and (2) the virus spread across the globe. Seen together, the virus was unavoidably endemic, and country-specific non-pharmaceutical prevention strategies could only buy time at massive cost, but not solve the problem.

Second, official reports on COVID infections and deaths substantially understate the true picture in all countries. For instance, excess mortality statistics in South Africa, which rely on the death registration system, show that true COVID mortality is three times higher than the officially recognised facility-based COVID deaths. Extrapolating from excess deaths suggests substantial under-reporting of COVID incidence and hospitalisations. However, for much of Africa, even the death registration systems are too weak to produce reliable excess death reports. Officially reported incidence, severe illness and COVID deaths will also be affected by extremely constrained testing capability.

The sub-Saharan African bias in favour of a young predominantly rural population, does create a strong case for lower severe illness and mortality, regardless of how their health systems respond. The emerging evidence, however, suggests that Africa, including South Africa, has instead faced a devastating but (officially) under-reported pandemic.

The World Health Organization COVID statistics also cannot be used for a comparison of relative country performance, as the data are contaminated by variations in testing strategies and the reliability of mortality reporting. For instance, community-based (United Kingdom) and whole of population (China) testing approaches include substantially more asymptomatic cases in their infection reporting than settings in which testing capacity and finances are constrained. South Africa, for instance, only has the capacity to test presenting suspected cases, the results of which cannot be compared to the data coming out of high-testing countries. The rest of Africa has less capacity than South Africa to adopt widespread testing, let alone implement onerous and widespread rapid contact tracing and confinement regimes.

Third, the widespread devastation caused by Level five lockdown in South Africa indicates this was a very high-risk approach. Closing the economy crippled public finances and generated massive unemployment and associated social hardship. A mere 30 days of total lockdown reduced annualised gross domestic product by seven percentage points and took two and a half million people out of employment.

Despite this sacrifice, the first wave appeared unaffected. This is evidenced by the consistency of the wave patterns from March 2020 to the present. The peaks are mid-July and late December every year. Had the lockdown achieved anything, the first wave peak would have been delayed to August or September.

Each new wave after the first is driven by waning immunity from previous waves and variants that escape prior immunity. People are therefore being infected multiple times. By the fourth wave, the combined effects of prior infection and vaccination finally decoupled infections from severe illness and death.

Prevention through restrictions has therefore not proven to be efficacious. Government strategies merely adjusted to this reality, which had little to do with any failure to defer to African success stories or the influence of ideologically blinded scientists.

Fourth, 'Western countries' were by no means uniform in their response. Some locked down, while others did not. Some implemented stringent test, trace and confinement regimes while others did not. No 'First World' notion of science drove decisions. Instead, most countries had to make context-relevant decisions under conditions of uncertainty and slowly emerging evidence. 'Following the science' was always code for asking scientists and other experts to exercise their judgement or to legitimise politically unpopular interventions. Ultimately, the only consensus that did emerge was that vaccines offered the most effective prevention option to end the pandemic, even if it did not generate herd immunity. This is just plain common sense and is now based on actual science.

Unfortunately, this book suffers from the kind of prejudice it claims to expose. There is, however, a dire need for a substantive critique of all that has happened from January 2020 to date. Sadly, this book is not it.