UMSEBENZI ONLINE

Umsebenzi Online, Volume 19, Number 14, 6 May 2020 Voice of the South African Working Class

In this issue

* Let's not again find ourselves underprepared



Let's not again find ourselves underprepared

By Dr Rob Davies

The global novel coronavirus (Covid-19) emergency has revealed huge underpreparedness across the world for a pandemic that was both predictable and indeed was predicted. Covid-19 is the first World Health Organisation- (WHO)-proclaimed coronavirus pandemic. But it was not the first cross-border flu-like epidemic. H1N1 killed more than 18 000 people in 214 countries and territories in 2008/9¹. There have also been other, more contained, spreads of flu-like viruses as well as of even more deadly haemorrhagic fevers, like Ebola.

Evidence is now being assembled pointing out that for more than a decade, epidemiologists have been warning both of the threat of viral illnesses and of the lack of preparedness for such an outbreak. This is not just a case of individuals, scientists and others making such predictions². The years after the H1N1 outbreak, and more particularly after the 2014–2016 Ebola outbreaks, saw official national and multinational bodies issuing such warnings. They included a report of a WHO and World Bank convened 'Global Preparedness Monitoring Board' that issued a report published in September 2019. The report warned of 'a very real threat of a rapidly moving, highly lethal pandemic of a respiratory pathogen'³. The United States (U.S.) Federal Emergency Management Agency also issued a similar warning long before the detection of Covid-19⁴. Warnings about measures necessary to combat a potential new outbreak of Ebola-type diseases were made in a report prepared for the Obama administration in 2016⁵.

Yet when Covid-19 struck, it revealed that health care systems across the world were under-prepared for what followed, with shortages not just of ventilators and other treatment devices, but even of personal protective equipment for health workers expected to carry out front line work. Lockdowns were in many cases resorted to as a means to slow the progression of the pandemic so that underprepared and inadequate health care systems would not be overwhelmed.

This points to the fact that defending people against deadly diseases is not a high priority for global capitalism. It is, indeed, not even a priority for profit making companies involved in the health-care sector itself. Bodies responsible for combating communicable diseases are in almost all countries – even those with significant private health-care sectors – public institutions. This reflects the reality that profit in health-care is made not by acting to prevent diseases, but by providing costly curative treatment to higher income patients. Indeed, it is only when communicable diseases spread beyond poor communities and the developing world that capital is

interested in directing any resources at them at all – and then to profit by developing a vaccine or supplying scarce equipment.

But the under-preparedness for Covid-19 was also more than that. The decade that followed the Great Recession of 2008/9 saw the deployment of highly partisan stimulus measures involving bail outs to banks, tax cuts for the rich coupled with austerity for many other public services. What capacity existed in public health systems was eroded in many countries. Spending on the National Health Service (NHS) in Britain, for example, rose by only 1.5 per cent per annum in the decade 2009/2010–2018/2009 compared to an average of 3.7 per cent in the whole period since the NHS was established⁶. Even more pertinent, the NHS 'pandemic stockpile' was cut by 40 per cent as proposals for new acquisitions of emergency equipment were rejected on cost grounds⁷.

In the U.S., the Trump administration stopped funding for a USAID disease monitoring programme, called 'Predict', just three months before the outbreak of Covid-19⁸. Meanwhile, in South Africa progress towards establishing the National Health Insurance (NHI) scheme has been proceeding far too slowly amidst strong pushback from vested interests in the increasingly costly and profitable private health-care industry (absorbing nearly 50 per cent of total health-care expenditure to provide over-priced services to only 16 per cent of the population, leaving the other 50 per cent to provide under-funded services to 84 per cent of the population⁹).

Covid-19 is the first coronavirus pandemic, but it probably would not be the last. Nor can we yet claim that the potential threat of an even more deadly haemorrhagic pandemic has passed. Beyond health emergencies, humanity is also facing the prospect of an increasing number of climate-change related emergencies. As our (SACP) recent discussion paper has observed: 'As grave as the threat of Covid-19 is to human civilization, we need to appreciate that it is, in many respects, a forewarning of the even greater threat facing humanity – the imminent danger of irreversible climate change.' 10

We are already experiencing extreme weather events – and these will be part of our reality even if (and this is a huge 'IF') political will is eventually found to contain global warming to below catastrophic levels. Floods and other hydrological events quadrupled between 1980 and 2004 and doubled again between 2004 and 2018. Extreme temperature related events, such as droughts and forest fires, more than doubled between 1980 and 2018¹¹. 2019 was the second hottest year on record, with 2016 being the hottest and 2015, 2017 and 2018 making up the rest of the five hottest years on record¹². 2019 saw some of the most extreme weather in 20 years, with seven million people displaced from their homes by flooding in the first six months of the year¹³. Extreme weather was a factor in 26 of 33 food crises recorded in that year, and main driver in 12 of these¹⁴.

Again, evidence of huge under-preparedness for these emergencies abounds. The case of the bush fires in Australia is just one obvious example. It revealed too few firebreaks and insufficient fire-fighting capacity. Worse were the more under the radar cases of the food crises in some of the poorest countries of the world.

The title of the SACP discussion paper says it all: 'We can't go back to the crisis before the crisis'. The President said, 'We are resolved not merely to return our

economy to where it was...but to...restructure the economy and achieve inclusive growth'¹⁵. One aspect of moving forward differently must be to develop a real stimulus package that is broad based. Infrastructure programmes, driven by public investment and underpinning enhanced public employment schemes, have long been identified as critical tools in this regard, and indeed, for all its weaknesses, the infrastructure build undertaken between 2009 and 2014 probably saved South Africa from joining peer countries that fell into recession after the end of the commodity super-cycle in 2010.

In the light of the huge under-preparedness starkly revealed by the Covid-19 emergency and less overtly by climate-change related extreme weather emergencies, some significant part of such an infrastructure build must surely be devoted to building more resilience to withstand future emergencies. This must include building and strengthening public health capacity and using the lessons from the crisis to unblock obstacles standing in the way of a more decisive advance towards the NHI. Building stronger defences against drought and floods as well as pushing more effectively to address overcrowded accommodation and inadequate municipal services highlighted as key challenges during the lockdown also need to receive greater attention.

• Dr Rob Davies is a member of the SACP Central Committee and its Political Bureau. He is a co-convenor of the Party's Economic and Social Transformation Committee, with his focus being on Political Economy.

¹ https://www.africacheck.org.za 20/3/2020.

ISSUED BY THE SOUTH AFRICAN COMMUNIST PARTY | SACP EST. 1921 AS THE COMMUNIST PARTY OF SOUTH AFRICA | CPSA

Dr Alex Mohubetswane Mashilo Central Committee Member: Head of Media & Communications

FOR MEDIA LIAISON & CIRCULATION SERVICES Hlengiwe Nkonyane Communications Officer:

² See 'Experts warned of pandemic decades ago. Why weren't we ready?' *National Geographic*, https://www.nationalgeographic.com 8/4/2020.

³ Quoted in 'Why were pandemic warnings ignored before Covid-19', www.rte.ie 22/3/2020.

⁴ https://www.scientificamerican.com 10/4/2020.

⁵ New York Times 19/3/2020.

⁶ The Guardian 4/4/2020.

⁷ Guardian 27/3/2020, 12/4/2020.

⁸ Guardian 3/4/2020.

⁹ White Paper NHI 2017 paragraph 3.3.52

¹⁰'We can't go back to the crisis before the crisis', *Bua Komanisi*, vol 13 no 1, April 2020.

¹¹ https://www.sciencedaily.com 21/3/ 2018

^{12 (}Instrumental Temperature record' https://www.wikipedia.com

¹³ New York Times 12/9/2019.

¹⁴ The Guardian 17/4/2020.

¹⁵ 'Statement by President Cyril Ramaphosa...' 21/4/2020.

Media Liaison, Social & Multi-Media Digital Platforms Co-ordinator

Mobile: +27 (0) 79 384 6550

OFFICE, WEBSITE, SOCIAL & MULTI-MEDIA DIGITAL PLATFORMS

Office: +27 (0) 11 339 3621/2 Website: www.sacp.org.za

Twitter: SACP1921

Facebook Page: South African Communist Party