

## FEATURES

# COVID-19 response – Where are the social scientists?



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**L**eading South African social scientists are calling for greater engagement in shaping the mitigation policies being produced by the government to manage the spread of the COVID-19 virus.

At present, the government's ministerial advisory committee comprises 51 doctors and medical science academics, including clinicians, public health specialists, pathologists and researchers. In addition, other key positions for responding to the crisis – the minister of health, the minister for disaster management regulations, the minister of home affairs, and the leadership of the National Planning Commission and the power utility Eskom – are all occupied by medics.

The lead committee on the COVID-19 response includes few individuals with expertise about the broader societal impacts of the virus and the various enforcement measures taken to control it.

While acknowledging, and indeed praising, the crucial role played by doctors and medical researchers in combating the epidemic, leading public intellectuals highlight the lack of participation by social science experts in the government's response to the virus.

For example, while the government's five-stage plan to relax or re-impose lockdown restrictions on the general population pays particular attention to the economic benefits produced by certain sectors, it fails to address social impacts beyond this.

This approach contrasts with that adopted in Germany where, for example, philosophers, science historians, theologians and jurists have been recruited to help the government develop a more legal-ethical path in its efforts to reopen the country while protecting the public's health.

## Social policies of containment

"My issue is whether social scientists should not be involved in the social policies of containing the virus," said Professor Nico Cloete\* of the Centre for Research on Evaluation, Science and Technology (CREST) at Stellenbosch University.

"In one respect, South Africa has been 'blessed'. There are very few countries in the world, and none in Africa, where the top leadership is as medically qualified to respond to a pandemic. By comparison with the shambolic responses to COVID-19 in so-called 'first-world' countries, such as Italy, Britain and particularly the US, South Africa has received international praise for its response, including from the World Health Organization.

"But as the Germans point out, this pandemic is associated with huge social issues and problems. The economists have clearly been given a voice in the latest [South African] presidential announcement, the extension of the child support grant, but, alas, not a word nor

a mention of a host of other social issues.”

The point about the structural challenges posed by the virus to existing mechanisms for the engagement of academics in public policy formulation was reinforced by Crain Soudien, chief executive officer of the Human Sciences Research Council (HSRC), which is the largest dedicated social science and humanities research agency and policy think-tank in Africa.

“There are big questions right now about the massive and under-theorised interface between hard science and the social sciences, and the extraordinary developments that are taking place in some knowledge fields where new questions are being asked and new frameworks are having to be developed,” said Soudien.

The absence of engagement with social scientists can undermine the effectiveness of the government’s response. For example, researchers have found that South Africa’s ‘state-of-disaster’ lockdown regime has been widely flouted in overcrowded informal settlements and townships across the country.

Professor Leslie Bank [a related piece by Bank appears in this edition – ed], a leading social anthropologist and deputy executive director of the Economic Performance and Development Unit at the HSRC, noted: “My general sense is that there is no such thing as lockdown in these spaces right now – and even if there were, there is not much thinking by policy-makers about what the actual protocols might be at the street level and how, for example, they may activate local communities or street committees rather than the army to implement sensible preventative measures.”

In addition to its instrumental role, the input of social scientists has been deployed in other countries to address key ethical and political issues around state responses. In North Rhine-Westphalia, Germany’s most populous state, a mix of experts, including Philosophy Professor Otfried Höffe, came together to consider how best to exit lockdown, according to *Times Higher Education (THE)*.

Höffe explained that his role during the meetings was to ask “difficult questions” that might otherwise go unanswered. For example, he said, there is a “danger” of executive over-reach as governments seek to cling to additional powers that they have acquired during the pandemic.

### **‘A bio-medical fix’**

However, in South Africa, the focus has been almost solely on producing what Bank terms a “bio-medical fix”. “The narrative and response have been driven thus far by virologists, doctors and medical experts,” he said.

This has produced significant benefits for medical science across the country and globally, as the virtual walls separating medical researchers and clinicians have collapsed in the quest for a cure. However, it has also skewed the academic terrain, with an almost complete absence of social sciences.

For example, in South Africa, the HSRC’s only high-profile contributions to the government’s response so far have come in the form of research on the impacts of COVID-19 on healthcare workers to be conducted by Professor Priscilla Reddy with the University of KwaZulu-Natal medical school which was announced on 17 April; and a public perception survey of just over 19,000 respondents, also led by Professor Reddy, which was presented to President Cyril Ramaphosa and the National Command Council on coronavirus on 23 April.

The national influence of medical professionals and academics extends far beyond the Ministerial Advisory Committees on COVID-19, which are headed by Dr Salim Abdool Karim. Fellow medic, Professor Malegapuru William Makgoba, chairs the National Planning Commission and the Board of Eskom. Dr Nkosazana Dlamini-Zuma is serving as the minister in charge of disaster management regulations and their amendments in the Presidency.

Dr Aaron Motsoaledi, a previous minister of health, is now minister of home affairs. Dr Zwelini

Mkhize is the minister of health. All five studied at the University of Natal (now University of KwaZulu-Natal) medical school, which for many years was the only such institution training black doctors in South Africa.

This represents a unique contribution by one university in the context of the country's other 25 public universities.

### **SALDRU and the child support grant**

Against this background, one extraordinary example of non-medical influence is the Southern Africa Labour and Development Research Unit (SALDRU) at the University of Cape Town, which with the support of civil society and other academic units such as the Institute for Poverty, Land and Agrarian Studies at the University of the Western Cape, succeeded in persuading the government to increase the child support grant to help alleviate poverty during the lockdown for about 13 million people – but only after initial opposition from the government.

At the same time in Europe, the German federal government sought advice from a 26-strong expert group which included only a few natural scientists, virologists and medical specialists before announcing a slight loosening of its coronavirus restrictions in the middle of April, according to *THE*. The team from Leopoldina – the German National Academy of Sciences – included historians, a specialist on the philosophy of law and pedagogical experts.

The group made a number of important recommendations in relation to the possible impacts of the government's measures on the educational prospects of children; restraining basic freedoms; and producing actual required behavioural change among the population, according to *THE*. It was noted that coercive state measures were generally less effective than steps that leveraged the moral norms within society.

“The crisis is a complex one, it's a systemic crisis” and so needs to be considered from a full range of viewpoints, said Jürgen Renn, director of the Max Planck Institute for the History of Science, who co-authored the recommendations.

By contrast, South Africa's Ministerial Advisory Committees on COVID-19 are medical in their formation. Nine doctors and medical professionals sit on the pathologists and laboratory committee; 26 medics comprise the clinicians committee; 13 sit on the public health committee; and of the 24 members of the research committee, which includes 22 members of the other committees, all are medics.

### **Social scientists must 'announce' themselves**

The issue is not that the medics have conspiratorially excluded the social scientists. The social scientists must “announce” themselves, said Cloete, and the contribution to the child grant policy, and the survey of South Africans' understanding of the virus conducted by the HSRC can be seen as representing first steps in this direction.

Considering the impacts of the national lockdown on behavioural change, the HSRC found that the government's public information campaign had produced, in Reddy's words, “some dent in knowledge”, but that significant socio-economic inequity and a lack of cash, food and access to chronic medication among the poor posed great threats.

Such research can enable government policy groups to develop a more targeted, effective approach, addressing the effects of the pandemic on health, the economy *and* behaviour change.