



**ADDRESS BY PRESIDENT CYRIL RAMAPHOSA
ON SOUTH AFRICA'S RESPONSE TO THE CORONAVIRUS PANDEMIC**

17 JUNE 2020

Compatriots,

It is now just over 100 days since the first case of coronavirus was identified in South Africa.

For 100 days we have been living in the shadow of one of the greatest threats to global health in over 100 years.

The disease, and the measures we have taken to fight it, have caused massive disruption in the lives of our people, bringing our economy to a standstill and threatening the livelihoods of millions.

So far, it has cost our nation the lives of 1,674 people.

In the midst of this life-destroying pandemic, we are greatly encouraged by news this week of a breakthrough in the treatment of COVID-19.

A study by the University of Oxford in Britain found that the drug dexamethasone – which is also manufactured here in South Africa by one of our pharmaceutical companies and of which there is an ample supply – reduced deaths among patients on ventilation by a third.

The Department of Health and the Ministerial Advisory Committee has recommended that dexamethasone can be considered for use on patients on ventilators and on oxygen supply.

We believe that this will improve our management of the disease among those who are most severely affected.

Since the start of the outbreak there have been 80,412 confirmed coronavirus cases in South Africa.

Of these, 44,331 people – or around 55% – have recovered.

That means there are currently 34,407 active cases in the country.

Yet, as we know, the cost in human lives could have been far higher.

We took a decision early in the development of the disease in South Africa to restrict international travel and gatherings with the declaration of a National State of Disaster and subsequently imposed a nation-wide lockdown to slow the transmission of the virus.

In doing so, we aimed to ‘flatten the curve’ of infection so that our health system would be better able to care for the large number of people who would be needing care.

As a result of the decisive action we took then – and particularly through your cooperation, determination and sacrifice as a nation – we succeeded in delaying the spread of the virus.

One of the ways of measuring the rate of transmission is what is called ‘doubling time’.

This is the number of days it takes for the total number of cases to double.

In the three weeks prior to the implementation of the nation-wide lockdown, the number of infections was doubling every 2 days.

During level 5 of the lockdown, this doubling time increased to 15 days, which meant that it took much longer for the virus to spread.

The doubling time has been at around 12 days during levels 4 and 3.

We used the time during the lockdown to prepare and enhance our health system and put in place public health measures to minimise infections.

The work to strengthen our health system – which includes establishing over 100 quarantine centres, increasing the number of intensive care units and beds in field hospitals and identifying additional health personnel – continues across all our provinces.

But while we have used the lockdown to start to flatten the curve, this task is far from complete.

Even after 100 days, we are still near the beginning of this epidemic and it will remain with us for many more months, possibly years.

The task of dealing with the coronavirus pandemic is like running a marathon race and not a sprint, and we have therefore had to shape our response according to that reality.

Over the last few weeks, the number of infections has been rising rapidly.

Nearly a third of all confirmed cases have been recorded in the last week alone and more than half of all confirmed cases have been recorded over the last two weeks.

The Western Cape has so far been hardest hit by the disease, accounting for about 60% of infections across the country.

While community transmission has remained low across most of the country for the past 9 weeks, it has been rising rapidly in that province.

There are indications that transmission in the Eastern Cape is now starting to rise and may just be a few weeks behind the Western Cape.

For many of us, what was once a distant disease is now coming much closer.

More and more of us now know someone who is infected, whether at work or school or in our church, mosque, temple or synagogue.

It may be one of our friends or a member of our family.

Many of you are concerned about the increase in infections and anxious for the safety and well-being of your loved ones.

You are worried about the possibility of getting infected yourself, in a taxi or on a bus, at work or at the shops, at school or university, visiting a clinic or hospital.

These concerns are understandable and reasonable.

Because as the country gradually opens up, as we resume more activities, the risk of infection inevitably increases.

Yet, even though the risk of infection is greater, it is by no means inevitable.

Through our behaviour as individuals we can reduce the likelihood that we will get infected or infect others. And it is through our personal and collective actions that we can continue to delay the rate of infection across society.

Studies show that wearing a cloth mask or similar piece of clothing that covers both your nose and mouth at all times when one is in public is one of those measures that reduces the rate of transmission of the virus.

Millions of South Africans – including small children – are now wearing cloth masks whenever they leave home.

There are, however, some South Africans who have not yet taken up the practice of wearing masks.

We would like to encourage everyone in our country to wear masks when they are in public.

Let us make sure that we do not share masks and that we wash our masks thoroughly in soap and water after each use.

The wearing of masks, however, is no substitute for regular washing of hands with soap and water or sanitiser and maintaining a distance of at least 1.5 metres from other people.

Let us all remember not to touch our faces with unwashed hands, and clean and sanitise surfaces regularly.

We should also keep in mind that social distancing is still one of the most effective ways of reducing the spread of the virus.

These basic practices are becoming even more important now as we ease the lockdown and enter a new phase in our coronavirus response.

These are still the best ways of containing the spread of the virus.

Our medical experts have advised that interventions such as setting up fumigation tunnels and body spraying should not be used as they have no proven benefit and may be harmful.

From the outset, we knew that extreme measures were needed to slow community transmission.

But we also knew that a nation-wide lockdown could not be sustained indefinitely.

With the move to alert level 3 from the 1st of June, our prevention response is now largely focused on the simple everyday things that each of us can do to protect ourselves and our communities.

It is about each of us taking personal responsibility, wherever we are and whoever we are, for curbing the spread of the disease.

The power to defeat coronavirus is in our hands.

Our response is now also more focused, on hotspot areas with the greatest rate of infection and sending multi-disciplinary health teams to contain outbreaks and ensure those with the infection get the necessary care.

At the same time, we have massively increased screening for coronavirus symptoms throughout the country, at every workplace, school, university, shopping centre, place of worship, taxi rank or other public space where people gather.

Like many other countries, South Africa has been affected by the global shortage of coronavirus test kits and other materials.

We have therefore had to become more targeted in our testing, prioritising patients in hospitals, health care workers, vulnerable people like the elderly and hotspot areas.

Although the situation is improving, we continue to experience delays in testing.

This has severe implications for effectively managing patients with the infection as well as tracing the contacts of infected people.

We are therefore using every avenue available to source the supplies we need and to increase our testing capacity and improve the turnaround time.

Among the initiatives that we have pursued together with other countries on our continent is the ground-breaking Africa Medical Supplies Portal.

This is a single continental marketplace where African countries can access critical medical supplies, such as test kits, from suppliers and manufacturers in Africa and around the world in the necessary quantities and at competitive prices.

This platform will complement the work that is being done to ensure that we have the medical equipment, personal protective equipment and hospital facilities to manage the anticipated increase in COVID-19 patients.

Fellow South Africans,

The coronavirus pandemic is not only a global health crisis. It is also a global economic crisis of ever-increasing proportion.

No country, no industry and no person is unaffected.

Here in South Africa, the pandemic has severely disrupted the livelihoods of millions of people.

As you are aware many businesses that stopped operating on the 27th of March, when the lockdown came into effect, have not yet been able to re-open under current restrictions.

These include large companies with many thousands of employees and many more smaller companies with just a handful of employees.

This means that there are businesses that have not earned any revenue and individuals who have not had any income for over 80 days.

Even with the measures we put in place to support companies, employees and poor households as part of the R500 billion relief package, there is a limit to how long these businesses can be closed.

When I announced that the country would be moving to alert level 3 from the 1st of June, I said that we would be giving consideration to re-opening other sectors of the economy if the necessary safety precautions could be put in place and maintained.

Following further discussions with industry representatives on stringent prevention protocols, and after advice from scientists and consultation with Premiers, Cabinet has decided to ease restrictions on certain other economic activities.

These activities include:

- Restaurants for 'sit-down' meals
- Accredited and licensed accommodation, with the exception of home sharing accommodation like AirBnB.
- Conferences and meetings for business purposes and in line with restrictions on public gatherings.
- Cinemas and theatres, to be aligned to limitations on the gathering of people.
- Casinos.
- Personal care services, including hairdressers and beauty services
- Non-contact sports such as golf, tennis, cricket and others. Contact sports will be allowed only for training and modified activities with restricted use of facilities.

In each instance, specific and stringent safety requirements have been agreed on and will need to be put in place before a business can re-open, and protocols will need to be strictly adhered to for businesses to remain open.

Announcements will be made in due course to detail these measures and indicate the date from which these activities will be permitted.

We have taken this decision with due care and seriousness, appreciating the risks associated with each activity and the measures needed to manage those risks.

Altogether, these industries employed over 500,000 people before the lockdown.

We have had to think about these people and those who depend on them for their livelihoods.

Through the easing of the lockdown we are continuing to balance our overriding objective of saving lives and preserving livelihoods.

It is important to remember that this is a global pandemic and that most countries are facing similar challenges and must resolve similar dilemmas.

We are therefore working closely with international agencies and other countries in responding to the coronavirus.

As Chair of the African Union, we are integrally involved in forging a common approach across the continent, ensuring that we mobilise resources and develop strategies to ensure that no country is left behind.

There are currently over 250,000 confirmed cases in Africa and there have been more than 6,700 deaths.

This is relatively low compared to the global number of cases – which has now passed 8 million – largely because African countries acted swiftly to implement national lockdowns.

However, we can expect infections in Africa to rise as countries ease restrictions in the face of severe economic pressures and we are working together as a continent to meet that challenge.

It has been particularly important for us to open up personal care services, because this is an industry that predominantly employs women.

The last three months have been particularly difficult for the millions of women who work as hairdressers, in spas, as therapists and technicians.

Many of these businesses are owned by women and a source of income in the informal sector.

Giving women the necessary support to become financially independent is the greatest of priorities, especially now.

It is with the heaviest of hearts that I stand before the women and girls of South Africa this evening to talk about another pandemic that is raging in our country – the killing of women and children by the men of our country.

As a man, as a husband and as a father, I am appalled at what is no less than a war being waged against the women and children of our country.

At a time when the pandemic has left us all feeling vulnerable and uncertain, violence is being unleashed on women and children with a brutality that defies comprehension.

These rapists and killers walk among us.

They are in our communities.

They are our fathers, our brothers, our sons and our friends; violent men with utterly no regard for the sanctity of human life.

Over the past few weeks no fewer than 21 women and children have been murdered.

Their killers thought they could silence them.

But we will not forget them and we will speak for them where they cannot.

We will speak for Tshogofatso Pule, Naledi Phangindawo, Nompumelelo Tshaka, Nomfazi Gabada, Nwabisa Mgwandela, Altecia Kortjie and Lindelwa Peni, all young women who were killed by men.

We will speak for the 89-year-old grandmother who was killed in an old age home in Queenstown, the 79-year-old grandmother who was killed in Brakpan and the elderly woman who was raped in KwaSwayimane in KwaZulu-Natal.

We will speak for the innocent souls of Tshegofatso Pule's unborn daughter who had already been given a name, six-year-old Raynecia Kotjie and the six-year-old child found dead in the veld in KwaZulu-Natal.

They are not just statistics. They have names and they had families and friends.

This evening, our thoughts and prayers are with them.

I want to commend the South African Police Service for their excellent work in arresting almost all of the alleged perpetrators.

As these suspects make bail applications this week, I have the utmost confidence that our courts will send the strongest of signals that such violence has no place in society.

At a joint sitting of Parliament in September last year, I announced an Emergency Response Plan to combat gender-based violence and femicide and that R1.6 billion in government funding would be reprioritised to support its implementation until the end of the financial year.

We now have a National Strategic Plan to guide our country's national effort against gender-based violence.

During the lockdown period we have ensured that survivors of gender-based violence have access to support and services, including the GBV hotline, shelters and centres providing support to victims of sexual violence.

Since December last year, 10 government-owned buildings have been handed over to the Department of Social Development to be used as shelters, addressing one of the biggest challenges facing survivors who want to leave abusive relationships.

Over the last 18 months, we have made demonstrable progress in broadening access to support for survivors.

Thirteen regional courts have been upgraded into sexual offences courts.

To support the work of law-enforcement, 7,000 evidence collection kits have been distributed regularly to every police station in the country and there are now over 1,000 survivor friendly rooms at police stations.

Many police, prosecutors, magistrates and policymakers have undergone sensitivity and awareness training, and over 3,000 government employees who work with children and mentally disabled persons have been checked against the National Register of Sex Offenders.

Legislative amendments have been prepared around, among other things, minimum sentencing in cases of gender-based violence, bail conditions for suspects, and greater protection for women who are victims of intimate partner violence.

I urge our lawmakers in Parliament to process them without delay.

Our courts have been firm in dealing with cases of gender-based violence even during the lockdown period, handing down life sentences and multiple life sentences to perpetrators.

I want to assure the women and children of South Africa that our criminal justice system will remain focused on gender-based violence cases and that we can expect more arrests and more prosecutions against perpetrators to follow.

The perpetrators of violence against women and children must receive sentences that fit the horrific crimes they commit.

It is deeply disturbing that the spike in crimes against women and children has coincided with the easing of the coronavirus lockdown.

According to the police, violent crime – especially murders and attempted murders – has increased since alert level 3 took effect on 1 June.

Cases of abuse of women and children have also increased dramatically.

We need to ask some very difficult questions of ourselves as a society.

In particular, we need to examine the effect of alcohol abuse not only on levels of violence, but also on road accidents and reckless behaviour.

Several international and domestic studies show clear linkages between alcohol abuse and gender-based violence.

Of course, it is not alcohol that rapes or kills a woman or a child.

Rather, it is the actions of violent men.

But if alcohol intoxication is contributing to these crimes, then it must be addressed with urgency.

We need to draw the lessons from this lockdown and decide how we can protect our society from the abuse of alcohol.

Certainly, we need to provide greater support to people with drinking problems, including through rehabilitation and treatment.

We need to encourage responsible drinking, especially among young people.

We need to be tough on liquor outlets that violate the terms of their licenses and who sell alcohol to those under-age.

But we will also need to look at further, more drastic measures to curb the abuse of alcohol.

Ultimately, the success of our fight to end gender-based violence will require the involvement and support of our entire society.

If we are serious about ending these crimes, we cannot remain silent any longer.

These perpetrators are known to us and our communities.

By looking away, by discouraging victims from laying charges, by shaming women for their lifestyle choices or their style of dress, we become complicit in these crimes.

I once again call on every single South African listening this evening to consider the consequence of their silence.

As a country, we find ourselves in the midst of not one, but two, devastating epidemics.

Although very different in their nature and cause, they can both be overcome – if we work together, if we each take personal responsibility for our actions and if we each take care of each other.

The road ahead will be long and difficult.

The task of recovery will be considerable.

But if there is anything that we have learnt in the last 100 days, it is that we are a resilient, resourceful and determined people.

We shall overcome.

May God bless South Africa and protect her people.

I thank you.