Geneva Health Forum

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One Pandemic, Multiple Crises:

Examining COVID-19 Responses in South Africa

How doctors, volunteers, and activists responded, and what this reveals

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Key messages

1. Pandemics have many faces: COVID-19 was lived at once as a biological, infrastructural, social, and political crisis.

2. Pandemics expose pre-existing structural vulnerabilities: inequality, neglect, and fragile systems.

3. Pandemics mobilise immense action and solidarity beyond the state, but may not by themselves be enough for lasting transformation.

Introduction

South Africa met COVID-19 with a "quadruple burden of disease"[1], extreme inequality, and a divided health system[2]. Forecasts were dire:

> *"...somewhere in the scale of catastrophic to Armageddon, and that's what we're preparing for."*
>
> Dr Leanne Brady, public health doctor

Usual focus: the state's lockdown and virological control **vs** **This study: responses closer to the ground**[3]

Objective

To follow the narratives of those closer to the ground (doctors, community volunteers, and activists): how they responded, and what their responses exposed about the infrastructural, social, economic, and political conditions through which the pandemic was lived.

Methods

A multi-sited qualitative study: **50 narrative-led interviews**, August–October 2025, based in Cape Town.

Doctors, public-health practitioners, NGO workers, volunteers, and activists; purposive and snowball sampling. Ethics: Oxford CUREC.

Findings One pandemic, lived as crises of oxygen, hunger, and politics

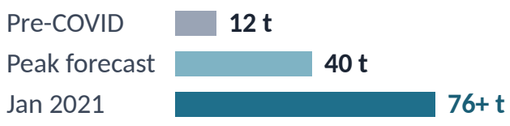
1. Hospitals: a crisis of oxygen

The crisis

> *"The only thing that we knew that worked at that point was oxygen."*
>
> Doctor, Gauteng

Watching Europe's hospitals overwhelmed, doctors braced for collapse in an overburdened system. Severe COVID-19 meant hypoxia and, with no proven drugs early on, oxygen became the main tool. By May 2020 national guidelines favoured oxygen-hungry high-flow nasal oxygen over ventilators, and some regions' oxygen use more than tripled.

Oxygen per day, Western Cape[4,5]



The response

> *"...the real hard work of making sure we kept up with all the oxygen."*
>
> Dr Jenny Nash, family doctor, Eastern Cape

Field hospitals

- Hospital of Hope, Cape Town: 862 oxygen beds; 1,502 patients in 10 weeks[6]
- Khayelitsha's intermediate care facility: in effect an MSF project in a sports centre; its kit went on to Butterworth

Day-to-day and frontline struggles to secure oxygen

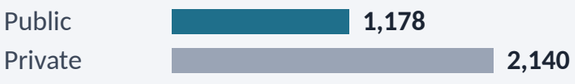
- Oxygen ward rounds; Friday oxygen meetings
- Cylinders fetched in bakkies; WhatsApp logistics

Improvisation and innovation

- The OxERA mask, devised by a rural anaesthetist-engineer
- An oxygen plant built at rural Madwaleni, over 500 km from supply

What it exposed

Public–private divide. ICU beds in 2020[7], though about 84% of people rely on public care[2]:



> *"...patients just died because they didn't get access to oxygen."*
>
> **Rural–urban divide.** Dr Craig Parker, on small rural hospitals

> *"Even at the peak in South Africa we never had any challenges on oxygen supply."*
>
> **Supplier dependence.** Afrox, Oct 2020[8]; it later invoked force majeure

NGO-patched care. Khayelitsha's field hospital was in effect an MSF project, Livingstone Hospital relied on MSF-provided doctors, and much rested on doctors' individual improvisation.

2. Townships: a crisis of hunger

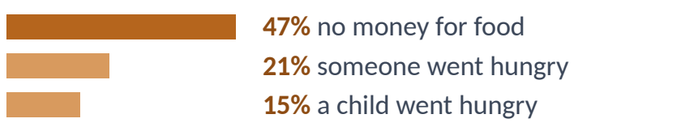
The crisis

> *"Food is the biggest issue... not even during, even now!"*
>
> Lindiwe, soup-kitchen founder, Gugulethu

Lockdown, 26 March 2020[9]

- School meals stop
- Spaza shops barred[10]
- ~3 million jobs lost[11]
- Food prices +7.2%[12]

Households, April 2020[11]



> *"People, they lose their jobs. Kids, they're not going to school... which means the hunger."*
>
> Ms J, teacher and kitchen volunteer

The response

170–180 self-organised Community Action Networks (CANs), about 20,000 people.[13]

Case study: Gugulethu, a Cape Flats township (est. 1958) where this study followed a CAN at work:

- 28 kitchens fed 4,300–4,800 people daily
- Vaccination days and R350 grant claims at kitchens

> *"We have to wake up at half past three to make sure that the porridge is ready before five."*
>
> Betty, so patients eat before medication

> *"Community has solutions to the problems... we know what is gonna work for us."*
>
> Pamela Silwana, CAN coordinator

What it exposed

Apartheid geography. Townships born of apartheid planning, still neglected by state policy[14]:

> *"...they thought black people deserve to be far away... they use railway lines to divide us."*
>
> Vuyani, Gugulethu

> *"...in a household, there's 10 people, maybe three working. Then COVID comes. Two people lose jobs..."*
>
> **Precarious work.** Lindiwe

Weak welfare. Relief grant vs food basket[12], monthly, 2020:



> *"...you are going to gimme this big book with the many hoops... I can do your job, but you can't help me."*
>
> **State neglect and red tape.** Pamela Silwana, on formal hoops for kitchens

3. Civil society: a political crisis

The crisis

> *"This is a moment of transformation... the pandemic is a portal..."*
>
> Dr Lydia Cairncross, citing Arundhati Roy

Vaccine apartheid: vaccine nationalism and corporate profit left countries like South Africa waiting for doses, while access at home ran through a two-tiered health system.[15]

PPE: chronic shortages of protective gear left "essential" health workers exposed, in effect treated as disposable, while the state denied any shortage.[16]

Evictions: lockdown rules banned evictions, yet families were still threatened with eviction into homelessness, with at least 82 cases reported.[17]

Police violence: the army was deployed alongside the police to enforce lockdown, and residents described police and military violence in Cape Town's townships.[9,18]

The response

C19 People's Coalition, 18 March 2020: 300+ organisations[19]

10-point programme

1. Income security
2. Water and sanitation
3. Food
4. Public use of private facilities
5. Community self-organisation
6. Community health workers
7. Domestic violence
8. Open communication
9. Remote learning
10. Anti-authoritarianism

> *"...families were being evicted into homelessness... We're going to go and make this political, because it is."*
>
> Nkosikhona Swaartbooi, Reclaim the City

> *"I could feel comfortable WhatsApping their directors... 'Hey, we have this idea, can we meet up?'"*
>
> James van Duuren, on the Treatment Action Campaign

What it exposed

> *"...a motley crew of people thrown into a bundle, and everybody wanted to be somebody."*
>
> **Inherited tensions.** Coalition member

> *"As soon as a little bit of money gets put in, it did then get toxic, because everyone's working too hard on too little money."*
>
> **Scarce resources.** Peter Benjamin, Coalition member

Too little time. Formed within days, around many crises at once: long histories of tension between groups and activists could not be resolved in time.

Conclusions

Relational infrastructures of change that live on today

- GUFFI food gardens
- Ukhokhelo Lolutsha after-school club
- "Green Corridor" for ambulances
- Coalition activist networks
- R350 grant, extended to March 2027

> *"...relationships as the infrastructure of change."*
>
> Dr Leanne Brady, on what the CANs left behind

> *"Now there's no COVID, but people are starving."*
>
> Neziwe, Gugulethu CAN

For global health

1. Pandemics are at once biological, social, political, and economic.
2. Preparedness must address underlying structural vulnerabilities; sidelining them risks severe harm.
3. Recognise the power of communities to mobilise, and sustain the relationships they build.

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Full analysis and references: Koo JM (2026) *One Pandemic, Multiple Crises*, MPhil thesis, University of Oxford. **Acknowledgements:** with thanks to all interlocutors in Cape Town and across South Africa, and to Prof. Simukai Chigudu.