



HEALTH AND WELFARE SECTOR EDUCATION AND TRAINING AUTHORITY

RESEARCH PAPER

DESKTOP ANALYSIS REPORT ON

SECTOR SKILLS PLANNING DURING COVID-19 PANDEMIC

A Case of the Health and Welfare Sector

Prepared by: *Bulelwa Plaatjie*

Date: *10 May 2020*

SECTOR SKILLS PLANNING DURING THE COVID-19 PANDEMIC
A CASE OF THE HEALTH AND WELFARE SETA

1. Introduction and Background to the Presentation

- ☐ The introduction to this presentation provides a background to Covid-19. This background shows how the changes in the health sector were brought about due to Covid- 19 and it brings an understanding as to “why the health sector?”.
- ☐ The Coronavirus classified as Covi-19 is a **Public Health Emergency**. The National State of Disaster declared by the President on 15 March 2020 was a Public Health National Disaster, which meant that the Ministry of Health had to be at the forefront of addressing the disaster.
- ☐ In South Africa, this disease has not yet been experienced as a disaster; as of 10 May 2020, the number of people infected was 10,015 and those that died were 194. However, in countries such as the United States of America the total number of people infected by 10 May 2020 was 1,367,638 and the death toll was 80,787.
- ☐ The top three countries in the world that have been hit hard by this disease are America, Spain and Italy. As the average death toll between 1 April to 5 May 2020 per day was:
 - 500 people in Italy
 - 517 people Spain
 - 1699 people in the USA

The United Kingdom (UK) was not in the top 3 when I looked at the figures last week, however, this morning (11 May 2020) I noted that they have pushed Italy down to number 4 in terms of the number of infected people, and Spain down to number 4 in terms of deaths. Now the UK is number 3 in numbers of infection and number 2 in numbers of deaths.

- ☐ In recognition therefore that the spread of this virus could reach alarming levels and the burden that could be brought by this disease could be devastating to our health system the demand for changes was critical.
- ☐ The changes introduced by the South African government had to respond to the epidemiology of the virus. Due to how rapidly it spread and how fast symptoms manifest in an infected person, South Africa had no choice but to ensure social distancing. This is evidenced by figures reported by the World Health Organisation (WHO) that by 5 May 2020, Covid-2019 had:
 - spread to 214 countries
 - infecting over 3.5 million people and
 - killed 243 401 people globally.
- ☐ The advantage South Africa had was that the virus reached the country 64 days (that is on 5 March 2020) after it was first reported in China on 31 December 2019. By the 6th of March 2020 when the first infected person was reported in South Africa, China had already found strategies of "flattening the curve"; and the World Health Organisation, a few days later, on 11 March 2020, declared the disease a pandemic.

- ❑ The South African Government was therefore able to act swiftly and declared Covid-19 a National Public Health Disaster on 15 March 2020, and due to the rapid spread of the disease which infected 61 people within 10 days, the country had to be placed on lock-down.
- ❑ When the winter weather however sets in, it is expected that there will be an increase in the incidence and severity of respiratory tract infections. This will put a much large number of people at risk to contract the virus.
- ❑ According to Amina Ebrahim (2020);
 - Just ten days after the confirmation of the first covid-19 infected person, South Africa had 61 positive cases and President Ramaphosa, calling for measures to combat the spread of the virus declared a national state of disaster and placed the country on lock down.
 - Without measures to mitigate the spread of the virus, it is estimated that 2.4 per cent of the South African population would require hospitalization and 216,064 deaths would occur by the end of the pandemic.
 - With mitigation measures in place that reduce social contact by 45 per cent, it is estimated that the total number of deaths can be reduced to 145,536 with 973,006 people requiring hospitalization.
- ❑ During the lockdown, health workers were exempted as essential services
- ❑ The lockdown was intended to slow the spread of the infection, and also give time to the government to reorganise the health sector to be better prepared to respond to the public health emergency caused by Covid-19.

2. **CHANGES BROUGHT BY COVID-19 TO THE HEALTH SECTOR *(affecting the profile of the sector)***

- ❑ The lock-down was beneficial for the health sector to reorganise itself to be ready for the possibility of treating high numbers of infected people and disposing a high number the dead
- ❑ The emergence of this disease has placed a huge demand on the health sector to reconfigure itself to be ready for the possibility of treating high numbers of infected people and disposing a high number the dead
- ❑ The strategy of the health sector was to:
 - increase its capacity to curb the rapid spread of the disease,
 - treat, successfully a high number of those infected, and
 - dispose as humanely as possible as high a number as possible of those that succumb to the disease
- ❑ The changes brought by Covid-19 to the health sector therefore included:
 - (a) The development of Covid-19 strategic frameworks, practical manuals, and guidelines by the National Department of Health. These covered:
 - surveillance of the spread of the virus and death;
 - research into finding a vaccine and therapeutic medicines;
 - measures to prevent the spread of the virus to infect a high number of people,
 - screening and diagnostic testing to diagnose infected people,
 - treating critically ill patients that require hospitalisation, and
 - management of the handling of human remains and disposal of the dead.

The following were the strategic frameworks, practical manuals, and guidelines by the National Department of Health

Table 1: Guidelines developed by the National Department of Social Development

<p>The National Department of Health developed the following Covid-19 strategic frameworks, practical manuals, and guidelines:</p> <ul style="list-style-type: none"> ▪ Guidelines for case finding, diagnosis, management, and public health response in SA (10 March 2020) ▪ Covid-19 environmental health guideline (16 March 2020) ▪ National infection prevention and control strategic framework (26 March 2020) ▪ Practical manual for the implantation of the national infection and prevention and control strategic framework (26 March 2020) ▪ Clinical Management of suspected or confirmed Covid-19 disease (27 March 2020) ▪ Covid-19 disease: Infection prevention and control guidelines (8 April 2020) ▪ Guidelines for symptom monitoring and management of essential workers for covid-19 related infections (12 April 2020) ▪ Use of cloth face-masks by members of the general public in South Africa during the covid-19 pandemic (17 April 2020) ▪ Guidelines for quarantine and isolation in relation to covid-19 exposure and infection (5 May 2020) 	<p>These are implemented by:</p> <ul style="list-style-type: none"> ▪ The Provincial Departments of Health through <ul style="list-style-type: none"> ○ environmental health workers, ○ community health workers, ○ health promotion workers, ○ nurses, ○ doctors etc ▪ Research bodies ▪ University Faculties of Health Sciences, ▪ Laboratories, ▪ Manufacturing Pharmaceuticals
---	--

These were implemented through the oversight of the Provincial Department of Health by the following institutions:

Table 2: Response of the health sector to Covid-19

Nature of Response	Description of Response	Response Provided By	
Research	<ul style="list-style-type: none"> ▪ Surveillance of the epidemiology of the disease ▪ Research for vaccine ▪ Research for treatment 	<ul style="list-style-type: none"> ▪ NICD ▪ 14 Universities 	<ul style="list-style-type: none"> ▪ Medical Scientists ▪ Academics in the medical field
Prevention	<ul style="list-style-type: none"> ▪ Health education, awareness raising, and health promotion ▪ decontamination and disinfection of public spaces and homes of infected people ▪ Investigation of suspected cases and contact tracing ▪ Manufacturing of PPEs ▪ Employment of Community Health Workers 	<ul style="list-style-type: none"> ▪ Provincial DoH ▪ Manufacturing Pharmaceuticals 	<ul style="list-style-type: none"> ▪ Health Promotion Workers ▪ Environmental workers ▪ Manufacturing Pharmacists
Diagnosis	<ul style="list-style-type: none"> ▪ Mobilised 28,000 health care workers to screen over seven million people, ▪ increased its level of testing to more than 10,000 tests a day (<i>the number of positive tests has remained consistent at about 3%</i>) <p>(a total of 307 752 tests had been conducted by 08 May 2020, 8895 people were had tested positive, and 178 people had died)</p>	<ul style="list-style-type: none"> ▪ Provincial DoH ▪ National Health Laboratories (NHL) ▪ Private Laboratories 	<ul style="list-style-type: none"> ▪ Community Health Workers ▪ Nurses ▪ Lab technicians
Treatment	<ul style="list-style-type: none"> ▪ Increase intensive care and High care units ▪ Increase supply of oxygen ▪ Introduce manufacturing of ventilators ▪ Employ more Doctors and Nurses for a period of 12 months ▪ Treat Covid-19 infected critical patients 	<ul style="list-style-type: none"> ▪ Provincial DoH ▪ Private Hospitals ▪ Manufacturing Pharmaceuticals ▪ Emergency Services 	<ul style="list-style-type: none"> ▪ Manufacturing Pharmacists ▪ Doctors ▪ Nurses ▪ Paramedics

Nature of Response	Description of Response	Response Provided By	
Management of human remains and disposal of the dead	<ul style="list-style-type: none"> determine the cause, mechanism, manner and time of a person's death. ensure the proper management of dead bodies, minimizing the spread of the virus, guide authorities, hospitals and funeral directors about the "do's and don'ts" of dealing with these bodies. Ensure certification of the dead by the Department of home affairs set up temporary mortuaries big enough to accommodate thousands of bodies may need to excavate mass grave ensuring a dignified burial for the bodies and proper labelling of the graves 	<ul style="list-style-type: none"> Provincial DoH Mortuaries Crematoriums Department of Home Affairs Cemeteries 	<ul style="list-style-type: none"> Forensic pathologist Environmental Health Practitioners Embalmers Funeral undertakers

3. LIKELY EFFECTS OF COVID-19 TO THE HEALTH SECTOR

□ The likely effects of Covid-19 on the health sector include the following:

- (a) Contracting of the virus by healthcare workers. By 6 May 2020, 511 health professionals had contracted the corona virus (this was 6.5% of infected people in the country),
 - of which 26 doctors have been hospitalised,
 - two nurses died, and
 - 149 health care workers recovered.
- (b) The costs associated with the reconfiguration and expansion of the capacity of the health sector to deal with the growing numbers of corona positive patients could bankrupt the health sector (particularly private health);
 - Elective procedures which are being postponed to prioritise intensive care of covid-19 patients means lower revenue for private hospitals as these generate good revenue.
 - Admission of patients from public hospitals by private hospitals on a non-profit basis is another cost factor for private health
 - Employment of more health care professional by public health adds another financial cost that may overwhelm the budget of the Department of Health
 - Expansion of intensive and high care units by both public and private health to care for the growing numbers of covid-19 patients may be another financial cost that may overwhelm this sector
 - Purchasing of large number of personal protective equipment to provide adequate protection for all healthcare professionals in both public and private health is another financial cost that may overwhelm both private and public health budgets
 - Increased demand for health care resources such as ventilators, ultra violet disinfectant robots etc, is another cost factor for the sector

(ultra violet disinfectant robots have efficiency in destroying viruses, bacteria, and fungal spores in health care facilities)

Figure 1 : Example of intensive care units required for Covid-19



- (c) Health care workers may be overworked to an extent that dealing with the pandemic takes an emotional toll that affects the mental health of workers

4. **EFFECTS OF COVID-19 TO THE SOCIAL DEVELOPMENT SECTOR**

- ☐ Effects of Covid-19 on the social development sector result from the state on national disaster and effects of the lock down on the economy
- ☐ The role of the social development sector (Department of Social Development, SASSA, FBOs and NGOs) was to, at a rapid speed, starve off hunger and destitution resulting from the lock down.
 - a) To address the inadequate food distribution capacity of government to meet the huge need that has arisen since the start of the epidemic, SASSA had to create a technology based solution to roll out food assistance at scale, through vouchers and cash transfers to ensure that help reaches those who need it faster and more efficiently.
 - b) The Department of Social Development had to partner with the Solidarity Fund, NGOs and community-based organisations to distribute 250,000 food parcels across the country within two weeks.
 - c) The Department of Social Development in partnership with NGOs and FBOs will provide:
 - shelters and food for the homeless
 - shelters and food for victims of domestic violence
 - telephonic counselling services to address the emotional toll the lock down had on individual citizens who were isolated by the lock down, and also promote the mental well-being of citizens affected by the lock down
 - d) SASSA has to disburse R50 billion towards:

- child support grant beneficiaries who will receive an extra R300 in May 2020 and from June to October 2020 receive an additional R500 each month.
 - all other grant beneficiaries who will receive an extra R250 per month for the next six months.
 - a special Covid-19 Social Relief of Distress grant of R350 a month for the next 6 months will be paid to individuals who are currently unemployed and do not receive any other form of social grant or Unemployment Insurance Fund (UIF) payment. The Department of Social Development will issue the requirements needed to access and apply for this funding.
- ❑ According to Shahana Rasool (2020), social and physical distancing could be triggering mental health issues among the general population such as heightened levels of distress, anxiety, fear, stress and depression, which may also exacerbate the situation of people with pre-existing mental health issues.
- Many people are stressed about where their next meal will come from and how they will pay their bills.
 - Families who have lost loved ones to Covid-19 will require bereavement counselling and support in dealing with their loss.
 - Many people may be dealing with stress as a result of job losses, living in confined spaces with no access to outdoor areas, changed routines and constrained daily activities.
 - Health care workers on the front line require trauma debriefing and assistance with post-traumatic stress disorder symptoms.
 - There may therefore be a need for a psychosocial strategy for the coordination and support of psychosocial services to address the psychosocial support gaps for panic, fear, bereavement, PTSD, suicide, depression

5. SECTOR SKILLS PLANNING PROCESS: HOW IT IS AFFECTED BY THE EFFECTS OF COVID-19 ON THE SECTOR

- ❑ The employment of health care workers for 12 months will affect employment figures in the short-term, resulting in the fluctuation of employment figures.
- The 2022 SSP update figures will reflect an up-rise in employment in the health sector and fewer vacancies, however, the aftermath of covid-19, which is expected to negatively affect the health sector may result in a fall in employment figures thereafter
 - The priority list will therefore have to be based on a broader outlook of employment figures, stretching to prior the onset of corona virus pandemic in South Africa
- ❑ Critical skills listed by employers in the 2020 WSPs may have to be confirmed with employers based on the needs that may have arisen due to covid-19.
- ❑ Some changes in the scarce skills list is expected as lock down required people to work remotely, which has forced the acceleration of 4th industrial revolution (especially specialisations)
- ❑ The payment holiday of the skills levy for 4 months may affect the sector skills planning budget for the 2021 update, that is, if the Minister does not approve research to be funded from discretionary

grants, as the admin budget has a deficit of R107 444 000, (and the priority of the admin budget is salaries)

6. INTERVENTION LIKELY TO BE AFFECTED IN THE SECTOR DUE TO COVID-19

The HWSETA has had to refocus its planning to supporting the sector to fighting to curb the pandemic. Therefore, some interventions will be affected by reduced effort while others will have increased effort:

Table 3: Interventions that will be affected due to support to be given to the sector to curb Covid-19

Intervention	2020/2021 Target	Rationale/comments
Employed entered into learnerships	3630	50% reduction in target in the short term as more resources are directed to skills programmes rather than longer programmes
Workers entered into apprentices	100	50% reduction in target and budget. In the short term more resources are directed towards skills programmes
Unemployed graduated entered into Internships	1210	Adjusted duration from 24 months to 12 months thus enabling doubling the target using the same budget
Workers entered- into credit and non-credit bearing skills programmes	8664	Doubled the target with the movement from face to face training to e-learning which is cheaper. No change in budget
Students from TVET and other public colleges entered into work-based training	767	Decreased target and budget. There is already over 4000 funded learners TVET colleges in the system. Additional learners will clog the system and capacity of TVET colleges
Workers entered- into AET programmes	540	Target reduced to 250 and cut the budget by far more than half. Online learning will be promoted
unemployed entered into apprentices	150	Reduced the target to 100 and cut the budget 33%.
Unemployed entered into learnerships	3951	Reduce target to 2500 as employers are unlikely to open workplaces until January 2021 when there is certainty. Budget reduced by 37%
Unemployed entered- into credit and non-credit bearing skills programmes	3000	Target reduced to 1500 and budget adjusted downward by half. The target was adjusted downward as the sector is highly professionalized and does not easily absorb unemployed persons with skills programmes into employment

7. RESEARCH AGENDA FOR 2020/2021

Table 4: Research Agenda 2020-2021

RESEARCH TOPICS	M&E TOPICS
<ul style="list-style-type: none"> Exploring avenues for the funding of e-learning to support the post-school health and social development sector education and training programmes Investigating the effects of covid-19 outbreak on the NGO/NPO sector Investigating the effects of covid-19 outbreak on the health sector Investigating the effects of covid-19 outbreak on the social development sector 	<ul style="list-style-type: none"> Track and trace study: Employment status of students funded by the HWSETA through learnerships, apprenticeships, internships, and bursaries The HWSETA Board approved R100 million to support the sector to fight against Covid-19. Therefore, the following baseline studies will be conducted focusing on scoping these projects for evaluation: <ul style="list-style-type: none"> Intervention 1: 750 AMPED (AMPLIFIED) Youth Initiative (R43million) Intervention 2: training on Covid-19 in the workplace (R1.5million) Intervention 3: Supply of hand sanitizers and masks to the Department of Health Eastern Cape (R116 783) Intervention 4: Partnership with Higher Health and DHET to provide capacity building and education for Higher Education Institutions and TVETs (R9.15million) Intervention 5: Manufacture and distribution of hand sanitisers by Cooperatives (12.7million) Intervention 6: Support to SACSSP and Department of Social Development (providing protective kits to Social Workers working in communities) (R16.2million) Intervention 7: National Emergency Health Fund and Community Chest (Product procurement and distribution, communications campaign and service point onboarding) (R6.45million)

RESEARCH TOPICS	M&E TOPICS
	<ul style="list-style-type: none"> Intervention 8: Primary Health Promotion (HWSETA employer, community based to use home-based carers in communities to conduct day to day health education (R2.95million)) Intervention 9: Talent Brand Animation videos as learning tools (R4million) Intervention 10: Batlisa campaign-Tracking and tracing of COVID cases in collaboration with the department of Health (10million) Intervention 11: Online therapy session for health workers (R249 000)

8. RESEARCH STUDY ON SKILLS CHANGE DRIVERS

The health and social development sector have the following skills change drivers, which will be confirmed through the interviews with employers that will be held from June 2020:

Figure 2: Skills Change Drivers of the Health and Social Development Sector



- ☐ A research study is underway to address part of the skills change driver:
 - “One health concept - Greater emphasis placed on Animal Health Environmental health”
- ☐ The HWSETA has partnered with the SAVC to conduct research on the Veterinary sector. Findings to this research will contribute to the 2021 SSP update.
- ☐ **The Topic of this research study is:**
 - Need analysis for Veterinary and Para-Veterinary services in South Africa: A research project for SAVC 2020-22
- ☐ **The Problem Statement is:**
 - There is no statistics available regarding the supply and demand for the services of veterinarians and para-veterinarians. These include:
 - Animal health technician
 - Animal welfare assistant
 - Laboratory animal technologist
 - Veterinary Scientist
 - Veterinary nurse
 - Veterinary physiotherapist
 - Veterinary technologist

❑ **The scope of the research is as follows:**

- Phase 1: An Exploratory Phase to research the problem.
 - Target population- Key informants from the SAVC
- Phase 2: A Qualitative Phase (in-depth telephone interviews with critical role players) to determine the possible factors contributing to the demand to be used as input to questions (sample size 26 Nationally). Target population includes:
 - 2 Abattoirs,
 - 1 small animal practitioner (urban),
 - 1 representative from the Ruminant Veterinary Association of SA (RuVASA) representing production animal (rural) veterinarians,
 - 1 veterinarian in mixed practice
 - 2 veterinarian who employs para-vets in private practice,
 - 6 Private Animal Health Companies
 - 3 Farmers from Nerpo and AgriSA, plus a prominent farmer,
 - 5 Employed Para-Vets
 - 5 Unemployed Para-Vets
- Phase 3: A Quantitative Phase with different projects focusing on the stakeholders and related issues

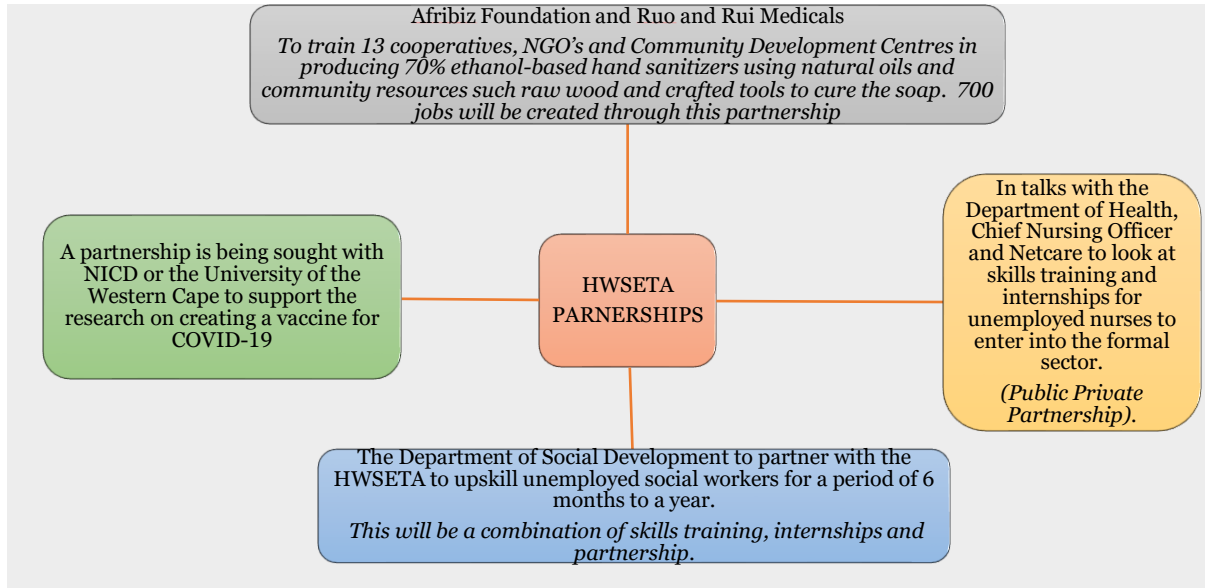
Table 5: Scope of phase 3 of the Veterinary Sector Research

Project	Activity	Research Method	Sample
Project1a	Para-vets	Quantitative Electronic self-completion questionnaire.	+/- 600
Project1b	Vets	Quantitative Electronic self-completion Questionnaires	+/- 600
Project 2a	Commercial farmers	Quantitative Electronic self-completion using MSSA data base plus telephone interviews in low response areas	+/-500
Project 2b	Upcoming and small scale farmers	Quantitative Personal interviews using a structured questionnaire with some open questions sampling in selected areas representing the farmers.	=/-500
Project 3	Capacity of training institutions	Qualitative Telephone interviews using a discussion guide with selected institutions	15
Project 4	Population Trends	Quantitative Maximum of 10-15 questions on Omni survey Household study.	1500-2000
Project 5	Economic trends including import and export	Qualitative Desk research	Not applicable
Project 6:	Animal health trends	Qualitative In-depth telephone interviews using paper base guideline (government: National and Provincial	16
Project 7	Strategic integration and scenarios	Qualitative Integrating all projects findings and recommendations into strategic scenarios	Not applicable

9. PARTNERSHIPS TO MITIGATE THE EFFECTS OF COVID-19 IN ADDRESSING SKILLS PRIORITIES

The HWSETA already has partnerships focused on supporting the sector to fight Covid-19. To mention a few, here are some of these partnerships

Figure 3: Some of Partnerships of the HWSETA to support the sector to fight Covid-19



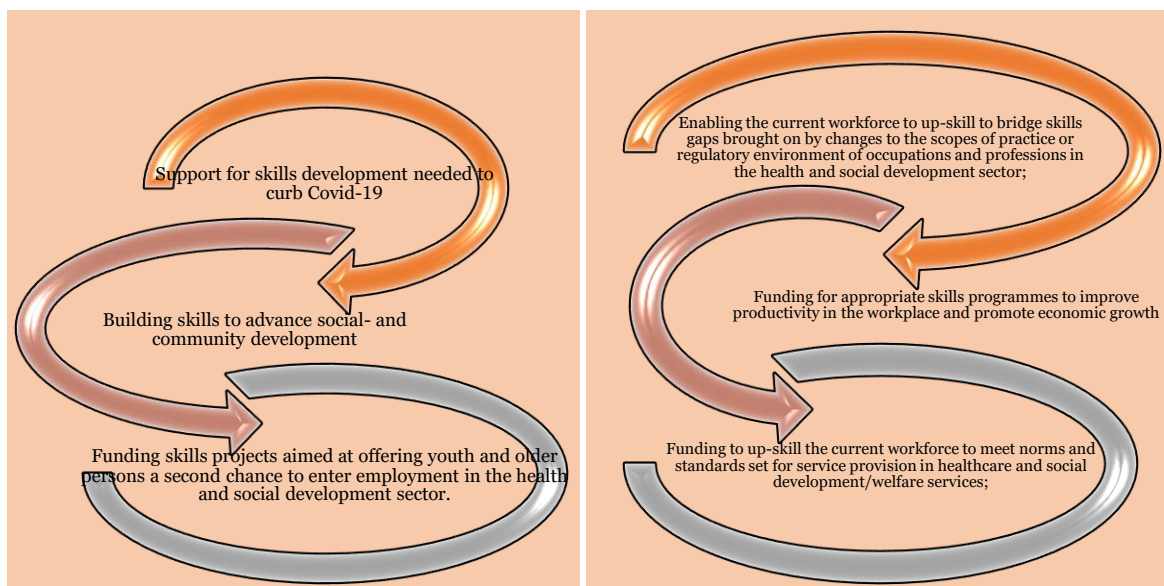
10. STRATEGIC SKILLS PRIORITY ACTIONS DURING COVID-19

The HWSETA will focus on two strategic priority actions in the following manner:



Vital skills and skills set required to enable the state to meet its service delivery obligations as a developmental state

Professionalisation



11. Conclusion

□ This report has shown that:

- the HWSETA has been at the forefront of supporting the health and social development sector to fight the spread of the virus and its effects through various interventions.
- The entire planning system of the HWSETA has been refocused to supporting the sector to fight Covid-19.
 - This is inclusive of the SSP, Research Agenda, and its partnerships

References

Ebrahm, E. 2020. **Background note: COVID-19 and socioeconomic impact in Africa: The case of South Africa**. Wider Background note 2/2020. Accessed on 9 May 2020, from wider.unu.edu/publication/covid-19-and-socioeconomic-impact-africa

Rasool, S. 13 April 2020. **Social Workers are an untapped resource to address the psychosocial effects of Covid-19**. Mail and Guidian. <https://mg.co.za/article/2020-04-13-social-workers-are-an-untapped-resource-to-address-the-psychosocial-effects-of-covid-19/>

World Health Organisation. 2020. Novel Coronavirus (2019-nCoV) SITUATION REPORT - 1 to 102. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>