This is an extract from Chapter 4 which is titled ‘Building while Sailing’.

The plan at the beginning was, quite simply, to flatten the curve. This actually revolved around the world as countries reacted to people with their own epidemics curve. Flattening the curve is a public health strategy that involves slowing the spread of the virus so that the healthcare system is not overwhelmed. However, it is difficult and these existing health care services are spread over a large period. It is aimed at protecting vulnerable members of the population in particular, giving the health system critical time to prepare, and avoiding overt overcrowding in hospitals when vaccine and other treatments are not available. Although it is on the same continuum, and involves the same mitigation strategies, it is a less ambitious strategy than containment or elimination. This latter was the goal adopted by some countries such as South Africa and Australia.

For us, however, there was general consensus that flattening the curve was the best option to follow, as elimination was not a realistic goal for South Africa. This was because of the high economic cost to implement the kind of restrictions needed for viral diminution, the fact that the virus continued to be poorly understood and some countries, including South Africa, were not prepared for a sustained period of viral elimination.

It is not unusual to be criticised. The process of arriving at any appropriate approach, when providing advice, is complex and involves many variables, including an understanding of the virus, medical care resources, effective vaccine distribution, and social determinants of health. The health system’s ability to respond to the coronavirus and the speed of human-to-human contact so that any infected individuals would not be able to infect others beyond their immediate circle. We knew we could not rely on the world taking a long time to achieve.

The curve is a recognised public health strategy, but I had no direct experience of such a rapidly spreading epidemic. Up to that point, I had never worked on a problem that was able to overwhelm health-care facilities in developed countries in the way that Covid-19 was doing in Europe and the US.

Every year, South Africa, itself a hospital in infectious diseases, had been treating Covid-19 patients, and we had the infrastructure and expertise to handle the situation. However, the challenge was in terms of patient numbers. On this basis, flattening the curve was not only our best option, but it was also a necessary step to anticipate the rapidly growing pandemic that put strain on our hospitals. Indeed, we had 6 000 hospital beds, and the reality was that we were nowhere near that number.

The implementation of this approach would require us to act immediately to stop the spread of the virus. This included the identification of infected individuals, isolation and quarantine, and contact tracing. In doing so, we would need to maintain the high-speed and social distancing. Indeed, most of these measures had been in place since the first case of the virus was reported in South Africa.

At that stage, face masks were not yet an official part of the prevention toolkit. Given what we had seen of the rapid spread of the virus in the UK, we knew that we needed to immediately start the process of ramping up our capacity to respond to the pandemic. This required a high-speed and social distancing, particularly because both of these measures were difficult and even impossible for some sectors of South Africa’s poor population to implement.

I have always been a proponent of providing scientific evidence to inform public health decisions. The first two years of the Covid-19 pandemic were challenging, and I have never been more convinced than now of the value of science in informing public health decisions. However, the pandemic has also shown the limitations of scientific evidence in guiding public health decisions.

The next step is to consider how we can better balance the needs of public health with the needs of the public. We need to develop a framework that can help us to make decisions that are both ethical and effective. We need to find a way to balance the needs of the public with the needs of the scientific community. We need to find a way to balance the needs of public health with the needs of the scientific community. We need to find a way to balance the needs of the public with the needs of the scientific community.