



New Emergency Management in a Resilience Era Facing Health, Climate and Energy Challenges

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Paris/online, Session 9 – Public service and private stakeholders in the listeriosis outbreak in RSA

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South Africa and disaster medicine

- South Africa has a complex disaster profile.
- Examples include tornadoes, flood, droughts, fires in informal settlements and infectious diseases.
- The healthcare system is equipped to deal with some of these challenges, e.g. South Africa runs the largest HIV/AIDS treatment programme in the world.
- However, historically there have been challenges in the preparations for the 2010 World Cup (Bateman, 2008).
- Problems originated from the inadequate logistics in getting the South African teams to the Haiti disaster zone, the lack of adherence to the INSARAG guidelines and the lack of on-site intelligence/coordination with local disaster risk management (DRM) stakeholders (van Hoving et al., 2010).



South Africa and disaster medicine II

- In the period since 2011, examples of further DRM, disaster medicine and healthcare improvements in South Africa include improvement and institutionalisation of the INSARAG capacity for search and rescue in the policy domain (NDMC, 2012; NDMC, 2016).
- The urban search and rescue (USAR) teams from the country have taken part in the INSARAG/OCHA-organised international practice drills (OCHA, undated, a). South Africa also held the regional chair for the Africa, Europe, and Middle East regional group of INSARAG in the recent times (OCHA, undated, b).
- More recently, Parker et al. (2020) reported on the proactive preparation of the paediatric ward and hospital for the phases of the COVID19 pandemic at the healthcare infrastructure level, the level of call and information dissemination, as well as the level of education and health promotion in the context of the pandemic..



The 2017-2018 listeriosis “outbreak”

- Throughout the first half of 2017, cases of patients started getting reported who exhibited symptoms such as meningitis, diarrhoea, fever, and vomiting (CDC, undated; Todd and Notremans, 2011).
- During the durations of the outbreak, 216 people died and a total of 1060 cases were confirmed, against a baseline of 60-80 cases annually (Vhiriri et al., 2020).
- Lack of declaration of the disease as a notifiable disease, which would be regularly monitored by the public health systems in South Africa.
- A ready-to-eat (RTE) meat was identified as a source of the outbreak.
- Ethical challenges of the conduct of the public and private stakeholders are presented here.



Methodology

- The bioethical analysis was performed using the Batho Pele, or People First, principles of the public service conduct in South Africa (DPSA, 2011-2014).
- Conduct of the RTE meat manufacture and the implications for their role as a private stakeholder was analysed, in terms private goods and private stakeholder mandate.
- General principles of the content, context and process of execution of mandate were done along the lines methodology of Walt and Gilson (1994).
- Comparison to the conduct of relevant stakeholders from the international domain is done used as reference point.
- Proposal for the development of targeted consultative forums and health promotions campaigns are proposed.



Public sector conduct

- **Overlap of the symptoms between listeriosis and other infectious disease led to a delay in the identification of the causative agent until late 2017.**
- **At the national government level, the conduct was executed along the lines of the mandate and ethical standards.**
- **Public Health Systems implemented novel diagnostic strategies to identify the source and pathogen, which was the causative agent of the 2017-2018 listeriosis outbreak.**
- **In addition, listeriosis was re-classified as a notifiable disease and thus mandatory reporting of suspected and confirmed cases to government health authorities became a legal requirement.**
- **Local government level conduct was not completely executed, along the lines of the respective legal mandate, e.g. some abattoirs operated across South Africa without registration.**
- **A skills audit was necessary to be conducted in the majority of the municipalities.**



Private stakeholders conduct

- A sharp drop in the number of cases was detected after a recall of the contaminated RTE meat.
- An RTE meat production facility was identified as the source of the causative agent of the outbreak, and the company who owned the plant refused to acknowledge these findings.
- A class-action lawsuit was filed by the victims who consumed the contaminated RTE meat and who suffered health complications and morbidities as result, this class is still pending.
- The RTE producer was not proactive in dealing with the 2017-2018 listeriosis ‘outbreak’ and its impacts, and the reasons could have been the lack of crisis management experience (Maggs, 2020) and the fact that the financial damages had reached the peak by the time the recall and the causative agent of the outbreak were identified (Olanya et al., 2019).
- A Canadian RTE meat producer contained the damage from with outbreak in 2009 through a proactive and engaging approach to its customers and the impacts were contained quickly and brand quickly recovered (Herd and Kleyn, 2020).



Other findings

- Miscarriages and severe neurological symptoms and complications were documented in patients from all socio-economic strata of South African society (Food Safety News, 2020; MAVERICK CITIZEN: Ndebele and Pierce, 2020).
- The RTE meats were an indication of two major dietary features of South African life.
- The RTE meat were one of the very few affordable dietary proteins that could be accessed by populations from settlements that were the result of the apartheid spatial and discriminatory policies.
- The RTE meats were the only source of dietary protein that could be consumed without the need for cooking.
- Thus spatial elements of the housing and dwellings in parts of South Africa, as well convenience of consumptions were the likely drives for the consumption of the RTE meats during the 2017-2018 outbreak.



Way forward

- Health promotions campaigns must be developed to target all socio-economic strata in the South Africa population.
- Consultative platforms should be developed to involve meat consumers, producers and the public health/government officials to draft the best strategies to ensure widest possible access to affordable and safe sources of nutritious dietary protein.
- The etiology of historic inequalities, or the spatial challenges in accessing the nutrition and other resources must be addressed by all South African stakeholders as a matter of urgency.



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