

The influence of the COVID-19 crisis context
on policy formulation:
An illustrative case of alcohol regulation in
South Africa (2020- 2021)

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Background

Alcohol is a major contributor to disability and death in South Africa

However, lack of progress in aligning national legislation with WHO recommendations

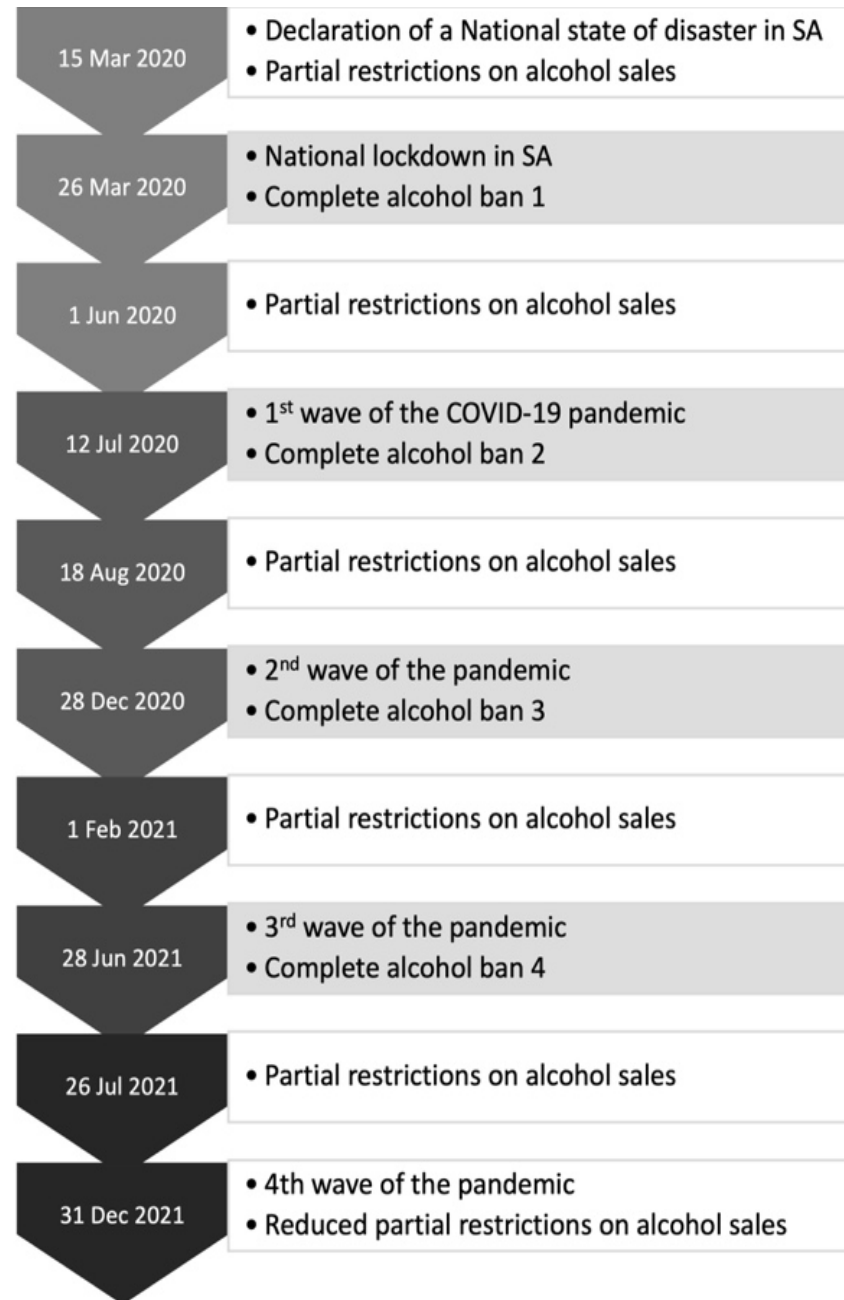
Why?

- Social, cultural, economic and political history
- Interference from commercial interests and lack of coherence across government departments

The COVID-19 pandemic transformed the policy context for alcohol regulation

- Disaster Management Act
- Centralised disaster management structure
- 'Risk-adjusted approach' to enable responsiveness to fluctuating COVID-19 infections rates and health system demand

Timeline (2020-2021)



Research questions

How does the COVID-19 **crisis**, as a key feature of context, influence policy formulation processes for the regulation of alcohol in South Africa during the period of 30 January 2020 to 31 October 2021?

1. What factors influence **policy content** in policy formulation processes in a crisis context?
2. How does a global health crisis influence the **power and position of key actors** involved in and/or affected by the policy formulation process?
3. How does this influence the formulation and reformulation of policies in times of **rapid learning and adaptation**?

Methodology

Study design

- Qualitative case study

Data collection

- Documentary review >120
- 9 key informant interviews

Actors (political or bureaucratic) who represent the National and Provincial SA government	Actors who represent civil society
Public health officer from a provincial department of health	Two researchers with expertise in public health and alcohol harms
Member of a provincial alcohol regulatory structure	Representative of a civil society alcohol harms reduction advocacy NGO
Public health expert who served in an advisory capacity to government	Public health lawyer
	Medical doctor with experience in treating alcohol use disorders and alcohol harms reduction advocacy
	Health reporter

Methodology

Data analysis

- Thematic content analysis

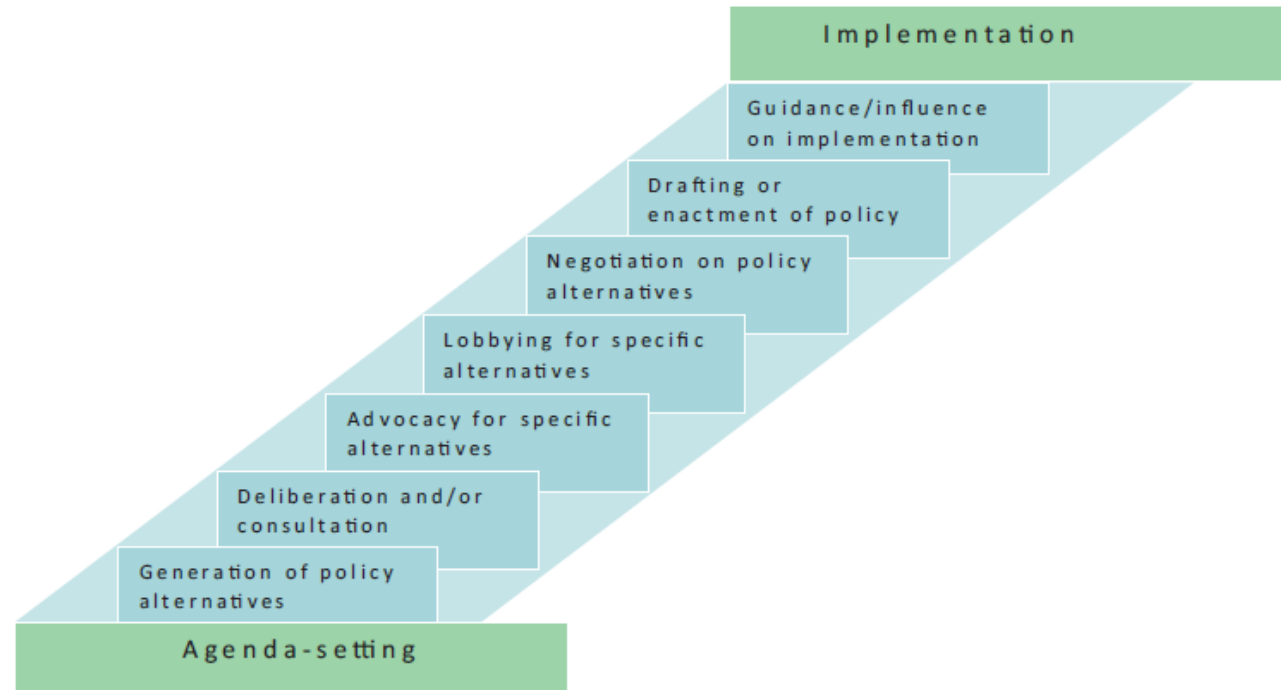
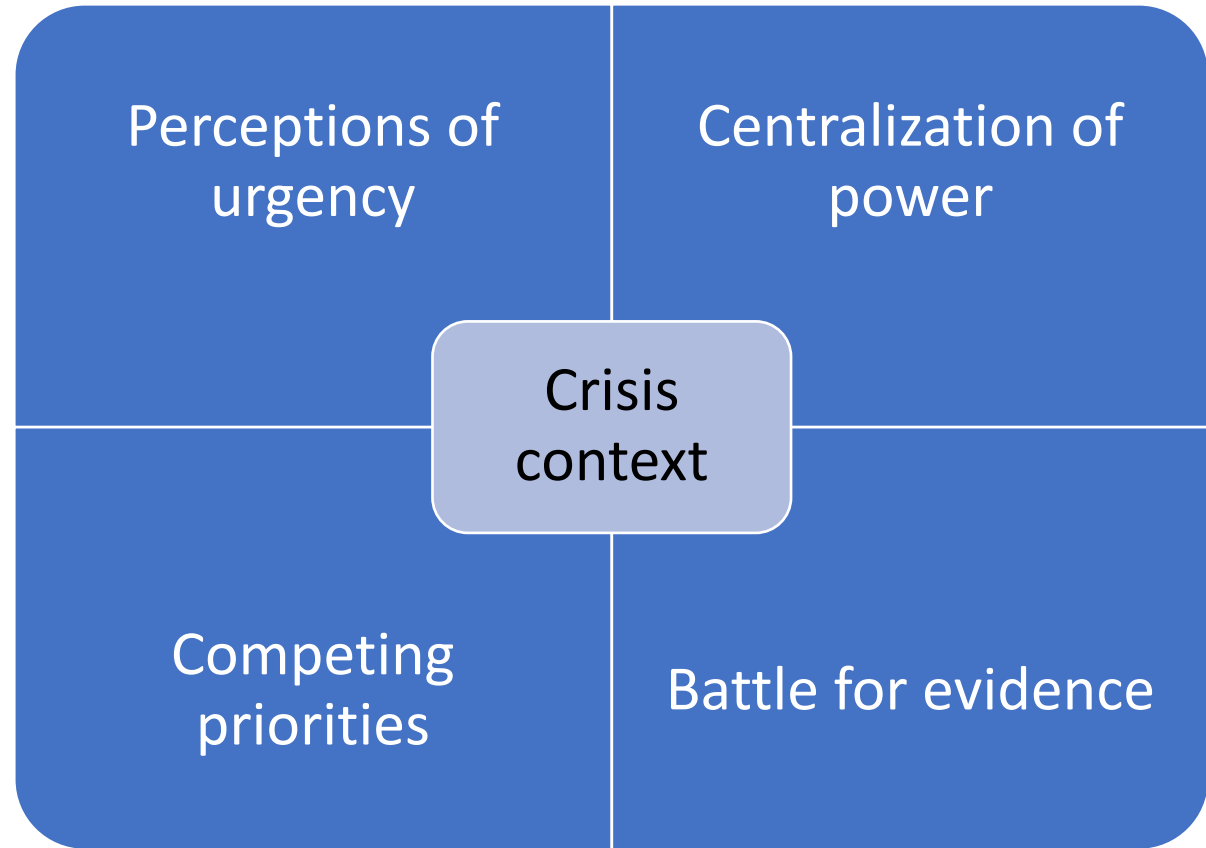


Figure 1. The 'bits in the middle' framework by Berlan et al (2014)

Findings



Perceptions of urgency

Influence of international COVID-19 experiences and evidence, and how risk was understood within local context.

This enabled a **radical acceleration** in decision-making processes.

Issues that were understood to exacerbate the crisis gained a higher degree of **receptivity to change**.

“At a time like this, when every bed, every healthcare worker, every ounce of oxygen is needed, it would be unforgivable to identify a clear **burden on the healthcare system** and do nothing about it.”

– Health Minister, Dr Zweli Mkhize (Mitchley, 2020a).

Preventable public health burdens, including alcohol harms, may gain renewed **policy attention and prioritization** in health crisis contexts.

Centralisation of power

DMA enabled **rapid and decisive** cycles of policy formulation in 'closed spaces'

Limited participation of sub-national and civil society stakeholders in 'invited spaces'

Actor networks with diverse strategies mobilized to 'claim space' in the **public arena**

- Lobbying, advocacy, coalition building
- Undisclosed paid use of the media
- Protests and court challenges

"Everybody was deeply frustrated. We don't know how much influence all of us had, compared to **how much influence** the liquor industry had."
- Interview 5, 2022

Centralization of power in the crisis context enabled decisive policy action, and multiple **rapid, overlapping cycles** of decision-making with **limited consultation**.

Competing priorities

Global dilemma of trying to maintain economic stability while protecting public health

Public health values are used to legitimise, rationalise and defend the crisis-driven decision-making in the short-term.

‘Given the circumstances and the limited timeframe in which the Minister had to act, it cannot be said that she acted in a procedurally unfair manner,’ the judge said (News24, 2021).

However, the alcohol regulations were also explicitly **temporary** - for the primary purpose of responding to the **health crisis**.

They did not signify a stronger long-term political stance on alcohol harm reduction. However – they did highlight the extent of societal harms from alcohol consumption.

Tensions between **public health** evidence and values, **political** priorities and normative **economic** orientations persist during crisis driven policy formulation processes.

The role of evidence



Within the crisis context of uncertainty, policymakers drew on:

- Their own knowledge, existing evidence base and **experts**
- **Experiential learning**, emerging scientific evidence AND anecdotal evidence E.g., New Year's Day 2021 at Chris Hani Baragwanath hospital

However:

1. The ideal of 'evidence-based policymaking' is constrained by the politicisation of science
2. Understandings of what constitutes 'evidence' varies widely

"It wasn't a balanced picture, but that is largely because they [the media] were being fed so much material from the industry..."
(Interview 4, 2022)

Actors may use **different forms of evidence** to support competing commercial agendas in crisis contexts. This points to the need to address **conflicts on interest** in academic and media platforms.

Conclusion

In a crisis-driven context, processes of decision-making, learning and adaptation are shaped by:

- abrupt redistributions of **power**
- historical and emerging **evidence**,
- and the dynamic interplay of **economic, political and public health priorities**.

The regulations highlighted the **extent of harms** that alcohol brings to society and offered a window into a **different policy narrative**.

Depending on how public health learnings and values are taken up by actors, the COVID-19 regulations may influence the long-term trajectory of alcohol policy processes.

Thank you