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Pandemic governance: Developing a politics of informality

South Africa had the privilege of learning from how other countries responded to the crisis engendered by the COVID-19 pandemic. However, this opportunity seems to have been lost as the South African government made the mistake of transposing a developed-world preventive response onto a largely developing-world populace. The government failed to map out how factors such as South Africa's demographic composition, spatial architecture, the incidence of poverty and informality, and competing epidemics would interact synergistically and shape epidemiological outcomes. In this article shaped by sociological insights, we show how the application of governance systems can give rise to many unintended social consequences when the knowledge forms upon which they are based are not suitably tailored to meet the needs of the specific local context. We highlight how informality can play a valuable role in fighting the COVID crisis and suggest that, to truly succeed, the government should include rather than override informal principles of governance.

Significance:

We present a brief comparative analysis of the responses of different nation states to the COVID-19 pandemic. The insights contribute to the sociological literature as well as to other disciplines, highlighting how local contextual factors are (re)shaping the form of policy responses as well as their associated consequences. More specifically, we focus on the importance of adopting a political economy approach in the analysis of informality and motivate how and why this may be useful for consideration in areas related to policy development and governance more broadly.

Introduction

On 28 March 2020, John Sparks, the Africa correspondent for *Sky News* posted an eyewitness account describing the conditions in Alexandra Township (forming part of the City of Johannesburg Metropolitan municipality and located adjacent to the affluent suburb of Sandton). In this report, Sparks' purportedly provides an objective account regarding the immediate failings of the government's lockdown. After brief and perfunctory admissions that Alexandra is overcrowded, that people need to eat, and that the average of six people sharing a single-bedroom shack would be reluctant to remain indoors for the entire day, the real message of the report is revealed. For Sparks¹, the problem with getting township residents to stay in their homes is that they invariably outnumber the South African National Defence Force troops meant to police them. He thereafter concludes that 'this township and many others cannot be policed, and its residents *will* not self-isolate'¹. This framing is problematic as it finds less fault with the lockdown mandates and principles of governance than it does the people being governed – who are portrayed as illiterate, irresponsible, and ungovernable.

Ultimately, the application of governance systems has been shaped by what many have termed 'pandemic politics': the political, social, economic, and legal issues shaping COVID-19's impact on various societal domains.²⁻⁴ Sociology can provide insights into 'pandemic politics' as it is a discipline concerned with the study of social change, the structure of society, and how shared beliefs cohere to give rise to various institutions and behavioural practices. While not claiming complete objectivity itself, the deployment of a poststructuralist method with its emphasis on the fluidity of meaning allows for concepts like governance and 'the science' to be seen not as fixed and value-free entities, but rather as things that may be ideologically laden and shaped by power relations.

In this article, we first contextualise the COVID-19 global pandemic to show how the epidemiological outcomes of the virus were shaped by local contextual factors. Then we focus more closely on the state's response by using sociological insights gleaned from the field of governmentality studies to demonstrate how formal principles of governance are deleterious when they override rather than include informal logics. Finally, we motivate by imagining a 'new normal' that heeds the lessons learned surrounding the governance of informality.

Contextualising COVID-19: The glocalisation of a pandemic

For all the talk of a 'new normal', our experiences of life under COVID are just as diverse and varied as they were before the pandemic even began. A primary reason for this observation is that we have been privy to the pandemic's glocalisation. The latter is a sociological concept that can be used to explain how global universalising forces display particularising tendencies in that they frequently adapt in line with local conditions.⁵ On the one hand, the COVID-19 pandemic was global in that it resulted in the disarticulation and reconfiguration of global supply chains⁶; it occasioned worldwide economic downturn⁶; and the more globally connected cities experienced higher rates of morbidity and mortality⁷. On the other hand, the COVID-19 pandemic was a local phenomenon as the public health crises that ensued in respective nation states around the world reflected both regional state capacities and internal political choices.⁶

Therefore, when the World Health Organization (WHO) declared the coronavirus outbreak a global pandemic on 11 March 2020, what followed was a mass socio-political experiment in the management of people and crisis situations. In drafting policy responses to the pandemic, nation states measured the cost to human life against the



value of their democratic principles and the health of their economies, and in turn, created interesting policy blends drawn off the axes of libertarianism–authoritarianism and social democracy–neoliberalism.⁸

For instance, following an initial denial of the severity of the pandemic, countries with obstinately right-wing neoliberal administrations such as Brazil, the USA and the UK were demonstrably more laissez-faire in their response measures.⁹ In espousing the liberal doctrine of letting the pandemic run its natural course⁹, they opted for the strategy of herd immunity and prioritised individual freedom and the protection of profit over the preservation of public health⁹. On the other end of the extreme, China took a much stronger interventionist approach with its ‘zero-tolerance for COVID policy’ and demonstrated the allure of a dictatorship in containing the spread of the virus.¹⁰ In an impressive feat of mobilising resources, they constructed two fully furnished specialty field hospitals in under two weeks.¹¹ As infectious disease hospitals, they were constructed keeping the transmission dynamics of the novel virus in mind.¹¹

The above observations demonstrate that science – an invariably unfinished project – is not neutral, especially when applied towards political ends. With the pandemic’s immanent yet progressive politicisation, a myriad of divergent policy responses all around the world were shuffled in and were similarly justified in that they were ‘following the science’¹². Far from being objective, ‘pandemic science’ has been open to interpretation and it is the perceived severity of the problem of COVID-19 as well as how it has been legally defined that has determined the robustness of how nation states responded. For example, nation states such as Bulgaria, Italy, Portugal, and Spain were all able to declare a state of emergency.¹³ Alternately, countries like Albania¹³, Bosnia¹³, and South Africa may have had either higher constitutional thresholds to meet or they simply could not legally declare a state of emergency, instead leaving them to settle for declaring a national state of disaster.

Another example is the case of Ireland which responded to the COVID-19 crisis through the *Health Act of 2020* and the *Emergency Act of 2020* as they could only evoke their constitutional powers and declare a state of emergency in conditions characterised by political violence¹⁴ and which might pose a threat to state sovereignty. This is significant because the constitutional provisions¹³ and legislative frameworks of different countries dictate which emergency response mechanisms are permissible or ideal. This in turn determines how much power is transferred to the executive governing body, how many resources may be released or redirected, which crisis measures may be adopted, and consequently which civil liberties may be suspended or curtailed.

Even then, once countries get the legal go-ahead to implement certain public health interventions, there is still the issue of certain politicians both knowledgeable and lacking in a scientific background that are charged with (in)directly undermining the efforts and policy recommendations made by their respective scientific advisory boards. An illustrative example of this is how Jair Bolsonaro, President of Brazil, fired his health minister for publicly recommending that Brazil make use of physical distancing and a lockdown.¹⁵ Similarly, Richard Bright – director of the US Biomedical Advanced Research and Development Authority – was demoted after publicly raising concerns regarding former President Donald Trump’s overly enthusiastic endorsement of hydroxychloroquine as a potential treatment for COVID-19.¹⁶ But while populist leaders like Boris Johnson (UK), Narendra Modi (India), Donald Trump (USA) and Jair Bolsonaro (Brazil) manufactured good news to fuel their politics by downplaying the pandemic and rejecting or distorting the science¹⁷, South Africa was facing an unseen threat of a much different kind.

COVID’s challenge to South Africa and a polemic against performative scientism

As per the WHO’s¹⁸ guidelines, in a situation where vaccines are unavailable, behaviour modification and non-pharmaceutical interventions like social distancing, mask wearing, the self-isolation of those at risk of exposure, quarantining of positive cases, handwashing and sanitising, and restrictions on public gatherings all become the order of the day. The South African government was quick to adopt

these measures following President Ramaphosa’s National Address on 15 March 2020. In that same address, Mr Ramaphosa announced the establishment of the National Coronavirus Command Council which would allow for intergovernmental coordination in response to the pandemic.¹⁹ On 26 March 2020 – 11 days after President Ramaphosa first evoked his constitutional powers and declared a national state of disaster – a ‘hard lockdown’ was imposed. This risk-adjusted strategy – which began with the status of Alert Level 5 – was seen as the most restrictive lockdown response on the continent²⁰, and among the most stringent in the world^{8,21}. With the exception of those sectors involved in the performing of essential services or that dealt in the trading of essential goods, the early lockdown entailed a complete economic shutdown and a ban on inter-provincial travel.⁸ Under the threat of hefty fines and imprisonment, people would be allowed to leave their homes only to buy groceries and access medical services or if they worked in essential services.²¹

South Africa was initially praised for demonstrating good governance in taking decisive action and swiftly implementing the hard lockdown.⁸ South Africa’s science-based approach is partly why it was initially seen as so successful²², garnering the praise of international organisations like the WHO²³. For instance, the Ministerial Advisory Committee (MAC) on COVID-19 was established on 30 March 2020. It consisted of researchers, clinicians, pathologists, laboratory practitioners, and public health practitioners and they performed the function of regularly advising the government on its various interventions.²⁴ This approach stood in stark contrast with the anti-scientific sentiments of former President Mbeki’s administration where the ideology of AIDS-denialism, bogus AIDS cures²⁵, and delay in providing affected groups with anti-retroviral drugs resulted in at least 330 000 unnecessary AIDS-related deaths²⁶.

At the International Aids Conference held in South Africa in 2000, former Minister of Health Dr Tshabalala-Msimang called renowned infectious disease epidemiologist Prof. Abdoool Karim a traitor and she saw it as treasonous that he and his colleagues were advocating for the government to provide access to anti-retroviral treatment.²⁷ Now, in the current era defined by COVID-19, for the duration of 2020, Prof. Abdoool Karim served as Co-Chair on the MAC on COVID-19 which provided scientific advice to the President and Health Minister on how to proceed in handling the pandemic.²⁵ Although the South African government was definitely ‘following the science’²⁵ in developing an epidemic response, it is important to consider how well-suited the policy responses – informed by ‘the science’ – were in helping overcome specific challenges posed by South Africa’s local context, as well as how closely the government followed the recommendations. As a complete analysis of the second consideration is beyond the scope of this article, we will mainly focus our attention on the first consideration, which essentially deals with COVID’s challenge to South Africa.

While South Africa may be formally classified as a middle-income country, there are many realities that cast doubt on this status. South Africa has been dubbed the most unequal society in the world, a title that has been seemingly unchallenged for the past 16 years.²⁸ Reflective of South Africa’s segregationist history, income distribution and wealth distribution remain heavily racialised.²⁹ In a further demonstration of inequality, South Africa spends 42–44% of its total health expenditure on voluntary private health insurance – popularly referred to as ‘medical aid’ – for a scheme that covers roughly 16% of the population.^{30,31}

Before the scourge of the COVID-19 pandemic even began, the South African health system was battling its quadruple disease burden the confluence of communicable diseases such as HIV and tuberculosis (TB); non-communicable diseases like diabetes, hypertension, cardiovascular diseases, cancer, and chronic lung disease; maternal and child mortality; and trauma and violence.³² This means that by the time the pandemic hit, the response was to be shouldered by an already overburdened, under-resourced, and poorly administered public health system.³³

Moreover, instead of taking a strictly biomedical approach to tackling the COVID-19 pandemic, the necessity of adopting a syndemic approach should have been apparent early on. Viewing the syndemic impact of

COVID-19 means being attuned to how the co-occurrence of epidemics and various social factors routinely interact to produce complicated public health outcomes to which the state must actively respond. In other words, South Africa had to prepare for how biological factors – such as competing epidemics and comorbidities – would interact synergistically with socioecological factors – such as poverty, food insecurity, gender-based violence, and widespread housing insecurity – and make the disease and negative impacts thereof more likely to cluster among socially disadvantaged groups.^{34,35}

However, it must be added that in a controversial turn of events, in September 2020, it was a stated awareness of the syndemic nature of COVID-19 that served as justification for the reconfiguration of the original MAC on COVID-19.²⁴ What is at issue is that some of the scientists who were being relieved of their duties were among the most respected in their fields and they were publicly known for having been critical of various elements of the government's occasionally 'unscientific' handling of the pandemic.^{36,37} Examples of such persons are Prof. Francois Venter, Prof. Glenda Gray – the president of the South African Medical Research Council – and Prof. Shabir Madhi – who spearheaded Oxford University's COVID-19 vaccine trials in South Africa.^{36,37} Nevertheless, the Department of Health has maintained that the MAC was augmented to strengthen it by including other experts such as social scientists, community leaders, and specialists in ethics. Furthermore, they proclaimed that²⁴:

the Minister accepted and implemented almost all (more than 95%) of the advisories from the MAC on COVID-19 . . . Those who persist that government has not heeded the advices from the MAC on COVID-19 are dishonest and intent on misleading he [sic] public.

To return to the issue of how well-suited the policy responses were in addressing the specific challenges posed by South Africa's context, the answer remains murky at best. Despite the fact that, at the start of 2020, the South African government had limited fiscal space⁷ and the South African economy was experiencing a technical recession²⁶, the government got off to a promising start, leveraging its existing infrastructure and experience in dealing with the HIV and TB epidemics²². In April 2020, around 28 000 health workers – representing capacities that were developed in response to the aforementioned epidemics²⁶ – and 67 mobile testing units were deployed during the lockdown to conduct door-to-door symptom 'screening' in at-risk communities^{7,26}.

However, things began to unravel rapidly as the government neither had the necessary infrastructure and resources to properly see their public health interventions through nor were they capable of dealing with the lockdown's unintended social and economic consequences. For instance, in regard to the community screening and testing programme, contact tracing became unfeasible as the turnaround time for test results had increased from 12–48 hours to 5–14 days.^{7,26,38,39} This means that by the time someone got their positive result, they would have likely exposed someone else to the virus. It is also the case that the government had to ensure that by attempting to follow up on COVID-19 so rigorously that they did not lose sight of the other previous health challenges that they were battling.³² For example, the lockdown-induced reduction in earnings and the limitations placed on movement created difficulties for people in terms of accessing public transport. Consequently, the National Institute for Communicable Diseases reported that with the COVID-19 level 5 restrictions, the first five weeks of the lockdown saw an average 48% weekly decrease in testing for TB and a 33% decline in newly diagnosed cases.^{23,32,38}

While other countries were facing threats like populism with its concomitant anti-science and anti-establishmentarian politics – South Africa was facing an unseen threat in the form of what Muller²³ calls 'performative scientism'. In the sociological and philosophical literature, scientism can refer to a particular methodological and epistemological stance which regards scientific knowledge as the purest form of knowledge and one that is incapable of being contaminated by other

knowledge forms.⁴⁰ Scientism is sometimes used pejoratively⁴⁰ to describe:

an exaggerated kind of deference towards science, an excessive readiness to accept as authoritative any claim made by the sciences, and to dismiss every kind of criticism of science or its practitioners as anti-scientific prejudice.^{41(p.17-18)}

'The science' became both a shield and a general selling point to boost the legitimacy of the government's policy interventions. It is the opaqueness characteristic of the government's decision-making processes regarding its handling of the pandemic which is said to have caused confusion about when the government showed deviations from the scientific expertise.³⁷ An example of such performative scientism or 'COVID theatre'⁴² can be seen in things like the tobacco ban⁴³ which had very little scientific merit as well other irrational measures like the 12–4 a.m. curfew⁴² or the ban on the sale of open toe shoes.

Even though we have demonstrated the complicated relationship between politics and 'the science', to fully understand the consequences of the lockdown it is important to note how governance systems have differential impacts when exercised on various population groups. In the next section, we engage how the governance systems represented by the pandemic response were ill-suited to helping those individuals living in contexts defined by informality.⁴⁴

Governing the informal: A people without a safety net

An informal settlement may be described as a dense settlement in an urban area where residents have occupied land and have made makeshift housing using resources and construction methods that are not wholly compliant with formal urban planning methods and building regulations.⁴⁴ Informal settlements are typically characterised by overcrowding⁴⁵, insecure tenure⁴⁶, inadequate access to clean water⁴⁵ and formalised sanitation infrastructure⁴⁴, poverty^{46,47}, and a lack of access to basic service delivery⁴⁵.

In 2015, it was estimated that around 25% of the world's population (1 billion people) were living in informal settlements, and that within 15 years that percentage would double.⁴⁸ In South Africa, as many as 1.2 million households live in informal settlements.⁴⁹ It is important to be sensitive in terms of how we speak about informality and informal settlements. We should avoid sentiments that needlessly pathologise the conditions that many people involuntarily live in. And, in recognising the ingenuity, resourcefulness, and adaptability that the people living in informality often display, we should similarly avoid the indirect naturalisation of these very conditions.

Informality may be understood as a social existence outside of formal regulations and one that is further removed from the provisions of the state. Within the literature, there has been a tendency to approach informality as: a *sector* – like the labour market; a *setting* – like informal settlements; or as an *outcome* – regarding the legal status of various practices.⁵⁰ Furthermore, in conceptualising informality, there have historically been three traditional schools of thought, namely: *dualism* – the informal economy encompasses low-income and marginal economic activities that are distinct from the formal, modern capitalist sector; *structuralism* – a neo-Marxist approach wherein informal economies are exploited and subsumed by formal economies; and *legalism* – a neoliberal approach wherein informal activities are framed as a rational response to the costs and overregulation accompanying bureaucracy.⁵⁰

However, all the above approaches have been critiqued on account of their static categorisations of informality and their subsequent neglect of a thorough political economy analysis.⁵⁰ In other words, 'informality is not confined to the urban poor'⁵⁰, but also includes those political and economic elites that have privileged themselves through informal networks. An example is how the tobacco ban, which may have been politically motivated, created lucrative opportunities for illicit tobacco traders.²³

Moreover, the state itself can in many instances be extremely deregulated (through bureaucratic inefficiencies, corruption, and the outsourcing of informal labour), whereas the informal sector can appear to be highly organised and regulated, albeit not by a state body. This article therefore draws on Roy's poststructuralist framing of urban informality as 'organising logic, a system of norms that governs the process of urban transformation'⁵¹. This allows us to treat informality as a critical and multi-scalar category of analysis wherein informal networks and circuits of exchange continuously give rise to new 'winners and losers' in urban development.⁵⁰

A 'politics of informality' is a 'strategy for elite and subaltern groups'⁵⁰, largely perceived as a response to the shortcomings and inefficiencies of the state. Therefore, things like collective mobilisation and protests are also included under the rubric of a 'politics of informality'. Informality thus plays a very important role in sustaining people's lives and helping them enact citizenship⁵², and informal governance only constitutes an oxymoron if one maintains that the formal and informal are mutually exclusive entities.

Informal settlements propel the city's development and stimulate the local economy as they provide low-income groups with affordable housing.⁴⁸ As a function of their location, informal settlements help people actualise their right to the city as it enables easier access to services and resources within the city. For instance, informal settlements can help the urban poor find jobs and gain access to schools, healthcare facilities, and other public amenities.⁴⁹ The informal sector provides a viable food source for around 70% of poorer households and informal food vendors are convenient outlets because of their operating hours, because they can sell food items in flexible quantities, because they are more affordable, and because they sometimes offer credit to regular customers.⁵³

Now that we can see how essential the informal sector is to maintaining life, we could imagine how much suffering was caused by the initial hard lockdown. Between April and June 2020, more than 2 million jobs were shed from the labour market⁵⁴, and statistics from February 2021 suggest that of the initial 2.2 million jobs lost, only 40% had been recovered⁵⁵. These job losses were concentrated among the already socially disadvantaged, with rates of job loss in the informal sector twice as high as that in the formal sector.⁵⁴ Informal workers were effectively left without a safety net as they did not qualify for the Unemployment Insurance Fund, and the meagre COVID-19 Social Relief of Distress grant to the value of ZAR350 per month was only introduced on 21 April 2020.⁷

The loss of and reduction in average household income exacerbated food insecurity in South Africa. Prior to the lockdown, around 9 million children were receiving a free meal at school every day – an important feeding programme that fell away with the closure of schools.^{26,29} Furthermore, it did not help that informal food vendors and spaza shops were not allowed to operate as they were not classified as essential retailers.⁵⁶ Two weeks into the lockdown, informal food vendors were finally allowed to open for business. However, they were only allowed to serve uncooked foods and they had to have a pre-existing municipal permit in order to function.⁵⁶

In writing on South Africa's lockdown-induced food insecurity ordeal, Battersby⁵⁶ suggests that the government's regulations show a very limited understanding of how poor people routinely access food. The bias towards larger formal food providers is said to instead reflect a bias against informality.⁵⁶ This is an argument that has been extended in other forms. For instance, Friedman²⁵ references South Africa's high inequality and sees the country as divided into a 'First World' and a 'Third World'. He then asks why South Africa performed worse than other African countries when it had the most sophisticated medical infrastructure.²⁵ In supplying an answer, he suggests that perhaps it was the sophisticated medical infrastructure itself that contributed to the severity of the outbreak.²⁵ Here Friedman alludes to the increase in turnaround time for COVID-19 tests and further intimates that South Africa reflected a 'First World' bias in that it attempted to emulate 'the science' of Northern countries and it invested all of 'its eggs' in the contact tracing basket even when it still clearly lacked the necessary infrastructure to make it worthwhile.²⁵

Whether we discuss the government's bias against informality – in the case of Battersby⁵⁶ – or the government's 'First World bias' – in the case of Friedman²⁵ – or the Alexandra township residents' unwillingness to self-isolate – in the case of Sparks¹ – the governance systems which comprised the government's epidemic response clearly had differential impacts on various population groups.

In the field of governmentality studies – which finds inspiration in the work of Michel Foucault – governance refers to the particular political rationality that is adopted by a given regulatory body which outlines how power is to be exercised in the management of a specific target, such as a population or a company.⁹ With governmentality being a neologism of government and rationality, the state is not just an overseer and service provider. Instead, they exercise power through contributing to the formation of political subjects which conduct themselves according to specified means.

So, for example, in neoliberal regimes, less government does not mean that there is less governance.⁵⁷ Instead, neoliberal governance uses notions of rights and freedoms to frame what it means to be a citizen in that particular context. These notions of citizenship are then imbibed in people and thus people begin to govern and conduct themselves accordingly. This allows for the government to govern at a distance, and it shifts some responsibility on to the individual.

Additionally, the neoliberal ideology that the market is the most efficient and legitimate distributor of wealth functions to hold individuals accountable for their own social standing, irrespective of institutional and economic barriers. Another timely example of such governance would be how we have been conditioned into identifying certain behaviours as COVID-friendly etiquette and have modified our behaviours accordingly in the favour of public interest. If everyone adopted these modes of self-conduct, it would reduce the pressure experienced by the public health system. Unfortunately, due to economic, spatial, and infrastructural inequalities, people in informal settlements cannot be effectively governed using the same principles as those applied in the suburbs.

To this point, in a study on two informal settlements in Cape Town (Masiphumelele and Klipfontein Glebe) geographic information system (GIS) software (ArcGIS 10.5.1 (Esri)) was used to examine the feasibility of social distancing as an effective method to prevent the spread of COVID-19.⁴⁵ The researchers calculated the distance between the dwellings to get a sense of the relative density of the informal settlement, and they compared the results with the UK guidelines on social distancing which recommends a minimum distance of 2 metres when meeting another person outside⁴⁴ – a distance that South Africa then adopted. At the time that the associated authors were writing (April 2020) they reported that there were no other similar GIS studies juxtaposing the spatial arrangement of informal settlements and the social distancing guidelines.⁴⁴ Instead, the prevailing uses of GIS were studies that either determined caseloads and fatalities within specific areas, or were linked to general vulnerability mapping, whereby census data such as poverty indicators and population density were used to ascertain which population groups would be more susceptible to COVID-19.⁴⁴

They found that to effectively maintain social distancing, the residents would still have to remain indoors.⁴⁴ This was unfeasible as many shacks are overcrowded and poorly ventilated¹⁰, people share communal toilets which may be distant from their homes, and the lack of sanitation infrastructure may make them more susceptible to COVID⁴⁴. Furthermore, people still need to leave their homes on a day-to-day basis as many township residents cannot store food, as they lack appliances like refrigerators.⁴⁵

Conclusion: Developing a politics of informality

If the South African National Defence Force's excessive violence against civilians was any indication, the lockdown was an untenable condition to maintain. While the lockdown did buy time for the health system to prepare for an influx of patients, it was nothing to be desired. This is not to say that things could not have gone differently. Despite the apparent necessity of the situation, a major fault in the government's epidemic response was the failure to properly consult the people living in informal

settlements who would be most severely affected by the regulations.³³ Had they consulted with community leaders or researchers, they would have been able to modify their lockdown response accordingly.

For instance, rather than a national lockdown, a community lockdown might have made more sense, and instead of an entire township being cordoned off, clusters of dwellings could isolate together.⁴⁴ This would have made it easier to assess the relative risks and needs posed by various communities. Additionally, in full acknowledgement of the fact that social distancing is impossible in many informal settlements, the government should have launched mass construction and development campaigns in informal settlements across South Africa. The installation of things like temporary housing, water and sanitation infrastructure, and allotment gardens may have addressed several socio-economic challenges posed by the crisis and it would have provided a much-needed labour source for informal construction workers. More state resources and authority should have been conferred to the non-governmental organisations that already had a foothold in certain communities and which were filling a governance vacuum vis-à-vis the state.

The problems associated with the government allowing food vendors to operate on the condition that they had municipal permits showed us that with a 'politics of informality', the ultimate goal is not inclusion via formalisation, as the latter brings with it new barriers to entry. Not to be simply conflated with calls for more decentralised governance, a politics of informality – as a form of 'governmentality from below' – is about supplementing existing positive forms of governance and enhancing a people's ability to effectively conduct themselves, even if this goes against the neoliberal doctrine of investing in people materially. Alternatively, the government could have supplied informal food vendors with masks, latex gloves, and other equipment to safely prepare food, as well as things like industrial tape to demarcate physical distancing space and ensure the safe distribution of food to clients.

Nevertheless, this article has also demonstrated that treating informality as a critical category of analysis means being attuned to how political and economic elites may also use a 'politics of informality' to enrich themselves. Therefore, extra-governmental organisations should be approached or established prior to the launching of any fiscal response or development programme, in order to audit the awarding of contracts and funds.

This article has thus motivated the need to further develop the conceptual tool of a 'politics of informality', which begins with the acknowledgement that informality is not opposed to governance, but rather has the capacity to strengthen governance systems.⁵² As opposed to governance systems which assume that top-down policy decisions will have uniform effects on various population groups, a 'politics of informality' can better inform policy as it is situational, contingent⁵², and informed by the daily realities of the people thereby affected. Suffice it to say, social distancing in a shack was and is impossible because the prevailing governance systems deem it so.

Competing interests

We have no competing interests to declare.

Authors' contributions

Conceptualisation: D.T.v.W.; V.R. Methodology: V.R.; D.T.v.W. Data collection: D.T.v.W.; V.R. Data analysis: D.T.v.W.; V.R. Writing – the initial draft: D.T.v.W. Writing – revisions: V.R. Student supervision: V.R. Project leadership: D.T.v.W. Project management: V.R. Where both authors are mentioned, the first mentioned author played a more prominent role.

References

1. Sparks J. Coronavirus: The South African township where people just won't follow the lockdown rules. Sky News. 29 March 2020 [cited 2021 Dec 16]. Available from: <https://news.sky.com/story/coronavirus-the-south-african-township-where-people-just-wont-follow-the-lockdown-rules-11965027>
2. Kahl C, Wright TJ. Aftershocks: Pandemic politics and the end of the old international order. New York: St. Martin's Press; 2021.

3. Delanty G. Pandemics, politics, and society critical perspectives on the COVID-19 crisis. Berlin: De Gruyter; 2021. <https://doi.org/10.1515/9783110713350>
4. Boin A, McConnell A, Hart P't. Governing the pandemic: The politics of navigating a mega-crisis. Cham: Palgrave Macmillan; 2021. <https://doi.org/10.1007/978-3-030-72680-5>
5. Robertson R. Glocalization: Time-space and homogeneity-heterogeneity. In: Featherstone M, Lash S, Robertson R, editors. Global modernities. London: SAGE Publications Ltd; 1995. p. 25–55. <https://doi.org/10.4135/9781446250563.n2>
6. Saad-Filho A. From COVID-19 to the end of neoliberalism. Crit Sociol. 2020;46(4–5):477–485. <https://doi.org/10.1177/0896920520929966>
7. Visagie J, Turok I. Rural–urban inequalities amplified by COVID-19: Evidence from South Africa. Area Dev Policy. 2021;6(1):50–62. <https://doi.org/10.1080/023792949.2020.1851143>
8. Walby S. The COVID pandemic and social theory: Social democracy and public health in the crisis. EJST. 2020;14(1):22–43. <https://doi.org/10.1177/1368431020970127>
9. Gjerde LEL. From liberalism to biopolitics: Investigating the Norwegian government's two responses to Covid-19. Eur Soc. 2020;23(1):262–274. <https://doi.org/10.1080/14616696.2020.1824003>
10. Manderson L, Levine S. COVID-19, risk, fear, and fall-out. Med Anthropol. 2020;39(5):367–370. <https://doi.org/10.1080/01459740.2020.1746301>
11. Luo H, Liu J, Li C, Chen K, Zhang M. Ultra-rapid delivery of specialty field hospitals to combat COVID-19: Lessons learned from the Leishenshan hospital project in Wuhan. Autom Constr. 2020;119:1–10. <https://doi.org/10.1016/j.autcon.2020.103345>
12. Stevens A. Governments cannot just 'follow the science' on COVID-19. Nat Hum Behav. 2020;4:560. <https://doi.org/10.1038/s41562-020-0894-x>
13. Engler S, Brunner P, Loviat R, Abou-Chadi T, Leemann L, Glaser A, et al. Democracy in times of the pandemic: Explaining the variation of COVID-19 policies across European democracies. West Eur Polit. 2021;44(5–6):1077–1102. <https://doi.org/10.1080/01402382.2021.1900669>
14. Greene A. Ireland's response to the COVID-19 pandemic. Verfassungsblog. 11 April 2020 [cited 2022 Jan 08]. Available from: <https://verfassungsblog.de/irelands-response-to-the-covid-19-pandemic/>
15. Chowdhury AZ, Jomo KS. Responding to the COVID19 pandemic in developing countries: Lessons from selected countries of the Global South. Development (Rome). 2020;63:162–171. <https://doi.org/10.1057/s41301-020-00256-y>
16. Keown A. Bright settles dismissal complaint while whistleblower case continues. BioSpace. 10 August 2021 [cited 2022 Jan 08]. Available from: <https://www.biospace.com/article/vaccine-expert-dismissed-by-trump-administration-settles-complaint-with-hhs-whistleblower-complaint-ongoing/>
17. Gonsalves G, Yamey G. Populist leaders like Trump, Bolsonaro, Modi, and Johnson view scientists as their opponents. BMJ. 2020;371, m3878. <https://doi.org/10.1136/bmj.m3878>
18. World Health Organization (WHO). Advice on the use of masks in the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak: Interim guidance [document on the Internet]. c2020 [cited 2022 Jan 08]. Available from: WHO-nCov-IPC_Masks-2020.1-eng.pdf
19. Pietersen JM. The nexus between public administration and disaster management: A case of Covid-19 in South Africa. Afr J Public Sector Develop Govern. 2020;3(1):40–60. <https://doi.org/10.10520/ejc-ajpsdg-v3-n1-a2>
20. Stiegler N, Bouchard JP. South Africa: Challenges and successes of the COVID-19 lockdown. Ann Méd-Psychol. 2020;178:695–698. <https://doi.org/10.1016/j.amp.2020.05.006>
21. Bulled N, Singer M. In the shadow of HIV & TB: A commentary on the COVID epidemic in South Africa. Glob Public Health. 2020;15(8):1231–1243. <https://doi.org/10.1080/17441692.2020.1775275>
22. Devermont J, Mukulu T. South Africa's bold response to the Covid-19 pandemic [webpage on the Internet]. c2020 [cited 2021 Dec 28]. Available from: <https://www.csis.org/analysis/south-africas-bold-response-covid-19-pandemic>



23. Muller SM. The dangers of performative scientism as the alternative to anti-scientific policymaking: A critical, preliminary assessment of South Africa's Covid-19 response and its consequences. *World Dev.* 2021;140:1–14. <https://doi.org/10.1016/j.worlddev.2020.105290>
24. South African Department of Health. Minister Zweli Mkhize confirms total of 671 669 cases of coronavirus COVID-19 [media release]. 28 September 2020. Available from: <https://www.gov.za/speeches/minister-zweli-mkhize-confirms-total-671-669-cases-coronavirus-covid-19-28-sep-2020-0000>
25. Friedman S. In, but not of, Africa: A divided South Africa faces COVID-19. *The Round Table.* 2021;110(1):16–30. <https://doi.org/10.1080/00358533.2021.1875678>
26. Seekings J, Nattrass N. Covid vs. Democracy: South Africa's lockdown misfire. *J Democr.* 2020;31(4):106–121. <https://doi.org/10.1353/jod.2020.0059>
27. Malan M. Comparing the government responses to #Covid19 under Ramaphosa and #HIV under Mbeki. *Daily Maverick.* 25 March 2020. Available from: <https://www.dailymaverick.co.za/article/2020-03-25-comparing-the-government-responses-to-covid19-under-ramaphosa-and-hiv-under-mbeki/>
28. Baldwin-Ragaven L. Social dimensions of COVID-19 in South Africa: A neglected element of the treatment plan. *Wits J Clin Med.* 2020;2(SI):33–38. <https://doi.org/10.18772/26180197.2020.v2nSla6>
29. Jamieson L, Van Blerk L. Responding to COVID-19 in South Africa – social solidarity and social assistance. *Child Geogr.* 2021;1–10. <https://doi.org/10.1080/14733285.2021.1924359>
30. Barber SL, Kumar A, Roubal T, Colombo F, Lorenzoni L. Harnessing the private health sector by using prices as a policy instrument: Lessons learned from South Africa. *Health Policy.* 2018;122(5):558–564. <https://doi.org/10.1016/j.healthpol.2018.03.018>
31. Sehoole TJ. COVID-19: Pandemic burden in sub-Saharan Africa and the right to health – The need for advocacy in the face of growing privatisation. *Afr J Prm Health Care Fam Med.* 2020;12(1), a2476. <https://doi.org/10.4102/phcfm.v12i1.2476>
32. Shabir M, Hofman K. The unanticipated costs of COVID-19 to South Africa's quadruple disease burden. *S Afr Med J.* 2020;110(8):698–699. <https://doi.org/10.7196/SAMJ.2020.v110i8.15125>
33. Staunton C, Swanepoel C, Labuschaigne M. Between a rock and a hard place: COVID-19 and South Africa's response. *J Law Biosci.* 2020;7(1):1–12. <https://doi.org/10.1093/jlb/lsaa052>
34. Yadav UN, Rayamajhee B, Mistry SK, Parsekar SS, Mishra SK. A syndemic perspective on the management of non-communicable diseases amid the COVID-19 pandemic in low- and middle-income countries. *Front Public Health.* 2020;8:508. <https://doi.org/10.3389/fpubh.2020.00508>
35. Schmidt-Sane M, Leach M, MacGregor H, Meeker J, Wilkinson A. Local Covid-19 syndemics and the need for an integrated response. *Inst Dev Stud Bull.* 2021;13(3–5):1–8. <http://dx.doi.org/10.19088/1968-2021.103>
36. Cowan K, Karrim A. Mkhize disbands Ministerial Advisory Committee on Covid-19 'out of the blue'. *News24.* 25 September 2020 [cited 2022 Jan 11]. Available from: <https://www.news24.com/news24/southafrica/investigations/mkhize-disbands-ministerial-advisory-committee-on-covid-19-out-of-the-blue-20200925>
37. Paterson M. Politicised COVID-19 responses undermine trust in science. *University World News.* 6 January 2021 [cited 2022 Jan 14]. Available from: <https://www.universityworldnews.com/post.php?story=20210106135416792>
38. South African National Institute for Communicable Diseases. Impact of COVID-19 intervention on TB testing in South Africa [document on the Internet]. c2020 [cited 2022 Jan 12]. Available from: [Impact-of-Covid-19-interventions-on-TB-testing-in-South-Africa-10-May-2020.pdf](https://www.nicd.ac.za/impact-of-covid-19-interventions-on-tb-testing-in-south-africa-10-may-2020.pdf) (nicd.ac.za)
39. Mendelson M, Madhi S. South Africa's coronavirus testing strategy is broken and not fit for purpose: It's time for a change. *S Afr Med J.* 2020;110(6):429–431. <https://doi.org/10.7196/SAMJ.2020.v110i6.14902>
40. Gaj N, Lo Dico G. Science, scientism, and the disunity of science: Popular science during the COVID-19 pandemic. *Argumenta.* 2021;7(1):179–194. <https://doi.org/10.14275/2465-2334/202113.gaj>
41. Haack S. Evidence and inquiry. A pragmatist reconstruction of epistemology. 2nd ed. Amherst: Prometheus Books; 2009.
42. Farber T, Keeton C, Hosken G. 'The govt has blood on its hands': State blamed for 'ineptitude' on Covid-19. *Sunday Times.* 11 July 2021 [cited 2022 Jan 03]. Available from: <https://www.timeslive.co.za/sunday-times/news/2021-07-04-the-govt-has-blood-on-its-hands-state-blamed-for-ineptitude-on-covid-19/>
43. Maphanga C. 'There isn't much merit from a scientific perspective in banning smoking' – top scientist. *News 24.* 25 June 2020 [cited 2021 Dec 28]. Available from: <https://www.news24.com/news24/southafrica/news/there-isnt-much-merit-from-a-scientific-perspective-in-banning-smoking-top-scientist-20200625>
44. Gibson L, Rush D. Novel coronavirus in Cape Town informal settlements: Feasibility of using informal dwelling outlines to identify high risk areas for COVID-19 transmission from a social distancing perspective. *JMIR Public Health Surveill.* 2020;6(2), e18844. <https://doi.org/10.2196/18844>
45. Ntsebeza L. COVID-19 and its implications for South Africa's democracy. *ASCL Africanist Blog.* 09 April 2020 [cited 2021 Dec 20]. Available from: <https://www.ascleiden.nl/content/ascl-blogs/covid-19-and-its-implications-south-africas-democracy>
46. Pietrus MF. The right to the city in the informal sector: Claiming rights or gaining access in Kampala, Uganda? *Geogr Bull.* 2015;56(1):3–26. Available from: https://www.researchgate.net/publication/282381446_The_right_to_the_city_in_the_informal_sector_Claiming_rights_or_gaining_access_in_Kampala_Uganda
47. Gunter A, Massey R. Renting shacks: Tenancy in the informal housing sector of the Gauteng Province, South Africa. *BGSS.* 2017;37:25–34. <https://doi.org/10.1515/bog-2017-0021>
48. Jones P. Distance and proximity matters: Understanding housing transformation through micro-morphology in informal settlements. *Int J Hous Policy.* 2021;21(2):169–195. <https://doi.org/10.1080/19491247.2020.1818052>
49. Visagie J, Turok I, Misselhorn M. Upgrading dense informal settlements by building upwards: Lessons from an informal settlement in Durban, South Africa. *HSRC Policy Brief 01.* May 2020. <http://hdl.handle.net/20.500.11910/15420>
50. Banks N, Lombard M, Mitlin D. Urban informality as a site of critical analysis. *J Dev Stud.* 2020;56(2):223–238. <https://doi.org/10.1080/00220388.2019.1577384>
51. Roy A. Urban informality: Toward an epistemology of planning. *J Am Plan.* 2005;71(2):147–158. <https://doi.org/10.1080/01944360508976689>
52. Davis DE. Reflections on the politics of informality: what we know, how we got there, and where we might head next. *St Comp Int Dev.* 2018;53(3):365–378. <https://doi.org/10.1007/s12116-018-9273-2>
53. Wegerif MCA. "Informal" food traders and food security: Experiences from the Covid-19 response in South Africa. *Food Secur.* 2020;12:797–800. <https://doi.org/10.1007/s12571-020-01078-z>
54. Spaul N, Oyenubi A, Kerr A, Maughan-Brown B, Ardington C, Christian C, et al. NIDS-CRAM Wave 2 Synthesis Findings. *The National Income Dynamics Study – Coronavirus Rapid Mobile (NIDS CRAM) Survey.* c2020 [cited 2021 Nov 22]. Available from: <https://cramsurvey.org/wp-content/uploads/2020/09/1.-Spaull-et-al.-NIDS-CRAM-Wave-2-Synthesis-Findings..pdf>
55. Staff writer. South Africa is seeing a lockdown recovery – but the jobs aren't coming back. *Business Tech.* 10 March 2021 [cited 2022 Jan 06]. Available from: <https://businesstech.co.za/news/business/474662/south-africa-is-seeing-a-lockdown-recovery-but-the-jobs-arent-coming-back/>
56. Battersby J. South Africa's lockdown regulations and the reinforcement of anti-informality bias. *Agric Hum Values.* 2020;37:543–544. <https://doi.org/10.1007/s10460-020-10078-w>
57. Larner W. Neo-liberalism: Policy, ideology, governmentality. *Stud Polit Econ.* 2000;63(1):5–25. <https://doi.org/10.1080/19187033.2000.11675231>