

**Media Release**  
**Actuarial Society of South Africa**  
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**Individual actions will determine SA's COVID-19 mortality rate**

The mortality rate of COVID-19 in South Africa will depend on the actions of individual citizens, according to healthcare actuary Shivani Ranchod. Ranchod is a member of the Actuarial Society of South Africa and CEO of Percept Actuaries and Consultants.

Ranchod says statistics show that the mortality rate of COVID-19 tends to be lower in countries with a well-functioning health system where an exponential rise in cases requiring hospitalisation can be slowed.

Statistically, if 40% of South Africans contract the virus and 5% of those cases present serious symptoms, over a million patients will require acute care. According to Ranchod, since the country's healthcare system is not equipped to cope with a sudden large number of cases requiring acute care at the same time, this an "all-hands-on-deck" scenario where the focus must be on slowing down the spread of the virus as much as possible.

Ranchod says the spread of the virus is complicated by the vast majority (80%) of cases being mild. Infected people with mild symptoms are less likely to self-quarantine and get tested. They tend to remain mobile and continue spreading the virus. "It is therefore critically important that anyone who suspects they have the virus to self-isolate, even if doing so feels silly."

Stressing that not all symptoms present in all patients, Ranchod says any of the following symptoms should lead to immediate self-isolation and testing:

- Fever (88% of cases)
- Dry cough (68% of cases)
- Fatigue (38% of cases)
- Phlegm (33% of cases)
- Shortness of breath (19% of cases)
- Muscle or joint pain (15% of cases)
- Sore throat (14% of cases)
- Headache (14% of cases)

Ranchod points out that while 80% of cases will present with mild symptoms, the remaining 20% will require some engagement with the health system.

"All of these cases will be at risk if we do not manage our health system effectively. This means minimising elective use of the system, using telehealth solutions where possible and to keep healthy in all other respects. Close co-operation between the public and private sectors will help to maximise the available resources."

Ranchod has commended Government's response to the situation and believes that the switch to a command and control mode enabled by the state of disaster came at the

right time. She says South Africa is also in the fortunate position of having a well-run National Institute for Communicable Diseases (NICD), good co-ordination between public and private sectors and the establishment of a national hotline to deal with queries and wide-spread testing.

She further believes that the COVID-19 pandemic may even lead to the permanent strengthening of South Africa's health system through the prioritisation of initiatives like telehealth, the adoption of which has been slowed down by outdated Health Professions Council of South Africa (HPCSA) rules.

"This crisis situation will force us to do things differently, thereby creating a new template for running our system. This is not to say that the service delivery failures in our system are not going to be accentuated – they are going to be."

It is also important to recognise that economic and social trade-offs are different in a low-income setting like South Africa, says Ranchod. Therefore, she adds, the decisions made in other countries may not be the right decisions for South Africa.

"For example, in poor communities, children often rely on school to be safe and to be fed. Closing schools for an extended period of time may have serious second-order consequences. The closing of schools for a slightly longer period than the planned school holidays makes sense in terms of buying us time. However, any longer term closing will need to be carefully considered with a lens broader than immediate health consequences, particularly given that children are not particularly vulnerable to COVID-19 but are vectors of transmission."

Ranchod cautions South Africans to use verified statistics from trusted sources to protect the collective, not to spread fear and promote self-interest.

"Wide-spread panic about the spread of the SARS-CoV-2 virus and the associated COVID-19 illness does not necessarily lead to sufficient preparedness and action. We need to put aside self-interest in favour of protecting the collective. The most vulnerable members of society, the elderly, those with compromised immune systems and the poor, need everyone else to minimise their chances of infection."

Ranchod points out that one of South Africa's realities is that most communities have no choice but to live in close confines and the majority of South Africans rely on public transport.

"Physical distancing isn't a realistic choice for many South Africans. Therefore those of us who have the resources must apply distancing measures to protect those who cannot. In a society with high levels of informal employment the consequences of missed days of work are devastating for households. Again, those of us who are more resourced must prepare to step in with feeding programmes and other measures to alleviate the impact."

**Ends**

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