

South Africa: COVID-19 cases soar with little prospect of widespread vaccination

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On Sunday, South Africa reported that its total number of COVID-19 infections had reached one million, just nine days after reporting 900,000 cases.

The death rate has nearly doubled, with the seven-day rolling average of daily deaths rising from 0.25 per 100,000 people to 0.48 per 100,000 people in two weeks. The virus has now killed more than 27,000 people in the continent's most industrialised nation. This is nearly one quarter of all the deaths from the coronavirus in Africa.

The situation in South Africa is replicated in a second wave of the pandemic that is sweeping across much of the continent, which has seen a steady rise in infections since November.

Dr Zweli Mkhize, South Africa's health minister, told the South African Broadcasting Corporation, "This wave has come up quite unpredictably." This is a flat out lie.

Most of the casualties occurred after President Cyril Ramaphosa's African National Congress (ANC) government organised a return to work in a bid to stem the fall in corporate profits and the country's pending insolvency, calling off one of the strictest lockdowns in the world, enforced with extreme police brutality. In the second quarter of the year, when restrictions were in force, output fell 16.4 percent, while unemployment has risen and is expected to reach 35 to 40 percent as companies cut back or close for good.

The country is now facing a new and more virulent form of COVID-19, referred to as 501.V2, which has become dominant in many parts of the country. Crucially and most alarmingly, the new infections are spreading among young people between 15 to 19 years, with the four provinces of the Eastern Cape, the Western Cape, KwaZulu-Natal and Gauteng, the most populous parts of the country, the hardest hit. The

relatively low mortality rate in African countries thus far has been attributed in part to their predominantly youthful populations.

Ridhwaan Suliman, a senior researcher at South Africa's Council for Scientific and Industrial Research, said that this second wave was likely to see far higher numbers than those recorded in the first, with cases doubling every 14.5 days. Infectious disease specialist Dr Richard Lessells warned, "As people return from holidays at coastal areas, we can expect them to bring the variant with them. We can also expect travellers to take the variant with them across the borders to other African countries."

On Monday, the South African Medical Association warned that the healthcare system was on the verge of being overwhelmed by the increase in COVID-19 patients. Several hospitals and medical centres have reported wards overflowing with coronavirus patients as healthcare workers are forced to cancel their holidays to tackle the huge influx of patients.

Mediclinic International, one of the country's top three private hospital networks, stressed the terrible impact the surge in cases was having on healthcare resources including staff, equipment and beds to provide intensive treatment for seriously ill patients. Its spokesperson said, "The numbers of patients seeking care within our hospitals has exceeded previous numbers during the first peak and the majority of our ICU and high-care units are operating at capacity [in the Western Cape province]."

Ramaphosa, like his counterparts across the globe, has refused to do anything that would impact on the major corporations' ability to make profits, instead announcing a series of measures aimed at curtailing freedom of movement and social behaviour. These include a ban on indoor and outdoor gatherings, a

curfew between 9 p.m. and 6 a.m., the closure of non-essential establishments, including shops, restaurants, bars and all cultural venues at 8 p.m., a ban on the sale of alcohol and the closure of beaches and public swimming pools in those areas where the infection is most prevalent. These include the Eastern Cape renowned for its beautiful sandy beaches. Ramaphosa has made mask wearing in public compulsory and the failure to do so a criminal offence subject to a fine and/or imprisonment.

Ramaphosa blamed the population for the spread of the virus, saying “Reckless behavior due to alcohol intoxication has contributed to increased transmission. Alcohol-related accidents and violence are putting pressure on our hospital emergency units.”

Dr Shabir Madhi, professor of vaccinology at the University of Witwatersrand, has noted that while the more advanced countries such as the US, UK and the European Union cut deals with the major pharmaceutical corporations to secure the doses to vaccinate their populations even before they were tested and approved, South Africa does not as yet have access to vaccines.

Ramaphosa has said he expects 10 percent of the population to be inoculated in the first months of 2021 due to the country’s participation in the World Health Organization’s (WHO) COVID-19 Global Vaccine Access Facility (Covax), at a cost of \$140 million. In reality, this is unlikely to start before the middle of the year and will only be available to the financial elite with ready cash or healthcare insurance packages. The government is also a member of the African Vaccine Acquisition Task Team looking at other ways to finance the cost of procuring vaccines for the continent and is seeking supplemental supplies through private deals with the drug companies.

Dr Madhi stressed that it would be necessary to vaccinate as many people as possible to be able to head off what he feared would be “a third and a fourth wave” and that plans to vaccinate just 10 percent of the population would be insufficient.

The situation is made more obscene still because South Africa’s Aspen Pharmacare is set to start manufacturing several million doses a day of the vaccine for Johnson & Johnson, which is conducting clinical trials in the country. But its output will be for export, not the South African people. While the

pharmaceutical giant has promised to sell its vaccines at break-even prices and provide half a billion doses to Covax to help poor countries, there is no guarantee that any of it will end up in South Africa.

As a “middle-income” country, South Africa, which suffers from grotesque levels of inequality and widespread poverty, is ineligible for low-cost vaccines from the international aid organisations. It has therefore to rely, like other poor and middle-income nations, on Covax, a complex vaccine sharing scheme devised by a consortium of international health organizations, including the World Health Organisation, the Coalition for Epidemic Preparedness Innovations and GAVI, the Vaccine Alliance.

While poor countries can get the vaccines for free, middle-income countries that cannot compete on the open market can buy into Covax and receive vaccines in deals that are opaque and come with strings attached. It involves paying up front without knowing which vaccine they will receive or when the doses will arrive. Covax estimates the price per dose, but the purchaser must bear the risk if the actual cost turns out to be higher, the vaccine fails or if anything goes wrong. Seth Berkley, Gavi’s chief executive, said that it could secure an initial two billion doses and then more later. However, he refused to explain their deals with drug companies, describing them as commercially confidential, even though they were being paid for with taxpayers’ money.

Angry health advocates have threatened to sue the South African government, which has presided over the deliberate looting of taxpayers’ money in a spate of corruption scandals, including in the state power utility Eskom and its suppliers—that have led to severe outages—and among employers that fraudulently claimed COVID-19 relief funds without paying them out to their workers.



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