

South African government puts vaccination programme on hold

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Just one week after welcoming the arrival of the first batch of one million doses of the Oxford-AstraZeneca vaccine, South African President Cyril Ramaphosa has halted the rollout of the vaccine.

Compounding the political and economic crisis facing his African National Congress (ANC) government, the debacle threatens the political survival of the ANC.

The decision follows preliminary studies suggesting that the vaccine offered minimal protection against mild and moderate forms of disease caused by the new B.1.351 coronavirus variant (also known as 501.V2) accounting for 90 percent of COVID-19 infections in South Africa. The new variant is now spreading across the world, although many countries lack the capacity to detect the new strain on a systematic basis.

Zweli Mkhize, South Africa's health minister, said that the distribution of the vaccine, scheduled to begin later this month, would be halted pending further studies of its effectiveness against severe cases. South Africa would however continue using the Oxford-AstraZeneca vaccine on a trial basis in older healthcare workers in a bid to determine the efficacy of the vaccine until better alternatives and further studies became available.

The interpretation of the results from these preliminary studies is fraught with difficulties, not least because the study, led by South Africa's University of the Witwatersrand and Oxford University, was not reported in a peer-reviewed journal. The number of cases (around 2,000) was low, making it difficult to pinpoint just how effective or not the vaccine might be against the variant. Furthermore, as the participants were relatively young and unlikely to become severely ill, it was impossible for the scientists to determine whether the B.1.351/501.V2 variant interfered with the Oxford-AstraZeneca vaccine's ability to protect against severe Covid-19, hospitalizations, or deaths.

Nevertheless, Oxford University researchers have

acknowledged that the vaccine provided "minimal protection" against mild or moderate cases involving the B.1.351 variant and said they were working to produce a new version of the vaccine able to protect against the most dangerous mutations of the B.1.351 variant that would be ready by the autumn.

Andrew Pollard, the chief investigator on the Oxford vaccine trial, stated, "This study confirms that the pandemic coronavirus will find ways to continue to spread in vaccinated populations, as expected. But, taken with the promising results from other studies in South Africa using a similar viral vector, vaccines may continue to ease the toll on health care systems by preventing severe disease."

Dr John Nkengasong, director of the Africa Centres for Disease Control and Prevention, said Pretoria was right to halt use of the Oxford-AstraZeneca vaccine while it investigated further. "The key word is 'temporary'," he said. "They should step back and take a look. It's not a disaster, it is a cautionary measure."

However, Dr Matshidiso Moeti, the World Health Organisation's (WHO) regional director in Africa, said it was important to use whatever means were available to keep people out of hospital, particularly given the shortages of oxygen. She explained, "If this variant [of the virus] is not circulating very widely, and even if it is, we are recommending the use of the vaccine with an understanding that it may not be able to stop some cases, particularly mild cases, but it is liable to stop severe cases."

If confirmed, the reduced efficacy of the vaccine would be a serious setback not only for South Africa but many African countries that are reliant on the Oxford-AstraZeneca vaccine, which is being offered at cost price during the pandemic and is easy to store. Nkengasong called it "the backbone" of Africa's immunisation strategy, with around 500 million doses ordered by the

African Union and several hundred million more through Covax, the World Health Organisation's procurement and distribution facility with the private sector.

Should other vaccines prove to be less effective against this or indeed other new and emerging variants, then the virus will prove even more deadly.

Ramaphosa's government faces a mounting public health crisis, widespread criticisms of its handling of the pandemic and the vaccination rollout, allegations of corruption over Covid-19 spending, near-daily electricity blackouts and soaring debt amid shrinking coffers.

Like the rest of the continent, South Africa has since November witnessed a second wave of the pandemic. This followed the government's lifting of the one of the strictest lockdowns in the world, enforced with extreme police brutality, in a bid to stem the fall in corporate profits and the country's pending insolvency.

According to the country's official statistics, of the 1.49 million cases, around half have been recorded after December 1. The virus has now killed nearly 48,000 people, nearly half of all the reported 98,162 deaths from the coronavirus in Africa.

The new and more virulent form of COVID-19 has raged across the most populous provinces of the Eastern Cape, the Western Cape, KwaZulu-Natal, and Gauteng, and is spreading among young people between 15 to 19 years. It has brought South Africa's healthcare system to the point of collapse, with wards in hospitals and medical centres overflowing with coronavirus patients while exhausted healthcare workers have been forced to cancel leave to tackle the influx of patients.

Ramaphosa in December announced a series of measures aimed at curtailing freedom of movement and social behaviour, some of which have now been lifted. This is despite the number of new cases and deaths, although lower than last month's peak, still being around the level of the first peak in July. Ramaphosa himself has warned of "an ever-present danger of a resurgence."

Amid mounting anger over the much-delayed vaccine rollout, Professor Salim Abdool Karim, co-chair of the country's ministerial advisory committee on Covid-19, insisted that South Africa's goal of vaccinating about two-thirds of the country's 60 million population by the end of 2021 would not be affected. The government plans to roll out the Janssen vaccine, made by Johnson & Johnson, which reported to have a 57 percent efficacy rate against the new variant, although it has not yet been given regulatory approval.

Ramaphosa, the billionaire and former trade union

leader who was elected president in 2017 has overseen an escalating transfer of wealth from the working class to the top layers of society. The pandemic has exacerbated South Africa's already serious economic recession that has hammered the mining—as demand and prices for the country's minerals fell—and manufacturing sectors.

The first lockdown led to more than two million workers losing their jobs, adding to the 30 percent already unemployed before the pandemic and the 50 percent of young people between the ages of 15-24 without work. It forced five to six million people (15 percent of adults), mainly manual workers, to leave the townships and go back to their home villages. Many households ran out of money for food, doubling the rate prevailing in 2017. The government's special grant, set up to help those without social security, expired last month. Unemployment for the last quarter of last year is expected to exceed the 43 percent, which includes those who have given up looking for jobs, recorded in the previous quarter.

The central bank is expecting the economy to grow by 3.6 percent this year and 2.4 percent next year, following a massive 16.4 percent fall in GDP over the period of the first lockdown, the sharpest decline since the Great Depression. But this belies the gravity of the crisis. It comes on top of a years-long decline in GDP per capita as growth failed to keep pace with the increasing population and inequality soared.

South Africa has one of the highest levels of income inequality in the world. The top 20 percent of the population take more than 68 percent of income. Income per capita in Gauteng—the main economic province that includes Johannesburg and Pretoria—is almost twice that in mostly rural provinces like Limpopo and Eastern Cape.

The government's budget deficit for 2020-21 is expected to reach 15.7 percent of GDP, with more than a fifth of the budget going to servicing debt. Just 10 days of borrowing is equivalent to the \$1.3 billion cost of the entire vaccination programme.



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