

Africa faces a third more deadly COVID-19 surge as vaccination drive stalls

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Africa is facing an unprecedented increase in the number of COVID-19 infections, with new cases increasing for six weeks running and rising by an average of 25 percent week-on-week, to almost 202,000 in the week ending 28 June.

Health officials have warned that a new wave like the one that ripped through India in April and May could be looming.

Africa has officially registered more than 4.8 million cases and 130,000 deaths, representing 2.9 percent of global cases and 3.7 percent of deaths. But this is a gross underestimate under conditions where there are few facilities for testing those who exhibit symptoms, a lack of standardised reporting procedures for registering deaths and many countries do not collect mortality data.

South Africa, the continent's most industrialised nation and the worst affected country, has reported around 60,000 deaths. But its excess mortality figures indicate that another 100,000 people, if not more, have died directly or indirectly because of the pandemic. Extrapolated across the continent, this would mean that the real death toll is approaching 500,000.

The World Health Organization (WHO) has warned that the 60 percent more transmissible and more deadly Delta variant could mean Africa's third wave is far more serious. At least 21 countries have so far experienced a third wave of infections, with 10 of those experiencing a more severe wave than before. The worst affected are Uganda, the Democratic Republic of Congo, Namibia, Zambia, Rwanda, South Africa, Ethiopia and Kenya.

The Delta variant has been reported in 16 African countries so far, with three of the five countries reporting the highest number of new cases confirming the presence of the variant. In DR Congo and Uganda,

66 percent of the cases of severe illness in people under 45 years of age have been attributed to the Delta variant.

According to the Africa Centres for Disease Control (CDC), 21 African countries are reporting death rates above the global average of 2.2 percent. A study published in *The Lancet* suggests that the higher death rate is the result of limited healthcare resources. For example, researchers examining the records of patients hospitalised across 10 African countries, found that nearly half of those who needed intensive care died, compared with the global average of less than a third.

This third wave takes place amid dire warnings about the shortage of hospital beds, ventilators, oxygen supplies and healthcare professionals needed to treat critically ill patients, the lack of testing facilities and a vaccination drive that has yet to start.

Speaking on Thursday, Matshidiso Moeti, the WHO's regional director for Africa, warned that the third wave hitting the continent was "like nothing we've seen before." She said, "The Delta variant of concern is the most contagious we've seen."

She made a vain appeal to the rich countries to share their vaccines, which are in short supply. The global vaccine shortage has been exacerbated by the World Trade Organization's refusal, due to the ferocious opposition of the US, UK, Germany, France, and Sweden on behalf of Big Pharma, to lift patent restrictions on vaccine production—even as millions of the world's poor succumb to the disease. This would reduce the price, enabling manufacturing at multiple sites in Africa and elsewhere.

Africa imports 99 percent of the vaccines it uses (and 70 percent of all pharmaceutical products), despite having actual and potential manufacturing capacity in Egypt, Senegal, Tunisia, Morocco and Algeria. It is

largely reliant on two sources: Covax, which is supplying the AstraZeneca vaccine, and the African Union's deal with Johnson & Johnson, which has agreed to provide 220 million doses.

The crisis in India has also impacted the vaccine rollout because most of the vaccines supplied so far to Africa via Covax have been AstraZeneca shots manufactured there. India suspended its exports of the vaccine in March to cope with domestic demand, leading John Nkengasong, the director of the Africa CDC, to warn that the situation in India could affect Africa's vaccine rollout "for the weeks and perhaps months to come."

Further exacerbating the vaccine famine is the "vaccine apartheid", whereby the rich countries bought up not only most of the available doses but far more than they needed, sabotaging any possibility of a rational or equitable distribution of the shots. According to Barclays analysts, the world's richest nations have secured enough deliveries of approved vaccines to cover their populations four and a half times over while the poorest have only been able to secure enough for 10 percent of their populations.

The US and the European imperialist powers have responded with promises of vaccines that amount to a drop in the ocean. The US Biden administration has pledged 80 million doses, and the European Union 100 million, and even these will be distributed in line with their own perceived geopolitical interests. The UK has responded by slashing its aid budget, as well as its funding for water, sanitation and hygiene (WASH) projects, affecting not just overseas expenditure but scientific research, including programmes at Oxford University that are identifying and tracking new variants of the coronavirus.

The figures are stark. Just over 1 percent of Africa's 1.2 billion population have been fully vaccinated, compared to 11 percent of people globally, and over 46 percent in the United Kingdom and the United States. According to Nkengasong, Africa had aimed to have 800 million doses, largely through an African Union initiative, by December this year, but has so far only received 65 million. Many African countries are running out of their supplies from the Covax scheme that has shipped less than 90 million doses worldwide.

Should the vaccination rollout fail in Africa, new and more dangerous variants could emerge. The lack of

money is making matters worse. The charity Care has estimated that for every \$1 spent on purchasing vaccines, another \$5 is needed for their distribution and use. Covax says it needs about another \$3 billion to implement its plans for buying and delivering vaccines this year. While the World Bank pledged \$12 billion for vaccines and their rollouts in developing countries, as of July 1, it had approved projects worth only \$4.4 billion, of which \$1.7 billion were in Africa.

Compounding the healthcare crisis are the terrible economic conditions that most African countries face. According to World Bank estimates, the global economy shrank by 4.3 percent in 2020, wiping out trillions of dollars, with the poorest countries the worst affected. Africa's tourism sector, for example, that contributed 8.5 percent to the continent's GDP, is unlikely to recover for years. A recent report by Oxfam International estimates that it could take more than a decade for the world's poorest to recover from the economic fallout of the pandemic, while the Pew Research Center estimates that of the 131 million people pushed into poverty across the world, 40 million were in Sub-Saharan Africa, adding to the 494 million already living in poverty before the pandemic.

The response of capitalist governments the world over has been to reject the need for a global vaccination campaign. Their criminal indifference to the plight of the world's poorest—the very people most at risk to the virus—expresses the entire capitalist social order that subordinates human needs to the enrichment of the financial oligarchy and the predatory interests of imperialism. That is why the fight to contain the pandemic is inseparable from the fight to put an end to the capitalist social order and replace it with socialism.



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