

African National Congress rejects new measures to counter South Africa's Omicron variant surge

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South Africa's President Cyril Ramaphosa has refused to introduce any new measures to protect lives in the face of a new wave of the pandemic fuelled by the Omicron variant which is now dominant in the country. This is despite widespread concerns over the sudden increase in the country's test positivity rate to nearly 10 percent from 1 percent, according to data released by South Africa's National Institute for Communicable Diseases.

Like his international counterparts, this billionaire former trade union leader, head of the African National Congress (ANC) that has ruled the country since the end of apartheid in 1994, made it clear that his sole concern is maintaining the profits of the financial elite.

Ramaphosa railed against the imposition of international travel bans on South Africa and other southern African countries following the identification of the new Omicron variant by scientists in South Africa—which has the most sophisticated genomic sequencing facilities on the continent—after four foreign diplomats tested positive as they left Botswana on November 11 and genomic sequencing confirmed the variant on November 24. The significant and sudden evolutionary leap of the coronavirus, as reflected by the unprecedented number of mutations in the genome, threatens to overwhelm the country's woefully inadequate health care system and cause untold suffering.

The World Health Organisation (WHO) has declared the new strain of COVID-19, detected in at least 20 countries, a “variant of concern,” indicating it belongs to the highest risk category whose mutations allow it to spread faster, cause more severe illness or hamper the protection from vaccines. The earliest case identified to date was in Nigeria in October.

Ramaphosa called for the immediate reversal of the bans before they caused any further economic damage, particularly to the tourism sector. South Africa's tourism sector employs 4.5 percent of the population and accounts for 3 percent of GDP. It lost \$10 billion in bookings in 2020 and is estimated to be losing about \$10 million every week flights from key markets are suspended.

Contradicting the experience of China that has contained its

death toll from the virus to less than 6,000 as a result of a raft of measures that have included travel bans, he added, “There is no scientific justification for keeping these restrictions in place. We know that this virus, like all viruses, does mutate and form new variants.”

South Africa would remain on the Coronavirus Alert Level 1, the lowest level. Rather than imposing additional lockdown restrictions, Ramaphosa called on everyone to get vaccinated. He was considering making vaccinations compulsory for specific locations and activities, having earlier floated the idea of vaccine passports, without which people would not be allowed entry to public events. Masks remain mandatory in public, along with a midnight to 4 a.m. curfew.

The country's third wave was the result of inadequate safety measures implemented by the governments around the world in the interest of reopening the economy. Ramaphosa is now declaring that even those limited mitigation measures are unacceptable. His insistence on vaccines as the sole public measure to protect the public is contradicted by the criminal failure to provide vaccinations for much of the world's population as the major powers bought up and hoarded vaccines, stopped the World Trade Organisation from relaxing the rules on patents, and failed to fund and supply the United Nation's COVAX scheme. As a result, just 7 percent of Africa's population is fully vaccinated.

In South Africa, only 24 percent of the population—just over 16 million people or 36 percent of the adult population—has been fully vaccinated, despite the government's stated goal of fully immunising 70 percent of adults by the end of this year. Although supplies are now more secure, the level of vaccinations is half the weekly target.

While a recent survey shows that 72 percent of people say they are willing to receive a vaccination, or have done so already, the rate of vaccination is largely dependent on class and race, with white citizens more likely to have been jabbed because their greater wealth, medical insurance and car ownership gives them greater access to vaccination sites. Poorer workers, including the four million registered immigrants and an estimated two to five million undocumented

workers who live in constant fear of harassment and deportation, are dependent upon erratic public transport, are likely to lose half-a-day's pay and must wait in line at public clinics.

According to Worldometers, the seven-day moving average of new cases in South Africa has quadrupled in the past week. By Wednesday, 26,578 cases had been recorded in the previous seven days, up from 5,423 the previous week (an increase of 390 percent).

Fully 75 percent of all currently sequenced coronavirus cases are attributed to the latest variant, soon expected to reach 100 percent. There are fears that it is the most infectious strain of the virus yet and could possibly evade vaccine protection because of its high number of mutations. Also of concern is that some of the cases were among vaccinated people.

While the new variant has been detected in almost every province, infections are exploding in Gauteng, home to Johannesburg and Pretoria, South Africa's commercial and administrative capitals, and a quarter of its population. Gauteng has seen 580 COVID-related hospitalisations this week, a more than 300 percent increase. Less than 40 percent of the province's 12 million residents have received at least one shot of the vaccine, the third lowest level among 12 provinces.

There have only been 183 confirmed cases of the Omicron strain because only a handful of positive samples are analysed for variants. South Africa is currently recording 8,561 cases per day, which have soared sixfold (571 percent) in a week from 1,275. The 8,561 cases recorded Wednesday were almost double the 4,300 cases confirmed the previous day.

South Africa has recorded nearly three million infections and around 90,000 deaths, although excess mortality figures suggest that up to three times this number have died directly or indirectly due to the pandemic. The emergence of new strains is of particular concern given the growing evidence indicating that the country's high HIV-prevalence rate is amplifying the risk of coronavirus mutations. Professor Tulio de Oliveira, a geneticist from the University of KwaZulu-Natal and member of the team of scientists that identified Omicron, said that COVID-infected, immuno-compromised patients can struggle to clear the virus from their bodies and over time can become "factories for variants."

Salim Abdool Karim, the government's chief adviser during the initial response to the pandemic and a professor at South Africa's University of KwaZulu-Natal and Columbia University in the United States, said that daily infections could triple to more than 10,000 by the end of this week as the new Omicron variant spreads rapidly. He warned that while existing vaccines should be effective at preventing severe disease and the symptoms at this point appear mild—although the cases were among young people whose symptoms tend to be mild—South African hospitals would be under pressure because of the rapidity of transmission, likely to result in a flood of admissions

within two to three weeks.

While the ANC government has allowed South Africa's small, well-endowed private healthcare sector that serves the elite to cream off most of the country's doctors, specialists and healthcare workers, it has starved the public system of resources.

Ramaphosa was forced to admit last June that the public health system was collapsing as the country's faced its third wave of the infection. One large hospital was forced to close earlier this year after a fire, while other large hospitals turned away patients due to a lack of oxygen. Some had to close due to a shortage of trained staff, with doctors making dozens of telephone calls to secure a bed for their critically ill patients and the army's medical personnel deployed to Gauteng province to help healthcare workers and carry out community testing and contact tracing.

The terrible state of South Africa's public services testifies to the ANC's three-decades-long suppression of the revolutionary strivings of the black working class. Its main achievement has been to establish a black capitalist class alongside the white capitalists through programmes of "Black Economic Empowerment." This was sanctified politically through the South African Communist Party's Stalinist two-stage theory, which proclaimed the formal end of apartheid as a necessary democratic stage before any struggle for socialism.

The pandemic has exacerbated all the smoldering social conflicts and taken them to the extreme. The national bourgeoisie, dependent on the major powers and fearful of revolution from below, cannot resolve the fundamental social and healthcare problems confronting the masses. Only the working class can do that.

A truly science-based coronavirus policy that puts lives before profits will only be possible when the working class takes the struggle into its own hands. To achieve this, it is necessary to build the International Committee of the Fourth International (ICFI) in South Africa.



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