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NEVA MAKGETLA: Fragmentation of state adds to failure of vaccine rollout

There is no government mobilisation to accelerate procurement, ensure access for the non-digital, or to set up mass vaccination sites

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by NEVA MAKGETLA



Gauteng health workers receive the J&J Covid-19 vaccine at the Chris Hani Baragwanath Hospital in Soweto, Johannesburg. File photo: FREDDY MAVUNDA

If we benchmark SA's vaccine rollout against similar countries the picture is not pretty. In the second week of April fewer than 300,000 people, or 0.5% of the population, had been vaccinated. That compared to an average of 10% for 40 other upper-middle-income economies with populations of more than 1-million. The figure ranged widely, however, from a high of 44% in Serbia to 10%-15% in Brazil, Argentina and China, and under 1% in 20 other countries.

The most obvious explanation for SA's slow rollout is that rich countries have hoarded vaccines. Vaccination rates correlate strongly

with GDP per person. In high-income economies 33% of the population has been vaccinated; in lower-middle-income countries the figure drops to 5%, and in low-income economies to just 0.1%. High-income economies hold 6% of the global population but 60% of vaccinated individuals. Some countries, notably the US, have bought two or three times the doses they need.

But global unfairness can't explain why SA lags so far behind other upper-middle-income countries. Our vaccination rollout ranks with countries whose GDP per person is a tenth as high.

Nations hard hit by Covid-19 tend to have higher vaccination rates. That's partly because richer countries proved more vulnerable to the contagion, since their people are relatively mobile and urban. They also have better systems for testing and reporting

cases. But it's also because countries with high levels of Covid-19 have prioritised vaccination. Here again, SA is an exception. We now have 900 deaths per million from Covid-19, over twice the global average, yet the vaccine campaign still remains strangely nonchalant.

In short, we have to look inward to explain the dawdling around vaccinations in SA. The usual culprits apply: a postcolonial fixation on Western products; the fragmentation of the SA state; and deep inequalities that isolate the powerful in a safe bubble.

SA has only reported procurement of the relatively scarce Western vaccines. Yet of the 13 upper-middle-income economies that have vaccinated more than 10% of their people, 11 used the more easily available Chinese and Russian products. Similarly, of high-income countries with 10%

vaccination, half of those outside Europe and the US (mostly in Latin America and Asia) used Russian and Chinese vaccines. As so often, we pay dearly for failing to decolonise the academy.

The fragmentation of the state adds to the malaise. The need to fast-track vaccines goes far beyond health care and requires the provinces, not the national health department, to do the actual vaccinations. But there is no visible whole-of-government mobilisation, whether to accelerate procurement, to ensure access for the non-digital, or to set up mass vaccination sites.

This may explain the decision to initially vaccinate only the over 60s, possibly supplemented later by an opportunity sample of younger workers whose employers can set up a vaccination site. This phasing neglects the people most at risk of both catching and

spreading Covid-19, who live in dense settlements or engage with the public at work. Using the vaccine campaign to limit the contagion would require a stronger focus on townships in the metros and secondary cities; and on high-risk industries, starting with education, hospitality, formal retail, taxis, mining and policing.

Finally, studies find that the poor have borne the brunt of Covid-19. The disease hits hardest where people must commute to work, serve the public and live in crowded spaces. Most policymakers, however, have spacious homes, can maintain distance at the office, and own a car. In these conditions it is easy to be distracted by other, less vital issues. Ultimately, however, every South African bears the cost for the sluggish rollout of vaccines, through lives lost, a delayed economic recovery, and deepening social and political

divisions.

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