



Response

February 11th 2021

Vaccination for All Living in South Africa.

On 1st February, in an address to the nation, President Ramaphosa gave an update on the procurement of COVID-19 vaccines. This included the 1 million doses that had arrived on that day from India, with a further 500 000 due in late February, and a further 2 million due in March from the global COVAX facility. He gave details of other procurements and underlined that this was aimed at securing population or herd immunity. The President explained: “This is when enough of the population is immune to the virus to provide indirect protection to those who are not immune. This should bring the spread of the virus under control. Our scientists estimate that we will likely reach herd immunity once around 67% of our people are immune. This amounts to around 40 million people in South Africa.”

He went on to state the obvious public health principle, that no one is safe until all are safe. He stated quite unequivocally that “we aim to make the vaccine available to all adults living in South Africa, regardless of their citizenship or residence status. We will be putting in place measures to deal with the challenge of undocumented migrants so that, as with all other people, we can properly record and track their vaccination history. It is in the best interests of all that as many of us receive the vaccine as possible.”

This is the most forthright statement yet with regard to inclusivity for migrants, and especially undocumented migrants. In the recent past, for example, in terms of access to benefits being rolled out for relief in the pandemic, there was a deep resistance to this inclusive approach. Prior to this, access to Special Relief of Distress grants for special permit holders and undocumented foreigners, as well as relief for foreigners owning ‘spaza’ shops, was realised only after intense advocacy and court interventions. Hence the President’s strong commitment to an inclusive approach is both laudable and appreciated. We understand it to indicate a change in policy with regard to benefits for undocumented persons.

A few days earlier, on 27th January 2021, National Treasury Director-General Dondo Mogajane told a meeting of the SA National Editors Forum: “We are in SA and we have many millions of undocumented people and [we can't say they shouldn't receive the vaccine as they are undocumented]. The demand for the vaccine is going to be exceeded, and we are not going to turn away undocumented people...” He gave no details, but his specific inclusion of undocumented migrants certainly indicated a change of attitude towards this group.

We note the President’s helpful phrasing that “we will put in place...” We understand it to mean that there will be an open, honest discussion around the kinds of policies and practices that could allow universal access to happen. Three observations are relevant to this conversation.

Firstly, we must hope that there will be very clear messaging that reassures undocumented people that the disclosure of personal details will not be shared with law-enforcement agencies and used against them later. A very real fear in such communities is that such information can be used in the process of deporting undocumented people. This fear also deterred many undocumented people from taking COVID-19 tests. In an earlier time in the pandemic, when the government gave all sorts of assurances about an extended validity for lapsed documents, we advocated strongly for the position to be gazetted so that we had ‘something in writing.’ Together with that, we advocated for short written confirmations of this on departmental letterheads which could be used for quick references at border posts or for law enforcement personnel. This was, by and large, done.

We should learn from the good practices in the early times of the pandemic. For example, in order to effect better tracing, personal data was taken from phone records. To protect privacy, however, the Department of Health gave guarantees about the length of time the data would be stored, and who would have access to it; and a judge was appointed to oversee the operations. Such legal reassurances are important, and they can help various social role-players in reassuring people of the security of their information.

Secondly, we are wary of access to the vaccine being dependent on IDs and passports. The Electronic Vaccination Data System [EVDS], while including non-SA citizens, makes no provision for those without either of these two documents. While other ways of registering to access the vaccine are being devised, we would draw attention to those refugees and asylum seekers who have some form of documentation such as Asylum Seeker Visas or Refugee Documentation, already recognised by the government but nonetheless not provided for by the EVDS; they should be added to that system. We also note that SASSA makes provision on its website for people with a variety of documents to be registered, so it is eminently doable. (It is to be noted, though, that the backlog at the DHA in providing documentation could mean that an access system based mainly or only on IDs, could limit the hoped for immunity, since all indications are that an ID – or a valid passport for foreigners – will be required. This would affect undocumented South Africans as well as foreigners.)

The third issue which requires attention is the communication of correct information. We have already seen much fake information, for example around the option for producing proof of voting as a valid form of ID. Much of what appears in the public domain seems to congregate around vaccine hesitancy and vaccine literacy. The hesitancy ranges from religious and cultural beliefs, to issues around the efficacy of the vaccination and allied medical issues, to a certain fatigue with regard to all things pandemic-related. The President gave the assurance that nobody would be vaccinated against their will, but we would argue that every organisation should be encouraged to be part of a co-ordinated campaign to encourage vaccinations, each according to their area of expertise. Religious organisations should be at the forefront of these campaigns. Recently, the Vatican’s Congregation for the Doctrine of the Faith said: “Vaccination is not, as a rule, a moral obligation” and must be voluntary. Still, it said, from an ethical point of view, “the morality of vaccination depends not only on the duty to protect one’s own health but also on the duty to pursue the common good.” Receiving vaccinations is thus to be strongly encouraged.

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