

## DA position on mandatory Covid-19 vaccinations, as of 19 January 2022

*As and when more evidence and/or information comes to light this position may be adjusted.*

**In brief: We strongly support Covid-19 vaccines. We do not support mandatory Covid-19 vaccination.**

1. The DA supports Covid-19 vaccination as the most effective way to protect against severe disease and death due to Covid-19. This position is based on the available medical evidence. Evidence is emerging that vaccines are less effective at preventing transmission, as waves of infection are still occurring amongst highly vaccinated populations, though they do reduce transmission somewhat.
2. The DA does not support state-imposed Covid-19 vaccine mandates, because they cannot be justified. This includes all public institutions, including universities and colleges. The social risk that the policy of vaccine mandates would seek to address is pressure on hospitals due to Covid-19. Yet there is no significant pressure on hospitals due to Covid-19.
3. A mandatory vaccine policy ignores evidence of some degree of natural protection through prior infection. The magnitude of excess deaths and various antibody studies suggest a large proportion of the South African population may have acquired some natural immunity through prior infection. According to Wits Professor of Vaccinology Shabir Mahdi, 73% of the SA population has some degree of immunity.
4. Even if a strategy of state-imposed vaccine mandates was justifiable, which it is not, the state lacks the capacity to implement and enforce it.
5. There may be exceptions to point 2 above, but only in very specific instances, based on a risk-based assessment. Even in these specific instances, other forms of evidence of being low-risk for Covid-19 transmission should be acceptable. In such instances, the state / public institution should accept forms of evidence other than vaccination:
  - a. a negative Covid-19 test no older than 72 hours;
  - b. a recent antibody test;
  - c. a positive Covid-19 test that is older than 14 days but no older than some specified period, as natural immunity does wane.

However, as these are less achievable for the poor, these should only be required in high-risk contexts.

6. Private institutions and organisations may choose to require participants / members / employees / customers to present evidence of being low-risk for Covid-19 transmission in order to physically enter their private domain / workplace. In such instances, the DA would encourage them to accept alternative forms of evidence other than vaccination, as enumerated in point 5 above.
7. As a result of the policy choices made by private institutions or other countries, it is important to recognise that there may be significant consequences for individuals who choose not to vaccinate. They will likely be severely limited in their ability to travel abroad.
8. The rational strategy for South Africa is to target the high-risk groups for vaccination and boosters. This includes the 50+ age groups, those with co-morbidities, and healthcare workers. This strategy is more urgent and more practically achievable than universal coverage. Covid-19 continues to have a stark age-related risk profile. According to the latest SAMRC excess death report (published 12 January 2022), the death rate in the < 60 age group has been mostly normal since September 2021. To date, some 74% of excess deaths in South Africa, largely attributable to Covid-19, have been in persons over the age of 60.

While older people normally comprise more deaths of any cause, Covid-19 has raised the likelihood of older people dying more than it has for younger people. Consequently, covering and boosting those who are more vulnerable due to age or other risk factors is the best use of available state resources, rather than targeting universal coverage through coercion. Currently (as of 13 January 2022), the SA vaccine dashboard indicates that only 60% of persons older than 60 have been fully vaccinated and only 57% of those aged 50-60.

9. The mooted policy of mandatory vaccines is a response to low uptake so far. Responses to low uptake should address the reasons for low uptake. In August the HSRC released findings of a survey suggesting that 72% of people are accepting of Covid-19 vaccines. In September 2021, research by Ask Afrika, UJ-HSRC and Nids-Cram 5 found 62% were willing to take a vaccine, yet uptake remains lower than this with only 38% of SA's adult population fully vaccinated so far. Lowest rates are in the more rural but densely populated KwaZulu-Natal and Mpumalanga, suggesting access is part of the answer. The state has not done enough to make vaccination easy, affordable (in terms of transport cost of reaching vaccination sites) and convenient. The DA will continue to push, and implement where we govern, for vaccination stations which, wherever feasible, take vaccines to where people are - main streets, schools, shopping centres, taxi ranks, rural farms etc.
10. The most common reason given for vaccine hesitancy in the above surveys was fear of side-effects. The state has not done enough to educate, counsel and reassure people about the safety and efficacy of vaccines. Many people are genuinely still fearful about the effects of the vaccine. Vaccine education, counselling and easy access, which addresses such concerns, should be the primary approach to driving vaccine uptake, rather than coercion, which risks further eroding public trust and entrenching hesitancy.
11. The SAMRC data shows that two-thirds of excess deaths during epidemic waves are not officially recorded as Covid-19 deaths in health facilities. This strongly suggests that many severely ill South Africans infected with Covid-19 do not seek medical care. This may point to stigma and blame around the disease, avoiding a positive test to avoid isolation requirements, and the rule against visits in public hospitals. The current rhetoric of blame and stigmatisation of the unvaccinated is likely to worsen through vaccine mandates and may further discourage the seeking of health care.
12. A vaccine requirement to access public spaces, and to access government services, is likely to hit the poor hardest, especially the rural poor, for whom it is harder to access the vaccine. Public vaccine mandates are therefore likely to increase inequality of access to opportunity.
13. Any strategy adopted must be constitutional and ethically defensible. This requires that any limitation of rights be the least restrictive in order to achieve their purpose, which in this case is to limit hospitalisations and deaths due to Covid-19. Consequently, mandatory vaccination should be a measure of last resort. The state has not yet done enough in terms of taking less restrictive steps to achieve this purpose.
14. The state has also not done enough to prepare and build healthcare capacity, including to monitor hospitalisation rates and bed capacity, and to ensure that all interns and doctors are placed.

#### **The DA's position is based on the following considerations / principles**

- Liberal democracy is rooted in a commitment to individual freedom as well as personal responsibility. This includes the right to bodily integrity and the freedom to make informed choices as well as the duty

not to cause harm to others. Limiting Covid-19 hospitalisations and deaths requires a strategy that balances rights.

- The Covid-19 numbers that ultimately matter are hospitalisations and deaths, not detected cases nor infections.
- The DA has consistently supported a decentralised approach to risk-management. Private institutions, organisations, businesses, clubs, households and individuals should be empowered to decide for themselves whether they require evidence of low-risk for employees/customers/members to gain access to their private premises, based on their own risk-profiles, of which they have far more detailed knowledge than the state. It should not be up to the state to impose vaccine requirements on private entities. So many businesses such as bars, restaurants, cinemas etc. are hanging by a thread. The last thing they or their employees need is more government interference, and more loss of custom. The state's role is to create an enabling environment for private entities to take and implement lowest-risk decisions.
- The DA has consistently supported a data-driven, evidence-based approach to risk-management. However, the state has withheld critical data, including excess deaths by age, which would assist with demonstrating age-based risk.
- Any policy adopted by the state needs to be implementable and enforceable. SA's current context is that the state is largely incapable and corrupt, and therefore largely unable to implement or enforce its policies.
- The economic, other health and education consequences of the pandemic are driven by government-imposed restrictions on activity (both the South African government and foreign governments), not by a lack of vaccine uptake. Vaccine mandates are not the only alternative to lockdowns. Vaccine mandates versus lockdowns is a false binary.
- We all have an obligation to reasonably limit the degree of harm we pose to others. We can thus be expected, *depending on the risks*, to apply social and hygiene mechanisms such as mask-wearing in high-risk settings and social distancing. The DA does not support these limitations or contact tracing, testing of asymptomatic individuals and forced quarantining in low-risk settings or during periods of low infection rates and low pressure on hospitals.
- Vaccine mandates should be a last resort. This is also the position of the World Health Organisation. There is a legitimate concern among many public health experts that mandatory vaccination will entrench hesitancy or create a greater crisis of legitimacy. Furthermore, it is unlikely that compulsory vaccination will sway the small minority of hard-core anti-vaxxers.
- No matter the level of vaccination and infection, future restrictions on economic activity (other than possibly limits on indoor gatherings during a wave) are irrational and unjustifiable and will do more harm than good, especially to the poorest in society.