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**Divisive language**

Nearly a year ago when this COVID-19 crisis was taking hold, people across the world expressed outrage at the term ‘China virus’. It was important to condemn such divisive and, some said, racist language.

But a year later, after more than 2.3 million people across the world have died from the virus, the global economy has dived and education has been disrupted for an entire generation of children, I wonder if we have really learned our lessons.

Referring to the 501 V2 strain of COVID-19, which was first discovered in December here in South Africa, as the “South Africa variant” or “South Africa strain” is just as divisive.

This label apportions blame. It was discovered in South Africa because the country is leading in genome sequencing, just like with the variant in the United Kingdom. The global community is using the systems we are relying on to get out of this mess as a stick to beat us with, instead of championing them.

This label says loud and clear: South Africa is the source of a threat.

This label cares nothing for the nearly 50,000 lives lost in South Africa, for the majority of the population who have little to no access to healthcare. More than 40 percent of the continent’s total confirmed cases have been in South Africa.

Adding the fact that 20 percent of the population live with HIV, making them more vulnerable to the worst effects of the virus, COVID-19 has the potential to bring about South Africa’s biggest crisis since the end of apartheid in the early 1990s.

On top of this health emergency, through my work at Save the Children, I have seen the deep impact this crisis has had on the next generation.

Of course, we need restrictions to control the spread of the virus. Already in September the economy had taken a huge hit, with gross domestic product (GDP) plunging to its lowest in 13 years. The burden of this impact is felt by the poorest, widening social inequality in what was already the most unequal country in the world.

At the end of November, the country’s education minister confirmed that at least 300,000 primary-aged children had dropped out of school since March last year. The longer they stay out of school the harder it will be to get them to return, introducing not just barriers to future opportunities but a higher risk of child protection issues like increased child abuse at home.

Our country is in turmoil. But if you search for “South Africa” these days, the news is preoccupied with us as a threat, rather than another country traumatised.

Vaccine nationalism – which the WHO has called a “catastrophic moral failure” – is a very real concern. We are blamed for the global spread of this new variant, but when it comes to help in tackling it, South Africa and the wider continent have been, until far too recently, effectively hung out to dry. Through a bilateral deal, South Africa only received its first doses of the vaccine last week – two months after the UK. Our hopes have now been dashed again as the roll-out of AstraZeneca vaccines has been put on hold.

There has also been a lack of concern for what this strain means for other African countries which, having avoided the number of confirmed cases and deaths seen in other parts of the world during spring last year, have now recorded higher death rates with the recent second wave.

Many of these countries have far less capacity to deal with COVID-19. In Malawi, the surge in demand for oxygen coupled with a chronic oxygen undersupply is undermining the health system’s ability to cope with COVID-19 cases, as well as its ability to respond to other illnesses such as childhood pneumonia.

The COVAX initiative, which was set out to guarantee equitable access to vaccines, should be applauded. But a lack of financing coupled with higher income countries’ over-ordering of vaccine supplies continues to hinder its ability to roll out doses for the world’s poorest.

Excerpted: ‘It’s time we stopped using the term ‘South Africa variant’’

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