



EDITORIAL

**COVID -19 Pandemic - Increasing the African Access to Vaccination
A Strategy to Curb the Global Spread of Infection**

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Member of the Lancet COVID-19 Commission Africa Task Force, June 30, 2021

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Africa recorded the first case of COVID-19 on February 14, 2020, a global pandemic, the response to which continues to challenge known public health measures to effectively and sustainably curb the spread and magnitude of the epidemic. Early in the epidemic, responses in most African countries were led by national Governments. National emergencies were declared, and systems for multisectoral response were put in place. Strengthened Ministries of Health remained responsible for guiding and coordinating national and subnational level responses. Human, financial and material resources were leveraged and mobilized to equip National Public Health Institutes and other national entities to ensure health workforce training, strengthen diagnostic capabilities, public information, and disease surveillance systems, including expansion of non-pharmaceutical interventions (NPIs). Over the last two years, the unprecedented social, economic, and political impact of COVID-19 negatively affected many countries. School closures, negative impact on businesses, reduced household income, increased inflation, and logistics restraints (global, regional, and national level) created significant blows to the life of millions of Africans. The pandemic also disrupted social activities, including banning religious gatherings and other social events disrupting the life of communities. The COVID-19 pandemic is expected to have devastating health and socioeconomic consequences in many countries in Africa, partly because of weak health systems plagued with inadequate surveillance and laboratory capacities. Additionally, insufficient health workforce to effectively respond to the pandemic and the lack of vaccines could worsen the situation further. The challenge for many African countries remains to strike a balance between the gains on COVID-19 prevention, management, and control with impacts on essential health services and its bearing on other non-

health impacts (social, economic, and political). Cognizant of this and as COVID-19 is expected to remain a public health threat for the foreseeable future and the rapidly changing epidemiology of COVID-19 variants, many countries are putting in place surveillance systems. These are expected to help monitor status that could guide decision-making in emergency preparedness and response by implementing effective mitigating strategies. In this regard, the African Center for the Prevention and Control of Communicable Diseases - the African CDC, a newly established Center for Disease Control under the African Union (AU). According to reports by the African CDC it is playing an essential role in supporting African countries: Training in emergency management and providing technical assistance and technology transfer for establishing disease surveillance systems at a continental level. Such new procedures are intended to link with national systems to identify potential global health threats to prepare and respond effectively. Through alliances with US CDC, academia, scientific organizations, and other partners, Africa CDC developed and released training to address priority national response needs; as a result, COVID-19 laboratory testing capacity grew from two countries early in the outbreak to all 55 AU member states by August 2020. COVID-19 pandemic remains a major concern at the continental and country levels. Targeting high-risk populations and improving early diagnosis and treatment capacity are strategic approaches used to control rapidly increasing mortality rates. A new norm of integration of COVID-19 services within the essential health services system would reduce morbidity and mortality that are directly and indirectly linked to COVID-19. However, with its weak health infrastructure and resources, the strategy of choice to combat the pandemic in Africa remains early prevention of the spread in communities. Key

to this has been the efforts by all countries to implement Non-Pharmaceutical Interventions (NPIs) through increased public awareness and strict adherence to the NPI norms and standards until vaccines are made accessible to the population. Nonetheless, due to various socio-cultural and related factors, sustained adherence to the NPI standards by populations in most African communities has increasingly become difficult. Hence to combat the spread of infection, urgently calls for accessibility of vaccines to a reasonable proportion of the population in high-risk countries and communities. Factors including the socio-political-economy of vaccine availability to countries in Africa become both a global public health concern and an ethical consideration. While different companies in different countries produce vaccines, actual availability to countries in Africa has become increasingly difficult, calling for more active international solidarity. According to the recent appeal by the Lancet COVID-19 Commission Taskforce for Africa, the continent is currently experiencing the third and deadliest wave of the COVID-19 epidemic.

Despite Africa's support to COVAX, Africa has not been supplied with the required vaccines so far. While the US now has 46% of its population fully vaccinated as of June 2021, and the EU has 31 % of its population covered, Africa has only 1.2% of its population fully vaccinated. In total, Africa has received just 1.6% of the vaccine doses administered worldwide, only 49 million doses out of the 2.9 billion doses worldwide. One could safely conclude that the global fight to curb the spread of COVID-19 could only be realized with equitable global access to the vaccine. Vaccine coverage in Africa will benefit the entire global community. **Would you please let me know any advice you may have on how to go about getting this very urgently needed vaccine to the needy populations in Africa?**

Urgent Appeal for 300 Million Doses of COVID-19 Vaccines for Africa. The Lancet COVID-19 Commission Africa Task Force June 30, 2021:



Urgent Appeal for 300 Million Doses of COVID-19 Vaccines for Africa The Lancet COVID-19 Commission Africa Task Force

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On behalf of the people of Africa, we appeal urgently to the vaccine-producing nations for emergency donations and shipments of at least 300 million doses of vaccines to enable every country in Africa to fully immunize at least 20 percent of its adult population by end of August 2021.¹ Africa is currently experiencing the third and deadliest wave of the COVID-19 pandemic, driven by the highly contagious Delta Variant that was responsible for the recent devastating surge of disease and deaths in India. But Africa lacks vaccine protection. It has the lowest vaccine coverage in the world, having received just 1.6 percent of the vaccine doses administered worldwide until June 26 (49 million doses out of 2.9 billion doses worldwide).

While the U.S. now has 46 percent of its population fully vaccinated (as of June 30), the European Union has about 33 percent, China around 40 percent, and Russia around 12 percent, Africa has only 1.1 percent of the population fully vaccinated. In absolute numbers, the US and European Union have fully vaccinated 299 million individuals compared with just 15 million in all of Africa, despite an African population (1.34 billion) that is 73 percent larger than the combined population of the US and European Union (776 million). Another 20 million Africans have received one dose.

We note that the scale of current production worldwide makes it now feasible to provide Africa with 300 million doses in the next 9 weeks on an urgent and expedited basis. We also note that the US has reached a near saturation in vaccine uptake, meaning that US-based production is now available for shipments to the rest of the world.

We emphasize that vaccine coverage in Africa is not only for the benefit of Africa, but for the entire globe. Cases of COVID-19 spill across national borders, as do instability and suffering from unabated epidemics. Moreover, in regions with surging infections, there are greater opportunities for the emergence of new and dangerous variants of the virus, as has already happened on several occasions.

¹We assume that 300 million doses would enable 270 million doses successfully administered. Of those, 20 million would constitute the second dose of the current partially immunized individuals, and 250 million doses would be for individuals not yet immunized, resulting in an additional 125 million fully immunized individuals. In total, 160 million Africans would be fully immunized, accounting for 20 percent of the 800 million population aged 15 and over.

In addition to the provision of vaccines, the international community should provide urgent financial and technical support to the Africa CDC and to national COVID-19 control programs to support non-pharmaceutical interventions, disease surveillance, diagnostics, vaccination infrastructure for cold chain and vaccination stations, data management systems, and genomic



surveillance of breakthrough infections. Several partner countries have existing programs in Africa to support infectious disease control efforts (e.g., for HIV/AIDS, malaria, and tuberculosis). Such programs should be provided with supplemental funding to enable them to extend coverage of COVID-19 control, including the rapid scale-up of vaccination programs.

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