AFRICA COVID-19 BRIEF
JUNE 2021

African Alliance

INTRODUCTION

On a monthly basis, for the period June – December 2021, the African Alliance will be providing a monthly brief on the COVID-19 situation on the African continent. Compiling information from a variety of sources, including the African Union, World Health Organization, and collaborating organizations on the continent, the African Alliance will provide a snapshot of the burden of disease across Africa, as well as the state of vaccine rollout. This report will also document issues related to and as a consequence of vaccine access, hesitancy and confidence in the second year of COVID-19 in Africa, ensuring representativity of media and civil society voices.

COVID-19 CASES AND DEATHS

During the month of June, the number of confirmed COVID-19 cases in Africa continued to rise, reaching a peak of 31,921 confirmed cases across the continent on June 30, 2021 (Figure 1). Total cases for the last 30 days running from June 3 to July 3 were 2.4 times higher those recorded in the preceding 30 days running from May 2 to June 2. Similarly, the number of deaths ticked consistently upwards, reaching its highest point for the month of June—549 new confirmed COVID-19 deaths—on June 30, 2021 (Figure 2).

Figure 1: Showing Daily New Confirmed COVID-19 Cases (source: Our World in Data)

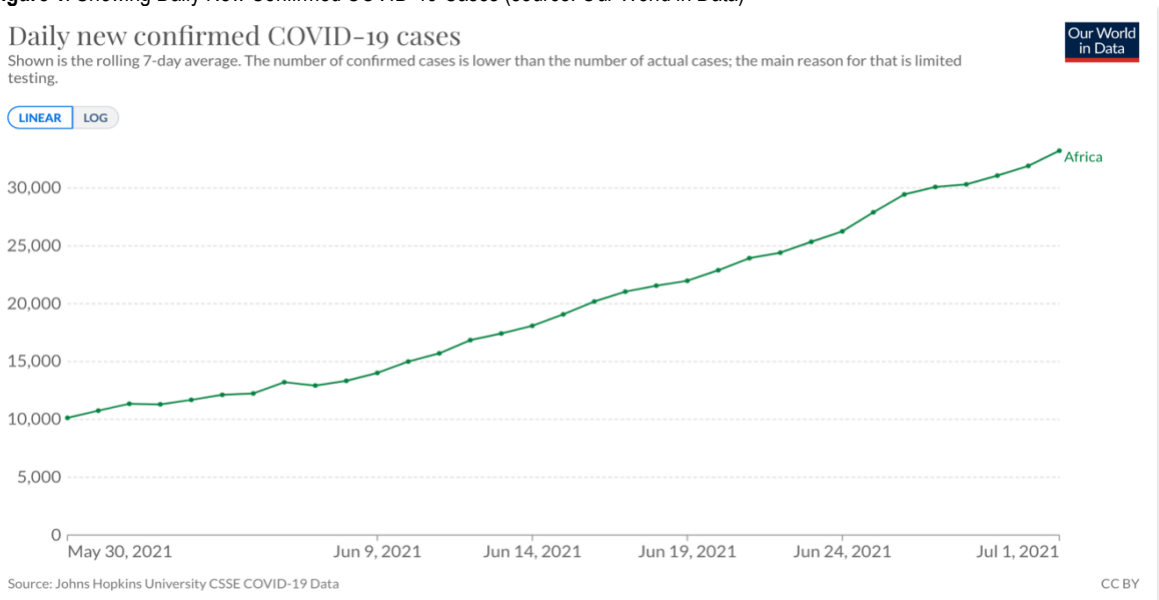
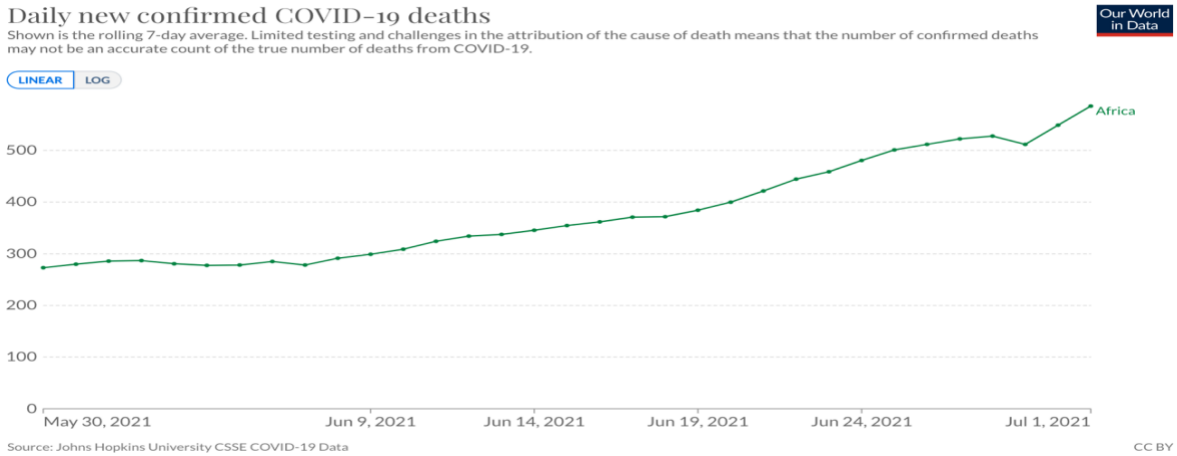


Figure 2: Showing Daily New Confirmed COVID-19 Deaths (source: Our World in Data)



COVID-19 cases (Figure 3) and deaths (Figure 4) were primarily concentrated in southern parts of the continent, with South Africa reaching a daily peak of 16,129 new cases and 198 confirmed COVID-19 deaths on June 30.

Figure 3: Showing Map of Daily New Confirmed COVID-19 Cases June 30, 2021 (Source: Our World in Data)

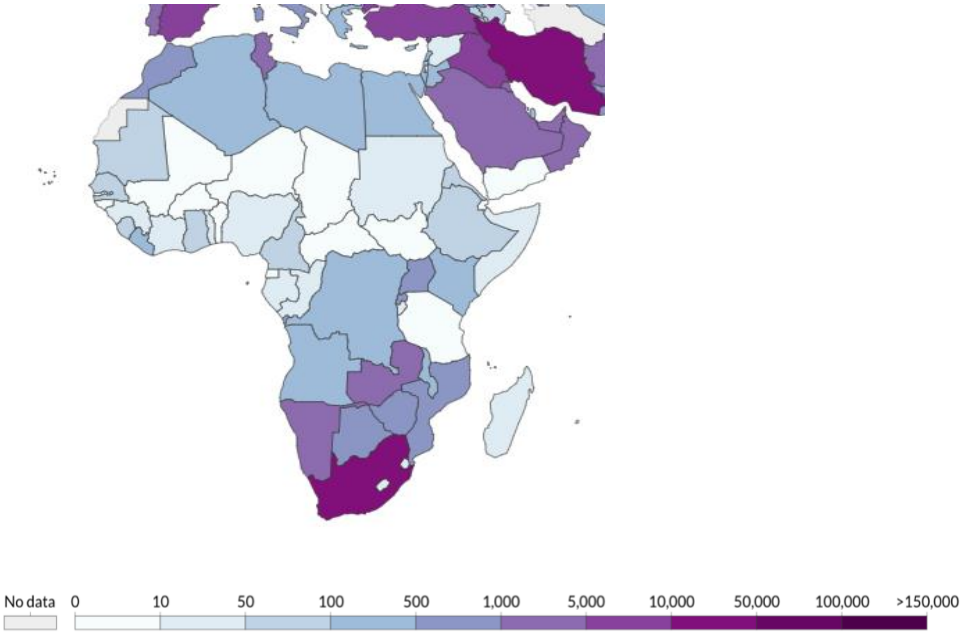
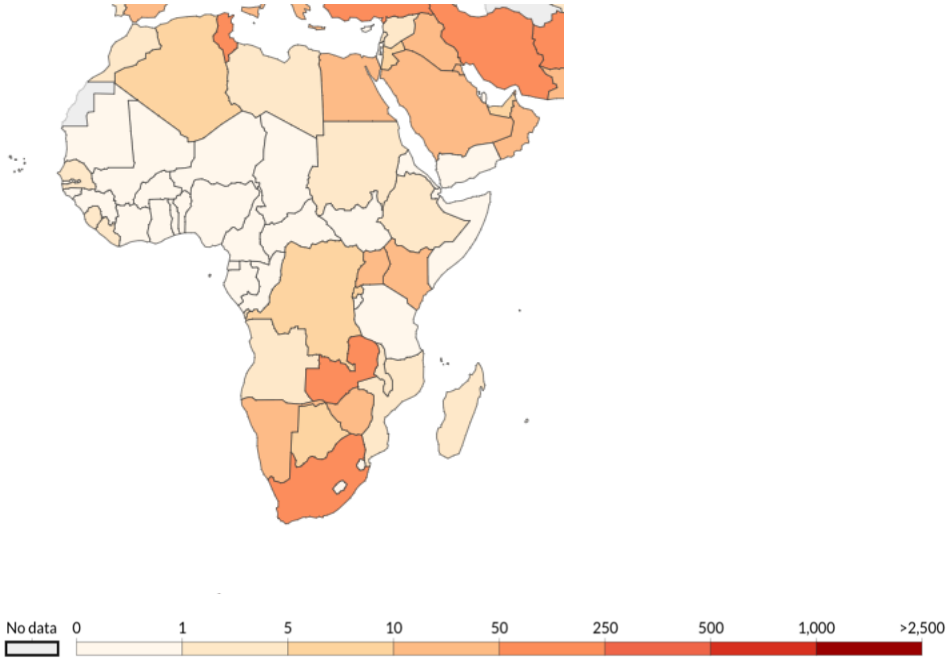


Figure 4: Showing Map of Daily New Confirmed COVID-19 Deaths, June 30, 2021 (Source: Our World in Data)

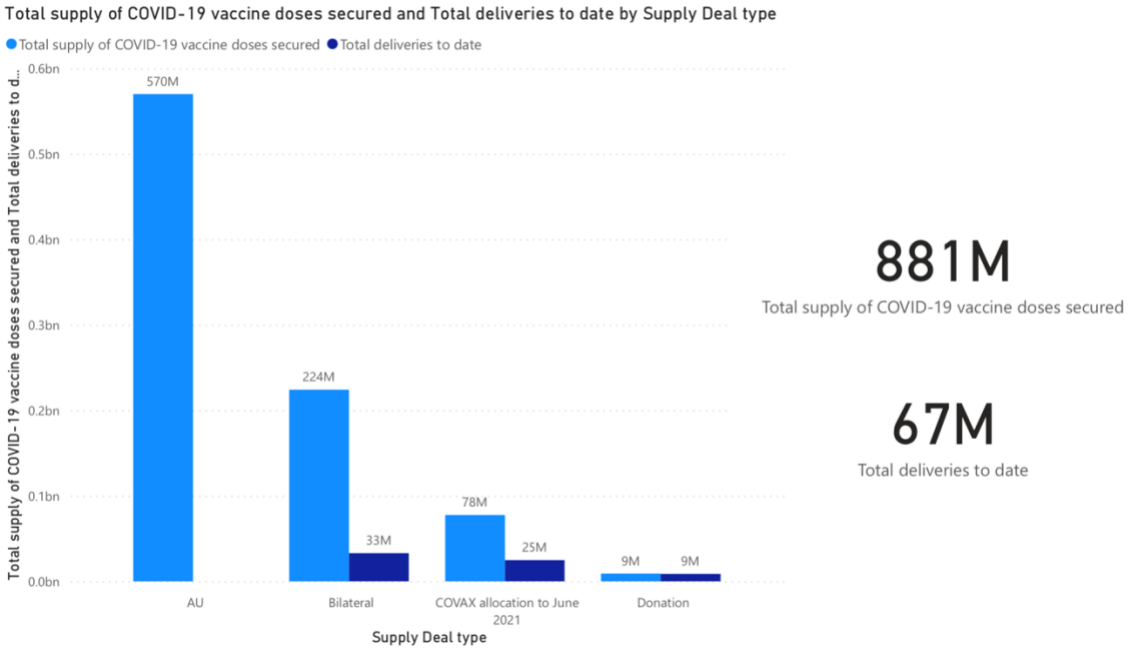


COVID-19 VACCINE ROLLOUT

Across the continent, 880 million vaccine doses had been secured by the end of June —enough to fully vaccinate about 42% of the continent. However, of those 880 million doses, only 67 million doses had actually been delivered by the end of the month (enough to fully immunize 3% of the continent).

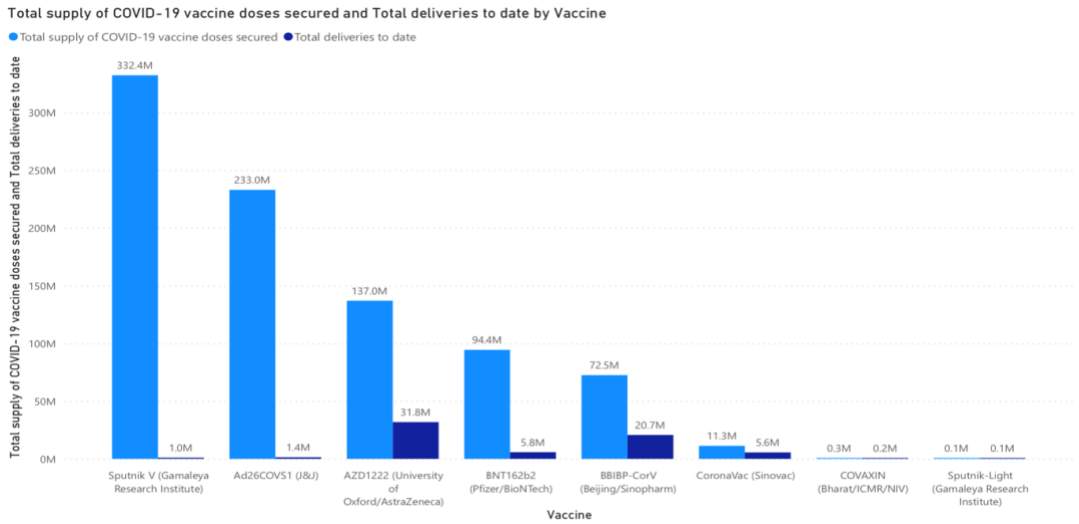
The African Union (AU) secured the greatest number of doses (570 million, 65% of total secured supply), followed by bilateral deals (224 million doses). The bilateral deals accounted for the highest number of delivered doses (33 million).

Figure 5: Showing Total supply of COVID-19 Vaccine Doses Secured and Delivered to date by Supply Deal Type (Source: Oxfam)



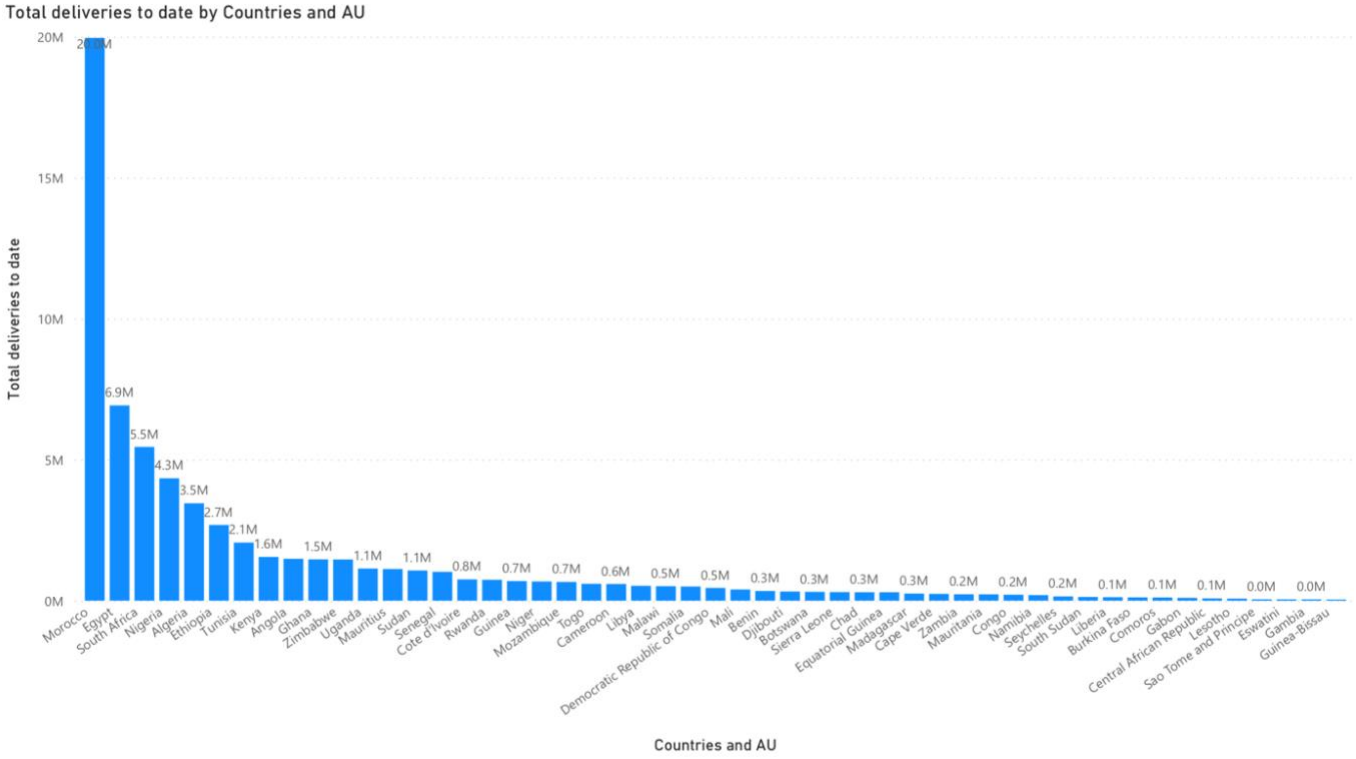
Sputnik V accounted for the highest secured supply of COVID-19 doses (38%), followed by Johnson & Johnson (26%), AstraZeneca (16%), and Pfizer (11%). AstraZeneca was the most widely used vaccine in the continent, accounting for 48% of the total delivery, followed by Sinopharm at 31% (Figure 6).

Figure 6: Showing Total Supply of COVID-19 Vaccine Doses Secured and Delivered to date by Vaccine Type (Source: Oxfam)



By the end of June, Morocco had received the most doses (20 million) and accounted for a third of the total vaccine delivery on the continent. The doses delivered in Morocco, Egypt, Tunisia, and Algeria accounted for nearly a half of the delivered doses on the continent.

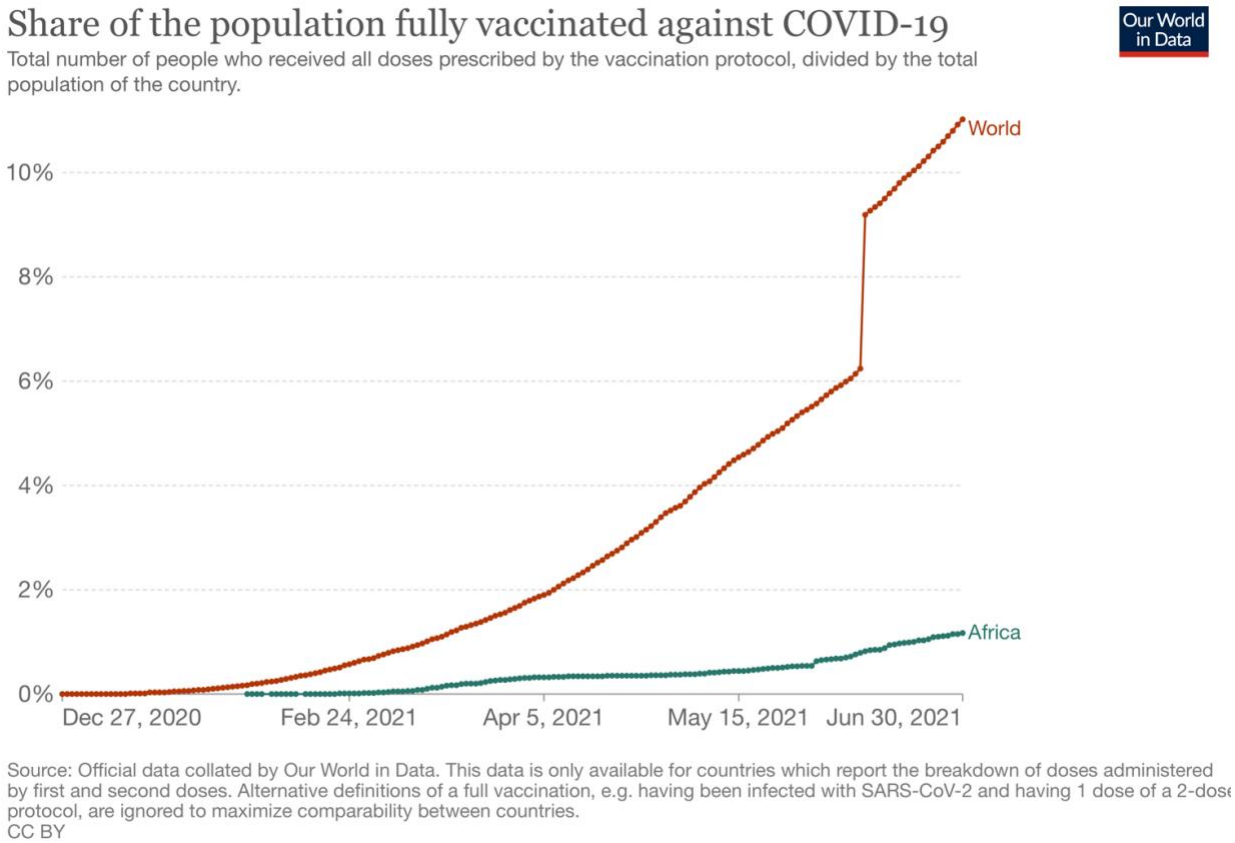
Figure 7: Showing Total Vaccine Deliveries to date by Countries and AU (Source: Oxfam)



Enormous vaccine inequity exists within the continent. By the end of the June, the following countries had vaccinated less than 0.5% of their population: Burundi, Eritrea, Madagascar, South Sudan, Tanzania, Burkina Faso, and the Democratic Republic of the Congo. Morocco, Mauritius, Seychelles, and Saint Helena were the top four performing countries in terms of percentage of population vaccinated.

Africa's vaccination numbers lag behind the rest of the world. As of June 30, the percentage of people who had been fully vaccinated at globally was 11%. This compared to a dismal 1% across the African continent. (Figure 8)

Figure 8: Showing Percentage of Population Fully Vaccinated Against COVID-19 Globally vs in Africa (Source: Our World in Data)



COMMENTARY FROM AROUND THE CONTINENT

Reflections from the #LockdownGeneration: Why vaccine equity cannot wait!
By Levi Singh
June 30, 2021

As I write this, Sub-Saharan Africa is being ravaged by a third wave of COVID-19.

June was a significant month for young people in Africa as we commemorated both Youth Day in South Africa and the International Day of the African Child. Yet, both commemorations were incredibly morose occasions, given how dire the reality is for Africa's youth. A reality that had already been grim pre-pandemic has now worsened without any tangible end in sight.

In efforts to curb the spread of the Delta variant, South Africa was put on the second highest national alert level, with large sectors of the economy forced to shut down for 14 days or longer. Over the last 460+ days of our national risk adjusted lockdown, over 1 million South Africans have lost their jobs, the overwhelming majority being young, Black women who were already economically vulnerable pre-pandemic.

Data from the United Nations warn that over 30 million Africans were pushed into extreme poverty over the last 12 months, a large segment of which is young people below the age of 18. At the same time, we have witnessed the percentage of young people who are classified as NEET (not in education, employment, or training) soar to unprecedented levels across the continent. COVID-19 led to roughly half of the world's student population ending up out of school and university. In South Africa alone, 56,000 learners have not returned to the classroom since the reopening of schools.

Prolonged lockdowns and school closures have not only resulted in catastrophic divestments from human capital but also an upward trend of harmful practices such as child early and forced marriages, female genital mutilation and cutting, the shadow pandemics of both sexual and gender-based violence, and increasingly poor mental health outcomes among adolescents and young people. The International Monetary Fund now worries that a decade's worth of developmental progress is at the imminent risk of being undone, especially in the health and education sectors. We need African governments and the developmental sector at large to ensure that barriers to completing basic education are eliminated through progressive partnerships with communities so that our brothers and sisters can complete a basic education and prosper in the informal and formal workforce.

At the onset of the pandemic the UN had warned that COVID-19 will exacerbate AIDS-related deaths as public health systems scrambled to respond, supply chains for essential medicines were disrupted, and HIV-positive people defaulted on treatment due to movement restrictions imposed and fear of contracting COVID-19 from public health facilities. Pre-pandemic, AIDS remained the single leading cause of death among African adolescents and young people, with an adolescent dying every 45 minutes due to a preventable AIDS-related illness somewhere on the continent. We cannot talk about a robust, equitable, and sustainable pandemic recovery when we are losing large portions of our future workforce to morbidity and premature mortality. We need to listen to young people and involve them in the design, implementation, monitoring, evaluation, and reporting of public health policy and programs so that they have a sense of ownership of their own health as well as the health of their nation, families, and communities.

Good governance and accountability is another area that can no longer be ignored with Africa losing an estimated $90 billion dollars or 3.7% of its GDP to illicit financial flows, corruption, and maladministration. We need to take a firm stance against all forms of corruption everywhere. In Africa, rampant corruption and maladministration is not just a threat to our post-pandemic recovery, but an existential threat with profound impacts on our generation and generations to come. We need to revisit our social contracts and ensure that we have responsive, accountable, and principled leadership as we attempt to co-create the process of this socio-economic recovery with young people at its centre. Intergenerational justice and leadership must be the premise as rising public debt burdens the continent and we stare down the vivid reality of our first continental recession in 35 years. We need developmental actors to be mindful of how this generation of young people will be responsible for shouldering the debt of poor fiscal decisions and conditions of which we had no hand in creating.

As we rush to create a new normal, may we realise that intergenerational leadership and calls for it can no longer be slogans or tokenistic affirmations, but rather a new necessity for a post-pandemic recovery which will rely heavily on the energy, aspirations, and leadership from us: the largest cohort of young people in Africa's history. "We're all in this together" was the catchphrase which dominated calls for shared responsibility and global solidarity at the onset of the pandemic. However, 17 months later, this catchphrase has reverted to every person for themselves – especially if you are in the Global South, African, young, and female.

As Das et al concluded "the hidden paradox of disasters is that even if those who suffer today are the elderly, those who will pay throughout their lives will be the youngest." In this vein, and as the generation most at risk of having their futures derailed by the deep and far-reaching effects of this pandemic, we must organize, mobilize, and generate outrage and solutions. We must raise our voices and support calls for equitable access to vaccines as a means to accelerating recovery in the global South; we must be vigilant and counter fake news, misinformation, and disinformation, as well as respond to vaccine hesitancy in our communities with understanding and empathy. The longer we remain silent, the more likely it becomes that COVID-19 will become a "third world illness", robbing us of our sense of connection, family, livelihoods, and futures.

Levi Singh *works with the SRHR Africa Trust as regional youth and policy adviser. As former secretary general of the African youth and adolescent network on population and development (AfriYAN), he now serves as a mentor to the current executive committee of the network. Levi works extensively on systems for the meaningful engagement, participation and leadership of young people in health policy making spaces using data to influence policy dialogue through civic diplomacy. Levi's professional work and advocacy experience include the Africa agenda 2063, UN Sustainable development goals, African health strategy, ICPD PoA and Universal health coverage with a focus on adolescent and youth health and well-being. Levi is also a global adviser to the global health 50/50 initiative which is housed at the university college of London and seeks to realize gender equality in the global health space. This is an original piece written for publication in this report.*

The Fetishisation of Covid-19 Data: Reflections on the Daily Data Announcements in Burkina Faso

By Lea Paré Toé & Helle Samuelsen
June 1, 2021

In Burkina Faso, as in most other countries around the globe, the Ministry of Health announces the number of new Covid-19 tests performed, the number of confirmed cases as well as the number of Covid-19 related deaths on a daily basis. This eagerness to share and publicise health data is noteworthy, particularly in the current situation where health experts and data science specialists know that such data need to be interpreted with care. The testing capacity in most countries in sub-Saharan Africa, including Burkina Faso, is very low. It is well known that the quality of death registries in Burkina Faso is poor. Thus, the published data is not believed to depict a reliable picture of the actual situation.

One may ask who the target audience is for these daily announcements? Is the overall purpose of these daily press releases to update the population with the latest information, or is the intention rather to address an international audience such as the World Health Organization and the donor community – or perhaps both?

The demand for continuous updates on morbidity and mortality is for obvious reasons particularly urgent during epidemics. Throughout the Covid-19 pandemic, we have witnessed an almost obsessive demand for numbers both locally and globally. We have seen a strong global tendency to make uncritical comparisons of data across countries, where the daily figures are 'lifted out' of the local context as abstract and 'lifted into' a range of dashboards as facts.

In a recent study of citizens' responses to the pandemic and to the lockdown in Bobo-Dioulasso during the early phase of the pandemic in spring 2020, we found that many people were puzzled about the daily announcements and had started to question the validity of the information and data provided by the government. Most of our interlocutors did not interpret this openness about data as a gesture of transparency, rather the opposite. As expressed by Yaya, a 43-year-old small-scale business man at the market in Bobo-Dioulasso: 'the number of cases they announce, I am sure that it is not correct. It is just not right. It is falsified figures even though the disease is here … what I can say is, that the disease is here, but it is not as alarming as they

want us to believe. They just want money to do their campaigns (for the upcoming elections), but they already have money. Their bags are full of money.'

Martin, a 36-year-old bartender said that because the government has not been able to demonstrate any proof of the existence of Covid-19 on the television, many people had started to doubt its existence in Burkina Faso. He, himself, had no doubts about the actual existence of Covid-19: 'No, I have no doubt. What I doubt, and here I want to be precise with you, I have doubts about the number of cases, the number of sick and the number of recovered, otherwise, I am convinced that the disease exists. It is their record, I doubt.'

During the first phase of the Covid-19 pandemic, the number of tests performed in Burkina was quite low. In April and May 2020, less than a hundred tests were performed daily, this increased to around 400–500 tests a day later in 2020. However, with a population of around 19 million, it was probably hard to estimate the level of the epidemic in Burkina with so few tests. Furthermore, death registries are poor in Burkina and as more than 50% of deaths take place at home with no cause of death notified, the number of Covid-19 related deaths in Burkina Faso has been extremely uncertain throughout the pandemic. Nevertheless, announcing the number of new Covid-19 cases and Covid-19 related deaths on a daily basis is what the Ministry of Health has committed itself to do.

As has been pointed out by Vincanne Adams, global health agencies and institutions increasingly commit themselves to forms of (global) knowledge that are based on universals and which only become visible through forms of data production grouped together as 'metrics'. Funding from international donors and agencies depends to a large extent on the ability to speak the language of metrics. Agencies such as the Global Fund carefully evaluate a country's national output indicators regarding malaria, HIV and AIDS, and TB within a performance framework. As shown by Tichenor in her analysis of a data retention strike in Senegal from 2010–13, the withholding of national health data affected the Global Fund's assessment of the country's capacity to perform and to deliver data on its malaria intervention programmes triggering uncertainties about the Global Fund's willingness to continue funding the national malaria programme. Thus the motivation to secure a flow of data from local to global levels is strong for many governments in the global South, where the health care systems to a large extent depend on grants from international donors and funds. The risk of not being able to present data might be too big, even though the quality of the submitted data could be questioned.

While it is positive that the Ministry of Health is transparent about the number of Covid-19 tests, cases and deaths – and one could argue, that some data is better than no data – it did not appear to impress the local population. On the contrary, local scepticism about the officially presented metrics seemed to grow during the pandemic.

However, the Covid-19 metrics spoke to the global discourse where daily data announcements quickly turned into a global standard. The government of Burkina Faso managed to adjust to this global discourse and perhaps it helped the government in attracting various kinds of funding (for testing facilities, vaccines, protective equipment etc.) from international agencies – despite the fact, that the facts– the data – did not convey a correct picture of the actual Covid-19 situation in Burkina Faso. In this fetishisation of Covid-19 metrics, numbers are endowed with a life and a value of their own, a value, which is 'lifted out' of the specific local context into a global discourse, where the numbers (as imprecise as they are) are legitimised, and may serve as symbolic tokens for the Burkinabé government to emerge as an international partner worth supporting. As indicated above, the national discourse on Covid-19 metrics seems more complex.

Our study among citizens in Bobo-Dioulasso found that mistrust in the government's handling of the Coronavirus was growing during the first phase of the pandemic. This growing discontent, we argue, should be understood in a wider context of the everyday precariousness of many people in Burkina Faso, where the government of Roch Mark Kaboré, elected in 2015 after 27 years of Blaise Compaoré, and re-elected in 2020, has not yet managed to meet popular demand for political change and improvement of living conditions. Growing insecurity, with numerous attacks from jihadist groups inside the country, has further spurred the critique of the government for its incapacity to provide security.

Thus, while the daily Covid-19 announcements seem to resonate well with a globalised perception of metrics as a form of universal 'knowledge', they almost have the opposite effect at the local level. Our interlocutors in Bobo-Dioulasso perceived the

daily announcements more as tactical manoeuvres instigated by the politicians to attract funding for their political campaigns than as up-to-date information about the pandemic.

Helle Samuelsen *is associate professor at the Department of Anthropology, University of Copenhagen. Her research focuses on medical anthropology and global health, with a special focus on health systems and the relationship between citizens and the state. Her research is based on more than 20 years engagement on the African continent, particularly in Burkina Faso. She is currently the principal investigator of a capacity-building project entitled 'Emerging Epidemics: Improving Preparedness in Burkina Faso' in collaboration with the University of Copenhagen; the University Ki-Zerbo, Ouagadougou; and Institut de Recherche en Sciences de la Santé, Burkina Faso****. Lea Paré Toe*** *obtained her PhD in anthropology from the University of Aix-en-Province, France, and works as a researcher at Institut de Recherche en Sciences de la Santé in Burkina Faso. Her research focuses on perceptions of health and disease and the interactions between healthcare systems and communities. In addition, she is involved in several studies on community perceptions of malaria control tools, which have been shown to be efficacious in the laboratory, including in studies on genetically modified mosquitoes. This piece was published in* ***African Arguments****.*

AFRICA MEDIA ROUNDUP

Fake news, poor leadership drive Covid vaccine apathy in Kenya
The Nation (Kenya)
June 09, 2021
By Bernadine Mutanu
Vaccine hesitancy is a problem around the world, but according to Bernadine Mutanu, hesitancy in Kenya could be mitigated by breaking the silence among political leadership. The most pressing issues that surround vaccine apathy could be resolved by ensuring that information circles into the hands of potential vaccine recipients. It is not so much that fake news silences all other information, but rather that true information is scarce in the public sphere, and scarce from the mouths of higher-ups.

Sharing the secrets of making a Covid-19 vaccine isn't enough. Here's why
Mail & Guardian (South Africa)
June 30, 2021
By Adèle Sulcas and Mia Malan
While giving up the intellectual property rights of the vaccine would be a major step in bringing more vaccines to developing countries, it is not the end-all and be-all. Even if the COVID vaccine 'secrets' wer shared, local pharma would not automatically have the proper infrastructure to produce the mRNA technology. Sulcas and Malan explain that a technological transfer must also occur to ensure that developing countries can build up their own vaccine arsenal. In doing so, South Africa could become a vaccine-production hub for all of Africa.

Morocco-Egypt vs South Africa-Nigeria: A race for vaccines on the continent
The Africa Report (Pan-African)
June 3, 2021
By Camille Lafrance
African populations continue to wait for COVID shots as Pharma and governments try to find a way to work together. Lafrance details the possible ways in which more vaccines can become available to African countries, be it through donations, trial agreements, tech transfers, or fill and finish practices. While technological solutions seem slow, they may provide the best long-term results moving forward from the pandemic. Also proposed by Egypt: the development of an African vaccine.

FG laments inequality in global Covid vaccine supply
Punch (Nigeria)
June 24, 2021
By Deborah Tolu-Kolawole
High ranking officials of Nigeria's federal government call out the inequality of vaccine distribution. Dr. Faisal Shuaib (Executive Director, Nigeria National Primary Health Care Development Agency) called upon wealthy countries to stop hoarding vaccines. He stated that there is already a problem of producing enough vaccines for the whole world, and that wealthy countries should not make the problem worse by keeping those vaccines from the developing world.