AFRICA COVID-19 BRIEF

OCTOBER 2021

On a monthly basis, 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 strive to document issues related to and as a consequence of vaccine access, hesitancy and confidence in the second year of COVID-19, ensuring representativity of African media and civil society voices.

Appreciation goes to Oxfam Pan Africa and Norwegian People's AID for supporting the generation of these monthly reports.

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To be added to our mailing list: www.africanalliance.org.za

HOW TO USE THIS REPORT

The first two sections of the report (**CASES AND DEATHS** and **VACCINE ROLLOUT**) aim to give a very brief overview of the situation across the continent. These sections should be viewed as a snapshot of essential data.

The third section of the report (**COMMENTARY FROM AROUND THE CONTINENT**) aims to showcase a diverse set of African voices, highlighting issues of interest related to COVID-19 burden, vaccine equity, and related advocacy in all regions. The African Alliance will aim to showcase original pieces written for this report. However, when original pieces cannot be sourced by the release date, valuable commentary will be carefully selected from a variety of African and international outlets.

The fourth section of the report (**AFRICA MEDIA ROUNDUP**) will showcase a few interesting COVID-19 related news pieces from a variety of African news sources. With this roundup, we aim to share work developed by outlets in Africa, in order to get a flavour of what local reporters are gathering and writing about the pandemic and its impacts. A link to the stories will be provided, along with blurbs summarizing why the stories are worth reading.

Finally, the section titled **SO WHAT?** lists a few suggested advocacy directions generated from the content of the report.

CASES AND DEATHS

Following trends from the last month, the number of new cases in Africa continued to drop significantly during the month of October. The largest drop occurred between October 7 and October 8, when the number of daily new confirmed COVID-19 cases fell from 12,573 new cases to 7,483 new cases. Subsequently, the continent saw a steady decline in cases before reaching its lowest point (for the month) on October 31, with 4,696 daily new confirmed cases (Figure 1). Similarly, the number of daily new confirmed COVID deaths declined steadily, beginning at 479 confirmed deaths on October 1, and dropping rapidly to 186 deaths on October 31 (Figure 2).

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

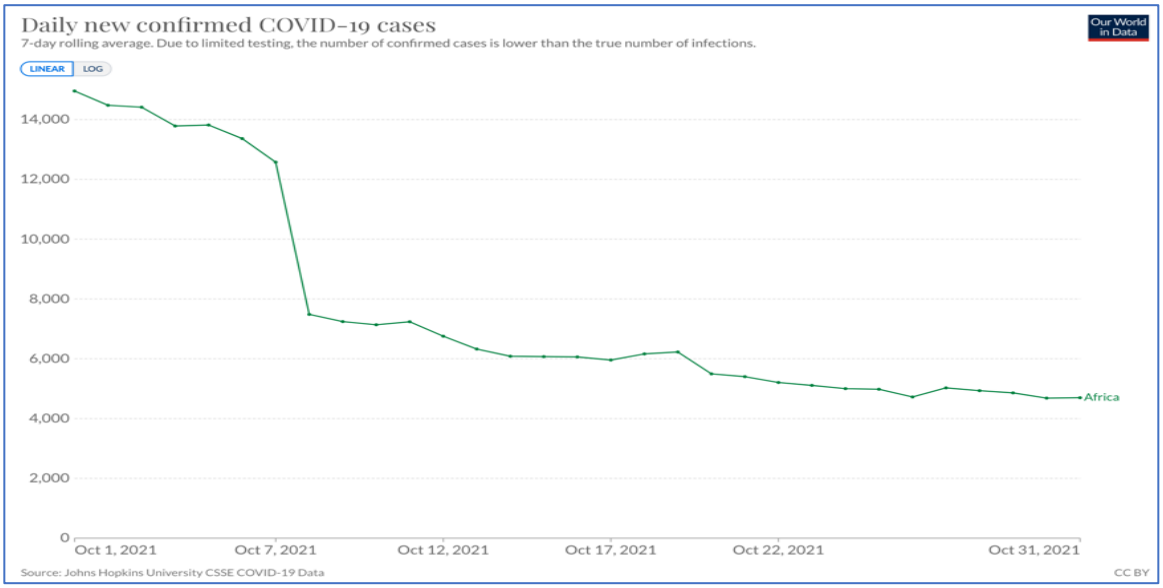
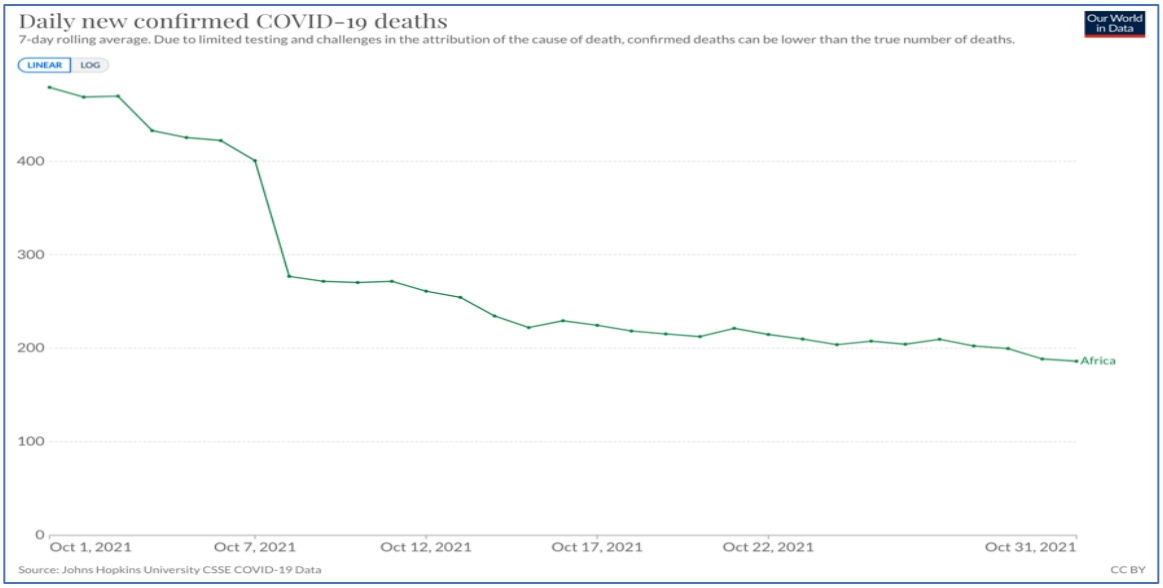


Figure 2: Showing Daily New Confirmed COVID-19 Deaths (source: Our World in Data)



Following trends from the previous months, cases (Figure 3) and deaths (Figure 4) were highest in the southern region of the continent.

Figure 3: Showing Map of Daily New Confirmed COVID-19 Cases, October 31, 2021 (Source: Our World in Data)

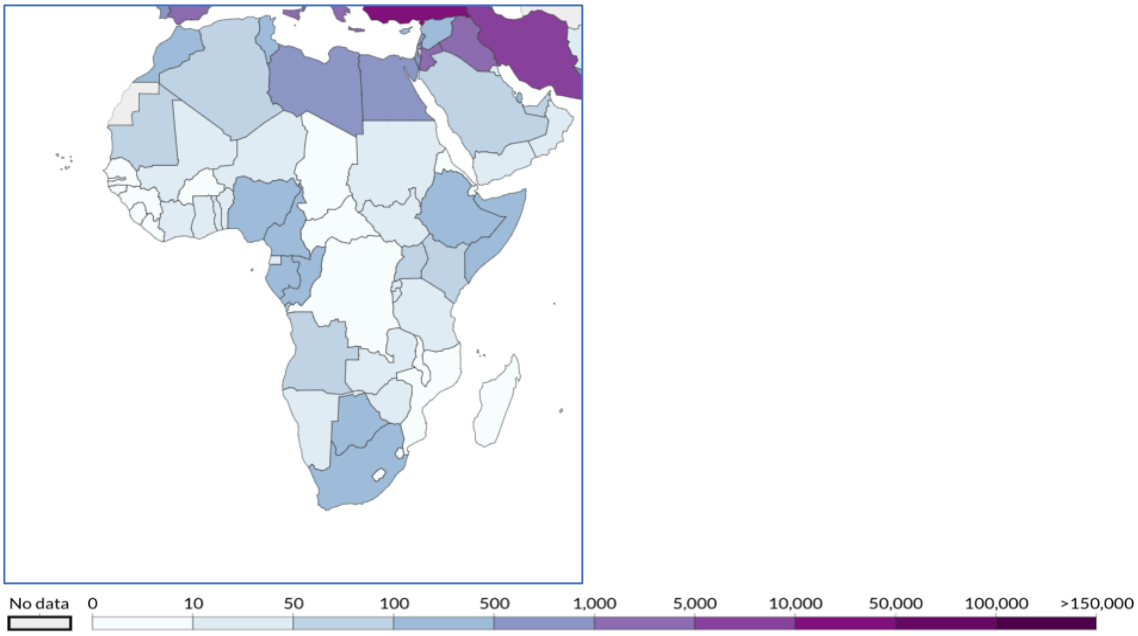
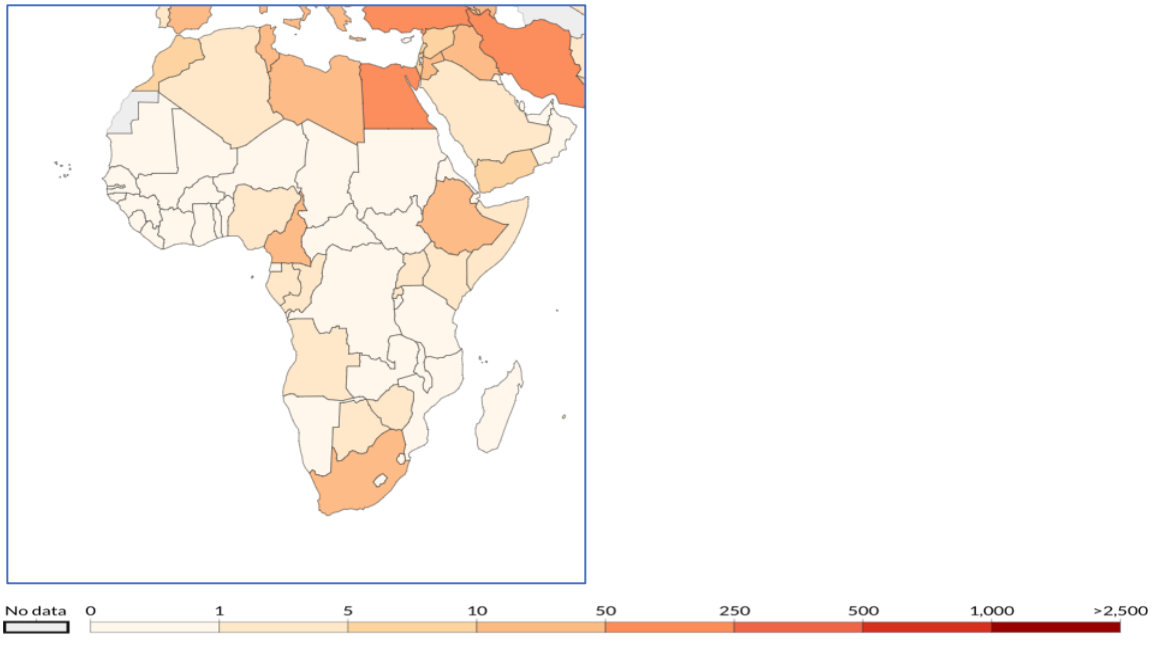


Figure 4: Showing Map of Daily New Confirmed COVID-19 Deaths, October 31, 2021 (Source: Our World in Data)



VACCINE ROLLOUT

To date, 295 million vaccines have been delivered to the African continent (Figure 5). Across the continent, vaccine delivery has picked-up recently, with 119M (40%) of doses delivered in October alone (out of the 295M delivered so far). Two-thirds of total vaccine deliveries were in September and October (Figure 6).

Figure 5: Showing Total Supply of COVID-19 Vaccine Doses Delivered to date by country (Source: Oxfam)

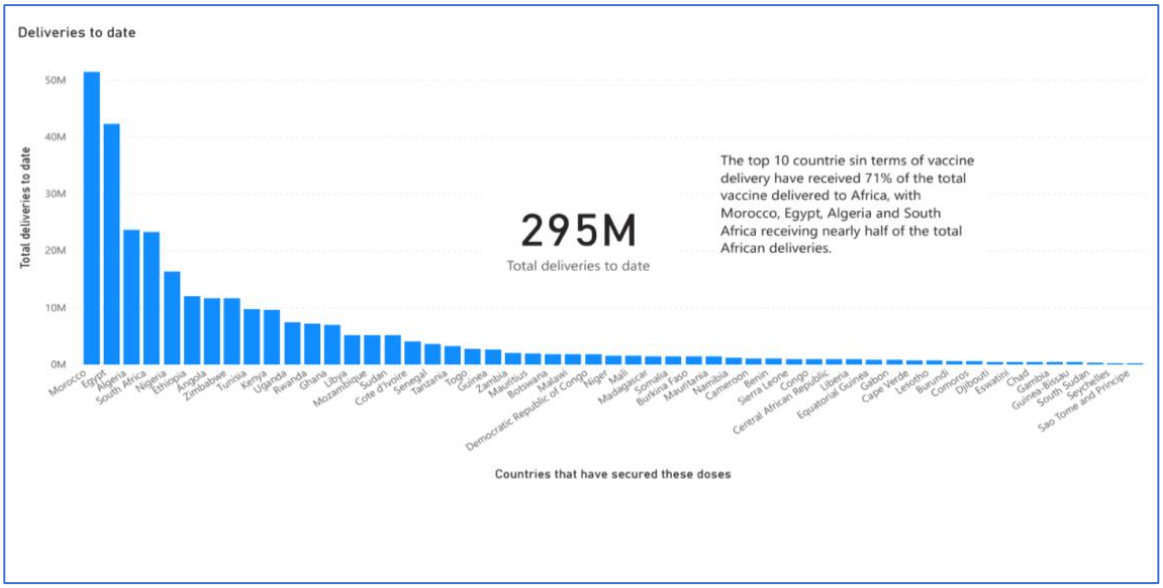
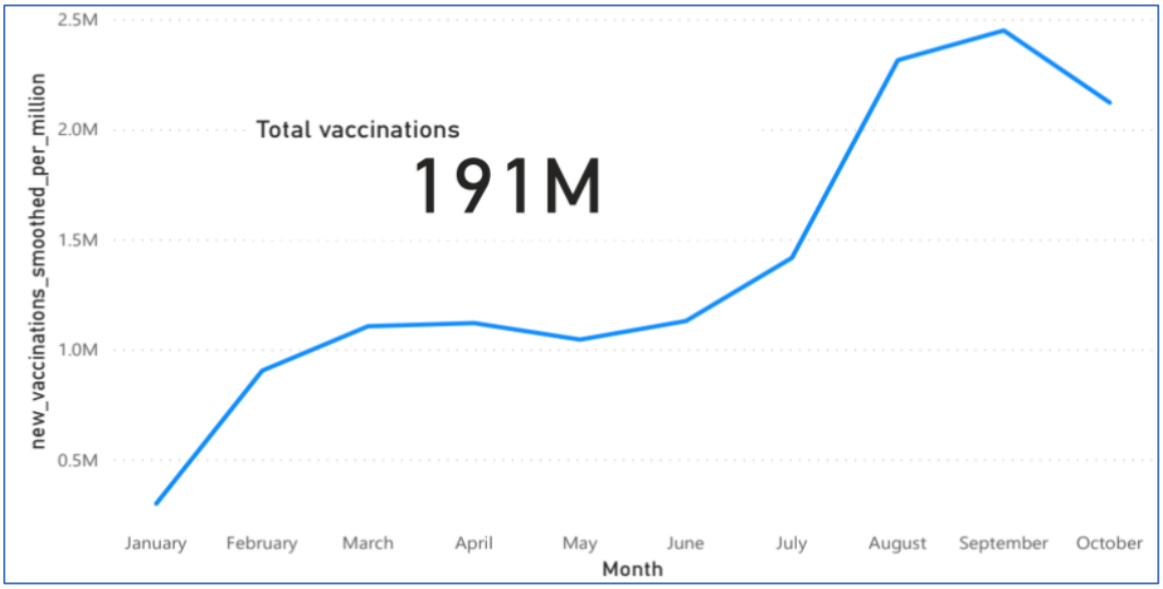
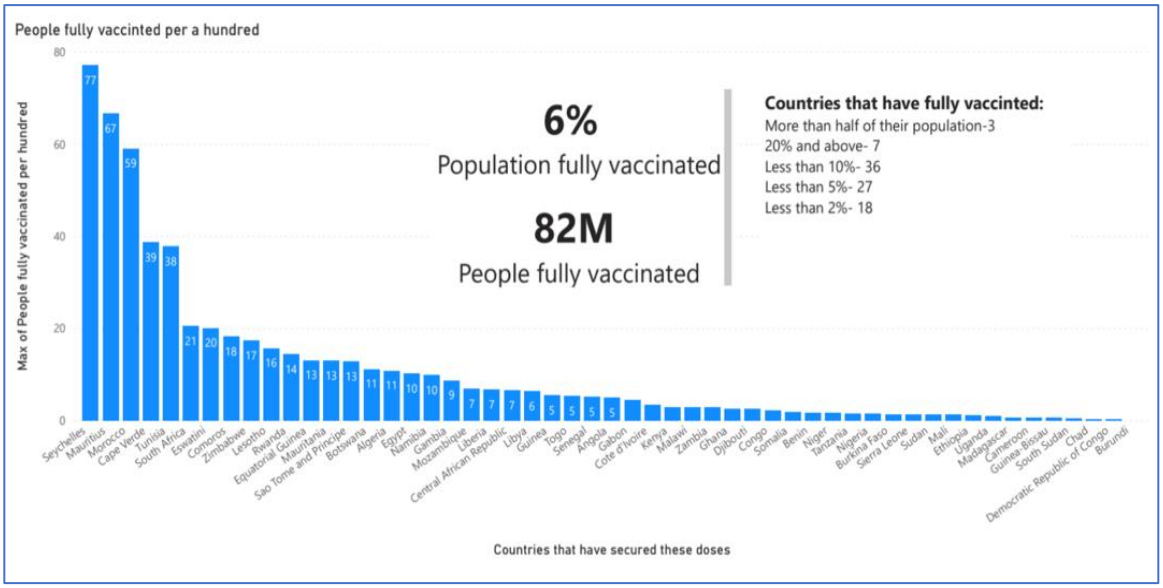


Figure 6: Showing new COVID-19 vaccinations per million by month (Source: Oxfam)



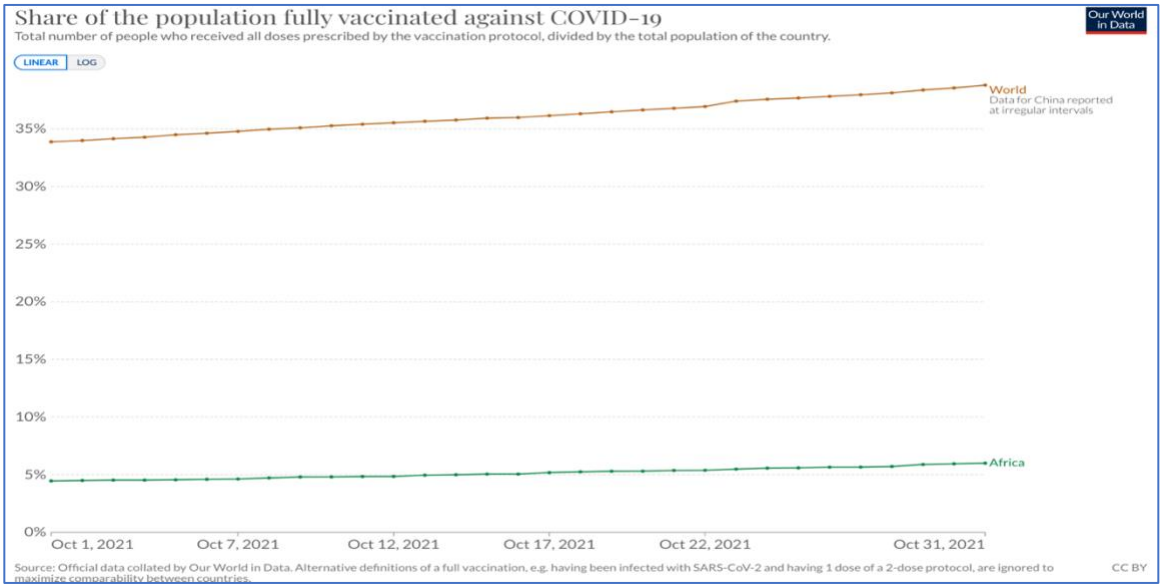
Alarmingly, by the end of October, half of the countries on the continent had still vaccinated less than 5% of their population and 18 African countries had vaccinated less than 2% of their population, Morocco, Algeria, Egypt and South Africa have received nearly half of the total deliveries in Africa. Overall, only 6% of the continent was fully vaccinated by the end of the month (Figure 7).

Figure 7: Showing Total Number of COVID-19 Vaccine Doses Delivered to date by Country (Source: Oxfam)



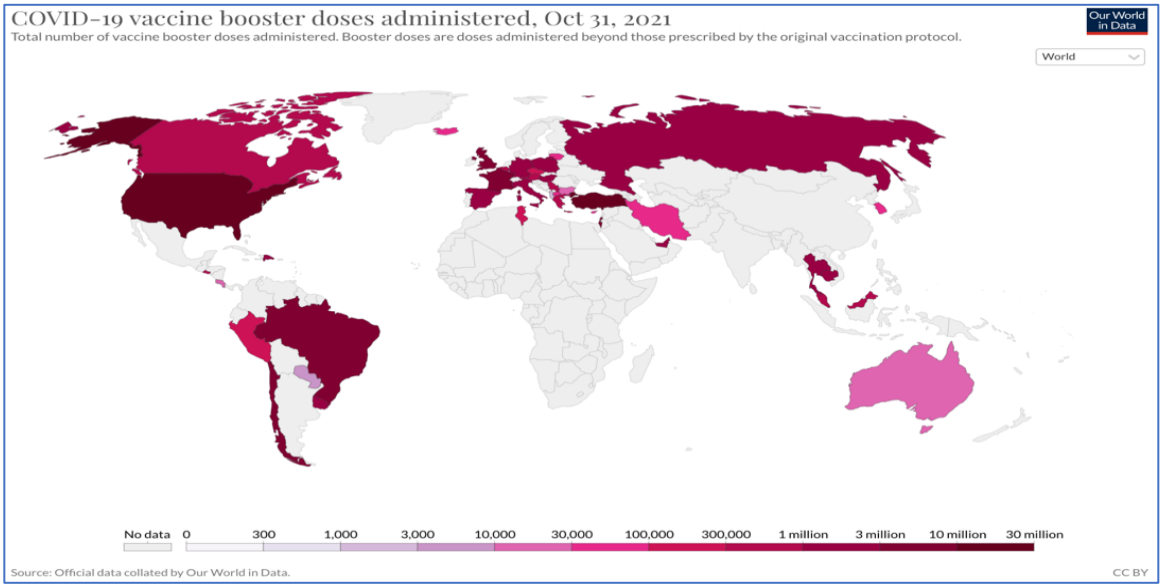
Striking inequity continues to persist between the percentage of people fully vaccinated in Africa vs those fully vaccinated across the world. In Africa, only 6% of individuals were fully vaccinated by the end of October (compared to 38.79% globally) (Figure 8).

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



The number of booster shots delivered globally alarms critics of vaccine inequity, given the fact that – as stated above – many African countries have not yet managed to vaccinate even 2% of their population. 85.09 million COVID-19 vaccine booster doses had been administered globally by the end of October. These deliveries were largely concentrated in Brazil (8.14 million doses), Turkey (12.23 million doses), and the United States (20.16 million doses), with hardly any booster shots administered in Africa. (Figure 10).

Figure 10: Showing Map of Vaccine Booster Doses Administered Globally (Source: Our World in Data)



COMMENTARY FROM AROUND THE CONTINENT

Parenthood Before Adulthood: The Effects of COVID-19 on Girls in Africa

By Mandisa Zwane-Machakata

There is no doubt that the impact of COVID-19 far exceeds the deaths and the burden of disease. We must also consider the psychological impact, the load on the health system, the loss of income, and the increased chore and caretaking burden. The impact of the pandemic has been daunting for the most vulnerable groups in society, especially in developing countries.

Across Africa, the progress towards the Sustainable Development Goals has been stalled and, in some cases, has been reversed. One of the devastating results has been the social impact on adolescent girls and young women. The advent of COVID-19 has seen an increase in early and unintended pregnancies, STI incidence, and gender-based violence. I also suspect that we will eventually also see an increase in HIV incidence from this period.

For the last year, SAfAIDS has been providing community support to target groups affected by COVID-19. As part of this work, we reach out to different people facing challenges that have been worsened by the pandemic. One such case is that of 14-year-old Temhlanga Khatwane of Lobamba in Eswatini. Before COVID-19, Temhlanga was an energetic Form 1 student who regularly attended school and spent most of her free time helping her grandmother run a market in Mahlanya. On Sundays, they attended church with their family. When COVID-19 hit Eswatini in March 2020, schools and churches were closed, and markets (including Temhlanga's grandmother's) were also shuttered because of the lockdown.

Temhlanga found herself with a lot of free time. She could not continue comprehensive sexuality education, as it is part of the academic curriculum in Eswatini, and she was no longer attending school. Neither could she access health outreach services, as they were also put on hold. It is during this time that she met and began a relationship with a local transport operator. During the lockdown period, Temhlanga spent most of her free time with her boyfriend and eventually became pregnant. Devastatingly, she was chased from home by her uncle because of the unplanned pregnancy, only to find out that her boyfriend was no longer committed to the relationship or to maintaining the child.

Although she is thankfully now back home, due to her grandmother's intervention, the trajectory of Temhlanga's life has been forever changed by the pandemic lockdown. She is now facing adult challenges at just 14 years of age. She is looking for a job to maintain herself and her baby – a difficult ask because of her age and limited skills. Unfortunately, Temhlanga's story is not a unique one in Africa. This is the story of many adolescent girls and young women on the continent.

For the average African adolescent girl and young woman (AGYW), the journey from adolescence to adulthood is riddled with challenges. In the Southern African Development Community (SADC) region, a third of adolescent girls and young women face some form of sexual violence by their 18th birthday. AGYW aged

15-19 are five times more likely to be infected with HIV than males in the same age group. It is likely that this situation has further worsened for many adolescent girls and young women since the advent of COVID-19. In Blembu, Eswatini 260 pregnancies were reported from 280 schools in 2020. Of these cases, 44 were in primary schools. This meant that even when schools opened briefly in 2021, many girls were not able to return to their studies, as pregnancies had forced them to drop out.

Research has shown that retention in school is a key strategy in delaying sexual debut and reducing early and unintended pregnancy. With COVID-19 forcing many schools to close for the bulk of 2020 and 2021, many African girls have lost out on access to Comprehensive Sexuality Education (CSE), as this is part of the school curriculum. Youth friendly sexual and reproductive health and rights (SRHR) outreach services – which include family planning, HIV testing & treatment, sexual & reproductive health information, and gender based violence (GBV) services – were also put on hold as countries prioritized responding to COVID-19. This inadvertently contributed to the increase in early and unintended pregnancies across the region.

This situation is directly related to the slow vaccine rollout on the African continent. We watch as people in wealthier nations receive booster shots, while many of our teachers and health care providers have yet to be fully vaccinated. For many countries, the lack of vaccines means a continuation of strict pandemic lockdowns. Schools cannot safely re-open while teachers are not vaccinated. While normal life seems to return to normal elsewhere, we ask ourselves when normalcy will return to our world.

The trajectory of Temhlanga's life has been forever altered by this pandemic. Our task is to ensure that we do not fail a whole generation of African girls as we failed her. Africans deserve the same protection from COVID-19 as Europeans and North Americans. Adolescent girls and young women in Eswatini are being robbed of the most basic rights (to an education and to a future) that their sisters elsewhere take for granted. Ensuring equitable access to vaccines in Africa is not the sole answer to reducing early and unintended pregnancies, but it is certainly one of the key solutions.

Mandisa Zwane-Machakata is the SAfAIDS Country Representative in Eswatini. This is an original piece written for publication in this report.

Multilateralism on a ventilator: Africa, Covid-19 and COP26

By Jens Pedersen and W. Gyude Moore

During the course of the Covid-19 pandemic, developing countries were left to face the economic and health effects on their own, undermining trust in the multilateral system.

When African and other developing countries consider the upcoming COP26. They may well do so with two recent beliefs/observations at heart.

One is that during the course of the Covid-19 pandemic, poor countries have learned the hard way, that promises and assurances of support from the world's wealthiest country disappear in the face of collective threats.

As the virus spread, these countries have largely fared worse and been left alone to face the economic and health effects on their own. The response of wealthier countries around global vaccine supplies and manufacturing can arguably be seen as bad faith engagement. 18 months into the pandemic, there is still no viable global plan. Across the developed world, life is returning to normal, while developing nations still grapple with the fallout.

When 75 nations circulated a letter calling for an end to "vaccine nationalism", the notable absences included the UK, the US and Canada.

Secondly, this bifurcated response to the pandemic has significantly undermined trust in the multilateral system at exactly the moment when collective action is needed.

While it is convenient to blame former President Trump for degrading multilateralism, the effective outcomes have continued even after he has left office.

Not only did the early days of the pandemic reveal a tendency for countries and regional unions to put in place various export bans, more worryingly, developing countries were left with false hope and little faith in the multilateral institutions and frameworks intended to respond to the pandemic.

The problem with COVAX

Take COVAX, for example, the multilateral vaccine procurement and distribution structure. COVAX has struggled to meet its resource needs while also being unable to secure vaccines due to hoarding by wealthier countries.

It has thus been undermined, while it was simultaneously touted as an integral part of the global response. This has so frustrated Africans that Strive Masayiwa, the AU Vaccine Envoy and coordinator of the African Vaccine Acquisition Task Team, wondered aloud if COVAX was intentionally meant to delay

African effort to negotiate directly with vaccine manufacturers. This is the extent of the erosion of trust in the multilateral system.

At the most recent meeting of the United Nations General Assembly (UNGA), a succession of African Presidents decried this in the strongest possible terms. Ghanaian president Nana Akfuo-Addo, went to the crux of this when saying that wealthy countries and regions have played foul and provided primarily warm words but little actual response living up to the words of support and responsibility.

Namibian President Hage Geingob called it "vaccine apartheid." His South African counterpart, Cyril Ramaphosa, noted that it is "a great concern that the global community has not sustained the principles of solidarity and cooperation in securing equitable access to Covid-19 vaccines."

In December, the AU and Africa CDC are hosting the inaugural conference on Public Health for Africa, seeking a new health order for Africa. This follows the October COP26 gathering in Glasgow Scotland. In view of the response of wealthy countries to the pandemic, there is little reason to expect that the upcoming approach and negotiations to unfold in Glasgow during COP26, will be any different from hollowing out of genuine multilateralism and nationalistic inclination leading to empty promises.

What should happen at COP26

Going into a new round of climate-related conversations, it is crucial that African officials do not view nor address these in isolation.

Rather, knowing and bearing in mind the most recent experience as alluded to by African presidents at UNGA, their approach must thus be informed by linking the climate positions with the Covid-19 experience.

African officials must insist that should African countries make concessions on climate-related matters, it should only be done in return of demonstrable action related to paltry Covid-19 response. Africa should not be expected to once again walk away from a global forum making promises that future efforts will support Africa and Africans when the continent's population is at present suffering the effects of Covid-19 related inequity and false multilateralism.

Bottom line

For more than a year now, the EU, UK and Canada have blocked the so-called WTO waiver, initially proposed by South Africa and India and subsequently endorsed by the entire African continent. In principle, the waiver seeks to secure expanded manufacturing of scarce vaccines during a pandemic. The US has expressed its support, but again very little demonstrable action has indicated a change in practice.

The waiver is only one example of a clearly agreed and defined African issue that is being deliberately dragged along in multilateral forums, such as the WTO, while band-aided with another multilateral and counterintuitive mechanism, COVAX.

It is therefore imperative that African countries demonstrate unity, but more importantly take a more strategic position to the COP26, by demanding significant concessions and action from the wealthy nations on the matters of Covid-19 vaccines. The reality and recent experience, however, tell us that a fractured separate approach to different multilateral platforms and forums does little but a disservice to Africa. It is not about holding climate hostage on the issue of Covid-19, but to make the world understand that Africa sees the bluff.

Progressive linkage, therefore, by linking pro-Africa and progressive positions from one forum more strongly to another forum, will herald a new approach from an Africa that has to build increased unity during the Covid-19 pandemic. It as well serves to better otherwise fragmented progressive constituencies, both in Africa and elsewhere, that are otherwise focusing more singularly on the issues of climate change, public health, but failing to link them to force unity in forums where power dynamics are against Africa.

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AFRICA MEDIA ROUNDUP

Covid-19: Morocco among three African countries that hit WHO vaccination goal
The North Africa Post (Morocco)
Oct. 30, 2021
As of the end of October, Morocco, Seychelles, and Mauritius were the only three African countries that had met the WHO's target of 40% vaccination set out by the World Health Assembly. At the current pace, just two more countries, Tunisia and Cabo Verde, will also hit the target. The barriers to reaching vaccination goals include a lack of vaccines and – according to this article – a lack of syringes. WHO Regional Director for Africa, Dr Matshidiso Moeti is quoted as saying: "The looming threat of a vaccine commodities crisis hangs over the continent. Early next year Covid-19 vaccines will start pouring into Africa, but a scarcity of syringes could paralyze progress".

The verdict is in — and Sputnik V is out
Bhekisisa (South Africa)
October 20, 2021
After eight months of review, the South African Health Products Regulatory Authority (SAHPRA) declined an emergency use application of the Sputnik V COVID vaccine in the country. This article describes the Sputnik V vaccine and how it works as well as explaining SAHPRA's concerns about added HIV acquisition risked related to a component of the jab.

Malawi: COVID-19 hindered business for farmers. They found solutions.
African Arguments (Pan-African)
October 8, 2021
When the COVID pandemic hit Malawi, the government placed restrictions on movement, disrupting agribusiness across the country. With access to markets and capital negatively impacted by the lockdowns and due to fear of infection, people had to find ways to cushion the damage. This article describes the hardships and some of the proposed solutions. It also touches on the current push for vaccines in the farming community, and concerns about vaccine hesitancy, which grew in the country following reports of out-of-date doses, fears over blood clots, and misinformation.

SO WHAT?

Vaccination rates are finally going up across Africa, but there are still too many countries on the continent with dismal vaccination rates. While vaccination lags and the pandemic is prolonged, we must also take note of the correlated economic, health, and social issues – particularly those facing young women and girls. We are reminded of this by Mandisa Zwane-Machakata in her piece tilted **Parenthood before adulthood: The effects of COVID-19 on Girls in Africa**

Globally, we are in an odd situation that finds the continent still lagging behind in COVID-19 protection, while over 85 million booster shots have been administered worldwide. African strategic solidarity is required, and we must demand that our leaders be more savvy and thoughtful about how they engage with leaders from the Global North. This is a point made by Jens Pedersen and W. Gyude Moore in their piece titled **Multilateralism on a ventilator: Africa, Covid-19 and COP26,** as they argue that – for example – Africa should not make concessions on climate until decisions are made that improve the continent's outlook on COVID-19. This might be seen a provocative argument, but one that simply calls on African leaders to be more strategic in their engagements with their wealthier counterparts.

Finally, we must remember that supply of vaccines is but one of the problems we face when addressing slow rollout. Something as seemingly basic as the supply of syringes could also cause of a devastating blow to our distribution campaigns in coming months. Vigilance and advocacy is required on more than one front in this continued battle, and we must demand accountability and transparency from our national and regional leaders, as well also pushing for solidarity from the Global North, as we have been doing for the last few months.