AFRICA COVID-19 BRIEF

SEPTEMBER 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

Like in much of the world, the number of new cases in Africa dropped significantly in September. The continent experienced 28,316 new confirmed cases on September 1st, and saw a steady decline in cases before reaching its lowest figure for new confirmed cases for the month on the 30th with 10,741 (Figure 1). Similarly, the number of daily new confirmed COVID deaths declined steadily, starting at 734 confirmed deaths on September 1st, and dropping to 389 deaths on September 30th (Figure 2).

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

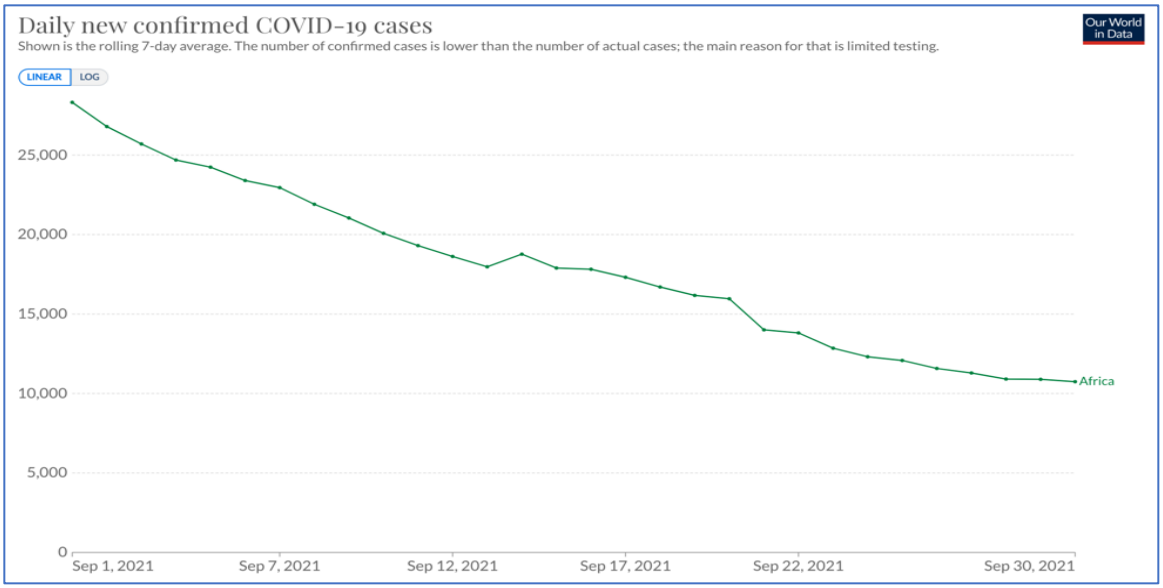
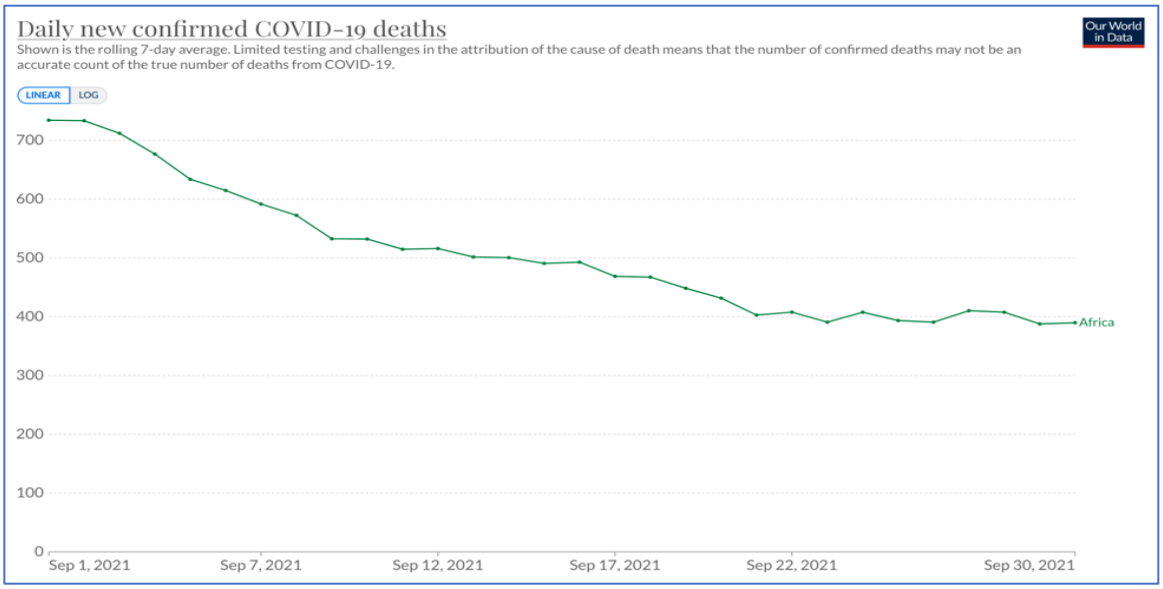


Figure 2: Showing Daily New Confirmed COVID-19 Deaths (source: Our World in Data)



Following trends from the month of August, 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, September 30, 2021 (Source: Our World in Data)

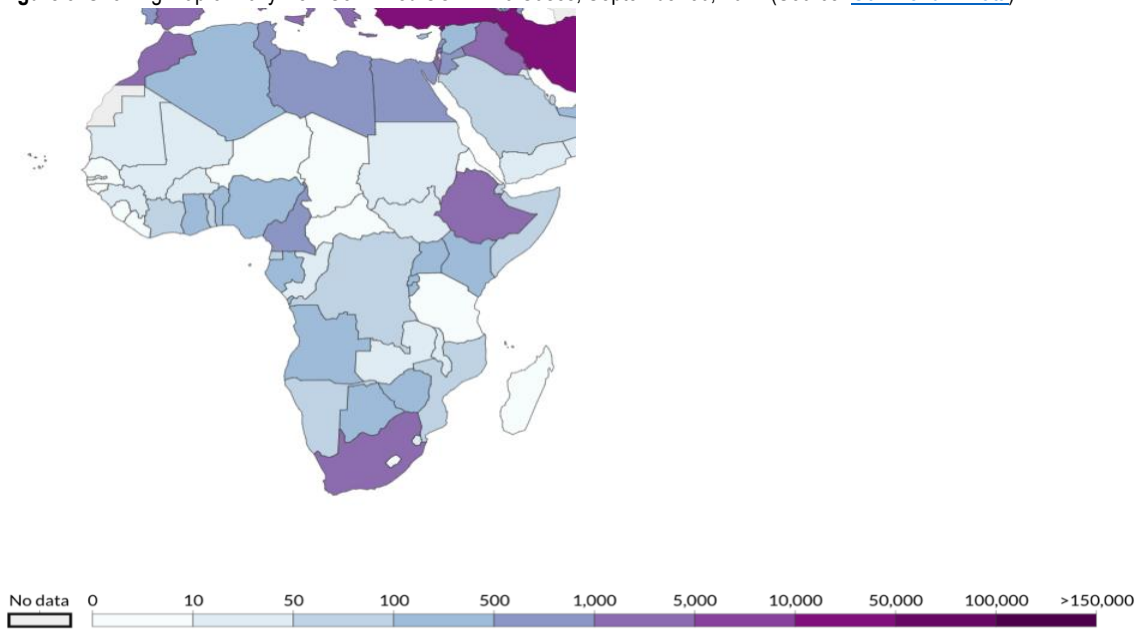
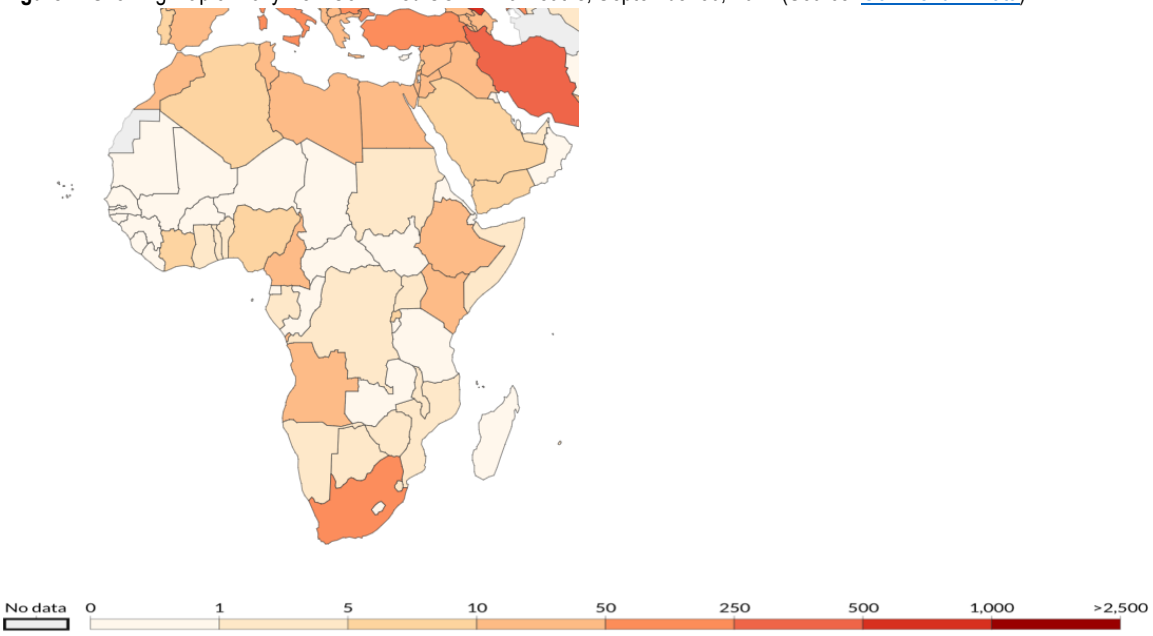


Figure 4: Showing Map of Daily New Confirmed COVID-19 Deaths, September 30, 2021 (Source: Our World in Data)



VACCINE ROLLOUT

Across the continent, 209.4 million vaccine doses have been received to date. This figure represents just 2.8% of the global distribution, despite Africa's population accounting for 17% of the global population. Nearly 40% of the delivered doses in Africa are donations (Figure 5). AstraZeneca remained the most widely used vaccine on the continent, accounting for 60,081,760 (approximately 29%) of the total delivered doses to date (Figure 6).

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

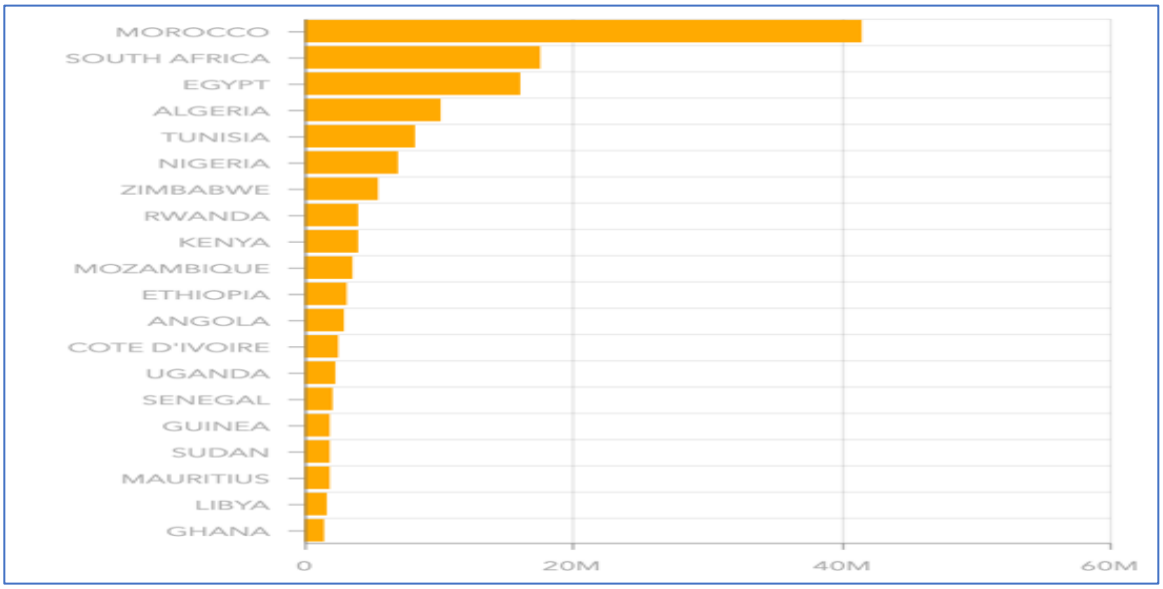
Deal type delivered	
Deal type	**Sum of Total deliveries to date**
COVAX H1 deliveries	87,664,000
Supply	97,139,894
Vaccine donation	24,590,100
Grand Total	**209,393,994**

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

Vaccine type delivered	
Row Labels	**Sum of Total deliveries to date**
Ad26COVS1 (J&J)	21,167,100
AZD1222 (University of Oxford/AstraZeneca)	60,081,760
BBIBP-CorV (Beijing/Sinopharm)	56,303,540
BNT162b2 (Pfizer/BioNTech)	30,371,180
CoronaVac (Sinovac)	28,155,294
COVAXIN (Bharat/ICMR/NIV)	235,000
mRNA-1273 (Moderna)	9,868,120
Sputnik V (Gamaleya Research Institute)	2,612,000
Sputnik-Light (Gamaleya Research Institute)	600,000
Grand Total	**209,393,994**

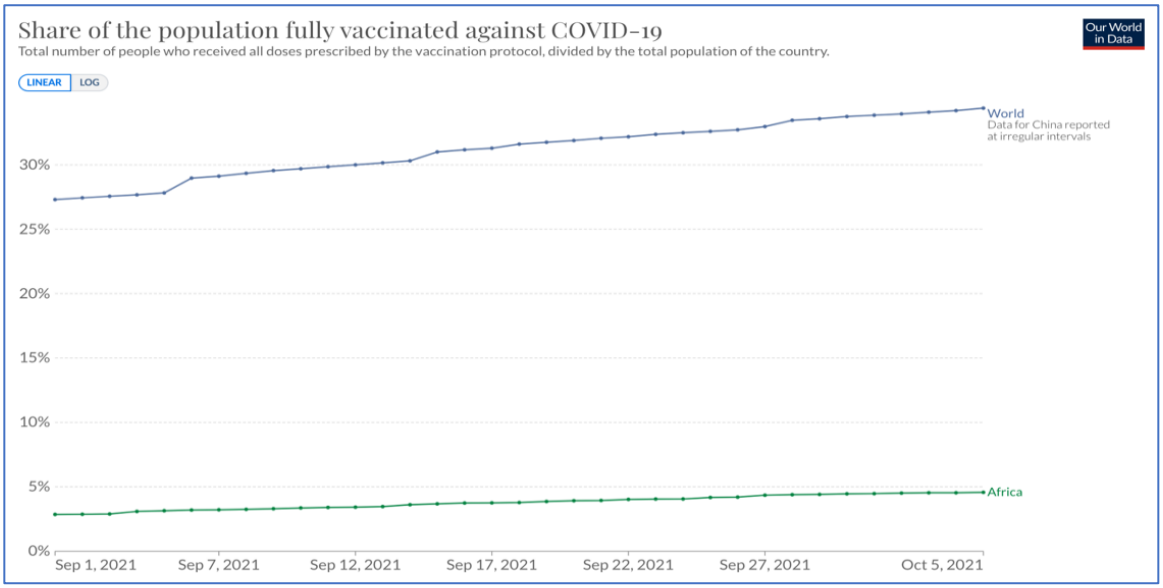
About a dozen countries on the continent have yet to vaccinate 1% of their population. However, Morocco continues to lead the continent in number of vaccine doses delivered, having delivered 41.4 million doses (reaching approximately 50% of its population). Morocco is followed by South Africa (17.3 million doses delivered) and Egypt (15.9 million doses delivered) (Figure 7).

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



Striking inequity persists between the percentage of people fully vaccinated in Africa vs those fully vaccinated across the world, and continues to worsen. In Africa, 4.57% of individuals are fully vaccinated (compared to 34.40% globally), up only a fraction since August 31 (Figure 8).

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



Despite the outrageously low number of vaccines donated and delivered to the African continent, 30.02 million COVID-19 vaccine booster doses had been administered globally by the end of September (Figure 9). These deliveries were largely concentrated in Turkey (11.16 million doses), the United States (4.03 million doses), and Chile (3.35 million doses) (Figure 10).

Figure 9: Showing Total Number of Vaccine Booster Doses Administered Globally (Source: Our World in Data)

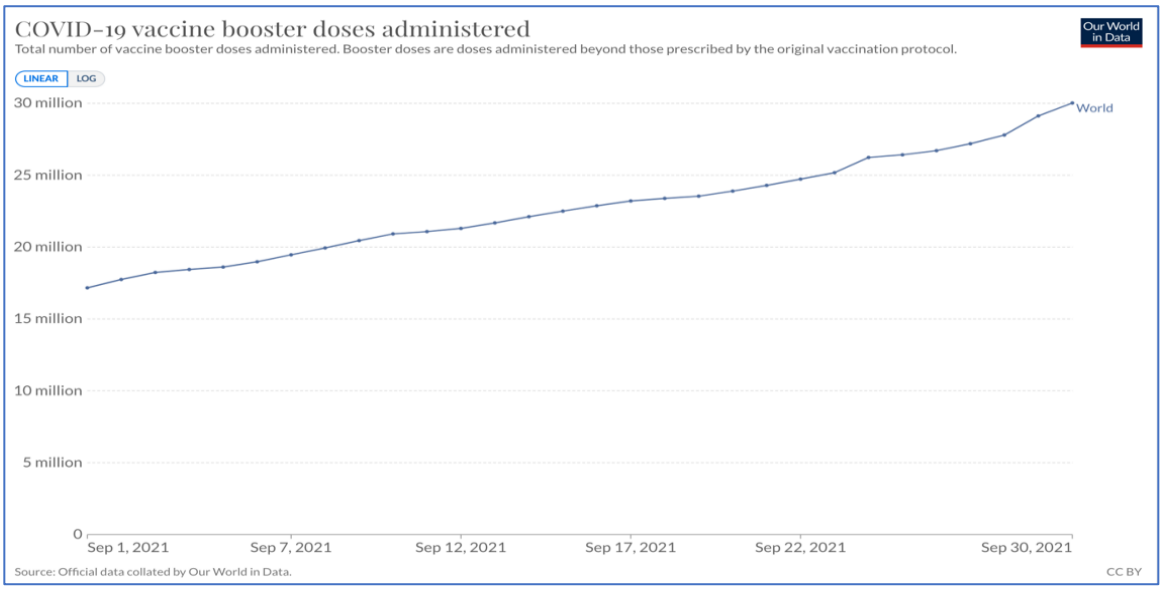
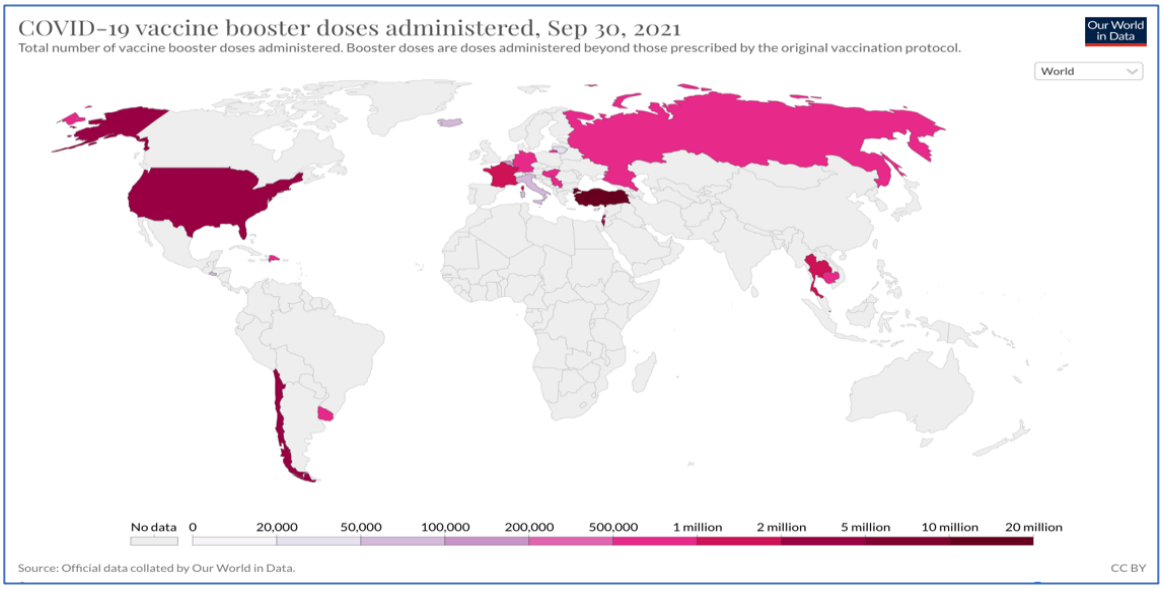


Figure 10: Showing Map of Vaccine Booster Doses Administered Globally (Source: Our World in Data)



COMMENTARY FROM AROUND THE CONTINENT

Unable to Move Forward and Unable to Mourn: A Voice from the African Diaspora

By Dr Charles Ebikeme
September 28, 2021

There are no vaccines if you live in certain countries and, as a result, the pandemic is far from being over. This vaccine inequity is less a problem of logistics and more a moral failing. We have seen vaccines produced on the continent being exported to high income countries. We have seen rich countries not only buy up virtually all the doses – enough to vaccinate their populations several times over – but we have also seen them buy up the supply chain, pre-ordering wherever they can. Strive Masiyiwa's analogy of not only buying the bread in the bakery, but the baker as well is apt. Wealthy nations sign declarations and hold summits promising more doses which add up to nothing more than charity. Their actions speak louder than words. Vaccines were supposed to be a public good and all we have seen is, in reality, an apartheid. It is the poorest among us who are denied access to vaccines. Such inequity disguised as charity only extends the suffering while increasing the chances of more deadly variants emerging, threatening the hard-fought gains of this entire pandemic.

More than a year into a pandemic that has had deep consequences – not just for lives, but for livelihoods and society at large. The vaccine remains a commodity owned by companies and sold to the rich who then, in turn, donate what they think appropriate. They leave the lives of millions hanging in the balance and at the mercy of simple politics. This mind-set is the cruel remnant of colonial injustice and a charity "trickle down" model. One that is failing us in our time of crisis.

This is not just a case of poor countries versus rich countries. Some richer Asian nations, who did well early in the pandemic by prioritising containment strategies and promoting efficient public health measures, now find themselves also at the mercy of vaccine supplies.

This struggle hits closer to home for those of us from the African diaspora who are fortunate enough to be in the Global North, where doses are plentiful. We watch from afar as our brothers and sisters on the continent go without, and with no roadmap or schedule as to when those missing doses will materialise. To add insult to injury, even those in poorer countries who are lucky enough to be fully vaccinated – with the very same doses that were "generously donated" by rich countries – are not afforded the same freedom of travel available to other fully vaccinated global citizens. Newly implemented UK government rules will discriminate between the recipients of COVID-19 vaccines – not based on the type of vaccine received, but on the region in which these vaccines were received. The restrictions will apply to those vaccinated through the COVAX programme – a programme which the UK. supports with significant funding and a pledge of 80 million vaccine doses. Africans are particularly hard hit by these restrictions, as COVAX supplies constitute almost half of the COVID-19 vaccines supplied to the African continent to date.

Many African countries remain on so called “red lists” in Europe and the UK, despite the fact that those countries have had lower COVID-19 case rates than some rich countries.* For the past 18 months many families have been separated, not by this virus, but by travel bans and illogical policies. Ghana’s President Nana Akufo-Addo spoke for many on the continent when he pointed out the inequity of European countries refusing to recognise the AstraZeneca vaccine manufactured in India saying: “the use of vaccines as a tool for immigration control will be a truly retrogressive step.” This is policy-based evidence-making rather than evidence-based policy-making.

In the coming months, many of us in the Global North will be offered booster vaccinations, the merits of which are being hotly debated. Despite these scientific debates, we expect the booster programs to be enforced by countries that have taken a vaccine-only approach to managing the pandemic. To some of us however, it is obvious that getting those vital first shots in arms around the world is more valuable than any booster programme. And our voices have gone unheard. Cries of "vaccine apartheid," "greed," and a "catastrophic moral failure" have not truly shifted the debate or made more doses available. It seems no amount of evidence or analysis can shift the problem. Many have felt anger and outrage, and a sense of helplessness in not knowing where to direct efforts.

While wealthy countries are dropping all restrictions and reopening their societies because most adults are fully inoculated, new cases continue to rise across Africa, where very few people are vaccinated. A continent abandoned by this thing called “global health”. As such, we are unable to move forward and unable to mourn.

***Note:** On October 8, the UK dramatically shortened its ‘red list’. The countries remaining on the list are: all in Latin America or the Caribbean: Colombia, the Dominican Republic, Ecuador, Haiti, Panama, Peru and Venezuela.

Dr Charles Ebikeme *is a Policy Officer in the Department of Health Policy. Charles is currently part of the LSE team working on the African Health Observatory Platform on Health Systems & Policies (AHOP). Prior to joining LSE, Charles worked at the intersection of research and policy, focusing on mainstreaming health into sustainable development topics such as climate change and urbanisation. He has managed global research programmes and spearheaded policy and advocacy initiatives globally. Charles is a writer and commentator on science, policy, and global health issues. This is an original piece written for publication in this report.*

Old habits die hard: J&J’s failure to deliver COVID jabs to SA is nothing new

By Candice Sehoma
September 2, 2021

In late March, Johnson & Johnson’s (J&J) COVID-19 vaccine was authorised for use, with conditions, in South Africa. But five months later, the country has received a mere 4 264 400 (13.6%) of the 31.2-million

doses it has procured — and only 3.2-million doses will be delivered in September, according to health department figures.

This means that by the end of September, South Africa would only have received about a quarter (23.4%) of its J&J supply — and that is if J&J actually delivers the doses on time (we've seen several delayed deliveries from the company over the past few weeks).

Why is our J&J supply so crucial?

The jab requires only one shot — Pfizer, the other vaccine that South Africa uses, consists of two doses — and has less stringent storage requirements than Pfizer. That makes J&J ideal to use in rural areas, where people may have to travel longer distances on poor roads to vaccination sites, and may therefore be less likely to return for a second shot. Access to complicated cold chain requirements is also limited in more remote districts.

By the beginning of September, South Africa had administered just over 12.5-million vaccine doses, of which only 18.4% (2.3-million) were J&J shots (this is without the 500 000 doses which were used in the country's Sisonke implementation trial). The proportion of adults who are fully vaccinated in rural provinces such as Mpumalanga (9.2%) and Northwest (11.4%), where J&J would help considerably to speed up vaccinations, is far below the national average of about 15%.

With only four months to go until the end of the year, when the health department plans to have most adults vaccinated against COVID, doubt is mounting about J&J's ability to fulfil their contractual obligations on their already-overdue doses. The company's drug substance (the key ingredient of the vaccine) production delays earlier this year, halted the ability of Aspen Pharmacare — a local vaccine manufacturer which "fills and finishes" vaccines for Janssen Pharmaceuticals and Janssen Pharmaceutica NV, the manufacturers of J&J's jab, on contract — to deliver jabs. "Fill and finish" means Aspen imports the drug substance of the J&J vaccine, then mixes it with an inactive drug substance, puts it in vials, and packages and labels it.

More concerningly, in the past days we have learnt that Aspen has exported some of the J&J vaccines they have produced to Europe, even as South Africa and other countries in Africa scramble for vaccine doses to inoculate people. The current license agreement between Janssen Pharmaceuticals and Aspen lacks transparency on how many of the up to 300-million annual doses Aspen says it can "fill and finish" will be dedicated to South Africa and other African countries. It also limits Aspen's rights to determine to which countries the doses they "fill and finish" are allocated.

Although President Cyril Ramaphosa has announced that Aspen has initiated discussions with Janssen Pharmaceuticals about a full production license, there is no indication of a timeline.

All of this is happening against the background of South Africa having contributed hugely to J&J's research — one of the legs of the vaccine's efficacy trial, the Ensemble study, was conducted in South Africa and the

country also ran an implementation trial, Sisonke, which looked at the real life efficacy of J&J's jab among healthcare workers.

Sadly, J&J is no stranger to this anti-competitive way of doing business; we have seen this before with their monopoly stranglehold of the drug-resistant tuberculosis (DR-TB) treatment, bedaquiline. Bedaquiline can cure more people of DR-TB than older, toxic treatments and was developed as a joint effort by public and private entities and the larger TB community.

A history of anti-competitive behaviour: J&J's medication monopoly

However, J&J still holds the patents on bedaquiline, which is why the drug is highly priced. This monopolistic way of doing things has impeded access to the treatment and left people with DR-TB taking harmful TB medicines, which need to be injected and often cause devastating side-effects.

In light of their production challenges and delayed delivery of the COVID-19 vaccines, Janssen Pharmaceuticals should instead grant Aspen a full technology transfer agreement, including production and distribution rights. This would give Aspen the power to produce and supply additional doses for South Africa and the rest of the continent, where only 2.5% of the population have been fully vaccinated. J&J should also share its intellectual property and conduct full technology transfers with other capable manufacturers in low- and middle-income countries via transparent agreements.

The COVID-19 pandemic has magnified the grave consequences of narrow political and commercial interests by pharmaceutical companies and some governments; the result is highly unequal access to lifesaving vaccines. It is an unfortunately familiar story that requires urgent action to change the ending. Allowing multiple producers of the J&J vaccine on the market would provide a more equitable and sustainable solution than the current piecemeal approach of limited "fill and finish" agreements like the one imposed on Aspen by Janssen Pharmaceuticals.

South Africa should also take this opportunity to reevaluate its policies on clinical trial involvement to ensure improved access to any future medical tools developed based on the contributions of South Africans.

The millions of people in South Africa and countries in the Global South who have yet to receive COVID-19 vaccines should not have to wait any longer. Everyone deserves an opportunity to be protected against COVID-19 as soon as possible. We need dramatically improved access to COVID-19 vaccines to help make that happen.

Candice Sehoma is the Doctors Without Borders (MSF) Access Campaign Advocacy officer in South Africa. This piece was published in Bhekisisa.

Vaccinating the elderly against Covid faces myriad challenges

Nation (Kenya)

September 28, 2021

This article breaks down the COVID-19 vaccine rollout in Kenya, highlighting the immunization coverage among those considered "elderly" (over 58 years of age). The data shows that as of September 1, only 9.8% of people 58 and over had received the vaccine in Kenya. This piece asks why the number is still so low, despite the fact that senior citizens have – in theory – been prioritized for vaccine rollout. Some of the barriers to vaccine access explored here are logistical difficulties (such as distance to vaccine sites), concerns about side effects, poverty (one featured individual is still working an overnight shift at 75), and misinformation about the safety of vaccines. The article also points to the limited health education and sensitization campaigns targeting the elderly, and recommends that these be increased now that the supply of vaccines has become more significant.

Rwanda, Sénégal, Afrique du Sud : des nouveaux pôles régionaux pour la production de vaccins ?

jeuneafrique (Pan-African)

September 24, 2021

This article references the Africa Risk Reward 2021 Index, which noted that in 2020, $103 million was invested in African health start-ups, nearly four times the amount in 2019. Investment in biotech has also climbed. Today, Africa produces only 1% of the vaccines it uses. But entities like Oxford Economics (which produced the index) and consulting firm McKinsey predict that, by 2030, the continent's vaccine market will triple. The piece notes the recent news about German pharmaceutical company BioNTech considering Rwanda and Senegal as sites for malaria and TB vaccine production as well as the mRNA vaccine technology transfer centre being developed in South Africa. Although these are positive developments, we are reminded that patents are still a huge barrier as well as regulatory differences across the continent, which hamper research, technology transfer and market access. The piece notes that these obstacles are not only hampering the COVID-19 response, but slowing down vaccine capacity in the continent for other diseases in the long term.

Africa Needs Seven-Fold Rise in Covid-19 Vaccine Shipments - WHO

allAfrica.com (Pan-African)

September 22, 2021

Dr Matshidiso Moeti, World Health Organization (WHO) Regional Director for Africa makes a plea for timely delivery of vaccines to Africa – whether those doses are pledged by wealthy nations (as per the global COVID-19 summit hosted by the United States of America on the margins of the United Nations General Assembly) or via the struggling COVAX facility. Dr Moeti reminds people that Covid-19 vaccine shipments to Africa must rise by over seven times (from around 20 million per month to 150 million each month on average) if the continent is to fully vaccinate 70% of its people by September 2022. This piece also gives a current summary of cases across the continent (falling numbers) and highlights the need for planning and vigilance as we head towards the holiday season, which is likely to bring another surge.

[The convenient myth of an Africa spared from Covid-19]

The Continent (Pan-African)
September 11, 2021
Many media outlets and pharmaceutical executives claim that Africa has not been badly hit by Covid-19 and that vaccine hesitancy is higher in Africa than it is in the rest of the world. This piece debunks these dangerous narratives, pointing out that the evidence shows the opposite is actually true. Peddling the falsehood that the pandemic "was not that bad" in Africa or that Africans are anti-science are both myths "to ease a guilty conscience" that need be refuted at every opportunity.

[Undocumented people neglected in plans to vaccinate]

New Frame (South Africa)
September 2, 2021
The South Africa Department of Health confirmed that registration on the Electronic Vaccination Data System (where people sign up to access vaccines) is currently available only to people with valid identity numbers or equivalent passport, refugee or asylum permit numbers. This article points out that the current system excludes undocumented people and highlights the fact that this is epidemiologically foolish, particularly given the high transmissibility of the Delta variant. Certain municipalities have begun testing a system in which undocumented people were able to register for the vaccine by using a paper-based form that did not need an official number. These individuals would need to enter "undocumented" in the section "identity number/passport number". Advocates are seeking assurances from the national government that legal penalties will not be a consequence of vaccination. And they also encourage President Ramaphosa – who has pointed out the foolishness of vaccine nationalism when speaking to leaders across the globe – to apply that same wisdom within the borders of the country.

SO WHAT?

The month of September saw several high level global meetings, including the United Nations General Assembly and the US Government's Global COVID-19 Summit. Between the admonishments about vaccine apartheid and the continued promises for more vaccine donations, Africa seemed to be on everyone's minds and lips. However, it is worth reminding ourselves that as of the end of September, only 20% of doses committed to Africa had been delivered. Meanwhile, vaccine rollout is still dismal, with – as the data shows – only four people fully vaccinated for every hundred on the continent. This, as noted in Dr Ebikeme's piece (**Unable to Move Forward and Unable to Mourn: A Voice from the African Diaspora**) as millions of booster shots are being delivered in wealthier countries. Rich countries that have achieved high vaccination rates must be shamed into delivering on their commitment to redistribute vaccines.

While calls for building of manufacturing capacity and the advocacy around the TRIPS Waiver continue, there must be a sustained concerted effort to shame pharmaceutical companies and rich countries into making vaccine redistribution a reality. We take inspiration from the victory achieved by advocates and investigative journalists who uncovered the scandal about Johnson & Johnson vaccine shipments to Europe from South Africa. We are heartened by the fact that vaccines filled and finished in South Africa will now stay on the continent, and we will continue to demand greater transparency about contracts between African governments and pharmaceutical companies. As Candice Sehoma's piece (**Old habits die hard: J&J's failure to deliver COVID jabs to SA is nothing new)** reminds us, profit has always been the primary motive of pharma, even when they are blocking access to lifesaving treatments and vaccines. It us up to us to be the watchdogs, never expecting altruism or generosity on the part of entities that have always and will always put profits first.

Furthermore, we must continue to debunk myths about the low burden of COVID-19 and the extent of vaccine hesitancy on the continent. As noted in the article **The convenient myth of an Africa spared from Covid-19**, research shows that vaccine acceptance is higher in low and middle income countries than it is in the United States. Finally, assumptions – which we know to be false based on our experiences and those of our colleagues, families, and friends – that the death toll in Africa is too low to warrant major concern must push us to continue to advocate for improved data collection and reporting on deaths. We must also ensure that the stories of the loved ones we have lost to this pandemic are not forgotten.