

2021

September - December

Annual Report

Supplementary
Report



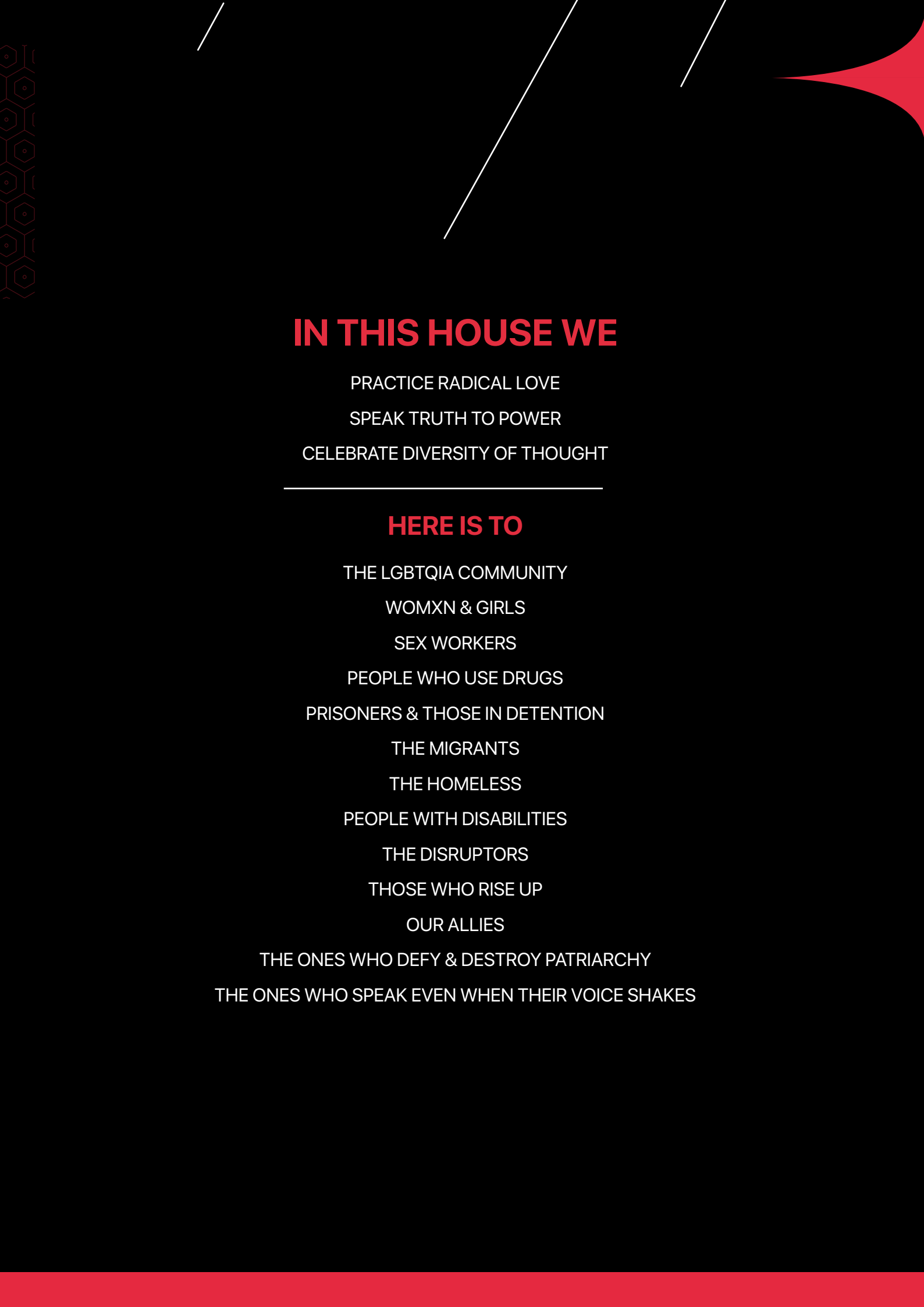
African
Alliance



Altahaluf
al'Afriqui



التحالف
الأفريقي



IN THIS HOUSE WE

PRACTICE RADICAL LOVE

SPEAK TRUTH TO POWER

CELEBRATE DIVERSITY OF THOUGHT

HERE IS TO

THE LGBTQIA COMMUNITY

WOMXN & GIRLS

SEX WORKERS

PEOPLE WHO USE DRUGS

PRISONERS & THOSE IN DETENTION

THE MIGRANTS

THE HOMELESS

PEOPLE WITH DISABILITIES

THE DISRUPTORS

THOSE WHO RISE UP

OUR ALLIES

THE ONES WHO DEFY & DESTROY PATRIARCHY

THE ONES WHO SPEAK EVEN WHEN THEIR VOICE SHAKES



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External Context

The period September to December 2021 was characterised by the emergence of new COVID-19 variants, with the World Health Organization (WHO) issuing a warning that the Mu COVID-19 variant "could be more vaccine-resistant."¹ While that variant did not spread as much as was feared, fading into the background of global news, a new, more virulent variant of the virus soon emerged: Omicron. This variant was first reported to the WHO on 24 November 2021 and, two days later, was declared a "Variant of Concern."² It was first discovered in South Africa in a Lancet laboratory sequencing COVID-19 samples, and the world was immediately made aware of its existence to ensure adequate preparedness.³

However, instead of being praised for its due diligence, the world punished South Africa and the rest of Southern Africa. Unfair travel restrictions were imposed, effectively closing off Southern Africa, and the Omicron variant was dubbed an 'African' variant, despite also being found in Europe.⁴

In the same period, while the world in general and Africa in particular grappled with a new Omicron-driven wave of infections, gross COVID-19 vaccine inequality was becoming increasingly evident between developing countries in places like Africa, and the rest of the world. On 14 September 2021, WHO chief, Tedros Adhanom Ghebreyesus, reported that, out of the 5.7 billion COVID-19 vaccine doses administered globally, only 2% had been administered in Africa. This extreme inequality in vaccine access is due to the prioritisation by vaccine manufacturers of bilateral deals with rich countries over the health needs of African countries⁵ and vaccine nationalism, where many Global North countries stocked up on vaccine supplies even while others (mainly in the Global South) still had very limited supply.⁶

At the same time, while Africa was sitting at 2% of vaccines administered globally, countries like Israel were contemplating a fourth dose or 'booster' of COVID-19 vaccines, making the necessary preparations just 'in case' it was later needed.⁷ Countries like the United States (US), Canada, the United Kingdom (UK), and many others also administered booster shots to their populations in the same period, September 2021–February 2022, making pharmaceutical companies billions.⁸

At the same time, news started emerging of vaccine dumping by Western countries into Africa. This saw Nigeria having to dispose of up to a million COVID-19 vaccine doses received as 'donations' due to a short shelf life.⁹ This happened at a time when just 4% of the Nigerian adult population had been vaccinated for COVID-19.

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- 1. UN News (1 September 2021)
 - 2. WHO (26 November 2021)
 - 3. Cocks, T. (30 November 2021)
 - 4. BBC News (28 November 2021)
 - 5. UN News (14 September 2021)
 - 6. Riaz, M.M.A., Ahmad, U., Mohan, A. et al. (2021)
 - 7. Odenheimer, A. (12 September 2021)
 - 8. Associated Press (25 September 2021)
 - 9. Shepherd, A. (2022)



This while the continent was facing a 470 million shortfall of vaccine doses for the year (2021), and was projected to only be able to vaccinate 17% of the population instead of the 40% global target.¹⁰

These developments strengthened the resolve of vaccine equity advocates, who demanded that countries donating COVID-19 vaccines should, at the very least, ensure that the vaccines have 10+ weeks of shelf life to allow recipient country health ministries adequately prepare for distribution.

This would prevent the experience as at the end of January 2022, where 0.5% of vaccines received in African countries had expired and had to be disposed of, despite the shortages faced by the continent.¹¹

Vaccine hesitancy, the delay or refusal by people to be vaccinated¹² has been a parallel challenge during this reporting period. The vaccine inequity previously discussed, along with vaccine hesitancy, may explain why, by 28 February 2022, only 31.5 million doses had been administered in South Africa. The vaccine hesitancy witnessed across Africa as a whole, and in South Africa specifically, is the result of mistrust by African citizens of pharmaceutical companies and national governments¹³; concerns about the effectiveness of vaccines versus the associated risks; and conspiracy theories. These factors are major obstacles to vaccination among South Africans, according to a South African Medical Research Council research study.¹³

The compounding issues of vaccine hesitancy, vaccine inequality and vaccine dumping need to be solved urgently to save lives and speed up the global recovery from the COVID-19 pandemic. The more people who remain unvaccinated, the more likely new variants will continue to emerge, resulting in new waves of infections and deaths.¹⁴ This risk is not just an African problem, these new variants will continue to affect the rest of the vaccinated world where they may be resistant to available vaccines; the majority of African countries cannot afford the costs of developing new vaccines to target emerging variants so until vaccine equity is achieved for all, COVID-19 remains an ongoing, global challenge.

In mid-February 2022, the WHO chief announced that six African countries would get technology transfers to locally produce mRNA vaccines.¹⁵ This after South Africa's Biovac Institute was reported to be preparing to make Pfizer-BioNTech's (PFE.N), (22UAY.DE) COVID-19 vaccine.¹⁶ Additionally, South African-born billionaire Patrick Soon-Shiong opened a new vaccine manufacturing plant in Cape Town in mid-January. This should boost Africa's access to COVID-19 vaccines by increasing supply locally, thus reducing vaccine transport costs incurred in procurement and ending the trend of vaccine dumping.¹⁷

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- 10. WHO Africa (16 September 2021)
 - 11. Aljazeera (20 January 2022)
 - 12. Mutombo, P.N., Fallak, M.P. at al. (2021)
 - 13. Cooper, S. (2021)
 - 14. Sidibe, M. (24 January 2022)
 - 15. WHO (18 February 2022)
 - 16. Reuters (6 December 2021)
 - 17. Roelf, W. (20 January 2022)



Introduction



Since its inception, the African Alliance (the Alliance) has delivered impact, value, and visibility for the issues we hold close to our hearts.

Our work to ensure that communities were meaningfully engaged in the research and development of the world's first generation COVID-19 vaccines evolved in year two, which saw us focusing on the heartbreaking and outrageous reality that the concept of global solidarity is fragile and has enabled the current situation where Africa remains on the receiving end of vaccine apartheid, and gross injustice as a result of a man-made and greed-fueled pandemic. We anticipate that year three would see much of the same politicking, profiteering and lack of courageous and inclusive leadership that has brought us to this moment.

This fuels us.

We will continue to speak out, lift and amplify community realities, hold research to account, continue to call out the prioritisation of profits over human lives, over our dignity and over our right to be free.

We held nearly 30 community-focused discussions bridging the gap between communities and research, produced a range of podcasts on a diversity of topics related to the current moment and spanned the landscape from detecting the next wave of COVID-19 in wastewater to what intimacy looks like in a pandemic; we took on the country's most powerful judge for his anti-vaccine comments, and, we have several cases pending against doctors who peddle anti-vaccine messages and COVID-19 conspiracy theories.

We have honoured the work of a variety of traditional health practitioners in all nine provinces of South Africa and generated one of the only Islamic legal declarations on the safety of COVID-19 vaccines to counter misinformation in communities of faith.

In 2022, as we finalise our first strategic plan, we embark on an ambitious plan that will see communities monitor and report on the contextual issues and realities that either hinder or accelerate the path of COVID-19 vaccines, tests and treatments from Ports2Arms in three South African provinces, amplify our demands to rapidly upscale access to COVID-19 testing, amplify our work to accelerate the continental ownership of the COVID-19 response, continue our leadership of the Peoples Vaccine Alliance in Africa and at the helm of African Union/African CDC's African Vaccine Delivery Alliance community engagement efforts, support community health advocates with contextualised and evidence-based COVID-19 information, awareness and mobilisation tools, and continue our work with Traditional Health Practitioners.

This supplementary report, the first report of the Alliance lays out some of the work and the partnerships that were cultivated and nurtured to deliver impact. The team at the Alliance remains the reason for our collective success and conscious growth – and this work is a tribute to that passion, dedication and commitment. We look forward to walking with you on that journey over the next year.

The Project

In March 2020, the Alliance in partnership with advocacy groups such as the Vaccine Advocacy Resource Group (VARG), and its media and civil society partners, sought support and developed a proposal to:

1. Enhance South African online platforms for civil society to engage in COVID-19 research happening nationally.

2. Engage South African civil society and community-based organisations to:

- a. Dialogue with leading scientists and researchers working on COVID-19 research.
- b. Develop and release sector-wide advocacy statements on the impact of COVID-19 on the following sectors:

- | | |
|--|--|
| i. Children | ix. People with disabilities |
| ii. Elders | x. Sex workers |
| iii. Faith | xi. Traditional health practitioners |
| iv. Health professionals | xii. Traditional leaders |
| v. Law and human rights | xiii. Women |
| vi. Lesbian, Gay, Bisexual, Trans, Intersex, Queer and Asexual + | xiv. Detention |
| vii. Mental health sector | xv. Climate change and environmental justice |
| viii. People Living with HIV and AIDS | |

- c. Serve as a conduit through which accurate, regular information can be disseminated through localised online platforms in all South African languages.
- d. Ensure that all COVID-19 research in South Africa is carried out using an ethical, accountable, and community-led approach.
- e. Carry out national COVID-19 engagements with communities who have received screening and testing services as well as gather surveillance data from individuals who have tested positive for COVID-19.
- f. Develop a capacity-building toolkit on COVID-19 (and its links with HIV, Tuberculosis (TB) and chronic diseases) for advocates.

3. In partnership with Facebook, WhatsApp, and Twitter (through existing partnerships and WHO-supported networks of which the Alliance and the VARG comprise), aggressively respond to fake news about research being implemented as well as counter the resurgence of anti-vaccine, anti-science communications on social media and other platforms.



Project Context



As a result of the many lessons learned during more than a decade of involvement in HIV-prevention and TB treatment trials, South African community advocates are particularly well placed to contribute to COVID-19 treatment research.

The HIV pandemic taught us that health inequities must be anticipated, acknowledged, and addressed. In addition, vulnerable groups must be identified and provided with targeted interventions. What is true for HIV is also true for COVID-19. The current pandemic has impacted certain groups more than others. It is important to understand the nature of the pandemic at the community level and tailor interventions for the most vulnerable.

Another important lesson learnt from the HIV pandemic is that when effective new treatments and vaccines enter the market, they must be made available to vulnerable groups, no matter where they live. With responses to HIV, it became tragically evident that market dynamics drove access to health technologies. Effective AIDS treatments took almost two decades to become widely available to populations in Africa, partly due to pricing restrictions and patent laws.

COVID-19 faces a similar fate, since a small group of wealthy countries has already purchased more than half of the expected supply of leading vaccine candidates. This precedent must be overturned, and access to health care innovations must be prioritised for those most in need.

The Alliance's track record and experience working on HIV and TB programmes, clinical trial literacy, and initiatives addressing misconceptions around science and research put us in a unique position to positively impact the response to COVID-19. In 2020, based on this track record, the South African Medical Research Council (SAMRC) and the Department of Science and Innovation (DSI) committed R1.4-million to partially support a COVID-19 focused initiative facilitated by the Alliance.

SAMRC was established in 1969 with a mandate to improve the health of the country's population through research, development, and technology transfer. The scope of SAMRC's research projects includes TB, HIV/AIDS, cardiovascular and non-communicable diseases, gender and health, and alcohol and other drug abuse.

With a strategic objective to help strengthen the health systems of the country, in line with that of the Department of Health, the SAMRC constantly identifies the main causes of death in South Africa.

Department of Science and Innovation (DSI) seeks to boost socio-economic development in South Africa through research and innovation. To achieve its goals, the Department provides leadership, an enabling environment and resources for science, technology, and innovation. Through its programmes (administration; technology innovation; international cooperation and resources; research, development and support; and socioeconomic innovation partnerships)

and several entities that work alongside it, the Department is accomplishing groundbreaking science and enhancing the wellbeing of all South Africans.

A year into the intervention an additional grant – doubling the initial investment from the SAMRC and DSI – was received to continue the essential work of ensuring meaningful community involvement in the COVID-19 response.

The midterm additional top-up funds for the project allowed the Alliance to increase time coverage of key project staff, support, and community outreach. Part of these activities included but were not limited to:

1. Ongoing national advocacy on a range of COVID-19 vaccination promotion and research including continued civil society participation in the MAC.
2. Co-leadership of the development of the Government and Civil Society Communications Strategy to counter misinformation and anti-vaccination sentiment.
3. COVID-19 Conversations between leading researchers, donors, and civil society to strengthen accountability.
4. Completed Global Survey on Vaccine Hesitancy amongst Civil Society Leadership.
5. A series of BETA Chronicles which consist of policy and advocacy reports covering all key sectors of civil societies response to COVID-19
6. Podcasts with scientists, thought leaders and advocates about a variety of issues related to COVID-19.
7. Development of the Alliance Strategic Plan of 2022-2024, which is aimed at assessing the organisational capacity to deliver against the strategy and operational objectives (to be completed in October 2021).
8. Engaging influencers to encourage the uptake of the COVID-19 vaccines and emphasising the importance of vaccination.

Globally, misinformation and anti-vaccination/anti-vaxxer sentiments have grown significantly since the onset of COVID-19. South Africa has seen a proliferation of misinformation and anti-vaxxer sentiment being spread rapidly on platforms such as WhatsApp, Twitter and Facebook.

On the 18 August 2021, the Centre for Social Change, University of Johannesburg (UJ) in collaboration with the Developmental, Ethical and Capable State research division of the Human Sciences Research Council (HSRC) released findings about vaccine acceptance and hesitancy from the UJ-HSRC COVID-19 Democracy Survey .

The key findings of the study stated that:

- Vaccine acceptance increased between round 3 of the survey and round 4 from 67% to 72%. Younger people are less likely to be accepting of vaccines than older people. While the acceptance rate for those aged 55+ stood at 85%, an increase of 11% since Round 3, the 18-24 group only stood at 55%, a decline of 8%.

- Vaccine acceptance declined amongst White adults from 56% to 52%, while it increased from 69% to 75% for Black African adults. However, white adults were more likely than Black Africans to have been vaccinated (16% compared to 10%).
- Contrary to other research, religiosity plays little role in influencing the willingness to vaccinate.
- Amongst those that are accepting of a vaccine, the most common explanations are the desire to protect oneself.
- Amongst those that are hesitant, side effects and concerns that the vaccine will be ineffective are the most common self-reported explanations. Concerns about side-effects and effectiveness of the vaccine are particularly pronounced amongst white adults, the most vaccine hesitant group.
- Explanations for vaccine hesitancy related to social media or other rumours only make up a small proportion of explanations at 5%. Similarly, reasons related to religious objections or conspiracy theories make up a minority of explanations at 2% respectively.

There is an urgent need to institute and fund a multisectoral communications strategy to support the work of government and civil society to ensure that the investment made into COVID-19 related scientific research and vaccine roll-out is protected through the provision of scientifically sound, evidence-based communications and a critical mass of community support. While misinformation and anti-vaxxer sentiment is spread mainly on online platforms, traditional media (print, community radio etc.) are also critical platforms for engagement, as is ensuring that government communications staff are urgently capacitated to manage misinformation and anti-vaxxer sentiment on existing platforms.

Project Activities

Partnership and collaboration with the SAMRC and DSI have allowed for mass communication initiatives and provided valuable lessons to the Alliance. Over the past 18 months the project has held 26 national engagements with communities, scientists, and researchers, published a range of regional and local opinion pieces in mainstream media, presented on several panels about vaccine access and uptake, partnered with SAMRC and DSI on several special engagements and began building partnerships with global and national research agencies.

We have managed to engage influencers whose follower count ranges from 35 000 – 146 000 to help motivate South Africans to get vaccinated as soon as they are eligible. These influencers spread messaging regarding the importance of being vaccinated.

Using existing legal frameworks to identify and take legal action against those who willingly and

maliciously spread misinformation (an offence within current law) is vital to our work. We feel this is essential to publicly demonstrate that there are consequences to spreading misinformation and anti-vaxxer statements/claims. In addition, we believe that this additional capacity will allow us to see these cases through to completion and strengthen our relationships with law enforcement agencies; ensuring that provisions around misinformation are respected and upheld.



Week of Action

In September 2021, the People's Vaccine Alliance (PVA) organised a Week of Action targeting Germany. In the build-up to the upcoming German general elections, the goal of the Week of Action was to highlight Germany's blocking of the Trade-Related Aspects of Intellectual Property (TRIPS) Waiver and to call on the next German Chancellor to waive intellectual property rules for COVID-19 vaccines. There were several media related activities linked to the Week of Action Against Germany, and the Day of Action (September 14):

- The Alliance, along with colleagues in Kenya (led by Christian Aid), posted a series of tweets during the Day of Action (September 14). This was to amplify in-person events which were held in Pretoria and Nairobi. The 5% Continent: Greed, Divides and Solidarity' 3-part webinar series



The 5% Continent: Greed, Divides and Solidarity' 3-part webinar series

In October 2021, the Alliance, Health Justice Initiative, and the People's Health Movement South Africa collaborated on a series of webinars focused on three main themes that we believe characterised the responses to the COVID-19 pandemic in Africa: greed, divides, and solidarity.

The webinar series was titled, 'The 5% Continent: Greed, Divides and Solidarity' 3-part webinar series'



1st part: 'The 5% Continent–Greed', 14 October 2021

Maaza Seyoum, the Lead Partnerships and Communications of the Alliance, moderated this webinar with guest speakers (listed below) sharing their thoughts on how greed and self-interest have expanded the gulf between the global north and the global south and given rise to vaccine apartheid and vaccine inequity in Africa.

Guest speakers:

- Fatima Hassan: Director of Health Justice Initiative
- Dr. Kamran Abbasi: British Media Journal Executive Director for Content.
- Dr. Peter Singer: Special Advisor to the Director-General at World Health Organization.
- Dr. Fifi Rahman: Civil Society Representative, Access to COVID-19 Tools Accelerator representing Health Poverty Action.

The Alliance noted that, although a very low vaccination target (5% of people fully vaccinated) was set for Africa, the continent still failed to reach that low target.¹

It was also noted that more than 200 million people had been infected with COVID-19 as of 14 October 2021 when the webinar was done, and over 4.5 million had died from the disease,²

• 1. Mwai, P (2021)
• 2. Our World in Data (nd)

while at least 8,000 people were dying daily.³ Against this background, only 2% of the people living in poor countries had been vaccinated despite the fanfare that accompanied the administering of the first Pfizer shot in the UK in 2020.

Only 4.9% of people in Africa have been fully vaccinated compared to 35% worldwide 66% vaccinated in the UK and 73% in Canada. People in rich countries are fully vaccinated and even getting booster shots whose necessity is scientifically questionable just immediately after the first two doses.⁴ So, there is vaccine apartheid growing where vaccines are concentrated in the rich countries while poor countries in Africa and other regions are deprived.

It further emerged that there is a practice of extracting wealth through the pandemic by creating and sustaining a vaccine manufacturing and distribution monopoly which entities in rich countries lead. The monopoly is sustained by the refusal to share knowledge on vaccine production by pharmaceutical companies using Intellectual Property laws in such a humanitarian emergency. This, combined with the lack of principled leadership in Africa has created a situation where vaccines are largely inaccessible yet excuses like Africa's supposed vaccine hesitancy and low vaccine absorption capacity are used to justify the inequity.

THE 5% CONTINENT - GREED, DIVIDES AND SOLIDARITY
THE COVID-19 PANDEMIC IN AFRICA, 2021

DIVIDES
How the response to the Covid-19 pandemic has deepened existing
DIVIDES in health care across Africa.

27 October 2021 | 1-3pm (GMT +2)
Zoom registration: bit.ly/3868096
Enquiries: chivash@healthjusticeinitiative.org / info@healthjusticeinitiative.org

Panelists:
Professor Oluwakemi Ogunniyi
The President of South-South Forum
Executive Director and Co-Chairman
of the Africa Health Systems Research
Network (AHSRN) African Health
Innovation, AHSRN - Ghana

Mawema Mawema
Executive Director of AHSRN
Center for Health, Human Rights
and Development
Uganda

Itai Kuzio
Executive Director
Community Working Group
on Health, Human Rights
and Development
Uganda

Moderator: Professor Asha George
South African Research Chair in Health Systems,
Complexity and Social Change and
Professor of Public Health
University of the Western Cape, South Africa

HEALTH JUSTICE INITIATIVE **African Alliance** **People's Health Movement**

2nd part: 'The 5% Continent–Divides', 27 October 2021

Professor Asha George, South African Research Chair in Health Systems, Complexity and Social Change from the University of the Western Cape moderated the second of the 3-part webinar series.

Professor George and the guest speakers (listed below) covered some broad aspects that contribute towards the origins of the social divides that exist nationally and globally regarding access to public health facilities.

- 3. The Conversation (2021)
- 4. WHO Africa (3 February 2022).

Guest speakers:

- Perpetual Ofori-Ampofo: President of Ghana Registered Nurses
- Midwives Association and Chairperson of the West African Health Sector Unions
- Moses Mulumba: Executive Director of Center for Health Human Rights and development
- Itai Rusike: Executive Director, Community Working Group on Health



The most problematic aspect of COVID-19 has been an exacerbation and deep reinforcement of social inequalities within communities. The pandemic has exposed and amplified the already existing inequalities within communities and those who are privileged to have access to vaccines and being able to sustain themselves during the lockdown have been separated from the vulnerable group of people and those in the informal sector who are not as financially stable.

The pandemic caused divisions along the lines such as public healthcare versus private healthcare, urban dwellers versus rural dwellers as well as gendered divisions. In each case, the side with the most money had a perceived advantage by being able to easily access health services for COVID-19 and other diseases.

3rd part: 'The 5% Continent–Solidarity', 7 December

The 3rd and final part of the webinar series was moderated by Maaza Seyoum, Lead Partnerships, and Communications of The African Alliance.

Guest Speakers:

Dr. Githinji Gitahi: Group CEO of African Medical and Research Foundation Health Africa

Dr. Catherine Kyobutungi: Executive Director of the African Population and Health Research Center

Muhammed Lamin Saidykhan: Management Strategist/Movement Coordinator at Africa Rising

This was the final webinar in a series organised by the Alliance, Health Justice Initiative, and the People's Health Movement. The final webinar highlighted the African solidarity we believe is required to get us out of our continent's situation in terms of COVID-19 response. As much as we have rightly focused on the greed of pharmaceutical companies and the selfishness of rich country leaders, the group decided (at the encouragement of the PVA Africa membership) that this would be a good opportunity to focus some of our critiques inward and reflect on what

accountability and domestic responses to the global pandemic might look like in our regional context.

It became clear that coordination of the COVID-19 response in Africa needs to improve so the continent moves as one unit instead of having each country in its bubble of protection against the pandemic.

Pharmaceutical companies and rich countries must also continue to be called out for taking more supplies than they need through booster shot programmes while many African countries have not even administered the first dose to all people. All this should be done while we also look inward to be self-accountable so that all challenges affecting the African COVID-19 response are addressed.

No Community Left Behind!

Charting a truly African, inclusive and accountable response to COVID-19.

OFFICIAL SIDE SESSION
Inaugural Conference on
Public Health in Africa (CPHIA2021)

SAVE THE DATE! SAVE THE DATE! SAVE THE DATE!

No community left behind!
Charting a truly African, inclusive and accountable response to COVID-19.

Generalities must remain at the centre of any public health intervention.
At the height of one of the most devastating public health challenges of our time, communities and civil society have continued to call for accountability, transparency and meaningful engagement.
With powerful civil society voices from across the African continent, this session will reflect on the challenges faced and gains made in 2021, while highlighting key advocacy opportunities and identifying the horizon for 2022.

14 December 2021
7:00 - 8:30PM (EAT) / 6:00 - 7:30PM (SAST)
JOIN US HERE:
https://africafutureworks.org/en/registration/CPHIA_2021/NoCommunityLeftBehind

For more information: africafutureworks.org/en

In December 2021, the Alliance hosted a [satellite session](#) at the [first International Conference on Public Health in Africa \(CPHIA 2021\)](#). The satellite session, titled [No Community Left Behind!: Charting a truly African, inclusive and accountable response to COVID-19](#). It brought together key partners from across the continent to discuss how their coalition-building, communications, gender equity, human rights, SRHR and HIV work has been affected by the difficulties and losses of the last year of 2020. Civil society organisations shared their plans and hopes for 2022.

Media

A series of written pieces (Op Eds and press releases) were developed and strategically placed in various media outlets, accessible both in print and online, to reach a wider audience. In addition, the Alliance's staff and consultants were invited onto various radio and television outlets to provide accurate and timely information about the state of the COVID-19 pandemic in South Africa from a research and advocacy perspective. Partnership webinars also form part of the Alliances' media production, providing an important platform for engagement and connection.

Radio and Television



BBC News

What went wrong with vaccinating the world?
30 December 2021

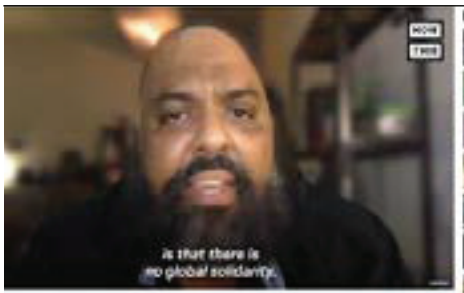
Maaza Seyoum, the Alliance Lead Communications and PVA Africa Coordinator responded to a BBC request (via Oxfam Great Britain) to conduct a recorded video interview answering questions about vaccine inequity and vaccine hesitancy.



TRT World

Rich nations fall short of vaccine donation promises
22 October 2021

Maaza Seyoum, the Alliance's Communications Lead and PVA Africa Coordinator was interviewed live on TRT World about vaccine inequity and the broken promises of wealthy countries and Western pharmaceutical companies.



Now This News

Vaccine Equity: Advocates Fight for Global South
8 October 2021

Tian Johnson, Founder and Lead of the Alliance, appeared in a [Now This video](#) (along with other activists from across the Global South) decrying vaccine apartheid.

Accountability Unscripted After Show

22 September 2021

Tian Johnson, Founder and Lead of the Alliance, participated in a discussion on the Accountability Unscripted After Show hosted by the White Ribbon Alliance. Tian shared their thoughts on how the role of funders, NGO's and African governments have a direct impact on shaping the representation of communities and civil society organisations in holding those in power to account for the response to the COVID-19 pandemic.

TRT World / 3 December 2021

Tian Johnson, Founder and Lead of the Alliance, was invited to Strait Talk, a programme on TRT World, to share their thoughts on the new Omicron variant and if the world is ready to contain the new variant



Online

The Alliance continues to write articles and opinion pieces covering issues ranging from vaccine access, misinformation and hesitancy as global conversations have shifted from clinical trials to vaccine rollout.

[Rich countries have received more vaccines in run-up to Christmas than African countries have all year](#)

24 December 2021

Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator was quoted in a PVA Global press release. Maaza said,

"Leaders in the global north have so far chosen the obscene profits of pharmaceutical companies over the lives of people in Africa. But the Omicron variant shows that vaccine inequality is a threat to everyone, everywhere. Boris Johnson, Olaf Scholz, and European leaders need to finally support an intellectual property waiver and let Africa and the global south unlock its capacity to manufacture and distribute vaccines. Otherwise, humanity will never beat the race against the next variant."

[Global Online Rally: WTO - Don't trade with our lives](#)

23 November 2021

Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator was invited to speak at an online rally led by the [International Network for Economic, Social and Cultural Rights \(ESCR-Net\)](#) and co-sponsored by the PVA. The rally, scheduled to take place one week before the World Trade Organization (WTO) Ministerial Conference was titled [Don't Trade With Our Lives](#). Maaza was the final speaker at the rally, highlighting the greed and injustice at play in the current state of vaccine apartheid, and laying out some key advocacy asks.

[Demand grows for firms to share vaccine recipes and technology as billionaire pharma bosses convene for 'Big Pharma Davos'](#)

16 November 2021

Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator was quoted in a PVA / Oxfam press release. Maaza said,

"It is obscene that just a few companies are making millions of dollars in profit every single hour, while just two percent of people in low-income countries have been fully vaccinated against coronavirus.

Pfizer, BioNTech and Moderna have used their monopolies to prioritise the most profitable contracts with the richest governments, leaving low-income countries out in the cold."

[Realising Universal Access to Covid-19 Vaccines in Africa](#)

11 November 2021

At the invitation of fellow PVA member, Amnesty International, Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator served as a panellist at a session titled 'Realising Universal Access to Covid-19 Vaccines in Africa' at the Forum on the Participation of NGOs in the 69th Ordinary Session of the African Commission on Human and People's Rights. She provided an update on the current COVID-19 vaccine rollout situation, the underpinnings of vaccine inequity, and the key advocacy asks of the People's Vaccine Alliance. The [outcomes of the NGO Forum](#) share some of the key advocacy asks.

https://www.facebook.com/watch/live/?ref=watch_permalink&v=423149262509822

Campaigners petition UN to investigate racial and gender discrimination in global COVID-19 vaccine roll-out

10 November 2021

Tian Johnson, Founder of the Alliance, was quoted in a Movement Law Lab press release titled 'Campaigners petition UN to investigate racial and gender discrimination in global COVID-19 vaccine roll-out.' They said,

"As a consequence of neocolonial economic and social policies in Africa, fragile health systems impact communities' access to health services in much of the continent. Africa will become known as the continent of COVID-19 – not because of vaccine hesitancy but because of the inequity, greed, and inaction of pharmaceutical companies and political leaders of the North. Having to rely only on the continent's own capacity and resources will not be enough to save African lives. Nor should it be. African lives matter, just as much as lives in Berlin, Washington, Tel Aviv, Geneva, London, Toronto or Brussels. COVID-19 is a global crisis that requires global action, whose response all countries should be able to share equally."

16TH International Conference on HIV Treatment and Prevention Adherence

9 November 2021

Tian Johnson, Founder of the Alliance, was invited to speak at the Adherence Conference on community engagement. The main focus of Tian's session was to highlight the need to increase domestic oversight and advocacy to improve HIV treatment.

Global Social Business Summit

8 November 2021

At the invitation of fellow PVA member, the Yunus Centre, Maaza Seyoum served as a panelist at a session titled 'Healthcare in Post Pandemic Situations', which was part of the [Global Social Business Summit](#). She discussed vaccine inequity, and why it is critical that vaccines be a public good.

Pharmaceutical Companies and Rich Nations Delivering Just One in Seven of the Doses Promised for Developing Countries

20 October 2021

Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator was quoted in a PVA / Oxfam press release,

"Across the world, health workers are dying and children are losing parents and grandparents. With ninety-nine percent of people in low-income countries still not vaccinated, we have had enough of these too little too late gestures... Governments must stop allowing pharmaceutical companies to play god while raking in astronomical profits and start delivering actual action that will save lives."

Towards Gender Equality in Health in Africa

11 and 12 October 2021

The Gender Is My Agenda Campaign (GIMAC) Network convened its [3rd Strategic Engagement with the African Union \(AU\), Regional Economic Communities \(RECs\) and Partners](#). The engagement provided an opportunity to consolidate a common position on the effectiveness and efficiency of the RECs, AU and Member States in mainstreaming gender equality. At the invitation of fellow PVA member, Action Aid, Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator, was invited to serve as a panellist for the session, 'Towards Gender Equality in Health in Africa'. She presented on equitable access



to COVID-19 vaccines and addressed questions of gender inequity in vaccine rollout.

Tian Johnson, Founder and Lead of the Alliance, published a two-part op-ed in Bhekisisa co-authored with activists Fatima Hassan (Health Justice Initiative), Gregg Gonslaves (Yale) and academic Tom Moultrie (University of Cape Town) debunking two myths about Africa and COVID-19 that are being actively pushed by western pharmaceutical companies and the Global North leaders.

[An inconvenient truth - The real reason why Africa is not getting vaccinated](#): October 12 2021

[A confusing COVID caseload: Why Africa's missing numbers show a different side to the pandemic](#): October 22 2021

Japan Center for International Exchange

29 September 2021

Tian Johnson, Founder and Lead of the Alliance, was interviewed by Fujitani Takeshi a Japanese Journalist on the African response to the COVID-19 pandemic.

[After Biden's COVID-19 summit, questions on whether world will deliver](#)

September 23 (Devex article)

Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator, was quoted:

"Commitment is one thing; saying they will do it and actually making the donations happen is another. The lack of urgency is concerning. Most of the 1.1 billion doses the U.S. has pledged will be delivered next year and lower-income countries need increased capacity to manufacture their own vaccines domestically."

[Nkengasong's bittersweet departure from Africa CDC](#)

September 22 (Devex article)

Tian Johnson, Founder and Lead of the Alliance, was quoted:

"PEPFAR has a tradition of meaningfully engaging with civil society, and this appointment is seen as a continuation of this collaboration. We will support him in gaining a deeper and urgent appreciation of the critical role of Civil Society in the AIDS response and reflect on the many historical successes of PEPFAR that were achieved as a result of accountability, respect, and meaningful engagement with Civil Society." lack of urgency is concerning. Most of the 1.1 billion doses the U.S. has pledged will be delivered next year and lower-income countries need increased capacity to manufacture their own vaccines domestically."

[Empty promises will not save the world from COVID, campaigners warn ahead of Biden global vaccine summit](#)

September 21 (PVA Press Release)

Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator was quoted :

"Rich countries continue to offer pathetic trickles of charity while protecting the monopolies of pharmaceutical corporations and denying billions of people protection. With up to 10,000 people dying every day, nothing short of redistributing the rights to produce the vaccines will be enough."



[Pharmaceutical companies reaping immoral profits from COVID vaccines yet paying low tax rates](#)

September 14 (PVA Press Release)

Maaza Seyoum, the Alliance Communications Lead and PVA Africa Coordinator was quoted :

“Rich countries buying up more doses to give third shots to their residents while most countries struggle to provide first doses to their doctors and nurses illustrates the fundamental inequality that has prevailed in our response to COVID thus far. This unequal status quo is resulting in needless deaths across the globe and producing new variants that threaten public health everywhere—all to fatten the wallets of Big Pharma executives and corporate investors.

PHARMACEUTICAL COMPANIES REAPING IMMORAL PROFITS FROM COVID VACCINES YET PAYING LOW TAX RATES

September 14, 2021 | By Oxfam

Moderna, BioNTech and Pfizer cashing in thanks to taxpayer investments, monopolies, and low taxes while leaving millions unprotected

[Twitter](#) [Facebook](#) [LinkedIn](#)

Moderna, BioNTech, and Pfizer are reaping astronomical and unconscionable profits due to their monopolies of mRNA COVID vaccines — upwards of 69% profit margins in the case of Moderna and BioNTech — while Moderna and Pfizer are also paying little in taxes, campaigners from the People's Vaccine Alliance said today.

Projects Overview

Completed

UNAIDS and CAPRISA

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Centre for the AIDS Programme of Research in South Africa (CAPRISA) and a range of regional civil society organisations, the Alliance is working to highlight the multiple impacts of the COVID-19 pandemic on Women and Girls Living with HIV (W&GLHIV) and those at high HIV risk in South Africa. This work also encompassed understanding the role of community responses to addressing HIV and public health gaps in South Africa.



The objectives of the project were to:

- determine the impact of COVID-19 on inequalities and socio-economic vulnerabilities among W&GLHIV and women at high HIV risk.
- determine the socio-demographic, economic, and clinical factors associated with reduced access to health services, including HIV-prevention and treatment services, sexual and reproductive health (SRH), family planning and TB prevention and treatment services among W&GLHIV during the COVID-19 crisis.
- identify gender-specific considerations related to vaccination for COVID-19 among W&GLHIV, including W&GLHIV in key and vulnerable populations (KVPs) in South Africa.

- provide insights into gender-specific strategies and policies to mitigate the impacts of the COVID-19 pandemic on W&GLHIV and in women at high HIV risk.
- utilise the data and insights gathered from this study to inform interventions for W&GLHIV, KVPs and women at high risk of HIV about living with HIV and COVID-19. To this end, the Alliance conducted this study in the Eastern Cape, Gauteng, KwaZulu Natal and the Western Cape, reaching over 400 respondents, inclusive of representative samples from the sex worker, transgender, migrant, drug user and AGYW population groups.

This research will inform interventions for W&GLHIV, KVPs and women at high HIV risk in high HIV burden settings to respond to the challenges of HIV and COVID-19.



Factors associated COVID-19 vaccine acceptability in women living with, or at high risk of HIV in South Africa

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Introduction

- COVID-19 vaccines offer hope for a return to 'normality' but uptake varies.
- Previous research reported a 67% acceptability rate amongst the general South African population.
- This study investigated factors influencing vaccine hesitancy amongst adolescent young girls and young women (AGYW), women in key populations (KPs) living with, or at high risk of HIV living in South Africa.



Results

- The overall distribution of key groups who participated in this study are shown in Figure 1.
- Of the 1,813 women interviewed, 2,763 (98%) responded to the question on vaccine hesitancy and 2,331 (92.4%) reported their HIV status. Overall, 2,330 women had complete vaccine and HIV status data.
- Prevalence of vaccine hesitancy was 13.4% amongst HIV-positive women, 18.3% among women 15-24 years-old, 17.6% among sex workers, 16.9% among LGBTQ+ individuals, 16.0% amongst transgendered women, 29.3% among migrants, refugees and asylum seekers, 18.1% among women with disabilities and 25.6% among drug-users (Figure 2).
- The three most common reasons for vaccine hesitancy regardless of HIV-status or sub-population were 1) fearing side-effects (37.9%), 2) a lack of trust in authorities (32.5%) and 3) being anti-vaccines (23.9%).



Fig 1: Distribution of key and vulnerable groups enrolled in the survey, and total number self-reporting as HIV positive



Fig 2: Percentage willingness to get a vaccine once it is available, categorized by key and vulnerable populations

Methods

- We analysed data from a cross-sectional survey of women (AGYW, HIV-positive women, sex workers, LGBTQ+ women, migrants and women using drugs) from four provinces in South Africa.
- The survey was conducted between September-November 2021 in partnership with key CSO partners.
- Surveys collected information on demographics, self-reported HIV status, vaccine hesitancy, and the impacts of COVID-19.
- We defined vaccine hesitancy as disagreeing with the statement: 'When a vaccine for COVID-19 is available to me, I will get it'.
- Prevalence of vaccine hesitancy was quantified, and factors associated with hesitancy were measured using multivariable logistic regression.



Fig 3: Factors associated with vaccine hesitancy in survey sample

Vaccine hesitancy was positively associated with (Fig 3):

- Age <25 years (adjusted odds ratio (aOR): 1.73(95% confidence interval (CI): 1.35-2.22),
- Incomplete secondary schooling (aOR: 1.52(95% CI: 1.06-2.14),
- Economic vulnerability (aOR: 1.43(95% CI: 1.06-1.95) and,
- Reporting anxiety/depression (aOR: 1.82(95% CI: 1.35-2.42).

Previous COVID-19 infection in the household was associated with reduced vaccine hesitancy (aOR: 0.41 (95% CI: 0.28-0.61).

Conclusion:

- This study demonstrated low vaccine hesitancy amongst key groups included in this survey.
- Our granular analysis highlighted broader contextual socioeconomic concerns, anxiety and youth affect vaccine uptake mediated by concerns about side-effects, vaccine safety and social status.
- Customized interventions to build trust in vaccines and enhance uptake that are adjusted with time are needed.



Ongoing

Development of a comprehensive community health advocates toolkit to support advocacy on equitable COVID-19 vaccine access

In partnership with the Heinrich Boll Foundation, the Alliance has made significant progress in producing a comprehensive community health advocates toolkit to support advocacy on equitable COVID-19 vaccine access. The project also includes work on vaccine advocacy to understand the causes of Africa's low vaccination rate, which must be increased sixfold for the continent to meet vaccination targets, according to the WHO.¹⁸

The objectives of the project are to:

- Equip Community Health Advocates with clear, evidence-based information on COVID-19 vaccine development, research, regulatory processes, pricing and access.
- Enable Community Health Advocates to shape the scientific literacy of their communities on the role of vaccines and the right to health.
- Promote COVID-19 vaccine uptake in South Africa, and the rest of Africa among those eligible to get the vaccine.
- Promote equitable distribution of COVID-19 vaccines in Africa.
- Create an adaptable tool used by Community Health Advocates in vaccine advocacy in future pandemics.

To this end, the Alliance has conducted a Literature Review on the vaccine toolkits currently accessible to people in Africa for identification of gaps in information, and best practices for enhanced effectiveness of the vaccine toolkit. It also created a draft outline of the toolkit detailing the topics/sections therein, and the type of content under each topic/section. Complimentary activities to the toolkit production were also conducted, key among them being the 'The 5% Continent: Greed, Divides and Solidarity' 3-part webinar series.

The intended impact, by the time the project finished, is that:

- Community Health Workers will have a toolkit that enhances their ability to promote vaccine uptake in their communities by providing people with clear, relevant, and accurate information on vaccines.
- A 3-part webinar series will help devise strategies to promote Africa's access to adequate supplies of vaccines, including:
 - » Strengthening, and unifying the civil society advocacy voice.
 - » Calling out pharmaceutical companies and rich countries for hoarding vaccines.
 - » Holding African leaders accountable for countries' COVID-19 response programme and ensuring continuous open discourse on equity in access to COVID-19 vaccines.

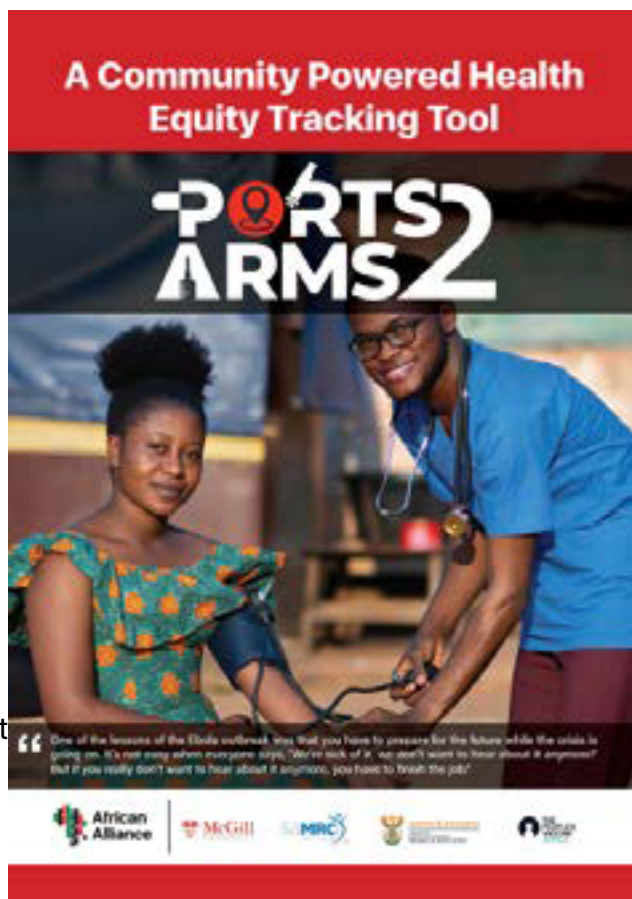
Inception stage

Ports2Arms: Supporting Community and Individual Ownership of The National COVID-19 Vaccine Rollout through District and Provincial Community-Led Monitoring and Accountability Tracking – Driving demand for the COVID-19 vaccine in the absence of secured supply (Gauteng, Mpumalanga and Limpopo)

The Alliance is implementing a project that supports community and individual ownership of COVID-19 rollout through District and Provincial Community-Led Monitoring (CLM) and Accountability Tracking that drives demand for the COVID-19 vaccine in the absence of secured supply. It is being implemented in Gauteng, Mpumalanga and Limpopo provinces.

The objectives of the project are to:

- build confidence in the COVID-19 vaccine rollout programme through the promotion of community ownership, and participation.
- enhance evidence-informed decision-making for equitable access to vaccines through the capturing of data and context.
- strengthen accountability in the COVID-19 response programme.



To achieve these goals, the Alliance is establishing a structured platform with rigorously trained peer monitors to collect and analyse qualitative and quantitative data on COVID-19 vaccine distribution systematically and routinely. This will include data from community settings, and the establishment of rapid feedback loops with local and national decision-makers.

The intended impact of the project is that the captured data will provide key information to fill critical gaps in the decision-making process that lead to evidence-informed action to improve equitable access to COVID-19 vaccines. will also allow government and civil society partners to act upon identified barriers to COVID-19 vaccine access causing hesitancy, and the enablers helping communities access.

Side-By-Side Market Research | ilifa Labantwana

The research is being undertaken in partnership with the South Africa National Department of Health. It studies the Side-By-Side programme targeting pregnant women and primary caregivers of children under 5 years of age.

The objectives of the research are to:


- Determine the Side-By-Side programme's impact on mothers, primary caregivers, and health workers.
- Identify lessons learned from the implementation of the programme from 2018-2020.
- Inform the creation of a more effective, and relevant campaign for 2021/2022 onwards.
- Develop actionable and contextualised recommendations for a strengthened campaign of 2021/2022 onwards.

The data gathered will enable the Department of Health and policymakers to devise more effective strategies to enhance children's lifelong health, education, and social outcomes. It will also help inform future programmes targeted at improving the welfare of children, paying particular impact to the various roles mothers and caregivers play and how these can be positively influenced for the best outcomes.



References

1. Aljazeera (20 January 2022) 'Africa CDC chief calls for COVID vaccines with longer shelf life.' Available at: <https://www.aljazeera.com/news/2022/1/20/africa-calls-for-donated-vaccines-with-shelf-life-of-3-to-6-month>
2. Associated Press (25 September 2021) 'COVID-19 Vaccine Boosters Could Mean Billions for Drugmakers' in US News. Available at: <https://www.usnews.com/news/business/articles/2021-09-25/covid-19-vaccine-boosters-could-mean-billions-for-drugmakers>
3. BBC News (28 November 2021) 'Covid: South Africa 'punished' for detecting new Omicron variant.' Available at: <https://www.bbc.com/news/world-59442129>
4. Cocks, T. (30 November 2021) 'How South African scientists spotted the Omicron COVID variant' in Reuters. Available at: <https://www.reuters.com/business/healthcare-pharmaceuticals/how-south-african-scientists-spotted-omicron-covid-variant-2021-11-30/>
5. Cooper, S. (2021) Covid-19 vaccine hesitancy in South Africa: Summary of existing studies. South African Medical Research Council. Available at: https://sacoronavirus.co.za/wp-content/uploads/2021/04/Report_Covid-19-vaccine-hesitancy_SA-studies_1April2021.pdf
6. Mutombo, P.N., Fallak, M.P. et al. (2021) 'COVID-19 vaccine hesitancy in Africa: a call to action' in The Lancet. [https://doi.org/10.1016/S2214-109X\(21\)00563-5](https://doi.org/10.1016/S2214-109X(21)00563-5)
7. Mwai, P (2021) 'Covid-19 vaccinations: African nations miss WHO target' in BBC News. Available from: <https://www.bbc.com/news/56100076>
8. Odenheimer, A. (12 September 2021) 'Israel Is Preparing for Possible Fourth Covid Vaccine Dose' in Bloomberg. Available at: <https://www.bloomberg.com/news/articles/2021-09-12/israel-preparing-for-possible-fourth-covid-vaccine-dose>
9. Our World in Data (nd) Coronavirus (COVID-19) Death. Available from: <https://ourworldindata.org/covid-deaths>
10. Reuters (6 December 2021) 'South Africa's Biovac to start making Pfizer-BioNTech COVID-19 vaccine in early 2022.' Available at: <https://www.reuters.com/business/healthcare-pharmaceuticals/south-africas-biovac-start-making-pfizer-biontech-covid-19-vaccine-early-2022-2021-12-06/>
11. Riaz, M.M.A., Ahmad, U., Mohan, A. et al. (2021) 'Global impact of vaccine nationalism during COVID-19 pandemic' in Trop Med Health 49, 101. <https://doi.org/10.1186/s41182-021-00394-0>
12. Roelf, W. (20 January 2022) 'Billionaire Soon-Shiong opens new vaccine plant in South Africa.' Available at: <https://www.reuters.com/world/africa/billionaire-soon-shiong-opens-new-vaccine-plant-south-africa-2022-01-19/>
13. Shepherd, A. (2022) 'Vaccines wasted as Africa waits' in BMJ;376:n3163 <https://doi.org/10.1136/bmj.n3163>

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14. Sidibe, M. (24 January 2022) 'Vaccine inequity: Ensuring Africa is not left out' in Brookings. Available at: <https://www.brookings.edu/blog/africa-in-focus/2022/01/24/vaccine-inequity-ensuring-africa-is-not-left-out/>
 15. The Conversation (2021) 'COVID-19 vaccine boosters: is a third dose really needed?' Available from: https://www.gavi.org/vaccineswork/covid-19-vaccine-boosters-third-dose-really-needed?gclid=EAlaQobChMloo-xmtrN9QIV-49oCR3i5g_ZEAAYASAAEgLfFfDBwE
 16. UN News (1 September 2021) 'COVID-19: New Mu variant could be more vaccine-resistant.' Available at: <https://news.un.org/en/story/2021/09/1098942>
 17. UN News (14 September 2021) 'Only 2% of Covid-19 vaccines have been administered in Africa.' Available at: <https://news.un.org/en/story/2021/09/1099872>
 18. WHO Africa (16 September 2021) 'Africa faces 470 million COVID-19 vaccine shortfall in 2021.' Available at: <https://www.afro.who.int/news/africa-faces-470-million-covid-19-vaccine-shortfall-2021>
 19. WHO Africa (3 February 2022) 'Africa needs to ramp up COVID-19 vaccination six-fold.' Available at: <https://www.afro.who.int/news/africa-needs-ramp-covid-19-vaccination-six-fold>
 20. WHO (26 November 2021) 'Classification of Omicron (B.1.1.529): SARS-CoV-2 Variant of Concern.' Available at: [https://www.who.int/news/item/26-11-2021-classification-of-omicron-\(b.1.1.529\)-sars-cov-2-variant-of-concern](https://www.who.int/news/item/26-11-2021-classification-of-omicron-(b.1.1.529)-sars-cov-2-variant-of-concern)
 21. WHO (18 February 2022) 'WHO announces first technology recipients of mRNA vaccine hub with strong support from African and European partners'. Available at: <https://www.who.int/news/item/18-02-2022-who-announces-first-technology-recipients-of-mrna-vaccine-hub-with-strong-support-from-african-and-european-partners>

