

# The scapegoat denying Africans COVID vaccines

January 13 2022, by Desta Lakew

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Aimee Ogunro/USAID

In 2020, when COVID-19 infection rates were at their peak, the world looked to science and global cooperation to find a vaccine that would prevent further illness and deaths.

At the time, not much effort was put into addressing the factors that would enhance [vaccine delivery](#) to all, especially in low- and middle-

income countries. The focus was, instead, placed on increasing supply to meet demand, which was driven by wealthier nations with greater purchasing power.

About two years into the pandemic, [vaccine manufacturers](#) are producing about 1.5 billion [vaccine](#) doses per month, enough to meet WHO targets for each country to vaccinate at least 70 percent of its population by mid-2022. However, Africa's vaccination rates are still lagging far behind the rest of the world's, with less than eight percent of the population fully vaccinated and 12 percent receiving one jab as of December 2021, even as the United States, Europe and Australia continue to hoard vaccines and incentivise booster shots.

## **Why Africans remain unvaccinated**

African countries have not been able to get these vaccines into the arms of their populations, a situation that could make the fight against coronavirus variants challenging.

With a population of 1.3 billion, it is fair to say that the issue of vaccine inequity in Africa is massive and the most consequential moral failure of our time.

While much has been said about the role of vaccine hesitancy on the continent's slow vaccination progress, supply challenges have emerged as the biggest contributors to low COVID-19 vaccine uptake on the continent. The bigger concern for most African countries is not hesitancy. Rather, it is access to the vaccines as acknowledged by WHO director-general Tedros Ghebreyesus who has stated that what we are seeing is not a supply problem, but an allocation problem.

For example, where vaccines are accessible in Africa, the rate of vaccination uptake has been high, with about [75 percent](#) of vaccines

received having been administered as of September 2021, according to the WHO. In fact, [a study](#) on COVID-19 vaccine knowledge and attitudes towards vaccination among 408 community health workers in four Kenyan counties conducted by Amref Health Africa in March 2021 showed that 81 percent would accept being vaccinated and champion its uptake among the communities they serve.

For far too long, wealthier countries have peddled a false narrative that has positioned vaccine hesitancy in Africa as the scapegoat for their moral failure to ensure equity in access to vaccines. They have rationalized their refusal to share vaccines with [poorer countries](#) by persistently focusing on hesitancy and highlighting these nations' capacity to absorb vaccine shipments, while the truth is that people cannot be hesitant about vaccines they do not have access to.

## **Why Africans should be vaccinated**

Africans want to be vaccinated. We want things to go back to normal. We want to walk mask-free in public, socialize without fear of catching a potentially fatal infection, travel across borders, see our businesses flourish, secure in the knowledge that economic growth will not be hampered by a pandemic.

The fact that we do not have the same access to vaccines as people in the global North—simply because we lack the financial power and health resources—is both unfair and illogical. It is unfair because it speaks to the breakdown of basic decency and lack of commitment to the common good, and it is illogical because it is obvious that nobody is safe from COVID-19 until we are all safe.

Conversations about vaccine hesitancy and how to address it should occur alongside a discourse on increasing vaccine supply to the continent, sharing intellectual property, and supporting end-to-end

vaccine manufacturing for global markets right here in Africa. This requires global cooperation and solidarity.

## Clearing some hurdles

Of course, it would be negligent of us if we failed to acknowledge the logistical barriers many African countries face. At the same time, we should learn from the successes of other widespread vaccination campaigns, such as for polio and Ebola, whose positive outcomes were a result of proper planning that allowed countries to surmount the weaknesses in their health systems. These successes can be replicated as vaccine availability to the continent increases in both quantity and quality.

As recently highlighted by the African Vaccine Acquisition Trust (AVAT), COVAX—the global initiative to distribute vaccines to low- and [middle-income countries](#)—and the Africa Centres for Disease Control and Prevention (Africa CDC), Africa needs a sustainable source for vaccines rather than erratic donations to complement supply from purchase agreements.

We acknowledge that African countries need to improve their health infrastructure so that they can receive, safely store and distribute vaccines to their populations. However, we cannot sit back and allow ourselves to be punished for a situation that is not entirely of our making, while the rest of the world turns a blind eye to the colonial legacies of health in Africa that created many of the problems we face today.

This is not the time to use the shortcomings in our health systems against us. It is the time to end vaccine injustice, to rediscover our humanity, to live up to the ideals of ubuntu, which offers a reminder that at the core of who we are as humans are the values of kindness, compassion and

community.

Without urgent action today, not only will Africa be left behind in the race to bring an end to the pandemic but the rest of the world will not be able to move much further either.

Provided by SciDev.Net

Citation: The scapegoat denying Africans COVID vaccines (2022, January 13) retrieved 14 May 2024 from <https://medicalxpress.com/news/2022-01-scapegoat-denying-africans-covid-vaccines.html>

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