COVID-19 vaccination achievements and challenges in Africa
Three years since the start of the COVID-19 pandemic, the African continent is still struggling to reach the 70% vaccination rate recommended by the World Health Organisation (WHO).

The late arrival of vaccine doses, lack of information and the reluctance of some governments all pay tribute to the low vaccination rate of the African population, which reach 29% as of January 2023.

In this European Special Report, EURACTIV's Health hub examines the achievements and challenges the continent still has to face regarding COVID-19 vaccination.
COVID-19 vaccine communication campaigns in Africa bear fruit

COVID highlighted the need for sustainable public health systems in Africa

Vaccine manufacturing key for Africa not to lose vaccination race again
While COVID-19 vaccination rates in Africa lag behind the EU and the US, awareness-raising campaigns across the continent appear to be resulting in an uptick in uptake.

In January 2023, 29% of the population of the African continent had a complete vaccination schedule, i.e. two doses of vaccine, increasing from just 7% in January 2022, according to the latest figures from the World Health Organisation (WHO).

Although this figure is still below the WHO recommendations, which aims for 70% of the African population, the vaccination rate is rising.

“At the beginning of the COVID pandemic, almost all countries were reluctant to vaccinate,” said Arsene Enyegue, WHO AFRO project manager, at a WHO AFRO symposium that took place in Dar Es Salaam, Tanzania, on 16-17 May.

According to WHO, the game-changer was WHO regional offices’ active communication campaigns targeting local populations. The campaigns aimed to raise awareness of COVID-19 vaccination importance, fight fake news and counter reluctant or even vaccination-opposing governments.

Funding for these campaigns came from the ECHO program, an EU humanitarian project that helps 16 African countries and their populations in case of a natural disaster or a health emergency. In this particular case – the COVID-19 pandemic.
Over €16 million has been distributed among the 16 African countries, including Cameroon, Liberia, Madagascar, South Sudan, Mali and Tanzania.

According to Mohamed Kaba, responsible for the WHO office in Cameroon, who also participated in the WHO event in Tanzania, in Cameroon, “aggressive” communication has been implemented to provide people with information on vaccines, as even “students could not find clear information about the vaccine,” said Kaba.

The communication campaigns took the form of ‘megaphone' announcements or the deployment of mobile vaccination centres at markets, mosques, churches, or universities.

Active communication was also aimed at fighting the spread of fake news, a global scourge Cameroon has not escaped.

At a local level, health teams called on singers, comedians, and community managers to moderate and track down fake news on the vaccine against COVID.

Since then, vaccination rates in Cameroon have more than doubled from 5% to 12%.

70% of the population vaccinated in Liberia

In the meantime, Liberia, a country in West Africa, has one of the highest vaccination rates: more than 70% of the population has full immunisation coverage. Only Mauritius and the Seychelles have similar figures, according to WHO.

By comparison, the Netherlands, Lithuania, and Estonia have full immunisation rates of 68.1%, 68.4%, and 65%, respectively, according to the latest data published by EuroVaccination.

An initial obstacle to starting the vaccination campaigns in Liberia was the government. “The government was timid at first,” said Sule Abdullahi, responsible for WHO Liberia. “It took a series of high-level pleas for vaccination”.

A multi-pronged strategy was implemented to raise vaccination figures, starting with communication and awareness campaigns to educate the population about immunisation.

Health teams have been reaching out to influential figures in certain communities, the most vulnerable groups, such as the elderly, people with weak immune systems and refugees. Between 2020 and 2021, Liberia hosted more than 25,000 refugees fleeing political instability in neighbouring countries.

Nearly 90% of those at risk received a vaccine due to the awareness campaign.

Primary and secondary school visits were organised to explain to parents and teachers the value and importance of vaccination against COVID-19.

To date, Liberia has recorded 8,090 cases of COVID-19, one of the lowest numbers in the region.

In Madagascar, COVID not a priority

The funds allocated to the beneficiary countries of the ECHO project have also been used to finance health workers' vaccination and offer them comprehensive training on vaccination and the fight against the pandemic.

In Tanzania, for example, more than 12,000 health professionals have been trained to administer COVID-19 vaccines, while in Nigeria, 74% of healthcare workers have been trained.

But sometimes, neither the quality of care provided by caregivers nor the communication campaigns are enough, and in some countries, vaccination has not been as successful as expected.

In Madagascar, only 8% of the population is vaccinated, despite the implementation of question-and-answer sessions in local communities to convince people of the usefulness of vaccination.

The country is also facing an increasingly high crime rate which may lead to issues with some communities getting access to healthcare.

“Civil-military coordination needs to be strengthened,” said Patricia Martin Rasoamihanta, head of WHO’s Madagascar office, at the event.

The country also suffers from a precarious health system with very few human resources, which limits the possibilities for large-scale vaccination, despite the resources of the ECHO project.

But beyond the insecurity and lack of health care personnel, the priority for the Malagasy people is elsewhere.

With an average per capita income of $2 per day, “people are thinking about survival first,” concluded Rasoamihanta.
COVID highlighted the need for sustainable public health systems in Africa

By Clara Bauer-Babef | EURACTIV.com

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In 2022, vaccination against COVID-19 in Africa significantly increased and the number of cases dropped. But African public health experts say there is now a need for long-term investment.

At the end of January 2023, about 20,000 new cases of COVID-19 were recorded across the African continent, a 97% drop from January 2022, according to the World Health Organisation (WHO) figures.

This is due, among other things, to an acceleration of vaccination over the past 12 months, made possible in part by funds from the European Commission’s humanitarian program, Project ECHO.

The funds have been distributed to 16 countries and have been invested in communication campaigns, training of health workers and distribution of vaccines.

Although European funds have made it possible to accelerate vaccination, the ECHO project ends next month and will not necessarily allow for long-term sustainability.

For the 16 beneficiary countries regularly confronted with humanitarian emergencies and weak health systems, "this project is more like a band-aid", Arsène Enyegue, project manager at WHO AFRO, told a symposium organised by the WHO in Dar Es Salaam, Tanzania, on 16-17 May.

Therefore the various heads of the WHO regional offices have
warned about the need to go further. WHO AFRO called for integrating COVID-19 vaccination into primary health care and strengthening public health systems for the coming years.

“The key to sustainability is the integration of COVID vaccination with other primary health care,” Ian Van Engelgem, ECHO’s health adviser, said at the symposium.

As evidence, in Madagascar, the integration of COVID vaccination into community-based care over the past year has increased demand, confirmed Patricia Martin Rasoamihanta, head of the WHO office on the African island.

More than half of Africans suffer from a lack of care

The weakness of public health systems in Africa, however, goes back much further than the pandemic.

According to the results of a survey released in 2020 by the Afrobarometer polling institute, 53% of Africans reported experiencing a lack of needed care at least once in the previous year even before the COVID-19 pandemic.

Since then, the pandemic has further weakened health systems on the continent. The main weak points are a lack of infrastructure, health care providers, budget, problems accessing hospitals, and sometimes exorbitant prices for care.

“In Madagascar, the health system is precarious and human resources are limited,” said Rasoamihanta.

Governments also have their share of responsibility. The Afrobarometer survey found that 46% of respondents felt that their government was not responding well to the need to improve basic health services.

In some countries, the money allocated to public health is sometimes misused.

This has been the case in Cameroon, where 180 billion CFA francs (about €275 million) earmarked for the fight against COVID-19 were misappropriated by the Ministry of Health, according to a report published in 2021 by the Supreme Court's audit chamber.

“There is poor governance of the health budget. Some governments take it over without doing the job,” Enyegue said.

Beyond corruption scandals, the poor working conditions of healthcare workers are regularly the subject of finger-pointing.

In the Democratic Republic of Congo, healthcare workers received a bonus for vaccinating against COVID-19, but the bonus promised by the government during the last Ebola epidemic last August has still not been distributed.

“It is essential to increase the salaries of caregivers,” said Enyegue.

The EU’s political role

The European Commission also participates in the Global Fund to Fight AIDS, Malaria and Tuberculosis, which invests four billion dollars each year to combat these diseases, which makes it the sixth-largest donor to the Global Fund.

For the period 2023-2025, its pledge amounts to €715 million, representing a 30% increase over the period 2020-2022.

Most EU countries also finance the Fund. Together with the European Commission, they are known as “Team Europe” and account for a third of the Fund’s total funding.

France and Germany are Europe’s two biggest donors, having contributed €6.05 billion and €4.6 billion respectively since the Fund’s creation in 2002.

Beyond financial aid, the EU could also play a more political role, according to Enyegue, who explained that “the EU could put pressure on [African] states to increase the health budget”.

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France and Germany are Europe’s two biggest donors, having contributed €6.05 billion and €4.6 billion respectively since the Fund’s creation in 2002. 
Billions of COVID-19 vaccines reached Africa only when rich countries’ populations were vaccinated, but building up manufacturing capacities in Africa could ensure African countries are not left behind.

When the COVID-19 pandemic hit the world, the saying ‘no one is safe until everyone is safe’ seemed even more pertinent.

“That sounded great,” Mohga Kamal-Yanni, global health policy advisor at the People’s Vaccine, told EURACTIV.

But, according to her, once vaccines came into the market, “all that was forgotten”.

“This ‘no one is safe…’ – they self-talked about it. But in reality, they ignored it,” Kamal-Yanni said, referring to countries that secured their doses in advance.

In the scientific journal Lancet, the global race to roll out COVID-19 mass vaccination was called “unprecedented, characterised by high-income countries adopting strategies such as pre-ordering millions of doses before the COVID-19 vaccines completed clinical trials”.

This resulted in the world’s poorest nations receiving only 0.2% of the 700 million COVID-19 vaccine doses made by April 2021, while more than 87% of global vaccine stocks went to high-income countries.

“Vaccines came later in Africa than in other countries. At the beginning of the pandemic, there were not enough vaccines for everyone,” Arsene Enyegue, manager of the World Health Organisation (WHO)’s AFRO project, said during the symposium.
organised in Dar Es Salaam, Tanzania, on 16-17 May.

Kamal-Yanni stressed that “countries paid for orders that are five times or three times or twice their population”.

“We got the first dose, the second dose, and then even started to go for a booster while health workers in Africa didn’t even get the first vaccine dose,” she said.

Rewriting history

The surge of COVID-19 vaccines to enable mass vaccination only reached Africa at the end of 2021 as donations from countries such as China, the United Arab Emirates, India, and Russia.


Also, in early 2021, the EU, its member states, and European financial institutions formed Team Europe which until February 2022 shared 145 million vaccine doses with Africa, in addition to €100 million EU humanitarian support to the COVID-19 vaccination rollout in Africa and €425 million contribution to the COVAX Facility.

But according to Kamal-Yanni, the vaccine donations came late. “What people are saying now, they are rewriting history,” Kamal-Yanni said.

“They say COVAX delivered 2 billion doses. Yes, there was a surge at the end of 2021, but not at the height of COVID when people were ready for vaccination and were ignored,” she stressed.

Kamal-Yanni added that at the pandemic’s beginning, “Northern rich countries wouldn’t share the doses, they wouldn’t enforce or mandate sharing technology, they wouldn’t wave IP, results they wouldn’t allow developing countries to produce vaccines”.

The lessons to be learned

If another pandemic hits, building manufacturing capacities for Africa, a continent expected to experience a three-fold increase in vaccine demand by 2040, is essential not to repeat the same scenario.

“In order meet the vaccine demands of a rapidly growing population, and to be able to provide novel vaccines to its population in the future, the African continent must develop a sustainable vaccine manufacturing infrastructure,” it is stated in a scientific paper by Lewis John Rubin Thompson and others.

Only 1% of the vaccines administered in Africa are produced by manufacturers based in five countries: Egypt, Morocco, Senegal, South Africa, and Tunisia. On April 13, 2021, African leaders committed to boosting the share of vaccines manufactured in Africa from 1% in 2021 to 60% by 2040.

According to a paper published in Lancet, this will require heavy long-term financing, government and stakeholder commitment to purchase manufactured vaccines, expanded research capacity, and strategic regulatory support and guidance.

Kamal-Yanni stressed the need to invest in local manufacturing for all countries. “Local manufacturing is not building a factory. This is the R&D, it’s scientists, the engineers, that do the vaccines,” she said.

She added that building manufacturing capacities has to start now “and then when the renewal problem happens, then you have the factory, and you can produce whatever needed to be produced.”

At the G20 in May 2021, Ursula von der Leyen announced €1 billion worth of Team Europe investment for manufacturing, access to vaccines, medicines and health technologies (MAV+).

At the end of November 2022, over €20 million was announced to be granted through this program to advance the African Medicines Regulatory Harmonisation (AMRH) program and the operationalisation of the African Medicines Agency (AMA), and help to create the Team Europe Support Structure (TESS).

In the meantime, Kamal-Yanni highlighted the mRNA technology hub facility at Afrigen, South Africa, that was established at the end of April 2023 by WHO and the Medicines Patent Pool and supported by EU, France, Germany, Canada and other local and international partners.

The mRNA technology hub aims to build manufacturing capacity in Low and Middle-Income Countries (LMICs) to produce mRNA vaccines to improve health security through local production of mRNA COVID-19 vaccines.

“If this can happen from now, then when there is a pandemic, actually, we can stop pandemics from becoming pandemics,” Kamal-Yanni said.
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