

Inequitable distribution and vaccine hesitancy are key challenges for Africa

In a webinar hosted by the BroadReach Group, global and African health experts came together to share challenges and solutions around mass Covid-19 immunisation across Africa.

The major challenges for 2021 includes inequitable Covid-19 vaccine distribution between rich and poor, different viral variants, and vaccine hesitancy, says Dr Tim Mastro, chief science officer at FHI 360.

Massive advances in vaccine science over the past year offered hope, but the global community needed to learn from its mistakes with inequitable HIV care access 20 years ago, as well as the advances made in ever-evolving annual influenza vaccinations.

"If we do things right with research and investment for Covid vaccines, we could have greatly improved vaccines down the road. One vision would be that we have universal vaccines for all coronaviruses and flus - that's something vaccine science can deliver," he says.

Responding to international research findings that only three out of four people were willing to be vaccinated, FHI 360 developed a simple three-step guide to help health authorities win public trust for their vaccine programmes.

Three ways to access vaccines

There were three ways in which African countries could access vaccines, says Dr Phionah Atuhebwe, a public health specialist and new vaccination medical officer with the World Health Organisation (WHO) Africa Region.

- The WHO and the Coalition for Epidemic Preparedness Innovations (Cepi) Gavi Covax initiative, the fastest route, pooled demand to accelerate manufacturing and ensured enough supply for 20% of Africa's population
- The African Union's Africa Vaccine Allocation Task Team (Avatt) which was securing 670-million doses for Africa
- Countries' bilateral agreements with vaccine manufacturers

Atuhebwe said equitable distribution, national regulations, population targeting and vaccine hesitancy were the four greatest barriers to vaccine distribution and acceptance in Africa. Countries had to explore emergency use authorisation avenues, and adopt detailed national vaccine deployment plans which included details such as their target populations, vaccination schedules, chains of command, provisions for special import permits and indemnity agreements with manufacturers, so that they could do crucial micro-planning.

South African programme

The South African National Department of Health is in talks with all the major vaccine providers, and its advisory committee was reviewing the efficacy and practicalities of all vaccines in the context of the SA variant and other factors such as HIV prevalence, says the department's deputy director-general Dr Anban Pillay.

The government had national committees for vaccine selection, rollout, distribution, administration and communications, and consulted with stakeholders in the private and public sectors, associations of professionals, labour unions and civil society.

The South African government prioritised choosing vaccines that would be effective against the South African variant and prevent hospitalisations and mortality. His department also prioritised communicating with the public in non-science language to increase vaccine trust and acceptance.

Pillay is adamant about the importance of electronic data management to monitor supply, vaccine uptake and coverage, and adverse events - a vital tool that was not available during previous pandemics.

Herd immunity

Dr Ernest Darkoh, co-founder of BroadReach, Schwab Foundation board member says achieving herd immunity quickly was a massive logistical feat that required pragmatic micro-planning. This entailed proper cold chain and storage management, ensuring that vaccines were handled and prepared timeously and correctly, that staff arrived early enough to prepare vaccines before patients arrived, that patients arrived on schedule, that syringes were safely disposed of, and that proper electronic records were kept along every step of the process so that rollouts could be managed well on the macro and micro levels.

The Africa Centers for Disease Control (CDC) target of 780-million vaccinations over the next 12 months would require 3.5-million doses a day for a single dose, or seven-million a day for a double dose. "A vast number of factors have to go right for that to work."

"We need countries to urgently invest in integrated digital and data solutions early on, and not when they are already in crisis mode, in the worst heat of the fire. Paper causes major issues."

"Essentially, we're not developing all of these things just for Covid - we need it for all diseases. We need a global control tower approach. Don't make COVID another vertical disease program, use it as an opportunity to improve all major healthcare systems for the future."

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