

# Are Africa's Covid vaccine targets still fit for purpose?

With only 10 per cent of Africans immunised against the virus, experts fear the continent will not meet its target until mid-2024

By [Will Brown](#) IN NAIROBI 28 February 2022 • 2:19pm



An unvaccinated continent could find itself increasingly cut off from the global economy CREDIT: Farah Abdi Warsameh /AP

The world's youngest continent is caught in a tight spot. While the rich world has managed to vaccinate more than three quarters of their populations against Covid-19, many African nations are struggling to get jobs into arms.

The World Health Organization set a target of vaccinating 70 per cent of Africans by the middle of 2022. But so far, only about 10 per cent of Africans have been immunised. At the current rate, the continent will not meet the target until mid-2024.

The prospect of a largely unvaccinated region is a grim one. Africa already [sits at the bottom of the global pecking order](#), and experts have warned that an unvaccinated continent would find itself increasingly cut off from the global economy.

Worse still, what happens if a new variant worse than omicron arrives? How many would needlessly die? There is still a fantasy in some quarters that the continent of 1.3 billion people has not been hit hard by the pandemic because of its young population and low official fatalities.

Officially, Africa has reported nearly 250,000 deaths from Covid-19 and over 11 million cases, according to the Africa Centres for Disease Control and Prevention (Africa CDC). But the real number is likely to be far higher. The data needed to work out excess mortality – the gold standard of measuring deaths from the pandemic – is only available for three of 54 African countries.

Localised studies point to a far higher number of deaths going unrecorded. Last year, Sudanese and British researchers estimated that 95 to 98 per cent of Covid-19 deaths in Khartoum had gone unrecorded during the first few months of the pandemic.

At the same time, there are many complex reasons why countries are struggling to distribute life-saving shots. Some smaller countries like Rwanda and Seychelles have been highly effective, inoculating 58 per cent and 80 per cent of their populations, respectively. Others like the Democratic Republic of Congo (DRC) have only managed to vaccinate 0.4 per cent of its 90m people.

Local circumstances vary massively across the continent, with factors like access, apathy, religiosity, fake news, conspiracies and trust in government all playing varying roles.

But one key factor which has been felt across the board is supply. Africa was starved of Covid-19 vaccines for much of the pandemic as wealthier countries hoarded hundreds of millions of doses. Despite offering to pay for the jabs, many African governments were forced to wait for dribs and drabs of donations – ‘crumbs from the table’ as the South African President Cyril Ramaphosa described it.

Worse still, millions of doses have also arrived in African countries – including donations from the UK – with only weeks until expiry. This has added to the strain on overstretched healthcare systems and forced countries like Nigeria to destroy hundreds of thousands of vaccines, as the supply is unpredictable and massive surges harder to distribute.

But Africa's top medic says supply is no longer an issue. Countries have received hundreds of millions of vaccines from purchases, bilateral donations, or Covax, a vaccine-sharing project co-led by the World Health Organization (WHO).

Last week, Dr John Nkengasong, director of the Africa CDC, said he would be asking countries to pause their donations until the third or fourth quarter of this year. He said the key problem Africa faced now was [vaccine hesitancy and logistical issues](#).

“It's like buying a whole basket of food and just putting it on your kitchen counter,” Dr Nkengasong told Politico. “If you cannot use any, it will rot. But if you do that in smaller pieces, then you still get to the end goal with the same amount of food on your kitchen table – but at least you don't have any waste.”

Dr Nkengasong said that the continent's vaccine hesitancy mostly comes from young individuals who don't see the virus as a threat. Africa's median age was 20 in 2020, compared to about 44 in Europe. Because of widespread rage across Africa against vaccine inequality, the subjects of vaccine hesitancy and vaccine targets have become highly contentious subjects. This was seen clearly at a recent ‘Ports to Arms’ vaccine summit in Abuja, Nigeria.

“There is a narrative at the moment that we could possibly not vaccinate some people because other parts of the world are fully vaccinated. That is not acceptable. It is 70 per cent – that is the goal. That is where we are going,” said Dr Ayoade Alakija, co-chair of the African Union's Africa Vaccine Delivery Alliance, who headed up the summit.

When asked by a journalist whether African nations would reach the target of 70 per cent coverage and if it needed to because of widespread immunity from previous infections, Dr Alakija refused to read out the question in full. However, some senior South African scientists and medics are beginning to ask: are Africa's vaccine targets fit for purpose?

Experts told *The Telegraph* that the goal of 70 per cent of Africa's population was more about politicians and the media having a number to fixate on than keeping vulnerable people out of hospitals.

“It would be a more efficient use of resources and vaccines to focus on maximising vaccination of people over 50 years old, who even in Africa have contributed to the vast majority of hospitalisation and death,” said Professor Shabir Madhi, Dean of Vaccinology at the University of the Witwatersrand in Johannesburg.

“Achieving a 90 per cent coverage of adults over 50 years old – who constitutes less than 20 per cent of the population in Africa – will achieve much more than getting 40 per cent of random people vaccinated in the population.”

“[The targets are] largely agnostic to the reality that even a higher per cent of the population across most counties in Africa have already reached this threshold of immunity to protect against severe Covid by virtue of natural infection.”

Prof Madhi pointed out that the current Covid-19 seropositivity estimate in South Africa was now about 85 per cent and argued that this should be taken into account.

“There needs to be greater recognition of the natural infection-induced immunity having inadvertently arisen, and rather than being dismissive of it – we need to look at opportunities which it offers to be able to become more efficient with the tide of vaccines.”

Dr Nicolas Crisp, deputy director-general of South Africa's National Health Department and public health specialist, also told *The Telegraph* that the vaccine target of 70 per cent was somewhat pointless.

“South Africa's initial target was 70 per cent of the population. I could say day one that wasn't going to happen. We were not vaccinating children and only 60 per cent of the population over 18.”

So far, South Africa has managed to jab about 29 per cent of its 60m people, but daily vaccine rates have dropped dramatically over the last few months. “We can vaccinate 250,000 a day from tomorrow. We have 27m doses of vaccine sitting in our fridges. But people do not trust the government,” Dr Crisp said.

“If you get above 85 per cent on a child vaccination immunisation target, that's an amazing result. But even when a vaccine is a requirement to get children into school, it takes years to get to these targets. So how are we meant to vaccinate 70 per cent of our population in six months? It's crazy.

“Why do we want to get to that target? What we want to do primarily is to keep vulnerable people out of hospital. If you're doing broad vaccination targeting everyone, the rate of return on effort just decreases dramatically,” he added.

Dr Crisp emphasised that South Africa and other African countries should be focusing their efforts on reaching immunocompromised people. “That means pregnant people, people with transplants, people living with HIV, etcetera. We want to protect all people in congregate settings – prisons, old age homes, hospitals, etcetera.”

However, another senior South African scientist told *The Telegraph* that the targets were absolutely necessary.

“One school of thought is that we should settle for reducing disease severity with vaccines due to high breakthrough infection rates from immune escape by variants,” says Professor Salim

Abdool Karim, South Africa's former Covid-19 chief and the Director of the Centre of the AIDS Programme of Research in South Africa.

"Another school says we need to stop people getting infections because infections cause long Covid and are disruptive to our economies. If that's the case, then we need to continually strive to do better. Better vaccines and better coverage of the vaccines."

"I also think that the moment you take away a target you are in an aimless situation." "There are substantial community benefits, depending on vaccine type and prevailing variant. Vaccinated people have lower viral loads, indicating less infectiousness. Also, vaccinated people are infectious for a shorter period," continued Prof Karim.

"We Africans get infected like everyone else. We go to hospital like everyone else. And we die like everyone else."