

India's COVID battle causes vaccine concerns in Africa

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A man walks past newspaper announcements during the COVID outbreak in Johannesburg, South Africa [File: Sumaya Hisham/Reuters]

Johannesburg, May 11 (RHC)-- Africa is watching aghast as India struggles with coronavirus, fearing a long-running shortfall in the Indian-made vaccines that it needs to help protect its people. Often dubbed the “pharmacy of the world,” India is one of the biggest suppliers of the AstraZeneca vaccine under the COVAX programme to help immunisation in poorer countries.

But India has been hammered by an explosive growth in infections – accelerated, say scientists, by a new variant. The country has recorded 22 million cases out of a population of 1.3 billion, and a death toll of nearly a quarter of a million.

After sending more than 60 million doses overseas, India announced at the end of March that it was delaying supplies to other countries as it works to meet its own needs.

The African Union’s (AU) health ministers held emergency talks online on Saturday to discuss the vaccine gap. “The vaccines situation is extremely complex now because of the situation in India,” said Cameroonian virologist John Nkengasong, director of the Africa Centres for Disease Control and Prevention, the AU’s health watchdog.

“We are hoping that there will be a continuous supply of vaccines through COVAX from India, but we are watching in total horror and disbelief what is going on in India and we don’t expect that vaccines will be shipped out of India anytime soon.”

Of all the continents, Africa has been relatively spared the worst of the pandemic so far, with just over 124,000 deaths officially recorded for 4.6 million cases. On the other hand, Africa has overcrowded cities, with slums that are a breeding ground for the virus, and a fragile health infrastructure – risk factors that also feature prominently in India’s experience.

The continent has administered 19.6 million doses, or just 2 percent of the global total. According to the World Health Organization (WHO), 80 percent of doses have been administered in wealthier countries. Lacking the means to manufacture their own vaccine in bulk, African countries have so far had to turn to the open market or the COVAX scheme.

The AU’s African Vaccine Acquisition Task Team (AVATT) hopes to acquire vaccines through its own programme by the end of July or early August, and Nkengasong said that, while he hoped that date could be brought forward, he could make no guarantees.

The virus variant wreaking havoc in India has already been detected in several African countries, notably Kenya, South Africa and Uganda. Nkengasong pushed for a three-pronged strategy: step up testing; improve prevention through awareness programmes; and boost supplies of vaccines and oxygen.

WHO chief Tedros Adhanom Ghebreyesus pleaded with African countries to maintain the utmost vigilance until the vaccine crunch is resolved. “What’s happening now in many other parts of the world can happen in our Africa if we let down our guard,” he told the AU meeting.

“In many countries, the emergence of rapidly spreading variants, combined with premature easing of public health and social measures and the inequitable distribution of vaccines is having tragic consequences.”

The AU ministerial meeting urged strict respect of social distancing guidelines in a continent where there is some resistance to vaccines. The Democratic Republic of the Congo announced at the end of April that it had “redeployed” 1.3 million “surplus” AstraZeneca vaccines to five neighbouring countries.

The health ministry admitted that some sections of the population had simply refused to have the jab. In some rich countries, the problem of vaccine under-supply is starting to switch to one of a surplus.

“The inequitable distribution of vaccines is not just a moral outrage. It’s also economically and epidemiologically self-defeating,” Tedros said.

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