THE *LANCET* COVID-19 COMMISSION AFRICA TASK FORCE



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The Lancet COVID-19 Commission

Africa Task Force



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Task Force Members

TASK FORCE MEMBERS

- **Prof. Salim S. Abdool Karim**, Co-Chair of the Africa Task Force, Caprisa Professor for Global Health in Epidemiology, Mailman School of Public Health
- **Prof. Miriam Khamadi Were**, Co-Chair of the Africa Task Force, Vice Chair, The Champions of AIDS-Free Generation Kenya
- **Dr. Muhammad Pate**, Co-Chair of the Africa Task Force, Global Director for Health, Nutrition and Population, The World Bank
- **Dr. Naphtali Agata**, Chair of KEMRI Board of Management; Health Sector Consultant at Japan International Cooperation Agency
- **Dr. Gordon Awandare**, Director of West African Center for Cell Biology of Infectious Pathogens
- **Prof. Yanis Ben Amor**, Executive Director, Center for Sustainable Development in the Earth Institute; Assistant Professor of Global Health and Microbiological Sciences | Secretariat of the *Lancet* COVID-19 Commission: yba2101@columbia.edu
- **Dr. Tewabech Bishaw**, Founder and Managing Director of Alliance for Brain-Gain and Innovative Development (ABIDE)
- **Prof. Abderrahmane Maaroufi,** Director of the Institut Pasteur Maroc (National Public Health Institute)
- **Dr. John N. Nkengasong**, Director of the Africa Centres for Disease Control and Prevention
- **Dr. Francis Omaswa**, Executive Director, African Center for Global Health and Social Transformation
- **Prof. Amadou Sall**, Director of the Institut Pasteur Senegal
- **Prof. Jeffrey Sachs**, Chair of the *Lancet* COVID-19 Commission; University Professor and Director of the Center for Sustainable Development, Columbia University, and President of the UN Sustainable Development Solutions Network
- **Dr. Michel Sidibe**, African Union Special Envoy for the African Medicines Agency (AMA); former Minister of Health and Social Affairs for Mali and Executive Director of UNAIDS, former Under-Secretary-General of the United Nations

For more information about the *Lancet* COVID-19 Commission, please go to <u>covid19commission.org.</u>

The following report has been posted online by the Commission Secretariat, and has not been peer-reviewed or published in *The Lancet*, nor in any other journal. This reports intends to bring together expert views on key topics as the COVID-19 pandemic unfolds.

Urgent Appeal for 300 Million Doses of COVID-19 Vaccines for Africa

On behalf of the people of Africa, we appeal urgently to the vaccine-producing nations for emergency donations and shipments of at least 300 million doses of vaccines to enable every country in Africa to fully immunize at least 20 percent of its adult population by end of August 2021. Africa is currently experiencing the third and deadliest wave of the COVID-19 pandemic, driven by the highly contagious Delta Variant that was responsible for the recent devastating surge of disease and deaths in India. But Africa lacks vaccine protection. It has the lowest vaccine coverage in the world, having received just 1.6 percent of the vaccine doses administered worldwide until June 26 (49 million doses out of 2.9 billion doses worldwide). While the U.S. now has 46 percent of its population fully vaccinated (as of June 30), the European Union has about 33 percent, China around 40 percent, and Russia around 12 percent, Africa has only 1.1 percent of the population fully vaccinated. In absolute numbers, the US and European Union have fully vaccinated 299 million individuals compared with just 15 million in all of Africa, despite an African population (1.34 billion) that is 73 percent larger than the combined population of the US and European Union (776 million). Another 20 million Africans have received one dose.

We note that the scale of current production worldwide makes it now feasible to provide Africa with 300 million doses in the next 9 weeks on an urgent and expedited basis. We also note that the US has reached a near saturation in vaccine uptake, meaning that US-based production is now available for shipments to the rest of the world.

We emphasize that vaccine coverage in Africa is not only for the benefit of Africa, but for the entire globe. Cases of COVID-19 spill across national borders, as do instability and suffering from unabated epidemics. Moreover, in regions with surging infections, there are greater opportunities for the emergence of new and dangerous variants of the virus, as has already happened on several occasions.

In addition to the provision of vaccines, the international community should provide urgent financial and technical support to the Africa CDC and to national COVID-19 control programs to support non-pharmaceutical interventions, disease surveillance, diagnostics, vaccination infrastructure for cold chain and vaccination stations, data management systems, and genomic surveillance of breakthrough infections. Several partner countries have existing programs in Africa to support infectious disease control efforts (e.g., for HIV/AIDS, malaria, and tuberculosis). Such programs should be provided with supplemental funding to enable them to extend coverage of COVID-19 control, including the rapid scale-up of vaccination programs.

¹ We assume that 300 million doses would enable 270 million doses successfully administered. Of those, 20 million would constitute the second dose of the current partially immunized individuals, and 250 million doses would be for individuals not yet immunized, resulting in an additional 125 million fully immunized individuals. In total, 160 million Africans would be fully immunized, accounting for 20 percent of the 800 million population aged 15 and over.