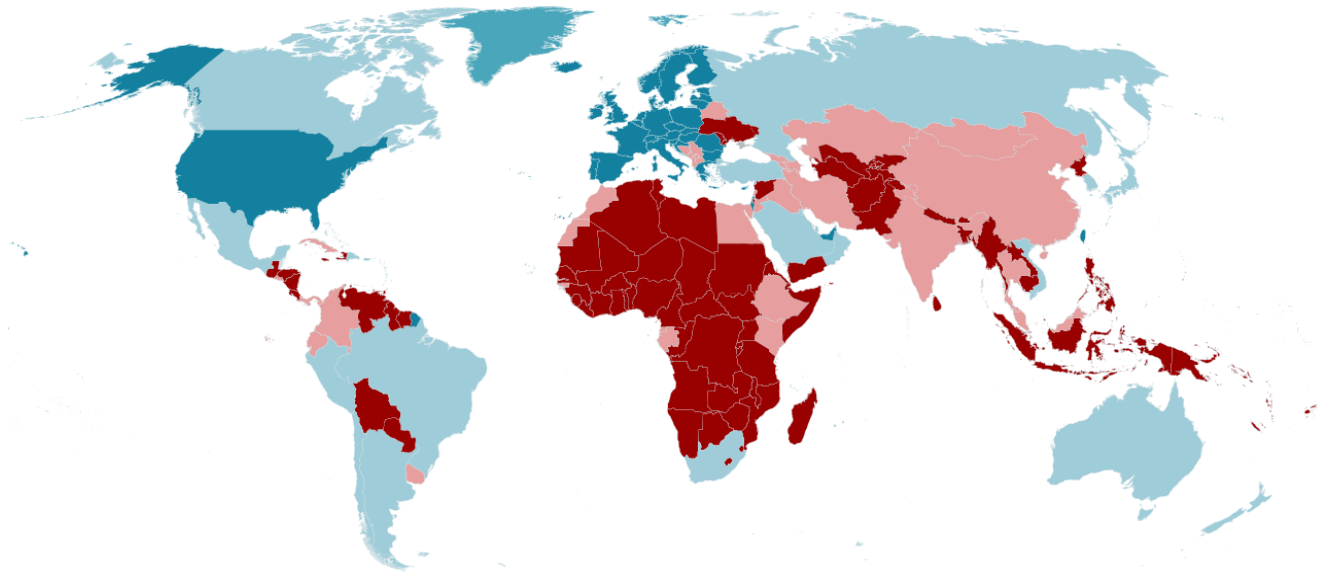


THE GLOBAL SOUTH BRIEF

When will countries be fully covered?

■ Late 2021
 ■ Mid 2022
 ■ Late 2022
 ■ From early 2023



Source: The Economist Intelligence Unit, 27 Jan 2021

BBC

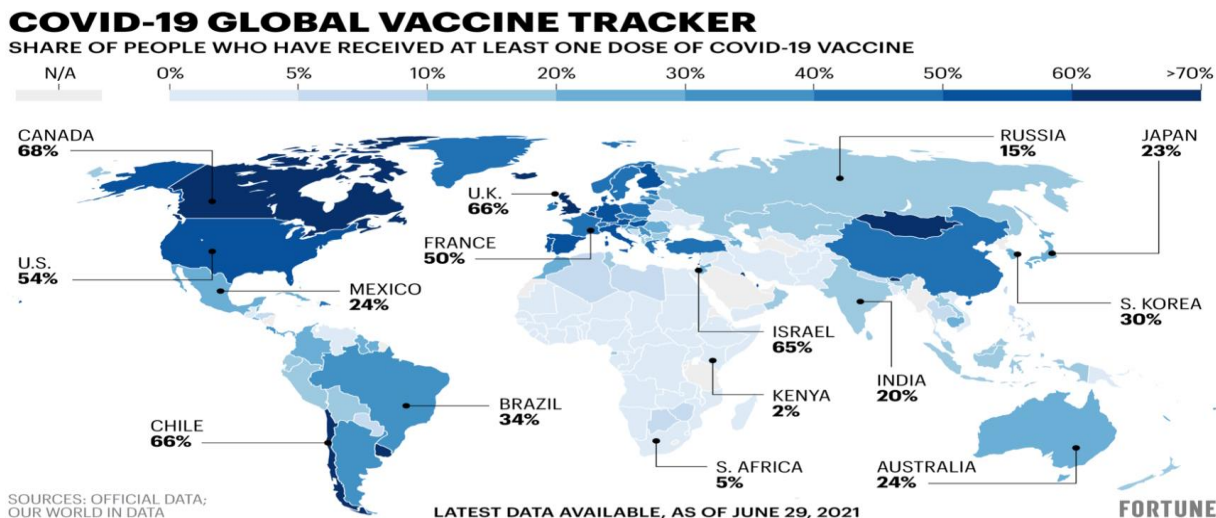
Editors

- Mansi Singh: Assistant Editor, JCGS
- Diya Chordia: Editorial Team, JCGS
- Nimisha Noronha: Editorial Team, JCGS

Contributors

- Priyanka Lohia: Research Intern, JCGS
- Aryaman Saigal, Research Intern, JCGS
- Goutami Sharma, Research Intern, JCGS
- Samita Jena, Research Intern, JCGS

VACCINE MOVEMENT IN THE GLOBAL SOUTH



ASIAPAC

The Asia-Pacific Region [ASIAPAC] has been struggling to vaccinate its entire population as the COVID cases are peaking along with the expected third wave of the virus. It is an undeniable fact that the Asian ...
... Pg. 4

MIDDLE EAST & LATIN AMERICA

The Middle East has put in efforts to vaccinate and protect their populations from the novel Coronavirus. Countries like Bahrain, the United Arab Emirates, Qatar, and Morocco adopted strong and ...
... Pg. 6

AFRICA

South Africa has had a unique ride when it comes to the vaccination process for COVID-19. The rich and poor divide has been quite evident in the continent, increased even more by the anti-vaccine movements....
.... Pg. 10



PEOPLE'S VACCINE MOVEMENT

According to the UN Secretary-General António Guterres, a vaccine for the COVID-19 pandemic must be seen as a global public good, “a people's vaccine” (Global Vaccine Summit, 4 June 2020). We must have a #PeoplesVaccine, not a profit vaccine (UNAIDS, 2020). The most.....Pg. 2

People's Vaccine Movement

Goutami Sharma

"The people. There is no patent. Could you patent the sun?" – Jonas Salk

According to the UN Secretary-General António Guterres, a vaccine for the COVID-19 pandemic must be seen as a global public good, "a people's vaccine" (Global Vaccine Summit, 4 June 2020). We must have a #PeoplesVaccine, not a profit vaccine (UNAIDS, 2020). The most effective tool for ensuring the safety of millions of people is by ensuring that a COVID-19 vaccine is available to everyone, free of cost. To achieve this, vaccine production and distribution must change dramatically. Pharmaceutical corporations must share their knowledge to produce vaccines more widely without letting IP laws interfere with mass production. Instead, the corporations are protecting their monopolies by placing limitations that restrict production and driving prices up, putting all in jeopardy. One company cannot produce enough for the entire world. If vaccine formulas remain secret, not enough vaccines will be available for large masses of people. Thus, all of these issues point towards a growing global movement that demands a 'People's Vaccine', instead of a vaccine for the profit of a few. Moreover, vaccine production and distribution disparities have led to vaccine apartheid in the global south. In the words of World Health Organization Director-General Tedros Adhanom Ghebreyesus, *"The big problem is a lack of sharing. So, the solution is more sharing"* (Reuters, 2021). However, the current approach of 'every country for itself' is irrational and detrimental. The stockpiling of vaccines and unjustified protection of intellectual property by rich countries have created a vaccine apartheid. Unless rich countries agree to share vaccines, most of the world will not have access to safe and effective vaccines until 2022, or possibly even 2024 (United Nations, 2021). According to the People's Vaccine Organization, there are five steps to ending vaccine apartheid (Our Demands, 2021):

- The goal should be to vaccinate 60% of the world's population.
- Vaccines and COVID-19 knowledge should no longer be shackled by intellectual property rights.
- Invest immediate and large amounts of public money in manufacturing more vaccine doses worldwide.
- To provide free COVID-19 vaccines, treatments, and tests.
- Intensify the expansion and upgrading of public health systems globally.

At the G7 summit held in the UK, wealthy nations agreed to significantly raise assistance to low and middle-income countries (LMICs) by 2022. Among the highlights of the event was a promise by US President Joe Biden to donate 500 million doses of vaccines made by the New York City based company Pfizer and a Mainz-

based biotech company BioNTech. The amount previously pledged was 87.5 million. Furthermore, the United Kingdom, France, Germany, and Japan have committed about 30 million (Martuscelli, 2021). In addition, China donated COVID-19 vaccines to 80 countries and three international organizations (2021). The majority of these donations are small, around 200,000 doses per country, with only three countries receiving more than 1 million doses, with Africa and Asia constituting the primary range of the donations (Taylor, 2021).

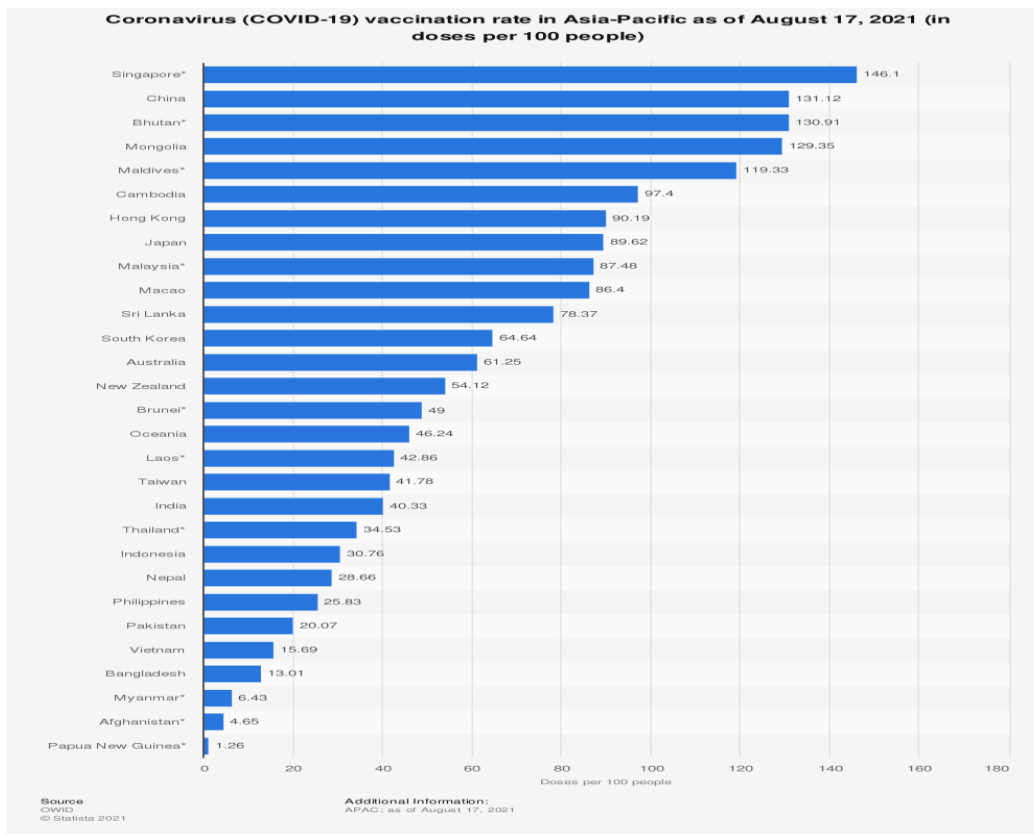
Yet, the current situation in Global South countries is worsening. Despite recent commitments from more affluent countries, most countries in the Global South are estimated to receive the COVID vaccines only by 2023 (Nature Editorial, 2021). According to new research conducted by the International Monetary Fund, to eradicate COVID-19 approximately 11 billion doses must be administered to about 70 percent of the world's population - assuming that each person receives two doses. The number of doses delivered as of 4 July was 3.2 billion. In a forecast, the number of vaccinations administered this year, with the current rate, will be about six billion (Agarwal & Gopinath, 2021). However, the vast majority of doses have been administered to countries of high economic status. In contrast, vaccination is only at 1 per cent in low-income countries (Ritchie, 2020).

According to MSF's International Medical Secretary Dr Maria Guevara, the COVID-19 pandemic has again exposed us to issues of scarcity, which can only be resolved by diversifying manufactures and suppliers, and temporarily waiving intellectual property rights (Meredith, 2021). Several pharmaceutical companies, including Pfizer and AstraZeneca, argued against the waiver, claiming that the termination of intellectual property protections will hinder efforts to cope with the pandemic, particularly in dealing with new strains. Moreover, the pharmaceutical companies claim that removing the protections would not increase output. Considering these arguments is essential. However, they do not constitute grounds for denying IP relief. The arguments for allowing a waiver becomes more compelling considering the unprecedented nature of the pandemic. Therefore, the decisions made in the process have no precedence. In addition, Médecins Sans Frontières, or MSF (Doctors Without Borders), urges rich countries not to oppose a patent waiver plan that would increase coronavirus vaccine manufacturing worldwide. Since its launch, the COVID-19 Vaccines Global Access Facility (a scheme meant to help LMICs gain access to vaccines) has started shipping vaccines to some nations. Through this scheme, numerous African nations, including Ghana and the Ivory Coast, have received huge vaccine shipments. However, the inequality in vaccine availability is still vast between the high and low income countries. Based on the amounts available, only 3% of people in LMICs countries can expect vaccination by the middle of the year, and only 1 in 5 by the end of 2021 (Oxfam International, 2021).

There is a worldwide shortage of vaccines because pharmaceutical companies lack the resources to produce an adequate number of doses to vaccinate everyone. However, major corporations continue to decline any deals to trade technology and their intellectual property. Moreover, developed countries have guarded the interests of big pharma by upholding patent rights, thereby dampening the production of COVID-19 vaccines for the Global South countries. The chance to share this scientific knowledge would enable manufacturers in the Global South to increase production, and allow countries to collaborate with one another in the face of the pandemic.

ASIAPAC

Aryaman Saigal



(Statista, 2021)

vaccine per 100 people in comparison to 61.4 in North America and 48.5 in Europe (Lee, 2021).

The contrast in Asia has ranged from Mongolia and Singapore leading with 97 and 69 doses per 100 people to emerging economies such as Afghanistan, Vietnam, and the Philippines who are still struggling to get their hands on the vaccines on the vaccines (Lee, 2021). Singapore remains one of the few countries who have pledged to donate their excess vaccines to the developing countries which are in need of the jobs. It has also pushed its firms to emphasize on their employees' vaccinations and to promote sick leaves post the complete vaccination. As compared to the highly mismanaged situations which had arisen in Continental Europe, Asia has been lagging behind globally. For example, Japan had vaccinated only 30,000 of its population as of March 1, 2021, whereas, the UK had a daily vaccination rate of 530,000. Several Asian countries rely on COVAX- a global initiative to share vaccines; however, the supply is now at risk since India, which produces 'Covaxin' and is home to the vaccine maker Serum Institute, has restricted exports. This is one of the reasons which has bolstered countries like Thailand, the Philippines, and Vietnam, who initially lacked luster in handling the pandemic, to initiate adequate vaccination rollouts. There exists a plethora of other reasons responsible for the delay such as vaccine mistrust and anxiety, queue jumping by the richer countries in terms of vaccine purchases, an unclear framework for side effect litigation post-vaccine, and the biggest of all, is the lack of locally produced vaccines.

The Asia-Pacific Region [ASIAPAC] has been struggling to vaccinate its entire population as the COVID cases are peaking along with the expected third wave of the virus. It is an undeniable fact that the Asian population is aging, and is expected to almost double from 7.73% in 2015 to 15.49% in 2035 (Akinola, et al., 2021). The initial stages of containment success in certain countries have strengthened the mindset that views vaccines as less urgent. Asia has lagged in the vaccination rollout policies and drives, i.e. administering only 23.8 doses of COVID

This has not only proven to be detrimental to the natives, but the refugees as well. Considering the case of Bangladesh which is home to over 900,000 Rohingya refugees living in the most vulnerable state, the chances of them contracting the virus are the highest. As per the reports given by the United Nations, many refugees in Nepal have received their first dose from the COVAX program; however, not a single dose has been administered to the Rohingya refugees (UN News, 2021). As these critical situations persist, the Asian Development Bank has launched a \$9 Billion initiative, the Asian Pacific Vaccine Access Facility (APVAX), for its member countries to procure COVID 19 vaccines since it had earlier projected the Asian economy to contract by 0.4% in 2020-21 (Asian Development Bank, 2020). The initiative will also focus on the post-COVID economic recovery and help people overcome the vaccination challenges.

On the other hand, in India, six months after the initiation of the world's largest vaccination drive, it has administered full vaccinations to over 5% of the entire population. On the surface, this seems like a great achievement but if we look at the deeper statistics of daily jabs administered, India has been falling behind. Moreover, it is the second most populated country in the world and the one which has suffered the most in the second wave. Despite a promising start to the campaign, India has not even reached half of the daily jab rate that it should have in order to vaccinate its entire population by the year's end. This delay may be blamed on the late vaccine orders by the existing government as well as the lethargy in approving the new vaccines (Subramaniam, 2021).

In the case of Australia, when it suffered problems with the supply from the European Union, it blamed the EU for the slow rollout. Australia had received only 250,000 doses of the AstraZeneca vaccine; whereas, it was supposed to receive 3.1 million jabs as per official reports (Shields, 2021). In reality, the problem was whether the doses were blocked or whether they would have simply never arrived. Furthermore, problems arose in the vaccination process as Australia had reported cases of extremely rare blood clots post the first shot of AstraZeneca. Despite the current scenario, Australia has pledged \$100 million to the Quad Vaccine Partnership to support over 1 billion doses to the pacific region and allow the availability of vaccination to as many as possible. In addition, they have also delivered a \$523 million health security initiative and three-year vaccine access to provide all-round support for the vaccine rollouts in Southeast Asia (Miller, 2021).

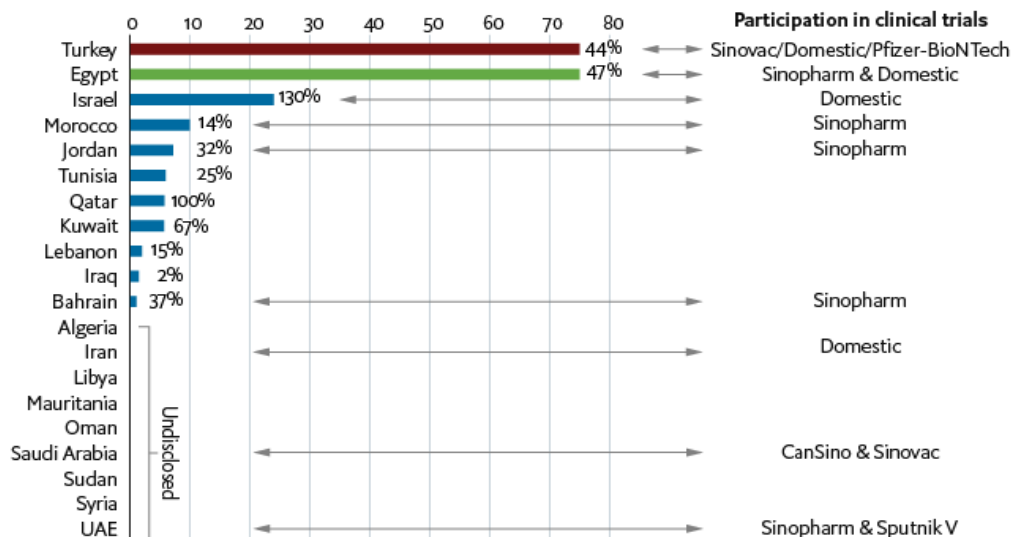
Slow rollouts of vaccines have been the cause of frustration amongst individuals who have now grown weary of lockdowns, restrictive travel guidelines and bans on social gatherings. Increased amounts of daily vaccinations in a continent with the majority of 'developing nations' is paramount for the people to escape the purgatory of these contingent measures and lead a healthy life. Success in controlling the virus at an early stage could slowly be eroded from the vaccine paucity.

MIDDLE EAST

Priyanka Lohia

Covid-19 vaccine advance purchase agreements

(number of doses, m; % of population covered)



(Economist Intelligence Unit, 2021)

The Middle East has put in efforts to vaccinate and protect their populations from the novel Coronavirus. Countries like Bahrain, the United Arab Emirates, Qatar and Morocco adopted strong and proactive measures at the beginning of the pandemic- managing the medical emergency efficiently with strong

security well as public health responses, imposing lockdowns at the onset of the pandemic by declaring an emergency and shutting down schools, suspending flights, banning any kind of public gatherings, etc (Abouzzohour, 2021). Tunisia and Jordan additionally benefitted from having strong pre-existing medical structures to tackle the virus_ (Abouzzohour, 2021). These two countries, along with Morocco, were also very quick to form crisis committees to manage the health and economic dimensions of the countries (Abouzzohour, 2021).

Russia and China have been two major actors in supplying vaccines to the Middle Eastern region- Chinese Sinopharm vaccine in the United Arab Emirates, Morocco, Turkey, Egypt, Bahrain, Iraq, and Algeria and the Russian Sputnik V in Syria, Iran, the United Arab Emirates, and Egypt (The National, 2021). Unlike Sputnik and AstraZeneca, Moderna's mRNA vaccine is expensive and difficult to maintain and has therefore seen minimal deliveries to the Middle East (Vohra, 2021).

Arab nations vary from one another- socioeconomically and politically, which has caused them to respond to the pandemic in different ways. Some of the Arab governments' efforts have not been significant enough, which is reflected in how the Middle Eastern region continues to have one of the highest COVID-19 vaccine hesitancy rates (Schaer, 2021). From the numerous surveys conducted by several organizations, it is evident that vaccine hesitancy in the area partially roots from a fear of the potential side effects of the virus, and the speed at which the COVID-19 vaccine was developed (Schaer, 2021). Countries, especially Lebanon, Iraq and Tunisia struggle from a lack of trust in their local governments and public healthcare systems. According to reports by the Arab Barometer, on average, many Arabs have little faith and trust in their governments' performance as a result of corruption and ineptness.

However, there are also some Arab nations that have been successful in handling the pandemic response and vaccination rollouts. This can be observed in Morocco and its immediate lockdown at the onset of the pandemic, along with its systematic coordination with vaccine manufacturers; and the United Arab Emirates which continues to remain the most vaccinated country in the world- 87% of the total population, Qatar in fifth- 82% of the total population, followed by Bahrain in the sixth position- 70% of the total population (Holder, 2021).

While the United Arab Emirates, Bahrain and Qatar have high vaccination rates, the remaining Arab nations like Syria (0.4%), Iraq (1.4%), Egypt (2.5%), Iran (4.9%) and Lebanon (12.4%) are continuing to struggle with vaccinating their populations (Reuters, 2021). In the United Arab Emirates and Saudi Arabia, the media is more tightly controlled than others and so are the important announcements and information regarding vaccines, says Mahmoud Ghazayel, a Lebanese expert in open-source verification (Schaer, 2021). Whereas, in countries like Iraq, a major portion of the national media is funded by or aligned with opposition political or religious groups which causes distrust of the mainstream news amongst the nationals. They prefer alternatives like WhatsApp, Telegram and Instagram where the published information is not verified, explained Ghazayel (Schaer, 2021). It is on these unrestricted platforms where the nationals become prone to absorbing misinformation about COVID-19 such as the vaccines may contain traces of pork or alcohol, or how the vaccinations are a plot by the ruling government to alter the genetics of Muslim babies permanently (Schaer, 2021).

Iran has been facing an unfortunate shortage of COVID-19 vaccines which has resulted in Iranians travelling to Armenia to get their doses after the nation accepted Russia's Sputnik V, China's CoronaVac and AstraZeneca's vaccine and offered all of them for free to foreign visitors (Reuters, 2021). According to the Armenian Tourism Committee, more than 8,500 Iranian citizens had visited in June, up from 5,000 a month earlier (Reuters, 2021).

On the other hand, Egypt has been struggling with another issue- their haphazard handling of the country's COVID-19 vaccine rollout. The failure to outline a clear national strategy has resultantly put marginalised populations, people living in informal urban or remote rural areas, refugees, migrants and prisoners, at risk (Amnesty, 2021). There lacks a government-formulated outreach that targets urban low income and rural remote areas, especially the ones that were badly hit by the virus. After conducting several surveys, Amnesty International discovered that many residents were unaware of the vaccine rollout; as a result of which, the local health workers began to spread awareness in the absence of a government drive (Amnesty, 2021).

Due to a lack of economic infrastructure and political unrest, numerous countries in the Middle East have been unable to cope with their responses to COVID-19 and perform successful vaccination drives (Qunaibi, et al., 2021). Compared to European and North American countries, much of the Middle East has not vaccinated even close to 40% of their populations. According to reports, capital is not the only, but one of the many issues certain Arabic governments have faced in their action to control the virus (Qunaibi, et al., 2021).

LATIN AMERICA

Goutami Sharma



(A COVID19 vaccination program in Caracas, Venezuela.)

The vaccine summit led by politicians from the Global South, following the failure of the G-7, launched a renewed effort to make coronavirus vaccines more accessible to low- and middle-income countries. In response to the G-7 summit, politicians from various Global South countries addressed the Summit for Vaccine Internationalism hosted by Progressive Internationalism to “end the pandemic as quickly as possible by securing Covid-

19 vaccines for all” (Progressive International, 2021a). Given the current pace of vaccine distribution, the pandemic will continue to spread throughout the Global South, leaving the entire world highly vulnerable.

Across the globe, countries are scrambling to immunize their citizens, which lends credence to Latin America's participation – the health and foreign ministers of several Latin American countries have committed to producing vaccines with their domestic manufacturing capabilities. According to Progressive International's Communications Director James Schneider, “It will not be the last step in ending the pandemic, but it can prove a significant one” (Lei Ravelo, 2021). At the Summit, five significant commitments were made to speed the process of producing and distributing medicines to advance vaccine internationalism. The following commitments include –

- 1) Collaborative development of COVID-19 vaccine technologies.
- 2) COVID-19 vaccines to be offered at a subsidised price.
- 3) Shared regulatory capacities for approving COVID-19 vaccines.
- 4) Creating a manufacturing pool to increase the production of vaccines and medical equipment.
- 5) Acting collectively to end the Big Pharma monopoly enforced through the World Trade Organisation.

Several Latin American nations have taken considerable measures to fulfil their commitments. Cuba and Mexico have provided their nationally produced vaccines for clinical trials – Cuba's Abdala, Mambisa, Soberana 2 and Mexico's Patria. This initiative will enable open collaboration in vaccine trials and licensing. In comparison with exclusive licensing, open licensing has enormous significance. The vast majority of COVID-19 vaccines represent an absolute monopoly that no other manufacturer is allowed to produce. Furthermore, Preliminary results from late-phase trials have shown that Soberana 2 is 62 percent effective (Acosta, 2021). Accordingly, vaccines are being administered around the country to halt another wave of Covid-19 infections.

In addition, Abdala has offered 92.28 percent effectiveness after three doses (Reuters, 2021). Besides collaboration, Cuba is also seeking to subsidize vaccine prices. According to Cuba's Deputy Minister of Public Health, Dr Regla Angulo Pardo, also noted that "*Cuban vaccines will be affordable and will benefit those most in need*" (Progressive International, 2021b). Additionally, Cuba has offered collaboration with Venezuela to produce the vaccine through the shared knowledge of the technology. As a result, Cuba's Abdala vaccine is delivered to Venezuela for the first time as part of the 12-million-dose agreement. Mexico has also introduced a scheme based on solidarity pricing for other countries. Affordability is particularly crucial in a sector where Pharma corporations have made enormous profits and inflated prices. As part of most licensing agreements, manufacturers are usually obliged to pay a royalty in order to manufacture products like vaccines. However, with the absence of a consensus on vaccine pricing, at the summit, participants asserted that vaccine technology would be shared at an affordable price.

In compliance with the shared regulatory capacities for approving Covid-19 vaccines, Argentina has provided the advanced state regulatory capabilities for collecting vaccine data to be shared throughout the region, including Mexico, Bolivia, Ecuador, and Paraguay, thereby speeding up the approval process for vaccines such as Sputnik. Furthermore, the countries with substantial production capabilities such as Argentina, Mexico, Venezuela intend to create a manufacturing pool to expand production to export to other countries. Venezuela's Foreign Minister Jorge Arreaza called on the nations to map the resources for healthcare to determine where supplies are manufactured to prevent supply disruptions. He has also urged establishing a new technology platform for sharing information between participating countries. These methods will enable countries to understand the spread of the pandemic and the concrete reality in each region.

Aiming to end the Big Pharma monopoly, Bolivia's Vice Minister for External Trade Benjamin Blanco has called on participating countries to assist in issuing compulsory licenses and address Big Pharma's influence over governments in the Global North. The request emerged with the agreement's failure between Bolivia and Biolyse, a Canadian vaccine manufacturer. The agreement would have facilitated the production of 15 million doses, at the cost of \$3-4 per dose, enough to vaccinate the entire population of Bolivia. However, the Canadian government refused to grant the corporation a compulsory licence to produce the vaccines (Abinader, 2021).

AFRICA

Samita Jena



OXFAM | *The world needs an affordable, universally available, people's vaccine to fight COVID-19/Shutterstock*

South Africa has had a unique ride when it comes to the vaccination process for COVID-19. The rich and poor divide has been quite evident in the continent, increased even more by the anti-vaccine movements. In a recent five-country Afro barometer survey, six out of ten citizens in Benin, Liberia, Niger, Senegal, and Togo were hesitant to get

vaccinated. This data was then followed by news of crowds destroying vaccines because they had exceeded their expiry dates. Fortunately, “the joint initiative between the World Bank and African institutions such as the Africa Import Export Bank and the Africa Centre for Disease Control, (has) now received the capacity to vaccinate at least 400 million people, or 30% of the population of 1.3 billion.”

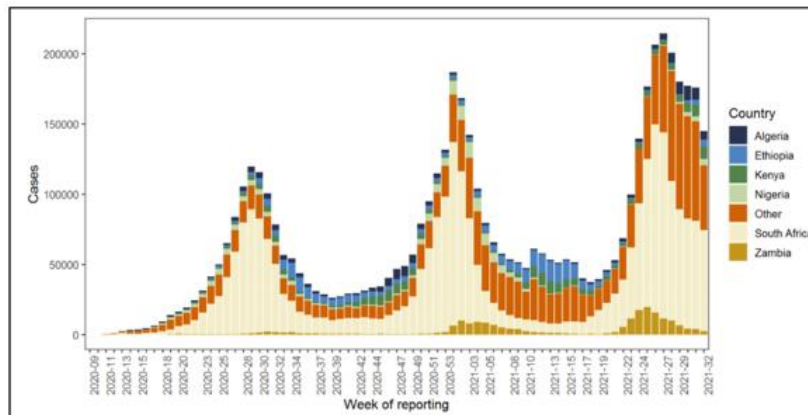
The WHO says the continent needs up to 183 million more doses to fully vaccinate 10% of its population by the end of September, and about 729 million more doses to fully vaccinate 30% by the end of 2021. WHO is supporting governments to implement measures that will maximize the impact of COVID-19 vaccination.

Morocco has been leading the continent of Africa with reference to administered COVID-19 vaccines as reported by the African Centre of Disease (CDC). Morocco has been scaling up vaccinations by going digital where people will only have to scan QR code using their mobile. People will also be able to track their vaccination process from registration to receipt using the QR code. The smart vaccination centre also employs intelligent sensors to monitor vaccine cold chains, general supervision, management, and also to analyse medical, environmental and logistic data.

AfricArXiv is addressing with short, consistent messages provided in as many regional/local languages as possible by making 2-minute videos with a message about COVID-19, containment strategies, and practical health information. AfricArXiv has been building a holistic approach to institutional capacity within the higher education and public funded research centres on the continent. This requires joint response of:

- Science Communication & Science Literacy initiatives (PR scientists & journalists)
- Research (biomedical & socio-economical)
- Tech & Innovation Hubs (AfriLabs, i4Policy, ASKnet, a.o.)
- Policy makers (municipal, national, regional levels)

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 15 August 2021
($n = 5\,252\,914$)



On March 18, AfricArXiv launched a decentralized crowdsourcing effort for resources around COVID-19 in a pan-African context. On March 26, 2020, The African Academy of Sciences (AAS) convened a webinar for African and non-African experts to kick-start a common thinking towards defining a research agenda for the COVID19 outbreak & provide a concerted science-based effort for combating this pandemic in Africa. Both initiatives agree that the approach must be inclusive of serving and protecting all Africans, i.e., also vulnerable, and marginalized groups such as orphans, internally displaced people (IDP) and refugees. A theoretical approach of inclusive innovation was described by McPhee et al. (2018) from the traditional approach of inclusiveness and be sure that we consider African in its current state. (AfricArXiv) "It is true that there is some concern as an African that there is not enough mobilization of our populations. A concern that is due to the fact that the vaccines come from elsewhere. Therefore, it is necessary to aim for vaccine production in Africa. I believe that this will have a significant impact on the attitude of the population", President of the DR Congo said.

South Africa's Pharmicare has stepped in and is the only firm in the continent aiding in vaccine production on behalf of Johnson & Johnson. Aspen has invested in excess of R3.0 billion at this sterile manufacturing site, based in the Eastern Cape, the single largest investment in the pharmaceutical industry in South Africa. The new sterile facility contains high-technology, state-of-the-art pharmaceutical equipment and systems that will be used to manufacture advanced sterile medicines, including vaccines.

(Beukes, 2021).

In addition, European countries and institutions came forward to make an agreement with Africa to provide grants for the construction of a new plant in Senegal to manufacture COVID-19 vaccines. This should produce 25 million doses per month by the end of 2022. The Institut Pasteur in Senegal's capital Dakar, which will run the plant will reduce Africa's dependence on vaccine imports, which currently account for 99% of the needs. There are currently fewer than 10 African manufacturers that produce vaccines in Egypt, Morocco, Senegal, South Africa, and Tunisia. South Africa's Aspen Pharmicare produces the Johnson & Johnson COVID-19 vaccine. (Reuters) This

is a major step to make Africa self-reliant and would also influence the community to have more trust on the home-made vaccines.

“This is a proud moment for the continent; the vaccines, partly manufactured in South Africa are a true testament that local production and pooled procurement as envisioned in the African Continental Free Trade Area (Afcfta) are key to the attainment of a more sustainable post-Covid economic recovery across the continent,” said Dr Vera Songwe, United Nations Under-Secretary-General and Executive Secretary of the United Nations Economic Commission for Africa (UNECA).

International collaborations with the African scientists for developing compounds that prevent the virus from binding to human cells, screening an array of existing drugs in clinical trials, and are assessing the efficacy of antibodies collected from patients who have recovered from coronavirus infection are efforts to mitigate the damage of the pandemic and to develop solutions that are adapted to the local context.

After nine weeks of steady increase, the African region observed a reduction in COVID-19 cases for the fifth consecutive week. There has been a 13% decrease in the number of new deaths reported from 33 countries compared to last epidemiological week. (WHO) The huge uneducated population and low technological support have posed major challenges to the vaccination drive in the continent. However, the leadership and global support has helped the continent to minimize the hurdles and speed up the vaccination drive in the continent.