



Low Supply and Public Mistrust Hinder COVID-19 Vaccine Roll-out in Africa

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Abstract: While developed nations are on track in immunising their citizens against COVID-19, Africa lags far behind. The continent needs more supplies but governments and scientific institutions must try harder to dispel widespread public mistrust causing high levels of vaccine hesitancy.

As of November 2021, a total of 6.96 billion COVID-19 vaccines had been administered globally, covering at least 45.3 per cent of the fully vaccinated population. However, less than 4 per cent of those vaccinated come from developing countries in the global south.

During their June 2021 UK summit, the Group of Seven (G7), political leaders of France, Japan, the United States, Canada, Italy, Germany and the UK, pledged to provide at least one billion COVID-19 vaccine doses through sharing and financing supplies. Even so, some global influencers who support a people's vaccine say this is just a drop in the ocean. The People's Vaccine Alliance—a coalition which includes Amnesty International, Health Justice Initiative, Oxfam, Stop AIDS Campaign and UNAIDS—has calculated that if current trends continue, it will take the world's poorest countries until 2078 to vaccinate their populations.

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Meanwhile G7 countries are on target to vaccinate their populations by January 2022. The World Health Organization ([WHO](#)) states that although more than 79 million COVID-19 vaccine doses have arrived in Africa, a mere 21 million people, just 1.6 per cent of Africa's 1.38 billion population, are fully vaccinated. With millions of Africans left clueless as to when they will be offered vaccination, WHO is now calling for concerted efforts to have at least 30 per cent of each country's population fully vaccinated by the end of 2021.

On October 27, 2021, [Merck](#) also announced that it was willing to license its promising COVID-19 pill so that the drug can be manufactured and sold to more than 100 low-income countries at a cheaper price. The pharmaceutical company reported that preliminary results from the clinical trials indicated that the drug reduced the rate of hospitalisation and death in high-risk COVID patients by half. While these efforts are being made to get the COVID-19 pills and more vaccines to the continent, another challenge impedes their effective roll-out—public mistrust.

Public mistrust in institutions

According to a [study](#) by the Ford School of Public Policy's Science, Technology, and Public Policy (STPP) Program, public lack of confidence in official authorities is mainly caused by 'limitations and failures in scientific and technical institutions, and institutionalised mistreatment of marginalised communities'.

The limitations and failures in scientific and technical institutions may come from the absence of community knowledge sharing, which leaves information gaps among populations. Previously, the [HIV trial](#) vaccine failed in South Africa when preliminary data indicated that it was ineffective and increased risk of infection in some recipients. The research, which began in 2017, showed that of 1,106 participants who received a placebo, 63 got infected with HIV while 51 of the 1,079 who received the trial vaccine also got infected. It is also reported that when Ebola broke out in West Africa, researchers set up a dozen clinical trials but only one was successful. Such failures, when not communicated well, are grounds for resistance with regard to future research.

Mistreatment of marginalised communities may take various forms, such as 'preventing patients from obtaining access to adequate healthcare, subjecting people to experiments without proper consent or pay, or developing treatments or technologies without keeping in mind the needs of historically disadvantaged communities'. Many governments, including those in Africa, often coerce citizens to participate in initiatives aimed at the public good but then ignore how this affects marginalised groups. During the colonial period, unusual and extreme research conducted on Africans resulted in serious [biomedical errors and accidents](#), creating long legacies of scepticism.

Currently, public mistrust means that countries such as South Africa, which has made great strides in getting vaccines, is battling hesitancy within its population. This has seen increased misinformation and growing anti-vaccine campaigns on

social media, encouraging some South Africans to opt out of vaccination. On Facebook alone, an estimated 20,000 South Africans are active on anti-vax pages, spreading stories that vaccines cause infertility and reduce lifespan. The Africa Infodemic Response Alliance (AIRA), an initiative by WHO and partner organisations launched in December 2020, to spot and track misinformation using social media listening tools found that 'social media users with negative views of vaccines were much more effective at swaying people who were undecided about vaccines than pro-vaccine communities'. These attitudes are replicated in other countries across the continent. Afrobarometer carried out a survey in five west African countries—Liberia, Senegal, Benin, Niger and Togo. Six out of 10 interviewed were hesitant about getting COVID-19 shots because they did not trust the vaccines. Another study carried out in Sudan indicated that 25.7 per cent of respondents did not intend to get the COVID-19 vaccination while 16.3 per cent were undecided. Reasons posited included fear of side effects and doubts about the vaccine's reliability or effectiveness as regards long-term immunity from the virus. The Africa Centres for Disease Control survey also noted that respondents viewed COVID-19 vaccines as less safe and effective than, for example, those for measles and polio. Meanwhile, vaccine hesitancy in Uganda has been exacerbated by reports of some health workers injecting people with fake drugs. Another particularly concerning feature of vaccine mistrust in Africa is the number of health workers refusing the jabs. Not only are health workers at higher risk of contracting and transmitting the virus as they care for those who have it and other patients with compromised immune systems but their opinions on health issues also strongly influence the general public. Nurses in Zimbabwe are reluctant to receive the vaccine, claiming they have not been given clear information on side effects or how useful it is in preventing and/or lessening COVID-19 transmission and symptoms. In Ghana, 61 per cent of health workers are shunning vaccination for similar reasons. Some Kenyan nurses are said to be warning their patients that taking COVID-19 jabs will make them speak in foreign tongues, a polite way of saying the vaccination could induce insanity. Widespread misinformation about blood clots associated with AstraZeneca in some European countries and also Johnson & Johnson vaccines in United States has also contributed to vaccine hesitancy in Africa. A massive 94.9 per cent of Ethiopians interviewed recently want health workers vaccinated first so they can see the results before deciding if they themselves will get the jabs. The combination of all these factors has slowed vaccine roll-out in Africa to a snail's pace.

Way forward

Governments and their institutions must rectify their existing communication failures in order to eliminate information gaps, upon which spreaders of misinformation often capitalise. According to the aforementioned Ford study, this

requires interventions focusing on building community trust in institutions through timely information sharing and engagement. The study also offers model examples: for instance, governments should not limit and manipulate publicly available information as this creates a breeding ground for mistrust among citizens.

Secondly, the same study recommends increases in research and educational funding. By properly financing these two areas, more studies can be conducted to provide sufficient information to be shared with all stakeholders for proper decision making.

Thirdly, accountability and oversight within institutions must be improved. When governments fail to explain and take responsibility for their actions, public alienation and mistrust are exacerbated, giving yet more oxygen and credence to widespread misinformation. To build trust through accountability, there should be an organised and transparent flow of information at all levels of governance. Withholding some information, for instance, about possible side effects of vaccines further discourages people from accepting COVID-19 jabs.

Shobita Parthasarathy, director of the Ford School STPP Program, concludes that after decades of being at best ignored and at worst mistreated by public health, medical, science and technology institutions, marginalised communities are understandably sceptical of this intense focus on getting them vaccinated.

In order to address these feelings of mistrust and alienation, in this pandemic and for future public health and policy initiatives, these institutions need to take the needs and priorities of these communities seriously and make systemic change accordingly. This must be a long-term project.