

AMNESTY INTERNATIONAL PUBLIC STATEMENT

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“ADDRESS THE ACCESS ISSUE AND THE PANDEMIC WILL BE MANAGED TOMORROW”: GLOBAL VACCINE INEQUITY’S IMPACT IN EAST AFRICA

Equitable access to Covid-19 vaccines is vital in ensuring that every individual has the right to enjoy the best attainable state of physical and mental health in the context of the current pandemic. But pharmaceutical companies continue to prioritize supplying high-income countries who are also stockpiling more doses than they can use, while blocking attempts to increase supplies by supporting the temporary waiver of intellectual property rights and increased sharing of technology and know-how.

To date, less than 8% of people in Africa have been fully vaccinated against Covid-19.² East Africa, the Horn and Great Lakes region includes some countries with the lowest vaccination rates in the world. The Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania and Uganda are all eligible and participate in the COVAX Facility.³ Eritrea is not participating whilst Burundi is in the process of joining. While COVAX has reported increased vaccine availability in recent months, it is still unable to supply sufficient vaccines in the region to meet

COVID-19 VACCINE AVAILABILITY AND ROLLOUT RATES

Country	Doses received	Doses administered	Percentage of doses received that have been administered	Percentage of population fully vaccinated*
Burundi	651,200	4,010	1%	0.01%
DRC	1,428,160	246,840	17%	0.07%
Eritrea	0	-	-	-
Ethiopia	12,889,790	10,429,727	81%	1.23%
Kenya	21,103,470	7,893,165	37%	5.91%
Rwanda	16,843,500	9,500,993	56%	29.23%
Somalia	2,051,300	1,556,515	76%	4.06%
South Sudan	332,470	263,939	79%	1.52%
Sudan	4,286,290	4,016,849	94%	2.75%
Tanzania	4,366,740	1,699,523	39%	1.75%
Uganda	26,573,140	7,813,170	29%	2.73%

* NB: Figures cited are given for the population as a whole, not only the adult population.

(Sources: WHO Regional Office for Africa, Africa COVID-19 Dashboard (accessed 13 December 2021) and Our World in Data (accessed 13 December 2021)¹

¹ WHO Regional Office for Africa, Africa COVID-19 Dashboard, <https://app.powerbi.com/view?r=eyJrIjojY2ViYzlyZjltYzhkMi00ZWVkbmM2tZTk1ZTJmODRjMTkxliwidCI6ImY2MTBjMG13LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9> (accessed 13 December 2021); Our World in Data, <https://ourworldindata.org/covid-vaccinations> (accessed 13 December 2021)

² Our World in Data, <https://ourworldindata.org/covid-vaccinations> (accessed on 13 December 2021)

³ For more information on COVAX, please see: <https://www.who.int/initiatives/act-accelerator/covax>

the WHO's 40% vaccination target by the end of 2021. The majority of countries in the region have also received vaccine doses purchased through the African Vaccine Acquisition Trust (AVAT) and through bilateral donations.⁴

Clearly this limited and wholly inadequate supply of vaccines has a direct impact on the lives, health outcomes and livelihoods of populations in the region. However, the unpredictability of supply also has an impact on the ability of countries in the region to carry out effective vaccination campaigns. Supplying vaccines at short notice on an unpredictable schedule often with a short time remaining before they expire creates additional and unnecessary hurdles for states to overcome as well as undermining trust amongst their populations in the process.

IMPACT OF INSUFFICIENT VACCINE SUPPLY

While recorded numbers of infections in East Africa remain relatively low compared to other regions of the world, the WHO has assessed that in reality six out of seven cases of Covid-19 in Africa go undetected. With a younger population, it is estimated that 65% to 85% of cases in Africa are asymptomatic – that is, the people infected show no symptoms and therefore do not seek treatment but remain infectious and can transmit the virus to more vulnerable people at risk of severe disease or death.⁵

For many months epidemiologists have warned that “persistent low vaccine coverage in many countries would make it more likely for vaccine resistant mutations to appear”.⁶ While the origins of the new highly mutated Omicron variant are for now unknown, its recent detection by scientists in Southern Africa demonstrates that the emergence of potentially vaccine-resistant mutations remains a very real risk.

In addition to the direct threat posed by the virus itself, the lack of sufficient doses impacts people's lives and rights in numerous other ways. Hindered from rolling out timely, predictable and therefore effective mass vaccination campaigns, governments in several countries in East Africa, the Horn and Great Lakes have maintained strict measures aimed at preventing the spread of Covid-19 much longer than in countries where vaccine supply has been plentiful. Many countries in the region imposed night-time curfews early in the pandemic. In Kenya, the curfew was not lifted until October 2021 after 18 months, while restrictions on movement between 12am and 4am remain in place in Rwanda at the time of writing. Uganda has imposed some of the region's strictest lockdown measures at various points during the pandemic, with schools fully or partially closed since March 2020, with some grades having started a phased reopening in February 2021 but closing again in June 2021 when lockdown was reimposed.⁷ Schools are now due to reopen in January 2022. The closures have had a profound social and economic impact. A 366.5% increase in pregnancies among girls aged 10-14 years – from 290 in March to 1353 in September 2020 – was reported, and a 25.5% increase among girls and women aged 15-19 years.⁸ Uganda's National Planning Authority has predicted that more than 30% of learners will not return to school.⁹

The impact on livelihoods has also been severe. Telephone surveys conducted in September 2021 found that 90% of respondents in Kenya had lost income since the start of the pandemic, 88% in Uganda, 77% in DRC, 75% in Sudan and 65% in Ethiopia – and that this contributed to people delaying or missing meals, and delaying or missing health visits.¹⁰

⁴ For more information on AVAT, please see: <https://africacdc.org/news-item/african-vaccine-acquisition-trust-delivers-12-000-doses-of-covid-19-vaccine-to-the-african-union/>

⁵ WHO Regional Office for Africa, “Six in seven COVID-19 infections go undetected in Africa”, 14 October 2021, <https://www.afro.who.int/news/six-seven-covid-19-infections-go-undetected-africa>

⁶ Oxfam/People's Vaccine Alliance, “Two-thirds of epidemiologists warn mutations could render current COVID vaccines ineffective in a year or less”, 30 March 2021, <https://www.oxfam.org/en/press-releases/two-thirds-epidemiologists-warn-mutations-could-render-current-covid-vaccines>

⁷ Associated Press, “Uganda schools closed longer than anywhere in world”, 2 November 2021, <https://www.youtube.com/watch?v=k49agCTCu44>

⁸ Forum for African Women Educationalists (FAWE) Uganda Chapter, Research Findings on the Situation of, and Impact of Covid-19 on School Going Girls and Young Women in Uganda, April 2021, https://inee.org/system/files/resources/COVID%2019%20Impact%20Study%20on%20Girls%20and%20Women_April%202021.pdf

⁹ The Independent (Uganda), “Uganda school system to lose 30% of learners”, 7 November 2021, <https://www.independent.co.ug/uganda-school-system-to-lose-30-of-learners/>

¹⁰ Partnership for Evidence-Based Response to COVID-19 (PERC), Finding the Balance: Public health and social measures in DRC, Survey 4, October 2021, https://preventepidemics.org/wp-content/uploads/2021/10/drc_en_20211028_1236.pdf; PERC, Finding the Balance: Public health

This loss of income is compounded by the lack of compensatory social protection measures implemented by governments. The same surveys found that only 4% of respondents in September 2021 reported receiving any government assistance in Kenya, 5% in DRC, 9% in both Ethiopia and Sudan, and 22% in Uganda.¹¹

CHALLENGES LINKED TO UNPREDICTABLE SUPPLY

In addition to the inequitable distribution of vaccines meaning that countries in East Africa do not have sufficient doses to meet the WHO target of vaccinating 40% of the populations of all countries by end 2021, shortcomings in the way that the vaccines have been supplied to date have also significantly undermined vaccine rollout programmes.

The Independent Allocation Vaccine Group (IAVG) established by the WHO to review and assess proposals from COVAX on how to allocate available vaccines has on several occasions voiced its concern about the need to ensure that donated vaccines have an adequate remaining shelf life to allow them to be used before they expire.¹² Likewise, the Independent Panel for Pandemic Preparedness and Response has decried the lack of transparent information on delivery schedules, noting that “inconsistent delivery, including dumping large shipments at the last minute, is a potential waste of vaccine and therefore a wasted opportunity to protect people.”¹³ Most recently, AVAT, Africa CDC and COVAX spoke out about this practice, saying “the majority of the donations to-date have been ad hoc, provided with little notice and short shelf lives. This has made it extremely challenging for countries to plan vaccination campaigns and increase absorptive capacity.”¹⁴

National and regional experts interviewed by Amnesty International explained the challenges posed at the country level by receiving vaccines with short shelf lives – either allocated through the COVAX facility or bilaterally donated – as well as states not knowing what they will receive when.¹⁵ To avoid wastage, governments need to be able to mobilize the necessary personnel, transport and facilities in time. However, with the limited availability of necessary resources and trained personnel across the region, governments cannot reasonably be expected to keep them on standby indefinitely without knowing when they will need to be deployed.

In April 2021 South Sudan destroyed 59,000 doses received from the African Union's African Vaccine Acquisition Task Team with an exceedingly short shelf life. The vaccines arrived in the country just two weeks before their stated expiry date.¹⁶ In May, the government returned 72,000 unused doses to COVAX out of 132,000 received in March, with an expiry date of the end of June. These doses were reallocated to neighbouring Kenya. Likewise in late April, the DRC

and social measures in Ethiopia, Survey 4, November 2021, https://preventepidemics.org/wp-content/uploads/2021/11/ethiopia_en_20211109_1059.pdf; PERC, Finding the Balance: Public health and social measures in Kenya, Survey 4, November 2021, https://preventepidemics.org/wp-content/uploads/2021/11/kenya_en_20211109_1256.pdf; PERC, Finding the Balance: Public health and social measures in Sudan, Survey 4, November 2021, https://preventepidemics.org/wp-content/uploads/2021/11/sudan_en_20211109_1059.pdf; PERC, Finding the Balance: Public health and social measures in Uganda, Survey 4, November 2021, https://preventepidemics.org/wp-content/uploads/2021/11/uganda_en_20211109_1056.pdf

¹¹ PERC, Finding the Balance Survey 4, Country briefs for DRC, Ethiopia, Kenya, Sudan and Uganda

¹² Independent Allocation of Vaccines Group of COVAX, “What Needs to Change to Enhance Covid-19 Vaccine Access”, 24 September 2021, <https://reliefweb.int/report/world/what-needs-change-enhance-covid-19-vaccine-access-statement-independent-allocation>

¹³ H.E. Ellen Johnson Sirleaf and Rt Hon. Helen Clark, Losing time: End this pandemic and secure the future Progress six months after the report of the Independent Panel for Pandemic Preparedness and Response, November 2021, https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2021/11/COVID-19-Losing-Time_Final.pdf

¹⁴ Africa CDC, AVAT and COVAX, Joint Statement on Dose Donations of COVID-19 Vaccines to African Countries, 29 November 2021, <https://africacdc.org/news-item/joint-statement-on-dose-donations-of-covid-19-vaccines-to-african-countries/>

¹⁵ Telephone interviews with Dan Owalla, People's Health Movement Kenya, 8 November 2021; Sacha Bootsma, WHO Covid-19 Incident Manager in South Sudan, 3 November 2021; Dr. Mercy Onsando (Health NGOs Network – HENNET), 8 November 2021; Aggrey Aluso and Geoffrey Opio Atim, Open Society Initiative for Eastern Africa (OSIEA), 10 November 2021.

¹⁶ CNN, African countries have struggled to secure enough Covid-19 vaccines. So why are thousands of doses going to waste?, 19 May 2021, <https://edition.cnn.com/2021/05/19/africa/covid-19-vaccine-wastage-africa-intl-cmd/index.html>

announced it would be returning 1.3 million doses received in early March to COVAX, having determined that they would not be able to administer the vaccines before their June expiry date.¹⁷

Following their inability to use these previously donated vaccines, according to WHO's Covid-19 Incident Manager in the country, South Sudan is now under pressure to provide evidence of their ability to absorb more vaccines in a short timeframe and many countries in Africa are declining offers due to an inability to absorb them at the necessary fast rate.¹⁸ Indeed in its most recent allocation round on 22 November as part of the "end-of-year sprint", COVAX required countries to formally accept or reject vaccines allocated to them within three days of receiving the decision and to complete preparedness requirements within 14 days.¹⁹ While many countries in the region have the necessary experience and know-how to successfully roll out well-planned vaccination campaigns, mustering the necessary human and material resources in such a short timeframe and on short notice is more challenging and in many cases totally unrealistic.

While the pandemic has highlighted the chronic lack of investment in the health sector across the region over many years²⁰, the challenges in rolling out Covid-19 vaccination campaigns cannot be attributed simply to insufficient infrastructure. Mass vaccination campaigns have previously been conducted effectively – indeed, mass polio vaccination campaigns have been rolled out in several countries in the region even during the pandemic, including in Uganda, Kenya, South Sudan and Ethiopia. Such campaigns were carried out, often door-to-door and using vaccines with similar cold storage requirements to the commonly used AstraZeneca Covid-19 vaccine, suggesting that with adequate resources and time to prepare Covid-19 vaccination plans could have been carried out equally successfully.²¹ In fact, these recent vaccination campaigns have in some ways paved the way for the Covid-19 vaccine rollout by ensuring that some of the infrastructure needs were already in place – such as in South Sudan, where 865 out of 1000 health facilities in the country were already equipped with the solar-powered fridges necessary to store polio vaccines and which were suitable for storing some Covid-19 vaccines.²²

UNDERMINING TRUST

Low- and middle-income countries have been found to have higher levels of Covid-19 vaccine acceptance than high-income countries.²³ Likewise, a pre-pandemic study by Wellcome found that perceptions of general vaccine safety among people surveyed in Eastern Africa were among the highest in the world.²⁴ It has been suggested that the experience of prior mass vaccination campaigns is one of the factors contributing to generally higher levels of trust for Covid-19 vaccination in Africa.²⁵ In country surveys conducted by the Partnership for Evidence-Based Response to COVID-19 (PERC) in September 2021, once vaccination programmes had been underway for several months, 84% of respondents in Kenya said they had been vaccinated or were likely to be, 82% in Ethiopia, 79% in Uganda, 75% in Sudan and 60% in DRC.²⁶ While these surveys just present a snapshot, they also serve as an important reminder that the proportion of people willing to be vaccinated in these countries far exceeds the number of doses available to be administered to them.

¹⁷ Devex, DRC to return 1.3M COVAX vaccine doses before expiry, 29 April 2021, <https://www.devex.com/news/drc-to-return-1-3m-covax-vaccine-doses-before-expiry-99792/>

¹⁸ Telephone interview with Sacha Bootsma, WHO Covid-19 Incident Manager in South Sudan, 3 November 2021

¹⁹ COVAX, Decision of the Independent Allocation of Vaccines Group on the allocation of COVAX Facility secured vaccines: 22 November 2021, <https://www.who.int/publications/m/item/decision-of-the-independent-allocation-of-vaccines-group-on-the-allocation-of-covax-facility-secured-vaccines-22-november-2021>

²⁰ Amnesty International, "We just watched COVID-19 patients die": COVID-19 exposed Somalia's weak healthcare system but debt relief can transform it, 18 August 2021, Index Number: AFR 52/4602/2021

²¹ Like the AstraZeneca Covid-19 vaccine, Inactivated Polio Vaccine (IPV) is stored at temperatures of 2-8°C https://www.who.int/immunization/diseases/poliomyelitis/inactivated_polio_vaccine/ipv_operational_manual.pdf

²² Telephone interview with Sacha Bootsma; WHO Regional Office for Africa, South Sudan launches a nationwide second dose of routine Inactivated Polio Vaccine introduction to protect children against all types of poliovirus, 1 July 2021, <https://www.afro.who.int/news/south-sudan-launches-nationwide-second-dose-routine-inactivated-polio-vaccine-introduction>

²³ Nature Medicine, Understanding COVID-19 vaccine hesitancy, 16 July 2021, <https://www.nature.com/articles/s41591-021-01459-7>

²⁴ Wellcome Global Monitor 2018, How does the world feel about science and health?, June 2019, <https://wellcome.org/sites/default/files/wellcome-global-monitor-2018.pdf>

²⁵ Nature Medicine, Understanding COVID-19 vaccine hesitancy, 16 July 2021, <https://www.nature.com/articles/s41591-021-01459-7>

²⁶ PERC, Finding the Balance Survey 4, Country briefs for DRC, Ethiopia, Kenya, Sudan and Uganda

Nonetheless, vaccine hesitancy in the context of Covid-19 was cited as a key concern by some experts and activists who spoke to Amnesty International.²⁷ So why the difference?

One of the main reasons appears to be the clear and intrinsic link between hesitancy and vaccine availability. In addition to creating unnecessary logistical challenges, the lack of predictability and clear timelines for vaccine supply has undermined trust in national Covid-19 vaccination programmes. Doses arriving on short notice or not when originally expected has complicated the efforts of organizers to prepare the population to come forward for vaccinations through public outreach and information campaigns. As one public health professional explained, it is important to know the date of arrival when conducting vaccination outreach because having a one-month gap between public outreach and information campaigns and the actual vaccine drive is ineffective.²⁸ Gaps in vaccine supply have also meant that people who were told to go for a second dose within a certain timeframe would find that the necessary doses were not available at the allotted time – thus further undermining trust in the process.²⁹ For example, in Kenya, uptake of second vaccine doses currently stands at 57%.³⁰ A Kenyan activist attributed this low rate to the lack of availability of the appropriate vaccine. For instance if one is given the AstraZeneca vaccine in a nearby facility and it runs short of the particular vaccine, people may be referred to a distant location which is hard to access thereby increasing hesitancy and lack of uptake.³¹ Additionally, the delays by several European countries in recognizing AstraZeneca's Covishield vaccine as a suitable proof of vaccination for inbound travel, provoked outrage and may have caused people to ask questions about the quality of the vaccine most commonly supplied in Africa.³²

Some national leaders in the region also contributed to hesitancy by their own early messages and skepticism about vaccination. While Eritrea is the final country in the region to hold out against starting a vaccination campaign at all, Burundi's campaign only started in October with Tanzania not much further ahead. In November 2020, when successful vaccine candidates were beginning to be announced, Kenya's Cabinet Secretary for Health expressed his doubts about the vaccines' efficacy.³³ In January 2021, the late President Magufuli of Tanzania warned against vaccines coming from abroad, saying "vaccines are dangerous".³⁴ In March 2021, President Museveni of Uganda said in a widely publicized press briefing that he had not yet been vaccinated because he was "quite careful" and that he was still deciding which vaccine he would take.³⁵ In July, President Tshisekedi of the DRC made a public statement criticizing the AstraZeneca vaccine.³⁶ Some of these same leaders have since done a complete 180 degree turn, attempting to impose draconian measures to ensure people do get vaccinated – including the planned denial of government services to those unvaccinated in Kenya by mid-December, and the decision to deny unvaccinated staff access to Ministry of Health premises in Uganda.³⁷

²⁷ Telephone interviews with Dan Owalla, Peoples Health Movement Kenya, 8 November 2021; Dr. Mercy Onsando (Health NGOs Network – HENNET), 8 November 2021; Aggrey Aluso and Geoffrey Opio Atim, OSIEA, 10 November 2021, Michael Tiampati, Pastoralist Development Network of Kenya, 5 November 2021

²⁸ Telephone interview with Lolem Ngong, Chief of Staff, Amref Health Africa, 8 December 2021

²⁹ Telephone interview with Dr Patrick Kagurusi, Country Director, Amref Uganda, 6 December 2021

³⁰ Ministry of Health (Kenya), Update on Covid-19 Vaccination Exercise, 6 December 2021, <https://www.health.go.ke/wp-content/uploads/2021/12/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-6TH-December-2021.pdf>

³¹ Telephone interview with Dan Owalla, Peoples Health Movement Kenya, 8 November 2021

³² African Union Commission and Africa CDC, Statement on Covishield and the European Union (EU) Digital COVID Certificate "Green Pass", 28 June 2021, <https://africacdc.org/download/statement-on-covishield-and-the-european-union-eu-digital-covid-certificate-green-pass/>

³³ NTV Kenya, "I've got real doubts about Covid-19 vaccine, says CS Mutahi Kagwe", 11 November 2020, <https://www.youtube.com/watch?v=eO1Bhj41Pis>

³⁴ The Lancet, Tanzania refuses COVID-19 vaccines, 13 February 2021, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00362-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00362-7/fulltext)

³⁵ Reuters, Ugandan leader says not yet had COVID vaccine as he's "careful", 15 March 2021, <https://www.reuters.com/world/ugandan-leader-says-not-yet-had-covid-vaccine-hes-careful-2021-03-15/>

³⁶ AFP, DR Congo president Tshisekedi finally gets Covid jab, 13 September 2021, <https://www.the-star.co.ke/news/africa/2021-09-13-dr-congo-president-tshisekedi-finally-gets-covid-jab/>

³⁷ CGTN Africa, Unvaccinated staff blocked from accessing Ugandan Ministry of Health premises, 20 October 2021, <https://africa.cgtn.com/2021/10/20/unvaccinated-staff-blocked-from-accessing-ugandan-ministry-of-health-premises/>

UNEQUAL ROLLOUTS

The obstacles to effective vaccination campaigns have been largely externally imposed. However, the situation has been exacerbated by longstanding domestic inequalities. Historically marginalized and inaccessible areas, at-risk priority groups (including older persons and those with chronic conditions), women and other groups, including refugees, have all been underserved during the rollout.

GEOGRAPHY

There are many “hard-to-reach” areas in East Africa, the Horn and Great Lakes for a variety of reasons – including a lack of transport connections, perennial flooding, internal conflict, and historical marginalization and under-development. These challenges go some way to explaining the uneven vaccine distribution between different areas of the country, for countries where this data is shared.

In Kenya, for example, the proportion of the population fully vaccinated varied widely between counties, with less than 3% fully vaccinated in West Pokot, Turkana, Mandera, Wajir, Tana River and Marsabit, while almost 29% of Nairobi residents are now fully vaccinated.³⁸

Many areas of South Sudan are hard to reach, due to the lack of transport infrastructure, flooding and internal conflict. The vaccination programme has therefore relied on the use of internal flights to reach vaccination sites. As of 2 November 2021, vaccinations had started in just 40 out of 80 counties, although this had increased to 66 counties by early December.³⁹

In Sudan, the National COVID-19 Preparedness and Response Plan published in May 2021 noted that cold chain facilities in Khartoum and Gezira states needed rehabilitation to install additional vaccine storage capacity, and limited cold chain capacity in rural and hard-to-reach and pastoralist areas was a major gap.⁴⁰

At the end of July, increased demand for the vaccine was reported in Goma, North Kivu province of DRC due to an increase in COVID-19 cases, but no doses were available to be rolled out at the time.⁴¹

PRIORITY GROUPS

Amnesty International was able to review copies of the National Deployment and Vaccination Plans (NDVP) for Ethiopia, Kenya, South Sudan, Sudan and Tanzania, which were publicly available, as well as related official documents from Uganda. These plans clearly identify the population groups that each country initially prioritized for vaccination, largely in line with WHO Strategic Advisory Group of Experts on Immunization (SAGE) guidelines. Where the plans were not readily available, we have gathered information on prioritization from interviews and media reports:

- **Ethiopia** prioritized health workers, adults over the age of 65 years and people over 18 with comorbidities in phase I; and in phase II, those vulnerable due to the nature of their work and critical workers, those over 55 years, internally displaced people (IDP) and those working in IDP camps, refugees and staff in refugee camps, teachers, prison inmates and staff, and homeless people.
- In **Kenya**, these were identified as frontline health workers and critical workers in phase I; individuals over 50 years of age, those over 18 with comorbidities, and individuals working in the hospitality and tourism industry in phase II; and individuals in congregate settings and working in the entertainment, restaurant and banking sectors in phase III.

³⁸ Ministry of Health (Kenya), Update on Covid-19 Vaccination Exercise, 6 December 2021, <https://www.health.go.ke/wp-content/uploads/2021/12/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-6TH-December-2021.pdf>

³⁹ Republic of South Sudan, Ministry of Health, Covid-19 Vaccinations Reports and Dashboard, <https://app.powerbi.com/view?r=eyJrIjoiYzZkMGRmYjQtZTZkYS00MTVjLWZlZmZlMDI0YzU4NGQ5NjJlIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOiJh9>

⁴⁰ Federal Ministry of Health, Health Emergencies and Epidemic Control (Sudan), National COVID-19 Preparedness and Response Plan, 14 May 2021

⁴¹ Global Press Journal, “They’re Not Throwing Away Their Shots — Anymore”, 31 October 2021, <https://globalpressjournal.com/africa/democratic-republic-of-congo/not-throwing-away-shots-anymore/>

- **South Sudan** planned to vaccinate healthcare workers as their first priority, followed by persons aged 65 years and older; the second priority cohort was to include persons with co-morbidities, refugees, internally displaced persons, teachers, and other essential workers, such as members of the police force.
- **Sudan** prioritized health workers in direct patient contact roles and people aged 45 and older with medical conditions and living in areas with high transmission in phase I; in phase 2, adults aged 45 years and older with medical conditions in the rest of the country, key workers in essential jobs, including teachers and school staff, and others who cannot avoid a high risk of exposure to COVID-19, those aged 16-45 years with medical conditions, those aged 45 and older without co-morbidities, those aged over 18 years and living or working in crowded accommodation (for example, staff and inmates of detention facilities, refugees, IDPs). Phase 3 was to include pregnant women, lactating mothers, those aged 18-45 years who did not have access in prior phases, and children up to 18 years.
- In phase I, **Tanzania** prioritized people with co-morbidities aged from 18 years and above in regions with high burden of disease; all frontline health care workers; frontline essential workers in various sectors, such as tourism, ports of entry, college and university lecturers, primary and secondary school teachers. In phase II these priority groups were to be expanded to people with co-morbidities aged from 18 years and above in the remaining 17 regions; security and defence forces and adults aged 45 years and above in all regions.
- **Uganda** identified health workers, security personnel, teachers, older persons (people over the age of 50 years) and people with comorbidities for priority vaccination in phase I.
- **Rwanda** initially prioritized frontline healthcare workers, older persons, individuals with underlying conditions, people living in crowded settings such as refugees and prisoners, and other essential workers such as teachers and those in the security forces.⁴²
- In **Somalia**, the government planned to prioritize front line workers, including health workers, teachers, police, immigration officials and journalists, as well as older persons and individuals with chronic health conditions.⁴³
- In the **DRC**, people aged over 55 years, those living with chronic conditions and health care workers were all among the initial target groups.
- **Burundi's** NDVP was in the process of being validated in November and it is reported that the national vaccination campaign identifies refugees and healthcare workers among its priority targets.⁴⁴ At the start of the campaign in mid-October, the Ministry of Public Health announced that the target groups were service providers, those with comorbidities, older people, travellers and any other person who wishes to be vaccinated.⁴⁵

However, where disaggregated data has been provided in the national vaccination statistics, the uptake among some of these priority groups has been lower than expected:

- In **Kenya**, by 12 December, 99.3% of healthcare workers and 99.4% of teachers had been fully vaccinated, but only 23.4% of those above 58 years old and 26.9% of those in prison.⁴⁶ This is a marked increase from 1 November 2021, when 78.7% of healthcare workers, 49.4% of teachers, 14.5% of those above 58 years old and 7.5% of those in prison had been fully vaccinated.⁴⁷

⁴² The Conversation, How Rwanda is managing its COVID-19 vaccination rollout plans, 19 April 2021, <https://theconversation.com/how-rwanda-is-managing-its-covid-19-vaccination-rollout-plans-158987>

⁴³ Amnesty International, "We just watched COVID-19 patients die": COVID-19 exposed Somalia's weak healthcare system but debt relief can transform it, 18 August 2021, Index Number: AFR 52/4602/2021

⁴⁴ UNHCR, Global Covid-19 Response, 22 November 2021, https://reporting.unhcr.org/sites/default/files/COVID-19%20Response_update-November%202021.pdf; OCHA, Burundi: Rapport de situation, 19 November 2021, <https://reliefweb.int/sites/reliefweb.int/files/resources/Rapport%20de%20situation%20-%20Burundi%20-%2019%20nov.%202021.pdf>

⁴⁵ Ministry of Public Health and the Fight against AIDS (Burundi), 12 October 2021, https://twitter.com/mspls_bdi/status/1447969720221769730?s=20;

⁴⁶ Ministry of Health (Kenya), Update on Covid-19 Vaccination Exercise, 12 December 2021, <https://www.health.go.ke/wp-content/uploads/2021/12/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-12TH-DECEMBER-2021.pdf>

⁴⁷ Ministry of Health (Kenya), Update on Covid-19 Vaccination Exercise, 1 November 2021, <https://www.health.go.ke/wp-content/uploads/2021/11/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-1ST-NOVEMBER-2021.pdf>

- By 13 December 2021, 61.64% of healthcare workers had been fully vaccinated in **South Sudan** – again a rapid increase from 29% on 2 November 2021 – but vaccination rates of people with comorbidities and people aged over 65 years remained low at 2.81% and 3.15%, respectively.⁴⁸
- On 13 October 2021, **Uganda's** health minister announced that the percentages of fully vaccinated health workers stood at 34.2%, security personnel 19.4%, teachers 14.9%, older persons 1.7% and people with comorbidities 1.8%.

Most countries do not publish vaccine uptake data as a proportion of each target population group. However, data is available on the total numbers of doses administered to healthcare workers, older people and those with pre-existing conditions:

- As of 13 December 2021, **Tanzania** had administered a total 118,447 doses to healthcare workers, 234,200 to older adults and 208,850 to those with pre-existing conditions. As the available data does not indicate which were first and second doses, depending on that breakdown, we can estimate that between 39 and 79% of the targeted 150,000 frontline healthcare workers have been either partially or fully vaccinated, between 1.52% and 3.03% of the 7,726,634 older people targeted, and between 3.03% and 6.07% of the 3,441,764 people with comorbidities originally targeted.⁴⁹
- In **Burundi**, 171 doses had been administered to healthcare workers and 498 to people with underlying health conditions by 13 December 2021; in **DRC**, 22,500 doses to healthcare workers, 35,326 to older people and 24,430 to people with underlying health conditions; and in **Ethiopia**, 553,068 to healthcare workers, 1,695,653 to older people and 7,778,972 to people with underlying health conditions.⁵⁰

The initially low level of vaccination among healthcare workers has appeared to improve (where the data is available) as the end of 2021 approaches, but the very low level of uptake by older persons and those with chronic health conditions across the board is troubling.

THE WRONG DECISION?

With the slower than expected uptake by priority groups risking countries' ability to consume the vaccines available to them before their expiry dates, most governments in the region shifted to opening up the vaccination offer to all adults, despite WHO's continued advice to target prioritized groups first. This happened particularly quickly in South Sudan, where the Ministry of Health decided to allow the vaccine to be administered to all persons aged 18 years and over from June 2021. This was explained as a response to a relatively low uptake of the vaccine among priority groups up to then.⁵¹ In Kenya, the Principal Secretary in the Ministry of Health announced on 23 August that vaccination was now open to all Kenyans over the age of 18.⁵² The Director of the Immunization Department at the Federal Ministry of Health in Sudan likewise announced on 13 October that vaccinations would be open to all over 18.

Various explanations have been offered for the low uptake among at-risk priority groups. A lack of targeted outreach to older people and those with chronic conditions was one major factor. NGO workers explained how physical access was difficult for older persons who had to walk long distances to reach their nearest vaccination centres or lacked the financial

⁴⁸ Republic of South Sudan, Ministry of Health, Covid-19 Vaccinations Reports and Dashboard, <https://app.powerbi.com/view?r=eyJrjoiYzZkMGRmYjQtZTQzYS00MTVjLWEzNzltMDI0YzU4NGQ5NjJlIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9>

⁴⁹ WHO Regional Office for Africa, Africa COVID-19 Dashboard, <https://app.powerbi.com/view?r=eyJrjoiY2ViYzlyZjltYzhkMi00ZWVvLTgyM2ltZTk1ZTJmODRjMTkxliwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9>; The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, National Deployment and Vaccination Plan (NDVP) for Covid-19 Vaccine, June 2021

⁵⁰ WHO Regional Office for Africa, Africa COVID-19 Dashboard, <https://app.powerbi.com/view?r=eyJrjoiY2ViYzlyZjltYzhkMi00ZWVvLTgyM2ltZTk1ZTJmODRjMTkxliwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9>

⁵¹ South Sudan COVID-19 National Deployment and Vaccination Plan, updated version August 2021

⁵² UNICEF, Over 880,000 Moderna COVID-19 vaccine doses arrive in Kenya, donated by the US, 23 August 2021, <https://www.unicef.org/kenya/press-releases/over-880000-moderna-covid-19-vaccine-doses-arrive-kenya-donated-us>

means to pay for transport.⁵³ One described how their father in Uganda lived next to a health centre, but the nearest vaccination centre was 10km away. He said that he would only get the vaccine once it is available at the local health centre.⁵⁴ Another public health professional explained how it was more difficult for people from vulnerable groups to travel to a vaccine centre, especially if they were not sure that they would find doses available when they arrive.⁵⁵ In response to Amnesty International's request for information, Kenya's Ministry of Health likewise explained that the lack of mobility among older people was one of the challenges in reaching this group and that outreach services would be needed to improve their access.⁵⁶ A Kenyan activist noted that government efforts to vaccinate older persons initially focused on those covered under the social protection programme, but that only a fraction of older persons are reached by the programme which resulted in a large number of older people being left out in the vaccination exercise, particularly those in hard-to-reach areas.⁵⁷

By contrast, the Rwanda Biomedical Centre started a door-to-door vaccination campaign in Kigali in August in an effort to reach people aged over 60 years and set up a helpline for members of the public to share information on older persons needing to be vaccinated.⁵⁸ Having understood the challenges for target populations to reach health facilities, mobile teams have been introduced in South Sudan to go to where people are rather than waiting for them to appear – although they are limited to some extent by logistical concerns, having to turn back to base when the vaccines start to risk warming up.⁵⁹

Similarly, there were challenges in reaching people with chronic health conditions, including insufficient centralized data on those with comorbidities. Kenya's Ministry of Health noted that the current data system does not segregate data on comorbidities and that a good number of older people tend to fall in both groups.⁶⁰ With insufficient data and little possibility for targeted outreach to people with comorbidities, efforts were made in Uganda to both gather more information at least at the village level and to locate vaccine centres in clinics, so that when patients came in for their usual appointments they could also speak about and be offered the vaccination.⁶¹

One of the more worrying trends is the level of vaccine hesitancy that has been cited among healthcare workers, including in Ethiopia, Somalia and Uganda.⁶² As an NGO worker from Uganda noted, the initial hesitancy from some health workers about the safety of the vaccines sent a very bad message to the general population given that they are relied upon to give advice on health matters.⁶³ Amnesty International interviewed 33 health workers in early 2021 in Somalia, all of whom had been offered the opportunity to be vaccinated – 19 of them had it turned down.⁶⁴

⁵³ Telephone interviews with Dr. Mercy Onsando (Health NGOs Network – HENNET), 8 November 2021; NGO worker who requested anonymity, 17 November 2021

⁵⁴ Telephone interview with NGO worker, 17 November 2021

⁵⁵ Telephone interview with Dr Meshack Ndirangu, Country Director, Amref Kenya, 8 December 2021

⁵⁶ Letter from Principal Secretary Susan Mochache, Ministry of Health (Kenya) to Irungu Houghton, Executive Director, Amnesty International Kenya, 29 November 2021

⁵⁷ Telephone interview with Dan Owalla, People's Health Movement Kenya, 8 November 2021; The National Social Protection Secretariat operates a cash transfer scheme for poor and vulnerable older persons (65 years and above), <http://www.socialprotection.or.ke/national-safety-net-program/125-older-persons-cash-transfer-opct>

⁵⁸ The New Times (Rwanda), Covid: Vaccination drive goes door-to-door for elderly in Kigali, 12 August 2021, <https://www.newtimes.co.rw/covid-19/covid-vaccination-drive-goes-door-door-elderly-kigali>

⁵⁹ Telephone interview with NGO worker, 23 November 2021

⁶⁰ Letter from Principal Secretary Susan Mochache, Ministry of Health (Kenya) to Irungu Houghton, Executive Director, Amnesty International Kenya, 29 November 2021

⁶¹ Telephone interview with Dr Patrick Kagurusi, Country Director AMREF Uganda, 6 December 2021

⁶² Guangul BA, Georgescu G, Osman M, Reece R, Derso Z, et al, Global Journal of Infectious Diseases and Clinical Research, Healthcare workers attitude towards SARS-COVID-2 Vaccine, Ethiopia, 29 June 2021, <https://www.peertechzpublications.com/articles/GJIDCR-7-145.php>; Amnesty International, "We just watched COVID-19 patients die": COVID-19 exposed Somalia's weak healthcare system but debt relief can transform it, 18 August 2021, Index Number: AFR 52/4602/2021

⁶³ Telephone interview with Denis Kabira, HEPS Uganda - Coalition for Health Promotion and Social Development, 23 November 2021

⁶⁴ Amnesty International, "We just watched COVID-19 patients die": COVID-19 exposed Somalia's weak healthcare system but debt relief can transform it, 18 August 2021, Index Number: AFR 52/4602/2021

OTHER UNDERSERVED GROUPS

The gender breakdown of those vaccinated is not regularly published in most countries in the region which makes it difficult to assess the gendered impact. However, where that information is available, the gender disparity in vaccine uptake is significant. In South Sudan, 40% of those vaccinated are female and 60% are male – although this is an improvement on earlier figures of 25% to 75% when only AstraZeneca doses were available.⁶⁵ Likewise, vaccine uptake in Kenya is lower among women than men, with men being 52.2% of those fully vaccinated and women 47.7%.⁶⁶

Several explanations have been offered, including the persistent rumour that the Covid-19 vaccines can cause infertility. A healthcare NGO worker in South Sudan also noted that much of the initial outreach focused on radio broadcasts, but that women were less likely to own or have access to a radio than men.⁶⁷

The East and Horn of Africa and Great Lakes region, which UNHCR defines as Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania and Uganda, but not including DRC, hosts a large refugee population of almost 5 million people. Despite the increased risk of transmission among those living in often crowded camp settings, of these 4,867,585 refugees and asylum-seekers, only 26,488 refugees had received at least the first dose of a Covid-19 vaccine by 22 November and only 10,183 refugees, or 0.2% of the region's refugee population, were fully vaccinated. In Tanzania, the government granted permission for the vaccination programme to begin in the camps and preparations began in October 2021.⁶⁸

Pastoralist communities have also been underserved. A pastoralist activist noted that the vaccination campaign in Kenya took an elitist, urban-centric approach. The needs of this very mobile community, whose lives are resource dependent, have not been taken in account in the planning process.⁶⁹

RECOMMENDATIONS

The knock-on impact of the lack of vaccine supplies to East Africa, the Horn and Great Lakes has been grave and unnecessarily prevented countries from carrying out more effective vaccination programmes. Unpredictable timescales and delays have contributed to vaccine hesitancy in the region, as did an early lack of leadership by many national leaders. While facing significant challenges from external factors outside their control, governments in the region must step up and take more decisive action to ensure that groups most at-risk from the virus can access vaccines as a matter of priority and historically marginalized groups do not miss out.

Amnesty International therefore recommends that:

- Wealthy states who have stockpiled Covid-19 vaccines must redistribute surplus vaccines;
- Pharmaceutical companies should deliver at least 50% of vaccines they produce between now and 31 December to low and lower-middle income countries whilst ensuring timely and predictable supply;
- Wealthy states and pharmaceutical companies should urgently increase the global supply of Covid-19 vaccines through the temporary suspension of intellectual property rights and sharing of technology, resources and know-how.
- In the absence of sufficient supplies of Covid-19 vaccines, East African governments should take effective measures to continue to prioritize the vaccination of groups most at risk from the virus as well as to reach people in hard-to-reach areas, including innovative and targeted means of increasing vaccine take up, as well as tried-and-tested methods such as direct community outreach and mobile clinics;

⁶⁵ Republic of South Sudan, Ministry of Health, Covid-19 Vaccinations Reports and Dashboard, <https://app.powerbi.com/view?r=eyJrIjoieYzZkMGRmYjQtZTQzYS00MTVjLWEzNzltMDI0YzU4NGQ5NjJlIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjhh9>

⁶⁶ Ministry of Health (Kenya), Update on Covid-19 Vaccination Exercise, 6 December 2021, <https://www.health.go.ke/wp-content/uploads/2021/12/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-6TH-December-2021.pdf>

⁶⁷ Telephone interview with NGO worker, 23 November 2021

⁶⁸ UNHCR, Global Covid-19 Response, 22 November 2021, https://reporting.unhcr.org/sites/default/files/COVID-19%20Response_update-November%202021.pdf; UNHCR, Inter-Agency Operational Update - Tanzania, October 2021, <https://reliefweb.int/sites/reliefweb.int/files/resources/Inter-Agency%20Operational%20Update%20October%202021-%20Final.pdf>

⁶⁹ Telephone interview with Michael Tiampati, Pastoralist Development Network of Kenya, 5 November 2021

- Governments in the region must ensure transparency around their vaccination programmes, including the publication of disaggregated data on vaccine uptake, and ensure that any decisions on geographic or sectoral distribution of available supplies are based on need rather than other factors;
- Governments in the region must take active steps to counter misinformation and distrust around the vaccines through greater transparency and information campaigns, rather than automatically resorting to coercive measures and/or blanket vaccination mandates.