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## Letter to the Editor

## Ensuring access to COVID-19 vaccines among marginalised populations in Africa



Coronavirus disease 2019 (COVID-19) has led to several unprecedented global changes, and the impacts of the pandemic have rippled through healthcare systems and economic and social activities.<sup>1–3</sup> Although the number of reported COVID-19 cases in Africa is currently lower than that of other regions of the world, the number of confirmed cases in the region is increasing.<sup>1</sup> As of December 2, 2020, more than one million cases and more than 40,000 deaths have been reported on the African continent, and African governments are continuing their efforts to respond to the pandemic.<sup>4</sup> The availability of the COVID-19 vaccine will be hugely beneficial in the efforts to effectively contain the outbreak. As the journey to find a safe and effective COVID-19 vaccine is promising, the World Health Organization (WHO) has reported that Africa is far from ready to implement, what would be, the first and largest vaccination programme on the continent.<sup>5</sup> The WHO analysis also revealed that the African region has an average score of 33% readiness for a COVID-19 vaccine roll-out, which is far below the minimum benchmark of 80%. Furthermore, it has been reported that COVID-19 response activities have neglected marginalised and vulnerable populations in many African countries.<sup>6,7</sup> We comment on the need to ensure access to the COVID-19 vaccine among marginalised populations in Africa.

Vaccination is a major public health tool that has greatly reduced the burden of infectious diseases, second only to the provision of clean water and sanitation. Major infections, such as smallpox, have been eradicated globally as a result of vaccines. In addition, polio has almost been eradicated, except in Afghanistan and Pakistan, where it remains endemic.<sup>8</sup> The impact of vaccination on vaccine-preventable diseases cannot be undermined. The incidence and prevalence of diseases such as tuberculosis, among others, have been severely reduced as a result of vaccine availability. The COVID-19 vaccine, when combined with testing and existing precautionary measures, will be a critical tool to effectively control the pandemic. There are presently more than 200 vaccine candidates under development, and some of these vaccine candidates are in final stages before approval (i.e., phase III clinical trials). As of December 6, 2020, Oxford/AstraZeneca, Moderna, Pfizer/BioNTech and Gamaleya (Sputnik V) vaccine candidates have been reported to show high efficacy in phase III clinical trials.<sup>9</sup> Once a vaccine receives the required approval, it will be critical for the vaccine to be made accessible, in a timely and equitable manner, and to reach those that need it most,<sup>10</sup> including marginalised populations. There has been little consideration of how to ensure access of the COVID-19 vaccine to marginalised communities in Africa. It is imperative that the COVID-19 vaccine is a 'people's vaccine' for

the public good and that it is available to all individuals, regardless of their situation.

Marginalised populations are often hard to reach and vulnerable and frequently encounter supply-related barriers to vaccination. Some of the associated obstacles and impediments include geography-related barriers, transient movement due to nomadic lifestyles, discrimination by some healthcare providers, inadequate or lack of inclusive vaccination systems and insecurities due to wars and conflicts, among others. In addition, marginalised groups often live in poverty and have the highest disease burden. This reiterates the need for adequate planning for vaccine distribution and transparency in identifying the marginalised populations. We need to ensure that history does not repeat itself, as was seen with access to HIV drugs many years ago. As the death rate plummeted in 'rich' countries, HIV-infected people were left to die across Africa owing to lack of access to sufficient life-saving drugs.<sup>10</sup> Between 1997 and 2007, it was estimated that 12 million Africans died because of this inequity.<sup>10</sup> There is no doubt that the actual number of deaths is far greater than the recorded values because marginalised/hard-to-reach populations may not be factored into the reported figures. In 2009, a similar scenario played out with the swine flu pandemic, wherein 'rich' countries placed large pre-orders of vaccine, buying almost all of the doses that could possibly be manufactured, which discriminately affected access to the vaccine in Africa and other 'poor' countries.<sup>10</sup>

As the discussion grows, it is crucial that marginalised populations, which are already at a disadvantage, have access to the COVID-19 vaccine in Africa. Failure to do so will allow COVID-19 to remain a major health threat among marginalised groups and the society at large. While there is a focus on the need to prioritise older adults (aged >65 years), shielding groups and healthcare workers for vaccination, it is essential to consider the effect of comorbidities and occupational and socio-economic factors on COVID-19 severity, in which marginalised groups are usually at greater risk. If this situation is not considered carefully, it is possible that an inequitable distribution of the COVID-19 vaccine may result in the outbreak becoming a disease of poverty by exacerbating pre-existing inequalities. Leaving marginalised groups out of the COVID-19 vaccination planning will mean keeping them as a reservoir of the virus, and this is not in line with one of the elements of universal health coverage – Moving Together. This further highlights the need to ensure access of COVID-19 vaccines to marginalised and vulnerable populations. In addition, as the United Nations member countries pledged to ensure no one is left behind and that they will endeavour to reach the furthest behind first with the adoption of the 2030 Agenda for the UN Development Program,<sup>6</sup>

this is particularly relevant in the conversation surrounding COVID-19 vaccines. Equitable access will go far in levelling the power dynamics that perpetuate inequality and fuel injustice, and it will ensure that no one is left behind.

A COVID-19 vaccination programme will require major and targeted preparations in Africa as this would be the first massive continent-wide immunisation drive to curb a pandemic disease. Although COVID-19 Vaccines Global Access, the People's Vaccine Alliance and other stakeholders are making efforts to ensure equitable access to the vaccines in Africa and globally; the demand is huge, the vaccine technology and logistical requirements are challenging and marginalised groups are more likely to be excluded. Currently, many vaccination systems in Africa are designed to ensure that children receive their full vaccination schedule; thus, it will be a completely new challenge to implement a massive adult immunisation programme. It is very important that we understand marginalised communities through social mapping, equity analysis and community and civil society engagement, coupled with health promotion to build and sustain trust in the vaccine. These analyses and vaccine promotions are essential to increase the chances of the COVID-19 vaccination programme being acceptable, sustainable and appropriate among marginalised populations on the continent. Marginalised communities must not be deprived of COVID-19 vaccines because none of us are truly safe, until we are all safe.

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D.E. Lucero-Prisno III<sup>a</sup>

Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, United Kingdom

Y.A. Adebisi<sup>\*a</sup>

Faculty of Pharmacy, University of Ibadan, Ibadan, Nigeria

L.I. Uzairue

Department of Medical Laboratory Science, Ambrose Alli University, Ekpoma, Edo State, Nigeria

A.Y. Abdullahi

Faculty of Veterinary Medicine, University of Ibadan, Ibadan, Nigeria

A.J. Alaran

Faculty of Pharmaceutical Sciences, University of Ilorin, Ilorin, Nigeria

E.E. Izukanne

Faculty of Pharmaceutical Sciences, Nnamdi Azikwe University, Awka, Nigeria

F.O. Jamgbadi

Faculty of Pharmacy, University of Benin, Benin City, Nigeria

O.A. Bolarinwa

Department of Public Health Medicine, School of Public Health and Nursing, University of KwaZulu-Natal, Durban, South Africa

\* Corresponding author.

E-mail address: [adebisiyusuff23@yahoo.com](mailto:adebisiyusuff23@yahoo.com) (Y.A. Adebisi).

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<sup>a</sup> Equal contribution.