

A large, stylized orange globe with a grid of latitude and longitude lines, positioned in the background of the slide.

# **COVID-19 vaccination: What have we learned and what more can we do to address vaccine inequity in Africa and the Middle East?**

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**Fact sheet for COVID-19 vaccination**

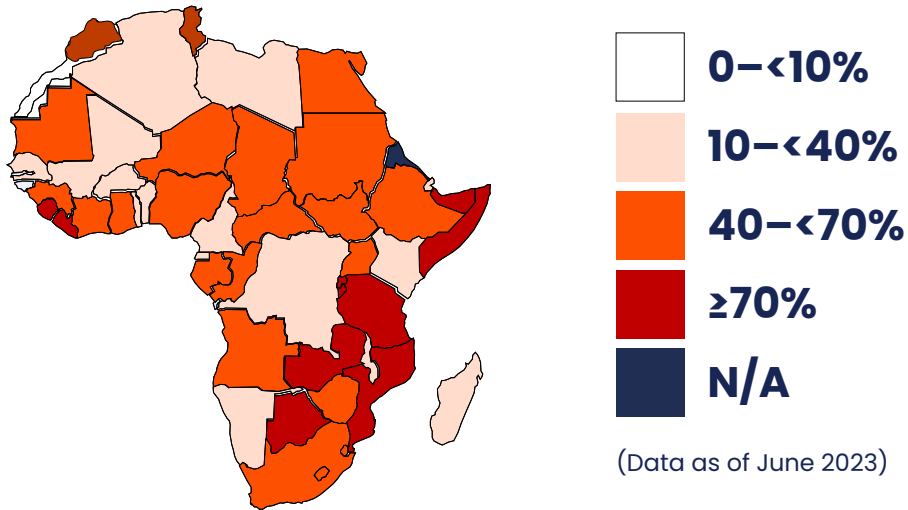
For more information, visit [www.touchinfectiousdiseases.com](http://www.touchinfectiousdiseases.com)



# AFRICA

## COVID-19 vaccine inequity in Africa

### 1 Vaccination rates vary widely across Africa<sup>1</sup>

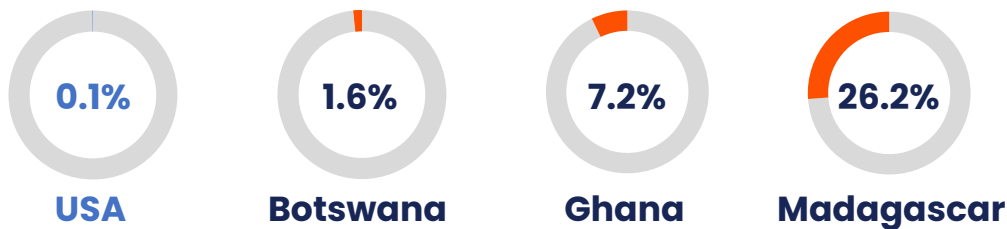


### 2 Affordability and accessibility of vaccines vary

#### Vaccination\* by country income<sup>2</sup>:



#### Cost of vaccinating 40% of the population<sup>3†</sup>



\*At least one dose of COVID-19 vaccine; †As a per cent of current health expenditure.

### 3 Barriers to vaccine equity<sup>4-6</sup>

- Intellectual property and profit
- Lack of technology transfer
- Low funding
- Supply and access
- Vaccine hoarding
- Vaccine misconception
- Weak healthcare systems



## 1 Your role as a healthcare worker in vaccination<sup>7,8</sup>

*"Healthcare workers, especially those in communities, remain the most trusted advisor and influencer of vaccination decisions"*



Communication about benefits and risk



Timing and spacing of doses



Observation of precautions and contraindications



Vaccine administration



Vaccine storage and handling



Management and reporting of side effects

## 2 How can you address vaccine hesitancy?

### Build trust<sup>9</sup>



**Listen**  
and answer questions without judging



**Ask**  
questions to understand better and correct wrong information



**Educate**  
Tell stories from your own life about the benefits of vaccines to encourage uptake



**Return**  
If you don't have the answer, find out and prepare for the question again

### Prepare for conversations<sup>9,10</sup>



*"I heard it can cause health problems. Is that true?"*

*"I received the COVID-19 vaccine and have not had any complications. The risks of health problems from COVID-19 are much higher than the risks of the vaccine."*



HCW



*"I don't know enough about COVID-19 vaccines to make an informed decision."*

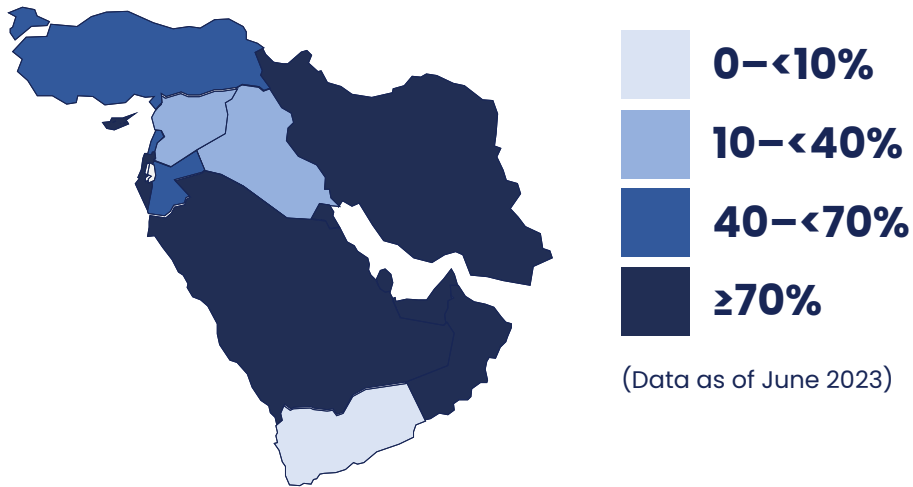
*"All COVID-19 vaccines work with the body's natural defences to safely develop immunity to the disease. This means your body is ready to fight the virus, helping to prevent severe illness or death."*



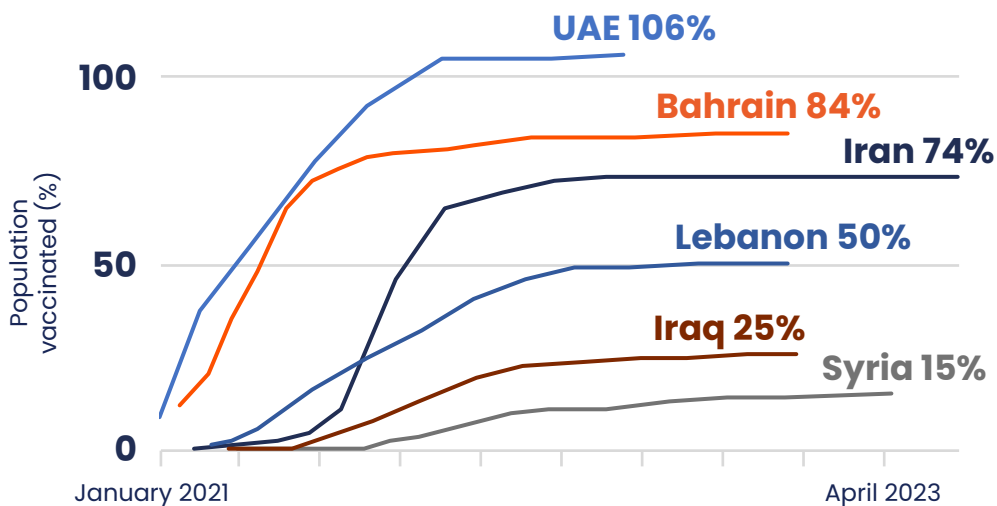
HCW



## 1 Vaccination rates vary widely across the ME<sup>11</sup>



## 2 Vaccination rates in the ME have plateaued<sup>11</sup>



## 3 Why does vaccine inequity exist?<sup>12-17</sup>



### Public perception

Fear and lack of trust in the COVID-19 vaccine



### Accessibility

Unequal vaccine distribution



### Affordability

Lower socioeconomic status or minority status is associated with poorer vaccination rates

## 4 Vaccine inequity has far-reaching consequences<sup>18-21</sup>



Threat of new variants



Prevents herd immunity



Recurrent waves



Prolongs pandemic



Increase in infections



Widens economic gaps



1 Strategies used in the MENA region<sup>22</sup>



2 Encouraging vaccine uptake in specific groups<sup>23</sup>

In some Middle Eastern countries, women have higher levels of vaccine hesitancy and lower vaccination rates

	Barrier		Intervention
Structural	Limited mobility and time		Bring vaccine to places that women frequent
	Cultural preference for female HCWs		Promote and provide 'women only' vaccination sites and platforms
Individual	Fear of side effects		Share positive stories from trusted messengers
	Lower perceived risk		Highlight the risks of getting COVID-19 and use prosocial messaging



### 1 New variants of COVID-19 pose substantial risks<sup>24-28</sup>



### 2 The role of COVID-19 boosters<sup>1,29-31</sup>



**Booster doses enhance vaccine effectiveness** against infection, symptomatic disease and severe outcomes



**Booster doses offer protection** against variants even if not variant-targeted



**In Africa**, 35 member states are offering booster doses



**Across the ME**, ~0.2–70.7% of people have received ≥1 booster dose

### 3 WHO SAGE recommendations\* for boosters<sup>32</sup>



**Priority-use groups**

**HIGH**

Older adults<sup>†</sup>, younger adults with significant comorbidities, pregnant people, the immuno-compromised and **frontline healthcare workers**

**MID**

Not routinely recommended<sup>‡</sup>

**LOW**

\*Key recommendations for the administration of additional booster doses (beyond the first booster dose); <sup>†</sup>Age cut-off to be decided by countries;

<sup>‡</sup>Vaccines are not recommended for inclusion in routine programmes because of minimal public health impact and low cost-effectiveness in most settings.

# Abbreviations and references

## Abbreviations

HCW, healthcare worker; ME, Middle East; MENA, Middle East and Africa; MID, medium; N/A, not applicable; SAGE, Strategic Advisory Group of Experts on Immunization; UAE, United Arab Emirates; WHO, World Health Organization.

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