

ADVOCACYNET 366
August 6, 2021

Vaccine Shortage Prompts a Surge of Untested Herbal Medicines in Africa



The failure by the Global North to supply vaccines to Africa is prompting a surge of untested local solutions, raising new health worries at a time when the pandemic is worsening.

[Anna Braverman](#), a Peace Fellow for The Advocacy Project (AP) who recently returned from volunteering in Uganda, reports [in a blog](#) that COVIDEX, a herbal supplement, is being sold across the counter in the northern district of Gulu after just 14 days of clinical trials.

This is causing [concern among some medical experts](#). “People are gullible in a situation like this where there is a pandemic,” said Dr Ambrose Talasuna, team leader for African emergency preparedness at the World Health Organization (WHO).

COVIDEX is a response to growing desperation in Uganda, where COVID-19 infections have been surging in recent weeks. 2,771 Ugandans have died so far and [they include Dolly Oryem](#), an inspiring school principal in Gulu District who had commissioned face masks from an AP partner. Ms

Braverman herself was forced to return to the US after the Ugandan government imposed a drastic 42-day lock-down.

As of Tuesday, only 1.01 million doses had been distributed in Uganda, with a population of 44.27 million. Only 4,129 Ugandans - 0.01% of the population - had received a second dose.

The international roll-out of vaccines has faced multiple challenges since the international vaccine sharing program COVAX was launched in April last year. Northern governments have been [accused of hoarding vaccines](#) and a [recent decision by the EU to authorize boosters](#) - while most of Africa remains uncovered - has provoked fresh outrage.

The problem has been compounded by the refusal of Western governments and drug companies to allow the local production of vaccines in Africa, which is reviewed [in another hard-hitting blog by Ms Braverman](#).

In the absence of vaccines, Africa is turning to risky home-grown solutions. Ms Braverman reports that COVIDEX is made from extracts of berberine, a chemical most commonly taken for diabetes, and zanthoxylum gillettii, a plant with analgesic properties. A second product, Covyllice, is being rushed out by the University of Gulu.

Under growing pressure to act, the Ugandan National Drug Authority has given lukewarm approval to COVIDEX while making it clear that more clinical testing is needed. Yet Emma Ajok from the Gulu Disabled Persons Union (GDPU), an AP partner, said that COVIDEX is being touted on social media and local radio as a life-saver that can cure COVID in just three days.

Fraud is also on the increase. [According to a recent report](#), 800 Ugandans were injected with water by hucksters posing as medical workers.

With a population of 52.57 million, Kenya has only distributed 1.7 million doses, prompting Kenya's President Uhuru Kenyatta to complain [during a recent visit to London that "vaccine nationalism" was exposing the inequality between the North and South](#). As free government doses run short, private clinics in Nairobi are selling vaccines for \$130.

Out of forty women who work with AP in the informal Nairobi settlements of Kangemi and Kibera, only three have been vaccinated. Caren Mbyaki, who leads the Kangemi Self Help Advocacy Group, reports that with vaccines in short supply people are also concerned that the second dose may be a different make from the first. In the absence of information this is discouraging people from seeking a booster, she said.

AP partners in Kenya also report that a local concoction of ginger, garlic, lemon and honey known as "Corona Buster" is widely thought to boost

immunity against COVID-19 and ward off infection. The Buster is considered benign and many Kenyans take it for common coughs and colds, but pressure may also be growing to come up with more risky approaches as in Uganda.

Zimbabwe, with a population of 14.6 million, has **distributed 2.47 million doses**, thanks to a large donation of the Sinopharm vaccine from China. But there is also a high level of vaccine skepticism and some reports have pointed the finger at local branches of an influential Apostolic sect known as “White Garment” churches which have rejected polio and tetanus vaccines in the past and **described COVID vaccines as the work of the devil**.

So far this year AP has invested in **20 projects in ten countries to help partners remain productive and safe**. But small community grants are no substitute for nation-wide testing and vaccinations.

Both still seem a long way off. Bruce Aylward, a senior WHO official, recently predicted that **less than 10% of Africans would be vaccinated by the end of the year**. Such an outcome, he said, would be “a scar on all of our consciences.”

Mr Aylward added: “There are enough vaccines in the world. There is enough money in the world. There is enough absorptive capacity (on the African continent). They could easily hit 30-40% coverage were the vaccine made available.”



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