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Global vaccination V

Cuba's vaccine is almost ready — and will be offered to tourists. Turkey's campaign progresses quickly, while Kenya suffers from the global shortage

Also read Part I, II, III and IV of our series 'Global vaccination'.

Cuba

Tourists brought the coronavirus to Cuba last March. Shortly after, the airports were closed. Only since mid-October have they been at least partially reopened. The number of tourists fell to about a quarter of the previous year's level. This meant that the Caribbean island lost one of its most important sources of income.

Despite the deep economic crisis, the Cuban health sector is far better prepared for the treatment and containment of epidemics than in other countries in the region. Infections and deaths are significantly lower than in the Dominican Republic, for example, which also depends heavily on tourism. While in the Dominican Republic official infections are reaching a quarter of a million and just over 3,000 people have died, infections are at 42,000 and deaths 282 in Cuba. In the middle of last year, the country succeeded in bringing the outbreak under control through isolation, a comprehensive information campaign and consistent tracking and isolation.

Recently, Cuba caused an international stir by announcing that it would begin the third and final phase of testing its own vaccine against Covid-19 in March. This may come as a surprise given the country's shortage of almost all daily necessities. But Cuba has 30 years of experience in this field. Already a dozen locally developed vaccines are used in the country and exported to more than 30 countries. For example, a vaccine against lung cancer tumours is under development in collaboration with a US research centre. Three other vaccines are currently in the development phase. The vaccine against the Covid-19 infection has been named Sovereign 2 (Soberana 2) – the name alludes to Cuba’s ability to achieve excellence in biotechnology despite decades of

the US blockade and sanctions.

Soberana 2 would be the first vaccine against Covid-19 developed in Latin America. According to official announcements, the vaccine will not only be used for its own population, but will also be made available to tourists and poor countries. In the third phase, 150,000 people are to be vaccinated in Cuba and Iran. The Mexican government is currently negotiating with the Cuban government to be included in this third phase.

Soberana 2 can be stored at temperatures between 2 and 8°C. This has drawn comparisons with the vaccine candidate of the US manufacturer Novax, a protein-based 'killed vaccine' containing a genetically engineered viral antigen, which according to studies has achieved an effectiveness of almost 90 per cent and is also effective against mutations. The plans is to administer the Soberana 2 vaccine in three vaccinations two weeks apart. Data on its effectiveness will only be published after the third phase. The government plans to produce 100 million vaccinations this year. Whether this will be possible, however, depends on whether the sanctions imposed by the US are lifted by the Biden administration. So far, these have banned, made more expensive or delayed the import of equipment and primary products. International cooperation would also be necessary.

Havana also continues to send health workers to numerous countries to support the fight against the pandemic. According to Cuban Foreign Minister Bruno Rodriguez, the list of cooperation partners in 2020 included 40 countries, including Andorra, Italy and Turkey. For years, the export of medical services, medicines and vaccines represented the largest source of foreign exchange revenue, along with tourism and remittances from family members, especially in the US. Because of the Venezuelan crisis and the discontinuation of programmes in Brazil, Ecuador and Bolivia, this income had recently plummeted.

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Kenya

It was on everyone's lips at the end of 2020: the soon-to-be-available vaccines must become global public goods and available to everyone everywhere. While the idea has meanwhile been replaced by an excessive vaccination nationalism in favour of the Global North, the questions of how, when, who and – above all – with which vaccine dominate in Kenya as well.

While globally almost two-thirds of the vaccine doses are already reserved for the wealthiest seventh part of humanity, in Kenya the vaccines raise questions of distribution and implementation. As is often the case, a ‘public good’ is more a theoretical construct than a lived experience for the majority of Kenyan people.

Kenya is currently focusing on the AstraZeneca drug and wants to vaccinate about 16 out of 55 million Kenyans in three phases. Starting with so-called frontline workers (hospitals, schools, police and other authorities) from February to June 2021, moving to people older than 50 or with certain pre-conditions from July 2021 to June 2022, to other important sectors of the economy and heavily populated areas in phase 3. Of course, only if enough vaccine doses are available – currently only the first phase would be covered. In general, it seems only possible to vaccinate up to 10 per cent of the population in the next two years. Even though the news from South Africa regarding the low effectiveness of the AstraZeneca vaccine against the local mutation has reached Kenya, the vaccine is still being used here, probably because of a lack of alternatives.

At present, however, no one can say exactly if and when the programme will begin – the government's information policy clearly leaves much to be desired. There is also a lack of transparent discussion about the vaccination and prioritisation criteria and clear information about the chances and risks of vaccination.

The virus also seems to be far from being the most pressing problem for the vast majority of the population. The government has so far failed to create an awareness of the seriousness of the situation. Moreover, for many Kenyans, questions about the next meal or rent payment are currently much more existential than those about available vaccines. Unless vaccinations are free of charge, which isn’t sure considering the catastrophic budget situation, the majority of the population will probably not be willing or able to pay for them.

However, the vaccination debate could prove beneficial for a completely different reason, at least for Kenya Airways. Like almost all airlines on the continent, its airplanes have been on the ground for most of the time. But it could generate the necessary income by participating in the UNICEF vaccine distribution programme, among other things. So far, apart from Ethiopian Airlines, only the Nairobi-based cargo airline Astral has made it onto the list. Since Astral has the necessary refrigerated space at the country's largest airport, Kenya Airways also has high hopes. Thus, the vaccines could be distributed, if not in Kenya, then at least via Kenya. This does not help the vast majority of the population, but still generates some good news – as so often in Kenya – rather for a few people.

Turkey

Turkish President Recep Tayyip Erdoğan rares loses an opportunity for big statements. For example, he called Turkey's vaccination programme against Covid-19 the most successful in the world. The achievements in Israel, for example, where the majority of the population is already vaccinated, seem to not count for him. But he's also not entirely wrong: in fact, the Turkish vaccination programme is proceeding very quickly and efficiently so far.

The first vaccinations were administered consistently from 14 January to all health workers and to those over 85 years of age. The latter were largely visited at home by small vaccination teams and vaccinated directly on site. From mid-February onwards, it was the turn of those over 65. In the first six weeks, over 7.5 million doses have already been administered. Many older people and almost everyone in the health sector have also already received their second vaccination.

The high rate of vaccination is made possible by Turkey's efficient health system. The government hasn't set up separate vaccination centres, but used the existing infrastructure: public and private hospitals, doctors' offices and health centres. The health sector is comparatively well staffed, so there's no lack of personnel. It's also easier for Turkey because so far only the Chinese vaccine Sinovac has been used. This is one of the proven vaccine types, relatively robust and consists of inactivated pathogens. It is easy to store at -2 to -8°C.

The population is consistently covered by public health insurance and each individual's data is used to implement the vaccination programme – without concerns for privacy. Just about everyone has also downloaded the health app onto their mobile phones, because without it, no trip, flight, boat, bus or train journey can be booked, no hotel room reserved and no shopping mall visited. The so-called 'HES code' on the app has become the new identity card in the country. Vaccinations against Covid-19 are also registered via the app.

Besides Sinovac, Turkey has also ordered larger quantities of the BioNTech-Pfizer vaccine, which have not yet arrived in the country. The fact that the two founders of BioNTech, Özlem Türeci and Uğur Şahin, are of Turkish origin has elevated many Turks' national pride. The two are celebrated like pop stars in the country. It's not least this pride that has contributed to the relatively high acceptance for the vaccination

programme. Conspiracy theorists, who exist elsewhere, are almost absent in Turkey. Hence, the momentum of the vaccination programme could only falter if the further supply of vaccine doses fails to materialise.

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