Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

COVID-19 in Africa: a lesson in solidarity

Many countries in Africa face a serious third wave of COVID-19 that is both larger and more burdensome on health systems than previous waves. This predictable turn of events has been driven by a morally reprehensible lack of vaccine equity (<1% of the population are fully vaccinated), leaving the continent vulnerable to new and more transmissible variants of the virus, behavioural and economic pandemic fatigue, and complacency. A lack of diagnostic capacity in some countries means the epidemiology of this current wave is uncertain, but South Africa, Namibia, and Zambia are reporting the highest numbers of new cases. The Delta variant has been detected in more than 14 countries across the region and pathogen genomic monitoring in South Africa shows that it is quickly becoming the dominant variant there. Unless vaccines are rolled out quickly there will be subsequent waves of infection. But in the face of adversity, the African health community continues to work collaboratively, balancing short-term needs and long-term health security plans, and creating grounds for hope.

Collaboration and solidarity are prerequisites for success in a pandemic. Unfortunately, beyond scientific discovery, they have rarely been displayed globally. A new report from Chatham House explores the concept of solidarity in response to COVID-19. It highlights that international, regional, and within-country solidarity has been poor, but commends the alliance between the Africa Centres for Disease Control and Prevention, the African Union, and the WHO Regional Office for Africa in galvanising cooperation in the region. Together, this alliance has launched initiatives ranging from the Africa Medical Supplies Platform, which pools orders for medical supplies, to the Africa Vaccine Delivery Alliance, which aims to organise vaccine roll-out plans. Rarely for COVID-19 response leadership, women occupy key positions in these organisations. This progressive unity has been driven by local scientists and the health community and should be fully engaged with and amplified by all politicians of African Union member states.

One of the most promising results of this partnership is the acquisition of 400 million doses of the Johnson & Johnson single-dose vaccine before the end of 2022. African Union member states can purchase the vaccine through a pooled procurement mechanism. When these vaccines will arrive is uncertain, and supply chains might slow delivery. But in theory, the deal should give countries a predictable supply of vaccine.

Implementation of vaccination programmes, though, is a challenge. 60% of countries with an extreme shortage of health-care workers are found in Africa. The continent has a population of 74 million people older than 60 years (of a total population of 1·3 billion), and many people who might be considered at high risk from COVID-19 because of comorbidities might be unaware, so prioritising groups for vaccination will need to be done locally. Although the vaccine doses themselves are funded, it is unclear how getting vaccines into people's arms will be financed. It is estimated that for every US$1 spent on a COVID-19 vaccine dose, $5 is needed for delivery. Even if the supply of Johnson & Johnson vaccine materialises in the coming months, vaccines are needed now. The need to vaccinate large proportions of the population while health systems strain under a third wave could have been avoided had international dissonance and vaccine nationalism not left African countries at the back of the vaccine queue. Nevertheless, the Johnson & Johnson vaccine should cover 30% of the population, COVAX should supply enough doses to cover 30% more, and, with additional bilateral agreements, more than 60% vaccine coverage can be achieved. These achievements in negotiating and organising this arrangement beg the question, why were African health leaders not more involved in the construction of COVAX?

There is a serious need and desire for Africa to take control of its own health security, so that countries can shape their future health. There is an ambitious drive for each country to have its own public health institution, supported by a centralised Africa Centres for Disease Control and Prevention, and a plan for the continent to manufacture its own vaccines, therapeutics, and diagnostics, with the public health workforce expanded to act as an epidemic response service.

The regional solidarity on display by many within the African health community has been impressive but can only go so far when international solidarity remains so derisory. A reckoning must be had over how the multilateral system approaches Africa, with a promise that no global health initiative, foundation, or organisation is governed without involvement from African health leaders at every decision-making level. ■ *The Lancet*

Yasuyoshi Chiba/Getty Images

For the **Chatham House report** see https://www.chathamhouse.org/2021/07/solidarity-response-covid-19-pandemic

For more on the **gender divide in COVID-19 leadership** see https://www.undp.org/press-releases/womens-absence-covid-19-task-forces-will-perpetuate-gender-divide-says-undp-un-women

For more on the **Johnson & Johnson vaccine deal with the African Union** see https://africacdc.org/news-item/the-world-bank-and-the-african-unions-covid-19-africa-vaccine-acquisition-task-team-avatt-agree-to-work-together-to-deploy-vaccines-for-400million-africans/

For more on **estimating the cost of vaccine rollout** see https://www.care-international.org/news/press-releases/care-policy-makers-need-to-invest-500-for-delivery-or-every-1-spent-on-vaccines