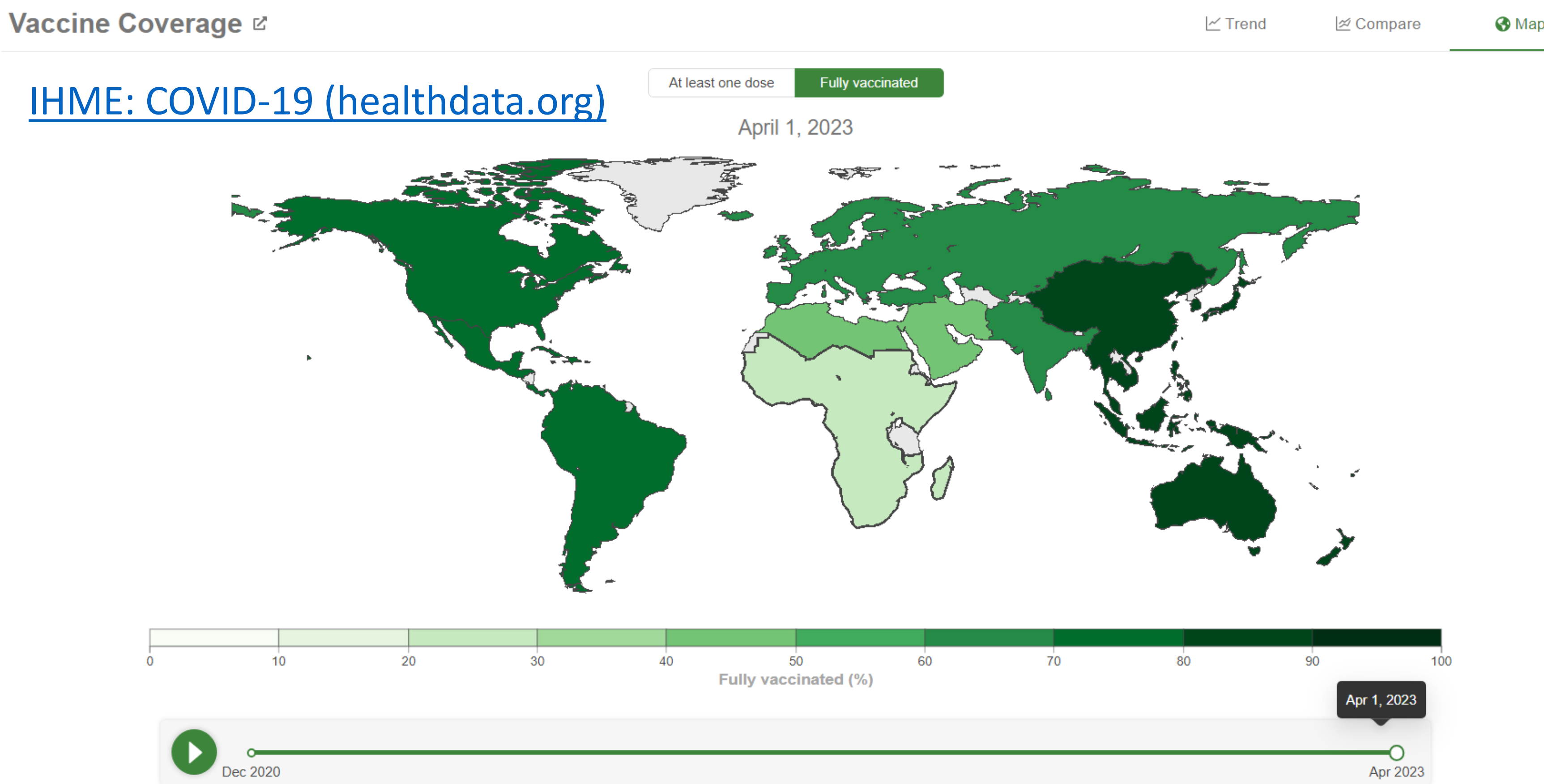
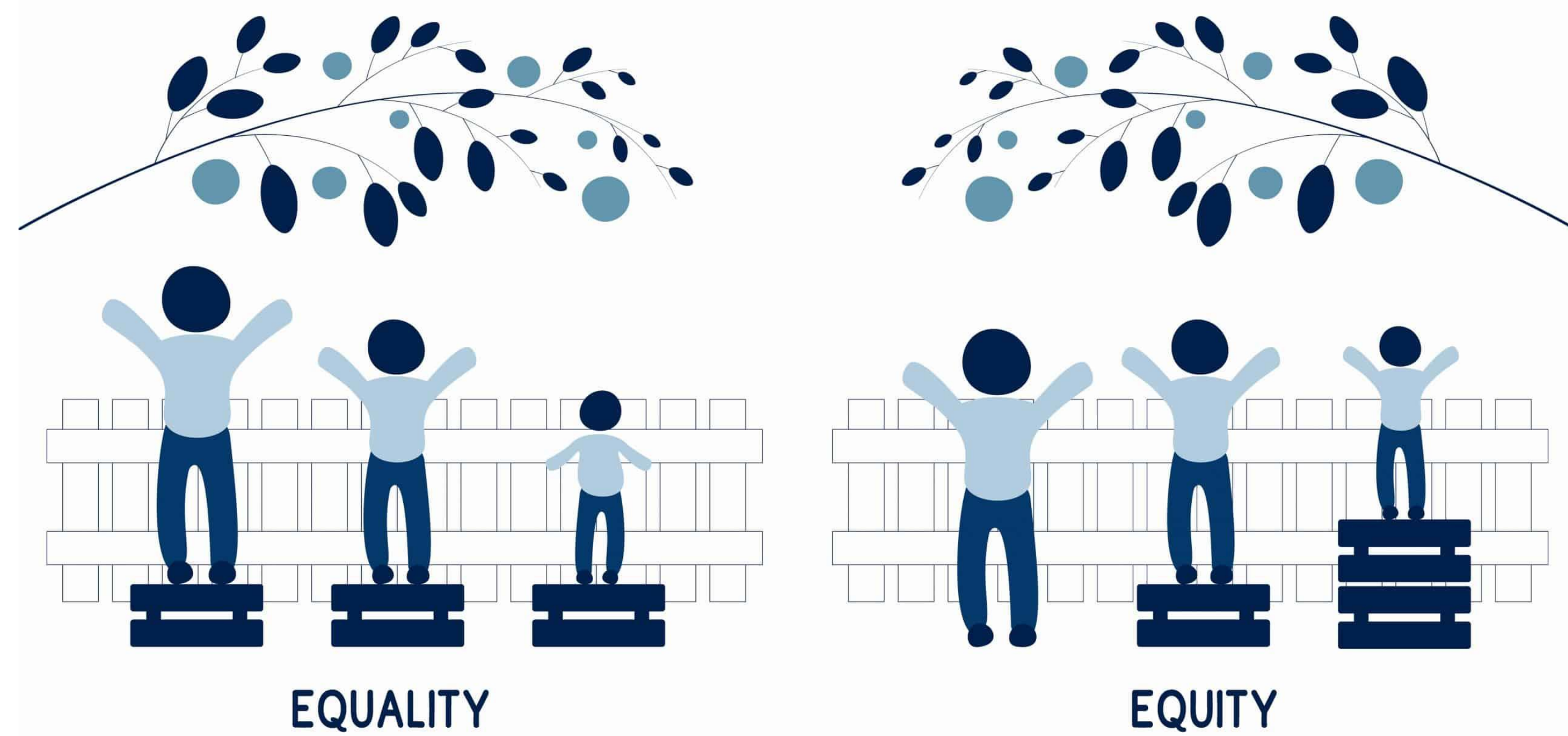


'Vaccine equity': a step towards decolonisation or the perpetuation of health inequity?



Equal access to healthcare *for equal needs*
Health equity is what matters

Covid-19 vaccines should be targeted to those for whom the benefit clearly outweighs risks

Further reading by the same authors:

COVAX – Time to reconsider the strategy and its target - ScienceDirect

Vaccine equity or health equity? | Published in Journal of Global Health Economics and Policy (scholasticahq.com)

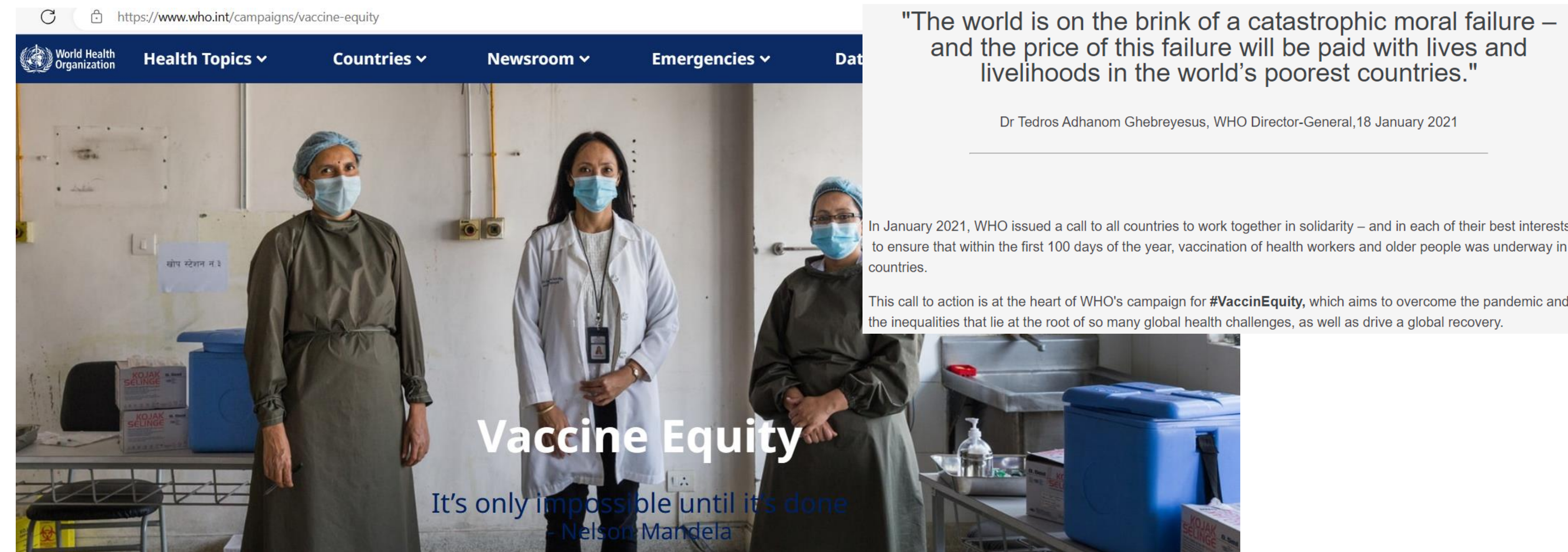
Playing vaccine roulette: Why the current strategy of staking everything on Covid-19 vaccines is a high-stakes wager - ScienceDirect

Elisabeth Paul^{1*}, David Bell², Valéry Ridde³

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Methods: Critical analysis of the literature on Covid-19 vaccines and health equity

Limited in SSA:

- Population: young, healthy, high SARS-CoV-2 seroprevalence
- Rapid vaccine effectiveness (VE) waning
- Lower VE % variants

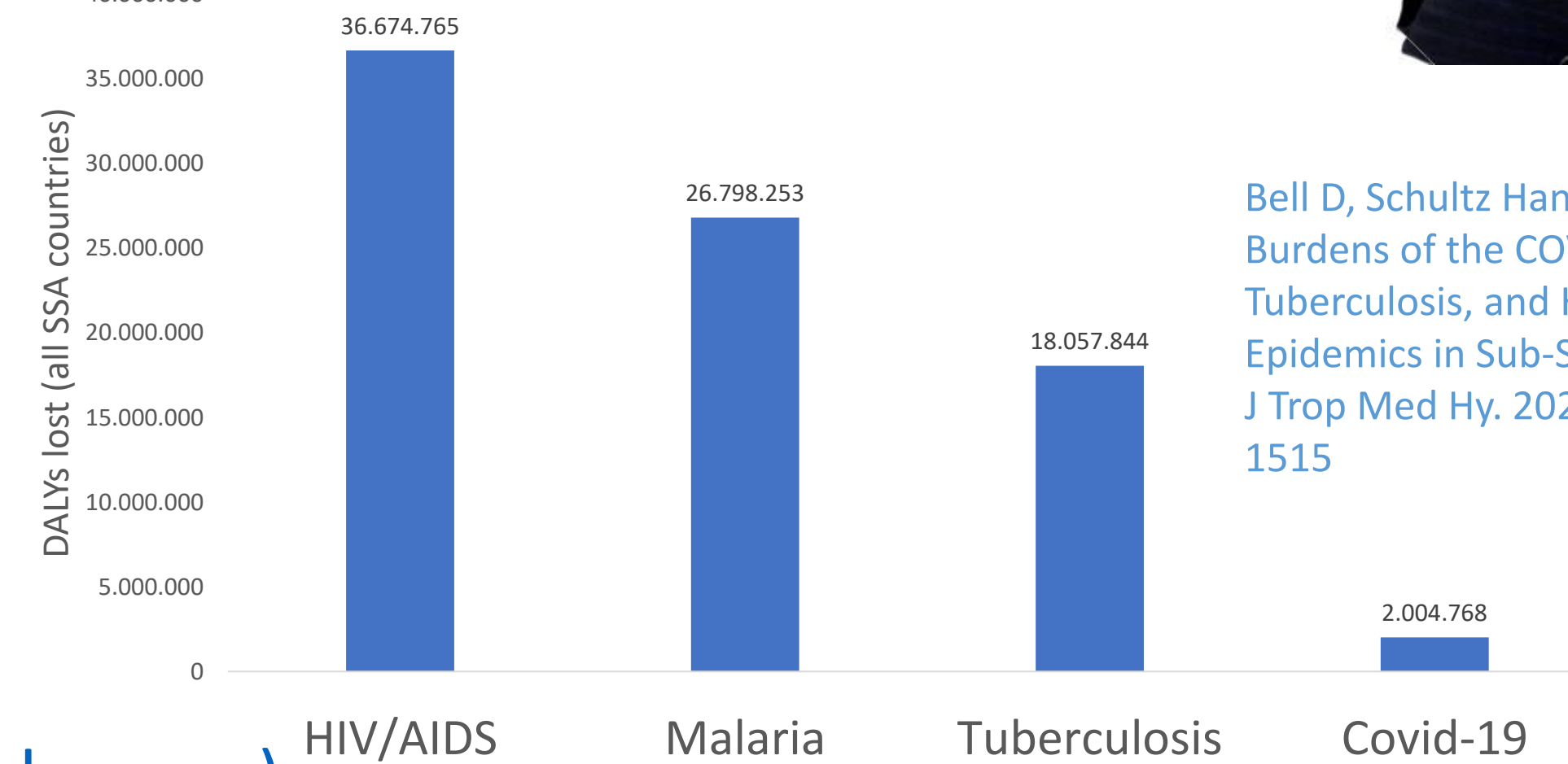
BENEFIT ? COST



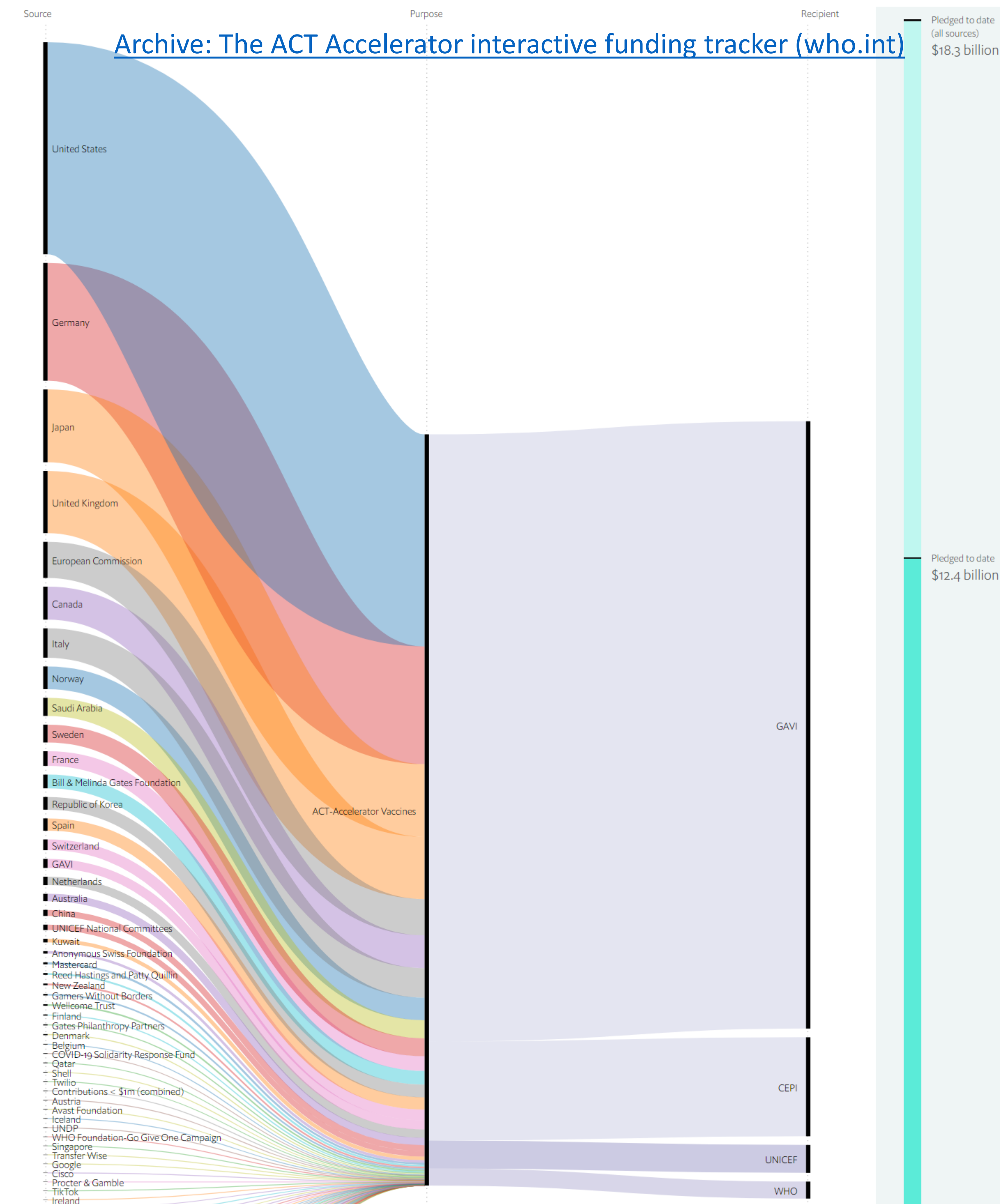
Higher in SSA:

- Limited health system capacities
- Significant adverse events
- Diversion of resources from competing priorities with higher burden

Sub-Saharan African disease burden, 2020-2021



Bell D, Schultz Hansen K. Relative Burdens of the COVID-19, Malaria, Tuberculosis, and HIV/AIDS Epidemics in Sub-Saharan Africa. Am J Trop Med Hy. 2021;105(6):1510-1515



Diversion of resources from high burden (and HSS/UHC) to low burden disease creates inequity!

Real decolonisation of global health will happen when African countries choose their own health priorities – based on their specific epidemiological situation and preferred health interventions – rather than be pushed to meet global targets