



Russian COVID-19 Diplomacy in Africa: A Mixed Bag

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Russian state-controlled media outlets lavished attention on the Sputnik V vaccine following its August 2020 launch. A robust public relations campaign furthered these efforts on a global scale. The PR campaign for the state-funded vaccine development effort has promoted it as the “vaccine for [humankind](#).” The initial sales pitch to audiences in the Global South was straightforward enough: Sputnik V was “one of the most [efficient](#) vaccines against [the] coronavirus in the world with an efficacy rate of more than 90 percent and a price that is two times lower than that of others with similar efficacy rates.” Given the relative ease of transporting and storing Sputnik V, it is an obvious solution to curbing the pandemic in countries across Africa and the Middle East. More than a year after the launch of Sputnik V, promotional efforts (which are occasionally boosted by public comments from Russian President Vladimir [Putin](#)) have claimed that the vaccine is now “registered” for use in over seventy countries, including fifteen in Africa.

Yet this impressive number reflects only part of the picture. The number of doses delivered to countries

that have contracted to purchase them and the number of actual shots in arms often have lagged far behind initial lofty projections. Moreover, the makers and distributors of the vaccine have yet to secure emergency use authorization from the World Health Organization (WHO) and other important independent regulatory bodies in countries like South Africa. Kenya and Namibia discontinued their use of Sputnik V over safety concerns, while Nigeria has yet to place any orders for the Russian vaccine even though its pharmaceutical regulator gave it a green light.

At the same time, such shortcomings have not dented Russia’s ambitions. That is because the Kremlin’s vaccine diplomacy in Africa is just one tool in a broader campaign to portray Russia as a development, economic, political, and security partner to the continent—a role that it has not played since the Soviet era. As the Carnegie Endowment has previously analyzed, Russia’s return to [Africa](#) is long on symbolic gestures. It matters less to the Kremlin whether Russian actors can fulfill the promises they make or generate tangible solutions to regional problems.



At the same time, Russia's vaccine efforts have been handed an opening by the fact that the world's wealthiest countries, including the United States, have failed to rise to the occasion at a moment of tremendous need and human suffering across Africa. Quite understandably, African leaders and public health experts remain deeply frustrated by continued reluctance to share the technology and tools needed for production of mRNA vaccines on the continent. Large-scale vaccination in Africa as elsewhere is key to slowing the pandemic and jump-starting local economies, but progress toward this goal has been painfully slow. Stubborn global inequities and disparities, inadequate supply and production capabilities in the Global South, and wealthy countries' stockpiling of vaccines (which WHO Director General Tedros Adhanom Ghebreyesus, among [others](#), has described as "[vaccine apartheid](#)") continue to hamstring African vaccination drives and have led new variants of the virus to take hold. Vaccine [hesitancy](#) remains a major [obstacle](#) on the continent as well.

Russia's vaccine outreach primarily has been conducted on a commercial basis. For the first eighteen months of the pandemic, Moscow refrained from making significant financial or in-kind contributions to COVAX, the WHO program to supply vaccines to emerging economies from other world powers. Furthermore, COVAX only distributes vaccines that have WHO emergency use licenses, which the Russian vaccine has not yet received. Russia has also proven similarly hesitant as others to provide technological information to potential partners in the Global South to produce its vaccine locally, preferring to create "fill and finish" sites in Africa as opposed to [transferring](#) technology. In this sense, Russia's much heralded "vaccine diplomacy" is neither diplomacy nor development assistance. Rather, it is a form of mercantilism, an effort by the state and its proxies to develop, market, and sell a Russian product abroad.

For example, in February 2021, Russia [offered](#) the African Union (AU) 300 million doses of Sputnik V with financing packages for countries wanting to

purchase them. Yet, at \$10 per dose for the two-dose vaccine, Sputnik V was offered on terms making it significantly [more expensive than the vaccines](#) by AstraZeneca (\$3 per dose), Pfizer (\$6.75 per dose), and Johnson & Johnson (\$10 for a one-shot vaccine). No African country signed up for Russia's terms, and the AU brokered a deal with Johnson & Johnson [instead](#).

Potential customers have also taken note of the logistical challenges that have plagued Russia's vaccine effort. Despite Sputnik V's robust public relations efforts, delivery delays encouraged many states to look elsewhere.

Given these shortcomings, it is not all that surprising that Moscow's attempts to use vaccine diplomacy to showcase itself as a partner for Africa have not been very successful. What will be the lasting impact for Russia's image on the continent? An examination of key target countries of Russian COVID-19 diplomacy tells a revealing story about the long-term challenges that Russia faces in Africa.

A TOUGH REGULATOR: SOUTH AFRICA

Russia had hoped for quick regulatory approval in South Africa for Sputnik V. South African officials have long urged greater international cooperation in vaccine development and shifting pharmaceutical production to emerging economies. The country previously called on its BRICS partners—Brazil, Russia, India, and China—to set up a vaccine cooperation center there in [2018](#). Given their long-standing ties, Russia saw Brazil, India, and South Africa as natural markets for Sputnik V and potential overseas production sites. In response to the pandemic, South Africa's Health Products Regulatory Authority (SAHPRA) streamlined its approval [process](#) to fast-track decisions within three months. It simultaneously launched a rolling review to allow applicants that lacked required testing data to submit [such information](#) once it became available.



Hundreds of protesters rallied in South Africa's capital, Pretoria, on June 25, 2021, calling for the country's medicines regulatory body to give the greenlight to additional COVID-19 vaccines. (Phill Magakoe/AFP via Getty Images)

The agency began its rolling review of Sputnik V's emergency authorization application in [February 2021](#). By July, the [vaccines created](#) by AstraZeneca, Johnson & Johnson, Pfizer, and Sinovac had all been approved, but not the Russian vaccine. When pressed about the source of such [delays](#), SAHPRA officials claimed the applicants themselves had been responsible for missing data, submitting incomplete application materials, or failing to respond promptly to supplemental requests for information. Sputnik V [appears](#) to have experienced these problems. Some of SAHPRA's supplemental requests reportedly have concerned its efficacy against COVID-19's Beta variant, first identified in South Africa.

SAHPRA has proven to be quite independent and resistant to domestic and international political pressures despite the urgency of the pandemic. The above factors

account for its insistence on taking its time in assessing all vaccines as opposed to approving them for largely geopolitical reasons. South African researchers have questioned the protocols and speed with which Russian scientists and investigators conducted the Sputnik V trials, as well as the lack of age and racial [diversity involved](#). Some South African investigators raised concern that the trial reportedly lacked diversity and focused on a relatively young group of volunteers. That is a problem for racially diverse South Africa, especially its efforts to convince broader segments of the population to get vaccinated. In fact, an [April 2021](#) study published by the country's Department of Health highlighted safety, efficacy, and the speed with which vaccines were developed as key factors contributing to vaccine hesitancy among South Africans.



Recent reports suggest that the South African regulator is **concerned** about Sputnik V's use of the adenovirus 5 as the main vector in its second dose, an issue that **remains contentious** and has been disputed by some scientists. A previous **trial** for an HIV vaccine using adenovirus 5 showed an increased possibility of transmitting **HIV** among **men**, which poses a potential risk for South Africa, which has a 19 percent HIV positivity rate. On October 18, SAHPRA issued a press release announcing its decision to delay approval of Sputnik V. In this **release**, SAHPRA stated it "requested the applicant to provide data demonstrating the safety of the Sputnik V vaccine in settings of high HIV prevalence and incidence. The applicant was not able to adequately address SAHPRA's request." Gamaleya Institute scientists quickly rejected the South African concern as "**unfounded**," although Namibia followed South Africa's lead and **halted** the use of Sputnik V that month over those same concerns. SAHPRA's officials have given no timetable for approving Sputnik V, **unlike** other vaccines it has reviewed.

Although Sputnik V's **backers** in Russia and some **fringe elements in Africa** claim that governments and regulators are biased against **non-Western** vaccines, geopolitics does not appear to play a role here. South Africa stopped using **AstraZeneca** over efficacy concerns with the Beta variant and approved China's Sinovac vaccine, albeit with delays. The Chinese **company** now plans to establish a vaccine production facility in the country **and** launched pediatric trials there for its vaccine. Thus, in many respects, South Africa's goal of spurring international vaccine cooperation is bearing fruit—just not yet fully with Russia.

SKIRTING REGULATIONS AND INFLATED PRICES: KENYA AND GHANA

Kenya and Ghana approved Sputnik V in March 2021, but soon experienced delivery and corruption concerns. Neither country uses it today. The vaccine's financial

backers in Moscow **reportedly** awarded exclusive resale rights in both countries to Sheikh Ahmed Al Maktoum, a mid-level royal in the United Arab Emirates. As COVID-19 spiked in early 2021, his newly established Aurugulf Health Investments signed deals to export to Ghana, Kenya, and several other countries in Asia, Latin America, and the Middle East, according to **multiple investigative journalists**

Aurugulf attempted to take advantage of lax oversight and an urgent need for vaccines amid surging case numbers in Ghana and Kenya. Details of how it operated were brought to light by the *Moscow Times*, which published extensive reports including **contractual materials** that highlighted inflated costs and questionable procurement procedures in several Aurugulf deals to developing countries that appear to have offered self-enrichment opportunities to those involved. Emergency use authorization of Sputnik V by Kenya's Pharmacy and Poisons Board enabled a private Kenyan drug company to import 75,000 doses from Aurugulf in March. Twelve days later, however, the **government** unexpectedly barred the vaccine from use, citing counterfeit concerns because the deliveries came from a private entity in the Gulf, not a Sputnik V factory in Russia. The **Kenyan importer** had paid Aurugulf \$19 **a dose**, almost double the price that the Moscow offered the AU, and **resold** doses to private clinics for \$42. Some consumers reportedly paid as much as **\$70** for a single shot, raising concerns in Kenya about equity and possible exploitation of the pandemic for profit.

The government's decision to stop the use of Sputnik V was embarrassing for Kenyan officials and local importers of the drug. Officials claimed **emergency authorization** only allowed private entities to import, but not yet to sell or distribute the vaccine. Distribution and administration were contingent on Sputnik V gaining commercial use authorization, something that is only possible for drugs with a WHO emergency use license. The bulk of Kenya's 75,000 Sputnik V doses went unused. During subsequent parliamentary testimony, a senior official **claimed** that "public health

and safety concerns” prompted the decision, as well as the need to enhance regulation and create transparent mechanisms to oversee vaccine importers. At the time of writing, Kenya’s pause on the use of Sputnik V remains in place while Russia’s public relations machine continues to claim the vaccine is [authorized](#) there.

Ghana’s Health Ministry turned to Aurugulf in March 2021, marking a shift in its initial [strategy](#) of using the AstraZeneca and Pfizer vaccines. According to a subsequent Ghanaian parliamentary inquiry report, Ghanaian officials attempted to reach out to their Russian counterparts, including Foreign Minister Sergey Lavrov and Industry Minister Denis Manturov, [to buy](#) Sputnik V directly from Russian manufacturers, but to no avail. The discussions with Aurugulf proved more effective due to the firm’s exclusive resale rights. It offered Ghana Sputnik V at \$38 a dose but the two sides settled on an order for 3.4 million shots at \$19 each. Ghana’s central bank transferred \$2.85 million to Aurugulf for an initial 300,000 shots to be delivered in May, but only [20,000](#) ever arrived. Under pressure from the Ghanaian authorities over numerous missed delivery deadlines, Aurugulf canceled the contract in July 2021, admitting that it could not secure enough doses of the vaccine.

That subsequent [parliamentary](#) inquiry in Ghana ruled that the Health Ministry had violated procurement procedures by signing the Aurugulf deal without approval from the cabinet or the Public Procurement Authority. The parliament cited the health minister for violating the constitution, which stipulates that parliamentary approval is needed for large-scale international financial transactions. Parliamentarians also called on the Finance Ministry to recover the funds transferred, which it did in August 2021. Ghana has turned back to its initial vaccine strategy, procuring the [AstraZeneca](#) and [Pfizer](#) vaccines through COVAX.

A FRIEND IN NEED WAITS: ANGOLA

Moscow’s presence in Angola dates back to the Soviet era, when the USSR provided the country with military assistance during its [independence](#) struggle against Portugal and its subsequent civil war. The Angolan Civil War was one of the numerous Cold War [proxy fights](#) on the continent between the United States and the Soviet Union, among other parties involved. Current Angolan President [João Lourenço](#) studied in the Soviet Union and sees Russia as an important partner in balancing his country’s foreign policy. Angola is among Africa’s top [buyers](#) of Russian arms, while Russian diamond miner [Alrosa](#) has a large presence there.

Angola identified Sputnik V as an essential component of its national COVID-19 vaccination [plan](#) and planned to secure [12 million doses](#). As a goodwill gesture, Alrosa announced plans to donate Sputnik V doses to the country in early 2021. Yet, by August 2021, Angola had received only [40,000](#) doses with a promised 25,000 more still pending from Alrosa. Despite numerous [assurances](#) from the Angolan Health Ministry that the additional doses would arrive soon, some Angolans who received a first dose waited for long periods to get a second dose. Angola turned to [Serbia](#), which has its own production facility, for a donation of 50,000 doses that arrived in September and October 2021. Despite these delays, [Angola](#) has launched a modestly successful vaccination program that has been held up as a regional model, [now relying](#) more on the AstraZeneca, Pfizer, J&J, and Sinopharm vaccines and expanding efforts in local communities to [counter](#) vaccine hesitancy.

LEAVING AFRICA BEHIND

Global inequities—exacerbated by wealthy states hoarding vaccines and pharmaceutical technology—created opportunities for Russia to reintroduce itself as a development partner in Africa. Pandemic-era [geopolitics](#) are hampering Africa’s recovery. China, Russia, and the West all need to do better to facilitate the flow of

vaccines and, more importantly, vaccine technology to Africa. Russian licensing deals with several [North African](#) manufacturers to produce Sputnik V on the continent hopefully will help address these shortfalls, as will the U.S. administration's November [pledge](#) to fund an additional 1 billion global vaccine donations and the recent production deals to manufacture Chinese and Western vaccines in Africa. Moving to address this vaccine inequity gap, overcoming [vaccine hesitancy](#), and helping to increase global vaccination rates are all equally important to slow the emergence of new COVID-19 variants, like the recently identified [Omicron](#) variant.

With its ambitious COVID-19 public relations campaigns, Russia has set high expectations that it could serve as a reliable development partner for African states at this crucial time. Yet in numerous cases, it has experienced delays in delivering the vaccines or reasonable financing terms to purchase them. In some instances, Russia outsourced its COVID-19 diplomacy efforts to intermediaries and local partners, enabling them to profit by selling Sputnik V doses at a significant markup. It remains in consultations on possible emergency use approval with both the WHO and SAHPRA. The Russian media claims WHO approval could come by the end of [2021](#), a move that African regulators would welcome and would allow Sputnik V to be part of the global COVAX campaign. Moscow continues to work to overcome its difficulties with certification and moved to resolve past production delays. It should and still could play an important role in helping curb the pandemic in Africa. However, after more than a year of misfires, the effort that began as a highly promising breakthrough now looks more like a laggard.

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