

# Why Has COVID Spared Africa?

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January 12, 2023

## STORY AT-A-GLANCE

- › There are clear contradictions between the World Health Organization's directives regarding the need for COVID shots in Africa and the actual situation on the ground
- › The WHO is still calling on all countries to get the COVID jab into at least 70% of their populations, and warns that developing countries are at grave risk due to low jab rates. Meanwhile, Africa, where less than 6% of the population is jabbed, has fared far better than countries with high injection rates. A large-scale survey in Uganda also shows COVID is no longer a clinical issue
- › Variants have also gotten milder (less pathogenic) with each iteration, yet the WHO warns that new variants may create "large waves of serious disease and death in populations with low vaccination coverage"
- › The explanation for the disconnect between the WHO's priorities and what's happening in Africa can be explained when you look at the focus of the WHO's Catastrophic Contagion exercise. It focused on getting African leadership trained in following the pandemic script. The WHO needs additional pandemics in order to justify its pandemic treaty, which will give it sole power to dictate countermeasures, and it needs to eliminate the African control group, which shows the COVID "vaccines" do more harm than good
- › The WHO also has every intention of implementing climate lockdowns once it has the power to do so. To that aim, the WHO's director of Environment and Health has suggested combining health and climate issues into one

In the video above, John Campbell, Ph.D., a retired nurse educator, compares the contradictions between the World Health Organization's directives regarding the need for COVID shots in Africa and the actual situation on the ground.

As of December 12, 2022, the WHO was still calling on all countries to get the COVID jab into at least 70% of their populations.<sup>1</sup> Its original deadline for meeting this 70% threshold was mid-2022, but by June 2022, only 58 of 194 member states had reached this target.<sup>2</sup>

According to the WHO, jab supplies, technical support and financial support were lacking during the early days of the injection campaign but, now, those obstacles have been resolved. As a result, all countries now have the ability to meet the global target of 70%.

## **Low Jab Rates Threaten Low-Income Countries, WHO Claims**

The "overarching challenge" right now is the administration of the shots, actually "getting shots into arms."<sup>3</sup> To address that, the WHO suggests integrating COVID-19 injection services "with other immunization services and alongside other health and social interventions." This, they say, will maximize impact and "build long-term capacity."

The WHO also stresses that "As people's risk perception of the virus wanes, careful risk communication and community engagement plans need to be adapted to enhance demand for vaccination." To ensure low-income countries get onboard to meet the 70% target, the WHO also launched The COVID-19 Vaccine Delivery Partnership in January 2022.

This is an international effort "to intensify country readiness and delivery support" in 34 countries with low COVID jab uptake. Partners include UNICEF, Gavi and the World Bank. According to the WHO:<sup>4</sup>

*"Despite incremental success since its launch in January 2022, low and lower-middle income countries are facing difficulties to get a step change in vaccination rates.*

*This represents a serious threat to the fragile economic recovery, including due to the risk of new variants creating large waves of serious disease and death in populations with low vaccination coverage.*

*It also means accelerating the delivery of other COVID-19 tools and treatments is a crucial priority to help the world build up multiple layers of protection against the virus. Concerted and urgent action from countries, international partners and agencies, along with G20 Finance Ministers is required to increase vaccination levels and expedite access."*

In short, the WHO is really concerned that countries with low COVID job rates will suffer lest they meet or exceed the target goal of jabbing 70% of their populations. But what is that concern based on? Certainly not the real world.

## **WHO's Statements Contradict Real-World Situations**

The statements made by the WHO contradict a number of real-world situations. For starters, while developed nations with high job rates struggled with COVID-19 throughout much of 2021 and 2022, Africa avoided this fate, despite its single-digit job rate.

Scientists are said to be **"mystified" as to how Africa fared so well**, completely ignoring data showing that **the more COVID shots you get, the higher your risk of contracting COVID** and ending up in the hospital.

Over the past year, researchers have been warning that the COVID jabs appear to be dysregulating and actually destroying people's immune systems, leaving them vulnerable not only to COVID but also other infections.<sup>5</sup> It stands to reason, then, that Africa with its low injection rate would not be burdened with COVID cases brought on by dysfunctional immune systems.

Secondly, variants have gotten milder (less pathogenic) with each iteration, albeit more infectious (i.e., they spread easier). So why is the WHO worried about "the risk of new

variants creating large waves of serious disease and death in populations with low vaccination coverage"? What is that "risk" based on?

And, since COVID infection keeps getting milder, and has had a lethality on par with or lower than influenza<sup>6,7,8,9,10</sup> ever since mid-2020 at the latest, why is it still a "crucial priority" to accelerate delivery of COVID treatments?

As a reminder, according to a September 2, 2020 study in *Annals of Internal Medicine*, the overall noninstitutionalized infection fatality ratio for COVID was a mere 0.26%. Below 40 years of age, the infection fatality ratio was just 0.01%. Meanwhile, the estimated infection fatality rate for seasonal influenza is 0.8%.<sup>11</sup>

## **Report From Uganda**

Campbell goes on to cite a large-scale survey by a community health partner in Uganda, which surveyed doctors, nurses and medical officers across the country, and "basically, they don't see any COVID anymore," he says.

They're not getting the jab and they're not getting tested for COVID either. There's no need, because no one is getting sick with COVID – at least not to the point they need medical attention.

The Ugandan government has even stopped publishing COVID guidelines. From their perspective, the pandemic is over. The same sentiment appears common in other African countries as well. Given the situation on the ground, is it really a pressing need to jab 30 million people in Uganda against a disease they're not getting sick from?

What Uganda does need is malaria treatments, mosquito nets, clean drinking water and antibiotics. "That is what the priorities on the ground seem to be," Campbell says. So, what's with the apparent disconnect between the WHO's priorities and what's actually happening in areas with low COVID jab rates? The WHO's Catastrophic Contagion exercise<sup>12,13</sup> clues us in.

## The Disconnect Reveals the WHO's True Intentions

October 23, 2022, the WHO, Bill Gates and Johns Hopkins cohosted a global challenge exercise dubbed "Catastrophic Contagion,"<sup>14,15</sup> involving the outbreak of a novel pathogen called "severe epidemic enterovirus respiratory syndrome 2025" (SEERS-25).

Tellingly, this tabletop exercise was focused on getting African leadership involved and trained in following the pandemic script. Participants included 10 current and former health ministers and senior public health officials from Senegal, Rwanda, Nigeria, Angola and Liberia. (Representatives from Singapore, India and Germany, as well as Gates himself, were also in attendance.)

African nations just so happened to go "off script" more often than others during the COVID pandemic and didn't follow in the footsteps of developed nations when it came to pushing the jabs. As a result, vaccine makers now face the problem of having a huge control group, as the COVID jab uptake on the African continent was only 6%.<sup>16</sup>

They cannot reasonably explain how or why Africa ended up faring so better than developed nations with high COVID jab rates in terms of COVID-19 infections and related deaths.<sup>17</sup>

**“ The WHO's pandemic treaty is the gateway to a global, top-down totalitarian regime. But to secure that power, they will need more pandemics. ”**

The WHO desperately needs to get rid of this control group, so they're enlisting and training African leaders how to push for widespread vaccination using the WHO's talking points. This, I believe, is the only reason the WHO is still speaking about COVID-19 in catastrophic terms.

## The WHO Needs Additional Pandemics to Secure Its Power Grab

At this point, it's quite clear that "biosecurity" is the chosen means by which the globalist cabal intends to usher in its one world government. The WHO is working on securing sole power over pandemic response globally through its international [pandemic treaty](#) which, if implemented, will eradicate the sovereignty of member nations.

The WHO's pandemic treaty is basically the gateway to a global, top-down totalitarian regime. But to secure that power, they will need more pandemics. COVID-19 alone was not enough to get everyone onboard with a centralized pandemic response unit, and they probably knew that from the start.

So, the reason we can be sure there will be additional pandemics, whether manufactured using fear and hype alone or an actual bioweapon created for this very purpose, is because the takeover plan, aka [The Great Reset](#), is based on the premise that we need global biosecurity surveillance and a centralized response.

Biosecurity, in turn, is the justification for an [international vaccine passport, which the G20 just signed on to](#), and that passport will also be your digital identification. That digital ID, then, will be tied to your social credit score, personal carbon footprint tracker, medical records, educational records, work records, social media presence, purchase records, your bank accounts and a programmable central bank digital currency (CBDC).

Once all these pieces are fully connected, you'll be in a digital prison, and the ruling cabal – whether officially a one world government by then or not – will have total control over your life from cradle to grave.

The WHO's pandemic treaty is what sets this chain of events off, as it will have the power to implement vaccine passports globally once the treaty is signed. The WHO will also have the power to mandate vaccines, standardize medical care and issue travel restrictions.

This treaty will likely pass this year, which means the WHO will either need to ramp up the COVID narrative again, or switch to another pandemic in order to justify these kinds of actions.

# **The Pandemic Treaty Is the Death Knell to Freedom Worldwide**

It's important to realize that the WHO's pandemic treaty will radically alter the global power structure and strip you of some of your most basic rights and freedoms. It's a direct attack on the sovereignty of its member states, as well as a direct attack on your bodily autonomy.

Once signed, all member nations will be subject to the WHO's dictates. If the WHO says every person on the planet needs to have a vaccine passport and digital identity to ensure vaccination compliance, then that's what every country will be forced to implement, even if the people have rejected such plans using local democratic processes.

There's also reason to suspect the WHO intends to extend its sovereign leadership into the health care systems of every nation, eventually implementing a universal or "socialist-like" health care system as part of The Great Reset. WHO Director-General Tedros has previously stated that his "central priority" as director-general of the WHO is to push the world toward universal health coverage.<sup>18</sup>

## **Prediction: Climate Lockdowns Are Next**

Considering the WHO changed its definition of "pandemic" to "a worldwide epidemic of a disease,"<sup>19</sup> without the original specificity of severe illness that causes high morbidity,<sup>20,21</sup> just about anything could be made to fit the pandemic criterion. This means that once they're in power, they won't need to rely exclusively on pathogenic threats.

They could also declare a global pandemic for a noninfectious threat, like global warming, for example. Such a declaration would then allow the WHO to circumvent laws that are in place to preserve our freedom, and allow for the implementation of tyrannical measures such as lockdowns and travel restrictions.

Indeed, the notion of "climate lockdowns" has already been publicly flouted on multiple occasions.<sup>22</sup> As reported by The Pulse:<sup>23</sup>

*"Climate lockdowns and other restrictions will be framed as saving the people of the world from themselves. Who would ever disagree with such measures when it is framed under the guise of good will?"*

*Like we saw with COVID mandates, if climate mandates ever take place they will be promoted as an extremely noble and necessary action. Those who disagree and present evidence that such actions are not useful or impactful, and instead cause more harm, will most likely be silenced, censored and ridiculed ...*

*What would a climate lockdown look like? Well, if such an initiative were to take place, governments would limit or ban the consumption of many foods. They would ban or limit private-vehicle use, or limit the distance one can travel in a gas powered car or perhaps even by plane.*

*Working from home could eventually become the permanent norm if special carbon taxes are put in place. Such taxes could be imposed on companies, limiting driving or air miles, and extend to individual employees ... Schools, especially those heavily influenced by teachers' unions, could impose permanent online-only days."*

## **Officials Around the World Have Suggested Climate Lockdowns**

As noted by The Pulse, a number of officials around the world have voiced support for climate lockdowns, completely ignoring the devastating effects the COVID lockdowns have already had. This just goes to show lockdowns were never about public health and never will be.

Among the climate lockdown enthusiasts we have Germany's health minister Karl Lauterbach, who in December 2020 proclaimed that addressing climate change would require restrictions on personal freedom, similar to those implemented to "flatten the curve" of COVID.<sup>24</sup>

British economics professor Mariana Mazzucato is another advocate for climate lockdowns, who in September 2020 warned that "In the near future, the world may need

to resort to lockdowns again – this time to tackle a climate emergency."<sup>25</sup>

We also have the statements of Bill Gates<sup>26</sup> and the Red Cross,<sup>27</sup> both of which in 2020 claimed that climate change poses a greater threat to mankind than COVID, and must be confronted with the same urgency and resolve. The World Economic Forum (WEF), the United Nations and the WHO have also published articles stating their intent to "fight climate change" by shutting down society.<sup>28</sup>

Notably, in "How to Fight the Next Threat to Our World: Air Pollution," published by the WEF<sup>29</sup> and co-written by the director of WHO's Environment and Health Department, it's suggested that health and climate issues be combined into one. As noted in that article:

*"We can confront these crises more effectively and fairly if we address them as one – and foster support across all sectors of the economy ... COVID-19 has proven humanity's inbuilt ability to rise up and act to protect the health of our most vulnerable people. We need to do the same with air pollution."*

Recall, as I mentioned above, if the WHO has sole power over global health, combining health and climate issues will automatically give the WHO the de facto power to issue climate lockdowns. Some claim climate lockdowns have already begun,<sup>30</sup> with the random shutting off of people's power even though there's no actual outage – sort of slow-walking people into accepting that the lights won't always turn on.

That the WHO will jump at the opportunity to implement climate lockdowns can also be seen in the WHO Manifesto for a Healthy Recovery From COVID-19, which states:<sup>31</sup>

*"The 'lockdown' measures that have been necessary to control the spread of COVID-19 have slowed economic activity, and disrupted lives – but have also given some glimpses of a possible brighter future.*

*In some places, pollution levels have dropped to such an extent that people have breathed clean air, or have seen blue skies and clear waters, or have been able to walk and cycle safely with their children – for the first times in their lives.*

*The use of digital technology has accelerated new ways of working and connecting with each other, from reducing time spent commuting, to more flexible ways of studying, to carrying out medical consultations remotely, to spending more time with our families.*

*Opinion polls from around the world show that people want to protect the environment, and preserve the positives that have emerged from the crisis, as we recover ...*

*Decisions made in the coming months can either "lock in" economic development patterns that will do permanent and escalating damage to the ecological systems that sustain all human health and livelihoods, or, if wisely taken, can promote a healthier, fairer, and greener world."*

This manifesto also lays out many other aspects of The Great Reset agenda, including smart cities, travel restrictions, new food systems, a complete transition to green energy and more. But again, the thing that will really facilitate all of these changes is to have a centralized powerbase, and that is the WHO.

## **What Can You Do?**

Stopping the WHO pandemic treaty will be difficult, as the World Health Assembly may or may not even accept public comment before making a decision. Your best bet right now is to sign up for the World Council for Health's (WCH) newsletter.

The last time the World Health Assembly met to discuss the treaty, the WCH issued links and instructions on how to submit your comment. You can [subscribe at the bottom of this page](#), or on the [WCH's home page](#). I and the CHD will also share details if they become available, so subscribing to our newsletters can give you a heads-up as well.

In the absence of instructions, you could reach out to your respective delegation and request that they oppose the treaty. A list of U.S. delegates can be found in James Roguski's Substack article, "[Speaking Truth to Power](#)."

For contact information for other nations' delegates, I would suggest contacting the regional office and ask for a list (see "Regions" in the blue section at the bottom of the [World Health Assembly's webpage](#)).

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