

# VIRTUAL CONFERENCE ON FRAMEWORK FOR FAIR, EQUITABLE AND TIMELY ALLOCATION OF COVID-19 VACCINES IN AFRICA

HIGHLIGHTS FOR DAY 1  
MONDAY, 15 DECEMBER 2020

## SESSION 1 – OPENING

The virtual conference, co-organised by the Africa Centres for Disease Control and Prevention (Africa CDC) and the South African Medical Research Council (SAMRC) brought together African leaders, public health professionals and researchers, policymakers, business leaders and civil society and community leaders. The objective was to discuss strategies and approaches to remove barriers to widespread delivery and uptake of effective COVID-19 vaccines across Africa, guided by African voices and indigenous values. The goal of the conference was to provide input for a framework for fair, equitable and timely allocation of COVID-19 vaccines in Africa.

**Dr John Nkengasong**, Director of Africa CDC, welcomed the participants and thanked the South African Medical Research Council under Prof. Glenda Gray's leadership for the collaboration on this critical conference. Dr Nkengasong emphasized the urgent need to translate the preparation for COVID-19 vaccine deployment into action, as we are in the middle of the pandemic, and the vaccination campaigns have started.

**HE Mrs Amira Elfadil**, Commissioner of Social Affairs, African Union Commission, presented the greetings of the African Union Commission and its leadership. She recalled the 24-25 June conference, hosted by Africa CDC, during which a similar group of continental leadership, experts, and policy-makers discussed Africa's leadership in the

development of, and access to COVID-19 vaccines, and which resulted in the COVID-19 Vaccine Development and Access Strategy focusing on (i) accelerating African involvement in vaccine development, (ii) securing Africa's access to sufficient vaccine supply by ensuring financing and procurement of vaccines, and (iii) removing barriers to vaccine delivery and uptake. The Commissioner recalled that on 20 August 2020, the Bureau of the Assembly of African Union Heads of State and Government and Chairpersons of the African Union Regional Economic Committees (RECs) and African Union Heads of State and Government adopted the vaccine strategy and its goal of immunising at least 60% of the African population. She said the leaders, in that same meeting, recommended that Africa "should take appropriate measures, as part of the strategy, to ensure that it secures timely access to COVID-19 vaccines when they become available." H.E. Elfadil said we had reached a critical point in the pandemic that we need to slow its progression to safeguard lives and livelihoods in Africa. She expressed hope that the continent would come out of the pandemic stronger and with a more harmonised vision on Africa's public health.

**Hon. Dr Zweli Mkhize**, Minister of Health, Republic of South Africa, thanked H.E. Mrs Amira Elfadil, the leaders present, Dr John Nkengasong and his team at Africa CDC as well as the SAMRC for organizing the meeting. He highlighted the urgency to act against a pandemic that has already claimed more than 56,000 lives and infected more than 2.3 million in Africa. He said the fact that the pandemic is more severe in other regions does not mean that it has

not had significant impact in Africa, and fatality rates such as of 2.7% in South Africa indicate that it is far from over. Hon. Mkhize said vaccine will help the world get back to normal. He commented on the significant vaccine development effort that was underway, with over 200 candidates in testing, and the fact that some countries have already started vaccinating their population. He noted the ongoing efforts of vaccine multilateralism through the COVAX Facility, which aims to provide vaccines to cover 20% of the population. He said while this is an integral part of reaching the goal of immunising 60%, it is not enough – Africa has 1.3 billion people and would need 750-780 million vaccine doses, which is a multiple of what COVAX aims to deliver. The minister said achieving this goal is critical to ensure that vulnerable people are not left behind. He also mentioned the need to invest heavily in deployment preparedness, to make sure that all logistics and other processes are in place when the vaccine becomes available. Dr Mkhize noted that some critical allocation and access questions are still unresolved, such as why upper-middle-income countries should the same allocation in the COVAX Facility as high-income countries, despite a much lower ability to pay.

**Dr Nkengasong** said the purpose of the meeting was to take decisions on such questions as who gets the vaccine, when and how. He introduced Prof. Glenda Gray, President and CEO of SAMRC and invited her to start the discussion on an allocation and equity framework guided by African voices and values.

**Prof. Glenda Gray** thanked Dr Nkengasong, the African Union leadership, the Honourable Minister and colleagues involved in organising the conference. She stated that Africa requires approximately 1.5 billion doses of COVID-19 vaccines to achieve herd immunity for its population. These doses must be procured, allocated and delivered to the target populations – each of these steps posing its own challenges, and requiring a strategic approach. She noted that global inequalities in vaccine access could translate in delays in getting vaccine roll-out in Africa. Initially there may be limited volumes and, hence, difficult decisions on prioritization and fair allocation have to be made. She reiterated the need for an African framework for fair, equitable and timely allocation of COVID-19 vaccines to address the critical strategic allocation decisions that a large-scale roll-out of COVID-19 vaccine entails. Existing

frameworks, such as the ones published by the United States National Academy of Sciences or by the German National Academy of Sciences Leopoldina, she explained, are based on a Western paradigm. Prof. Gray outlined a proposed African framework, built on the principle of Ubuntu: (i) Affirming the humanity of others: allocation decisions must be for societal benefit and promote common good while respecting human dignity; every person has equal dignity, worth and value, hence, allocation decisions must be non-discriminatory; characteristics such as ethnicity, nationality, gender, sexual orientation, race and religion are not to play a role in allocation decisions; and people must be treated fairly and equally; allocation decisions must be impartial and in accordance with fair criteria. (ii) Survival of the community: overall, the risks of severe morbidity and mortality caused by acquiring SARS-CoV-2 should be reduced; allocation decisions should be based on the best available evidence; essential service workers who have been on the frontline of the pandemic may be considered a priority; those at greatest risk of severe illness and death are also a priority. (iii) Social solidarity: allocation decisions should endeavour to unify communities; take into account the economic, social and personal disruptions and hardships experienced because of COVID-19; ensure that socially vulnerable groups are not left behind; and (iv) Meaningful community engagement: allocation decisions must be trusted; community engagement allows for authenticity, trust, and ownership of the allocation decisions; community involvement will be required for both allocation decision-making and addressing vaccine hesitancy; faced with the challenge of maintaining public trust while simultaneously stemming the pandemic through various control measures, early engagement by decision-makers with stakeholders is paramount; decision-making processes should be fair, ethical and transparent.

Prof. Gray introduced a proposed sequencing of target groups for COVID-19 vaccines in Africa, starting with frontline health workers, researchers and essential workers. Also, the elderly and vulnerable (e.g. due to co-morbidities, or due to living conditions, such as overcrowded settings or multi-generation homes. She noted the need to vaccinate young adults, who can transmit the disease, and protect pregnant women and children once the necessary data on vaccine safety in those groups are available.

## SESSION 2 – MECHANISMS FOR FINANCING COVID-19 VACCINES

**Prof. Ames Dhai of SAMRC, a co-moderator, opened the session.** Dr Ahmed Oumar, Deputy Director, Africa CDC, co-moderated the session. It focused on the four sources of financing for COVID-19 vaccines established by the African Vaccine Acquisition Task Team (AVATT), which was established by H.E. President Cyril Ramaphosa of South Africa, and Chairperson of the African Union, on 7 November 2020:

- Self-financing, for example, of parts of the vaccine delivery cost (e.g. healthcare workers' salaries).
- Donor financing/COVAX facility which aims to cover 20% of the participating countries' populations at tiered pricing/free of charge to AMC-eligible countries.
- The World Bank facility which could make available US\$4-5 billion.
- The African Import-Export Bank's (Afreximbank) financing proposal to address the remaining gap

**Prof. Benedict Oramah, President of Afreximbank, started the session with an overview of the Presidential Task Team's (AVATT) work on ensuring that African Union Member States can access the funding required and have access to the vaccine doses necessary to reach the goal of immunising at least 60% of the African population.** Achieving this goal, the president estimated, will cost at around US\$9 billion for the procurement of vaccine doses and their delivery. He provided an overview of the four primary financing sources mentioned above and noted the World Bank's significant contribution to the financing provided as part of its overall package for fighting the pandemic. He highlighted the Afreximbank's Africa COVID-19 Vaccine Financing Initiative (ACOVFINI) and its contribution. ACOVFINI, he said, has created a financing structure to assist Afreximbank's Member States to access vaccines in a cost-effective manner that also minimises fiscal impact. The initiative will also support the acquisition of vaccines. Prof. Oramah encouraged Member States to consider the World Bank's letters offering collaboration on preparedness assessments and funding to ensure

that the finances needed are available. He provided an overview of Afreximbank's response to the pandemic-induced financial crisis including

multiple targeted interventions such as the Pandemic Trade Impact Mitigation Facility (PATIMFA), and the work with UNECA to support the availability of COVID-19 supplies.

**Dr Muhammad Ali Pate, Global Director, Health, Nutrition and Population and Director of Global Financing Facility of Women, Children and Adolescents at the World Bank, highlighted the World Bank's commitment to ensuring that countries can acquire the vaccines when they become available.** He described the World Bank's current commitments, including the plan to use US\$160 billion over more than a year to mitigate the health, economic and social impact of the pandemic. He described the funding the World Bank is making available for the financing of COVID-19 vaccines, delivery and other critical response materials. These funds, he said, are provided following a country-based, demand-driven model looking at the needs and performance of the country. To date, 13 countries have initiated discussions with the World Bank to define a strategic approach for the rollout of the funding, but the World Bank hopes to support more than that. In addition to his comments on the World Bank's response, Dr Pate mentioned critical points for the successful deployment of COVID-19 vaccines in Africa. He said, there was a need for understanding of the epidemiology of the disease in the different African regions to ensure that allocation strategies are tailored to the context. He highlighted critical context factors for allocation decisions, such as the fact that there are fewer health workers per person in Africa, fewer persons aged 65 and over, and fewer persons living with co-morbidities such as hypertension, alcoholism and diabetes. On the other hand, he pointed out that there are other comorbidities and a high number of persons suffering from endemic infectious disease. Health systems also often do not have access to data needed to identify those living with co-morbidities. Finally, he noted the need to prioritise education and to put people at the centre of all allocation and equity discussions, and to work with community

leaders, such as local political and religious leaders for successful vaccination programmes.

**Mr Strive Masiyiwa**, a member of AVATT and COVID-19 envoy for the African Union, introduced AVATT's objectives and work. He said H.E. President Ramaphosa, on 7 November 2020, established AVATT to support the Special Envoys of the African Union on the COVID-19 response in their work with Africa CDC to secure the necessary resources for vaccine procurement and delivery. AVATT is mandated to accelerate the financing and procurement of COVID-19 vaccines for the African continent. The Task Team works with Africa CDC to identify suitable vaccine candidates for use in Africa, based on multiple criteria including efficacy and safety, and with other partners, such as the World

Bank, Afreximabnk, COVAX and the Member States on Financing and Acquisition. The AVATT is leading discussions with the manufacturers of leading vaccine candidates to prepare for the acquisition of the vaccine doses necessary to reach the goal of immunising at least 60% of the African continent. In doing so, it will only consider vaccine candidates which are also included in the COVAX Facility, at the same conditions. If that can be achieved, he points out, it would be a great success. While local manufacturing of vaccines is a critical mid-term goal, the immediate challenge is to ensure that Africa can protect its population from COVID-19, not only to prevent transmission and deaths but also to mitigate the massive socio-economic impact the disease has had on African countries.

## SPECIAL SESSION 1: COVID-19 VACCINES – AN ECONOMIC INVESTMENT CASE FOR

**Prof. Stanley Okolo, Director-General**, West African Health Organisation, moderator of the Special Session, started by reiterating the three pillars of the vaccine strategy and introducing the session's participants and objectives.

**Dr Nkengasong** introduced the topic, by highlighting three critical priorities:

- 1. The need for a whole of Africa approach:** Looking at the historical evidence from the HIV/AIDS epidemic, the need becomes clear. With access to antiretroviral therapies in 1996, the mortality curve went down drastically in countries that could afford the high cost of the treatment. The inability to pay thousands of dollars required for each patient results in a lag of 10 years for access in Africa, during which 12 million Africans died due to limited access. This moral disaster and crisis should not be repeated. Collaboration between all actors, including the private sector, economists, the Ministries of health and Heads of States, and AU partnerships & strong leadership will be crucial to ensure fair vaccine access and delivery in Africa.
- 2. The time to prepare for the vaccine was yesterday:** The Director called for collectivity and urgency, stressing the magnitude of the

challenge at hand: Africa has never vaccinated more than 100 to 200 million people per year. Critical regulatory issues need to be addressed ahead of time to

avoid delays to access, using tools that we have as a continent such as AUDA-NEPAD's African Medicines Regulatory Harmonisation (AMRH) and WHO's African Vaccine Regulatory Forum (AVAREF). He further underlined the need for innovative partnerships to ensure delivery far and wide in most remote regions of Africa.

- 3. Global solidarity and collaboration is paramount:** Need to address the critical question of how to translate the solidarity in R&D; which leads to the accelerated production of effective vaccines; to ensure that all countries will have fair access; and go beyond statements of intent.

**Dr Vera Songwe**, UN Under-Secretary-General and Executive Secretary, United Nations Economic Commission for Africa, reiterated the critical target of ensuring the immunisation of at least 60% of the African population. She also highlighted the need to balance the response efforts with those of other diseases the African continent is faced with. Dr Songwe underlined the severity of COVID-19's economic consequence, saying that Africa is facing its 1st recession in 25 year due to the pandemic, with the informal sector (making up 70% of the economy) being the hardest hit. The Under-Secretary-General went on to highlight the need for strong leadership to access vaccines quickly, protect

lives and livelihoods and start the path towards economic recovery: "The vaccine is the 1st stimulus needed for the African economy". She highlighted critical issues:

- **Leadership:** not only in getting vaccine but also in getting it in time – in 2021.
- **Financing:** COVAX will cover 20%, the World Bank is supporting this, but the question on how to cover the remaining gap required addressing. Africa should take collective leadership for this: pooling demand and taking a cost-effective approach. Resources can and should be mobilised; the continent should improve the situation instead of just talking about improving it. Money is required for this. Stakeholders such as Afreximbank and the African Development Bank need to come together.
- **Local manufacturing:** 43% of vaccines are consumed in Africa. Locally manufactured vaccines should not be destined to address the out of Africa market. There are examples of local production, such as polio and yellow fever vaccine production in Senegal. The vaccination conversation should be coupled to the local manufacturing conversation.

**Dr Mohamed Ibrahim**, Economist, Technical Office of the Vice Minister of Finance for Public Treasury, Arab Republic of Egypt, highlighted the impact of the pandemic on the economic growth. He referred to the potential of replicating the ACT initiative for other diseases, and to improve the coordination between the public and private sector, support the R&D industry (for vaccines, diagnostic, etc.) as a lever of economic development and shield against global price volatility.

**Prof. Stanley Okolo** Director-General, West African Health Organisation, introduced the African Union Special Envoys to Mobilise International Economic Support for Continental Fight Against COVID-19, Dr Ngozi Okonjo-Iweala and Mr Trevor Manuel, for a panel discussion, which also included Mr Strive Masiyiwa.

**Mr Trevor Manuel** started by highlighting the need for a strong African voice, and the need to uncouple the severity of the pandemic and the economic measures which will have a long-lasting impact – he underlined the vaccine's role as a key to trigger the economic recovery. For response efforts to be successful in the mid-to longer term, he encouraged

the African Union Member States to improve further data collection and data availability, including through the strengthening of data science. He noted the destructive impact of vaccine nationalism, and the need to keep IP rights as part of the discourse, and also to address this. Vaccines, as other solutions, must be introduced at maximum efficacy and minimum cost in Africa – the evidence-based selection and sequencing of target groups, is part of this. Also, Africa needs to resolve the logistics of vaccination. He called the pandemic "the greatest challenge during peacetime in Africa". Africa, Mr Manuel said, is essentially on its own while other economies are looking after themselves. It is the forgotten continent and will remain this way, unless it can come up with a strong, unified voice to speak to the world about its collective needs as a continent. Furthermore, it needs to ensure that its response transcends national borders.

**Mr Strive Masiyiwa** highlighted the need for USD 4 billion to deliver the vaccine, which is a massive exercise and that countries should not be underestimating the scale. Emphasis should be on logistics processes for delivery: this is not a normal programme, the effort requires special processes, data collection, the precision needed for delivery (akin to military-type precision). Addressing vaccine misinformation will be another considerable effort that needs to be undertaken at the national level.

**Dr Ngozi Okonjo-Iweala** emphasized the need for country preparedness for delivery. She highlighted positive news on the supply side, as ongoing COVAX Facility negotiations with manufacturers are giving rise to the hope that vaccines could be available as early as the end of January/early February 2021 for frontline workers in Africa. She said some manufacturers also have pledged to ensure that some of the vaccine should be allocated to LMICs. There is also a potential for redistribution between economies who ordered surplus capacities of vaccines and those most in need. This would be done through the COVAX Facility to avoid concerns of "favouritism" which could undermine equitable access. Dr Okonjo Iweala noted the critical importance of logistics also in allocation and access discussion. Not all countries are willing to purchase a vaccine for which they cannot ensure the cold chain. In addition, according to WHO stats only 40% of countries in Africa are ready to receive vaccines. Finally, she underlined the critical need for a

structured approach to counter mistrust and the need to design a communication plan leveraging on shared responsibilities with community leaders, religious leaders, women leaders and also other leading figures. The plan should also include young peoples' communication on social media to move strongly against vaccine misinformation and build the trust required. She finished by highlighting Africa CDC and the AU's key role in driving these efforts.

In the roundtable discussion, all speakers highlighted:

- The potential of collaborations with the private sector in areas such as logistics, but also to address the remaining funding gaps.
- The need to ensure vaccines are prequalified by WHO even if donated, as substandard vaccines will come with a risk of serious adverse events resulting in a backlash. The speakers underlined the potential of existing initiatives such as the AMRH initiative to support this.
- The potential of vaccines as a global public good: nobody should be prevented from accessing the vaccine because of lack of means. Pharmaceutical companies have committed to selling the vaccines at cost price. There is a need for them to sell the vaccines to LMICs at a lower price than HICs and they can recoup their costs from the HICs.
- The need for local manufacturing of vaccines.
- The need for a collaborative approach – "If Africa acts together, we will be stronger."

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*For more information:*

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