

Ministerial session on access to Covid-19 vaccines

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Tomorrow (22 May) the African Union (AU) Peace and Security Council (PSC) will convene its 998th session, at the ministerial level, under the theme 'Access to vaccines against COVID19 pandemic in Africa: Challenge to human security'.

Algeria's Foreign Minister, Sabri BouKadoum, chairperson of the ministerial PSC session, is scheduled to make the opening remark. Deputy Prime Minister and Minister of Foreign Affairs of the Democratic Republic of the Congo, Chritophe Lutundula, representing the Chairperson of the AU for 2021, Minister of International Relations and Cooperation of South Africa, Naledi Pandor, representing the AU Champion on COVID-19 response, and the AU Commission Chairperson, Moussa Faki Mahamat will deliver remarks. Commissioner for Health, Humanitarian Affairs and Social Development is expected to brief the Council. Others expected to make statements during the session include Michel Sidibé, the AU Special Envoy for the African Medicines Agency, John N Nkengasong, Director of the Africa Centers for Disease Control and Prevention, and Tedros Adhanom Ghebreyesus, Director General of the World Health Organization (WHO).

This session focuses on the most pressing issue of this moment with respect to the COVID-19 pandemic in Africa, namely the threat that Africa's lack of access to the COVID-19 vaccines presents to human security on the continent.

Since its outbreak in Africa early last year, the virus has so far claimed the lives of over 126,000 people, while the number of cases is currently over 4.6 million, according to the data from Africa-CDC. And of the five regions, southern and

northern Africa have respectively recorded the highest number of cases by far. While the death toll and number of cases related to COVID-19 have been far worse in most western countries as compared to Africa, the spread of the virus and the rate of infection remains to be a serious concern. There continue to be AU member states recording increasing incidents of COVID-19 cases. 21 AU member states have reported fatality ratios higher than the global fatality ratio of 2.1 %. Significant number of African countries have also reported the presence of new variants of the COVID-19 pandemic.

For Africa, President Cyril Ramaphosa cautioned in his opening address during the 34th AU Assembly in February 2020 that COVID-19 'is not only a severe health emergency, it is also a grave economic and social crisis'. Indeed, in the African context the devastating socio-economic impacts of the pandemic is feared to outweigh its impacts on health and safety of people. In one of its first sessions on the virus, the PSC, in its communique of the 918th session, noted 'with deep concern the profound socio-economic consequences of COVID-19 within Africa.' According to United Nations Economic Commission for Africa (UNECA), the far-reaching economic impacts of the pandemic include "falling demand for Africa's commodities; capital flight from Africa; a virtual collapse of tourism and air transport associated with lockdowns and border closures; and depreciation of local currencies as a result of a deterioration in the current account balance". In terms of the socio-economic wellbeing of the peoples of the continent, this would entail disruption of access to basic necessities, loss of jobs and livelihoods, rising food insecurity and falling of millions of people into extreme poverty.

The health and the socio-economic consequences of the pandemic is not without consequences for the stability and peace and security of the countries of the continent. Arresting the spread of the virus and instituting measures for the social and economic recovery of the countries of the continent is not

only an African but also a global imperative. Unless the pandemic is contained, there is a risk of its continuing spread and even more worryingly its mutation into more contagious and more deadly variants.

The AU report on COVID-19 pandemic in Africa presented to the AU summit in February 2021 pointed out that 'the only way in which we can prevent COVID-19 transmission and deaths while at the same time protecting African economies and societies is to successfully immunise a critical mass of the African population with safe and efficacious COVID-19 vaccines.' Africa will need 1.5 billion doses of vaccine in order to vaccinate 60% of its population—the estimated minimum requirement for achieving 'herd' immunity. Yet, Africa's path to access COVID-19 vaccines is very narrow. There are four challenges militating against Africa's access to vaccines against the COVID-19 pandemic.

The first of this is the phenomenon of vaccine nationalism. Predictably, rich countries have been purchasing and hoarding supplies of the vaccine for the prior utilisation of their own communities. As South Africa's Foreign Affairs Minister Naledi Pandor pointed out in her opening address to the Minister's meeting during the AU summit, the economically well-off countries of the north 'has purchased the largest stock, while we in Africa are struggling to get our fair share.' Thus, these countries with only 16 percent of the world population have bought up 60 percent of the world's vaccine supply. Restrictions of exports, pre-production commitment of COVID-19 vaccine supplies by the few manufacturers and the hoarding by wealthy countries of excess supplies have left countries in the global south, including those in Africa, with very limited access. Not surprisingly, only less than 2% of the world COVID-19 vaccines have been administered in Africa.

The COVAX facility is a major avenue for access to the COVID-19 vaccines for many countries in Africa, although it can only supply 20 % of the required doses for achieving 'herd

immunity'. With much of the existing supply enlisted to meet the request of wealthy countries and the eruption of a new variant of the COVID-19 pandemic leading India into suspending export of vaccines for meeting pressing domestic needs, there is now a risk of the COVAX facility not being able to deliver the second round of shipment of the vaccine. This situation has led the WHO to warn that 'trickle down vaccination is not an effective strategy for fighting a deadly respiratory virus.'

The second challenge is, what is the market-based approach to the production and procurement of the COVID-19 vaccines? While the world is facing an extraordinary pandemic, the production and procurement of vaccines is based on the ordinary mechanisms of the market. The monopolistic protection that the few pharmaceutical companies enjoy means that they control not only the scale of production of the vaccine but also who accesses such limited supply, when and with what price, thereby accentuating existing inequalities between various regions of the world. This has resulted in what the WHO Chief called 'artificial scarcity'. As the WHO Regional Director for Africa aptly put it, the resultant limited stocks and supply bottlenecks are putting COVID-19 vaccines out of the reach of many people in Africa.

The third challenge for access to the vaccine is the absence of the requisite strategic infrastructure on the continent for producing and manufacturing COVID-19 vaccines. It is this structural condition that has exposed Africa to be completely dependent on outside sources for strategic medical supplies, hence for it to be left behind in access to the COVID-19 pandemic. In the two-day access to vaccine virtual summit that Africa CDC and the AU convened on 12-13 April 2021 that attracted the participation of some 44,000 people, it was reported that Africa, a continent of 55 AU member states and 1.2 billion people, produces only 1% of the vaccines it administers. The remaining 99% is imported, highlighting the

hitherto policy failure of governments and the extreme vulnerability of the continent.

The fourth challenge is that of logistical capacity for rolling out the vaccines. So far, about 37.8 million vaccines have been supplied to multiple member States, through the Africa-CDC. Of these, over 24 million have been administered, indicating that there are member States who, having been supplied with the vaccine, fail to administer them in time. This is also indicative of the lack of preparations on the side of some member States to effectively and efficiently administer the vaccine as soon as they receive it.

There have been efforts, as part of Africa's response to the pandemic, to address some of these challenges. The AU had established the COVID-19 African Vaccine Acquisition Task Team (AVATT) to accelerate access to funds for the procurement and delivery of the vaccine doses and promote access to vaccines. AVATT has been engaged in mobilizing sources of funding and presented financing options in order to meet the \$6.1 billion funding gap for the procurement and administration of the required number of doses in Africa.

In an important development, in its decision (Doc. Assembly/AU/5(XXXIV)) on the 2020 AU Chairperson's report on the response to COVID-19, the AU Assembly acknowledged 'the need for equitable and timely, access to the COVID-19 vaccine to all AU Member States which will require additional mechanisms to ensure at least 60% of the Continent's population is vaccinated.' This is a clear acknowledgement of the inadequacy of the pre-existing strategy that was premised on a market-based approach focusing on procurement of vaccines manufactured by the existing limited number of monopolistic pharmaceutical companies. Accordingly, the AU Assembly, noting that 'exceptional circumstances exist justifying a waiver from the obligations of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) specifically for the prevention, containment and treatment of COVID-19,

decided to support the proposed WTO Waiver from certain provisions of the TRIPS Agreement for the Prevention, Containment and Treatment of COVID-19 as contained in WTO document IP/C/W/669.' Underscoring the strategic importance of this, Pandor told her counterparts during the AU summit, the temporary waiver by the World Trade Organisation (WTO) of specific IP obligations related to prevention and treatment of COVID-19 'would enable countries in Africa and elsewhere to access active pharmaceutical ingredients and benefit from technology transfer, including the know-how to manufacture vaccines in Africa at a cheaper cost.'

In terms of expanding sources of supply, apart from the limited number of major manufacturers that currently dominate the supply chain, it would be of interest for tomorrow's session to explore how African countries may establish, within the AU COVID-19 pandemic response framework, partnerships for securing access from the various types of COVID-19 vaccine producers. Doing so within the AU COVID-19 pandemic response framework would ensure standardized contracting and safe supply of vaccines produced in China, Russia and India.

Given the centrality of addressing the structural vulnerability of the continent for human security by building capacities for manufacturing strategic medical supplies within the continent, the issue of addressing the structural lacunae in Africa's capacity would be of major significance for tomorrow's session. As highlighted during the April 12-13 AU summit on vaccine, there is a need for Africa to prioritize the mobilization of the required financial resources, expand medical research capacities, secure policy commitment of states for domestic purchasing of vaccines and the establishment of the requisite regulatory mechanisms that meet international standards. In this regard, the session may serve as an opportunity for calling on member States to ratify the treaty on the African Medicine Agency. Similarly, African countries need to deliver on the commitments that they have

made under the 2001 Abuja Declaration, particularly as it relates to allocation of 15% of their annual budget to the health sector.

Finally, in addition to efforts aimed at ensuring access, more work needs to be done by member States in terms of putting in place plans for the rolling out of the vaccines and capacitating their public health institutions to administer the vaccine timely to avoid non-use and expiry of the vaccines.

The expected outcome of the session is a communiqué. The PSC is expected to reiterate its previous pronouncements relating to the impact of the COVID-19 pandemic on Africa. It may also reiterate the AU summit's decision that access to COVID-19 vaccines is the most effective avenue for not only containing the spread of the virus but also preventing further mutation of the virus and limiting the devastating costs to the socio-economic wellbeing of people in Africa and the world. In this regard, the PSC may call for the WHO to declare the COVID-19 vaccine as global public goods. The PSC may call on members of the international community to heed the appeal of the WHO for sharing their excess stock to African countries through the COVAX and AVATT. Council may also encourage African scientific research institutes to persevere in their efforts to produce COVID- 19 vaccines and urge member States as well as the private sector to support the efforts of such institutions. The PSC may reiterate the support of the AU Assembly to the call for the temporary waiver by the WTO of specific IP obligations related to prevention and treatment of COVID- 19 as the most critical avenue for overcoming the current limitations for generic and more accessible production of the vaccines. The PSC may also call for international cooperation and solidarity particularly through openly sharing vaccine manufacturing technology, intellectual property, and know-how through the COVID-19 Technology Access Pool. The PSC may also call on Africa CDC to expand its engagement on access to

vaccine with a view to establish partnership with all vaccine producers both for procuring speedy access and for purposes of technology transfer and sharing of know-how. The PSC may also welcome the conclusions of the summit on access to vaccines and the proposed plan for Africa to build and expand its vaccine manufacturing capacity from the current 1% to 60%. The PSC may also call on AU member states to ratify the treaty establishing the African Medicine Agency and urge member states to meet the Abuja Declaration target of allocating at least 15% of their budget for improving the health sector.