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#Covid-19
#Africa

Europe, a partner to anti-COVID vaccination in Africa

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• Introduction

Two years on from the start of the pandemic, what is the state of play with vaccine (in) equity? This question will be addressed at the Summit between the European Union and the African Union on 17 and 18 February in Brussels. It will be an opportunity for African leaders to express their frustrations regarding European avarice for vaccines. EU leaders will be able to remind them of the many initiatives launched to assist their major partner. The Summit will also look towards the future and present the measures to strengthen health system resilience in Africa and its human, socio-economic and industrial capacity to combat future pandemics.

I • Africa, a continent that still has a low vaccination rate

The World Health Organization (WHO) believes that it is possible to put an end to the global public health emergency in 2022, provided that all strategies and tools are used across the globe and that 70% of the world population is vaccinated. It will be difficult to reach this target. While more than ten billion vaccine doses have been administered to date, the vast majority have been given in wealthy countries.

Africa is particularly lagging behind as only 11% of the adult population are fully vaccinated (compared to 82% in the EU) and 85% of the population are yet to receive a first dose (while the EU is up to its third dose and has started to vaccinate children)[1].

1 Our Wolrd in Data. "Coronavirus (COVID-19) Vaccinations".

These figures conceal major disparities, with the vaccination rate reaching or exceeding 60% in a few countries such as Morocco and Tunisia, and other countries which have barely begun vaccination roll-out, such as the Democratic Republic of Congo and Chad.

The WHO claims, however, that Africa is on track to control the pandemic by the end of this year if current trends continue[2]. The situation is improving. **The vaccination rate has more than tripled in the space of three months and supply has increased significantly.** In early February, Africa had received 672 million doses –65% via the COVAX mechanism, 29% as part of bilateral agreements and 6% through AVAT, the African Union's African Vaccine Acquisition Trust. Some 96 million doses were sent to the continent in January, twice as many as six months ago, and six million people are now vaccinated on average each week. This figure would have to increase sixfold to reach the target agreed on a global level.

The first case of COVID-19 in Africa was recorded on 14 February 2020. Far from the gloomy predictions of the first weeks of the pandemic, the continent (almost 18% of the world population) has "only" recorded 11 million confirmed cases since then, compared to more than 80 million in the EU (slightly less than 6% of the global population)[3]. The gap between the two continents is even clearer for cumulative deaths: 242,000 in Africa, almost one million in the EU.

These figures are down to a range of factors such as climate, demographics (the over-65s, which represent an overwhelming majority of victims, only account for 3% of Africans but 20% of Europeans) or the measures adopted very quickly by the authorities and the population, who have a long history and experience in controlling epidemics. They must, however, be considered with caution, as statistical data remains patchy for Africa: the WHO estimates that the number of cases and of deaths is most likely seven times greater than the numbers recorded.

II . Europeans on the front line for vaccine supply

Accused of having stockpiled a surplus of doses to the detriment of low-income nations, the European Union can now take pride in playing a key role in ending the COVID-19 pandemic. To date, it has produced more than 3,2 billion vaccine doses and has exported 1.8 billion of them across the globe, including almost 280 million to Africa. With an overall budget of €3.5 billion, the EU and its Member States are also among the main contributors to the COVAX global solidarity mechanism launched in the spring of 2020 to ensure that people living in the poorest countries may have access to vaccines effective against COVID-19 when the time came[4]. The European Union and its Member States also undertook to deliver 700 million vaccine doses to the Global South by mid-2022, including at least 450 million doses for Africa. In early February, 408 million doses had been shared, mainly via COVAX, and around 320 million had been delivered, including 150 million to African nations.

Large numbers of vaccines are therefore starting to arrive, under the combined effect of purchases and international aid, particularly from Europe, which had long suffered from production delays at Astra Zeneca and Johnson & Johnson. Their vaccines, less expensive and easier to transport and store than the messenger RNA vaccines by BioNTech/Pfizer and Moderna, are

2 United Nations. 2022. « Covid-19 : l'Afrique en bonne voie pour maîtriser la pandémie en 2022 », *ONU Info*, 10 February.

3 Paper prepared by the Mo Ibrahim Foundation ahead of the conference held on 3 February by the Africa-Europe Foundation.

4 Nations Unies. 2022. « Covid-19 : le mécanisme COVAX a livré 1 milliard de doses de vaccin », *ONU Info*, 16 janvier. Co-led by the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Vaccine Alliance, which work in close partnership with UNICEF, COVAX is the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator. It was launched in the spring of 2020, particularly upon the initiative of Europeans, for a collective and humanitarian response to the crisis. The mechanism, which delivered its first vaccines to Ghana in January 2021, has to date distributed more than one billion doses to 144 countries, 90% of which to low-income countries, particularly in Africa, receiving vaccine funding from donors. The initial goal was to deliver 1.8 billion doses to the poorest 92 countries by the end of 2021 to enable them to vaccinate 20% of their populations.

preferred by donors. Beijing and Moscow are continuing to leverage the pandemic as a diplomatic weapon. During the Forum on China-Africa Cooperation at the end of November in Dakar, Chinese President Xi Jinping promised that his country would provide Africa with one billion additional vaccine doses, 600 million of which would be donated and 400 million through joint production units governed by a three-year plan. Purchase agreements for Chinese vaccines (Sinopharm and CoronaVac) and the Russian Sputnik V vaccine have also been signed by around twenty African nations.

Yet this influx of vaccines raises new issues. Some doses provided by western countries have been destroyed or have not found any takers, due to a lack of appropriate organisation, human resources that are sufficiently trained and abundant, and an adequate consideration of beneficiaries' absorption capacities. In December 2021 alone, the poorest countries rejected more than 100 million COVID-19 vaccine doses proposed via COVAX, mainly due to the expiry date: two thirds of stocks had a shelf-life of less than three months and could not be used in the timeframe, given the logistical challenges and difficulties getting the vaccines where they are needed[5].

In a joint statement published at the end of November 2021, the WHO, UNICEF, the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi the Vaccine Alliance, asked the international community to comply with a certain number of standards in future: deliveries of doses in large volumes and in a predictable manner to reduce transaction costs, doses to be unearmarked for greater equity, donated doses should have a minimum shelf-life of ten weeks when they arrive in-country, notice of doses to be sent not less than four weeks before their arrival, rapid response times for information requests and the supply of necessary syringes and diluents. Improved tracing would also be a means of identifying and channelling surplus doses and redirecting them so that they are not wasted. The situation is, however, set to improve as, since January 2022, COVAX has only been shipping vaccines upon request, to enable countries to receive the right volume at the right time.

III • New impetus for local vaccine production

African leaders have also become aware during the pandemic that there is a real lack of health security and sovereignty on the continent. **Africa accounts for around 25% of global vaccine demand but depends on the rest of the world for more than 99% of its supply**, particularly from major pharmaceutical companies. Following a meeting organised by the African Union and Africa CDC (Centres for Disease Control and Prevention), it was decided that Africa should be able to produce, by 2040, 60% of "routine" vaccines used on the continent and slightly more for specific epidemics such as Ebola or dengue fever.

The European Commission grasps the importance of this issue. Alongside work conducted on COVID-19, it wishes to support vaccine and pharmaceutical production autonomy on the African continent from now on. This requires a series of measures: infrastructure – water and electricity -, quality controls, governance mechanisms, top-level experts and human resources and data sharing. The project's success will also depend on the ability to create a solvent market, with sufficient capacity to justify investments, for example around large geographical areas.

Coming together under *Team Europe*[6], the EU and its Member States launched in the spring of 2021 an initiative endowed with a budget of over €1 billion from the EU and the Member States for the production of vaccines,

5 RTBF. 2022. « Coronavirus : les pays pauvres refusent 100 millions de doses de vaccin quasi périmées », *rtbf.be*, 13 January.

6 In April 2020, the European Union launched the Team Europe initiative to support partner countries (Western Balkans, neighbours to the East and the South, and Africa) in the fight against COVID-19. This initiative has been endowed with a total budget of €46 billion, supplemented by the EU, its Member States and some financial institutions, in particular the European Investment Bank and the European Bank for Reconstruction and Development

medicines and health technologies. This integrated approach sets out to stimulate supply through technology and knowledge transfers and by encouraging investments in local companies; consolidate demand by helping African nations to coordinate their requirements and create markets; and facilitate access to vaccines and medicines by improving the environment (education and training, research and development, innovation, regulations). The recently established African Medicines Agency (AMA) will be able to benefit from the experience of the European Medicines Agency and from EU financial assistance.

On a national level, the focus is on increasing production capacity and developing sites across the continent, in agreement with the African Union and Africa CDC. As a first step, the EU will support initiatives in countries such as South Africa, Senegal, Rwanda and Ghana.

The European Commission is mobilising funds to support the developing world's first **technology transfer hub** in South Africa, funded in part by France, Germany and Belgium. Located in Cape Town, this platform will develop and manufacture a messenger RNA COVID-19 vaccine thanks to a consortium led by the WHO and the public health organisation *Medicines Patent Pool* and bringing together the companies *Afrigen and Biovac* (tasked with developing and manufacturing the future vaccine respectively), and a network of universities, the South African Department of Science and Africa CDC[7]. Its promoters hope that the technology used, based on Moderna's technology may be shared as broadly as possible and ultimately applied to other diseases. Vaccine batches have already been manufactured in small volumes and the first clinical trials may be conducted before the end of the year.

Team Europe is also supporting the construction of a plant within the Institut Pasteur in Dakar for the large-scale production of new-generation vaccines against COVID-19 and other endemic diseases such as tuberculosis and malaria. On 9 February, the Commission signed a €5-million EU subsidy agreement for this *Madiba* project, on top of the €6.7 million already allocated[8]. The future plant plans to have the entire value chain ready by the end of 2022 or early 2023 and to ultimately manufacture 300 million doses per year for export across the whole of West Africa. German company BioNTech has decided to join the project for the manufacture of messenger RNA vaccines.

IV • Alternative proposals to patent waivers

Building up long-term production capacity, together with technology and workforce transfers, may emerge as an alternative to the lifting of patents called for by many countries, NGOs and economic players across the globe. Citing vaccine equity, India and South Africa have been advocating a temporary derogation to the Agreements on Trade-Related Aspects of Intellectual Property Rights (TRIPS) for more than one year, with a view to temporarily suspending intellectual property for pharmaceutical products used to combat the virus[9].

While supported by around one hundred countries, the idea has been criticised by the European Union and several countries including Canada, the United Kingdom and Switzerland, which view patents as a fair compensation for innovation and stress that the highly complex vaccine production process depends on many other elements such as expertise and access to ingredients. Industry players remind that they have entered into more than 300 partnerships to increase their production capacities.

The European Union has submitted an alternative proposal to the World Trade Organization (WTO) that aims to **simplify the complex compulsory licence mechanism**

7 United Nations. 2022. « Vaccin Covid-19 : l'OMS salue les progrès de l'Afrique du Sud, "fondement de son autonomie" », *ONU Info*, 11 February .
8 European Commission. Press release. 2021. « La République du Sénégal et "l'Équipe Europe" se mettent d'accord pour construire une usine de vaccins contre la COVID-19 et d'autres maladies endémiques », *ec.europa.eu*, 9 July.
9 Zeliha Chaffin. 2021. « Vaccins contre le Covid-19 : le débat sur la levée des brevets dans l'impasse », *lemonde.fr*, 17 December.

which is used to waive a patent on a specific product and for a limited timeframe during a health crisis, including imports for countries which do not have any local production. France also announced a joint proposal for a global licence which would overcome all obstacles in terms of intellectual property and technology transfer for the development of production capacities in Africa.

V • Improving vaccine roll-out

The issue for Africa is actually currently less related to the availability of doses and treatment and more to the establishment of sufficient capacity to receive and distribute them appropriately. Vaccination campaigns come up against many bottlenecks: a lack of personnel –partly due to the departure of many care providers to Europe–, a lack of equipment and material, a lack of statistical data and the fact that part of the population is not registered, and a lack of infrastructure and facilities to store and transport vaccines[10]. Without refrigerated lorries and sufficient electrification of local areas, it is often very difficult to maintain the cold chain for vaccines, and particularly messenger RNA vaccines which must be kept at a low temperature. This is compounded by socio-economic barriers which may explain what is commonly known as some forms of "vaccine hesitancy": there are few clinics that are often far away, and it is sometimes necessary to wait for several hours to receive a vaccination.

Increasing the vaccination rate for the African population therefore requires a focus on improving logistics. Europeans are striving to meet this challenge of last-mile delivery of vaccines, which must enable doses to arrive at their destination and actually be administered, including in the remotest areas. This problem is similar to the challenge of providing AIDS treatment twenty years ago. During her trip to Dakar on 9 February, the President of the Commission Ursula von der Leyen announced that €125 million would be added to the €300 million already committed by Team Europe to facilitate the vaccine roll-out. This funding of €425 million must be used to train medical teams, supply syringes and COVID tests, improve supply chain management, and also to enhance treatment availability and step up sequencing capacities (key to tracking variants and quickly identifying other deadly viruses).

The continent's capacity to manage COVID-19 cases is starting to improve slowly, with an increased availability of trained healthcare workers, oxygen and other medical supplies[11]. The number of beds in intensive care units (ICUs) has shifted from 8 per 1 million people in 2020 to 20 today, while the number of plants manufacturing oxygen has risen from 68 to 115 (+60%), and the number of laboratories able to detect coronavirus has increased from 2 to more than 900.

Targeted information campaigns that are adapted to local populations must be conducted to **combat vaccine hesitancy**, which sometimes affects the highest level of the State, as demonstrated in July 2021 when the President of the DRC refused to get vaccinated. This distrust partly stems from disinformation or a lack of information on vaccines, as prevalent in Africa as it is worldwide. It is also a result of the weakness of healthcare systems and poor local organisation, in addition to the relatively low –and undoubtedly highly underestimated– impact of the epidemic, which suggests that it is not that dangerous.

• Conclusion

As highlighted by virologist Bruno Lina, a vaccination campaign is "an equation with at least four unknowns": access to doses, logistical difficulties, the state of healthcare systems and the ability to convince the population of the importance of this vaccination[12]. It is in these different aspects that Europeans must continue to support African

10 Boyer B. & Taylor A. 2021. "2021 COVID-19 Vaccines Wrap Up: The Good, the Bad, and Omicron", *CovidGap*, 14 January.
11 *Cf. supra* « Covid-19 : l'Afrique en bonne voie pour maîtriser la pandémie en 2022 ».
12 Florence Rosier. 2021. « Covid-19 : l'arrivée du variant Omicron relance le débat sur la fracture vaccinale Nord-Sud », *lemonde.fr*, 17 December.

health policy efforts, via structural initiatives. This outlook would give meaning to the renewed partnership that is set to be agreed during the Summit on 17 and 18 February, in this field and in others. Perhaps, in the future, it will allay African resentment regarding the selfishness, at the height of the COVID-19 pandemic, of its northern neighbours, who are nevertheless generous in their rhetoric on health as a global public commodity and on the need for international solidarity. •

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