
**REPORT on**

# COVID-19 & Vaccine Justice in Africa

Global
Call to Action
Against Poverty
People Rising to End Inequalities

THE PEOPLE'S VACCINE


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## The People's Vaccine Alliance

## Summary Message

Put simply, we must ensure that the catastrophic loss of human life the world endured in the past 3 years of COVID-19 never occurs again. People worldwide are engaging in actions that are appropriate for their own countries.

This report is about Africa. We see that the region remains the least vaccinated region globally, with only 37% vaccinated (30% fully) and therefore many still being infected and losing their lives on a daily basis. Here some examples for vaccination rates: Mali 17%, Burkina Faso 19%, Burundi <2%, Niger 22%, Ethiopia 32%, Democratic Republic of Congo 15%.

The main obstacle in Africa is the limited access. Unfortunately, major pharmaceutical companies prioritize profit over saving human lives, hampering efforts to combat the current pandemic, and prepare for future ones. The transfer of vaccine production technology for decentralized manufacturing is hindered by the control of Intellectual Property Rights by these pharmaceutical giants, with support from certain national governments. The removal of these barriers is crucial to promote knowledge and technology sharing.

While there has been progress in producing mRNA technology in Africa as will be discussed in this report, we need this development to be expedited further. Financial and political support is most especially needed to establish independent mRNA production in the region to become independent from the supply from other parts of the world.

Again, we call governments represented at the World Trade Organization (WTO) to do better than the slow and inadequate COVID-19 response. WTO members should take steps to approve an intellectual property waiver specifically for COVID-19 vaccines and expand it to encompass COVID-19 tests and treatments as well. Such a decision would significantly enhance accessibility to these life-saving products.

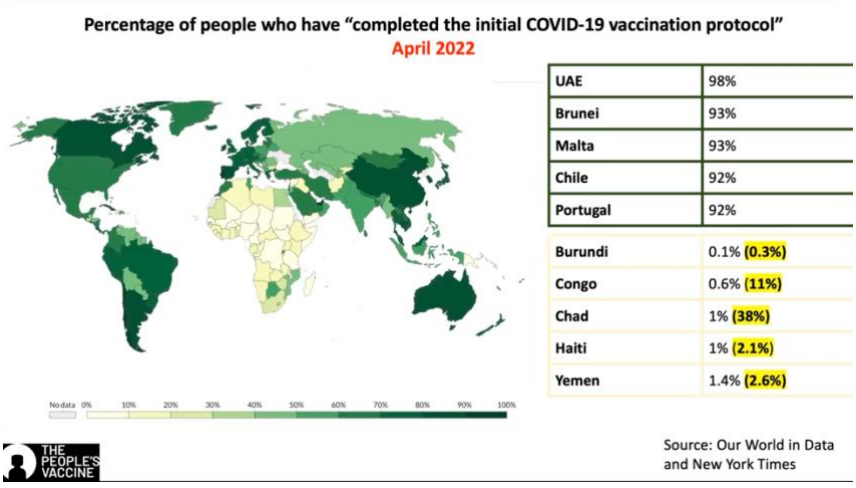
Context

# Vaccine Situation in Africa

The COVID-19 pandemic is now in its fourth year since its outbreak in late 2019. Over that short period of its existence, it has, and still continues to infect millions in every country of the world, rich and poor alike. It has so far left a trail of destruction including ruined economies, lost livelihoods, escalated poverty levels, sicknesses and close to 7 million deaths across the world by the end of April 2023.

At least 11 varieties of COVID-19 vaccines globally have to date been developed to tackle the pandemic. They include COVOVAX, Nuvaxovid, Spikevax, Comirnaty, Convidecia, Jcovden, Vaxzevria, Covishield, AstraZeneca, Covaxin, Covilo and Coronavac. Majority of the manufacturers of these vaccines are big pharmaceutical companies from western countries, and a few in South East Asia.

When the new vaccines hit the market, rich countries had pre-existing, ready and unlimited financial capacity to buy enough vaccine doses for their entire populations and also hoard huge stocks that they did not need. Poor countries on the other hand had to wait. Africa in particular queued far behind at the end of the queue as it is a net importer of nearly all type of vaccines it needs, leave alone for COVID-19. The continent produces only less than 1% of the vaccines it uses.



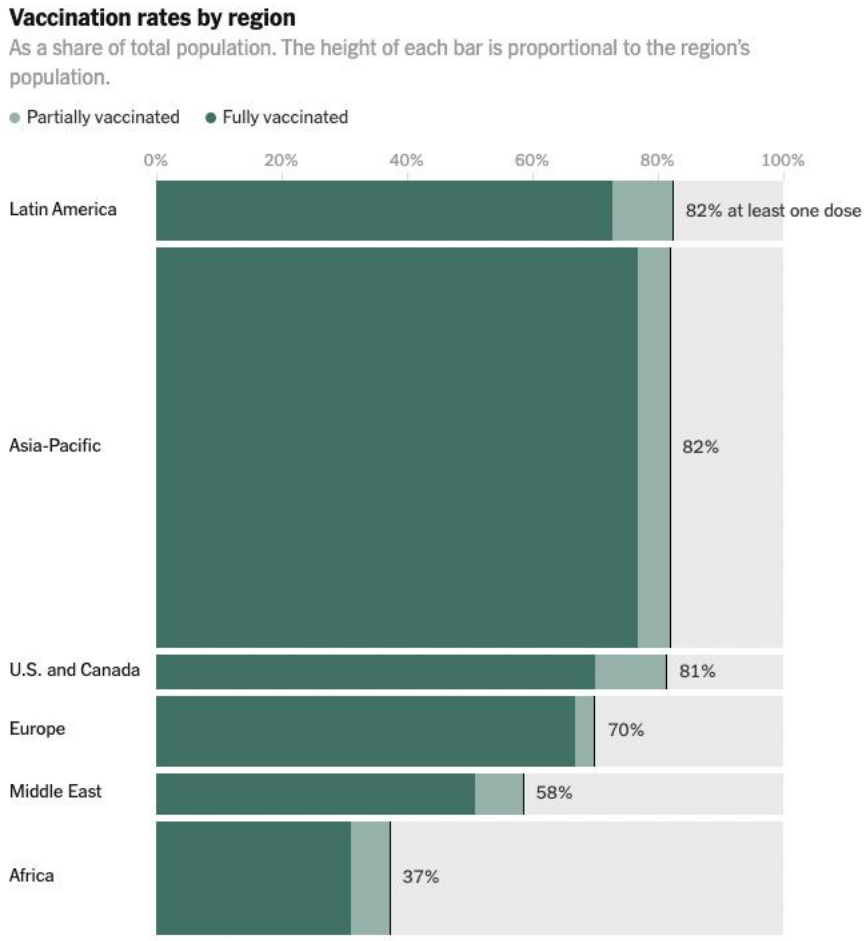

| | |
|---|---|
| UAE | 98% |
| Brunei | 93% |
| Malta | 93% |
| Chile | 92% |
| Portugal | 92% |

| | |
|---|---|
| Burundi | 0.1% (0.3%) |
| Congo | 0.6% (11%) |
| Chad | 1% (38%) |
| Haiti | 1% (2.1%) |
| Yemen | 1.4% (2.6%) |

In April 2023, data shows that rich countries such as UAE, Brunei, Malta and Portugal had the highest vaccination rate. The countries that had the lowest vaccination rate were all from the African region. In a webinar held by GCAP Africa in cooperation with the People's Vaccine Alliance on COVID Vaccines UHC & the Pandemic Treaty on 3 March 3,2023, there was a

discussion on vaccination rates observed in each country. Figures highlighted in yellow above show an increase from April 2022 to April 2023, but much progress still needs to be made.

Below, a graph from the New York Times' data as of March 2023 shows that only 37% of Africa's population have received vaccination.




Even as the World Health Organization (WHO) declared that COVID-19 was no longer a global emergency at the end of April 2023, Africa was still the least vaccinated region against COVID-19 among all the regions of the world.

At the time of writing this report in May 2023, only about 30% of Africa's population of more than 1.3 billion people were fully vaccinated, which is way below the threshold of 70% set by the WHO.

Far fewer (less than 5%) had received the booster jab. The rest of the regions long crossed 50% coverage of the fully vaccinated and are steadily approaching or even surpassed the 70% coverage recommended by WHO in order to achieve herd immunity: Western Pacific 85%; Americas 71%, Europe 64%; South East Asia 68%.

Different reasons continue to be attributed to the low vaccination rate in Africa: vaccine hesitancy from the people (as in other regions like Europe); political conflicts within

countries; insufficient and inaccessible public health infrastructure and most important the lack of vaccine supply itself.

As the situation of vaccine distribution in many African countries has remained difficult due to a myriad of challenges, it has been even harder for marginalized groups. The elderly, Persons with Disabilities, rural communities that are underserved by health infrastructure, among others have had greater difficulty accessing the vaccine services as there have not been much specialized method of extending the vaccination services to such groups.

Because of increased global pressure on rich countries to share COVID-19 vaccines with low-income countries, many of them yielded. Countries from the Global North increased their activities in sharing vaccines once they steadied their own national vaccination drives.

Whilst increased vaccine donations to Africa has improved the overall situation, many of these vaccines arriving close to their expiry dates have been reported in different countries. With many countries lacking adequate storage and effective distribution infrastructure, situations of substantial wastage have consequently been reported.

The slow pace of vaccination in Africa does not only threaten the African population but can easily reverse the gains made in other parts of the world, left unattended.

By leaving Africa to battle the virus much on its own given the noted challenges, the world risks making the continent a breeding ground for different variants of the virus and that will continue spreading across the world in cyclical fashion risking erasure of any earlier gains. Like in the case of many other deadly diseases that originated elsewhere such as TB and HIV/AIDs but have since found stable “home” in Africa, this may end up being the case with COVID-19 unless there is greater and more globally-concerted efforts to control or eliminate it altogether.

## Access & Transportation

Many African countries, especially in the Sub-Saharan region are generally underserved by public health facilities. Communities in rural areas need to travel tens of kilometres to the nearest health centers, a factor that has contributed to low vaccination rates. An average family of 5 – 7 people may require at least 14 dollars for transport to a health facility – way beyond the average daily budget of 2 dollars which few families can afford for even for a meal.

Given this, the most affordable means to travel remains by foot. With the vast distances, the elderly, persons with disabilities, the sickly, the homeless, nomads and other vulnerable groups are disadvantaged.

This is the experience in the 7 countries that were engaged. Largely, there are no special arrangements to conveniently reach vulnerable groups in communities for vaccination

beyond just prioritizing them in queues once they have finally made it to the health facilities through their own effort.

Some countries have attempted outreach methods to extend the vaccination services to more people, like Kenya in this case. In such instances, the spaces as schools, church compounds, bus stations, open public spaces have been used and this has enhanced the level of vaccination. This approach is, however, more concentrated in urban areas and least in rural areas, if at all.

## Vaccine Availability

When COVID-19 vaccines began arriving in Africa in 2021, they came in small quantities and inconsistently. Few health institutions – both public and private, received stocks – most of which were concentrated on urban areas as well.

Today, vaccine delivery efforts for many African countries have been scaled up. However, different types of COVID-19 vaccines require specialised storage facilities that can maintain them under the recommended sub-zero temperatures in order to retain their potency. Many parts of rural Africa are off-grid including the health facilities in those parts. This continues to affect availability of vaccines in the quantities that can adequately serve populations in the catchment areas.

Countries in a state of internal civil conflicts which are externally and internally instigated in Africa are even more disadvantaged. Well before the COVID-19 pandemic, the state of poor health infrastructure distribution was already exacerbated by the violence traded among warring groups. Civilian populations are displaced from their homes to seek refuge somewhere safe.

In such situations, vaccination needs better arrangements as the populations' priorities and needs shift where the top among them becomes saving their lives from the violence. This explains why some countries in Africa trapped in armed conflicts have recorded relatively low vaccination rates: Mali 17%, Burkina Faso 19%, Burundi <2%, Niger 22%, Ethiopia 32%, Democratic Republic of Congo 15%, to name but a few. Vulnerable groups as the elderly, women, Persons with Disabilities and children are the worst affected.

Without better arrangements for vaccinating populations in these situations, it will take a long time to achieve the 70% vaccination threshold set by WHO. Further, without international community support to that end, these countries shall continue lagging far behind the rest in protecting the health of their people from the virus. As they wait, the virus continues with its economically devastating, socially disruptive including deadly consequences. Its demonstrated capacity to mutate to other variants that may be more dangerous than the previous ones also remain.

The responsibility of availing and distributing vaccines to populations caught up in armed conflicts need to be more concerted and beyond the individual governments of such countries.

## COVID-19 Testing & Diagnostics

While free COVID-19 vaccines are available to the public, testing for the virus still costs much by any standards. The price of a COVID-19 diagnostic test for individuals without health insurance costs between **36 and 180 US dollars per test** – an amount that is prohibitive for many in the Africa.

Few governments invest in the diagnostic aspect mainly due to the cost. More often than not, most public health centres and hospitals do not subject their patients to mandatory COVID-19 testing except in cases where a patient's situation appears dire.

## Information & Knowledge Sharing

Since the beginning of the COVID-19 pandemic, information sharing by governments and other agencies plays a key role in empowering the public to address it. Reporting on infections, vaccinations, recoveries and even deaths have helped governments in improved planning and refining strategies of dealing with the disease.

Official data from many governments of African countries have continued to create less frightening impression on the spread and even fatalities associated with the disease. Whilst as at the end of April 2023 the global infection stood at 765 million, Africa's stood at just 9.5 million according to the COVID-19 WHO dashboard. At the same time, the global deaths associated with the pandemic were at 6.9 million where Africa's share was just above 175000 people.

Other than South Africa, there is no other country in Sub Saharan Africa with adequate technical and financial resource capacities to gather COVID-19 data on daily basis and on a national scale in manner that may give the true picture of COVID-19 existence, its effect and impact to the populations. It is therefore highly probable that many people catch the virus, heal or die and get interred without getting diagnosed for the virus in many countries in this part of Africa.

Like other parts of the world, Africa has not been spared the sustained misinformation, disinformation and lies from ill-intentioned sources regarding COVID-19 pandemic. In situations where a government may not have done enough to keep its population well informed on the important matters relating to the pandemic, the conspiracy theorists have

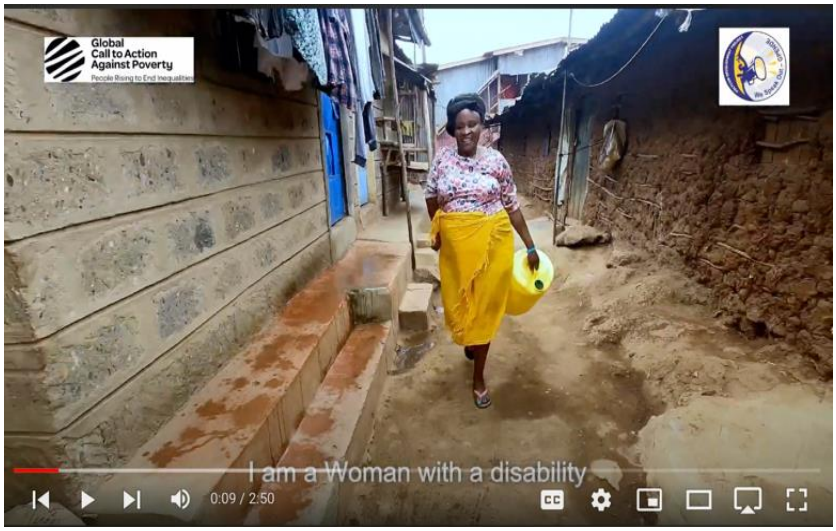
easily stepped in to fill the void. This has consistently been happening mainly through misleading social media platforms and well-articulated lies on multiple online channels.

Vulnerable groups as of persons with visual impairment, hearing impairment, low literacy levels or those that rely on others for important information have been easy victims as is the case in other parts of the world in comparable circumstances.

To have a full understanding of the what African communities experience in the ongoing COVID-19 pandemic and consequent vaccination process in Africa, GCAP and PVA engaged representatives of marginalized groups, including Persons with Disabilities, the elderly and women from 7 African countries: Mali, Senegal, Nigeria, Malawi, Zambia, Kenya and Ghana.

In preparing this write-up, the GCAP National Coalitions in seven countries consulted with different people from marginalized groups who shared their experiences about the pandemic.


GCAP Ghana (AbibiNsRoma Foundation) shares the stories of mobilization for vaccine justice, and the struggles of youth as the COVID-19 pandemic affected their studies. Watch the full video here.



GCAP Kenya (Polycom Development Authority) spoke with **Gladwell Maina, a woman with disability**, who represents people living with disability (PLWD) at the County Government and is also a Community Health Volunteer. She shared that PLWDs were bedridden and immobile during the pandemic and could therefore not access the COVID 19 Vaccine, unless they were carried to the vaccination centers. Watch her story here.

Likewise, GCAP coalitions in Malawi, Mali, Nigeria, Senegal and Zambia have shared accounts from their own communities of individuals who had to overcome challenges brought about by COVID-19. Still, advocates continue to gather, mobilise and empower communities to combat the pandemic and all the injustice they experience from it.

## Vaccine Production in Africa

The experience of Africa on COVID-19 pandemic as has been documented by different organisations including governments, research institutions, WHO, media, NGOs and others largely point to one key observation: among the regions of the world - this continent is least prepared to deal with the current and even future pandemics unless deliberate effort is made to change the situation.

Many individual African countries lack the technical capacity and necessary scale of resources required to research, develop and manufacture vaccines. For this reason, Africa produces only less than 1% of all the vaccines it uses for its population.

The pandemic exposed the vulnerability of the continent's population in times of l health crises of global scale. Africa was the last region to receive its first doses of vaccine – way behind the rest of the regions.

Because of bleak this reality, the WHO's initiative on mRNA technology transfer is a crucial step towards preparing Africa better for future pandemics. This initiative allows pooling of related technologies under one point (hub), then helps build technical capacities to other institutions (spokes) before transferring the technologies to the spokes for manufacture of vaccines.

The new mRNA hub is in South Africa and is hosted by Afrigen Institute. The spokes are in 6 countries under partnership with different institutions: Senegal (Institute Pasteur); Nigeria (Biovaccines Nigeria Ltd), Kenya (Biovax Kenya), Egypt (Biogeneric Pharma), Tunisia (Institut Pasteur de Tunis). The sixth spoke is in South Africa (Biovac) itself.

With its population of more than 1.3 billion people, Africa is definitely a huge and viable market for pharmaceutical products from other parts of the world. For business purposes, the global pharmaceutical products manufacturers have easily been quick to avail their products to the African market. However, this was not the case with the COVID-19 vaccine;

it came in long after nearly all the other regions had received. The companies prioritized countries of their origin.

Without its own vaccine manufacturing establishments, Africa's preparedness for pandemics remains little to none. If the mRNA initiative succeeds, it will be a significant step forward by Africa in the direction to preparedness.

Even as the mRNA initiative takes off to a slow start, multinational pharmaceutical companies are not likely to let this prospect to their market go unchallenged. Without sustained and substantial support in terms of technology and funding as well as a good market strategy, the initiative may encounter challenges that may threaten not only its success but also its viable existence.

It is therefore important for the governments of African countries, civil society organizations, the WHO, the entire international community, and other stakeholders to provide well-rounded support to the initiative. A cursory stock-taking of the mRNA activities at the various spokes is provided below:

## CSOs Engagements in mRNA Spokes

There is growing interest in Africa among the civil society organizations in the mRNA technology transfer initiative as one of the reliable measures for future pandemic preparedness by the continent besides bolstering vaccine sufficiency for other ailments common to the region. In this regard, GCAP Africa has been partnering with PVA in Senegal, Nigeria and Kenya to support GCAP national coalitions to reach out, establish contacts and engage the mRNA national spokes for advocacy support to the initiative.

In Nigeria, the mRNA coalition is hosted by Biovaccines Nigeria Limited. The national GCAP coalition in the area (Nigeria Network of NGOs) has already held several communications on email including in-person meeting with officials of the mRNA spoke. The two parties have agreed to work together especially in areas that strengthen support for the success of the spoke.

Among the areas that need support include a sufficient and sustainable budget for activities of the spoke. Host governments to these spokes need to provide substantial percentage of the said budget while the other parts should be met by other multilateral stakeholders.

So far, the government of Nigeria is yet to meet its part of the budget commitment. A prolonged delay in funding will generally affect the spoke's project timeline and will likely compromise the project's objectives.

The 10 billion Naira already invested at the spoke also needs tracking to keep national and global stakeholders updated through regular and frequent reports. Efficient spending of the provided funding will inspire and encourage more parties to commit more support for the project. Media reporting will also be important in ensuring and enhancing transparency,

project ownership and obligation by the spoke personnel to the public and its corresponding funding agencies.

In Senegal, the spoke operations are hosted by Institute Pasteur-Senegal. As is the case in Nigeria, the GCAP Senegal, in partnership with PVA, has had several exchanges of communications with the spoke officials and has also held a meeting with the spoke personnel. The issues remain much the same as in Nigeria.

The spoke in Kenya is hosted by Biovax Kenya and based in Nairobi. The spoke has already constituted its leadership to drive intended activities. Even then, a more detailed action plan is expected of this project.

The involvement and participation of all voices from local elected leaders, community leaders, the media, civil society, and the rest of the general public will be crucial to the success of the mission of the spokes. The project will have to stand its ground in a space already occupied and highly controlled by powerful, wealthy and profit-oriented pharmaceutical companies that are jealously protective of their market share.

The initial investments by respective host governments to the spokes are especially crucial in enabling the spokes to survive at the initial stages and ensure its sustainability - until such a time as they are able to create substantial clientele capable of generating profits. Civil society, the media and other stakeholders need to keep the host governments accountable, encouraged or even pressured for this support, especially at this early stage of the spokes existence. It is also in the best interest of Africa if the African Union strengthens its support to this initiative as its success guarantees the region better preparedness for future pandemics as well as enhancing capacity towards its self-sufficiency at least in some vaccines.

## Efforts by GCAP Africa and PVA

Fixing health challenges in Africa requires a committed and concerted effort by multiple stakeholders – including national governments, civil society organisations, the African Union (AU), WHO, and all other stakeholders. It is a process with different important dimensions – and not just a one-time event.

The challenge of vaccine equality in Africa lies in ensuring that the present and future populations can count on a more effective, inclusive pandemic response rather than what has been the case with COVID-19. The pandemic exposed the continent's vulnerability to access to vaccines in timely manner and in sufficient quantities without any of its own pharmaceutical manufacturers during times of major global health crises.

From a business point of view, the level of investment required to set up a pharmaceutical entity to produce vaccine is high. Among others, it will require huge investments in state-of-the –art machinery and equipment. It will require highly trained and skilled personnel. It will also require heavy and sustained investment in research and development.

Already, the big global pharmaceuticals that have been in the scene for some years have been able to develop all these capacities over time. They are able to easily finance and scale up their businesses to other parts of the world. . They have the capacity to manufacture medical products to meet global demand. This may be an important factor for Africa in determining the need to set up own pharmaceutical vaccine start-ups or just partnering with these global pharmaceutical conglomerates..

Despite this huge supply capacities by the big pharmaceuticals, the COVID-19 pandemic demonstrated their inadequacies to meet vaccine demand in a timely manner in times of health crises. For countries in the Global North, the need for COVID vaccines was met in time – and yet for others such as Africa, this need was addressed in a delayed manner. When the supply was finally delivered, it was done in an inconsistent and unpredictable manner. Such delays had fatal consequences. Lives that would have otherwise been saved were lost due to human acts of omission and commission.

Due to this frightening reality, a more assuring arrangement that promises better pandemic preparedness needs to be supported. A better arrangement will need to give every region a foundational level of capacity and control to manufacture sufficient and distribute essential medical supplies within its borders especially in times of global health crises.

GCAP Africa, with close partnership with PVA, has been a strong, consistent advocate for vaccine equality and justice since the COVID-19 vaccine came to the market in late 2020. Given the marginalization of Africa in the distribution of the vaccine, the two consistently call for radical changes in the way the business of manufacture and distribution of essential medical supplies is organised.

In status quo, profits for pharmaceutical companies seem to take greater priority over saving lives. Countries that had the capacity to buy any level of stocks at any cost were given priority by manufacturers of COVID-19 vaccine with total disregard to equity for those that had limited purchasing capacity. This approach was most ineffective in fighting the pandemic as many people in some low-income countries died for lack of the vaccine as some countries had already bought more than enough to hoard.

We cannot rely on market forces alone to improve pandemic response in the future - equity is a crucial pillar and must be prioritized. Because of this, GCAP and PVA have been advocating for accelerated action at the mRNA hub and the spokes initiative as it guarantees more equitable access to vaccines in Africa.

Out of the 6 countries where the mRNA spokes are, GCAP has national campaign partners in three of them (Nigeria, Senegal, Kenya) advocating for their support. Among others, the GCAP campaign partners in each country have reached out to the respective spokes for initial contact in order to explore working partnership that gives greater voice for support to the spoke.

WHO first declared the COVID-19 as a global pandemic on 11 March 2019. To commemorate this, in 2022 and 2023, PVA in partnership with GCAP and a host of other campaigners across the world used the occasion organize express their demands to pharmaceutical companies,

governments and the world on the injustices and inequalities that have characterised the COVID-19 vaccine distribution through an open letter. African countries - especially the marginalized communities, were at the bottom priority in receiving the vaccine, an unfortunate situation that failed to facilitate addressing the pandemic, stopping the virus, and ensure that lives are saved.

Under this partnership, GCAP coalitions in different countries in Africa highlighted this injustice and called for its end. In the 20 countries where GCAP is present in Africa, national coalitions addressed embassies of countries that have been supportive to the monopoly of manufacture and distribution of the vaccine. They include embassies of many EU countries and also the delegations of EU in those countries. The letters have been written to US and Canada for support to ending the discriminative style of handling the pandemic through the unfair distribution mechanism and manufacturing ostensibly protected by the Intellectual Property rights but in reality underpinned by the insatiable drive for big profits by the monopoly holding pharmaceutical companies.

The campaign has deployed targeted messages through social media channels, particularly Twitter and Facebook to reach leaders and points that otherwise are not easy to reach physically such as the pharmaceutical companies which are outside of Africa. On equal breadth, the mainstream media in these countries have been supportive in covering events and messages on vaccine justice campaign in the different countries in Africa.


## GCAP Africa National Coalitions

GCAP Ghana hosted by

GCAP Zambia

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