

AFRICA'S LEADERSHIP IN COVID-19 VACCINE DEVELOPMENT AND ACCESS

Virtual Conference



HIGHLIGHTS FOR DAY TWO

Thursday, 25 June 2020

SPECIAL SESSION II: ROLE OF THE PRIVATE SECTOR IN COVID-19 VACCINES DEVELOPMENT AND ACCESS

The second day of this virtual conference started with a special session featuring six presentations on the role of the private sector in COVID-19 vaccine development and access.

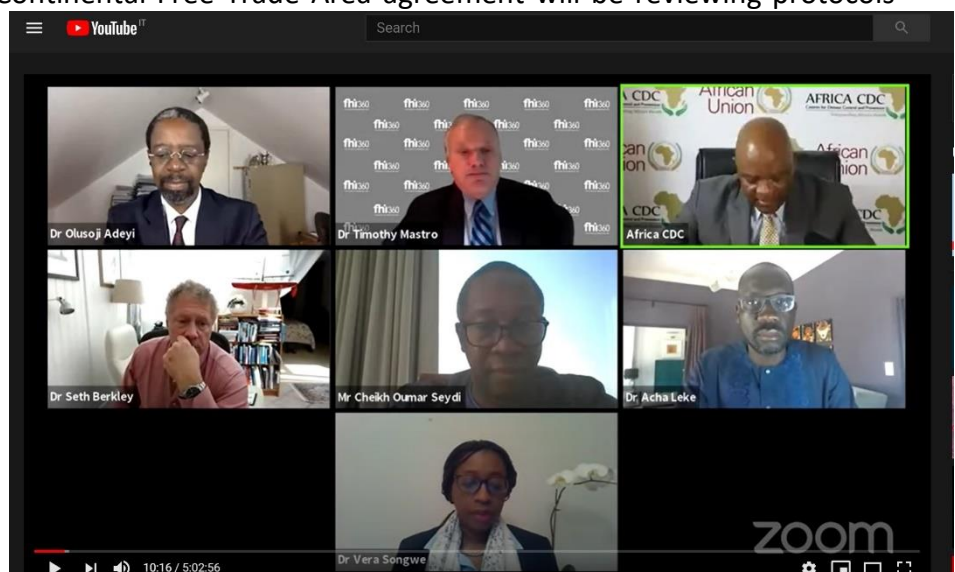
Dr Vera Songwe, United Nations Under-Secretary General and Executive Secretary, United Nations Economic Commission for Africa, spoke about the collaborative nature of vaccine development and the need for increased engagement and involvement of the African private sector in vaccine research and development as well as funding. She said 25 percent of all vaccines produced globally is consumed in Africa and emphasized the need for pharmaceutical companies to work collaboratively with other stakeholders and pool resources together in advancing vaccine manufacturing in Africa.

Dr Vera Songwe, United Nations Under-Secretary General and Executive Secretary,

Dr Songwe said there is a market for vaccines in Africa. She noted the need for certification of vaccine production companies and for the African Medical Association to come together in ensuring that the right kinds of certification are available for the private sector. She said the regulatory environment on the continent should be prepared to receive the private sector when it is ready to enter the market. She said Africa needs to be part of the global supply chain.

On intellectual property rights, Dr Songwe spoke on the need to have an intellectual property regime in Africa and said the Africa Continental Free Trade Area agreement will be reviewing protocols around intellectual property rights to ensure that Africa can have that leverage as it moves forward.

Dr Timothy Mastro, Chief Science Officer at FHI360 said it is critical to ensure that COVID-19 vaccine can address the most vulnerable populations in Africa, the lower middle-income countries and, particularly, the elderly. He noted that the elderly often do not



respond well to vaccines and that prevalent infectious diseases and other health conditions in many countries, including African countries, lead to a decreased vaccine responsiveness among populations. For this reason, he said it is important to learn how to reach adults with coded vaccines when they become available. Dr Mastro said access to good data is important for advocacy to reach populations most in need of protection.

In his presentation, Dr Seth Berkley, Chief Executive Officer, Gavi, the Vaccine Alliance, said Gavi and CEPI are leading the COVID-19 vaccine efforts globally with WHO. He said there are over 220 vaccines in development and 15 in clinical trials, some of which are in their phase two and some moving to phase three trials. This, he said, is the largest vaccines portfolio ever. He said the vision of the vaccine facility is to have two billion vaccine doses available by 2021 and to have these vaccines distributed at the same time in developed and developing countries. He, however, warned that they are not sure which of those vaccines would work, so they are trying to have a very large portfolio.

Dr Berkley said the key issues regarding COVID-19 vaccine development and access have to do with governance, financing, field distribution, and regulatory systems. He said a harmonized, regional approach to regulation would be more helpful than going country by country if the vaccines must get to the people as quickly as possible. He said Gavi will work with countries to ensure that there is a strong supply chain and to deliver training to healthcare workers.

Dr Benedict Oramah, President African Export-Import Bank, said there is market for vaccines in Africa but there is a need for market availability guarantees to back up the required funds. He said five African countries currently have the capacity to manufacture human vaccines: Egypt, South Africa, Tunisia, Ethiopia and Senegal. Three others are at the preliminary stages: Nigeria, Algeria and Morocco. He said Africa needs to pull resources together, and that the African Union COVID-19 Fund should go beyond COVID-19 and should be used to do something different for public health in Africa.

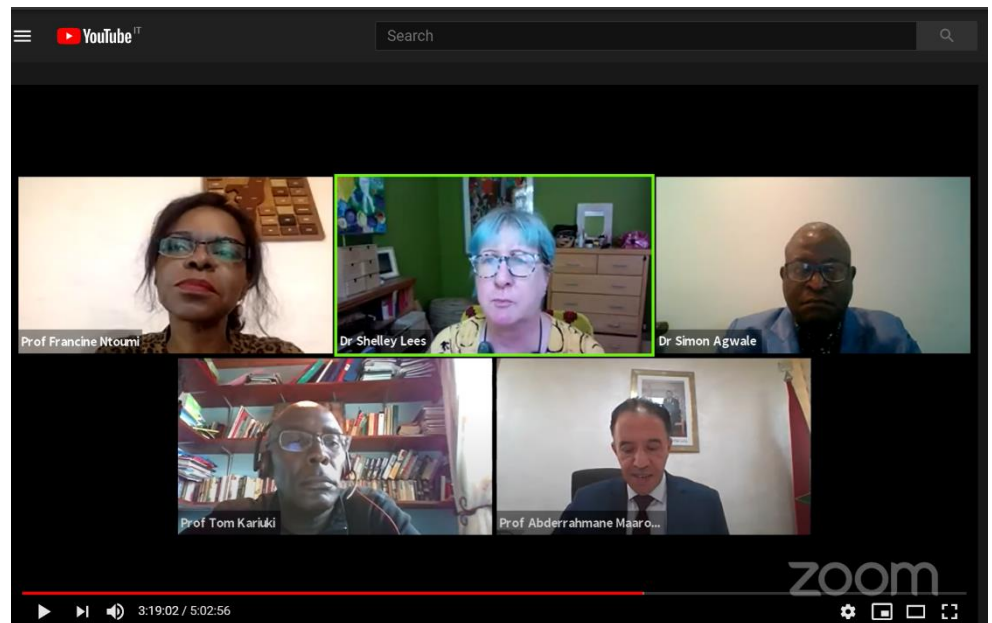
In his presentation, Dr Olusoji Adeyi, Senior Advisor for Human Development and Former Director of Health at the World Bank, said it is important that African leaders take the ultimate responsibility to coordinate vaccine manufacturing in Africa with partners and international agencies. He emphasized the need for continued collaboration and engagement and for African countries to make this a priority action by allocating part of their budgets to the manufacture of COVID-19

vaccine. He noted that to stimulate response, all African countries should agree on a timeline for the availability of the vaccine for generic production on the continent and for sale to all African countries.

Dr Adeyi said to enhance access to vaccines, it is crucial to have more proactive engagement with the private sector supply chain and to engage the community to facilitate



acceptance and trust. He said that in April 2020 the World Bank approved a financial commitment of US\$160 billion over the next one year as the first rollout of funds to support COVID-19 response and that the total commitment will continue to increase. He noted that this fund is currently accessible to about 104 countries. He said apart from this the bank is open to providing further support.



Mr Strive Masiyiwa, Executive Chairman and Founder of Econet Group, informed participants that the African Union Heads of State requested him to help establish a functional and less complicated supply chain for COVID-19, including logistics and distribution, for the continent. He said they are in the process of engaging the manufacturers and getting their commitment to ensure that essential diagnostics and medical supplies are available to all countries. He said the procurement and distribution platform is established and there is already an agreed formula for distributing whatever supplies are available.

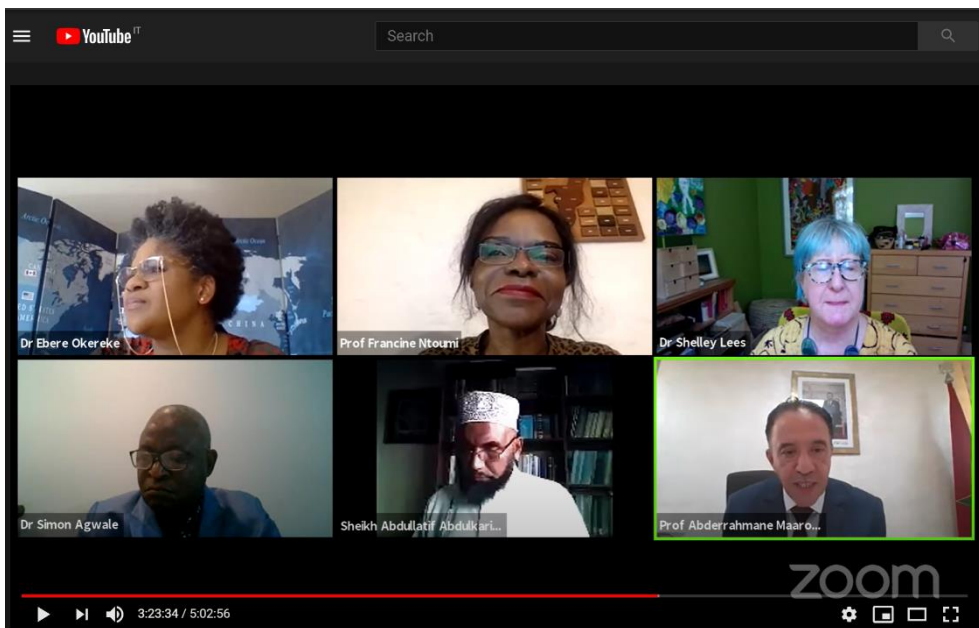
SESSION IV: COVID-19 VACCINES – REGULATORY, ETHICAL AND COMMUNITY ENGAGEMENT

Prof. Helen Rees, Executive Director, Wits Reproductive Health and HIV Institute of the University of the Witwatersrand, Johannesburg, shared lessons from previous vaccine development initiatives for meningitis and Ebola. She noted that if

communities are involved in the development of vaccines it would be easier to create demand for it. She said, previously, vaccines were mostly prepared for children and some adolescents and with adults it may be a bit different. She noted the need for cooperation among partners rather than competition because competition was an impediment to rapid development of Ebola vaccine in West Africa.

Prof. Rees emphasized the importance of community acceptance at the trial and introduction phases to ensure uptake and make vaccine workers safe. She mentioned the importance of carefully framing messages around vaccine in a way to address anti-vaccination rumours and sentiments.

Prof. William Ampofo, Noguchi Memorial Institute for Medical Research, Ghana, made a presentation about the role of the African Vaccine Regulatory Forum. He said the forum aims to improve regulatory oversight for vaccine clinical trials being conducted in Africa by serving as a platform for reviewing applications by manufacturers and supporting independent national



decisions. He highlighted the challenges they had in reviewing submissions and said that the Forum is looking to develop more harmonized clinical trial procedures for COVID-19 and to continue to strengthen capacity building initiatives. He mentioned that they now have a more efficient review system for Africa that ensures safety of patients and ensures quality of the product. He said the Forum now has a

very good process for reviewing clinical trials and optimization across different countries.

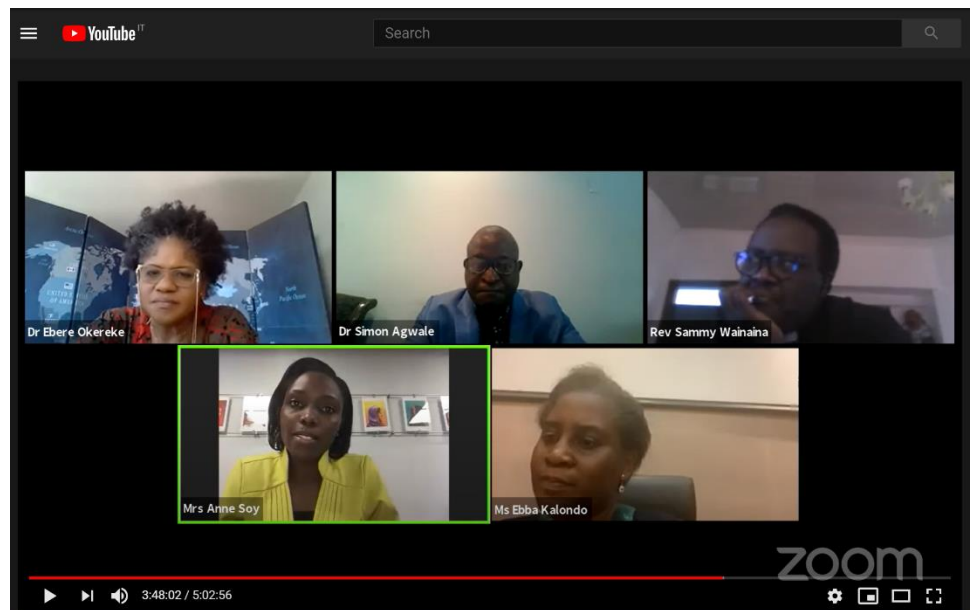
Dr Githinji Gitahi, Chief Executive Officer, Africa Medical Research Association, said scientists should not only look at the results of vaccine development but also acceptance of the product. He noted the need to conduct ethical vaccine trials and consider the social factors influencing adoption and use of the vaccine. He emphasized the need to start with the community and ensure community participation to ensure awareness and buy-in and to counter rumours and misinformation about vaccines. He said communication must be tailored to the target population and must guide policy, and policies should not be on the backseat.

Prof Linda-Gail Bekker, Deputy Director, Desmond Tutu HIV Centre at the University of Cape Town, Republic of South Africa, noted that science without community is not science and that involvement of the community is critical from the beginning. She said good participatory approach is key to gaining community trust, and to get people to embrace a vaccine, the vaccine trials must be conducted in the region where it will be used. This, she said, makes people more comfortable with the vaccine.

Prof. Bekker said it is important for countries to integrate community engagement activities into the planning process and include them in their budgets. In this way they will ensure that the process is collaborative and offers social value and favourable risk-benefit ratio, and respect for all participants and their communities.

Dr Margaret Agama-Anyetei, Head of Division, Health Nutrition and Population, Department of Social Affairs, African Union Commission, made a presentation about the African Medicines Agency (AMA). She said it is the second specialized health institution of the African Union. AMA will facilitate coordination and partnership for the regulation of access to safe, effective, quality, and affordable essential medicines and health technologies in Africa. Her presentation showed the governance structure of AMA. She said 16 countries have signed the treaty and that AMA will be inaugurated once the required ratification is obtained. She said discussion has reached advanced stage with Afreximbank concerning funding for African pharmaceutical manufacturers.

Mr Amine Idriss Adoum, Director, Directorate of Programme Delivery and Coordination, The African Union Development Agency, spoke about the existing regulatory processes within the African Union to facilitate regulation of vaccine uptake. He said it is a process that includes many organizations and partners, the national medicine regulatory agencies in Africa,



regional economic communities, the African Union Commission, and the African Parliament. The partnership supports the development of technical guidelines and capacity strengthening for oversight at the national and regional levels and for joint regional reviews. It continues to emphasize strengthening and resourcing at the national level and will facilitate expedited and fast-track review of priority vaccines, including for COVID-19.

SESSION V: COVID-19 VACCINES – ANTHROPOLOGICAL AND SOCIOLOGICAL PERSPECTIVES

Prof. Heidi J. Larson, Director, Vaccine Confidence Project, London School of Hygiene and Tropical Medicine, noted the negative social media content as a new issue that is beyond the typical vaccine access issues. She said there is a need to go deeper and understand

what is driving the questions and sentiments challenging the existence of COVID-19 and COVID-19 vaccine issues. She noted that to create demand for COVID-19 vaccine there is a need to increase awareness about the existence of COVID-19 across the continent, explaining that it is not just a fever. She said with technology, particularly the social media, there has been a change in the field of anthropology.

Prof. Larson emphasized the need for local ownership of COVID-19 vaccine as well as trust in its manufacturing, safety, providers, and the local health officers. She advised on the need to engage patients and family members of individuals who have been personally affected by COVID-19 as advocates for awareness and acceptance of COVID-19 vaccine. She said vaccine safety confidence across the continent is weak and needs to be strengthened, because there of the big difference between what people think about the importance of vaccines and their perceptions of safety.

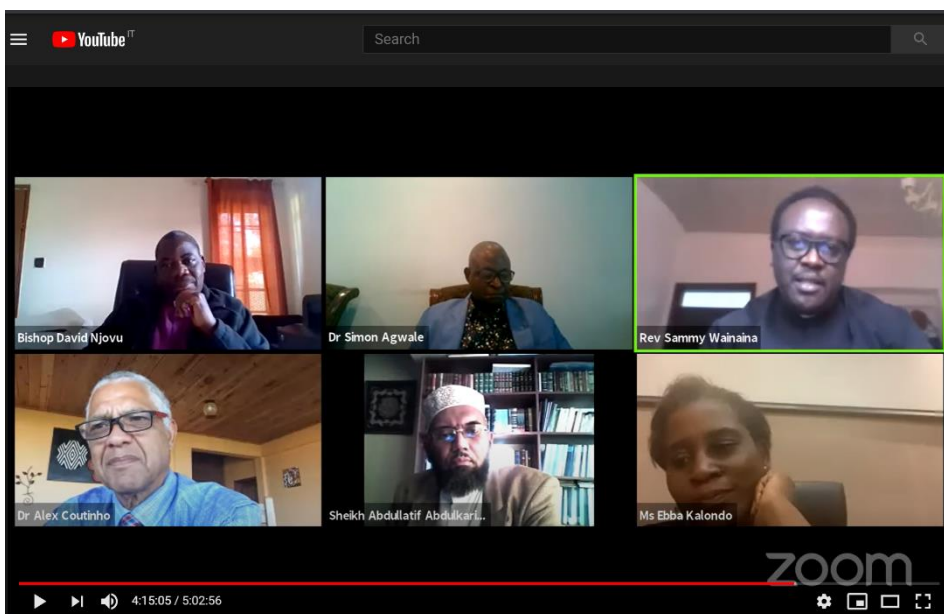
Dr Shelley Lees, Associate Professor of Anthropology, London School of Hygiene and Tropical Medicine, spoke about how anthropology can help with effective community engagement by listening to communities about what they want. She said anthropology can provide in-depth understanding of the social and cultural context in which trials are conducted, help us understand the procedures and practices of clinical trials, and issues around acceptability by the communities. She shared results of anthropological research in some vaccine trials in different settings. She noted

the need to understand who we engage with in the communities and to engage with diverse groups because power is not limited to only one group.

Dr Lees also emphasized the need to consider power, trust and fairness in conducting clinical trials. She said based on the results of research on Ebola and HIV vaccine trials, some people decided to participate in trials because they saw it as a

contribution to public health in their country and some just for curiosity. Others felt it could protect them, help them get healthier or get better healthcare. She strongly emphasized the importance of social science involvement in the setup, conduct and post-conduct activities of trials.

Prof. Tom Kariuki, Director of Programmes, The African Academy of Science, Kenya noted that most vaccine research and development work currently happens in North America, Europe and China with limited capability in Africa. He said this needs to change so we can see more discovery, development and production of vaccines in Africa. He said at the African Academy of Sciences there is a huge clinical trials community platform through which Africa can connect globally to showcase the work that is happening in the continent. He said Africa needs to get into the discovery phase of technology and that Africa urgently needs a vaccine that will enable it to get back to normality by 2021. Prof. Kariuki also said Africa would need vaccine scale-up and access and to do this we must consider how to build parent vaccines in Africa.

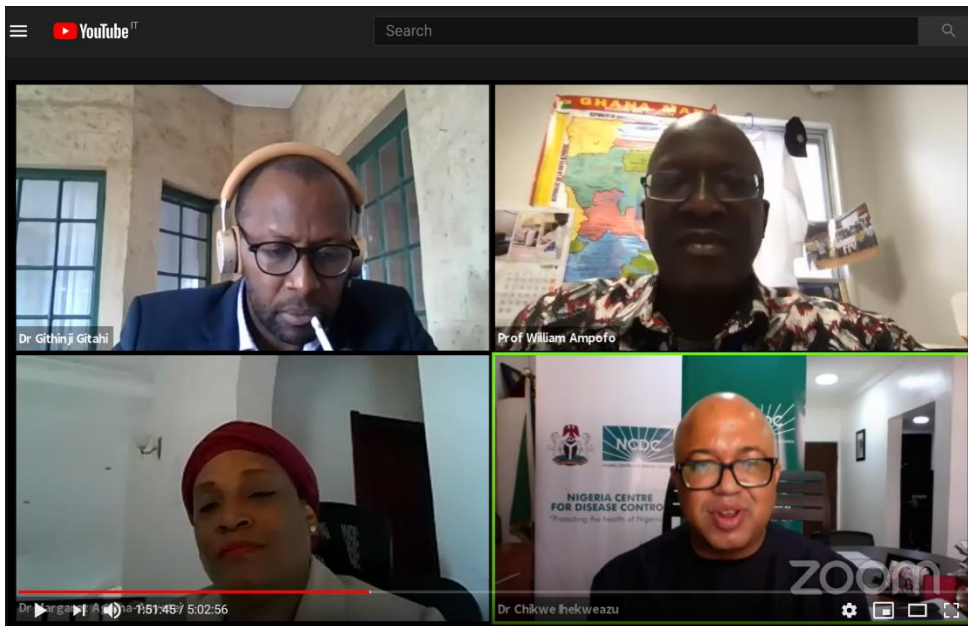


**SPECIAL SESSION III:
COMMUNICATION AND CIVIL
SOCIETY**

This session featured, among others, the role of the media and faith-based organizations in vaccine development and access and experience sharing from a faith-based leader who has been infected with COVID-19.

Ms Ebba Kalondo, Spokesperson to the Chairperson, African Union Commission, spoke about knowing the community and how they feel about the virus. She said we need to consider how to communicate the risk of not doing the right thing, of not washing hands. She said when there is safe vaccine we need to communicate in a way that people don't only trust that the vaccine would help them but also their families, loved ones and community. Ms Kalondo said lessons from Ebola shows to be accepted by the community, risk communication must be led by the community in a way that cannot be communicated by medical personnel.

Dr Simon Agwale, Chief Executive Officer, Innovative Biotech, noted that Africa does not have to start afresh but to build on already existing industrial capability in the continent. He highlighted several initiatives that are already existing on vaccine development in Africa and gave examples of



countries that have plans for COVID-19 vaccine development, e.g. Ethiopia, South Africa and Nigeria.

Mrs Anne Soy, Deputy Africa Editor and Senior Correspondent, BBC, said the media has been constantly evolving in the past couple of decades because of technology, and that this presents a big challenge in communicating health issues. She said there is

room for closer cooperation and collaboration between scientists, researchers and journalists, because journalists amplify the messages to the communities. She said: “We need to be proactive on both sides, and scientists need to cultivate this relationship consciously, because it is in the interest of the public.”

Mr Samuel Gebre, Journalist at Bloomberg News, emphasized that government officials should provide accurate data to journalists so they can provide accurate information to the public, and this, he said, is the only way they can gain the trust of the community.

Sheikh Abdullatif Abdulkarim said the purpose of Islam does not conflict with science and that religious leaders should work hand in hand with scientists because they are all working for a common purpose: to change the community. He said religious leaders work through their communities and have a lot to do in influencing them to accept COVID-19 vaccine when it is available.

Bishop David Njovu, Diocese of Lusaka, said it is not only our faith that is important, but also the recommendations of scientists. He said it is very important for religious leaders to have adequate knowledge of COVID-19 so they can communicate the right message to the people. He said they have advantage because they are closer to the communities and that some of them already started talking about COVID-19 prevention measures such as the use of face mask, hand hygiene and physical distancing. He noted that their main duty is to shape the attitude, opinions, practice, and perceptions of their members.

Rev. Sammy Wainaina, a religious leader from Kenya who was infected with COVID-19 along with his family members gave an account of his experience. “Now let me say just a few things that I have learned during my time. Number one is access to testing even as we talk about vaccination. We need to deal with this problem in many African countries where access to testing is a problem. The second one is treatment and care. I was in a private hospital. When I was in hospital, a neighbour of mine also got confirmed with similar symptoms that I had, but because he was at home, he collapsed and died. How many people can access treatment and care, very, very few people. The other one is communication. The news was broken to me in a very casual manner. The ministers of health should be able to provide recommendations on how to communicate to the people about their status. The

last one is a plea, and this plea goes to the people. Please take COVID-19 seriously, it is real. And it is a very painful disease, not only physically and emotionally but also for the families. When you hear the numbers on television, those are individuals, they are human beings, they are representatives of communities, they are fathers, mothers, brothers, and sisters. So, the effect of COVID-19 is not on an individual, it is on the society.”

SESSION VI: CLOSING

During the closing session there was a presentation by the Executive Director of UNAIDS, and another one by Dr Leonardo Simao from Mozambique. After the presentations, H.E. Amira Elfadil Mohammed, Commissioner for Social Affairs, African Union Commission, read the draft communique for comments.

Dr Leonardo Simao, said the conference is timely because it will ensure that Africa is not left behind in COVID-19 vaccine development. He highlighted some of the activities of European and Developing Countries Clinical Trials Partnership (EDCTP) in Africa since 2003. He said EDCTP is engaged in high level dialogue in Africa, Europe and globally to find solutions to the vaccine challenge and they will continue working with partners.

Ms Winnie Byanyima, Executive Director, The Joint United Nations Programme on HIV/AIDS, said the conference is the type of leadership that Africa needs. She pledged the support of UNAIDS for the implementation of the COVID-19 response strategy and the vaccine development initiative. She said the current realities for financing research and development fully relies on the protection of intellectual property rights. She said 450 global leaders and experts, including the Chair of the African Union, have signed a letter and are raising funds to galvanize COVID-19 vaccine production and ensure access to vulnerable populations including frontline workers and people with chronic conditions.

