

Rapporteurs' Report for Day 2: AFRICA'S LEADERSHIP ROLE IN THE DEVELOPMENT AND ACCESS TO POTENTIAL COVID-19 VACCINE

SPECIAL SESSION II: Role of the Private Sector in COVID-19 Vaccines Development and Access

Facilitators

- Dr Acha Leke
- Mr Cheikh Oumar Seydi

Needs for Private Sector Engagement: Dr Vera Songwe

- *Pooling the research:* public and private resources needed to fund research and development process not only for COVID-19. With 25% of vaccine consumption in Africa, barriers to investments in the business of vaccine need to be addressed inclusive of the need to harmonise the regulatory process. The growing pharmaceutical industry can pool resources.
- *Finance:* raise the resources needed through collaboration with philanthropist, private sector and engagement and collaboration with international providers so Africa can be part of the supply chain.
- *Intellectual property right:* IPR for vegetable derived product is needed.

What can Africa leaders do that vaccine developed address the needs of its population?

Dr Timothy Mastro

- Ensure COVID-19 vaccine addresses the need of the most vulnerable people including elderlies and those in low resource countries. Elderlies do not respond well to vaccines this developed vaccines need to be modified for adult use.
- FHI360 proposed a body of work with institutions in Africa to understand the history of disease in LMIC, how to deploy the vaccine, and ensure evidence based advocacy and policy.
- Current data generated from ongoing research needed for future COVID-19 vaccine research. Sadly the world is not prepared for deployment of a COVID-19 vaccine.

How is GAVI contributing to equitable access in Africa

Dr Seth Berkley

- Vaccine access has had a nationalism/regionalism is real but GAVI is trying to make it a multinationalism approach through working on a number of initiative with HICs, ACT accelerator initiative from ACDC, CEPI and WHO.
- GAVI is setting up an advance market commitment to GAVI countries. Trying to raise \$2b to jump start the process. \$569 million received. COVAX facility created to ensure HIC and UMICs procure through this facility. LMIC can procure from COVAX through AMC. COVAX working to distribute 2b vaccines by 2021.
- Governance and finances need to be discussed. Regulatory systems need to be harmonised to fast-track approval and access by all countries. Strong supply chains will be addressed in GAVI countries. Deal in place with Astrazeneca for 3 million doses.

What is Africa doing to ensure equitable access of a developed COVID-19 vaccine?

Dr Benedict Oramah

- Markability guarantee is being explored in GAVI countries to ensure countries in Africa. \$500m to be picked up for a start for this process.
- Pooled resources needed because of limited resources in the continent. The covid-19 fund should be instituted to do other things. Bank is accepting instrument from countries and discounting them to support payment by bank on behalf of the countries. Africa Development Bank and Afreximbank can wrap the bonds for the long-term. The market is huge and the market can retire the funds.
- ASAFTA to support access on the continent to therapeutic, diagnostics and vaccine development.

How can Africa lead cooperation for procurement and delivery?

Dr Olusoji Adeyi

- Africa leaders will need to bear the ultimate responsibility and external partners are supporters. This should be a mix of reward and subsidies that promotes performance based reward for disease burden reduction.
- The World Bank committed \$160b over the next 1 year for the COVID-19 response. Finance support open to 104 countries from 24/6/2020.
- Opportunity created through the wide trading zones created through the COVID-19 response. With the economies of scale possible, governments should invest as a strategic matter in partnership with the public sector.

What are the barriers to supply and the role of the private sector?

Mr Strive Masiyiwa

- ACDC is invested in addressing barriers from funding, logistics and distribution to ensure vaccines is distributed within 6 months so as to ensure access at point of need.
- *Access:* Information needed on when the Vaccine will becomes available and from where. Diagnostics were available but not accessible to Africa as Abbott asked Africa to wait till September and October for access. ACDC had to go to China for access.
- *Funding:* being addressed by 6 of the 7 envoys with the ACDC to ensure access to 1.2b people in Africa using existing distribution platform and the distribution formula developed.

SESSION IV

COVID-19 Vaccines: Regulatory, Ethical and Community Engagement

Facilitator

- Dr Chikwe Ihekweazu

Using Past Experience to Inform Thinking to Potential COVID-19 Vaccines: Prof Helen Rees

- Key lessons from HIV prevention trials were the importance of community acceptance and participation of community members. In addition, commitments and promises for a COVID-19 vaccine should be realistic.
- With trials for meningococcal vaccines in the region, a key lesson was that if communities perceive the need, they will create the demand for a vaccine. Therefore, community involvement is important. There is an increasing anti-vaccination sentiment in the region, that is fuelled by rumours and mistrust that must be addressed.
- The Ebola vaccine trial highlighted the need for global coordination and solidarity among vaccine manufacturers and development organisations. It is also important to develop a strategy that will ensure prioritisation of vaccines, as there is the risk of vaccine shortage

Community Engagement Strategies for COVID-19 Vaccines Clinical Trials: Dr Githinji Gitahi

- Communities must remain drivers of vaccine trials and acceptance. Community members should be seen as the drivers of the success of vaccine development
- It is important to be mindful of the dynamics of community engagement. There are important opinion leaders that must be engaged as an entry point to the rest of the community. This must be done early
- Policies developed to address vaccine access should depend on community engagement. The policies should address the concerns of target population

Good Participatory Practice Guidelines: Prof Linda- Gail Bekker

- Good clinical practice, good participatory practice and good manufacturing practice must be integrated in the conduct of vaccine clinical trials. Good participatory practice should be well-resourced, integrated into every aspect of the trial process and measured. At the end, there should be a reflection on what has worked or not, to determine future trials.
- Where possible, vaccine trials should be held in places where vaccines will be deployed to promote acceptance. Clinical trials should be collaborative, have social value, have a reasonable measure of risk:benefit, ensure informed consent, scientific review and respect for participants

**African
Vaccines
Regulatory
Forum in
COVID-19
Vaccine
Development:
Prof William
Ampofo**

- AVAREF is a technical committee to harmonise and provide regulatory oversight for clinical trials in Africa. The group ensures that trials conducted in the region are regulated within a uniform framework
- AVAREF has strong alignment with similar groups in Central Africa and East Africa. The organisation has been involved in clinical trials in emergencies (Ebola) and non-emergencies (meningitis)

Africa Medicine Agency and Vaccine Regulation in Africa: Dr Margaret Agama- Anyetei

- African Medicines Agency is being developed as an AU institution to provide regulatory leadership and ensure harmonised regulatory systems for medical products in Africa. This builds on the work of the African Medicines Regulatory Harmonisation initiative
- An important issue to be addressed is funding for African pharmaceutical manufacturers. The AMA and AVAREF have been in conversations with AFREXIM and the African Development Bank
- AVAREF which is a technical committee of AMA can enable countries to hold joint reviews of clinical trial applications for COVID-19, and help regulators and ethics committees better prepare and respond to the pandemic

**Exiting
Regulatory
Processes
Within the
African Union
to Facilitate
Vaccine
Uptake, Mr
Amine Idriss
Adoum**

- Support for more process integration
- Facilitate expedited review of high priority vaccines

SESSION V

COVID-19 Vaccines: Anthropological, Sociological Perspectives

Facilitators

- Prof. Abderrahmane Maaroufi
- Prof. Francine Ntoumi

**Anthropological
Considerations
for COVID-19
Vaccines
Development &
Access: Prof
Heidi Larson**

- The anti-vaccine sentiment is deeply rooted and will not be easily overcome. There is a need to convince about the reality of COVID-19. Public education should be a foundation to promote COVID-19 vaccine acceptability.
- Social media scanning is useful but cannot replace face to face interviews and interactions
- Social Media contribute to amplify (detrimental) messages and rumors, case studies can help understand the pattern of spread in social
- Early engagement and confidence building around COVID -19 vaccine will be key, to identify especially among HCW who prioritize for vaccine access, as overall the confidence in vaccine across Africa is low

**African
Behavioural
Insights to
Inform
COVID-19
Vaccines
Adoption: Dr
Shelley Lees**

- Facilitators and barriers to vaccine deployment during the Ebola epidemic has to do with contestation of power, (mis)trust and fairness. These same concerns were also found during the conduct of HIV prevention research
- Participants motivation range from altruism, to curiosity, access to better health and as a social power for a reward sometime in the future.
- The trust built around Ebola vaccine development does not seem to have translated to COVID-19. There is a need to invest in the process of developing trust for COVID-19 research

COVID-19 Vaccines Trials in Africa: Perspectives from African Academy of Science: Prof Tom Kariuki

- The discovery and product development parts of vaccine R&D is largely happening outside Africa. Less than 2% of clinical trials globally are happening in Africa.
- Identified challenges include what platform/ technology/approaches are we using in Africa vs available capacities and capabilities (attenuated/inactivated, protein, DNA vaccines)? Which ones should be built?
- Consider need for capital investment in the selection process keeping in mind that safety and efficacy are still gold standards.
- Leverage on the knowledge from the TB and HIV fields
- Africa needs to access the globally connected ventures and partnership for vaccine R&D

SPECIAL SESSION III

Communication and Civil Society

Facilitators

- Dr Ebere Okereke
- Dr Alex Coutinho

**Role of Risk
Communication
in Vaccines
Acceptance: Ms
Ebba Kalondo**

- The value of trust cannot be overestimated especially in pandemics because of fear which undermines rational thoughts.
- Communication about how a vaccine will help and protect their loved ones from further infection is important; and understanding how that risk of illness and wellbeing is perceived.
- Risk communication needs to be community lead as it will be accepted through those who have the moral authority over the collective. This is the difference between success and failure of communication.

Current Vaccines Manufacturing Capacity in Africa: Dr Simon Agwale

- We do not have to start from scratch. There are active vaccine industrial capacity on several countries in Africa – Senegal, Tunisia, Egypt, South Africa. Aspiring countries are Nigeria, Mauritius, Kenya, Ethiopia.
- We don't have to start from scratch to put together a platform of the vaccine manufacturing – AVMI already exists. They have conducted assessment for Africa vaccine manufacturing capacity and five key actions have been identified and are preparing for COVID-19

**Media
perspective:
Mrs Anne
Soy**

- Role being evolving because of the changes in technology. Social media results in real time dissemination in real time. Traditional media needs to now balance time with fact sharing. COVID-19 has transformed the news room with journalists with other expertise become health reporters.
- Closer collaboration and journalist is needed to improve communication with the community through proactive relationship building. This helps to translate accurate information to the community to deal with the fear that drives the pandemic

**Media
perspective:
Mr Samuel
Gebre**

- Government needs to be proactive with disseminating factual information to the community and should fill this communication gap. The gap is currently being filled through the private sector.
- Trust needs to be built with government and not external persons. There are challenges already with vaccine access and vaccine decline because of concerns about forced COVID-19 vaccine.
- Government at all levels needs to be a key source of credible information on COVID-19 to build trust. This gap needs to be filled.

**Religious
perspective:
Sheikh
Abdullatif
Abdulkarim,
Bishop
David Njovu**

- Religious leaders need to know about the COVID-19 research process as they have to communicate these information as is currently being done with COVID-19 prevention response.
- Misinformation about COVID-19 vaccine is rife in the community causing people to refuse children to take other vaccines. This is an opportune time to address concerns about COVID-19. Learning from trusted leaders helps to shape attitude and behaviour of members.
- It will take time to address misconceptions but efforts need to start by educating the leaders.

**Testimonial
on Surviving
COVID-19:
Rev.
Wainaina**

- Easy access to testing is critical to make a difference
- Access of the poor to care is also a concern
- Communication is crucial.
- COVID-19 is real, physically and emotionally painful. Its effect is on the society. Leaders need to work with all stakeholders to address the pandemic. It was also real for the over 8000 – 10,000 congregational members who learnt about his infection.