

Africa Centres for Disease Control and Prevention (Africa CDC)

Framework for Fair, Equitable and Timely Allocation of COVID-19 Vaccines in Africa



Africa Centres for Disease Control and Prevention (Africa CDC)
Roosevelt Street, Old Airport Area, W21 K19
P. O. Box 3243, Addis Ababa
Ethiopia

Tel: +251 11 551 7700

Email: africacdc@africa-union.org

January 2021



Contents

1. Background	1
2. The organisation of the African society	4
3. African indigenous values on fairness, equity and timeliness	5
4. Allocation of COVID-19 vaccines for the African society	7
4.1. COVID-19 vaccine allocation framework guided by African indigenous values	8
4.2. Considerations for ensuring fair, equitable and timely allocation of COVID-19 vaccine based on African indigenous values	9
4.2.1. Vaccine selection criteria	9
4.2.2. Financing and procurement of vaccines	10
4.2.3. Vaccine delivery	11
4.2.4. Community engagement	16
4.2.5. Communications	16
4.2.6. Research and evidence gathering	17
5. Conclusion	18
6. Bibliography	19



1. Background

Coronavirus Disease 2019 (COVID-19) is a viral disease caused by Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2). Since the detection of the first cases of COVID-19 in late 2019, the disease has become a global emergency with severe implications on lives and livelihoods worldwide. As of January 2021, COVID-19 has killed 2.2 million people globally and infected more than 100 million. The virus has devastated the global economy and severely harmed critical pillars of society, including the provision of education and healthcare, and community activities that are key for physical and mental health.

The African continent is no exception. African Union Member States have confirmed almost 90,000 COVID-19 deaths and more than 3.4 million infections. Africa is facing its first recession in 25 years due to the pandemic, with the informal sector (making up 70% of the economy) being the hardest hit. Recession is driven by the contraction of global trade as well as declining continental and domestic economic activities. Research indicates that the pandemic is endangering the success of decades of work towards the achievement of the African development agenda.

Africa's fight against COVID-19 is guided by the Africa Joint Continental Strategy for COVID-19 Outbreak, which was activated less than six weeks after the first confirmed case in Africa. Among the measures taken are the African Union COVID-19 Response Fund and the Partnership to Accelerate COVID-19 Testing, which enabled Africa to increase the number of countries with testing capacity from 2 to 48 in three months, procure more than 90 million test kits and train thousands of laboratory workers. In addition, the pooled procurement of critical medical supplies through the Africa Medical Supplies Platform enabled the deployment of personal protective equipment, oxygen and medical equipment and the Trusted Travel Platform is helping to support safe travel across the continent.

The Africa Joint Continental Strategy for COVID-19 Outbreak pursues a threefold goal of preventing severe illness and deaths and minimising social disruption and economic consequences of COVID-19. While behavioural preventative measures based non-pharmaceutical interventions like the wearing of masks in public, physical distancing and hand sanitisation do assist in preventing transmission, other public health measures such as enforced lockdowns, although partially effective in slowing down the spread of the virus, exacerbate the pandemic's economic and social consequences.

The only way to achieve the threefold goal of preventing transmission, preventing deaths, and minimising social and economic consequences is to end the pandemic by successfully immunising a critical mass of the African population. Similar to other countries around the world, African countries need accessible and effective COVID-19 vaccine to save lives, protect the health of vulnerable people and

maintain economic development. This is becoming even more important as the start of vaccination efforts worldwide comes with the risk of travel bans for persons who cannot prove immunity to COVID-19.

To achieve this, the African Union Bureau of Heads of State and Government, chaired by His Excellency President Cyril Ramaphosa of South Africa, on 20 August 2020, endorsed the Continental COVID-19 Vaccine Development and Access Strategy and its goal of immunising at least 60% of the African population. The strategy, developed by the Africa Centres for Disease Control and Prevention draws on the expertise of more than 3000 political leaders and technical experts convened on 24-25 June 2020 to discuss COVID-19 vaccine needs on the continent and regional opportunities for driving research and development, manufacture, distribution and uptake. The collective decision at the end of the meeting was that Africa “should take appropriate measures, as part of the strategy, to ensure that it secures timely access to COVID-19 vaccines when they become available.” Timely access is needed to safeguard lives and livelihoods in Africa and slow down progression of the pandemic.

The Africa COVID-19 Vaccine Development and Access Strategy pursues three objectives:

1. Accelerate African involvement in the clinical development of a vaccine to ensure vaccines are safe and efficacious in African populations.
2. Ensure African countries can access a sufficient share of the global vaccine supply by providing guidance and support on financing and procurement. The strategy defines “sufficient share” for Africa as at least 60% coverage with a vaccine that effectively prevents infection, which is considered necessary to achieve herd immunity.
3. Remove barriers to widespread delivery and uptake of effective vaccines across Africa through work on streamlined regulatory approvals, preparations for the delivery of the vaccine, and community engagement and communication campaigns to ensure uptake.

Implementation of these objectives raises several critical strategic questions, including:

- ◆ **Vaccine selection criteria:** Which criteria should guide the selection of vaccines for the African continent, and what should the targets be?
- ◆ **Financing and procurement of vaccines:** How should financing and procurement be organised to maximise value for Member States along several dimensions, including affordability and access, but also the safeguarding of sovereignty over critical public health decisions?

- ♦ **Vaccine delivery:** How should vaccine access and delivery – including the selection and sequencing of target groups, streamlining of regulatory processes, and setup of critical vaccine supply and access logistics be organised?
- ♦ **Community engagement:** When and how should critical community stakeholders, including community leaders and representatives of community-based organisations, non-governmental organisations, key opinion leaders and civil society, be engaged to ensure acceptability and uptake of the vaccines?
- ♦ **Communications:** What are the communication strategies to address relevant audiences and minimise vaccine hesitancy?
- ♦ **Research and evidence gathering:** What other data and evidence should be generated to strengthen the decision-making process for the scale-up of COVID-19 vaccine access in Africa?

Given the scarcity of resources, including the vaccine itself as well as financial, logistical and human resources and, above all, time, answering these questions requires a weighting of options and prioritisation decisions. These decisions have technical and ethical elements. For example, a decision on which additional trial data to generate on safety and efficacy in specific subgroups may imply a trade-off between the time to access, for a majority and ensuring equitable access to a much smaller group. Likewise, the decision on prioritisation of target groups requires an assessment of their vulnerability and other factors such as their likelihood of infecting others. Vaccination strategies and the setup of vaccine sites should consider factors including cost-efficacy, but also accessibility and acceptability.

There are multiple initiatives that attempt to define guidelines for fair allocation of COVID-19 vaccines. This framework was co-developed by the Africa CDC and the South African Medical Research Council (SAMRC), with the input from over 1300 policymakers, community advocates, ethicists, and public health experts who met on 14 and 15 December 2020, to discuss the fair allocation of COVID-19 vaccines in Africa. It proposes a framework for fair allocation of COVID-19 vaccines in Africa based on African indigenous values for the operation of principles that govern the practice of fairness and equity.



2. The organisation of the African society

In traditional African societies, a person is defined by his/her communal relations and embeddedness in a community. It is a society wherein the identity or subjectivity of the individual and the community are mutually constitutive and hence none is supreme. The individual and the community are not radically opposed in the sense of priority but engaged in a contemporaneous formation. 'Ubuntu' represents the culture and the philosophy of the ideals of the African society. The communal nature of the society is represented by the localisation of persons in a community where they are in a dialogical relationship. Herein, a person's humanity is dependent on the appreciation, preservation and affirmation of other people's humanity. This co-existing relationship connotes that to deny another person's humanity is to depreciate one's own humanity.

It recognizes that the good of the community and that of the individual are intricately interwoven. Also, large sections of the society remain rural, communal and traditional. Even families and individuals who have become cosmopolitan still keenly retain aspects of their lives that are traditional and communal.

The contemporaneous relationship between the individual and the community has implications for access and use of resources. The indigenous value system emphasizes social solidarity and equitable distribution of resources among all members of the society. It however is exclusionary on the basis of gender. A recognition of the limitation of the indigenous value system implies that the framework for fair, equitable and timely access to COVID-19 will be based on a created framework that is a hybrid between indigenous African traditions and modern principles, promoting human rights and ensuring human dignity and inclusion of all members of society. This implies that access to COVID-19 vaccine in Africa should not be to the exclusion of the vulnerable and disadvantaged in remote and rural areas, urban slums and conflict zones. All persons, irrespective of their gender, religion, sexual orientation and political affiliation should have access to the vaccine. In the context of access to vaccines, the culture of the African society would translate to decision-making towards the greater good for all while protecting vulnerable individuals and groups from exploitation and other forms of harm and wrong.





3. African indigenous values on fairness, equity and timeliness

In discussing African cultures and values, we are not presupposing that all African societies have the same explanation(s) for events and same values. Rather, we understand that there are underlying similarities shared by many African societies which, when contrasted with other cultures, differ significantly and warrant discussion. We also recognise the viability of traditional African epistemologies for modern conceptions of political ideas and governance. Moreover, it recognises that the operation of principles that govern the practice of fairness and equity presumes that there is a society effectively regulated by a public conception of justice in which everyone accepts and knows that the others accept the same principles of justice, and the basic social institutions generally satisfy and are generally known to satisfy these principles.

Justice is fairness when the society operates and cooperates as free and equal, when there is a general understanding of a conception of good, and there is a 'social contract' of morales that assumes all persons are governed and operated by the principle of justice. Otherwise justice may be the demand for fairness. The call for fairness, equity and timely access to COVID-19 vaccines is a call made on the principle of justice as fairness through the lens of the African indigenous values. The call is based on the understanding that justice is the basic structure of society. Furthermore, political justice in a democratic society is the basis for the conceptualisation of justice that specifies the terms of social cooperation for fair, equitable and timely allocation of a resource that the society needs. Its contemporaneity is a discussion on the politics of the common good.

In addition, African values of interrelatedness and interconnectedness underscore the need to remember the many on the continent with dual vulnerability. Currently there are 29 million Internally Displaced Persons and refugees in Africa as well as 1.2 million detainees, migrant workers and other marginalised communities who are often excluded from essential state services and frequently live in overcrowded settings. Those living in conflict settings may miss access to essential commodities such as water, electricity, transportation and communication.

The COVID-19 pandemic has further exacerbated the precarious situation of such persons through travel restrictions, shortages and the exhaustion of healthcare personnel. Routine immunisation programmes have already been affected. The double burden experienced by vulnerable groups makes it essential to recognise them explicitly in a vaccine allocation framework and provide backup solutions for getting them access to critical health interventions.

Indigenous African society values human dignity and the cultural values promote humaneness or being humane. The values are committed to the idea that humanness is good, human nature has worth and the human essence is worthy of pursuit. These values are embedded in the cultural practices and experiences of Africans. African cultures generally express compassion, reciprocity, dignity, harmony, and humanity; and respect for the particularity other people is connected to the respect for individuality. It is a culture that pursues values of humaneness and seeks to act humanely towards the other, without positions of superiority.





4. Allocation of COVID-19 vaccines for the African society

There is a recognised imbalance between the supply and demand for COVID-19 vaccine resulting in the high likelihood of vaccine scarcity, and scaling up supply will take time. The decision to allocate this scarce resource should be informed by considerations of maximising the benefits produced by scarce resources, promoting instrumental values, and treating people equally, giving priority to the most vulnerable, independent of socioeconomic means and status. In effect, the Ubuntu philosophy should inform considerations for efforts to save as many persons and the most life-years as possible, prioritizing populations whose services are critical to the survival of others, and facilitating processes that ensure access to vaccines to those eligible is in an agreed randomized allocation process.

Equitable distribution of COVID-19 vaccines across and within African countries is especially important to ensure herd immunity and control the pandemic, allowing the rebuilding of our societies and economies. An understanding of the nature of the pandemic, the health systems' needs and the socio-demographics of the African countries should inform the development of regional and country plans that ensure that vaccine allocation is equitable and fair. Such plans will reduce the risk of life-threatening shortages on the continent, affordability challenges, the marginalisation of the most at risk, and ensure efficient use of resources.

In practice, operationalising the Ubuntu philosophy will require that COVID-19 vaccine allocations be socially and communally negotiated through discussions, public dialogues and mutually respectful conversation with stakeholders and community members. This ensures community participation and ownership, and transparency in the decision-making process. The discussions should be based on ethical principles including the discussions on the types of skills and attitudes necessary to “negotiate tensions and exploit the possibilities that arise from the joint moral space that is created by the dialogue”. Through this type of *lekgotla*, questions on the most appropriate manner in which COVID-19 vaccine issues are considered and consensus arrived at could be explored.

The governments in Africa are expected to act in the public interest, treat everyone in their country fairly and equitably, and ensure that they make COVID-19 vaccines accessible to everyone who lives within their borders in a timely manner. Though the Ubuntu philosophy culturally calls on the government to promote the welfare of the collective society, it is recognised that leadership and governance regimes perform poorly when it comes to using public resources to create conditions for collective human welfare. This is sometimes due to mismanagement, inefficiencies and corruption. The African societal stance is that corruption and poor leadership are anti-African, but the risk of corruption eroding stipulated process for fair

and equitable allocation of limited COVID-19 vaccines is high. The collective of regional organisations, civil society and media have commenced with robust anti-corruption responses. Funds to support the procurement of COVID-19 vaccines will be disbursed to governments. It will therefore be critical that regional organisations, civil society and the media are actively engaged in the COVID-19 vaccines allocation processes and are allowed to serve as effective watchdogs on accountability for the resources invested in ensuring COVID-19 vaccine access for the public good. For governments to be trustworthy, transparency and early engagement with these stakeholders is essential.

4.1. COVID-19 vaccine allocation framework guided by African indigenous values

The goals of the vaccine programme are to decrease morbidity and mortality, minimise further disruptions to society and economies, and enable the rebuilding of the society and economies. A framework guided by African indigenous values is outlined as follows:

- a. Affirming the humanity of others:** Allocation decisions must be for societal benefit and promote common good while respecting human dignity. Every person has equal dignity, worth, and value, hence allocation decisions must be non-discriminatory. Characteristics such as ethnicity, nationality, gender, sexual orientation, race and religion are not to play a role in allocation decisions. People are to be treated fairly and equally. Allocation decisions should be impartial and in accordance with fair criteria.
- b. Survival of the community:** Allocation decisions should be based on the best available evidence. Essential service workers and those who contribute to the prevention and treatment of diseases could be considered as essential for the survival of the community. Those at greatest risk of severe illness and death could be included in the priority groups. In this way, benefits will be maximised, the risks of severe morbidity and mortality from SARS-CoV-2 reduced, and the community will survive.
- c. Social solidarity:** Allocation decisions should consider the bonds unifying communities, their interdependence, attachment to or interest in others and the significant social, economic and personal disruptions and hardships experienced. The possibility that the pandemic may widen existing inequities and create new inequalities should be considered.
- d. Meaningful community engagement:** Allocation decisions must be trusted. Active community engagement allows for authenticity and promotes accountability and ownership of the decisions made about allocation thereby engendering trust. Active community engagement is needed to address vaccine hesitancy, maintain public trust and simultaneously control the pandemic. For these reasons, integrity, which reflects the need to act with honesty, reliability and fairness, and a willingness to be held accountable to explain one's actions, is crucial.

4.2. Considerations for ensuring fair, equitable and timely allocation of COVID-19 vaccine based on African indigenous values

The framework can be used to identify considerations with regard to the main strategic questions for vaccine allocation introduced in the first part of this document. The following sections provide an overview of those questions and considerations.

4.2.1. Vaccine selection criteria

The selection of vaccine candidates in a resource-constrained environment raises a number of questions that hinge on trade-offs that take into account the different development timelines, characteristics, price levels, safety, effectiveness, and suitability for deployment in different contexts. The decision on the choice of a vaccine should take the following considerations into account:

- ◆ **Use of vaccines that country supply chain logistics can support:** Where there are differences in the core characteristics of the vaccine that may affect storage, distribution and other logistic challenges, prioritise access and uptake of vaccines that the country's support system can allow so as to reduce the risk for wastage. The country supply mechanism should not exacerbate inequalities between communities, populations and individuals.
- ◆ **Use of vaccines that are significantly more expensive than others, but available earlier:** Community survival is a principle that allows for timely access to available vaccines. This principle might be applied in making the decision about long-term COVID-19 financing. The trade-offs between the cost of such vaccines and other programmes which could otherwise be financed will need to be considered. Decisions may be reached on the cost-effectiveness of purchasing early, expensive vaccines and available funds to ensure equitable access to the purchased vaccines.
- ◆ **Use of vaccines that are less efficacious than others, but available early or can be stored at better conditions:** While less efficacious vaccines may offer protection, it will be imperative to ensure adequate population coverage to maximise the impact of a less efficacious vaccine and to make sure that, given the efficacy rate, the overall immunisation target can be reached. For example, if a vaccine is only 60% efficacious, a 60% immunisation target implies 100% vaccination coverage, which might not be realistic. Rapid roll-out to attain the goal of immunising at least 60% of the population is important, as endorsed in the Continental COVID-19 Vaccine Development and Access Strategy. This threshold, creating "herd immunity", is crucial for the survival of the community in the mid-to-longer term, because it is the only way to avoid future outbreaks with health, as well as socio-economic consequences.

- ♦ **Use of vaccines prioritized for access by the regional regulatory authorities:** Critical regulatory issues should be addressed ahead of time to avoid delays to access, using the relevant continental tools such as AUDA-NEPAD's African Medicines Regulatory Harmonisation and WHO's African Vaccine Regulatory Forum. Timely decision-making for country approval of vaccine roll-out by African Union Member States, especially countries with limited capacity to determine vaccine licensure, is important for community survival.
- ♦ **Use of vaccines prioritised for marginalised groups, refugees, detainees, migrant workers and IDPs:** It is essential that vaccines are distributed to the last-mile beneficiaries in areas outside of government control, places of detention and conflict environments. The choice of vaccines and partners like the International Committee of the Red Cross are critical in this context.

4.2.2. Financing and procurement of vaccines

The procurement and deployment of COVID-19 vaccines can constitute a substantial financial burden. Though the COVAX Facility aims to provide vaccines to cover 20% of the population, it is not enough for Africa's 1.3 billion people. It will cost at least US\$9 billion to procure and deliver vaccine doses. The goal of adequate financing and procurement of vaccine is critical to make sure that vulnerable people are not left behind. It includes the need to invest in deployment preparedness, to ensure that logistic and other processes are addressed to support the roll-out of vaccines. The World Bank and Afreximbank Africa COVID-19 vaccine financing initiatives are possible sources of financing. The COVID-19 African Vaccine Acquisition Task Team is working to support the financing and procurement procedures. Some considerations from the perspective of the framework could include:

- ♦ **Use of pooled procurement:** Pooling demand and purchasing power can potentially reduce cost and allow access by African Union Member States with small populations. This is critical from the perspective of social solidarity on the continent. On the other hand, using a single pool of vaccines may limit the ability of individual countries to choose vaccine candidates that are most suitable to the country. The decision to pool-procure vaccines, therefore, should be based on deep engagement and dialogue.
- ♦ **Selection of the most suitable financing options:** Given the level of interconnectedness between countries, the ability to reach herd immunity through immunisation of at least 60% of the population in each country and the need for all African countries to actively engage in planning for COVID-19 vaccine procurement is a commitment to the collective survival. It is also a matter of affirming solidarity between nations. Financing options and decisions should reflect each country's ability to pay so as to allow for the most appropriate financial support where relevant from the African Union and partners financing assistance structures.

- ♦ **Public-private partnership for financing:** The potential for collaborations with the private sector for vaccine procurement and logistics to address funding gaps should be explored. The private sector has already implemented strategies for the delivery of healthcare in remote and rural areas in some countries. Using their data for mapping will be important.

4.2.3. Vaccine delivery

Africa will require approximately 1.5 billion doses of COVID-19 vaccines to achieve herd immunity for its population and it will cost US\$9 billion to procure and deliver the vaccine at scale. These doses should be procured, allocated and delivered to the target populations – each of these steps posing its own challenges, and requiring a strategic approach. The setup, management, planning and implementation of vaccine delivery will be a decisive factor in ensuring that allocation, at the lowest level, is truly fair and equitable. Considerations based on the presented framework could include:

- ♦ **Selection and sequencing of target groups:** The selection and sequencing of target groups to receive the vaccines is one of the most critical decisions in the vaccination effort. The initial limited vaccine supplies implies that decisions should be made about prioritisation and population access. Decisions should balance the protection of those that ensure community survival, those at high-risk for severe infection and the general population. The following table provides a decision-making framework.

S/No.	Group	Definition	Rationale
1	Frontline healthcare workers	Healthcare workers who are in daily contact with patients through their work (including COVID-19 patients) and those who work in intensive care units and who directly take care of COVID-19 patients.	<ul style="list-style-type: none"> • Have instrumental value in a pandemic response and are critical to the survival of the society in providing life-saving services to others • Are at high-risk of being infected or spreading infection to their families. Allowing them to mitigate that disproportional risk can be considered an issue of fairness
2	Researchers and research participants involved in COVID-19 vaccine clinical trials	Researchers and research participants of COVID-19 vaccine clinical trials including those on the placebo arms of COVID-19 vaccine RCTs.	<ul style="list-style-type: none"> • Are necessary for progress in the prevention and treatment of the disease and thus the survival of the community • Ensuring that participants of critical studies are as safe as possible can be important in avoiding negative messages about the studies and the safety of the study participants, which are important from a communication perspective. Sponsors of trials have an obligation to provide effective vaccine to participants in the placebo arm of the study.
3	Essential workers	Depending on the context, may include other healthcare providers, firemen, teachers, workers in food supply chains, police officers, and those working in the transport sector.	<ul style="list-style-type: none"> • Are required for upholding societal functioning • From a perspective of social solidarity, this group may include those who through their work play a critical role in unifying communities and provide essential services beyond the immediate survival (and may also have a higher risk of infection), such as teachers.

S/No.	Group	Definition	Rationale
4	Elderly	Threshold depending on country-specific epidemiological data on mortality and morbidity. These may be persons over 60 years and not 65 years.	<ul style="list-style-type: none"> • Key to affirm the humanity of others by affirming the individuals' worth regardless of factors including age • From a social solidarity perspective, protection of those who are at the highest risk of mortality/serious morbidity is a priority
5	People living with comorbidities	People suffering from comorbidities that make them more likely to suffer from severe cases of COVID-19.	<ul style="list-style-type: none"> • From a social solidarity perspective, protection of those who are at the highest risk of mortality/serious morbidity is a priority • Also, priority to ensure that existing socio-economic inequities, which may be related to at least some of the comorbidities in question, are not exacerbated by the pandemic
6	Those living in overcrowded settings, in multiple generation homes, IDPs, refugees, detainees, migrant workers and those in conflict zones	Depending on the context, potential to prioritise areas in which a higher rate of transmission has already been witnessed, or urban slums.	<ul style="list-style-type: none"> • Affirm the humanity and the value of human life, and the dignity of the individual regardless of their circumstances of living • Act in solidarity with those who are disproportionately affected by the socio-economic consequences of the COVID-19 pandemic
7	Adults	These include the general population, those in confinement, in conflict situation and minorities.	<ul style="list-style-type: none"> • Adults have higher chances of suffering from comorbidities as they mature into old age. • From a consequentialist perspective, adults keep economies moving

S/No.	Group	Definition	Rationale
8	Pregnant women		<ul style="list-style-type: none"> • Taking care of mothers ensures the survival of the family unit. • Many healthcare workers may be pregnant women • Different countries have different approaches • Currently little is known about the effects of the new vaccines on the unborn baby
9	Adolescents and young persons	Depending on the context, potential to prioritise those who are most active.	<ul style="list-style-type: none"> • Key to community survival in the mid-to-longer term – as long as young adults are a potential reservoir of the virus, outbreaks will continue to occur, affecting all groups • To reduce community transmission • To keep universities open
10	Children consideration to be given to long term follow up for complications that may present later in life		<ul style="list-style-type: none"> • To ensure that adults are protected, children should be vaccinated. • To be able to re-open schools • So far, evidence suggests that children have lower COVID-19 infection rates



- ◆ **Criteria guiding the setup of vaccination governance:** To ensure that decisions related to COVID-19 vaccine delivery take into account equity considerations (e.g. from a regional or gender perspective), the governance of the vaccination effort itself should be representative and reflect the different voices. The governance setup, membership and processes should enable collaboration and meaningful community engagement. It is important that governance structures and decision-making processes are ethical and transparent.
- ◆ **Criteria for vaccination strategies for different groups and setting up a vaccination site network:** Affirming the humanity of others, and ensuring that access is non-discriminatory and is independent of ethnicity, gender, race and other characteristics requires careful consideration of the vaccine strategies per group, and for the setup of the vaccination sites to ensure accessibility, acceptability and where relevant, affordability.
- ◆ **Streamlined regulatory approvals:** As already noted, quick and efficient access to vaccines is critical to the well-being of communities. Any barriers that can slow down this process should be avoided. At the same time, the integrity of regulatory processes and approvals must always be guaranteed to minimise the risk of any adverse reactions to the vaccines. These can best be achieved through a collaborative approach, leveraging the strengths (e.g. regulatory processes, laboratory capacity) of individual countries for the benefit of all. There is a need to ensure that vaccines are prequalified by WHO even when donated, as risks associated with substandard vaccines will negatively impact the survival of communities.
- ◆ **Compensation for adverse events following immunisation:** As a matter of social solidarity, offering compensation to any victims of severe adverse events could be considered as a means to increase the equity of vaccine delivery, and contribute towards minimising the negative effects, for example, of days of work lost due to disease, for particularly vulnerable groups.
- ◆ **Vaccine delivery system readiness:** There is a need to ensure that decisions about supply logistics and demand management systems are in place for the delivery of the vaccines. This requires appropriate policy and guidelines for vaccine development, the setup of storage facilities and cold chain maintenance systems, vaccine potency monitoring, and strengthening of pharmacovigilance systems.
- ◆ **Training of healthcare workers:** Practitioners need training on how to communicate the correct messages, the benefits and risks of the vaccines, what informed consent when administering the Covid-19 Vaccine actually means and why it is so important with regard to the information that is currently available. Training on actual administration is also necessary. This responds to all four values of the framework.

4.2.4. Community engagement

Meaningful community engagement is a principle that should guide all decisions about COVID-19 vaccine trials, access and use. Community leaders and representatives of community-based organisations, non-governmental organisations, key opinion leaders and civil society. Some specific areas to highlight include:

- ♦ **Choice of organisations to engage with:** The choice of organisations to engage with influences which voices are heard and the possible reach with the vaccine distribution. The choices made should enable representation of vulnerable and marginalized populations during decision-making; and facilitate distribution of vaccines to hard-to-reach areas and populations that live “underground” for many reasons including political hostility and insecurity. The process of selection of organisations should be as inclusive as possible.
- ♦ **Avoid voice erasure:** social solidarity requires that the concerns of different groups, including minority groups, are heard. This requires that issues raised by all persons receive serious consideration and feedback when needed. Minority opinions should not be deemed as not important and no concerns should be explained away.
- ♦ **Meaningful engagement:** Meaningful community engagement requires that consultative meetings should not be perceived as a checkbox activity. Community contributions should help shape decision-making processes in measureable ways. Support should be provided for greater communities’ involvement in decision-making.
- ♦ **Choice of methods and topics to engage on:** Social solidarity includes addressing the different concerns of different groups, regardless of whether they are shared by a majority. This should be reflected in the choice of topics to engage in as well as the methods that are adopted for engaging. For example, in some communities music, social media or drama could be best tools for use in promoting engagement.

4.2.5. Communications

Vaccination saves lives. It is therefore important to fund and support the needed communication that will enable the timely uptake of available vaccines to ensure 60% coverage. Communication plans should to be developed leveraging shared responsibilities with community leaders, religious leaders, women leaders and other leading figures. Messages should project the human face of COVID-19 and promote the Ubuntu philosophy using strategies and media that are audience appropriate. Other considerations include:

- ♦ **Segment the audience and tailor messages:** Tailoring of message (and the selection of appropriate communication channels) to the information need of the different audiences safeguards the individual’s dignity.

- ◆ **Ensure factual information is promptly accessible:** Regularly updated information should be provided to the public through trusted media. Active engagement of civil society and community representatives to provide scientific information in lay terms to lay communities is also very important. Countries should develop contextually relevant communication.
- ◆ **Track and address misinformation, disinformation and vaccine hesitancy:** Plans should be developed to actively track and promptly address COVID-19 related misinformation and disinformation. Timely response to mis- and disinformation can help reduce the risk of worsening vaccine hesitancy. Open communication on the need for vaccines for survival of the communities based on inter-relatedness and inter-dependance and backed by science is necessary. The Africa Infodemic Response Alliance launched by the World Health Organization could be a resource on positive messaging.
- ◆ **Honest and transparent communication:** Part of respecting human dignity is respecting the individual's right to having the necessary information to form an independent opinion. For communication on the COVID-19 delivery, this means that there should be honest and transparent communication, for example, on any adverse events detected, and the response measures taken.
- ◆ **Responding to enquiries and complaints:** Part of respecting individual dignity is to respond to enquiries and complaints related to vaccine access. Authorities should establish mechanisms in all countries that address information needs as well as complaints.

4.2.6. Research and evidence gathering

Data collection and data availability should be pursued through the strengthening of data science. Continuous data gathering to inform public health decisions with the delivery of the COVID-19 vaccination is very crucial for an effective and efficient delivery. This includes:

- ◆ Surveillance data on pharmacovigilance; data on vaccine hesitancy and vaccine uptake;
- ◆ timely and equitable vaccine distribution systems and mechanisms;
- ◆ cost-effective approaches to COVID-19 access;
- ◆ data on how to identify those living with COVID-19 relevant comorbidities;
- ◆ best practices and immediate and long-term effects of COVID-19 on the social, financial and economy recovery are some of the critical information needed to inform continued decision-making about the pandemic.

5. Conclusion

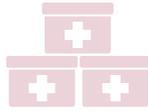
African indigenous values and Ubuntu philosophy make compelling arguments for COVID-19 vaccines being a public good and underscore the need for equitable access for everyone living on the continent and globally. This framework and the values it highlights were developed after broad consultation in Africa by Africans. The next step for this framework is implementation by countries in the continent, taking into consideration the differences in context and nuances between countries.





6. Bibliography

1. Asamoah K, Yeboah-Assiamah E. Ubuntu philosophy for public leadership and governance praxis: Revisiting the ethos of Africa's collectivism", *Journal of Global Responsibility*. 2019; 10(4): 307-321.
2. Balet A. What we know about vaccine hesitancy in South Africa. *Spotlight 7 October 2020*. <https://www.spotlightnsp.co.za/2020/10/07/what-we-know-about-vaccine-hesitancy-in-south-africa/>
3. Emanuel EJ, Persad G, Upshur R, Thome B, Parker M, Glickman A, Zhang C, Boyle C, Smith M, Phillips JP. Fair Allocation of Scarce Medical Resources in the Time of Covid-19. *N Engl J Med*. 2020;382(21):2049-2055.
4. Eze ME. What is African Communitarianism? Against Consensus as a regulative ideal, *South African Journal of Philosophy*. 2008; 27:4, 386-399.
5. Johnstone CL. Ethics, wisdom, and the mission of contemporary rhetoric the realization of human being. *Central States Speech Journal*. 1981; 32 (3): 177-188.
6. Le Grange L. The philosophy of Ubuntu and education in South Africa. In Wiel Veugelers (ed). *Education and Humanism: Linking Autonomy and Humanity*, Rotterdam: Sense Publishers, pp. 2011; 67–78
7. Letseka M. Educating for Ubuntu/botho: lessons from Basotho indigenous education. *Open Journal of Philosophy*. 2013; 3 (2): 337-344.
8. Louw DJ. The African concept of Ubuntu and restorative justice. In Dennis Sullivan, Larry Tifft (eds). *Handbook of Restorative Justice: A Global Perspective*, Abington, Oxon: Routledge. 2006; 161-172.
9. Mbiti J. *Introduction to African religion and philosophy*. Oxford/Portsmouth: Heinemann Educational Books. 1991.
10. Mkhize N. Ubuntu-Botho Approach to Ethics: An Invitation to Dialogue. In *African Perspectives on Ethics for Healthcare Professionals*. Eds. Nortje N, Hoffman A, De Jongh JC. Springer International Publishing. Switzerland. 2018: 25-48.
11. Nkengasong J, Ndemi N, Tshangela A, Raji T. COVID-19 Vaccines. How to ensure Africa has access. *Nature*. 6th October 2020. <https://www.nature.com/articles/d41586-020-02774-8>
12. National Academies of Sciences, Engineering, and Medicine. *Framework for equitable allocation of COVID-19 vaccine*. Washington, DC: The National Academies Press; 2020. <https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine>
13. Persad G, Peek ME, Emanuel EJ. Fairly prioritizing groups for access to COVID-19 vaccines. *JAMA* 2020;324:1601–2. PMID:32910182 <https://doi.org/10.1001/jama.2020.18513>
14. World Health Organization. *WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination*. 14 September 2020. Geneva, Switzerland: World Health Organization; 2020. [https:// apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV_SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV_SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1)



**Africa Centres for Disease Control and Prevention (Africa CDC),
African Union Commission**

Roosevelt Street W21 K19, Addis Ababa, Ethiopia