

REPORT ON:

VIRTUAL MEETING ON THE AFRICAN COVID-19 VACCINE FINANCING AND DEPLOYMENT STRATEGY

CONVENED BY
H.E. PRESIDENT CYRIL RAMAPHOSA
CHAIR OF THE AFRICAN UNION

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Key points

- The COVID-19 pandemic has caused devastation on the African continent, with more than 3.4 million confirmed cases and nearly 87,000 COVID-19 deaths to date; it has also severely impacted the continental economy, education, health programmes and other elements critical to Africa's Agenda 2063.
- Since the beginning of the pandemic, the African Union's response has been anchored in solidarity and collaboration and followed the "whole of Africa" approach. It has created institutions, such as the African Medical Supplies Platform (AMSP), which are critical to the pandemic response and will also continue to support African economic integration beyond the crisis.
- Safe and efficacious vaccines against COVID-19 are the only sustainable way of ending the pandemic globally and on the African continent. Vaccines must, therefore, be considered a public good and must be accessible to all.
- Vaccine nationalism is a very real threat to the international community's goal to improving the health outcomes of all the world's populations and achieve economic recovery. No part of the world is safe until all parts of the world are safe.
- The African Union's ambitious vaccination goal of at least 60% of the population will require the continued close collaboration with international partners such as the World Bank and the COVAX partners, as well as the continued efforts of the African Vaccine Acquisition Task Team (AVATT) for vaccine financing and acquisition.
- At the time of the Webinar, financing for COVID-19 vaccine acquisition and deployment was available through the World Bank Group (up to USD 12 billion globally available immediately), and the African Export-Import Bank's (Afreximbank) Advanced Purchasing Commitment and Instalment Payment plan (up to USD 2 billion) which helps Member States bridge short-term funding needs and also ensures funding for countries which may not be able to access other sources. In addition, the MTN group has committed USD 25 million to support the acquisition of vaccine doses for Africa's healthcare workers.
- Vaccine doses have been committed by the COVAX Facility (covering up to 27% of the participants' populations) and the AVATT, which has provisionally secured 270 million doses and has additional offers of 400 million doses. The vaccine doses procured through the AVATT's efforts will be available to all Member States on AMSP, with allocation driven by the Member States' population.

- Country readiness for the deployment of COVID-19 vaccines is a historical challenge; its complexity should not be underestimated. It will require new and innovative partnerships on a national, continental and global level. These partnerships should leverage all capacities and capabilities available on the African continent in the public and private sectors, academia and civil society for the shared goal of quickly and efficiently deploying safe and efficacious COVID-19 vaccines.
- The MTN Group's donation of USD 25 million to immunise health workers in Africa is an example for other companies to follow. Private sector contributions can take different forms, from financial assistance to the provision of expertise (including through secondees), infrastructure (such as safe power supplies for cold chains) and systems (such as available data and IT platforms for communication, track and trace of vaccine doses, etc.). What is critical is that each player examines its own capacities and capabilities and makes suggestions on how it can contribute to the historic effort. The first doses, aimed at the protection of the continent's health workers, will be available in the next weeks.
- Areas to highlight in the context of COVID-19 vaccine deployment readiness include the planning and coordination, setup of supply chains and logistics including cold chain support, availability and training of health workers and other critical personnel (including logistics, administrators) for the rollout. They also include critical systems and databases, streamlined regulatory processes and strong communication and community engagement.
- Support to country deployment readiness is available, for example, in the form of the African Regulatory Taskforce for COVID-19 (ART), the African Vaccine Delivery Alliance (AVDA) and the guidance and tools provided by Africa Centres for Disease Control and Prevention (Africa CDC) and its partners, including the COVAX partners' assessment and technical tools and the Africa CDC's Implementation guide for COVID-19 vaccines.
- The deployment of vaccines against COVID-19 will not mean that other public health measures can be stopped; measures such as mask-wearing and frequent hand washing will remain critical to the response.
- Throughout the response to the pandemic, one of the most important goals is to reduce Africa's dependence on outside support. This includes work in diverse areas such as the strengthening of public health systems to drive emergency response, the strengthening of local (pharmaceutical) manufacturing and the continued support to African institutions such as the Africa CDC and Afreximbank which can develop and lead on continental response efforts. It also includes making sure that the financing requirements for COVID-19 vaccine acquisition and deployment do not endanger other critical health, economic and social priorities on the continent to achieve its 2063 developmental blueprint: "Agenda 2063: The Africa We Want".

Next steps highlighted during the meeting

- Member States that are eligible for support through the COVAX Facility should provide the necessary documentation and certifications to access their share of vaccines, and additional technical support as needed for the timely and efficient deployment.
- Regardless of eligibility for support through the COVAX Facility, Member States should provide their formal expressions of interest for the COVID-19 vaccine doses acquired through the AVATT on the AMSP and the funding provided by Afreximbank.
- Member States should also consider the financial and technical support offered by the World Bank Group for COVID-19 vaccine, which can be accessed through the World Bank country representative.
- Member States should further ensure that they are on the path to achieving at least 80% vaccine deployment readiness as measured by the WHO, and use all available technical support and guidance, including the Implementation guide provided by the Africa CDC, to achieve this.
- As part of regulatory preparedness, Member States should use the guidance provided by the ART for COVID-19.
- Communication and community engagement activities should be considered the core enabler to successful COVID-19 vaccine deployment, and a critical priority.
- To prepare for COVID-19 deployment, governments should explore national and continental capacities and innovative collaboration methods, learn from experience (such as the Ebola epidemic and the polio vaccination programme) and the examples presented in the Webinar.
- Private sector players can come forward and offer what support they can, in terms of networks, knowledge, experience, systems, and financial support, thinking out of the box to explore how they can support the historic effort of COVID-19 vaccine deployment.
- Countries should ensure that throughout the response, critical health care programmes, including routine immunisation programmes, are sufficiently funded to maintain their operations.

Detailed summary of the proceedings

Opening remarks

His Excellency President Cyril Ramaphosa of South Africa, Chairperson of the African Union and convener of the virtual meeting on the African COVID-19 Vaccine Financing and Deployment strategy, opened the meeting by expressing his appreciation to the dignitaries present. He thanked the Secretary-General of the United Nations, His Excellency Mr António Guterres, for his outstanding leadership on the health, humanitarian, economic and human rights crisis presented by COVID-19. The Chairperson expressed his thanks to Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO) for his leadership on the global health response to the COVID-19 pandemic. He described the African Union's response to the COVID-19 pandemic, as rooted in solidarity and collaboration and "ably led by the Africa CDC". The continental COVID-19 Vaccine Development and Access Strategy, he said, creates value beyond the immediate response: Measures like the African Medical Supplies Platform (AMSP) enable African countries to procure medical supplies at affordable prices, all the while enhancing African economic integration by allowing African companies producing medical supplies to sell their products across the continent.

While the African Union Member States have successfully slowed down the virus' spread through public health measures such as social distancing, the most critical public health measures are safe and efficacious vaccines. Those vaccines are now available and, His Excellency underlined, "the task before us is to step up global solidarity to ensure equitable access to the vaccines" as "no part of the world will be safe from COVID until all parts of the world are safe".

The President also highlighted the contributions of African capacities and capabilities to the COVID-19 vaccine development, including clinical trials and

manufacturing contributions. He referenced ongoing efforts to support access to COVID-19 vaccines, and reduce the cost of production, including the World Bank's efforts and the COVAX Facility, and the joint South African and Indian proposal for a TRIPS waiver in response to the pandemic.

His Excellency highlighted recent successes of the African Vaccine Acquisition Task Team (AVATT), mandated to support access to and financing of COVID-19 vaccines. These successes include having secured a provisional 270 million vaccine doses for African Union Member States, including 50 million doses available from April to June 2021, and the financing structure set up together with the African Export-Import Bank (Afreximbank). This financing structure will make sure Member States can access vaccines quickly and regardless of their current fiscal situation, in line with the "whole-of-Africa" approach. Through this structure, the Member States willing to submit firm offers can access Advance Procurement Commitment (APC) guarantees of up to USD 2 billion, with discussions on further funding still ongoing.

President Ramaphosa emphasised the need for all continental actors to come together in the effort to secure and deploy vaccines. In this context, he expressed his appreciation of the offer of MTN Group to donate USD 25 million to immunise health workers in Africa as an example of "solidarity in action" and called upon other companies to follow MTN's example. He also underlined the need for innovative solutions to leverage all available capacities and capabilities in the vaccine deployment, including collaborations with the private sector, to address critical issues including COVID-19 vaccine financing, reliance mechanisms, logistics including cold chain, human resource needs, governance, communication and community engagement strategies.

His Excellency Moussa Faki Mahamat, Chairperson, African Union Commission, started his opening remarks by highlighting the devastating impact of the pandemic over the past year. He underlined the challenges the pandemic poses for the goals laid out in Africa's Agenda 2063, but also the value of the unprecedented level of coordination and collaboration triggered as part of the African Union's response strategy. He underlined the critical role of vaccines and mentioned the African Union's early leadership on this topic, including the Chair of the Union's May 2020 call for a bold international agreement that guarantees global equitable access to vaccines as global public goods, and the African Vaccine Development and Access Strategy. That strategy's goal of vaccinating

at least 60% of the population to create herd immunity, he said, is becoming even more critical as vaccine efforts are starting and discussions on travel restrictions are becoming more frequent. His Excellency Moussa Faki Mahamat went on to recall the 7 November 2020 founding of the AVATT, and the recent announcement on the first COVID-19 vaccine doses secured by the team. He underlined continental and global collaboration and solidarity as essential to the pandemic response, and the vaccination effort in particular.

The Chairperson closed by highlighting his appreciation for the support of Africa's international partners, including the United Nations, the WHO, and the World Bank, and the importance of the meeting.

Session 1: Update and next steps on COVID-19 vaccine financing and access for Africa

His Excellency António Guterres, United Nations Secretary-General, started his message to the meeting participants by reiterating his call to the international community to "ensure that vaccines are seen as a global public good — people's vaccines — accessible and affordable to all". He underlined the need for collaboration to prioritise those most at risk in all countries, including healthcare and other frontline workers and high-risk populations, and to close the financing gap. The Secretary-General commended the efforts of the AVATT in securing additional 270 million vaccine doses for the continent and complement the COVAX Facility, and applauded the Afreximbank initiative to avail financing for countries to access the new vaccines. He underlined that vaccine equity is in every country's self-interest, and the fastest way to reopen the global economy and start a sustainable recovery. He warned of growing inequities in COVID-19 vaccine access and use and urged all countries, economies, and manufacturers to support equitable access, especially for the most vulnerable, saying that "we cannot have a world divided between vaccine haves and have-nots". His Excellency further highlighted the need for countries to work on deployment readiness, and the support available through organisations including the WHO, UNICEF, the World Bank, and Gavi, the Vaccine Alliance. He went on to call on the manufacturers to prioritise the review of data by WHO as a strong signal of

their intent to meet international standards and to put global access first.

His Excellency closed by recalling the importance of not neglecting existing interventions and services and strengthening essential health services and systems, including routine immunisation programmes. He assured the African continent of his full support and solidarity on all these challenges.

Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO, commended the African Union on its ongoing readiness work through the AVATT, the Task Team's recent announcement of 270 million vaccine doses for African Union Member States, and the leadership of the Chairperson, His Excellency President Cyril Ramaphosa. He recalled the scientific community's "stunning scientific achievement" of having developed safe and effective vaccines in less than a year, and underlined the need to follow suit with a "new standard for access". The Director-General warned that despite the unprecedented collaboration through the COVAX Facility, the actions of some countries and manufactures seeking bilateral deals were continuing to drive up prices and raise the risk of poorer countries being left behind. He illustrated his concern by noting that almost all the 50 countries

which have started COVID-19 vaccinations are wealthy and that 75% of the vaccine doses administered so far were administered in only 10 countries, saying that “it is not right that younger healthier adults in rich countries are vaccinated before health workers and older people in poorer countries.” The Director-General expressed his concern about most manufacturers submitting dossiers for regulatory approval in rich countries before providing the full dossiers necessary to obtain emergency use listing with WHO, and urged them to submit without delay.

Dr Tedros underlined the moral imperative of collaboration to protect those most at risk, and the economic imperative of deploying the vaccines where they can be most effective in dealing with the economic and social consequences of the pandemic. He proposed two key actions for African Union Member States: to only use vaccines that have been tested based on rigorous international standards for quality and efficacy, and to accelerate readiness for deployment, highlighting the technical assistance available through the WHO Regional Offices for Africa (AFRO) and the Eastern Mediterranean (EMRO) working with the Africa CDC.

The Director-General assured those present that there is no higher priority for WHO and its partners right now than the equitable access to and deployment of COVID-19 vaccines. He stressed that vaccination of health workers and high-risk individuals must be underway in all countries within the first 100 days of 2021.

Mr David Malpass, President of The World Bank Group, started by recalling the heavy toll the COVID-19 pandemic has taken in Africa, including tens of millions of people falling into extreme poverty, the loss of human capital, jobs and job training, school closures, missed vaccinations, and the overall regression in health and nutrition services which hit the most vulnerable the hardest. The World Bank Group estimates that every month of delay in access to COVID-19 vaccines costs the African continent USD 14 billion in GDP lost. He underlined the need to close gaps in readiness, including cold chain, logistics, energy infrastructure as well as trained human resources, and the support available through the World Bank

Group, whose board has authorised up to USD 12 billion for the vaccination efforts. Those funds, the President stated, are available now, on grant or highly concessional terms, while the International Finance Corporation (IFC) is simultaneously working to provide additional funding. He urged countries to submit requests for support through their World Bank country representatives. Mr Malpass closed by urging the African Union Heads of States to accelerate the purchase of vaccines, and take up the available financing offers from the World Bank and others.

Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, started his statement by recalling the start of the COVID-19 pandemic and the extraordinary and unprecedented progress on vaccines against COVID-19 since then. He provided an update on the COVAX Facility, which has secured nearly 2.3 billion COVID-19 vaccine doses including from Pfizer/BioNTech, AstraZeneca/Oxford University and Novavax vaccines (with the Serum Institute of India), from Sanofi GSK and Johnson and Johnson. Of the doses available, he believes that 710 million can be allocated for African Union Member States among the COVAX members in 2021, which would translate to roughly 27% of their population. He underlined the COVAX Facility’s collaboration with the Africa CDC and AVATT on their shared goal. Dr Berkley reiterated the call on manufacturers to make data available for speedy WHO approval.

The CEO underlined that while the current efforts are an important step forward, the pandemic is far from over and that the fastest way to end it is through collaboration. He estimated that first doses would be available in Africa in February, ramping up from there. Competition and vaccine nationalism, he recalled, remain a threat, and bilateral deals raise prices and constrain supplies, with the potential of prolonging the pandemic. The only way to avoid this, he underlined, is by stressing collaboration, preparing for equitable access to vaccines through the COVAX Facility and African Union solidarity efforts. He assured African Union Member States that by applying this, all frontline health workers and high-risk individuals could be protected by mid-2021. In order for this to work, Dr Berkley stressed, country preparedness and readiness assessments and concluded national deployment and vaccination plans are key. These plans should address topics

such as regulatory issues, cold chain, supply chains, prioritisation of target groups, and indemnification and liability waivers.

The COVAX Facility, he went on, will continue to work with manufacturers and donors to get as many doses as possible – currently, already USD 6.4 billion are available for vaccine purchases for low-and lower-middle income countries globally. The COVAX Facility is also continuously looking for vaccines that would be easier to use and more efficacious and will continue to work with African Union, AVATT, and the Africa CDC on resources and technical guidance for COVID-19 vaccine deployment.

Dr John Nkengasong, Director of the Africa CDC, provided an overview of the African COVID-19 Vaccine Development and Access Strategy and the goal of reaching “herd immunity” to protect African lives and livelihoods. He began with an epidemiological update. As of late January, the 55 Member States have recorded 3.4 million cases of COVID-19 and nearly 87 000 deaths. The second wave, the Director pointed out, has hit the continent more strongly, with almost twice the number of daily reported cases, and more than twice the number of daily reported deaths during the peak. The new variants of the disease have been reported in several African Union Member States.

Dr Nkengasong went on to explain why the concept of herd immunity and the target of reaching at least 60% of the African population with safe and efficacious vaccines endorsed by the Bureau of Heads of State and Government on 20 August 2020 is crucial: Only herd immunity will prevent large-scale outbreaks as it is less likely that an infected person will infect others. The goal will require around 1.5 billion vaccine doses and cost an estimated USD 10-15 billion for vaccine acquisition and deployment. The African goal reflects the continental realities: With 90% of infections in sub-Saharan Africa occurring in persons under 60, and >80% remaining mostly asymptomatic, the young adult population remains a reservoir of the virus with the potential to cause outbreaks unless vaccinated. With >80% of employment in the informal sector, prolonged lockdowns cause devastating effects on livelihoods. A large proportion of households being multi-generational means that the ability to isolate

high-risk individuals is limited, as is the infrastructure for online education.

COVAX, the Director went on, will be covering at least 20% of the participants’ populations with vaccines, which constitutes roughly 1/3 of the minimum requirement. Hence, on 7 November 2020, His Excellency Cyril Ramaphosa, President of South Africa and Chairperson of the African Union, founded the AVATT to complement the COVAX efforts.

Other efforts the Africa CDC is driving to support the rapid deployment of safe and efficacious vaccines are the development of guidance, such as an Implementation guide for COVID-19 vaccines in Africa, and the founding of the Africa Regulatory Taskforce for COVID-19 vaccines in partnership with AUDA-NEPAD’s African Medicines Regulatory Harmonization (AMRH) and the WHO AFRO’s African Vaccine Regulatory Forum (AVAREF). The newest addition is the African Vaccine Delivery Alliance (AVDA), which forges innovative partnerships across all sectors of societies for COVID-19 deployment. Critical elements of deployment readiness mentioned by the Director were 1) coordination and administration centres with storage facility, 2) transportation logistics to vaccination centres, 3) networks of vaccination centres (training of health workers, improved vaccine literacy, vaccination supplies and data/IT infrastructure), 4) mobilisation of ancillary supplies and personal protective equipment (PPE), 5) community engagement and communication. Dr Nkengasong illustrated the capacities and process flow required through the example of a fictitious African city, highlighting the need for logistics hubs, coordination and vaccine centres, and suitable transport capacities between them all with the right storage capacities including cold chain. He also highlighted the need for sufficient trained personnel, the right systems and records, e.g., vaccination record cards, and the critical role of engaging communities, political, religious, or other influential leaders to promote vaccination uptake.

Dr Nkengasong closed with the core requirements of the efficient administration of COVID-19 vaccine in Africa: Political leadership, community engagement, detailed rollout planning in each Member State, sufficient financial resources to support freezers, cold chain transport, workforce, ancillary supplies and PPEs, and the right IT infrastructure to monitor vaccination outcomes and dosages.

Mr Strive Masiyiwa, African Union Special Envoy for COVID-19 and Coordinator of the AVATT, provided an update on the AVATT's progress, the 270 million vaccine doses secured, and next steps. He reiterated the mandate of the AVATT in alignment with the continental COVID-19 Vaccine Development and Access Strategy and the efforts of the COVAX Facility. In terms of the current status, he highlighted the APC of USD 2 billion set up by Afreximbank under the leadership of its President, Professor Benedict Oramah, which enabled the AVATT to engage the manufacturers which also deliver to COVAX directly, on the base of the prices offered to COVAX. So far the AVATT has provisionally secured 270 million doses which will cover roughly 15% of the African population. In doing so, the Task Team's main concern has been the availability of vaccines now, for the critical period this year when supplies are scarce.

Mr Masiyiwa also underlined the critical importance of contributions such as the MTN donation announced by President Ramaphosa, which means that the first shipments of 10 million vaccine doses for health workers are available on the AMSP and are expected to arrive in the next weeks. In addition, 60 million doses will be coming in the period from March to June 2021, 200 million from June to December. These doses will be supplied by Pfizer/BioNTech, the Serum Institute of India (AstraZeneca doses) and Johnson and Johnson. In addition, the AVATT has now received additional offers in excess of an additional 400 million doses, which means that there is still a 400 million dose shortfall against the 60% target.

The doses are available on the AMSP and allocated based on Member States' population size. This means that they will be available at the same time to all African Union Member States and that no Member State will be left behind.

Prof Benedict Oramah, President of the African Export-Import Bank, and Dr Donald Kaberuka, African Union Special Envoy for COVID-19 and member of the AVATT, discussed the financing for COVID-19 vaccines in Africa.

Prof Oramah started by recalling that while Africa awaits to get its mass immunisation programme

underway and for vaccines to be widely available, many countries globally have already had millions administered with at least one dose of the vaccine. He described how the skewed access to vaccines, driven by factors such as local development and manufacturing, has been further affected by the vast resources deployed by developed countries, coupled with a currently limited supply of vaccines. Given this limited supply and the fierce competition for it, an effective financing solution for vaccine procurement is of paramount importance to ensure Africa is not left further behind in the vaccine race. Hence the AVATT is working to secure enough safe and efficacious vaccine doses, estimate the funding needs for vaccine procurement and delivery, and create the financing mechanisms required to ensure that all African Union Member States can access and receive the vaccine doses they need to reach a minimum of 60% immunisation.

Prof Oramah then introduced the Afreximbank vaccine financing structure and its two mechanisms:

- a) an Advance Procurement Commitment (APC) to guarantee contracts with manufacturers of vaccine doses. In this context, a structure will be set up to order the vaccine doses on behalf of the Member States, to be distributed through the AMSP. In this process, the AVATT and Afreximbank are looking to align as much as possible with COVAX on topics including pricing, procurement, indemnification, all in the aim of timely, equitable and cost-effective access to COVID-19 vaccines for the African continent.
- b) a deferred Instalment Payment Plan (IPP) for up to five years which aims to support the Member States that are unable to pay for their orders in cash upon delivery, so that they can make the payments in accordance with their fiscal situation, independent of whether and when they can access other funds promised for the purchase of vaccine doses (including the financing offered by the World Bank). Member States will be admitted into the APC by applying to Africa CDC or Afreximbank, and the doses are available on the AMSP, proportional to country population size. Upon AVATT's conclusion of vaccine procurement agreements with manufacturers, Afreximbank will (subject to its Board approval) issue an APC to vaccine candidate manufacturers for the

specified agreed maximum number of doses. Afreximbank may also back any necessary indemnities.

The President closed by saying that Afreximbank understands and appreciates the pressures facing each country during this unprecedented time and that the battle against COVID-19 is a race against time and a fight for the future of the continent. Afreximbank and AVATT, he said, remain confident that Africa will emerge stronger through immediate and collective actions.

Dr Donald Kaberuka followed with a statement highlighting critical aspects of COVID-19 vaccine access and financing. He named access at the same time as other parts of the world, and to the amounts needed as critical challenges. He acknowledged that the task of COVID-19 vaccine acquisition and deployment would be expensive. This implies, Dr Kaberuka underlined, the need to carefully check the available funding sources,

and see which of the funding offered might run the risk of deviating means from other critical priorities. He added that the Afreximbank offer, in addition to making funds available quickly, helps the Member States deal with the unpredictability and volatility of external support. The Special Envoy further underlined the critical need to ensure the sustainability of African institutions. He pointed out that only strong African institutions can help the continent avoid being vulnerable and dependent on international charity in every emergency. The crisis, he went on, has shown how to strengthen these institutions and the role they can play – evident, for example, in the work of the Africa CDC, the AMSP, and Afreximbank. To continue playing this role, they require continuous support, e.g., further strengthening the Afreximbank's balance sheet. He also underlined that the money that African countries will pay for COVID-19 vaccines could not be taken from other critical (health) emergencies such as malaria, HIV/AIDS and tuberculosis. To avoid this, he suggested taking up the conversation on Special Drawing Rights (SDRs) for the repayment.



The following Ministerial Roundtable on COVID-19 vaccine access and financing for Africa was moderated by His Excellency Prof Victor Harrison, Commissioner of Economic Affairs of the African Union Commission with the following panellists: Dr Zweli Mkhize, Minister of Health, Republic of South Africa; Dr Mohamed Hassany, Assistant Minister of Health for the Projects and Public Health Initiatives, Arab Republic of Egypt; and Ms Yasmin Wohabrebbi, State Minister for External Economic Cooperation, Federal Democratic Republic of Ethiopia.

His Excellency Prof Victor Harrison provided context to the roundtable discussion and asked the panellists the following guiding questions:

1. If the support of various partners is not sufficient, how will you support the vaccination of 60% of the population in your country?
2. What is your strategy to mobilise the private sector in your country to vaccinate 60% of your population?
3. How do you manage the technical and operational challenges of a vaccination?

The panellists took turns answering these questions, highlighting key points:

- Bilateral deals are dangerous especially to Low and Middle-Income Countries (LMIC), which would likely be the most affected by scarcity and price increases; in this context, the importance of the pooled vaccine procurement through the AMSP was highlighted, and the panellists expressed their appreciation of the African Union's efforts in COVID-19 vaccine procurement and financing.
- For COVID-19 vaccine deployment, the contributions of the international community and the enhancement of the public healthcare systems to deliver vaccines effectively, are considered critical; the strengthening of the healthcare systems also as a means to avoid having to rely on international support in every emergency.
- At this moment, the African population expects a safe, effective, and widely available vaccine. For this, equitable access and delivery preparedness are key. The COVAX initiative should accelerate equitable access for the vaccines and avoid repeating past injustices in the areas of immunisation. Overall, global principles, especially for access for the most vulnerable populations, are key.
- The COVID-19 vaccination efforts are considered the key priority at this point, and the main investment in rebuilding the economies.
- Also, partnerships with the private sector, such as airlines, can help deployment, especially in logistics. For South Africa, the Honourable Minister highlighted the central government approach in collaboration with other sectors of society which the country has taken, starting with the procurement of vaccines and covering delivery and communication in partnership. For Egypt, Dr Hassany pointed out the need to make the existing vaccine manufacturing capacity available to produce vaccines for the countries that are most in need.

- The participants also highlighted the critical importance of communication, community engagement and dispelling the existing misinformation on vaccines.
- For the operationalisation, the panellists highlighted the importance of using the existing structures through which the Member States have been implementing successful vaccination programmes, such as Primary Health Care (PHC) centres and hospitals which can act as vaccination points ready with cold chains and human resources. Central databases have been adapted to record and monitor the vaccines.

His Excellency Prof Victor Harrison concluded the session by thanking the panellists for sharing their experience and point of view. He highlighted the challenges ahead, the need for partnerships with various partners, and Africa solidarity to achieve.

His Excellency President Ramaphosa handed over to Dr John Nkengasong to lead through the remaining programme. He thanked the leaders who presented in the first session for their contribution and ongoing support and the African Union Special Envoys for COVID-19 for their critical work.

Session 2: COVID-19 vaccine delivery barriers and readiness

Co-moderators Dr Matshidiso Rebecca Moeti Regional Director of WHO AFRO and Prof Helen Rees Founder and Executive Director of the Wits Reproductive Health and HIV Institute (WRHI), University of Witwatersrand introduced the session by highlighting the need for coordination and collaboration between all actors. They congratulated the African Union and its institutions, including the Africa CDC on the access to vaccine doses for Africa, and the initiatives through the Continental COVID-19 Vaccine Access and Development Strategy. The Regional Director highlighted especially the effort which will be needed for vaccine deployment as well as communication and community engagement.

Dr Nicaise Ndembi, Senior Science Advisor at Africa CDC, started the session with his introduction to the Implementation Guide for COVID-19 Vaccines in Africa co-developed by Africa CDC and public health experts across the continent. The guide aims to complement the guidance available through the COVAX partners with additional implementation information. Dr Ndembi started by recalling the three pillars of the continental COVID-19 Vaccine Development

and Access Strategy, of which deployment-related topics (regulatory, delivery and uptake) make up the third pillar.

Dr Ndembi first spoke about the collaboration between the Africa CDC, AUDA-NEPAD and the WHO AFRO's AVAREF on regulatory preparedness for COVID-19 vaccines in Africa, to which Africa CDC's main contribution were the development of a guidance document, facilitation of high-level political engagement, and the development of a vehicle for alignment, the ART. The ART aims to unlock barriers through a coordinated approach and the mobilisation of the best minds in the continent. The joint approach to regulatory approvals includes three main areas: a) endorsing the recommended vaccine market authorisation frameworks according to three major scenarios (vaccines with WHO EUL/PQ approval (reliance on AVAREF-led joint review mechanism, REC mechanism), vaccines with approval from one or several of the selected SRA's (follow the ART's guidance on a standardised reliance framework through the RECs), vaccines with neither (leverage existing collaboration through RECs, ensure minimum safety requirements are met, encourage manufacturers to seek WHO EUL or SRA approval); b) for in-country implementation, utilise the African Union Smart Surveillance System in addition to existing national pharmacovigilance

systems, expedite internal processes such as customs approvals; c) commit to enabling actions such as the availability of sufficient financial and human resources, regional reliance systems, transparent engagement with the ART.

Dr Ndembu went on to outline the main areas covered by the Implementation Guide for COVID-19 Vaccines in Africa: Regulatory preparedness; Planning and coordination in collaboration with partners; Costing and funding; Identification of target populations; Supply chain and management of health care waste; Human resource management and training; Vaccine acceptance and uptake; Vaccine safety monitoring, manage of adverse events following immunisation, and injection safety; Immunisation monitoring systems.

He also outlined some of the overarching questions the Member States are facing for the COVID-19 vaccine deployment regarding customs, vaccine delivery, logistics, timelines and moving vaccines from National Health Institutes (NHIs) to vaccination point, cold chain requirements, and reporting. He mentioned the potential to drive the notification of target groups based on the existing concept of Trusted Travel Plan to help with monitoring and vaccine certifications.

He closed by mentioning a continental survey on vaccine uptake, which showed that four out of five respondents are willing to take vaccines when available, which is an encouraging sign as the deployment efforts are starting.

Prof Ames Dhai, Specialist Ethicist at the South African Medical Research Council (SAMRC) and Professor, School of Clinical Medicine at the University of the Witwatersrand introduced a Framework for the Fair, Equitable and Timely Allocation of COVID-19 Vaccines in Africa. The framework was developed in collaboration between the SAMRC and the Africa CDC, and based on the input of 1300 policymakers collected during a two-day consultation on 14-15 December 2020. It provides key questions and considerations on the equitable access to COVID-19 vaccines based on African indigenous voices and values and takes into consideration values such as Ubuntu ideals, the person as identified through communal relations and embeddedness

in a community, and the interconnectedness of the good of the individual and the community.

Prof Dhai presented the framework's four pillars: 1) Affirming the humanity of others: decisions must be non-discriminatory, for the societal benefit and promote common good while respecting human dignity; 2) Survival of the community: decisions based on best available evidence; essential service workers; those contributing to prevention and treatment necessary for the survival of the community; maximise benefits and minimise harms; 3) Social Solidarity: decisions to consider bonds unifying communities, their interdependence, attachment to or interest in others and the significant social, economic, personal disruptions and hardships; pandemic widen existing inequities; 4) Meaningful community engagement: decisions must be trusted; integrity reflects the need to act with honesty, reliability, and fairness, and a willingness to be held accountable to explain one's actions, is crucial. Communities must know decisions take into consideration integrity, i.e., need to act with honesty, integrity, and fairness and also a willingness to be held accountable.

She went on to reflect on how these four pillars can help provide considerations for critical allocation decisions, such as Vaccine selection criteria, Financing and procurement of vaccines, Vaccine delivery, Community engagement, Communications, and Research and evidence gathering.

Prof Dhai concluded by reflecting on how African indigenous values and the Ubuntu philosophy make a compelling argument for COVID-19 vaccines being a public good thereby underscoring the need for equitable access for all living on the continent and even more widely globally.

Dr Richard Mihigo Program Area Manager, Immunization and Vaccines Development Programme, WHO Regional Office for Africa presented the WHO's perspective on country readiness for COVID-19 vaccines in Africa, developed jointly with **Dr Yvan Hutin, Director, UHC/Communicable Diseases in the WHO Regional Office for the Eastern Mediterranean**.

Dr Mihigo started the presentation with an overview of the status of COVID-19 vaccine delivery globally and on the continent. Since the start of the first vaccination effort 55 days prior to the Webinar, vaccination has started in 50 countries, including 40 high-income countries; nine middle-income countries, and one lower-income country. In the African region, one country introduced the vaccine; a few more have gained access through bilateral agreements but not yet started widespread campaigns.

With regards to the country readiness and deployment preparation, Dr Mihigo introduced the framework developed by WHO alongside a detailed roadmap to help countries. In addition, more detailed guidance tools and documents have been developed by WHO and UNICEF; together with the additional tool developed by the Africa CDC, these will help countries get more clarity on the necessary steps for vaccine deployment. The tools, which cover a broad set of areas including costing, supply chain, training, communication to counter misinformation, simulation exercises and others are available on the WHO website.

With regard to their progress towards deployment readiness, most Member States are at step two, developing the National Deployment Vaccination Plans (NDVPs) which will help countries deploy vaccines and serve as a base for COVAX vaccine allocations. WHO has so far received 29 NDVPs from Sub-Saharan Africa and a few countries in North Africa – the plans have been pre-reviewed by WHO and UNICEF. Many of the plans received were very detailed, but overall, three areas for urgent action could be identified:

- Supply chain and waste management – the countries developed their plan without knowledge of where the vaccines will come from, most countries provided high-level information regarding cold chain, this now needs to be tailored to the current vaccines.
- Vaccine safety – the risk communication plans need to be very detailed, reflecting the fact that the COVID-19 vaccines are new products that will require robust pharmacovigilance.
- Planning, coordination, and service delivery – most of the African countries have very good experience in rolling out vaccines however this

area needs to be further improved to make sure that the target populations (which are different from those of the routine vaccination efforts) receive vaccines and that the risk communication is well addressed.

Dr Mihigo also showed the WHO readiness tool, which shows the vaccine readiness assessment for each country. The regional average may seem low, he said, but also mentioned that during the last weeks, many Member States had made significant progress, which will improve the picture. He highlighted the following immediate next steps for the WHO: Pre-reviewing and reviewing all NDVPs for COVAX participants, including technical assistance for the finalisation of NDVPs, vaccine allocation and shipping of available doses (and, for that, the strengthening of the collaboration between the regional partners in the relevant teams and committees).

In the ensuing question and answer session, the participants discussed additional aspects:

When asked what to do if countries don't achieve readiness, Dr Mihigo answered that the WHO's objective is to make sure all countries reach a minimum of 80% readiness which is needed for smooth deployment. For any Member State struggling with that target, WHO will ramp up capacity and technical assistance and will also use the existing experience, e.g., for polio, measles, to bring a whole government approach. He expressed his confidence that with close follow up, there is no reason a country could not reach the minimum readiness.

Prof Dhai addressed a question on how to bridge a potential gap between strong cultural values and a young population relying on social media underlining that these efforts need to be well underway at this time and that the framework's four pillars can be used as a springboard to develop messages for both the youth and the older populations. What is important, she said, is to have targeted messages for different stakeholder groups, which is a complex task and requires significant resources and efforts.

Asked whether the momentum from work

invested in regulatory preparedness will out-live COVID-19, Dr Ndembu underlined that this is an opportunity to strengthen the regulatory bodies on the continent and that the ART will go a long way in unlocking some of the barriers to efficient approval processes. The end goal is to empower the institutions and build capabilities within the core bodies.

Prof Helen Rees closed the session by thanking the speakers for their excellent presentations, underlining the amount of work done and challenges yet to be addressed to ensure readiness for equitable access to COVID-19 vaccines.

Session 3: Innovative approaches and partnerships to facilitate access and rollout of vaccines

Her Excellency Mrs Amira Elfadil, Commissioner of Social Affairs of the African Union Commission, who co-moderated this session with **Dr Stavros Nicolaou, Group Senior Executive Strategic Trade, Aspen Pharmacare and Chairman, Health Working Group, Business for South Africa**, introduced the panel. Her Excellency started by expressing her appreciation of the international partners' support, in particular of the regional offices of the WHO in Africa, and the Director-General. She also underlined the importance of Public-Private-Partnerships (PPPs) which have been critical in the fight against Ebola and will be in the fight against COVID-19 as well, and of other national, continental and global partnerships.

contribution the continent can make to the quick and efficient response to the COVID-19 pandemic overall, and to the rollout of COVID-19 vaccines in particular.

Dr Stavros Nicolaou continued, highlighting the need for Africa to become less reliant on partners outside the continent for critical supplies such as vaccines. He commended the efforts made so far, including the creation of the AMSP. He also emphasised that pharmaceutical manufacturing on the African continent is not a dream but a reality which needs to be further expanded. He went on to introduce Business for South Africa, founded to assist and support the government of South Africa in the pandemic response. The health working group consisting of public and private sector representatives working alongside the government to drive initiatives government-led initiatives that are supported and complemented by private sector players. PPPs, Dr Nicolaou said, are the most critical

Mr Strive Masiyiwa underlined that Aspen Pharmacare is an excellent example for vaccine manufacturing capacity on the African continent, and to counter the widespread belief that Africa has no capacity. He added that the AVATT also talked to the Pasteur Institute in Dakar, which can produce additional millions of doses a year if it can access the necessary investment. For the continent, this means that there will be vaccine doses produced on the African continent, provided to other African countries, providing an important example of what is possible when we trust the African private sector.

Mr Clement Blanc, Managing Director of DHL Global Forwarding SA (Pty) Ltd, discussed the potential contribution of the logistics sector to the deployment of COVID-19 vaccines. He started by describing the overarching supply chain for COVID-19 vaccines and highlighting three key challenges: a) ensuring the temperature/cold chain is maintained from the manufacturing site to the vaccination point; b) ensuring that not only the vaccines but also all necessary ancillary materials arrive on time; c) ensuring it is all synchronised and keeping track of the temperature of vaccines at all the time to ensure vaccines are safe and effective.

In terms of volume of shipment, the volumes for the actual vaccines are smaller than might be expected: one pallet of ultra cold-chain vaccines can hold up to 60 000 doses, for other types of vaccines it can be 100 000 – 150 000 per pallet. What drives the challenges is the volume of the required ancillary materials: for every pallet of vaccine, about 50 pallets of ancillary materials are needed. For the second critical element, cold chains, Mr Blanc highlighted the need to plan for the required materials, financing and capabilities in advance. The investment needs and complexity depend on the population density in the target area; hence one cannot look at a continent or even a country as a whole but needs to differentiate. DHL uses two basic archetypes of distribution: in densely populated areas (larger cities) consolidate shipments and have population come to larger vaccination centres. In rural areas and dispersed populations, many shipments are needed, and there is a need to break the pallets of vaccines after arrival in the countries, which is more complex and expensive.

Mr Blanc also provided an overview of the additional solutions such as specialised packaging and containers which can maintain the temperature requirements for each of the frontrunner vaccines, including the ones requiring ultracold storage. These can be used, for example, for transporting from central logistics hubs to distribution centres and vaccination points. Also, modern data loggers with track and trace capabilities help keep track of the vaccine's location and temperature. He mentioned that end-to-end solutions available through DHL, and previous work with all approved vaccine manufacturers and specific security solutions available for countries where vaccines are more likely to be the target of highjackers. He further discussed DHL's African logistics hubs in Lagos, Johannesburg, and Addis Ababa, the company's several airport stations with pharma and life science handling capabilities and specialised express aircraft, and closed by expressing DHL's willingness to support the rollout of COVID-19 vaccines in Africa.

Melanie da Costa, Director – Strategy and Health Policy at Netcare, provided an overview of the potential role of the private health sector in the COVID-19 vaccine deployment. She started with an introduction on the importance of the private health sector in South Africa overall, in terms of its geographic footprint and the high share of critical care beds. She used the example of COVID-19 hospital admissions, which were equally allocated between the public and private health sector, to illustrate this.

For vaccine rollout, Ms da Costa showed, there has been comprehensive engagement with the public sector at the national and the provincial level. While some processes, such as procurement and IT systems can be set up at the national level, the engagement at the provincial level is key to service delivery. In this context, she highlighted lessons learned from the first two waves of the pandemic, where the processes set at the national level went smoothly, but the provincial and local levels were more complex, suggesting that processes should be set from a national perspective as much as possible in the COVID-19 vaccine rollout. The second critical learning the Director highlighted was the phasing of the process, and especially the need for an iterative approach. Starting with smaller target groups or subgroups can help test the systems, collect information and learn, update systems and processes and then scale them up. As an example, she mentioned starting with smaller subgroups of healthcare workers, then vaccinating all healthcare workers, before scaling up to other groups. Such an approach can help test the critical processes such as registration of vaccine recipients, training of healthcare workers, registration of healthcare workers, and other IT and procurement systems. Finally, she highlighted the importance of true co-creating of systems and processes, including, for example, dashboards.

Ms da Costa ended by describing the context during which the deep collaboration between the public and private sectors was able to grow, the even more devastating impact of the second wave of COVID-19 in South Africa as well as the observation, from global epidemiological data, that the second wave might be closely followed by a third – preparedness of health workers and systems, she said, are a critical, and strong partnership between the public and private sectors as well as iterative approaches are needed to address this challenge.

Mr Ralph Mupita, Chief Executive Officer of MTN Group, provided his remarks on the potential role of the telecommunications sector. He started by acknowledging key institutions and experts in the continental COVID-19 response, and the collaboration between the private and public sectors which had already started during the early phase of the pandemic. As an example, he described the public sector supporting the telecommunications industry by releasing additional spectrum and frequency bands to enable the shift in working patterns, i.e., working from home. Mr Mupita underlined how that initiative allowed the traffic to more than double, enabling work from home including teleconferencing, online education (where available) and other critical elements. Another element of the early collaboration the CEO pointed out was communications, the sending out of mass messages with information about the virus, the pandemic and response measures.

Looking ahead at the vaccine rollout, Mr Mupita pointed out five areas for potential contributions of the telecommunications sector:

1. Communication and awareness – the sector has significant platforms to send out messages, for example, containing information on the vaccine, the rollout, how to register etc.
2. Support to cold chains – the sector has infrastructure with an uninterrupted power supply which can provide the capacity to maintain temperatures for the cold chain.
3. Tracking and tracing of vaccines – end-to-end mechanisms similar to what DHL is offering, for tracing which can help ensure the quality of the product.
4. Mobile financial services – if people need to pay, MTN has mobile payment platforms that can be zero-rated to enable people to pay for any cost related to the rollout.
5. Communication systems to enable track and trace individuals who have received vaccines – including reminders on second doses, but also potential support to digital solutions for vaccination certificates/passports

In the following discussion, the participants discussed additional aspects:

- **Asked about the seamless integration between different digital solutions and the logistics sector, Mr Blanc** discussed the digital solutions readily available at DHL, including mobile applications for track and trace, and smart sensors attached to the vaccines at the manufacturing points to provide seamless information on the vaccine location and their temperature. Integration with other systems, he said, is also possible.
- **Addressing the need to coordinate the diverse populations of healthcare workers across the continent, Ms da Costa** spoke about the need to start with subgroups and iteratively test and improve the approaches and systems and use technology effectively.
- **Mr Mupita answered a question on potential tools to support the follow-up on vaccine appointments, and the quality management of vaccines.** He underlined the importance of integration between the healthcare sector and technology infrastructure, and of building the necessary capacities.

Dr John Nkengasong closed the proceedings with a statement from His Excellency President Cyril Ramaphosa highlighting key points from the Webinar and on the way forward.

The statement underlined the importance of considering vaccines as a public good, accessible to all, and the threat of vaccine nationalism to the health of the world's population. The President also referenced the contributions of the international partners discussed during the first session, including USD 12 billion of funding available through the World Bank Group immediately, and the COVAX Facility's announcement that it might be able to cover up to approximately 20% of the participating Member States' populations. He specifically commended

the organisations' stated intent to collaborate with the relevant African Union bodies closely.

In the statement, the President also recalled the progress of the AVATT both on vaccine procurement and on vaccine financing, commending Prof Benedict Oramah and the Afreximbank on their support, and encouraging the Member States to provide firm commitments on the vaccine doses and the financing as needed.

Commenting on the second session, the statement underlined that there is still a way to go from 10% COVID-19 vaccine deployment readiness in many countries to the required 80% readiness. It also highlighted the need for streamlined regulatory processes to expedite access, whilst not compromising on efficacy, safety and quality checks. In this context, the President underlined the importance of the newly established ART for COVID-19 vaccines, the AVDA, and the guidance for vaccine rollout developed for the continent, including the Implementation Guide for COVID-19 Vaccine in Africa developed by Africa CDC and partners. The President also highlighted some of the critical elements of COVID-19 vaccine deployment mentioned, including planning and coordination, the establishment of vaccination centres, training of healthcare workers, management of supply chains and cold chains, monitoring of vaccine safety, communication and community engagement.

From the third session, the key points highlighted were the need to think out of the box for creative and innovative partnership and distribution

mechanisms, and the need to more effectively identify and use the capacities that are available on the African continent, including on pharmaceutical manufacturing. Other points included the need for tailored vaccine delivery strategies and the availability of diverse logistics solutions that can be employed together with private sector partners such as DHL, which already has three major logistics hubs in Addis Ababa, Johannesburg and Lagos. They also include the potential of close collaboration between the public and private healthcare sectors, the ability to learn from existing programmes, and the need for an iterative approach to the rollout of this major programme. The telecommunications industry will also be essential to COVID-19 deployment, being able to provide services in diverse areas including communication and certification, vaccine dose tracking and tracing, and infrastructure.

The President's statement closed by recalling how, at the height of the pandemic in late 2020, the African countries stood firm and united on their position that no country be left behind, and commenting the many examples that show their resolve in this regard has not wavered.

The President summarised the main next steps and underlined that it is now up to the Member States to maintain the spirit of solidarity, to speed up their efforts, and, most importantly, to deepen partnerships to bring the whole of Africa to the shared goal. He thanked all participants and the organisers and wished all well.



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