ACCESS TO COVID-19 VACCINES FOR AFRICA

3rd December 2020

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Speakers

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Dr. Amit N. Thakker
Executive Chairman
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Kaushal Shah
Head of Pharmaceuticals & MedTech,
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KEYNOTE SPEAKER
Dr. Nicaise Ndembi
Senior Science Advisor
Africa CDC

KEYNOTE SPEAKER
Professor Salim Karim
Chair of the Ministerial Advisory
Committee on Covid-19
Ministry of Health South Africa

SPEAKER
Dr. Margaret Agama-Anyetei
Head of the Health, Nutrition &
Population Division, African Union
Department for Social Affairs
Africa Union

SPEAKER
Paulo Gomes
Co-Chair
The Afrochampions Initiative

SPEAKER
Dr. Danny Souris Louange
Chief Executive Officer, Health Care
Agency,
Seychelles

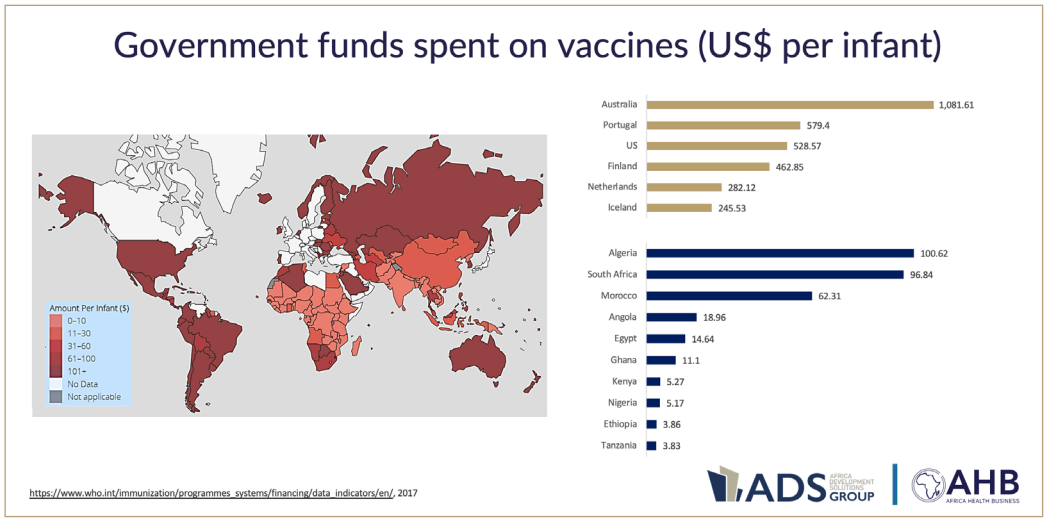
Moderator Introduction

Dr. Amit N. Thakker

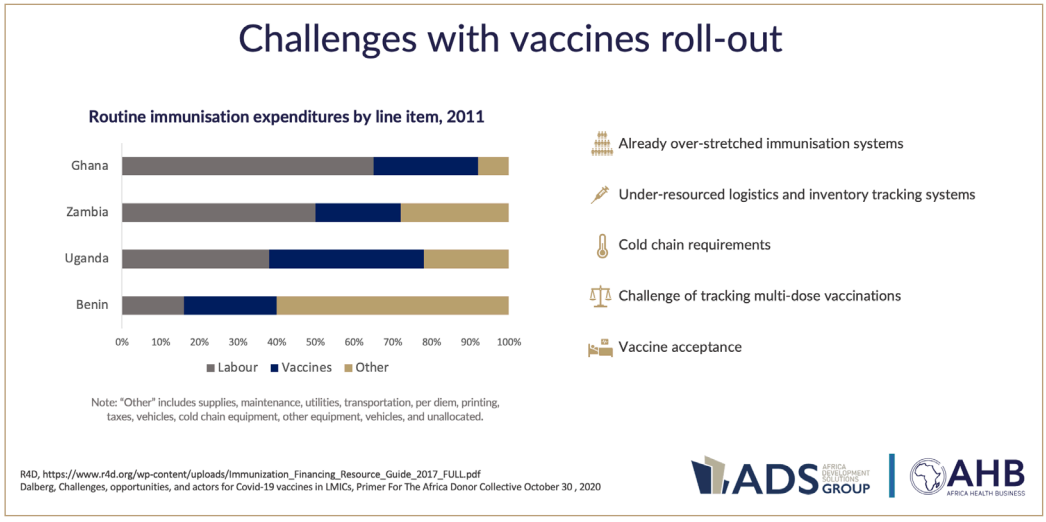
Executive Chairman

Africa Health Business

The conversation on vaccines is absolutely vital and will not reduce in importance any time soon. We will be dealing with issues around the cost of vaccines, vaccine programs, and their availability, safety and reliability well beyond this year.



This diagram clearly illustrates that when you don't have a high GDP, you need support to purchase and deliver vaccines. We need to do much more in Africa in terms of the dollars per infant spent on vaccines.



The challenges that we face when it comes to vaccine rollout is not limited to the cost of the vaccine itself. Out of the five challenges presented here, there are two primary ones. The first is related to the cold chain, which is the refrigerator system that keeps the vaccines effective and safe, and may present an opportunity for the private sector to contribute. The second is related to human resources for health. In the overstretched health systems on our continent, we have to cope and deal with the addition of vaccine programs to our regular services.

COVAX: Ensuring global equitable access to COVID-19 vaccines

COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator

The ACT Accelerator is a ground-breaking global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

COVAX is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO. Its aim is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world.

Gavi CEPI World Health Organization

ADS AHB

https://www.gavi.org/covax-facility

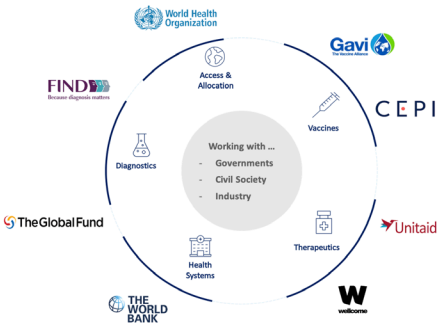
COVAX is ensuring global equitable access of the COVID-19 vaccine, ensuring that distribution is done in an efficient way that enables us to rebuild our economies.

The Access to COVID-19 Tools (ACT) Accelerator

This is a ground-breaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

It brings together governments, scientists, businesses, civil society, and philanthropists and global health organizations (the Bill & Melinda Gates Foundation, CEPI, FIND, Gavi, The Global Fund, Unitaid, Wellcome, the WHO, and the World Bank).

This is a unique partnership of many of the world's international health organizations who have come together to share, and build on, individual expertise to create a powerful global solution that will ensure equity in access to tests, vaccines, treatments across the world with one goal: to reduce the burden of the COVID-19 pandemic by addressing the cause.



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https://www.who.int/initiatives/act-accelerator/about

We are delighted that Norway has teamed up with South Africa in the leadership of the ACT accelerator. Thank you to the organisations that have been at the core of ensuring that vaccines, therapeutics, health system diagnostics and allocations are given equal attention as we move into the conversation of vaccines.

Keynote Speakers

KEYNOTE SPEAKER

Dr. Nicaise Ndembi

Senior Science Advisor
Africa CDC

The Africa CDC continental strategy focuses on access. There are several key pillars of the Africa COVID-19 vaccine strategy. These include

1. Accelerate African involvement in clinical trials

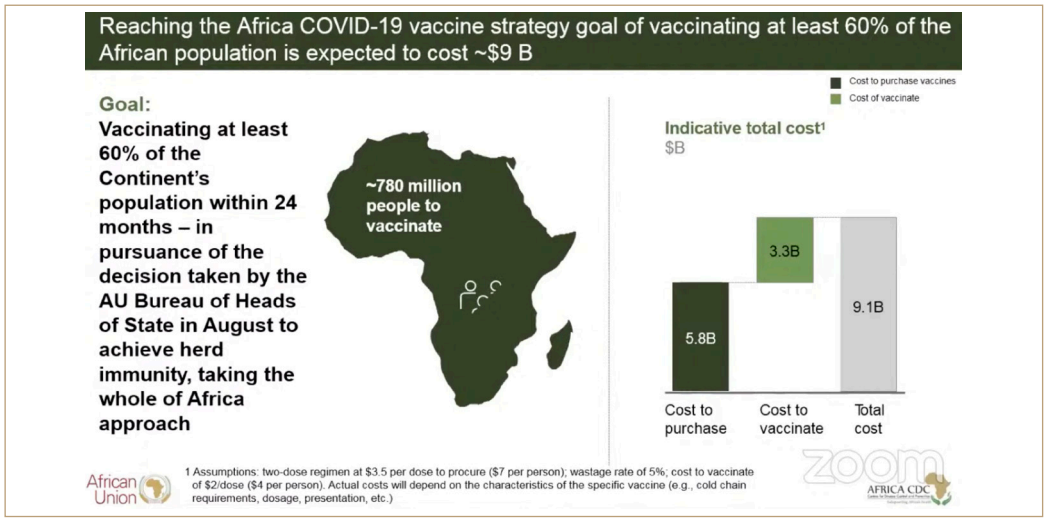
We had a continental virtual conference in June 2020, which launched the Consortium for COVID-19 Vaccine Clinical Trials (CONVACT) to ensure that Africa participates in the COVID-19 vaccine trials. In addition, we have mapped potential clinical trial sites.

2. Ensure Africa's access to sufficient vaccine supply

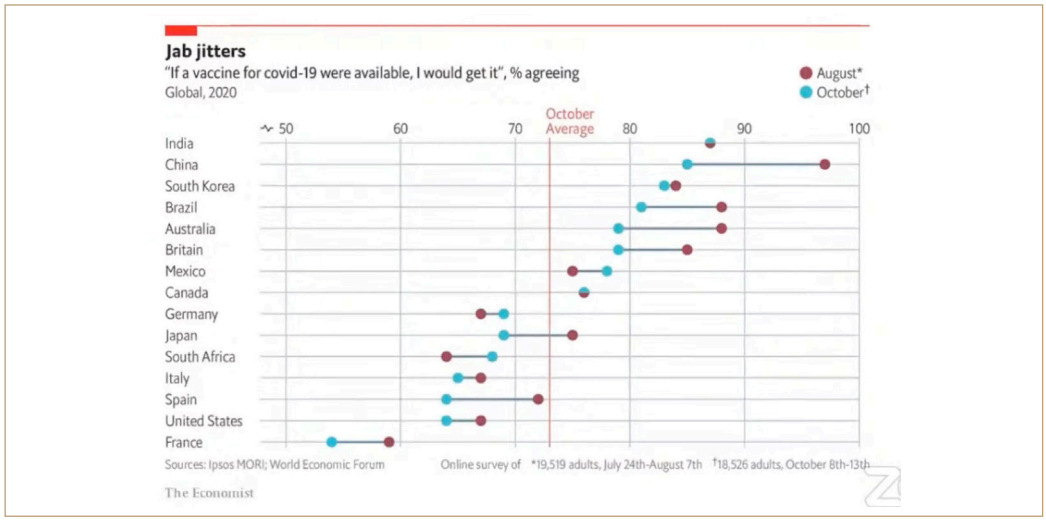
Early last month, the chairperson of the African Union established what we call the African Vaccine Acquisition Task Team (AVATT). The mandate is to look at access, financing and procurement to secure timely, sufficient and equitable doses for all AU member states. This also includes the need to scale African manufacturing to produce the vaccine within the continent. We want to use this time to build the manufacturing capacities on the continent to respond to future pandemics beyond COVID-19.

3. Remove barriers to widespread delivery and uptake of the vaccine across Africa

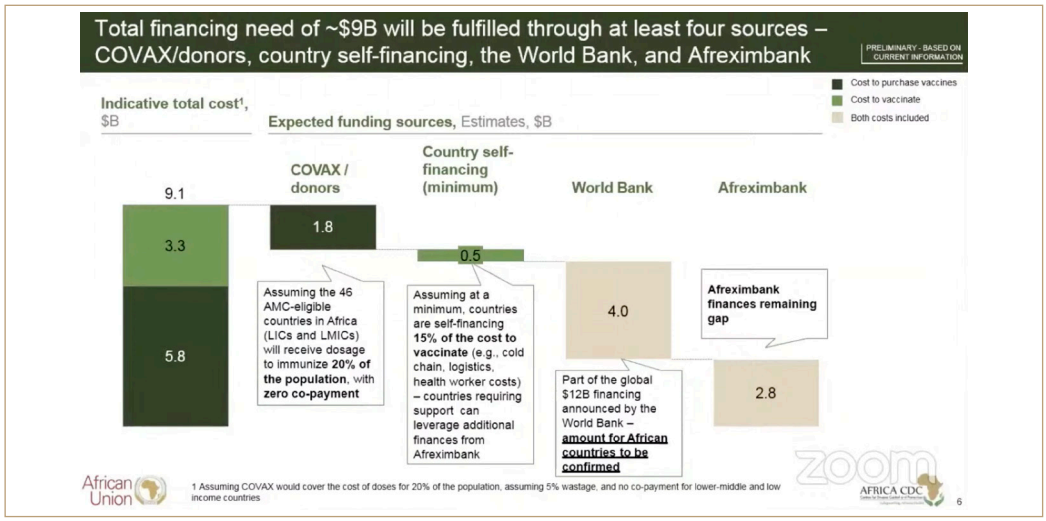
Removing barriers includes issues of regulation, working to remove some of the red tape that can delay the distribution of a COVID-19 vaccine. The AU is also concerned with vaccine uptake and has conducted a continental survey to engage communities on their perceptions and their likelihood of accepting the vaccine. Additionally, this third pillar is concerned with delivery, ensuring effective supply chains and immunisation activities.



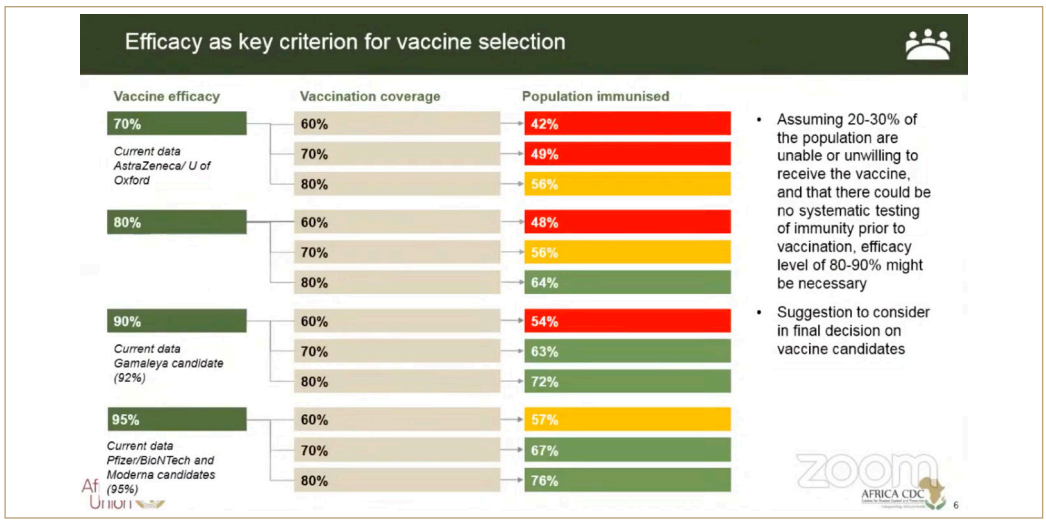
We are very optimistic that it is possible to achieve the Africa CDC goal of vaccinating 60% of the continent's population within two years. This means about 780 million people need to be vaccinated, so we are mobilising resources to cover the many costs. The rationale for this percentage is the scientific threshold for reaching herd immunity. We are encouraging member states to sign up to COVAX, we are reaching out to the World Bank and other donors, and we also have a specific financial instrument developed by Africa CDC with Afreximbank.



The survey that Africa CDC conducted gave positive results when it came to people's willingness to get the vaccine.



There is a cost to purchase vaccines, but then there is also the cost of vaccination. Purchasing the vaccine alone is not enough. There needs to be investment in the rollout of actually getting the vaccine to people. Africa CDC fully commits financial and political support to the COVAX facility and encourages member states to pursue non-competing direct deals with manufacturers.



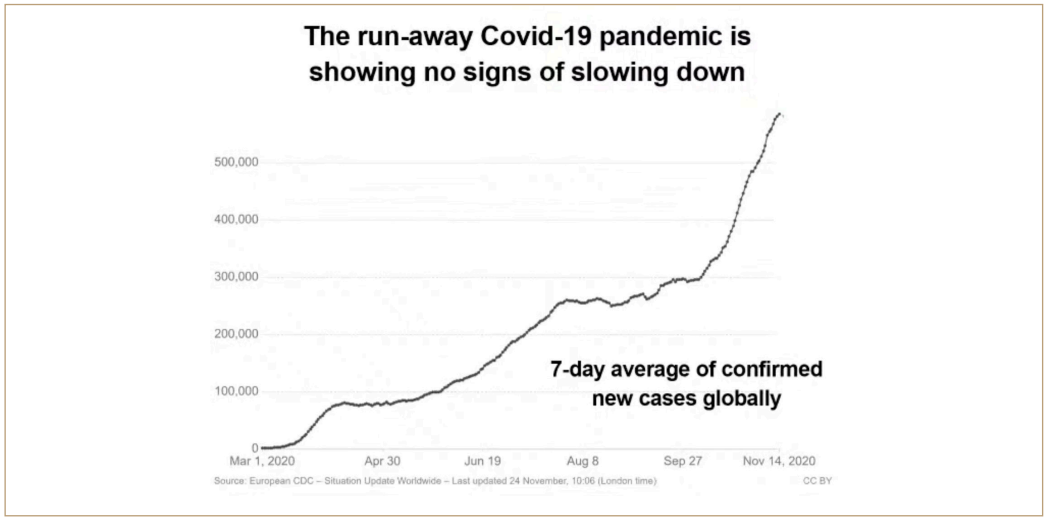
We cannot compromise on efficacy and safety. A vaccine's efficacy impacts what percentage of the population will need to receive the vaccine in order to reach herd immunity. Lower efficacy will require vaccinating more of the population, which comes with a significant cost. Africa CDC is still working hard to ensure we have met all the requirements to successfully vaccinate as much of our population as possible.

KEYNOTE SPEAKER

Professor Salim Karim

Chair of the Ministerial Advisory Committee on Covid-19
Health South Africa

Today I will share my thoughts and suggestions around how we should look at the issue of access to vaccines, giving context for a discussion around public-private partnerships and how they can take us forward in achieving vaccine coverage. Our data is from South Africa, but it could just as easily refer to the whole of Africa.



This graph shows the assembly average of the number of new cases occurring each day globally. This pandemic is like a runaway train. It has shown no signs of decreasing the number of cases each day. We are now well over half a million cases per day. Even those that had very severe first waves are being affected by a second wave. For example, in Manaus, Brazil, 66% of the population was found to be antibody positive after the first wave, yet they're still having a devastating second wave. There's no way to hide from dealing with this pandemic. Stay at home orders and other restrictions are simply not sustainable. We need to deal with this epidemic in totality.

Additionally, there is no way that one country is going to be able to control this pandemic by only vaccinating its own population. Because of the interconnectedness and the globalisation that underpins our entire world, every country has to concern itself with addressing this virus far beyond their own borders. All countries will be at risk as long as one country is at risk.

What We Know About Possible Vaccines

The first trial to release final results was the Pfizer/Biontech vaccine, which has 99% efficacy and uses a completely new vaccine technology, utilising messenger RNA. The one challenge dealing with this is that the vaccine needs to be stored at very low temperatures and it is also quite expensive, at $20 per dose.

Moderna/NIH then released their results, which are very similar to Pfizer/Biontech. It is also a messenger RNA platform. In both these studies, the results are really robust in that the vaccine protects no matter the demographics of the individual. The Moderna/NIH vaccine

has slightly less cold chain requirements, but still requires freezers and fridges for storage and its estimated price is more expensive than the Pfizer/Biontech vaccine.

Then we heard from Russia, which released results from a controversial trial. The controversy is the result of the fact that we actually haven't seen their protocol, as is normally expected. Their results showed 92% efficacy, but are from only 20 data points, so we can't make much of this. This is different from the first two vaccines in that it is a recombinant adenoviral vector vaccine, which are human/animal viruses. We don't know the cost. Russia started rolling this out even before these results were published.

Finally, we heard most recently from AstraZeneca/University of Oxford in their trial of 131 data points. This is an interim report that showed 70% efficacy. Within the study, however, they made a mistake and ended up giving some people the wrong dose of the vaccine and individuals in that subgroup ended up with higher efficacy. Because that is a smaller subgroup within the overall trial, we don't know what to make of it yet. This is also a recombinant adenoviral vector vaccine, though it is a chimp, so humans have not encountered it before. One of the advantages of using recombinant adenoviral vectors is that the storage requirements are normally within the ambit of just keeping it in refrigerators. The price of this is lower, at around $4.

What We Don't Yet Know

We know about these four vaccine results, but not a signal one of those four trials have released any results that we can really review. Without that, we don't know how robust or reliable these results are. We also don't know whether we're comparing apples and apples, because we don't know about the data point details. We don't know how they measure severity. We don't know whether they measured asymptomatic diseases in the same way. We also don't know whether in each of these trials the vaccine prevents both mild and severe disease. Two of the trials have reported that there were no cases of severe disease at all in the vaccinated group, meaning even if it doesn't prevent the infection in total, at least it prevents the severe form of the disease.

There are some things that we will expect to hear when the final results are released, but there are three things that we will not know for a long time:

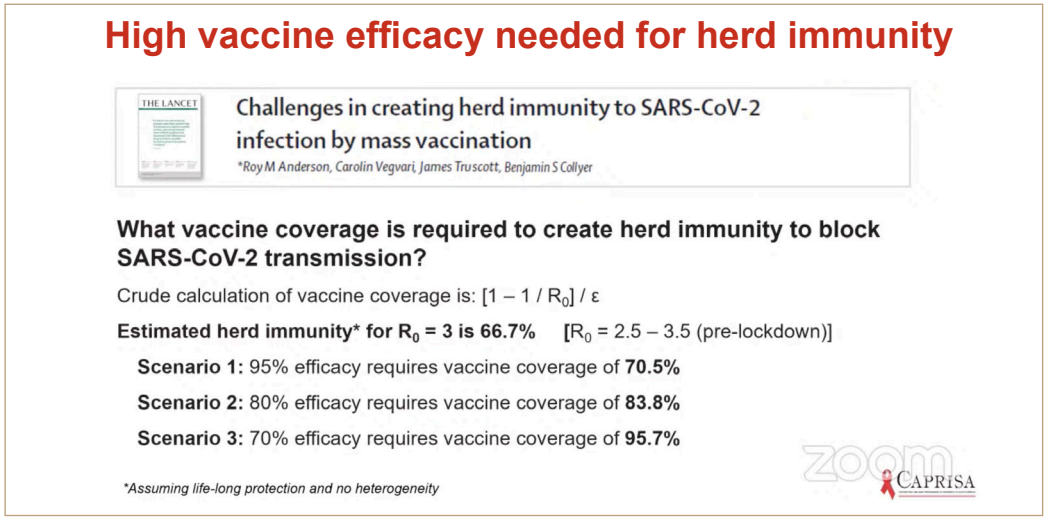
1. The safety of these vaccines when giving them to large numbers of people
2. Correlative protection -- What is actually protecting us? Is it an antibody level?
3. How long does it last? Will it be lifelong or will we have a vaccination every year?

There is reason for optimism because we have 12 candidate vaccines in advanced trials and have only heard from four of them so far. Additionally, most of the candidates that have only published phase-one data have shown similar levels of production to the four candidates that have already announced results. In other words, if antibodies are anything to go by, we will expect that these eight candidates that still remain are likely to have similarly high levels of efficacy. We can expect all of these results within the next several weeks, with many of these trials reporting results at the end of January.

It is important to note that some of these vaccines use technology that's inexpensive and/or using technology that we already know and can make almost anywhere. As we see these new vaccines becoming available, we can expect to see some good results, including vaccines that are easier to store, cheaper to give and, in some instances, only a single dose, instead of having to give two doses.

There will be further complexity, but in the riches of diversity will come the advantage of choice, which will mean we will be able to access vaccine candidates much faster. If we have 10 companies manufacturing hundreds of millions of doses, we can access those vaccines much more quickly than if we only have two or three vaccine candidates and depended on competing for those with the rest of the world. This landscape is going to change quite rapidly within the next three months.

Of the eight vaccines we are waiting on, two of the candidates are subunit vaccines, which is a method that has been widely used already. We know how to handle that type of vaccine and are usually stable at room temperature. One challenge is that there may not be a vaccine that works on a single dose. The single dose vaccine is by J&J, which is a live vector vaccine that needs a cold chain. But if it works to have a single dose, that's a big plus because the challenge of having to get everyone back for a second dose several weeks later is a real problem. The health infrastructure burden is doubled when a second dose is required. A single-dose vaccine is a big winner if it's efficacious.



You can see the importance of having a high efficacy in a vaccine, because it makes herd immunity a much more feasible concept.

While we are grappling with this issue of the different vaccine candidates, rich countries have been spending their money preordering many of them. Canada has already pre-ordered and paid for up to nine doses per person in their country. Because they don't know which ones are going to work, they buy many and simply hope that some of them will work. So you can see the high risk situation that they have taken, which is of course not a situation we can get into on the African continent. We need to wait until we know if the vaccine works, and then we can purchase. We need to know that it works and it's something that is feasible within the context of our health infrastructure. So India, the European Union, US, COVAX, Britain and Japan have been buying up quantities of the candidate vaccines from each of these four manufacturers.

We need to find some way to decide which vaccine candidates to take out and which to make accessible based on the safety, efficacy, cost, ease of storage and administration and number of doses. All of those factors together will give us the ability to add vaccines to our COVID-19 prevention toolbox.

Speakers

SPEAKER

Dr. Margaret Agama-Anyetei

Head of the Health, Nutrition & Population Division, African Union Department for Social Affairs Africa Union

Often the private sector asks, “What can we do?" And I think that private sector should be asking, “What can we do better?” This is because the private sector has already been engaging in health issues for a long time, and have also lent their support in other health emergencies in the past.

Based on the lessons that have been learnt and the challenges that have been identified, I want to talk about building on and strengthening what has worked. The private sector has been particularly good in two key areas: logistics and financing. How can they do this better? The African Union has 55 member states with densely populated urban and peri-urban areas which are under sourced and rural areas which are both under-sourced and often hard to reach. The vaccines currently coming out that have some level of efficacy need to be stored at temperatures that could be difficult for the African continent. The private sector has to interrogate itself to see how they can support the logistic chains in order to ensure that we will be able to deliver vaccines, not only within urban and peri-urban areas, but also to the hard-to-reach and underserved areas.

The private sector also needs to look into identifying the gaps and finding long lasting solutions. There are three key areas which are important.

1. Data

The digitalisation of data is essential. We saw this during COVID-19 lockdowns. Goods and services often had to move across borders and would get stuck because health services or borders across the continent were generally weak and communication of data flow and there was lack of coordination between countries and across borders. People had to wait to have COVID-19 tests to be certified as negative before they could move goods and services across borders. What does this mean for movement of vaccines, particularly to landlocked countries? How can the private sector assist in digitalising and supporting data digitisation across the continent?

2. Communication

We are going to have to have strong communication around the vaccine to ensure it is accepted by our nations. We have seen people in the private sector already engaging in communication efforts in other areas, such as polio. When COVID-19 arrived, they also communicated around the prevention measures that needed to be taken (washing hands, wearing masks, keeping distance). Can the private sector also take this up to get engaged in communication for the uptake of the vaccines?

3. Regulation

We are definitely going to have fake, falsified and counterfeit vaccines competing with quality and effective vaccines. It’s going to happen. So how can the private sector support, not only the establishment of the African Medicines Agency, which will be the lead continental agency to support countries’ regulation across the continent, but in the more short and immediate term as well. What can the private sector do to ensure that when vaccines reach their destination, they can be certified as quality vaccines?

The primary area where the private sector is slightly lagging behind is in the documentation of their support for pandemics and medical emergencies in Africa. In all the past outbreaks on the African continent, the private sector has been involved in the solution. And COVID-19 is no exception. Banks have provided support, while other private sector organisations have been engaged in the establishment of procurement systems to procure PPE. It's time that the private sector begins to keep records of these interventions through documentation that can be accessed. This goes back to my first point: it's not what the private sector can do, but what the private sector can do better.

SPEAKER

Paulo Gomes

Co-Chair

The Afrochampions Initiative

There's a huge difference between what we are witnessing with COVID-19 and the Ebola crisis. And that is a good thing. This time, we have Africa CDC to lead us. It is important for us to have an institution like this to be on the frontline of the battle against the pandemic, because we know that this will certainly not be the last. So how do we get ready for the next one? The good news is that this time, Africa has decided to move forward, regardless of whether or not any support has come from outside. The African Union, with the private sector, has set up a special fund and has mobilised something in the region of $16-20 million for Africa CDC. There is a clear consensus that we need to equip the Africa CDC with resources so that next time they will be equipped to be on the frontlines even earlier.

We have seen how the most powerful and rich have rushed to acquire vaccines for their own people and the same scenario will happen if another pandemic comes. So how do we get ourselves prepared? I want us to go beyond just how to get the vaccine for COVID-19. We know the numbers that we need to vaccinate and the money that it requires. One proposal that has been on the table is how to use Afreximbank to lead this process of mobilising resources so that the most vulnerable, poor countries can have access to the vaccine. $5 billion is not a big number when you think about how this virus has affected our economies. Spending $5 billion to move out of this is certainly worthwhile. This is where we need to build a strong coalition among Africans to deal globally with this issue.

We know that finding this money will require seeking funds from GAVI and others, but we also have room for innovation. Afreximbank could potentially agree on schemes with, for example, the IMF, in which we would increase the capital base of Afreximbank so that they would be ready to mobilise resources in the market, not only for countries that need to buy the vaccine, but in strengthening the capacity of Africa CDC to be ready in terms of equipment, training and research.

Manufacturing also needs to start in Africa. It's time now for even the countries that don't have high levels of knowledge capacity to start building that capacity. Do we want to rely completely on India and China when the next pandemic hits? Or can we start organising ourselves to be able to manufacture the active ingredients inside Africa. This goes beyond just buying a vaccine. We'll find a way to buy a vaccine, but I'm much more interested in the public and private sector coming together to build infrastructure for the future.

How the private sector can do better is for us to continue to engage in terms of putting market incentives in place for the private sector to be part of solutions. For example, in logistics, we have a company such as Ethiopian Airlines, that has played a big role in delivering PPE to many of the countries during the crisis. Now we can look at what kind

of partnership could be established with incentives provided from government for the private sector to be involved in delivering the vaccine. We know that this is very expensive, so incentives need to be put in place to encourage the private sector to bring the money towards those objectives.

To conclude, I want to remind people that we will need to have the public sector step in. Even if the private sector plays a role, we still need governments to carry some of the load. Let's get together to find a way to be ready for this emergency now, but also have a parallel track with a sense of urgency and momentum to put in place some incentives to enable us to be ready, with the Africa CDC, for the next pandemic.

SPEAKER

Dr. Danny Souris Louange

Chief Executive Officer,
Health Care Agency,
Seychelles

Considering Seychelles is one of the smallest countries and economies in Africa, it is a pleasure to say a few words. It's impressive how much work has been done and how much thought has been put into the COVID-19 vaccine for Africa. Right now in Seychelles we have less than 200 reported positive cases of COVID-19, with about 17 active cases currently. We've had very small numbers of COVID-19, but our challenge is being away from the continent and a lack of access to the medical supplies, vaccines and human resources for health.

In Seychelles, health is basically run by the public sector. The main role of private sector is clinics, and not even to the level of secondary hospitals. When it comes to the vaccine, the population depends on the public sector to provide them, so this is really different from what seems to be happening in other African countries.

The government of Seychelles is currently looking at an agreement with the GAVI Alliance regarding vaccines. The cost is a challenge because Seychelles depends on tourism as one of our main economic pillars, and this has been affected greatly this year. In 2021, we see ourselves having difficulties. Taking all this into consideration, having that vaccine brought to us will be a challenge. Of course the cost doesn't only include the cost of the vaccine itself. There are many costs in the logistics, storage, temperature requirements, and distribution of the vaccine. As a country, we are glad there are support systems available to help African countries carry out effective vaccination campaigns. We want the private sector to play a more significant role in the healthcare sector, so maybe there is an opportunity to work with Africa Health Business. There is a private sector association being formed, which is new to Seychelles, so this is a platform that we can work on.

Moderator

Kaushal Shah

Head of Pharmaceuticals & MedTech,
Africa Health Business

As a continent, we will face challenges when it comes to procuring and financing the vaccine and efficiently and sustainably producing, distributing and administering it. We are faced with already overstretched immunisation systems, as well as under-resourced logistics and inventory tracking systems. Once a vaccine does become available to us as a continent, we will be faced with cold chain requirements and the significant challenge of tracking multi-dose vaccinations.

Panelists

Professor Morgan Chetty

Chairman

Healthcare Federation of South Africa

I'm going to present the findings of a conference that was just concluded this weekend. The debate that we had was far beyond the vaccine itself and was more focused on access and distribution. We discussed under-resourced logistics and the time it takes a vaccine to get to the patient.

The first challenge we looked at was the estimate of costs against the pressures of commercial markets, in light of superpowers pre-booking and purchasing. There are concerns this will escalate the price of products and make the availability of vaccines drop. This practice is also undermining the intention of COVAX.

We also have some concerns around the pricing policy within COVAX, which has a different policy for low-income versus middle- and high-income countries. There are countries that may look to be middle-income, but may not be middle-income right now, especially due to the damage that has been done during COVID-19. This needs to be taken into consideration.

We concluded the meeting on a note of uncertainty. Are we sure that we will have a fair proprietary model for the international distribution of the vaccine, as opposed to people practicing vaccine nationalism?

Sanjeev Ghadia

CEO

Astral Aerial

The International Air Transport Association (IATA) has released a special guidance for vaccine and pharmaceutical logistics and distribution and there are certain sections that are very relevant for Africa. One is in the area of capacity and connectivity. There is a call to African governments to provide the connectivity to ensure that there is adequate capacity available for vaccine distribution. An additional area that affects Africa is in facilities and infrastructure. Vaccines need to be shipped and stored in temperature controlled environments. Some of these refrigerants are classified as dangerous. Considerations including the availability of infrastructure, facilities, equipment and trained staff are important to manage time- and temperature-sensitive vaccines. Additionally, there is the issue of border management. IATA wants to make sure that customs and authorities provide fast-track clearance for vaccines, not only for the destination country but also for the countries in transit. The last point that IATA stressed is the importance of security. Vaccines are highly valuable commodities and arrangements must be put in place to ensure that shipments remain secure from tampering and theft.

We need a phased approach for vaccine delivery. This phased approach cannot be done over a short period of time, but over 24 months. If we provide the distribution logistics so that 60% of Africa's population receives the vaccine, we will require the equivalent of 1,000 cargo aircrafts to transport 1 billion doses. This is the equivalent of three Boeing 747s flying every day for the next two years.

The vaccine distribution should be routed via African airports where there is adequate cold storage infrastructure. Considering that only 10% of African airports have large-scale cold storage facilities, we need to take a careful approach. The hubs of Nairobi and Addis Ababa can take care of the requirements for the East Africa and Horn of Africa region, while

Johannesburg can take care of Southern Africa. And, to a certain extent, Lagos can take care of the West African region. Not all the vaccines will be transported by air, however. There will have to be a collaborative strategy where distribution can be done by air, road, and sea through their respective regions. This is something that can only happen when there is collaboration between all members of the supply chain.

We must focus on infrastructure, especially on the cold storage facilities that are required, and look at innovative containers that can be able to maintain the transportation at the temperature needed for the vaccines. We also have to make sure there are trained personnel who can handle dry ice, re-icing and repackaging the vaccines where it is required. Above all, we must make sure that we have special monitoring and tracking devices, so that we can actually be able to monitor and track the temperature of the vaccines during storage. Last but not least, we must make sure that the last mile delivery is strengthened to minimise wastage.

Dr. Ernest Darkoh

Founding Partner

BroadReach

If we look at the 780 million people we need to vaccinate in a 24-month period, if it is a single dose vaccine, we will be vaccinating one million people a day. If it is a double-dose vaccine, when people start coming for their second dose, it will become 2 million people being vaccinated each day. These numbers are incredibly daunting because and will require an extremely efficient machine to do this effectively. We are essentially talking about vaccinating the entire South African population in about 27 days. Do we know of a machine that can carry out this task effectively?

What would have to be true for us to pull this off?

1. **The community is prepared ahead of time**. We need to start preparing communities now and prepare the products for our audience, including completing necessary translations, etc. Having people ready for this vaccine is critical, and we don't need to wait much longer before we start these efforts.

2. **Health systems capacity that is able to support the vaccination process**. The COVID-19 pandemic and the rise in cases is actually draining the resources that we need to do the vaccinations. The worse it gets, the worse off we will be when it comes time to actually administering the vaccine. The same staff that have been dealing with the stress of COVID-19 will have to carry out the vaccination program, so we need to ensure they are taken care of.

3. **Have impeccable data, in particular with a multi-dose vaccine**. We have to be able to track who exactly has had the first dose, the second dose, and track the pharmacovigilance associated so that we can assess the safety issues, which we don't yet fully know because of the unprecedented speed with which we have developed and rolled out these vaccines. We need to track this for long periods of time. We can't do this on paper records, so we need to put in place digital tools to meet this level of need.

Kenneth Macharia
Country Representative
Options

The WHO gave a report recently indicating that they've asked governments to self report on their preparedness for the COVID-19 vaccine. The average for Africa was 33% in relation to preparedness and the benchmark is 80%. The task ahead of us is daunting, but I want us to look at it from a different perspective. First of all, when we think about the approach to how the vaccine will be distributed, we're constantly talking about governments, and I like the fact that private sector has been highlighted today. But I want to bring a different perspective in terms of how private sector should be involved. We do recognise that government has to be involved in establishing a framework and structures through which the vaccine is distributed. However, there is also a private sector side to this. There is an opportunity here for the private sector to be involved and to participate in establishing alternative capacity that can be utilised in the distribution of this vaccine.

The issue of trusting the vaccine is an important point. How do we ensure that there are other players getting involved in this process? First of all, we need to mitigate against the issue of cost. There will be people who are willing to pay for this vaccine, but we need to ensure that there is equitable access, and that's where the government has a part to play. We need to create a market dynamic. As Options, we want the government to build capacity, provide technical assistance and to look at things around data for decision making. This is something all governments should be thinking about, especially as we're thinking about capacity for their own systems to be able to distribute this vaccine.

As we talk about policies and the environment in which the private sector can be more involved, we need to think about what sort of policies we should have in place. There's this whole conversation about having policies across borders. We all know that takes time and so we need to be realistic as to what is the best option for us right now. Individual countries should establish policies internally that enable private sector to be involved. Capacity for local manufacturing is an important piece that we need to take on board. We've seen this across different countries, such as PPEs being developed in-country. We need to encourage this further and look at how we scale so that we can afford this distribution of the vaccine, and also prepare us to respond to future pandemics.

In addition to cold chains, another factor is the last mile piece. This requires engaging at the community level, and how we do that. We talked about capacity in terms of health workers. We just don't have enough of them. So how do we do this? There's a need for us to develop an incentive for other players to be part of this solution that we have created.

Danny Mutembe
Director
Africa Healthcare Federation

It's interesting to see how the vaccine is just the next topic after all the challenges that we have faced in terms of the supply of COVID-19 products. This pandemic has taught us important lessons on how we can come together. We've seen how the application of measures has been different from country to country, and this has affected different countries in different areas. We have also seen how we've come together in finding solutions, coming up with innovative technologies and solutions to fight the pandemic.

Producing vaccines locally is a very important topic. By "local," I mean within the continent. This has two major advantages. First of all, it curbs counterfeiting when local governments work together to build regulatory frameworks. Secondly is the issue of uptake. We've seen how some countries because of local reasons, have not decided to apply the prevention measures, which has affected other countries. For instance, it has increased the spread of the virus in the East African regions. This is one of the key things that we have seen in East Africa collaboration between governments in coming up with solutions that are better for the region that are conducive to the region. We've seen that digitisation of some systems.

For instance, some countries sing using drones or robots in terms of medicine delivery. We have to be very innovative.

Last but not least, data is a huge issue; specifically, data sharing. We need to address existing data and whether they are reliable. Sometimes they are a deterrent for investment, and some of the potential manufacturers have mentioned that when the data are not accurate it's a really big issue for investment. We are looking at availability of quality medicines. We're looking at the discussions on production, for now and also for future pandemics.

Dr. Babatunde Omilola

Manager, Public Health, Security and Nutrition Division
Africa Development Bank

This is very exciting because we are now at a stage where we are witnessing the triumph of science in terms of being able to come up with effective vaccines that can actually save lives, save livelihoods and allow for speedy economic and social recovery. But this is just the first step because countries differ, and many African countries are really not ready in terms of the deployment of these particular vaccines. They are not ready because some of the countries, or some of the governments or communities, they are still not convinced that these vaccines will protect people from the pandemic. So we have to do a lot to convince people to make sure that communities, governments and senior leaders are on board, in terms of the rollout and the delivery of the vaccines in Africa.

We also need to ramp up infrastructure for delivery. Many colleagues have spoken about cold chain technology, but there are many kinds of statistics that report challenges in terms of delivery. Take for instance in poor, rural areas in Africa, where they don't have electricity. What's going to happen to them? How will they be able to have access to the vaccines? So we have to ramp up infrastructure, and this cannot be done by governments alone. This has to be done by governments, private sector entities, civil society organisations and international organisations including multilateral development bonds, which I am representing.

We have to make sure that the resources that will be needed to facilitate assets for these vaccines must be made available. The African Development Bank board approved $10 billion for COVID-19 response in April. Out of that, have been able to deploy about $4 billion to support African countries in terms of their responses to COVID-19. Going forward, we will be coordinating and collaborating with other multilateral development banks and other partners to ensure that we facilitate access and deployment of vaccines in different African countries.

Vaccines in themselves are not enough. We need to move beyond that. We need to do accurate diagnostics in Africa, because we still really don't know those that are being infected and those that are not being infected. I recently saw a report on Sudan, where many people have actually died without knowing that they have died of COVID-19, because of lack of appropriate diagnostics. So we need to also ramp up our diagnostics in Africa, to be able to know what's going on. Then, finally, we need to move beyond vaccinations into treatment, because this will be the core of going forward in terms of ensuring that we are all safe. The pandemic that we're witnessing is not just for one particular country or a particular part of the world. Which means we must work within multilateral arrangements, so that all countries cooperate. This is not only for developed countries, it's also for developing countries, because even if you solve the crisis in a developed country and you leave behind developing countries or low-income countries, it means that you are going to come back to the same situation. So we all have to work together. We as the Africa Development Bank will continue to work collaboratively.

Nyawira Njeru
Global Health Director
Eastern Europe, Middle East & Africa
BD

We are talking about immunising about 60% of Africa, about 800 million people, translating to about 1 billion doses or 1.5 to 2 billion doses if we have a double-dose vaccine. So for us to be able to get it off the ground and make it a successful vaccination program, we need to have a very strong program.

1. Supply Chain

We should look at the full continuum of immunisation supplies that will be required to ensure that we are able to administer the vaccine to the recipients at every level. This means looking at the injection devices required, 1.5 billion to 2 billion syringes. We have seen that all the vaccines have a different dosage, so we need to start thinking backwards about the manufacturing and production, the procurement, the logistics to get them into the countries, and be able to provide them at every community-level facility where immunisation will be taking place.

2. Staff and Training

Our healthcare system is already overstretched, our healthcare workers are tired. So how can we roll this out and what staff training and capacity building will be required? We need to be thinking around the correct administration of the vaccine so that we can avoid adverse events for both the healthcare workers and recipients. If we don't get it right, we won't be able to avoid widespread distrust of the vaccine.

If we have the vaccine but not the delivery devices and a way to get it safely to patients, then we have not yet made it.

Sodo Bah
Director of Partner Relations
ADS Group

We would like to thank everyone for participating in this session. This is very important to us ADS Group. One of the keys to a successful vaccination campaign is to develop a strong distribution mechanism, which involves both public hospitals and private clinics, and in working through public-private partnerships. It is also essential to have a successful last mile distribution system. This is critical in markets with weaker infrastructure in order to avoid the break in the cold chain. The use of technology is also essential. For example, low-cost temperature sensor devices can be inserted in shipments or refrigerators holding vaccines. These sensors can be inserted in order to monitor vaccine deliveries and provide practical information about shipments and is all available in the palm of your hand through a mobile application. ADS is currently in discussion with a company based in the US, that works closely with GAVI. They have a technology called trek pro sensing device, which is used in vaccine distributions in the US, and we will further discuss with them about the possibilities of partnering in order to help assist with the distribution and shipments of vaccines.

Closing Remarks

Kaushal Shah
Head of Pharmaceuticals & MedTech,
Africa Health Business

What we've heard today is that we need to work together to vaccinate the African population. All the stakeholders from both the public and private sector will need to join forces. We have a significant challenge ahead of us, with 54 countries and 54 different regulatory systems, so we must seriously consider whether all our individual healthcare sectors have the capacity and the muscles to take on the management of the COVID-19 vaccine immunisation programs. And we need to work together. under the guidance from the Africa CDC.

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