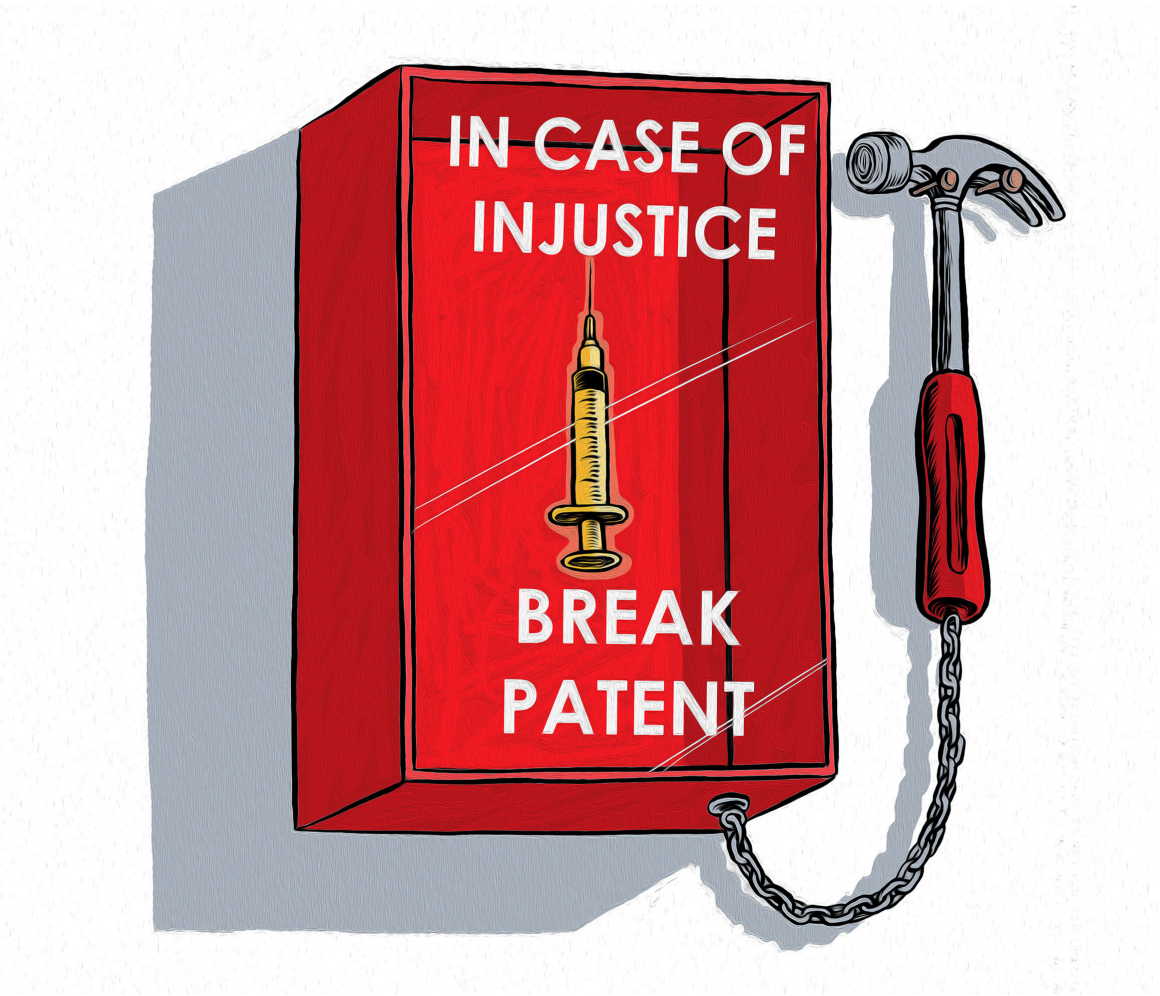
THE BETA CHRONICLES

Access, Agitation, Action!

The First Year of COVID-19
A Civil Society Reflection Report

MARCH 2021



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The Beta Chronicles are a series of position papers developed by the African Alliance that aim to capture "moments in time" in global and local Civil Society across various sectors. Named after the subcategory of Coronavirus, the Beta Chronicles are status, policy, progress and advocacy action-driven narratives that provide high-level commentary on health advocacy as it relates to COVID-19. This special issue of the Beta Chronicles provides a curated retrospective look at the first 12 months of the pandemic, highlighting some of the critical lessons, gaps, opportunities and threats that have emerged as a result of COVID-19, while recognising the importance of regional resonance and solidarity and the implications for the broader African continent. This three-part report provides a detailed view of access and intellectual property issues, addresses some of the actions that have been taken by Civil Society and community groups working to keep COVID-19 research accountable and community-owned and lays out the agitation that is needed going forward to ensure equitable access and research accountability throughout 2021.

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FREEDOM

ACCESS

Before governments or global bodies had authorised any COVID-19 vaccines, activists and public health officials predicted and warned of their inequitable distribution[1]. Drawing on experiences from more than two decades ago of trying to secure affordable HIV treatment, experts cautioned that pharmaceutical companies could utilise international intellectual property protections to restrict manufacturing and create artificial scarcity. At the same time, they recognised that amid a global pandemic, rich countries were certain to leverage their larger treasuries and their ties to those pharmaceutical companies to guarantee early access to vaccines, crowding out their less-resourced counterparts[2].

That is precisely what has come to pass. Countries accounting for just 14 per cent of the global population have laid claim to more than half of the leading vaccine candidates' planned supplies in 2021. The rest of the world is unable to compete with their resources and industry connections. On the African continent, only four countries were able to pre-purchase any vaccines[3]. As of March 2021, three months after the first Pfizer jab was dispensed to much fanfare in the UK, just 47 countries had administered at least five doses of the vaccine for every 100 citizens[4].

If this disparity persists, researchers predict that most people living in low-income countries will not be immunised until 2024[5].

It's a deadly proposition, mainly as it leaves frontline health workers and high-risk individuals in Africa exposed to COVID-19 infections even as people in far lower danger of severe disease are immunised elsewhere. While the threat of preventable deaths in the Global South has rarely catalysed richer countries to redress global inequalities, the fact that persistent inequities in vaccine distribution could also cost the global economy as much as $9.2 trillion may prove more of an incentive[6]. Particularly since advanced economies could bear up to nearly half of that cost[7].

Winnie Byanyima, the head of UNAIDS, has called the situation ***"a vaccine apartheid that is only serving the interests of powerful and profitable pharmaceutical corporations while costing us the quickest and least harmful route out of this crisis."*** [8]

1. https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30110-7/fulltext
2. https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(21)00001-1/fulltext#.YA6sFP-3_AE.twitter
3. https://launchandscalefaster.org/COVID-19
4. https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html
5. https://www.theglobeandmail.com/world/article-failure-to-provide-vaccines-to-poorer-countries-is-another-example-of/
6. https://iccwbo.org/media-wall/news-speeches/study-shows-vaccine-nationalism-could-cost-rich-countries-us4-5-trillion/
7. https://www.nber.org/papers/w28395
8. https://www.theguardian.com/global-development/2021/jan/29/a-global-vaccine-apartheid-is-unfolding-peoples-lives-must-come-before-profit

South African activists with roots in the fight for affordable HIV treatments were well-positioned to predict this inequity. The pharmaceutical industry has replicated many of the strategies it used in that earlier fight to limit access to antiretroviral (ARV) treatment for HIV patients. That includes using global intellectual property protections under the World Trade Organization's (WTO) agreement on Trade-Related Aspects of Intellectual Property (TRIPS) to shield themselves from demands to permit the production of cheaper versions of the drugs.

At the same time, the industry was able to restrict the terms of the debate by clinging to secretive licensing agreements or claiming proprietary privileges that allowed them to keep even the most basic information from the public, including the cost of manufacturing the drugs.

In 1997, when the South African government moved to override these dodges and restrictions and import cheap, generic ARVs anyway, they were hit with lawsuits from the drug companies and threats of trade wars from the industry's rich-country backers. It took a years-long global movement and hundreds of thousands of unnecessary deaths to overcome drug companies' intransigence.

Eventually, in 2001, facing public outrage following a global activist campaign, the WTO carved out exceptions to intellectual property and patent rights in emergencies. Known as the Doha Declaration, it spelt out flexibilities that include permitting governments to issue compulsory licenses in emergencies. These licenses allow companies or individuals to import or manufacture a product without the patent owner's permission.

Those concessions have been under attack ever since, as countries like the United States have threatened trade wars against any government attempting to take advantage of the TRIPS flexibilities. Wealthier governments have also tried to force through bilateral trade agreements that compel countries to renounce the TRIPS flexibilities. That has led to a hollowing out of these protections to the extent that, by the start of the coronavirus pandemic, many countries - including South Africa - did not have the necessary domestic legislation or regulatory mechanisms in place to effectively issue compulsory licenses.

Pascal Soriot - AstraZeneca

Albert Bourla - Pfizer

Stéphane Bancel - moderna

Stanley Erck - NOVAVAX

Alex Gorsky - Johnson & Johnson

Uğur Şahin - BIONTECH

A compulsory license may not be up to the task anyway, as they do not facilitate quick action in an emergency[9]. Before they can be issued, manufacturers must demonstrate they have followed a series of steps, including negotiating voluntary licenses from the patent owner. Once issued, the compulsory license scope is still narrow, necessitating a separate license for each product. No countries so far have taken concrete steps to issue a compulsory license for COVID-19 vaccines. However, Israel did issue one early in the pandemic to import a generic version of Kaletra from India[10], though it was subsequently proven to be an ineffective treatment.

It was against this backdrop that the pharmaceutical industry moved quickly to seize control of the distribution of COVID-19 vaccines, prioritising sales to governments that had the resources to help back the necessary research and take the risk of pre-purchasing candidates that might ultimately prove ineffective. It was a bet even middle-income countries, like South Africa[11], were reluctant to take, particularly as pandemic-necessitated lockdowns sent their economies into freefall[12].

"Very early on, like with HIV/AIDS, we saw that people were trying to play God," Fatima Hassan, the founder of Health Justice Initiative, explained on an African Alliance webinar[13].

The pharmaceutical companies control the situation to such a degree that U.S. - based Moderna took $900,000 from the Coalition for Epidemic Preparedness Innovations (CEPI), an alliance to finance and coordinate the development of new vaccines. There was an understanding that the vaccine, which Moderna successfully developed, would be distributed in line with CEPI's "equitable access principles." Instead, the company has included no low-income countries in its initial immunisation distribution[14].

While other companies have not been as brazen, they have made only limited concessions. Some have granted production licenses to additional manufacturing facilities, but only under highly restrictive conditions that allow them to maintain an artificial scarcity of the vaccines.

The companies have maintained control over the distribution of the vaccines and secrecy around their production costs despite the unprecedented input of public money into their development. Despite those investments, countries have been unable or unwilling to demand transparency, allowing companies to set some startling terms even as they assert a commitment to affordable access.

9. https://www.foreignaffairs.com/articles/world/2021-01-29/folly-hoarding-knowledge-covid-19-age
10. https://www.goodwinlaw.com/publications/2020/11/compulsory-patent-licensing-in-response-to-covid19
11. https://theconversation.com/south-africa-failed-to-get-its-act-together-on-vaccines-heres-how-153384
12. https://www.dailymaverick.co.za/article/2020-12-06-the-great-covid-19-vaccine-heist/
13. https://africanalliance.org.za/2020/11/22/fatima-hassan-founder-of-health-justice-initiative/
14. https://www.washingtonpost.com/world/coronavirus-vaccine-access-poor-countries-moderna/2021/02/12/0586e532-6712-11eb-bf81-c618c88ed605_story.html

When Oxford University researchers initially began working on a vaccine, they planned to donate the rights to any drugmaker[15]. They backed away from that pledge and ended up partnering with AstraZeneca, though the company promised not to profit off of the vaccine until the pandemic was over. Classified agreements that have been made public reveal, though, that the drugmaker gave itself the power to declare the pandemic over as early as July 2021[16]. Meanwhile, Pfizer has agreed to provide limited doses of its vaccine at not-for-profit prices to the COVAX initiative, an unelected & unaccountable multilateral coalition that pools funds to buy vaccines and distribute them equitably among member countries. Concerns about COVAX's power to pressure national governments to override existing standards and procurement laws remain a concern and a balancing act for countries to execute faced with an overwhelming demand for vaccines. But there is no way to confirm what the company is actually charging the facility or whether it is, in fact, forgoing profit[17].

In part, this is the result of vaccine nationalism. This scramble for shots differentiates the current situation from the fight for affordable access to ARVs and makes the fight for affordable and equitable access to COVID-19 vaccines even more difficult.

Under pressure to restore normalcy, rich countries are willing to pour money into research and risky purchases and relinquish any oversight of the companies or any obligation to the rest of the world. They are also willing to overlook the industry's blatant machinations to maximise profit, so long as they are the ones benefiting from those efforts. And they are happy to tolerate artificial scarcity and participate in the vaccine nationalism that is perpetuating this scarcity and driving up pharmaceutical industry profits, so long as their citizens are receiving jabs.

European Union officials exposed the deception of this system when, falling behind the United Kingdom and the United States in its vaccination campaign, the bloc threatened to abandon international trade regulations and impose export restrictions to prevent doses from leaving the EU[18].

15. https://khn.org/news/rather-than-give-away-its-covid-vaccine-oxford-makes-a-deal-with-drugmaker/
16. https://www.fiercepharma.com/pharma/astrazeneca-puts-a-time-limit-its-covid-19-no-profit-pledge-report
17. https://msfaccess.org/msf-governments-must-demand-pharma-make-all-covid-19-vaccine-licensing-deals-public
18. https://edition.cnn.com/2021/01/26/business/astrazeneca-pfizer-vaccine-delays-europe/index.html

Simultaneously, the EU is among the regions and countries blocking a proposal from South Africa and India that could help break this artificial scarcity and speed up the global distribution of vaccines.

Tabled at the WTO in October, the proposal would temporarily suspend the intellectual property rights around products that protect, contain and treat COVID-19[19]. That includes patent protection, but also copyrights, industrial designs and trade secrets. The waiver would remain in place until global herd immunity is achieved. More than 100 countries now back the waiver, including the entire African Group of countries within the WTO[20]. But the WTO is governed by consensus, and countries with large pharmaceutical industries continue to block its advancement.

Ahead of her appointment as the new WTO Director-General in March, former Nigerian Finance Minister Ngozi Okonjo-Iweala publicly proposed ***"a third way, in which we can licence manufacturing to countries so that you can have adequate supplies while still making sure that intellectual property issues are taken care of."***[21] She has maintained that her priority is ensuring equitable access to COVID-19 therapeutics, diagnostics and vaccines, but is focusing primarily on lifting export restrictions and solving supply chain issues.[22]

Embraced by the pharmaceutical industry, the "third-way" proposal has proponents of the TRIPS waiver concerned that it could undermine their campaign.[23]

Those governments deploy the same arguments they have used since the debate over access to ARVs. They argue the waiver will stifle innovation, never mind that much of the vaccine development was built off of publicly funded research. They also claim poorer countries do not have the facilities to manufacture COVID-19 vaccines or treatments, anyway, though there are reportedly existing facilities that currently have the capability. And the pandemic can only have boosted governments' interest in retrofitting existing manufacturing facilities or building new ones.

In South Africa, for example, Aspen Pharmaceuticals has been tapped to produce Johnson & Johnson's COVID-19 vaccine, which is currently being rolled out to the country's health workers as part of an observational study.[24] Most of those doses, which could start production as early as late March.[25] are slated for export, though. The public-private Biovac Institute has also expressed

19. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32581-2/fulltext
20. https://www.wto.org/english/news_e/news21_e/trip_23feb21_e.htm
21. https://www.bbc.com/news/business-56079088
22. https://www.cnn.com/videos/business/2021/03/01/wto-chief-ngozi-okonjo-iweala-vaccine-distribution-qmb.cnnbusiness/video/playlists/business-coronavirus/
23. https://www.devex.com/news/trips-waiver-tripped-up-in-wto-by-third-way-99329
24. https://www.aljazeera.com/news/2021/2/17/south-africa-begins-vaccine-rollout-through-observational-study
25. https://www.reuters.com/article/us-health-coronavirus-aspen-pharmacare-v/south-africas-aspen-could-produce-jj-covid-shots-by-end-march-idUSKBN29C1TY

interest in COVID-19 vaccine manufacturing. The facility has an obligation to provide vaccines in the interest of both South Africa and the region[26]. Though its capacity would initially be limited, it has the potential to boost local access while also developing competencies that could better prepare it to respond to future outbreaks - a potential that might threaten the status quo.

In addition to exposing neocolonial tendencies, the current situation is senseless from a public health perspective. Until population immunity is reached globally, the virus will continue to circulate, increasing the likelihood of mutations that will render the existing vaccines less effective, if not completely useless. It is already happening. The AstraZeneca/Oxford vaccine offers so little protection against mild and moderate infections resulting from a mutation of the virus first detected in South Africa that it no longer meets minimal international standards for emergency use. That delayed South Africa's immunisation campaign and could have more devastating effects on the rest of the region[27].

Much of Africa is dependent on the COVAX facility for its vaccines. The multilateral coalition presents itself as a pooled fund to buy vaccines and distribute them "equitably" among its member countries. COVAX had bet big on AstraZeneca, both because it is affordable and does not require ultra-cold storage. The vast majority of the 90 million doses assigned to African countries in COVAX's forecast for the first half of 2021 are from AstraZeneca.

While South Africa has been able to turn to Johnson & Johnson jabs to replace the AstraZeneca doses, other, poorer countries in the region may not have that flexibility. South African leaders appear reluctant to advocate on their behalf. It has become something of a pattern. Even as South Africa leads the waiver efforts at the WTO and writes regional obligations into Biovac's charter, its leadership has made little effort to rally domestic support around a truly equitable Africa-wide response.

The leaders of the country hardest hit by COVID-19 on the continent[28] may be falling into the same hierarchical thinking that has fueled vaccine nationalism around the world. Desperate to pull their country out of the pandemic, they may ignore the lesson of unity that was crucial to winning equitable access to HIV medicines two decades ago.

The African Alliance will continue its work to advocate and agitate for equitable access to COVID-19 vaccines throughout the continent. Some of the key collaborations being forged and plans being laid in this regard are addressed in Chapter 3.

27. https://www.nytimes.com/2021/02/08/world/africa/south-africa-Covid-variant-vaccine.html
28. https://www.statista.com/statistics/1170463/coronavirus-cases-in-africa/


FUCK
THE
1%

AGITATION

As we enter 2021 and a new phase of the pandemic – focusing on access to vaccines – we also reflect on the toll that the COVID-19 took in 2020. In the face of a new disease and an extraordinary health crisis, which has exacerbated economic and social divisions, the demands Civil Society faced in the past year were overwhelming. South African CSOs were at the forefront of sharing essential information about COVID-19 and research around the virus in an accurate and accessible manner.

One area where the African Alliance and its partners were especially well-placed to make informed and specific demands was in advocating for the ethical and community-owned implementation of clinical trials.

The COVID-19 pandemic saw an unprecedented global onslaught of research, with the rapid initiation of a slew of studies in South Africa. In May 2020, the African Alliance, in partnership with the Vaccine Advocacy Resource Group, staged a national intervention that included a letter to the Minister of Health, requesting a temporary halting of a trial that was not implementing community engagement and participant protection to the standards deemed acceptable by Civil Society.

In May 2020, TASK, a South African clinical research firm focused on testing anti-tuberculosis drugs, began a 500-person clinical trial to determine whether the Bacille Calmette-Guerin (BCG) TB vaccine could reduce the risk of COVID-19 infection or re-infection among healthcare workers[29]. Though there was no evidence the vaccine would have any effect, BCG was one of a variety of treatments tested early in the pandemic for its ability to prevent or reduce the severity of a COVID-19 infection.

The African Alliance joined a consortium of CSOs and labour unions that expressed immediate concerns with the TASK trial[30]. Raising alarms about participant safety and a lack of information about community consultation around the study, the coalition issued a call in June for the trial to be suspended.

Among the most pressing concerns was TASK's decision not to provide participants with access to free personal protective equipment (PPE), like masks and gloves, even though the government had already made the wearing of face masks in public compulsory. TASK said it relied on the Western Cape health department to provide PPE to the participants, though there was ample evidence that health workers had faced a widespread shortage of masks and gloves since the onset of the pandemic.

29. https://task.org.za/2020/05/04/covid-19-bcg-vaccine-trial/

30. https://bhekisisa.org/article/2020-06-13-unions-activists-call-for-cape-town-covid-19-clinical-trial-to-be-stopped/

CSOs also had concerns, which they articulated in a letter to Minister of Health Zweli Mkhize and others, that the researchers had failed ***"to broadly engage and consider the input of critical national structures of people living with and survivors of TB and the communities where the trial is taking place."*** [31]

TASK had partnered with the local TB activist group, TB Proof, as a Civil Society partner in community engagement to the trial consortium. But the organisation failed to engage additional Civil Society organisations in discussions about the trial, and its outreach to the community was minimal. In one instance, the group counted raising the issue of the trial during a tangentially related meeting as "consultation." And though it is common practice in clinical trials in South Africa to establish a community advisory board and engage with a broad selection of civil society, TB Proof and TASK failed to do so from the protocol design stage.

TB Proof argued that the urgency of responding to the COVID-19 response and the "biological plausibility" of the BCG vaccine preventing COVID-19 infections necessitated a speedy clinical trial. TB Proof has also maintained that their outreach efforts were hampered by the government - mandated lockdown, though they attempted to engage community members, primarily in digital spaces. Despite those efforts, though, they were unable to adequately respond to questions from Civil Society about what concerns were raised by the community and how they were subsequently addressed in the trial protocol.

After labour unions and Civil Society groups, including the African Alliance, raised their concerns, TB Proof revealed that TASK had asked the organisation not to respond to the queries on behalf of the trial consortium. At the same time, TASK has remained silent on the ethical concerns that had been raised. Meanwhile, with the trial ongoing and in "the absence of evidence," the WHO continues to not recommend the BCG vaccination to prevent COVID-19[32].

The African Alliance is also leading national efforts to counteract COVID-19 misinformation from prominent public leaders and political figures. In the most high-profile case, the African Alliance filed a complaint[33] with the Judicial Services Commission in January against Chief Justice Mogoeng Mogoeng. He publicly implied that COVID-19 vaccines could be dangerous.

31. https://www.scribd.com/document/465494272/Civil-society-statement-calling-for-the-halt-of-the-TASK-BCG-COVID-19-trial#from_embed
32. https://www.who.int/news-room/commentaries/detail/bacille-calmette-gu%C3%A9rin-(bcg)-vaccination-and-covid-19
33. https://africanalliance.org.za/wp-content/uploads/2021/01/AA_Chief_Justice_Complaint_06.01.21_Affidavit-and-annexures_FINAL.pdf

During a prayer at Tembisa Hospital in December 2020, Mogoeng said, ***"If there be any [COVID-19] vaccine that is the work of the devil meant to infuse 666 in the lives of the people, meant to corrupt their DNA… may it be destroyed by fire."*** He then defended his statement days later at a media briefing, stating, ***"I don't care about the consequences. We've been guided for far too long, toeing the line. I'm not going to toe any life, and it doesn't matter how many people criticise me. When I believe I need to address this issue, I'm going to do it."***

Asserting that Mogoeng violated the Code of Judicial Conduct in relation to the Judicial Services Act, the African Alliance asked the Commission to review and act on its complaint. An obscure group - that describes itself as "contemporary fundamentalist" - the Liberty Fighters Network attempted to divert attention from the issue and derail proceedings, objected to the complaint filed by Tian Johnson, the founder and lead of the African Alliance because they identified as non-binary[34]. Insisting that South African statutes do not allow a person to identify as anything but male or female, the LFN attempted to focus on Johnson's gender rather than the complaint's substance.

To avoid this attempted distraction from the core issue of public figures fueling COVID-19 misinformation, Johnson submitted a supplementary affidavit[35] identifying as "male."

The goal in challenging Mogoeng and other high-profile figures who make false statements about vaccines is not necessarily to target the person spreading the misinformation but also the people receiving it. Challenging the denier alone can polarise people's views, whereas challenging the technique that deniers use to share misinformation and rebutting their arguments with facts can ultimately decrease their influence. In an opinion piece[36] entitled "Vaccine misinformation: What to do when it's coming from leaders", Johnson highlights the importance of continuing to remind politicians and civil servants that there are consequences to spreading misinformation about vaccines.

The African Alliance is committed to holding leaders to account when they spread dangerous untruths about vaccines while calling on other members of government and political party leaders to do the same.

34. https://www.iol.co.za/news/south-africa/gender-of-justice-mogoengs-covid-19-vaccine-complainant-queried-cf9d6d9c-6a54-4d19-93ab-e92afbf8a9e5
35. https://africanalliance.org.za/wp-content/uploads/2021/01/AA_Supplementary-Affidavit.pdf
36. https://bhekisisa.org/article/2021-03-01-vaccine-misinformation-what-to-do-when-its-coming-from-leaders/

ACTION

During the second year of the "COVID era," the African Alliance and its partners will continue advocating for equitable access to COVID-19 vaccines in South Africa and across the continent and ensuring that where COVID-19 research is taking place, communities are meaningfully engaged and informed. But the organisation will also expand its work to support communities in combating mounting vaccine hesitancy and strengthening the public health system at a structural level to better prepare its response to the next pandemic.

Leadership of the African Union and the African CDC

The African Union and the Africa Centres for Disease Control and Prevention (Africa CDC) have drafted a Framework for Fair, Equitable and Timely Allocation of COVID-19 Vaccines in Africa[37] that is based on a recognition that "the only way to achieve the threefold goal of preventing transmission, preventing deaths and minimising social and economic consequences is to end the pandemic by successfully immunising a critical mass of the African population." In an effort to forge a Framework for identifying what equitable access should look like on the continent and how it could be achieved, the Africa CDC consulted with more than 3,000 political leaders and technical experts.

Recognising the interwoven nature of the community and individual good, the Framework "emphasises social solidarity and equitable distribution of resources among all members of the society." In practice, access and distribution decisions should work toward the greater good, which means prioritising people whose services are essential to the survival of others while protecting the most vulnerable individuals and groups from exploitation or other harms. The Framework provides a sample vaccine delivery sequence based on this philosophy, that is ordered: front-line healthcare workers, researchers and research participants, essential workers, the elderly, people living with comorbidities, people living in overcrowded settings, adults, pregnant women, adolescents and then children.

To achieve all of these goals and effectuate these rollouts, there is a three-part vaccine development and access strategy underlying the Framework. In many ways, it responds to many of the challenges identified in the Access section of this report and a signal that African leaders do not plan to follow the same strategies that have created artificial vaccine scarcity and led to vaccine nationalism. The strategy calls for:

1. Accelerating African involvement in the clinical development of a vaccine to ensure vaccines are safe and efficacious in African populations.

37. IS THE FRAMEWORK ONLINE SOMEWHERE?

2. Ensuring African countries can access a sufficient share - 60 per cent coverage with a vaccine that effectively prevents infection - of the global vaccine supply by providing guidance and support on financing and procurement.
3. Removing barriers to widespread delivery and uptake of effective vaccines across Africa through work on streamlined regulatory approvals, preparations for the delivery of the vaccine, and community engagement and communication campaigns to ensure uptake.

Achieving these objectives will require ongoing conversations and decision-making around issues like vaccine selection and delivery. It will also require continuous community engagement around acceptability and uptake questions, designed to ensure engagement and commitment to the process.

The Framework highlights several specific considerations in community engagement, including what organisations to engage with to ensure that all populations are reached with vital information and given the opportunity to provide feedback. These meetings need to be more than box-checking activities and must meaningfully consider the full range of potential issues. While organisations like the African Alliance have a role in ensuring adherence to the principles that underlie the Framework, there is a specific opportunity to ensure that leaders across the continent live up to the community engagement commitments.

There are also key financial considerations to take into account. COVAX aims to provide 20 per cent vaccine coverage, well below the 60 per cent estimated as necessary to achieve herd immunity. This points to the danger of characterising COVAX as a vehicle for equitable vaccine access. It is not. Africa's leaders will have to ensure adequate financing of the remaining doses and ensure sufficient infrastructure and human capacity to roll out the vaccines when they arrive. To that end, leaders across the continent and around the world are considering opportunities to pursue pooled procurement mechanisms, where orders are pooled from various countries to leverage cheaper prices and other financing options through multilateral institutions and public-private partnerships.

As a member of the People's Vaccine Alliance[38], a coalition demanding a vaccine that is available to all as a common good, the African Alliance will continue to advocate against the efforts to restrict access that have marred the initial rollout of COVID-19 vaccines and promise to persist. There are opportunities to press the pharmaceutical industries and the countries and multilateral institutions that have entered into agreements with them for greater transparency on pricing and manufacturing restrictions.

38. https://peoplesvaccine.org/

There are also opportunities to strengthen existing mechanisms, including COVAX and the WHO's COVID-19 Technology Access Pool (C-TAP), which is designed for research institutions and pharmaceutical companies to freely share all information, data, biological material, know-how, technology and intellectual property related to treating and preventing the virus. Though C-TAP has been in place for nearly a year, no institution or company has yet contributed to it, underscoring how far we remain from an understanding of the necessity for a shared people, not profit-driven, response to the pandemic.

The African Alliance will also continue to advocate for integrating political and Civil Society leaders from the Global South in decision-making about vaccine allocation.

Even as the organisation advocates for equitable access to vaccines, it is also working to combat growing distrust of those vaccines fueled by misinformation. There is little research on vaccine hesitancy in South Africa, but some indications that it could be a growing problem[39], particularly as people perceive that members of their communities are being "used as guinea pigs" in vaccine trials that are not designed to respond to their circumstances or address their specific needs.

Leveraging the message that "Science Saves Lives," the African Alliance will continue its work to maximise the use of relevant media, local level influencers of behaviour change and strategic communications to support communities in need of accurate, evidence-based information around vaccine research. These efforts will highlight the importance of conducting vaccine trials - and access advocacy - throughout the continent to find the safest and most effective candidates for the population while also championing the people across Africa who play a role in vaccine breakthroughs, both as researchers and participants.

Simultaneously, the organisation will feed information from these communities back into the trials to ensure that they protect the participants and respond to broader concerns.

Furthermore, the African Alliance will continue to forge partnerships with other organisations working across the continent, to ensure that the growing shadow of vaccine hesitancy is addressed. Years of public health experience has shown us that even the most effective and safest tools are useless if they are not accepted by the communities that could benefit the most from their rollout. Along with experts in communication and media, the Alliance will develop efficient strategies and key messages to boost vaccine confidence using culturally appropriate images and locally respected science ambassadors. Simultaneously, data will be complied based on vaccine access and vaccine confidence.

39. https://theconversation.com/south-africas-immunisation-record-risks-being-dented-by-anti-vaccination-views-153549

During the first year of the COVID-19 pandemic, the African Alliance (and Civil Society more broadly) gained vital knowledge as well as further experience fighting for community-led, equitable interventions. That knowledge and those experiences will continue to guide our work going forward - work that does not end with broader vaccine availability. Throughout this epidemic and beyond, our work will remain compassionate, thoughtful engagement with all communities, and the vigilant oversight of their rights and needs, while speaking truth to power and ensuring accountability is a cornerstone of all we do.

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