Ports to Arms Meeting: Africa Responds: Equity, Delivery & Manufacturing

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CIVIL SOCIETY DECLARATION ON LACK OF EQUITABLE ACCESS TO COVID-19 TOOLS

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Today, we, a broad, inclusive and indigenous-led civil society collective, with the solidarity of international civil society partners and networks, commend states' efforts to safeguard the lives of African citizens.

As we look North today across the seas and wonder at the impending cloud of war and devastation, the displays of patriarchal violence in the place of peace, we are reminded that we have more in common than what divides us.

As Africans, this moment gives us pause and compels us to ask, "when is our time?".

When is our time to not just survive but to prosper, to be free – from poverty, from violence, from sickness….and as we ask ourselves that question, we also take the time to reflect on where we have come from and what has brought us to this moment.

We can speak about the complicity of countries such as the US, Canada, France, Norway, Germany and others who, together with pharmaceutical companies, have been complicit in preserving this profit fueled pandemic. We can talk about their lack of meaningful action and their abundance of rhetoric and PR moments to secure their political futures at the expense of our lives.

We can talk about their silence when over a year ago, we implored them to step aside and stop hoarding vaccines so countries on this continent who had paid in full for their vaccines could get what we had paid for and keep those we love alive to see today.

But today, I would like us to reflect a little closer to home and talk to you about Abuja.

Over twenty years ago – twenty years – two decades, those who claim the title of leader signed a declaration. A declaration that boldly declared that the fight against HIV, which was ravaging our communities and killing us, would be treated as the highest priority.

They resolved that they would make sure that the cost of the treatment that would keep us alive would be affordable and that the technologies for the treatment, care and prevention of diseases would be within reach and even incentivized.

They pledged to advocate globally and act locally. They promised to allocate at least 15 percent of their budgets to ensure that sickness, pain and death are not defining features of our lives as Africans.

They pledged.

They declared.

They resolved.

A few years later, 19 African countries had reduced their public health spending.

What we see before us through the magnifying glass of COVID-19 are the fruits of decades of deprioritising health at country level.

The fact remains that as Africans, we absolutely must ensure that we leave no one behind. And that means all Africans – the Africans who we continuously and willfully refuse to see – the Africans who use drugs, the Africans who sell sex, the Africans who are in detention, the Africans who disregard our colonial borders in search of a better life, the gay, bisexual, transgender and intersex Africans who choose to love freely against all odds, despite the laws in our countries that criminalise us, stigmatise us and emboldens communities to inflict violence on us in the name of colonial laws that we still enforce despite our proclamations of love for Kenyatta, Sankara, Biko, Fanon, Kabuye and Machel and talk of an African renaissance that we cannot see ourselves in and remains a distant, distant prospect.

The African women and girls who daily carry this continent on their backs and on their shoulders, who navigate their lives on this continent despite relentless violence inflicted on them by men, despite unwavering sexual violence, patriarchy that pervades and infests every aspect of our existence and continues to be a barrier to freedom for all, and the blanketing violence of poverty – despite this all, we stand before you today and ask – when will our time come? When will our time come to breathe freely, to dismantle this reality, to break the cycle?

Over two years into the Covid-19 pandemic, deep inequalities persist within global access to Covid-19 vaccines, treatments and diagnostics.

Ten-billion Covid-19 vaccine doses were produced in 2021, more than enough to have reached the World Health Organisation's (WHO) 40% global vaccination goal if vaccines had been distributed fairly across the globe.[1]

Today, almost 55% of the world has been fully vaccinated against Covid-19. In Africa, only about 12% of people have been fully immunised, in part because of late and unpredictable access to vaccines.[2] Meanwhile, six out of seven Covid-19 cases go undiagnosed amid a lack of access to testing on the

[1] Amnesty International, "Money Calls the Shots: Pharma's response to the Covid-19 Vaccines Crisis," https://www.amnesty.org/en/documents/pol40/5140/2022/en/ [Accessed 21 February 2022]
[2] Our World in Data, https://ourworldindata.org/covid-vaccinations [Accessed 21 February 2022].

continent.[3] And the ongoing undercounting of death reveals a lack of access to diagnostics – and weak health information systems.

We face a similar gap in access to the latest Covid-19 therapeutics.

African countries' inability to access the tools necessary to contain national epidemics increased national debt as countries — many of whom were already highly indebted — were forced to borrow more from international lenders to purchase vaccines — compelling African nations to spend to save lives now at the expense of investing in developing the essential services, including healthcare, education and social safety nets that protect lives and livelihoods in the future.

The colonialism that has structured African economies to provide raw materials to colonial powers has left many commodity-reliant African economies vulnerable to price shocks during the pandemic and without advanced manufacturing capabilities that found us wanting in this pandemic and unless we disrupt the status quo, will find us wanting in the next pandemic.

[3] World Health Organisation, https://www.afro.who.int/news/six-seven-covid-19-infections-go-undetected-africa [Accessed 21 February 2022].

This even as former colonial powers hoarded vaccines. They blocked even temporary measures, such as a TRIPS waiver, to increase access to Covid-19 tools on the continent that would have spared lives and economies.

And now they want us to move on and tell us to live with COVID as a manageable disease.

We acknowledge African scientists' role in openly sharing data to critically shape the global response. This commitment to international principles of scientific transparency and pandemic response was often rewarded by the imposition of racist travel bans against their home countries.

We recognise in the last 20 years the establishment of the first vaccine partnership, GAVI and — during Covid-19 — Covax and the Access to COVID-19 Tools (ACT) Accelerator.

We, in particular, recognise the WHO Director-Generals appointment of Dr Ayoade Alakija as Special Envoy for the Accelerator and are encouraged and inspired by the fact that a Black African woman who is an expert in her field, a proud feminist, and an ardent defender of human rights willing to speak truth to power is at such a critical decision-making table. She executes her duties in the full knowledge that she arrived as one but now stands as ten thousand.

Countries and the WHO have begun to invest in African vaccine manufacturing, and Africa Centres for Disease Control and Prevention has become a catalyst for advancing discussions around local production that had, up until now, largely stalled at the African Union. We not only want but desperately need a funded, functional and accountable African CDC and stand in support to make this a reality.

We are, however, concerned that interventions to increase timely and equitable access to medicines for Africa do not address the root causes of inequality. Existing initiatives fall dismally short of ensuring that African nations assert their own sovereignty. Interventions, such as donor funding for initiatives and voluntary licensing, remain at the Global North's discretion and ultimately curtail the agency of African countries and their pandemic preparedness.

We note that national Covid-19 responses on the continent have themselves often been plagued by a lack of transparency, accountability and, in some cases, poor planning and blatant corruption and looting of pandemic funds.

We now make the following demands:

Short-term actions for a more equitable Covid-19 response:

1. We call on the African Union, G7, and other leaders to urgently agree to a fully-funded roadmap to deliver on the WHO goal of fully vaccinating 70% of people globally by mid-2022. The roadmap should be based on a comprehensive global manufacturing and distribution plan for the vaccines and all COVID-19 products and technologies. This plan must also include a regular public reporting mechanism — with meaningfully civil society oversight.

   As a handful of global health leaders begin to advance a perverted narrative that the worst is over and we must now live with COVID, we say to them, shame on you. Shame on you fully vaccinated and fully boosted sitting in your bloated warehouses of hoarded vaccines, telling this to us on a continent that has been on the receiving end of your greed and your refusal to stand by us when we called on you to walk the talk of solidarity and stand with us on the TRIPS waiver, when we asked you stand with us and stop hoarding, to stand with us and demand what we have asked for since the onset – justice not charity. It is immoral for you to present resilient health systems as an adversary to equitable vaccine access for our people. This is not a choice, and we must pursue both with equal vigour. COVID is not over until we have

equitable access to vaccines, tests, treatment and linkage to care – thinking otherwise is not grounded in reality or science.

2. We call on the WHO to urgently issue guidance allowing the stringent regulatory approval of Covid-19 tools, including self-tests in place of WHO prequalification. Delays in WHO processes actively result in Africans not being able to access COVID-19 testing services and, by extension, linkage to treatment, care and support. If you are a teacher in some countries on this continent, a COVID test will cost nearly half of your monthly salary. We have a right to know our status, and as we look abroad and see tests being delivered to people's homes, tests available freely in public spaces, we again ask – when is it our time?

Improved accountability:

5. We call on African Union leaders to commit to transparency and accountability in their Covid-19 responses by making Covid-19 contracts, including prices paid, and procurement a matter of public records in their home countries. Just this week, an NGO, the Health Justice Initiative, filed court papers in South Africa – at the core of those demands was one principle – we have a right to know what commitments you who hold the title of leader have made in our name. When will it be our time for accountability?

6. We call on African Union leaders to commit to a zero-tolerance policy for officials and businesses who engage in Covid-19 corruption, profiting as people died, lost jobs and as our people collapsed in vaccination lines from hunger - showing yet again that vaccination does happen in a vacuum.
7. We call on the African Union to develop a concrete and publicly-available plan for how the continent will use its buying power to secure better terms and conditions for countries, even in the context of Africa's reliance on donor-funded immunisations.
8. We insist that global leaders and bodies — including Gavi, the African Union, the African CDC and the WHO — commit to ensuring consistent, meaningful and independent access for civil society and community observers from the onset of initiatives. We can see before our very eyes the cost of ignoring the calls that we made two years ago to ensure that the resources and political will behind research and development, manufacturing and logistics also goes into ensuring that no community is left behind. Our continued failure to recognise this truth will mean that vaccines will not move out of the fridge and into arms despite all of our efforts.

The need to harness African local production:

1. African must leaders continue to develop local manufacturing while also ensuring that governments retain sufficient ownership of these new facilities to ensure their strategic direction and output serves the public interest first.
2. The African Union must convene a high-level meeting to review best practices for structuring ownership and public investment and returns on medical breakthroughs within the continent, learning from the pandemic.
3. G7 and EU leaders, the WHO and major philanthropies must commit to making the conditions of Covid-19 and pandemic preparedness funding for Africa — including investments in local production — public, particularly any existing intellectual property conditions and that funding for local production in Africa must be free of strings and intellectual property provisions to benefit donor countries.

Addressing roots of systemic and inequitable access:

1. Any response to the current pandemic or future pandemics must be grounded in the principles of community, equity, transparency and accountability.
2. A future pandemic treaty must include strong language barring the imposition of travel bans in line with the International Health Regulations.
3. G7 and EU leaders must undertake to include conditions on future research and development funding for medicines in response to pandemics to ensure that public financing achieves a public good – instead of enriching powerful pharmaceutical companies and adding to the rapidly growing pool of pandemic billionaires.
4. Alongside creating a pandemic treaty, the WHO should spearhead moves to hold a United Nations General Assembly Special Session (UNGASS) on access to medicines within the context of pandemic preparedness. Following the 2016 recommendations of a UN high-level panel on access to medicines, these meetings must explore new ways of funding research and development that de-link R&D costs and pricing to increase equitable access.
4. All clinical research conducted in Africa should be implemented with resourced community engagement plans that span all phases of research, from protocol development to dissemination and access.

Research must include women, including transgender women, and other marginalised groups such as people living with HIV.

Colleagues, in closing, the Covid-19 pandemic has left an indelible mark upon the world. We will undoubtedly find ourselves pausing to mourn the millions of lives lost to this disease in the years and decades to come.

Only then might we be ready to finally ask ourselves how many died needlessly due to the hoarding and profiteering that gave rise to one of the most preventable travesties in human history.

History will indeed judge the world harshly, but in these demands lives a bold, optimistic and African vision for a different future in which no longer are some lives considered worth more than others.

I call on you to stand by us, to hold our hands in solidarity and walk the talk that will allow us to say to this generation and the next that we did not sit by, we were not complicit; we acted from a place of love, from a place of justice, from a place called Africa and that those who came before us, on whose shoulders we stand today did not sacrifice their lives in vain.

We must not let Abuja – the Abuja of 20 years ago or this Abuja be in vain.

We will say that we spoke out and continue to speak out - even when our voices shake.

Thank you