

Who will live; those with money or all of us?

Francis Omaswa highlights the Global scramble for COVID-19 vaccines



The COVID-19 pandemic is raging in Europe and USA and infection rates have exceeded those seen during the first wave last winter and spring. Political leaders are under stress and are taking drastic steps to reduce transmission and minimise mortality and morbidity which has provoked riots in some countries. These countries are working feverishly to rapidly vaccinate the population with a view to reaching the 70–80% level needed to achieve effective herd immunity which can enable return in these countries to normal social and economic life as well as save lives.

There is panic in some quarters resulting in decisions to grab all available COVID-19 vaccines including doses to be produced in the future. There was for example a highly publicised call this week that requires vaccine manufacturers not to export any vaccines without permission from political leaders. Vaccine nationalism has cropped up as new terminology. It is counterbalanced by regular calls from the WHO Director General, Dr. Tedros Adhanom Ghebreyesus and some European leaders, championing humanity, equity and solidarity to spare and avail some vaccines to low- to middle-income countries (LMICs) that have no resources to develop and make vaccines themselves. There is also the epidemiological argument that pockets of the virus anywhere is a threat to all countries and no country is safe until all countries are safe.

It is this spirit that triggered global leaders to launch COVAX, a solution intended to accelerate the development and manufacture of COVID-19 vaccines, diagnostics and treatments, and guarantee rapid, fair and equitable access to them for people in all countries. Its secretariat is at Gavi in Geneva, a multilateral agency that is already coordinating the supply of vaccines to LMICs for many years. COVAX is working with manufacturers to provide investments and incentives to ensure that manufacturers are ready to produce the doses we need as soon as a vaccine is approved. The facility also uses the collective purchasing power to negotiate competitive prices from manufacturers.

The sobering truth

In 2016, I was a member of a global commission that produced a report titled *Neglected Dimension of Global Security; a framework to counter infectious diseases crises*. This report admits the sobering truth that there is limited capacity for producing potentially lifesaving

vaccines, and not everyone is able to get needed medical products at the same time. This requires difficult decisions about who gets the medical products first. The ability to pay should not determine where products are distributed, as in the case of a country that wishes to stockpile vaccines for its low-risk population. Rather, those who are at the greatest risk and in imminent danger during a crisis – whether they are frontline health workers or a vulnerable local population – should have priority. This means that, in order to ensure equitable access and distribution of vaccines to those in need, countries must refrain from nationalising their vaccine manufacturing output. This was illustrated during the H1N1 outbreak in 2009, when governments with pre-existing contracts sought to preserve the capacity of firms located within their territorial borders to inoculate their own citizens before giving or selling to other countries. The rationale, which is understandable, was that the governments had an obligation to their citizens before exporting vaccines to other populations. However, the reality was that these populations were at very low risk and the prioritisation was incongruent with good public health policy.

African action

While we appeal to the global community for solidarity, empathy and humanity, we need to appreciate that these infectious diseases crises are going to increase in frequency. We must call upon African countries to take note and prepare for the future pandemics by developing internal capacity to develop, manufacture and distribute vaccines, diagnostics and therapeutics within the continent in partnership with the rest of the world. Africa should join COVAX not just as a beneficiary but as a contributor of the best science and financial resources.

This is the vision of the AU/NEPAD, Pharmaceutical Manufacturing Plan for Africa (PMPA) endorsed by the Heads of State and Government in Accra in 2007. This is the time to rejuvenate this vision. It is a matter of life and death.

Let me conclude by applauding the Leaderships of African countries that have allocated funding for local development of therapeutics, diagnostics and vaccines for COVID-19. In some countries such as Uganda, clinical trials are now in progress and all people of good will, including regional bodies in Africa should support these efforts.

Francis Omaswa, CEO, African Centre for Global Health and Social Transformation and Publisher of Africa Health Journal.

I need you here...

Taking your HIV medication EVERY DAY can help you be here when I grow up. I heard there's a "Triple Pill" that can make it easier.



Take a Triple a Day. Every Day.

Ask your Doctor if there is a Triple Pill for YOU.

The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013, (<http://www.who.int/hiv/pub/guidelines/arv2013/en>)

