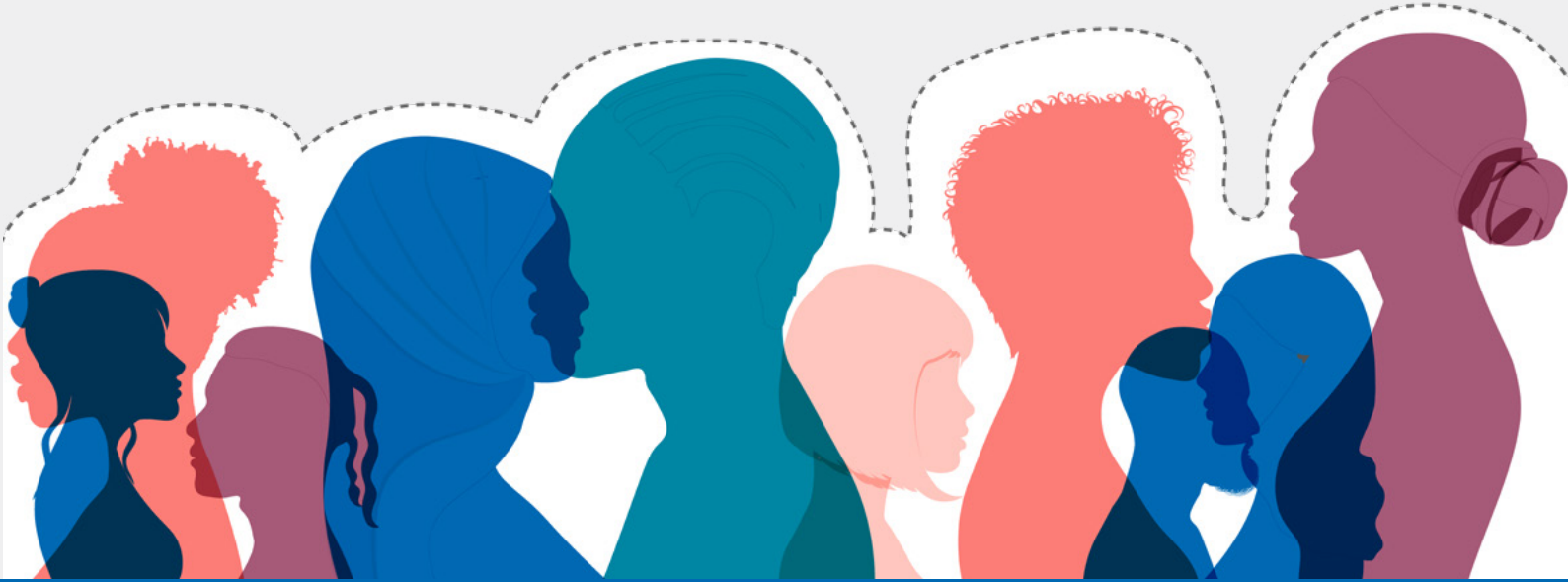


Global vaccines equity and solidarity:

For a fair, equitable and timely allocation of COVID-19 vaccines in Africa

Series #1*



The COVID-19 pandemic, as well as its related cultural and socioeconomic consequences, and now immunisation campaigns are characterised by **uncertainty, complexity, and urgency**. **Shall we give priority to action over ethical reflection? No!** There is needs to restate and act out of the core values and principles that hold our societies together.

Even with the Vaccines rollout campaigns, we remain in an uncharted territory that has raised major ethical questions on our values, behaviours, and relations. In 2021, UNESCO and Africa CDC issued two normative frameworks:

- The UNESCO Ethics Commissions' Call for [Global Vaccines Equity and Solidarity](#), and
- [The Framework for Fair, Equitable and Timely Allocation of COVID-19 Vaccines in Africa](#) (issued and co-developed by Africa CDC and the SAMRC)

Both Frameworks share one common goal:

Ensuring that a COVID-19 Vaccine is considered a "global public good" that is accessible to everyone, irrespective of ethnicity, nationality, gender, sexual orientation, race and religion.

They call for international solidarity among States to safeguard a sense of community, and advocate for equitable treatment and particular attention for the most vulnerable groups. Only holistic ethical deliberations can assist with ensuring fairness and equity. Accordingly, efforts must be made relentless to ensure solidarity and equity between and within countries and groups, according to Ubuntu philosophy.

KEY ETHICAL CONSIDERATIONS



The **Ubuntu** principle – sense of the Community - is of vital importance – it is vital landmark to guide actions.



Promotion of **Universal Access** to a **Public Good**. Avoid Vaccine Nationalism and Predatory Rush.



Protection from vulnerability must be applied to observe fairness within and between countries.



Public-Private Partnerships are required, to observe **Equality, Justice, and Solidarity**. The development of vaccines by the pharmaceutical industry was also supported by public funds, often in collaboration with public academic institutions.



Public Trust and **people-centred approach** are key in reaching herd immunity. Trust can only grow from a **respectful dialogue, Public Transparency, Critical and Open Deliberations** on the scientific practices behind vaccines, and as well as on public policies on vaccination.

What is the reality in Africa today? What can be done?

Can States act?

Yes!

Africa will need 1.5 billion doses to reach 60% of the region's population, for herd immunity. Currently, 80% of the world's populations in low resource settings will not receive a vaccine in 2021. One of the major impediments is that some pharmaceutical companies had patented vaccines even prior to proving their efficacy. This is in complete disregard of a people's vaccine, which must be free of charge to all. Big pharma is reluctant to contribute towards the COVID-19 Technology Access Pool (CTAP).

Yet, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) can be waived by virtue of the WTO Doha Declaration that define the scope of TRIPS; members cannot be prevented from "taking measures to protect public health" and "to promote access to medicines for all" (para 4-6). In October 2020, India and South Africa submitted a waiver proposal to the WTO, aimed at temporarily suspending intellectual property rights to allow equal access for all, and to help countries override monopolies until herd immunity is reached. More than 100 countries supported it, but it was blocked from countries mainly in the global North, in some instances by those same countries who have purchased vaccines in excess of their population's supply. Africa CDC's announcement of the formation of a partnership for African vaccine manufacturing (PAVM) does bring renewed hope for the continent.

States have the power to remedy the impediments to access intellectual property rights. Therefore, we are not doomed to vaccine inequality or nationalism – approving a waiver for the COVID-19 vaccines is a matter of political will.

Can citizens and individuals act?

Yes!

The knowledge society we live in today offers unique possibilities of communication. We all make use of the ICTs, the traditional media, as well as social and civic engagement and new media. Civil society organisations need to demand for transparency and accountability from their States and pharmaceutical companies, and engage with the communities. Citizens can and must exercise their rights to enquire both on the technical and political questions, because they can, individually or collectively, voice their concerns, demand accountability, and look for information.

Despite the complexity of the issues that gives the general feeling of powerlessness and fatality, this is the time for individuals to build coalitions for change, because they have the means to do so.

Does the world have a choice but to collaborate?

No!

The challenges around the COVID-19 vaccine inequity has again underscored terrifying global inequalities and injustices. Since the immunisation campaigns have started globally, Africa as a continent has received less than 2% of the doses while its population is equivalent to 16.7% of the world population, and high income countries (HICs) have vaccinated 163 times more than the low and middle income countries (LMICs).

With increasing inequalities, tensions could result in conflicts and wars. Hence there remains no choice but to coordinate, collaborate, and synergize in this context. International cooperation is key to dissolving the dramatic rhetoric around the divides between the "HICs" and "LMICs".

Equitable administration of vaccines, as opposed to a distribution limited to HICs, could cut the number of global deaths in half.

If herd immunity is not reached, and the virus remains endemic in LMICs, it will continue to pose a threat everywhere, and the economy will continue to shrink. COVAX is an example of such international collaboration and its aspirational goals should not be undermined. COVAX could be used to redistribute the excessive amounts of unused vaccines that have been bought up by these countries.

African populations have been side-lined through the COVID-19 Vaccination roll-out process. A vaccination timeline taking Africa into 2023 would be unethical. African countries need to invest in their own structures and stop relying on colonial structures. There is a moral obligation to safeguard the population through equal distribution. This not only makes moral and ethical sense but also scientific and economic sense as a slow roll out in Africa will impact the rest of the world.

DOSES REQUIRED FOR HERD IMMUNITY IN AFRICA:



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to reach 60% of
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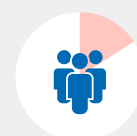
**WILL NOT receive
a vaccine in 2021**

DOSES RECEIVED BY THE AFRICAN CONTINENT:



**Less than
2%**

AFRICAN POPULATION IS EQUIVALENT TO:



16.7%
of the world
population