AFRICA HEALTHCARE FEDERATION

CURRENT STATUS AND ROLE OF THE PRIVATE SECTOR IN INCREASING ACCESS TO COVID-19 VACCINES IN AFRICA

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SUMMIT REPORT

WELCOME & INTRODUCTION

The Africa Healthcare Federation (AHF) is a movement that started about 16 years ago with the simple idea that private sector companies can come together to play its part in promoting quality, affordable, accessible healthcare. Partnering with the government is a key aspect of AHF's work because together we can do much more to provide the 1.3 billion people on the continent with the healthcare they deserve. In order to accomplish this goal, the private sector needed to organise itself, so AHF is a federation that incorporates regional private healthcare federations. AHF represents 27 countries. The federation was launched in 2016 and the first election took place in 2020.

REGIONAL/COUNTRY SITUATION REPORTS AND INITIATIVES:

MOROCCO: Layla Sentessi, Treasurer, AHF

As of 14th July 2021, out of a population of 34 million, Morocco has conducted approximately 6.5 million COVID-19 tests, has had 547,273 cases and 9,404 total deaths as a result of COVID-19. On the same date, Morocco had administered almost 11 million first doses of COVID-19 vaccine and 9.5 million second doses. Morocco is leading the continent in the vaccine rollout.

On 5th July 2021, the launch of a COVID-19 vaccine manufacturing project in Morocco was announced. The manufacturing facility will also produce other vaccines as well as drugs derived from biotechnology. The project has resulted from a public-private partnership and aims to make Morocco a leader in biotechnology and scale to the rest of the continent and beyond. Recipharm, the Swedish leader in vaccine production and the fifth largest pharmaceutical manufacturer in the world, will partner to build a new filling plant, train Moroccans and facilitate technology transfer. Through this partnership, Morocco will also have access to Recipharm factories around the world, especially in India and France.

Morocco has supported other African countries in the fight against COVID-19, including with personal protective equipment (PPE), medications and medical equipment.

NIGERIA: Claire Omatsaye, Vice President, AHF

Nigeria has conducted about 2.3 million tests, 168,000 of which were confirmed cases and a total of 2,125 deaths as a result of COVID-19. The epicentres have been localities around international airports. A Presidential Steering Committee (PSC) has been set up with the mandate of testing rollout and education of the public. The government has invested in 56 federal hospitals, including the building and equipping of intensive care units, provision of molecular labs and PPE and establishment of isolation wards. In support of the government, there has been significant private sector investment and interest, including providing and building ICUs and isolation centres across the country, raising of USD 30 million to provide for palliative care, access to testing and economic support of the impoverished who were not able to work.

Nigeria signed up for the COVAX initiative and received their first 3.9 million doses in early 2021. The first dose of the AstraZeneca vaccine has been given to 2.5 million people, while 1.4 million people have received a second dose. Now out of stock, Nigeria is expecting the next batch of vaccines by early August 2021. Just like South Africa, some of the new variants have shown up in Nigeria. As there is significant concern about a third wave of COVID-19 infections in Nigeria, especially due to the introduction of new variants, PCR testing is compulsory for anyone coming into the country, as well as mandatory isolation for the first week after arrival and testing prior to release. Over the last two months, collaboration has developed between the PSC, the Healthcare Federation of Nigeria and various private sector bodies to involve the private sector in the scale-up of vaccination programmes, leveraging on the same

model that was used to scale up testing earlier in the pandemic. The estimated percentage to reach heard immunity against COVID-19 is 70% of the population. Less than 1% of the 200 million Nigerians have been vaccinated thus far and unless there is dynamic and close collaboration between government authorities, the private sector and the Africa CDC, heard immunity will not be achieved.

Kenya: Dr Amit N. Thakker – President, AHF

Kenya is currently on the tail end of a third wave, with a total of 186,603 cases and 3,621 deaths. The laboratory testing rate currently stands at 41,067 samples per 1 million people. Kenya has vaccinated just over 1 million people with the first dose and approximately 300,000 on the second dose out of a population of 52.5 million people. There is an online vaccination monitoring app that functions as a registry and provides vaccination certificates. More people need to be reached with the vaccine and the private sector has a role to play in supporting the government in this area.

INTRODUCTION TO PANEL DISCUSSION

Prof. Morgan Chetty – Chairman, KwaZulu-Natal Doctors Healthcare Coalition, SA

The COVID-19 pandemic has eclipsed any other disease outbreak we have experienced in the past hundred years. We are witnessing the COVID-19 aftershocks, with 90% of African countries likely to miss vaccination targets. Vaccine nationalism has resulted in low-income countries possibly having to wait until as late as 2023 or 2024 before even gaining access to sufficient numbers of vaccination doses. There is currently a resurgence of the virus in 12 African countries and the window of opportunity for blunting the effects of these new outbreaks is rapidly closing.

There are a number of challenges Africa is facing when it comes to addressing the COVID-19 pandemic, including vaccine nationalism versus global vaccine solidarity, vaccine hesitancy, access to vaccines, limited production capacity and logistics issues in terms of cold chain, infrastructure and skilled human resources for implementation.

Africa needs to vaccinate 67-70% of the population to reach herd immunity. Currently, 2.55% of the population have had their first dose, while only 1% have had two doses. We are perfectly poised to be targets for more surges and a protracted pandemic. In the short term, we need to focus on vaccine acquisition to manage the present crisis, and in the medium to long term, manufacturing of vaccines to mitigate costs and availability.

Professor Stanley Okolo: Director General, West Africa Health Organisation (WAHO)

West Africa is no different from the other regions on the continent. On average, the private sector contributes 15-20% in terms of COVID-19 prevention measures. The region does have a slightly lower fatality rate of 1.3% compared to 1.5% in the rest of the continent. What is most important is that we know we are unlikely to have sufficient vaccines in the next year to vaccinate our way out of this, so we have to ensure that we continue with non-pharmaceutical public health measures. There has been so much emphasis on vaccines, but it’s important for us not to let our foot off the pedal when it comes to other measures of prevention, as Nigeria (in line with many other countries) appears to be currently entering their third wave.

When it comes to procuring vaccines, it is important to consider the options. There is COVAX, bilateral deals and also a regional platform through which countries can receive vaccines. The heads of state of the 15 countries that make up ECOWAS agreed to set up an ECOWAS Vaccines Revolving Fund to bridge the gap that COVAX is unable to fill, to use bulk purchasing power to procure vaccines and to help prime local manufacturing. We know that regional manufacturing will not solve the current crisis, but we need to look at the medium to long term. Four manufacturing bases have been identified in the region; two in Nigeria, one in Senegal and one in Ghana. Further support from inter-governmental organisations and beyond is welcomed. The

manufacturing facilities in Senegal and Ghana have already received support to begin fill and finish facilities. Progress is being made on getting the same type of support for the manufacturing facilities in Nigeria.

On vaccine acquisition, the ECOWAS region has received about 11.75 million doses, 8.8 million of which are from the COVAX facility. Utilisation rates range from 60% in countries that started later to about 99-100% in countries like Nigeria and Ghana. On average, 76% of the total available doses have been utilised. None has expired except some incidents where the vaccines were delivered just before the expiration dates. The West African region has also set up a vaccine exchange program, and through this has delivered vaccines from countries where the uptake was slower to countries in desperate need, in order to ensure vaccine utilisation rates are as high as possible.

Dr Willis Akhwale: Senior Advisor, Government of Kenya

The Government of Kenya is moving forward with vaccination programmes because of the economic impact that COVID-19 has had on the country, with estimates of about USD 130-150 million lost per month during lockdowns. Therefore, the Ministry of Health (MoH) has been engaging the private sector through the Planning and Coordination sub-committee of the COVID-19 Taskforce. Private sector facilities are also currently serving as vaccination centres. Additionally, the MoH constituted a technical working committee under the chair of the Kenya Medical Practitioners and Dentists Council (KMPDC) and the Kenya Healthcare Federation (KHF) and developed a framework on private sector engagement in the deployment of COVID-19 vaccines.

Kenya rolled out its COVID-19 vaccination programme, administering the AstraZeneca vaccine, on 5th March 2021 and the administration of the second dose began on 28th May 2021. The country has received only 1.7 million doses due to global supply constraints. They expected to receive close to 4 million doses between May and July, but this target has not been achieved. There has, however, been good uptake of the vaccines that have been received and very close to 1.6 million doses have been administered, including over 1 million first doses and almost 600,000 second doses. The uptake of the second dose from those who received the first is steadily improving and is currently at 54%.

Taking into account all current information, the Kenyan government has revised the targets and now aim for 30 million Kenyans to be vaccinated by the end of 2022. A more short-term target is to fully vaccinate 10 million people by the end of 2021, which is an extremely tall order and where the role of private sector will be essential.

The government has procured 13 million doses of the Johnson & Johnson vaccine and is set to receive 2 million doses of the Pfizer vaccines that have been donated by the U.S. government through the COVAX initiative within the next month, as well as approximately 1 million doses of AstraZeneca from various donor countries.

MoH has worked with the Kenya Private Sector Alliance (KEPSA) on a cabinet memorandum to engage the private sector to fund the purchase of 1 million doses of the Johnson & Johnson vaccine. The procurement will happen through the government, but with funds raised by the private sector. A few of the considerations in the policy framework include:

- ✓ All vaccines imported must be listed with WHO for emergency use authorisation (EUA) and must be registered by the country’s Pharmacy and Poisons Board (PPB).
- ✓ All vaccines must be administered free of charge.
- ✓ The government will be responsible for importation of the vaccines, regardless of the type of arrangement (COVAX, AVATT, bilateral).
- ✓ MoH will provide oversight on the maintenance of cold chain.
- ✓ All vaccination centres must be accredited by the KMPDC. EUA regulations require stringent reporting protocols including adverse event reporting that falls under the KMPDC.

- ✓ The vaccination data must be reported through the government's reporting system (Chanjo-KE) so that they're able to track all vaccinations being distributed and where they are located, in order to trace the individuals and the stocks. This information will be shared with the public to ensure transparency and trust.
- ✓ The private sector will play a major role in the communication strategy to increase uptake of the vaccine.

KEPSA will support the rollout by taking up the costs of vaccinating their employees, families and a portion of members of the community free of charge. MoH and KEPSA have formed a joint committee to define and strengthen collaboration and KEPSA will appoint members to the planning and coordination sub-committees of the National Deployment Task Force.

If 10 million Kenyans are to be vaccinated by the end of 2021 and 26 million by the end of 2022, it requires concerted efforts by both the public and private sectors. This means vaccinating 2 million people per month and 60-70 thousand per day through the end of 2021. There is therefore the need to develop strategies for deployment of multiple vaccines and increase the rate of vaccination through the expansion of vaccination centres, initiating outreach programs and monitoring the impact of the vaccination programme to inform ongoing strategy.

The future role of the private sector includes development of local manufacturing capacity of COVID-19 vaccines, either individually or in partnership with government. Kenya has formed a committee to outline a roadmap for local manufacturing and have reached out to a number of international manufacturers who are producing WHO prequalified vaccines to find the most suitable partner. The private sector also has a role to play in the storage of vaccines and specialised supply chain management services, enhancing service reporting following integration into routine immunisation services and marketing following full market authorisation of the vaccines.

Ayman Cheikh Lahlou: CEO, Cooper Pharma (Morocco, Africa and Middle East)

"When the finger points at the moon, the fool looks at the finger." The name of the game is not only vaccination but gaining independence by building up pharmaceutical manufacturing capabilities. Despite the obstacles that have shown that it is difficult to manufacture pharmaceuticals in Africa, the goal should be for every country in Africa to have an industry in pharmaceuticals. Once countries have that, specialisation can be developed. There is currently urgency related to the pandemic, but we need to think bigger.

Cooper Pharma was founded in 1933, showing consistency and stability in the market over the years. The company is not publicly-traded and therefore not committed to short-term gains, allowing for the luxury to work on projects committed to long-term solutions. They abide to high standards, allowing them to work with big pharma as well as smaller companies in an ethical and compliant way. They are not driven only by business but by meaning with a mission to increase access to healthcare. The private sector offers much in terms of stability, coherence and sustainability. Cooper Pharma has nine manufacturing plants in Africa, the Middle East and Europe.

Prior to the pandemic, vaccine production globally was limited to a few large companies located mostly in the U.S., Europe, India and China supplying the world at large. The economic model was to concentrate manufacturing in order to benefit from economies of scale and maximising return on investment. COVID-19 has been an epic disruptor, shifting the model to focus more on smaller manufacturers closer to the populations they are serving. There is also a significant bottleneck when it comes to fill and finish in the larger manufacturing centres. Localisation is the new trend.

Of course, there will be challenges with this new economic model, the main ones being capacity development and knowledge transfer, but with the appropriate partnerships, this too can be achieved.

It is necessary to overcome various hurdles in Africa before setting up a vaccine unit, including the following:

1. Difficulty in finding trained local staff: Staff training needs to ensure high-quality vaccine production, which requires starting general education and training on pharmaceutical manufacturing and quality.
2. Absence of long-term vision: Business plans need to look far beyond the pandemic. The goal is not simply to get through COVID-19 but to create independence.
3. Limited awareness: The private sector needs to advocate for national health agencies to participate in public-private partnerships and maintain quality standards.

Every country deserves and can have its own pharmaceutical manufacturing capacity, including for vaccines. Cooper Pharma's vision is to set up as many vaccine units as possible. This needs to be done progressively, in various phases and through partnerships, in order to be successful.

Stavros Nicolaou: Group Senior Executive for Strategic Trade Development, Aspen Pharmacare

South Africa has administered 4.7 million doses of the COVID-19 vaccine, using both Johnson & Johnson and Pfizer, across both the public and private sectors. The goal is to vaccinate majority of 40 million South Africans by the end of 2021, to achieve herd immunity. There have been a number of setbacks primarily linked to vaccine options and variants as well as vaccine supply constraints. However, after a slow start, South Africa has been able to significantly ramp up the vaccine rollout, averaging 32,000 inoculations per day for the first week of the rollout and 7 weeks into the rollout, peaking at 190,000 inoculations per day. Political unrest in two of the provinces of the country over the past few weeks has somewhat dented this pace. The aim is to provide 300,000 per day by the end of July, maintaining that through to the end of the year to meet the target. Currently, individuals aged 35 years and above are being vaccinated.

South Africa realised very early on that the only way to successfully address this once-in-a-century pandemic was for public and private sectors to work together. There was full alignment between the sectors who set up "Business for South Africa", with the purpose of embracing small and large businesses in South Africa to support and complement the government's COVID-19 response. The hope is to carry this type of collaboration into other sectors of the economy. Through this partnership, the Solidarity Fund was set up, which raised 3.6 billion Rand and included contributions from wealthy business people, corporations and even individuals who decided to take a pay reduction to contribute. Its most important achievement is that it established a spirit of solidarity across all sectors of society, particularly in a country like South Africa that is characterised by significant income disparity.

In January of 2021, South Africa moved away from a general COVID-19 response toward focusing on the vaccine rollout. The private sector carries out about one-third of all vaccinations and are even serving uninsured patients, with the public sector reimbursing on behalf of these patients, which is a very commendable feat.

Africa now needs to put emphasis on localisation. What has been witnessed over the past seven months is a sad indictment of humanity. Over 3.5 billion doses have been administered globally and less than 0.5% has been administered in Africa. All the talk of global solidarity has failed dismally. We need technological know-how and skill transfers as we cannot continue the procurement cycles and dynamics that exist currently. We are grateful as Africans for donor funding agencies, but these donors do not purchase from African companies. We can no longer accept the deindustrialisation of the African continent. There is only one answer: we need to develop and own our capacity.

CONCLUSION:

AHF intends to run a series of these webinars and roundtable sessions to promote stronger public-private partnership initiatives to increase access and uptake of the COVID-19 vaccines across the continent.

The next two sessions in 2021 are scheduled for 15th September and 15th November 2021. Make sure you book your calendars for these sessions. AHF Secretariat will communicate the details.

Should you wish to partner on this matter with AHF kindly contact Dr. Maira Bholla on maira.bholla@africahf.com.

THE AFRICA HEALTHCARE FEDERATION

The Africa Healthcare Federation is a pan-African umbrella organisation currently unifying 27 private federations under two fully formed regional federations, the West African Healthcare Federation (FAOSPS) and the East African Healthcare Federation (EAHF). The private sector delivers upwards of 50 percent of all healthcare in Africa. Despite its significant and growing role, it struggles to be heard at a national, regional, and continental level, to access resources and to participate in collaborative efforts. AHF strives to amplify the voice of the private sector, facilitate cross-federation learnings, and promote public-private partnerships to improve health outcomes for all Africans.

Should you wish to partner with AHF, kindly contact the Secretariat on joelle.mumley@africahf.com or lauren.hernandez@africahf.com.

QUESTIONS AND COMMENTS DURING THE SUMMIT:

Questions:

Q: What do the countries need from the private sector. Is it financial or access to the vaccines? And what are the channels for organisations and consortia that can assist?

Q: What is the Kenyan government doing about the 'locking out' of the Covishield vaccines from accessing the EU, what is coined as vaccine-apartheid?

A: This issue is being addressed by AU and WHO. It is more of regulation. Once the EMA registers Covishield it should be allowed. We are informed that procedural regulatory steps are ongoing.

Comments:

Dr. Aziz CHRAIBI, Eng. GMP HEALTH CANADA & MAPAQ EXPERT cGMP Process, Facilities Engineering & PM CPMT Training Company Agreement: Thanks for your amazing event. We are so excited to be part in upgrading pharmaceutical & biotech, vaccine plants in Africa including transfer tech & know how. PBE Pharma Bio Expert Canada, with more than 300 pharma & biotech completed projects, shall be delighted to support Africa HealthCare Federation to support you in F&F projects as well as in pharmaceutical plants manufacturing and transfer tech, as well as in training of HQP, we are a certified CPMT in Quebec, Canada for training.

Dr Pierre MORGON SVP International, CanSinoBIO: Very dynamic webinar, I'll gladly participate to the next sessions.

Prof Dion Du Plessis: Excellent free flow discussions as the questions where embodied in the directive the moderator framed for each of the panelists. Very informative and excellent panel.

Others:

1. Understand that vaccine constraints are not a regional issue but experienced across the continent.
2. Someone from COVAX should be on the panel to explain why COVAX facility seemingly failed the continent. If it did not, then what is the reason that with a central fund and the purpose of COVAX was not delivering to the continent? I think we did mention this around vaccine nationalism.
3. Many not happy that the policy around manufacture and retention on the continent by African production of the vaccine is not clear.
4. Next Webinar: Need to present the changes that were witnessed from this webinar to the next. Are there improvements on vaccinations in Africa? If not, why?
5. Has this vaccine constraint taught us any lessons to prepare for the future?
6. We must capitalise on the issue that COVID-19 has taught us that we live in a global village and as such we cannot in future leave anyone behind.