

21<sup>st</sup> Jun., 2021

**LAUNCH OF COALITION FOR DIALOGUE ON AFRICA (CoDA)  
INDEPENDENT TASK TEAM ON EQUITABLE AND UNIVERSAL ACCESS  
TO VACCINES AND VACCINATION IN AFRICA**

**in** COLLABORATION WITH

IGBINEDION UNIVERSITY TECHING HOSPITAL (IUTH), THE AFRICAN UNION (AU) AND THE AFRICAN EXPORT IMPORT BANK.

DR. E. Osagie EHANIRE  
HON. MINISTER OF HEALTH

**Protocol**

It is my privilege to be part of this important event to launch the Independent Task Team on Equitable and Universal Access to Vaccines and Vaccination in Africa. It is commendable that the Coalition for Dialogue in Africa (CoDA) is collaborating with the reputable Igbinedion University Teaching Hospital to proffer solutions to perhaps the most intractable subject matter confronting Africa in responding to the COVID-19 pandemic: this being getting access to COVID-19 vaccines. The Federal Ministry of Health has been working on this subject since last year.

2. Since establishment of the Coalition for Dialogue on Africa (CoDA) in March 2009, as a special initiative of the African Union, the African Development Bank (AfDB), the African Export Import Bank (AFREXIMBANK) and the United Nations Economic Commission for Africa, we have closely followed their activities around high-level policy forums to promote

dialogue on Africa's peace and security, governance, and development. Their interventions are of high value to Africa. For an organisation led by our own former President Olusegun Obasanjo, we do not expect less, as he is one of the foremost Pan-Africanists today.

3. The COVID-19 pandemic did not only take lives, but also caused global economic devastation and damaged livelihoods, as countries were forced to temporarily shut down economic activity, causing loss of income and associated tax revenue, particularly in Africa with a large informal sector economy. The travel and tourism industry also crashed and foreign direct investments and remittances were significantly reduced.

4. Vaccines quickly became a commodity of highest global value to address COVID-19, and the best hope of ending the disease, alongside critical containment measures that countries had instituted. Procuring and administering the vaccine are, however, costly exercises that put African countries at disadvantage, due to restricted access to the market and financing.

5. As the novel coronal virus rapidly spread across the world, the World Health Organization (WHO) declared it a public health emergency of international concern (PHEIC) on 30th January 2020, with Nigeria recording its index case on February 27<sup>th</sup>, 2020. The federal government took steps to

contain it in a "whole-of-government" approach around the Presidential Task Force on COVID-19, now the Presidential Steering Committee, that brings relevant Ministries and Agencies together to set public health measures and non-pharmaceutical protocols to support other technical measures. Signing the Coronavirus Disease Health Protection 2021 Regulations is a product of this effort.

6. The Federal Ministry of Health (FMoH) also took strategic steps with the Nigeria Centre for Disease Control (NCDC) at the forefront, the Federal Ministry of Health Department Port Health Services at Points of Entry, and service delivery in our hospitals, as well as the development of a National Health Sector COVID-19 Pandemic Response Action Plan. Thankfully, the efforts have yielded results and the gloomy predictions about Africa and Nigeria in particular have so far not come to pass. We continue to strengthen our response mechanisms to ensure that COVID-19 remains under control.

7. On vaccine access, FMoH evaluated indigenously developed candidate vaccines and vaccines with WHO Emergency Use Listing, while "Vaccine Nationalism" evolved, such that access was prioritised to favour wealthy countries to the detriment of developing countries. The FMoH then convened a National COVID-19 Vaccine Conference, to mobilise experts,

development partners and other stakeholders, to create a unified and strategic national front for vaccine acquisition and vaccination of Nigerians.

8. The pandemic appears to be receding in wealthier nations with easy access to COVID-19 vaccines; but vaccine coverage in African countries has been off to a slow start, due to inequitable distribution and fiscal constraints. The supply is outstripped by global demand, especially in low-income countries, Africa being worst hit with barely 2% of the population vaccinated, compared with 30% to 60% in developed countries. The coming together of African countries to push, as one, for vaccine availability for the entire continent is an excellent approach, which Nigeria subscribes to under the African Vaccine Acquisition Task Team (AVATT) and registered to access vaccines for 50% of the population. We also subscribe to the COVAX facility aiming to provide vaccines for the first 20% of the populations of 92 member countries. We also support the ECOWAS strategy and initiative (of which President Buhari is the COVID-19 champion), to ensure our region is well provided for. As the DG of WHO repeatedly says, "No one is safe until we are all safe".

9. On the 24<sup>th</sup> and 25<sup>th</sup> June 2020, Africa CDC hosted a conference on "Africa's leadership role in COVID-19 vaccine development and access",

which brought over 3,000 political leaders and technical experts together, to discuss our COVID-19 vaccine needs and regional opportunities to drive vaccine development, manufacture, distribution, and uptake. Based on the inputs of leading public health experts across the continent, these targets were developed:

- Successful immunisation of a critical mass of Africa's population with one of several safe and efficacious COVID-19 vaccines;
- Accelerate African involvement in the clinical development of a vaccine;
- Ensure African countries access a sufficient share of global vaccine supply;
- Remove barriers to widespread delivery and uptake of effective vaccines across Africa; and
- Access to financing and procurement.

10. Global negotiations for supply rights and access to future vaccines are already underway. The concept of 'vaccine multilateralism' -championed by the Global Alliance for Vaccines and Immunizations (GAVI), WHO and the African Union- presents a promising opportunity for Africa to secure a contingency share of global supplies.

11. The African Export Import Bank (Afreximbank) is facilitating payments for COVID-19 Vaccine, by advance procurement commitment guarantees of up to US\$2 billion to manufacturers, on behalf of member states. AVATT has already secured the promise of 400 million doses of a variety of vaccines for deployment in Africa, but timely delivery is turning out to be an issue, due to low prioritisation of Africa for delivery. It is in this respect that I see one of the great opportunities for the “**Independent Task Team on Equitable and Universal Access to Vaccines and Vaccination in Africa**”, to engage the global gatekeepers of access to vaccines, to do the needful for health workers, the elderly and the vulnerable in Africa, to access COVID-19 vaccines, before it is too late to do the good it is meant to do.

12. Beyond AVATT, the COVAX facility is raising an initial USD2 billion from global donors for vaccines subsidy for low- and lower middle-income countries (LMICs), through advance market commitment, with plans to raise even more as needed, to procure vaccines for LMICs, at no cost to them. COVAX thus offers multiple benefits to members, including a diverse vaccine portfolio and equitable access for member states to cover up to 20% of their population. To augment COVAX benefits, the African Union also engages manufacturers for supplies of more vaccines. For this, substantial capital is to be mobilised from donors and domestic sources, of which

estimates range from USD16 to 21 billion for 50% of Africa's population, and to cover delivery.

13. African governments shall consider ways of independently financing and delivering the vaccine in the short and medium term, without compromise of other priority expenditure, especially health programmes. Resource reprioritisation may in fact benefit the economy as a whole, if governments use it as an opportunity to re-evaluate spending plans and direct funds from non-priority or loss-making programmes.

14. Africa, with 54 countries and 1.2 billion people, produces only 1% of the vaccines it administers, with 99% imported. Challenges of financing, empowering regulatory bodies to meet global standards, raising research capacity, and getting advance government procurement commitments, can be surmounted if there is unity of purpose in Africa. Our continent now has a unique opportunity, not to be missed, to press for manufacturing capability for COVID-19 vaccines, to satisfy the needs of the continent.

15. Nigeria will bid for international support to produce COVID-19 vaccines for Africa, an initiative for which I hereby also solicit support from **"Independent Task Team on Equitable and Universal Access to Vaccines and Vaccination in Africa"**, since we have learnt, as part of lessons from the COVID-19 experience, that we cannot indefinitely continue to depend on

developed economies for vaccines and other critical supplies. National strategy and capacity must be used to support us, for Africa's entry to the vaccine production age. I also lay this as the 2nd most important request for the "Independent Task Team on Equitable and Universal Access to Vaccines and Vaccination in Africa" to consider.

16. As we push for COVID-19 vaccines for the continent, we must also address the question of hesitancy, even among health workers who I hereby implore to use their positions to advocate for, and promote vaccine uptake, in view of the COVID-19 resurgence in the African region. As we fight the disease, we must translate lessons to policies to save lives and livelihoods.

17. I wish you all a successful launch of this noble initiative.

Thank you for your attention.