

Webinar series 2021

Towards Sustainable Healthcare Systems in Africa

Africa's readiness for the COVID-19 vaccination drive

A Webinar Report

8th April 2021



Speakers



MODERATOR Ms. Kaushal Shah Head Pharmaceuticals & MedTech, Africa Health Business



SPEAKER Dr. Muluken Yohannes Immunisation Senior Advisor and National Coordinator of COVID-19 Vaccine Rollout, Ministry of Health Ethiopia



SPEAKER Ms. Tara Prasad Senior Manager - ACT-A/COVAX Coordination Secretariat for Supply for the UNICEF Supply Division, UNICFF



SPEAKER Dr. Nicaise Ndembi Senior Science Advisor, Africa Centres for Disease Control and Prevention



SPEAKER Mr. Sanjeev Gadhia Chief Executive Officer, Astral Aviation



SPEAKER Dr. Ernest Darkoh Founding Partner, BroadReach Healthcare



SPFAKER Prof. Joachim Osur Technical Director of Programmes, Amref Health Africa

Event Partners





































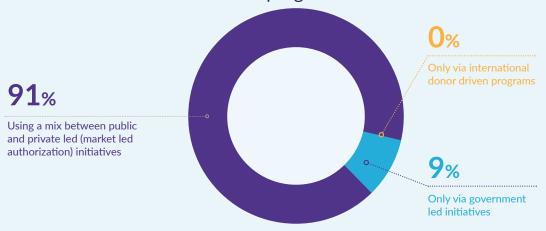
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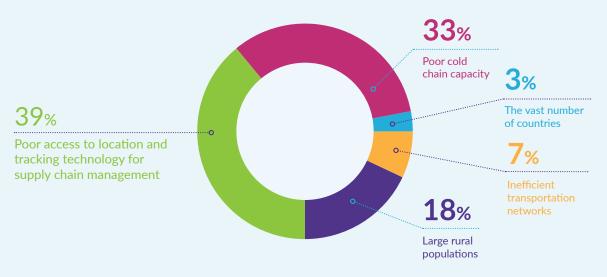
Poll Results

During the webinar we ran polls on the topic to gather opinions, insights and feedback from our attendees.

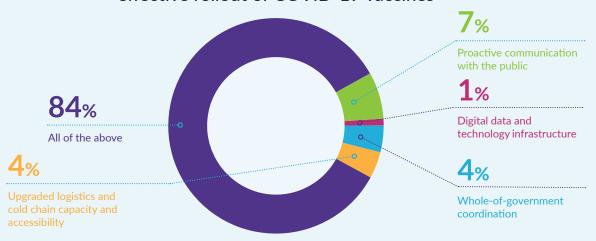
How should we accelerate the COVID-19 vaccination program for Africa?



What are the biggest challenges to distributing the vaccine across the continent?



Which of the following are required for the effective rollout of COVID-19 vaccines



Summary of Discussion

Africa is about to embark on the largest immunisation drive in the continent's history. The equitable and efficient rollout of vaccination programs is essential for the focus to return to building our economies and facing the other many challenges impacting our health systems.

WHAT HAS BEEN ACHIEVED TO DATE

Africa is yet to secure adequate volumes of the vaccine. As of 8th April 2021, Africa has administered vaccines to approximately 0.65% of the entire population and the African Union has a goal of vaccinating 60%. So Africa is behind, but things are moving in the right direction.

The COVID-19 Vaccine Global Access Facility (COVAX) is complementing the AU's work with the goal of vaccinating 20% of the world's population. This means there is a gap of 40% that the AU needs to fill. To this end, they are looking for further funding and support. Thus far, they have been able to secure additional finances and vaccines. This includes 220 million doses of the J&J vaccine, which is considered a game changer because it only requires a single dose, reducing the number of visits required and, therefore, the likelihood of attrition. (Even for standard medications, when patients have to return to a clinic, the rate of attrition is around 30-40%.)

Astral Aviation has transported just under 900,000 doses to 12 countries on the continent. Their aircrafts are able to carry anywhere from 1 to 25 million doses depending on the type of plane. Jomo Kenyatta International Airport in Nairobi is now equipped to store up to 200 million doses of vaccines. This hub of supplies can then be distributed to the rest of the continent.

"Through collaboration, we can reach every airport in Africa so that no country or no person is left behind, especially when it comes to the transportation of the COVID-19 vaccines."

> Mr. Sanjeev Gadhia, **Astral Aviation**

Africa CDC is currently in the process of developing a dashboard of up-to-date information on the vaccine rollout.

CHALLENGES

The challenges Africa faces as we vaccinate our populations fit into three broad categories: vaccine supply, the logistics of administering the vaccines, and vaccine demand.

Supply:

Access to COVID-19 vaccines is limited, especially for lowand middle-income countries. The entire world is scrambling for limited supplies and Africa is at risk of being left behind.

"Now more than ever it is paramount that African countries initiate a more aggressive and robust strategy to effectively contain the pandemic. Although an effective vaccine is ready, its distribution is very limited."

> Dr. Muluken Yohannes, **Ethiopian Ministry of Health**

Logistics:

Vaccinating 60% of the African population (approximately 720 million people) over a period of 12 months (assuming we have 220 working days of 8 hours per day) would require 3 million vaccinations per day and more than 400,000 vaccines being administered per hour. There is limited infrastructure and cold storage capacity, lack of communication and forecasting of vaccine availability, and limited airfreight connectivity to and from Africa.

"The day the pallets arrive in the airport is when the real challenges begin."

Ernest Darkoh, BroadReach Group

It is critical that communities have a voice in this process, because if they don't trust the vaccine, progress cannot be made. The budget for vaccine programs must include community sensitization and education that answer people's questions. We also need leaders, influencers, religious leaders, etc. to set an example when it comes to getting vaccinated.

Demand:

Even if we can access the necessary supplies and the logistics are in place, there is still the challenge of giving the public accurate information so that there is uptake. Vaccine hesitancy happens for a variety of reasons. Some people have no information, some people have incorrect information and some leaders and decision-makers are playing a role in spreading misinformation, further exacerbating the problem.

"In a study we conducted, more than 50% of community health workers (CHWs) don't feel ready to engage with households on the COVID-19 vaccine. They feel they don't have enough information; they feel like any other community member that these vaccines might be dangerous, they are worried that their leaders are not taking the vaccines, and they have their own religious and cultural values around the vaccine. If more than half of the people we are depending on to mobilize communities to accept the vaccine are themselves aren't convinced, then things must be much worse in the community."

Prof. Joachim Osur, Amref Health Africa

WHAT IS NEEDED MOVING FORWARD

The African health sector needs active engagement from governments in coordinating the inclusion and participation of all stakeholders. Participation from all sectors is essential. The WHO rightly advocates for a whole government approach, maximizing the use of the entire national capacity including public, private, NGO, donors, and any other entities that can contribute meaningfully to this process.

"As we do scale up, which is everyone's ambition, there will be more challenges on rolling out vaccines. We need to ensure that countries have systems in place that they've never needed before, from human resources to physical infrastructure to know-how and expertise. To ensure this, there is also a need for sufficient funding."

Tara Prasad, UNICEF

We can implement successful vaccine programs by doing the following five things well:

- Knowing the number of people who need to be vaccinated in each priority phase and where those people are located.
- 2. Having communities that are informed, educated and ready to access services in the right way.
- 3. Ensuring that health facilities and the health system at large are ready.
- 4. Knowing that each stakeholder is doing the right things, in the right locations, at the right time and delivering on their mandates.
- 5. Ensuring that everyone who needs follow-up services is actually getting them.

"We need to think out of the box.
We aren't going to jump right on
existing facilities but be innovative in
ensuring that we provide an enabling
environment to rollout the COVID-19
vaccines." -

Dr. Nicaise Ndembi, Africa CDC COVID-19 has required a mindset shift. We may be starting slow, but it is most important that we move forward and finish well. There is no reason for Africa not to have world-class best practices. The continent has an opportunity to show that, even with limited resources, we can maximize how we spend each hour and dollar. We need to be efficient because our lives depend upon it. If we can respond well to this, building stronger health systems, we will not only respond well to this pandemic, but future outbreaks and pandemics.

"As we address the pandemic, we need to think more broadly than a single disease focus, because COVID-19 is forcing us to do so many things we needed to have done right for our health systems anyway. If we're going to have upwards of 60% of the population forced to interact with the health system in a very direct way because they need a vaccine, can we use that opportunity to address other things, such as screenings for diabetes or hypertension? That way, this investment can be spread more broadly and even act as a catalyst for universal health coverage."

> Ernest Darkoh. **BroadReach Group**

COVAX

COVAX is a novel. one-of-a-kind. multistakeholder, multi-national, public-private partnership that was launched in 2020 in response to the COVID-19 pandemic, including a very broad span of partnerships. Their goal is to make 2 billion doses of the COVID-19 vaccine available to the 191 participating countries by the end of 2021. Combined, they represent 95% of the global population, so this is the largest vaccine procurement and supply operation ever.

COVAX also plays several other roles. It is a platform that supports the research, development and manufacturing of a wide range of COVID-19 vaccine candidates. It is also a financing instrument that allows governments, regardless of their ability to pay, to have proportionate, fair and rapid access to vaccines to protect their populations.

So far, the facility has raised approximately 6 billion USD of donor funding to support the 92 LMICs included in their participants. Those that can afford it are expected to pay, but by pooling buying power across all the participating countries, COVAX still offers better access when there are so many competing pressures on the supply.

COVAX has a goal of targeting 20% of the populations of the 191 participating countries. This will reduce deaths and help countries dampen the most acute phase of the pandemic by prioritizing health workers, as well as individuals at higher risk. So far, COVAX has already negotiated to contract 3 billion doses this year, but most of those doses will be available in the second half of 2021 as manufacturing is scaled up.

Because of pooled purchasing power, COVAX is getting some of the lowest prices possible. They have used both push and pull incentives as a way to keep prices affordable. For example, they have provided grants to manufacturers for R&D and have also made commitments to buy doses up front through advanced purchase agreements, helping manufacturers offset the risk

advance payments in some cases. The COVAX facility is working to increase the speed of access to doses, the quantity of doses available, and ensuring a balanced portfolio with a variety of different products from different geographies.



Adoption and Use of Technology



While there is a stated desire and intention to benefit from technology, rhetoric is not matching practice and many health sector stakeholders have not actually taken it on board. They often express they are too overwhelmed addressing the pandemic to invest in a new system. However, at some point, the commitment has to be made. While the adoption of a new way of doing things is never simple or easy, it will save time and money in the long run. Health sector stakeholders cannot wait forever to make these investments that will actually help us address the pandemic in a cost-effective and time-efficient manner.

Countries have already made billions of dollars of investments in IT, data systems, etc. These systems can all be repurposed and focused on assisting with COVID-19. In order to move quickly and maximize on scarce resources, we should avoid approaches that require starting from scratch. African nations should look at the value chain, understand what technologies are already in use, and mine the synergies of what they have already invested in to do much more, and quickly.



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We advise some of the largest institutions, companies and investors on the African continent, helping them to manage challenging relationships with demanding and critical stakeholders and understand complex market dynamics.

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