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UNAIDS EXECUTIVE DIRECTOR SPEECH

**6 December 2021, PROGRESS MADE TO DATE
ON THE PARTNERSHIP FOR AFRICA
VACCINE MANUFACTURING**

Thank you very much moderator. I begin by thanking very much His Excellency, the President of Rwanda, for hosting this important meeting, and thanking the African Union, particularly Africa CDC, for organising it, to brief us on progress on this important subject.

Excellencies, distinguished ladies and gentlemen, representatives of governments and of the African Union institutions.

I wish to start by saluting the African leaders and Africa CDC for taking an approach key to ending COVID-19 in Africa and to beating all other pandemics.

That approach has two key elements:

First, that Africa must strengthen self-reliance in the development and manufacturing of life-saving technologies, so that it will never again find itself dependent on what other countries and pharmaceutical companies may choose to provide.

Secondly, that self-reliance for Africa in research, development and in manufacturing will only be achieved through pan-African collaboration. We cannot achieve this if we operate only within our national boundaries. We will only rise together.

The institutions we must strengthen and the plants we must build need to be shared ones for all countries of Africa. That is understood and it is the basis of this work and the importance of this meeting.

It's now become clear, to anyone who has been watching the COVID vaccine distribution scandal, that pan-African collaboration to strengthen self-reliance in life-saving technologies is essential for our health, for keeping us safe and for our economies.

African leaders were right to develop, for the first time, a pooled purchasing mechanism, the Africa Vaccine Acquisition Task

Team, which we at UNAIDS have been supporting and championing, that was to strengthen the negotiating hand and to enable economies of scale. It secured 23 million doses. However, AVATT continues to face the monopoly of pharmaceutical companies. The companies stalled on selling, they stalled on delivery, and Africa has continuously been pushed to the back of the queue.

Like others have said, we are less than 7.5% vaccinated while rich countries are more than 68% vaccinated. Those who led the resistance to Apartheid have called it Vaccine Apartheid, and they are right.

This is a repeat of what happened with antiretrovirals for HIV, when 12 million lives – most of them on this continent – were needlessly lost while lifesaving medicines remained out of reach.

The contrast, Excellencies, in profit and loss is stark and grim. Let me share this: Pfizer, Moderna and BioNTech alone, those three, are making a \$1,000 profit every second, meaning that in that next sentence another \$1,000 dollars goes into their account as profit. Meanwhile, the cost of the international delay in getting COVID-19 vaccines to Africans is not only that people have died from COVID-19 and continue to die, it is the millions who are suffering the destruction of their livelihoods. The IMF has noted that the gap between sub-Saharan Africa's growth and that of the rest of the world is expected to widen further over the next five years.

Jobs have been lost, children pushed out of school (some never to return), women have suffered from gender-based violence and more constraints on their livelihoods. As the head of the UN's work to end AIDS, I have drawn attention to the interruptions that this crisis has brought to vital prevention programmes. These are impacts we cannot afford to allow to drag on.

We are very proud of South Africa's and Botswana's scientific capacity and transparency on Omicron. And also deeply disappointed that the payment for that sharing and of that

knowledge is the unjust travel bans, which will further hurt African economies.

The delays and bad faith show that we cannot rely on the goodwill of pharma companies.

Africa is developing critical institutions that will pave the path to creating viable biomedical manufacturing. The Africa Medicines Agency, supported by my predecessor Michel Sidibé, ratified this year, is a critical institution in this path. The hubs that have been mentioned already are important steps forward on the journey of African production. But we need to ensure that production goes beyond the fill and finish of making a vaccine, and move fast to full manufacturing.

I take the opportunity to urge all African leaders represented here and those not here to support the Africa CDC-led vaccine manufacturing and regulatory initiatives, to prioritise investment in universities and other research institutions to enhance our technical capacity to develop medical technologies and to continue on the path of developing the R&D hubs.

Investing even when the location is not one's country, because that investment is for every country, is for our continent, this is an initiative that we all must support. Donors and investors follow when we take the lead as Africans and invest. We need to scale up production in the next year and we need by 2040 to move from 1% to 60% production in Africa. What an ambitious target, and yet it is realistic. It's not just aspirational, it is achievable.

UNAIDS, and the People Vaccines Alliance, will help to rally international support around these African-led solutions; we will continue to press pharmaceutical companies to share technologies and to press rich countries to make those companies that they host share; and we will continue to support your push at the WTO negotiations for an intellectual property waiver.

Strengthening Africa's collective self-reliance in the production of life-saving technologies is not idealism. It is not a dream. It is a matter of life and death as my brother Dr John Nkengasong had said. It's not a vision for a far-off future, but an urgent task for today.

The path you are on, Your Excellencies, is the right one. Don't wait. Don't walk. Run. We will be the wind at your back. Thank you and back to you moderator.

