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UNAIDS | 2021

UNAIDS EXECUTIVE DIRECTOR REMARKS

15 December 2021

Inaugural Conference on Public Health in Africa (CPHIA 2021)

Session 2: Vaccination in Africa: Research Capacity, Advocacy,
Manufacturing and Distribution

Thank you very much and it is a great honour to be on this panel.

I begin by congratulating Africa CDC and the African Union for organising this inaugural Conference of Public Health in Africa.

Colleagues, it is really great that Africa is taking concrete steps to make the vision of a New Public Health Order a reality. I welcome this in my role as the Executive Director of UNAIDS and also as a co-chair of the People's Vaccine Alliance, a movement of health and humanitarian organisations, past and present world leaders (over 150 of them), health experts and economists advocating for COVID-19 vaccines to be available for all people, in all countries, free at the point of use.

Vaccine inequity- a global moral failure

It is almost 2 years since the continent reported its first COVID-19 cases. And just over 1 year since the first vaccine doses were administered, in the UK, outside of clinical trials.

Since then, the unequal distribution of COVID-19 vaccines has been a global moral failure. Those who led the resistance to Apartheid have called it Vaccine Apartheid, and they are right.

Our continent has continuously been at the back of the COVID vaccine queue, and as we have seen, as more than 65% of people in rich countries are fully vaccinated, in Africa it's just about 8% on average.

At the start of this pandemic, it was COVID-19 killing people. But now we see across Africa that it is not just lack of access to vaccines, but importantly it's also the disruptions it is causing in the access to other essential health services, including, in our case, HIV services.

This inequality in access 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 for the global South. We keep saying this because we hope the world, the leaders, can learn the lessons. The massive and immoral vaccine inequality means that the risk of more severe illness from COVID is greater, economic recovery is slower, rates of poverty and hunger are rising, violence against women is rising.

A wake-up call for self-reliance

It is right and just that Africa must strengthen its self-reliance in the development and manufacturing of life-saving technologies. We must never find ourselves dependent on other countries and on a handful of pharmaceutical companies, who choose when and who to provide.

Across Africa, we need a solid investment in our public health systems, moving towards the Abuja declaration commitments. Self-reliance for HIV and COVID diagnostics, therapeutics and technologies are the building blocks for future pandemic preparedness, alongside robust health systems.

I commend our African Union for leading that charge.

Last week, I spoke at the stakeholders' consultation of the Partnership for Africa Vaccine Manufacturing. The strategic aim is to transform Africa from producing 1% of its vaccines today, to 60% by 2040. This is the first time in history that Africa has come together to prioritise biomedical research and manufacturing. I applaud that.

We are supporting the African Union's Africa Vaccine Acquisition Task Team, and we are championing that AVATT is able to access the vaccines for Africa. However, AVATT continues to face the monopoly of pharmaceutical companies. The companies stalled on selling, they stalled on delivery to Africa, and are continuously pushing us to the back of the queue.

Pharma continue to prioritise sales in rich countries instead, to maximise their profit. We've estimated that Pfizer, Moderna and BioNTech alone are making a \$1,000 profit every – guess what? – second. A thousand dollars every second.

We have seen it with AIDS, now with COVID, that for a global health emergency, to beat it, you need a global plan. It's not rocket science. It's common sense. And it's that plan that is missing. We cannot achieve equity to vaccines and other life-saving health technologies in isolation. We require international co-operation and solidarity.

Such co-operation can't be about charity. It has to cover the critical issue of intellectual property and technology transfer. These are vital missing pieces in the solution to vaccine equity.

A word on omicron

The new variant offers a huge risk but also a chance to push the reset button. There is a huge risk, of course, that if the vaccines need to be updated, and the same barriers of profit and intellectual property that we are facing remain, then developing countries will again be pushed further back of the queue.

The ability of Moderna, Pfizer and BioNTech to change vaccine recipes in 100 days in the face of variants means nothing new if their new vaccines are once again only available to a few rich countries immediately.

So alternatively though, the wake-up call that Omicron represents is that it's absolute insanity to keep trying to put out a fire in one room of a burning house- if that wisdom could reach our leaders, then we might see a change of direction, one we desperately need of having a global plan and moving quickly to vaccinate the world.

In order to end this pandemic for everyone everywhere, we need a change in the rules of intellectual property rights, so we have automatic waivers for health emergencies. We need governments to have the power to establish that knowledge must be shared to protect global health. The rounds of frustrating dialogue at the WTO have resulted in millions more dead, a deep economic crisis, and to allow a few companies to continue selecting who gets vaccines while they make billions, just beats intelligence and common sense.

We have created powerful mechanisms, but they are not being used. Because intellectual property rights, and the profits of a few, are prevailing. We need ways to compel companies and countries to use the WHO led mechanisms such as C-TAP and the mRNA hub in Southern Africa.

Financing the right to health

We also need finance. Countries are short of funding, and we know one of the largest problems is tax evasion and billions lost to feed the profits of companies and individuals in tax havens. Global tax rules must change and change fast -with a minimum corporate tax of 25% in all territories effective immediately- to allow African countries to collect what is fair and to use it for good purpose. Now a minimum corporate tax, the G20 has agreed on, finally in the face of this crisis, of 15%. We don't even know whether this will be easily applicable for Africa, but that's a

good start but it needs to be even higher. The region loses every year between \$25bn and \$40bn to tax evasion. That's an estimate from UNCTAD.

We need a new and more fairly balanced cooperation system. ODA is not good enough. It's colonial and dated. Donations and money flows cannot depend only on the willingness of rich governments as happens today. We need set agreements to jointly finance global common goods, with every country contributing according to their capacity. Global Public Investments.

In conclusion this pandemic can still be remembered in history as the time we chose to put the collective right to safety for all ahead of the commercial monopolies of the few. But we have to act now, together, in solidarity. Africa must raise its voice to demand for global rules to change. Let's make 2022 the tipping point for a new public health order. The year when COVID-19 vaccines become the global public good they should be.

Thank you.

