



REGIONAL CONFERENCE ON VACCINE MANUFACTURING IN AFRICA

13th – 14th June 2023



Lake Victoria Hotel – Entebbe

Theme: Drawing on Africentric evidence, experiences and expertise to advance vaccine manufacturing in Africa.



COMMUNIQUE

The Regional Conference on Vaccine Manufacturing in Africa was guided by the theme: **“Drawing on Africentric evidence, experiences, and expertise to advance vaccine manufacturing in Africa”**. It brought together delegates from Canada, Ethiopia, Kenya, Malawi, Netherlands, Rwanda, South Africa, Uganda, United States of America and Zimbabwe who included representatives from the Africa Centre for Disease Control (CDC), Civil Society Organizations (CSOs), academia, research community, government leaders and officials from Parliament, Ministry of Health and National Planning Authority, Pharmaceutical Manufacturers Associations, media and individual experts in public health, law, pharmaceutical manufacturing, vaccinology, and policy formulation.

Our discussions and deliberations were centered on the importance of improving access to essential medicines, strengthening our health systems by promoting local vaccine manufacturing on the continent and the role of civil society in advancing vaccine research and development and advocacy initiatives for policy influence at regional and global levels.

We emphasized our commitment to mitigating the current challenges in local vaccine and pharmaceutical manufacturing faced by the continent through monitoring and tracking the policy commitments and implementation of strategies such as the Partnerships for African Vaccine Manufacturing (PAVM) framework for action among others.

While we acknowledge that some progress has been made, we agreed that:

- i. Vaccine manufacturing on the continent has largely lacked coordination at the regional and continental levels. Increased coordination and alignment are necessary and **Africa needs to unite** and transition from a charity, donor-driven model to a model that is self-sufficient and **self-reliant**. For example, Africa has a collective market of 1.2 billion, which countries on the continent can maximize on by dividing roles in pharmaceutical manufacturing and having trade agreements that benefit them all.
- ii. We also made it clear that although effective legal, policy, and institutional frameworks do exist (i.e., Partnerships for African Vaccine Manufacturing (PAVM) framework for action, African Vaccines Acquisition Trust (AVAT), African Medicines Agency (AMA), African Medicines Regulatory Harmonization (AMRH) Initiative), the biggest challenge to progress is their **implementation**. Implementation needs to occur at all levels, however, **CSOs play a pivotal role** in engaging with communities and holding governments accountable to their promises.
- iii. **Limited access to finance** was a significant theme in our discussions and is a major barrier hindering local vaccine manufacturing on the African continent. Currently, less than 0.5% of the national budget is allocated to research and development (R&D) and only 5% of the Africa CDC is funded by African states. Insufficient financial resources pose challenges at various stages of the manufacturing process, from R&D to production and distribution. Without adequate funding, African countries struggle to invest in infrastructure, equipment, and the skilled personnel necessary for vaccine development. Additionally, the absence of financial support hampers the procurement of raw materials and technology transfer as illustrated in the tariff models, impeding the establishment of robust, local pharmaceutical manufacturing. Overcoming this barrier, and the economic reliance on the global north for funding, is crucial to ensure Africa's self-reliance in vaccine production.
- iv. The current **messaging on vaccine manufacturing** on the continent has largely been technical and inaccessible and has led to public confusion. Therefore, we agreed that the **public health communication strategy** needs to accommodate community needs and voices, as well as be addressed in a manner that is easily understood by all players involved.

CALL TO ACTION:



To address the emerging issues, our general consensus was:

- a) **Civil Society Organisations** should lobby and advocate for the unconditional implementation of flexibilities provided to countries in regional and global agreements such as the TRIPS agreement of the World Trade Organization. Governments are aware of their commitments and should be held accountable. However, instead of holding the government accountable for the commitments, CSOs should be involving themselves in the commitments the government makes. But it should be more than just involving the CSOs; there has to be some legally binding commitments and transparency on both sides. In conclusion, CSOs need to mobilize themselves and not only start holding stakeholders accountable to their commitments but also involve themselves in the process.
- b) **African governments and institutions** such as Africa CDC need to fast track implementation of the existing initiatives, strategies and policies that they have agreed upon. There are already

good policies, strategies, and initiatives that can and need to be improved on, but the biggest hindrance to progress is implementation. Furthermore, it is important to call out the countries that are not cooperating and have not ratified treaties and agreements so that they act and initiatives are fast tracked.

- c) **The African pharmaceutical industry** needs to start involving itself in policy-making conversations. This could improve both the policies and their implementation. Beyond such conversations, their priorities should be aligned with the community needs and government priorities through having divisions responsible for market listening.
- d) **Academic institutions** need to work with the pharmaceutical industry to develop new research initiatives in pharmaceutical manufacturing which are cost effective. This will also inform policy and decision making on both pharmaceutical and vaccine manufacturing on the continent.
- e) **African investors and financing institutions** need to take time to understand pharmaceutical economics and the importance of Africa becoming self-reliant on production and provision of medicines and vaccines. At the moment, there is a serious lack of commitment to funding the African pharmaceutical sector, which is exacerbated by a lack of understanding of the pharmaceutical economics. To improve this, investors and pharmaceutical manufacturers have to come to the table and have a conversation to forge a way forward.
- f) **Media** also plays an important role in communicating and amplifying the important message surrounding how vaccine production can benefit the community. Social media, in particular, can be leveraged to spread awareness and other media stakeholders can help create a community of journalists who are committed to advocating for vaccine equity. However, the messaging should be evidence based and well targeted to the right audiences.

