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Good morning, thank you. We learned several lessons from the Covid pandemic in Africa, not the least to observe what was happening elsewhere and look into our own resources. I believe a major lesson was the recognition of the need for strong political will and a focus on in country public health systems. There was also a greater unity of purpose between countries in Africa. Yes, there was certainly a regional emphasis, but there was also a pan-African approach that I think was also very helpful to us in the medical arena. There was certainly a recognition of the need to build our own capacities, which was thankfully supported by decisions by international agencies to build up African vaccine responses as a global public good. Of course, as many of you may remember, this was partly in response to the disappointment at how vaccines had been promised and often not delivered. Ultimately, we received barely a third of the promised vaccines, so there was a very rapid recognition of the need to change course that was supported.

There was very strong support from the African CDC located in Addis Ababa and we were very fortunate in having very strong leadership by that institution through Dr John Nkengasong, who was Director at that time. He was absolutely magnificent but, unfortunately, because he was so magnificent he has now been swiped up by the US government to manage PEPFAR, but he has a worthy successor in place. The African CDC harmonized and strengthened surveillance systems in a way that we had not experienced previously, as well as strategic sampling frameworks, which was very important for identifying the different variants as they arose throughout the continent. He also focused on strengthening the supply chain once it had been developed or it became apparent that there was a need for it for various goods. He also shared surveillance data across all in-country programs, and you may remember after the B1 Omicron variant was recognized in South Africa, we were daily if not twice-daily accounts of its gradual migration upwards from Southern Africa to East Africa, West and up through North Africa. That allowed us to prepare adequately, at least to some extent as it made that transmission across the continent.

Second, vaccine production facilities were developed. There were some existing facilities available, but they have been considerably strengthened and enhanced across six African countries. We have 12 facilities based primarily in Algeria, Egypt, Morocco, Senegal, Rwanda and South Africa and these have been particularly effective and strong in their output. A group African Vaccine Acquisition Trust, AVAT, was also established, that not only focused on the manufacture of vaccines, but also of tests, treatments and protective equipment, even though each country, of course, took on what it could locally and certainly Ghana was very busy in



this regard. The CDC also ensured that there was the development of an Africa medical access supply chain for pharmaceuticals. This is currently based in Rwanda, and it has been very effective because of the impactful funding and support from many bodies including the African Union, the African Development Bank, PEPFAR and WHO, to mention just a few.

I think it has shown that we have worked together as a collective in so far as we have already been faced with our new pandemic. I take that back, it is not quite a pandemic but a new sickness, that is Ebola, that initially showed up in West Africa in Sierra Leone and subsequently in Uganda, where it has been a bit more severe. I think it is coming under control, not least because of this group working together, especially in our country public health systems. I think we have really learned to work together, if you will, finally on an important aspect of our development, that is health, and politically as far as it has been necessary to work in the public health arena. I am quite proud of how we responded overall, and I do think we are well-prepared for future outbreaks.

Michel Kazatchkine, Special Advisor to the World Health Organization Regional Office for Europe, Senior Fellow at the Global Health Centre of the Graduate Institute for International and Development Studies in Geneva

Thank you very much, Juliette. We will come back to Africa and regions in the next session because, clearly, what we are now seeing is a welcome trend to decentralization and the regionalization of research and development, and manufacturing. That has implications when we discuss the governance and how much the governance of health in the future will be global at the New York or Geneva level, or how much a federation of regional governance hubs, and how autonomous regions will be in the future in their ability to prepare and respond to pandemics.

[...]

Michel Kazatchkine

Can I turn to you, Juliette, and ask what the current status is of vaccine coverage of healthcare workers in Africa? Of course, that was an issue in the first year of the pandemic.

Juliette Tuakli

As you know, we initially had a problem with accessing the vaccines and then we had a political problem of which vaccines we would encourage per country and within certain countries and regions. I would say that right now, and I am not basing it on very specific facts, but certainly anecdotally I would say that most healthcare workers, perhaps around 60%, have been vaccinated. We were put in the position of having to recommend vaccination to populations that were somewhat skeptical about the need for them and the onset and origins of Covid, and their own exposure rates to it. As you know, notwithstanding the discrepancy of numbers of cases, I do think that Africa did still come in a bit lower in terms of active cases and mortality. I think that there was a moral imperative for those involved in health to take the vaccine themselves and then persuade the citizenry to vaccinate, especially those at high risk.