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Maybe I will first turn to you, Lionel, because Africa was obviously one of the regions that, despite its diversity, came together in an amazing way in response to the pandemic. Could you elaborate on that and share a few thoughts on whether regional governance still has to have global governance in the future? It could be about health, but it could also be about all the other issues we deal with here at the WPC.

Lionel Zinsou

Thank you. You asked me to wear two hats and not just be myself on this panel because one of my colleagues, who was really looking forward to being here today, Michel Sidibé, the former Minister of Health of Mali and the Executive Director of UNAIDS, could not be here physically but wanted to be here intellectually. He asked me to share a few words that are very much in line with what our excellent colleague just said.

The African Union was completely different in 2020-2021 from what people had thought it would be and from what it had been before. It has been a remarkable example of what a swift, promising response should be. Michel Sidibé asked me to tell you that the situation is both alarming and hopeful. Alarming because we are absolutely unprepared for change, hopeful because there have been many breakthroughs, especially in the area of governance, in the past three years.

He asked me to draw your attention to some symbolic yet quite telling figures. Africa has nothing in the way of manufacturing, distributing, administering and accessing drugs, treatments and equipment. This is very serious.

While the use of vaccines has become widespread in Africa, Africa produces only 1% of them. While recently there have been major strides in treatments and the use of drugs, a record-breaking 95% of those drugs are imported. On the other hand, the WHO says that Africa accounts for 40% of the volume of counterfeit drugs in the world, a topic that would bring us into a discussion on organized crime.

Clearly, the public health system, which involves not just administering care but also prevention, the distribution of pharmacies and access to drugs and equipment, is still highly unsatisfactory. To give you an idea, according to Michel, the global pharmaceutical market is about \$1.4 trillion. Africa accounts for a little less than one billion: well below one one-



thousandth for a continent with 18% of the world's population. These figures point to an extremely alarming situation.

What are the hopeful signs? The evolution of governance. In 2020, we were lucky to have the president of the most advanced country, whichever metrics you look at, in terms of equipment, access to care, laboratories and the distribution of pharmacies, as president of the African Union. In addition to public health governance, which made a rapid response possible, there have been equally swift and effective responses to debt and the pandemic's economic consequences. Michel is tasked with setting up the African Drug Agency, which will be a major step forward.

According to the WHO, just two of the African Union's 55 countries have national drug agencies considered as being on an international level: Egypt and South Africa. That leaves 53 countries below that level.

He is the African Union's Special Envoy to create the agency, which is a very significant step. It will be in Kigali with substantial political support. It will be a way to prolong everything that has been said about the CDC, which, I think, you praised in the previous panel as an institution that has allowed many things to be harmonized in Africa and, very quickly, during the pandemic in 2020.

Similarly, digital platforms that were developed extraordinarily quickly with the private sector on the African Union's initiative have made it possible to import drugs at very low prices. They allow us to have an overview of prices, free ourselves from the red tape of public contracts, have continental markets and not markets by country and have an automatic payment mechanism financed by Afreximbank, an incredibly efficient device.

Nevertheless, it was incredible that in many areas, including vaccines, nothing was available. It was different for equipment, ventilators, masks, etc., but for vaccines – and I imagine that this will be the object of the treaty on the pandemic – there was incredible protectionism. Africa was the great victim of the lack of access to vaccines. However, from the governance and efficiency point of view, the response was very complete and extremely fast since it was operational in the fall of 2020. I have nothing to add to these two observations.

This is very worrying, but quite promising in terms of institutions, and, more than institutions, in terms of taking action. The role of the private sector must be emphasized. You mentioned the idea that there would be co-production of governance with the private sector or major foundations and the reaction capacity of the Global Fund, which very quickly included Covid in its priorities alongside other major pandemics. This is also a very important sector.

I am speaking just as a business banker and a financier. Today, a significant amount of funds has been raised and the private sector is reacting with substantial investment prospects in all areas of healthcare, public health and vaccines.

For example, we are working with the Bill and Melinda Gates Foundation to deploy SIVs to create a fabric of SMEs because there are many of them, from clinics to pharmacy distributors. The private sector has many resources except financial and capital resources. Today, that is a major component of financial development. The private sector exists. Thank you.

**Michel Kazatchkine**

Thank you very much. I would like to say that both the G20 financial panel and our independent panel estimate that 15 billion per year is needed for pandemic preparedness, with the possibility of having some sort of immediately available reserve of 50 to 100 billion. I will not get into the details, but these sums, as you pointed out, Mr. Zinsou, pale in comparison to the estimated 22 trillion cost of the pandemic over the years 2020-2025.