



# Critical Issues for AU-EU Collaboration on Health and Science

At the occasion of the AU-EU Summit

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Key issues for AU-EU Collaboration on Health and Science addressing Pandemic Concerns. The critical role of AU-EU partnership

Key Note Address Speaking Notes

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The leaders of the European and African Union are now meeting for their sixth summit in Brussels.

Two years after the start of the Covid pandemic, 6 million people and 200 000 health care workers died while only 1 in 5 health care workers in Africa is vaccinated.

I think we should have done much better together.

The roll-out of COVID-19 vaccines to date has not been inclusive nor adequately planned.

As of today, out of more than 9 billion vaccines doses produced, Africa with a population of 1.3 billion, only received approximately 540 million and administered 309 million doses.

In other words, approximately 1.2 billion Africans have not received a single dose of vaccine. Correcting this inequity now is of course an urgent action needed for the benefit of all.

Therefore, I would like to highlight some urgent and longer-term structural action needed to get through this pandemic and be better prepared for the next one.

My focus will be on

1. The need for localization of production, procurement, and supply of pharma products
2. Importance to reboot health related research in the public interest, more public health professionals and data management for health.
3. Towards for a real and equal partnership between Africa and Europe.

**1.localization of production, procurement, and supply of pharmaceutical products in Africa** including the most recent mRNA vaccines.

When the Covid 19 pandemic and the rush for the development of a vaccine and treatments started in February 2020.

- - we KNEW THAT the COVID PANDEMIC would require a DIFFERENT approach.
- - we knew that the whole world would need Personal protective equipment, Diagnostics, Vaccines ideally everywhere at the same time and we needed to boost production and make the cake to share bigger.
- - We knew that Africa only produced 1 % of the vaccines it uses, and most supplies are procured by global entities in the north.
- - We knew that if the cake would not quickly become larger, richer countries would have a me first approach
- I did not know that the G7 Countries would monopolize access and purchase quantities in advance that would be much larger than needed for their own populations.

- With all we knew when Covid 19 started
- *In March 2020, in preparation for the African EU summit in 2020. I argued, for localization of production and supply, in close partnership between Africa and Europe to quickly invest in the capacities of Africa to produce tests, vaccines, and therapeutics.*

*The Summit did never take place but my proposals echoed very much what the AU and ACDC called for and in October 2020 and further in April 2021 Africa developed an ambitious strategy for manufacturing of vaccines to go from producing only 1 % locally to producing 40% locally by 2040 .*

- *In 2021, Africa also created the African medicine agency and set up the start of a cooperation with the European medicine agency.*
- *End 2021 the EU announced its support for some of the manufacturing sites in Africa.*
- *Of course, donations have arrived from the G7 countries and from China, Russia, and India. Not enough and fast enough and not always with the predictability needed to prepare.*
- **As a result, till today 1.2 billion Africans have not been vaccinated.**
- *I argue that if the world had moved early, if donors and investors had invested in local manufacturing, if pharma companies had transferred technologies, we would not be in the shocking situation now of inequity.*
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- *The summit should clarify how ambitious the EUs initiatives to support localization of production are, how the initiatives taken are aligned with the plans prepared by the AU, how they will go further than focusing on the final stages of filling and packaging and go beyond voluntary licensing, as so far this has been very scarce.*
- *We are also keen to learn how the producers on the African continent will be protected from potential patent infringement claims when they produce the vaccines, while the waiver on IP rights is still on hold unless the EU and AFRICA can come to a mutual understanding during the summit of course.*
- *Localization will benefit Africa, Europe and the world if done well.*
- *I believe Africa and Europe could also work together to resolve policy issue to at global level.*

Because many donations and procurement of vaccines in general and Covid vaccines specifically are organized in Geneva or Copenhagen this is creating a challenge for local producers in Africa to be sustainable if the market and procurement is not moved to Africa. A change in global health architecture is needed

## **2. Science preparedness, public health professionals and data**

- Africa's share in the global production of research has more than doubled in the last 20 years (from 1.5% to 4%).
- European-African university collaboration has a long-standing tradition and many here in this conference will have recent concrete experiences.
- The emergency responsiveness now and in the future also requires Science preparedness and should be an integral part of it.
- Epidemic related research in African has been very valuable for Africa and for the world.
- 1.A recent example is how South Africa's genomic sequencing was instrumental in alerting the world in December 2021 to an unusual genome profile present in samples tested for coronavirus. The African Pathogen Genomics Initiative includes centers in many African Countries .
- 2.Africa also contributes regularly and significantly to the development of vaccines and treatments for Ebola, Malaria and Covid 19 while some of the countries that hosted Covid vaccine trials received fewer doses per capita than did the high-income countries.
- 3. ACDC has done an enormous effort to try to coordinate the research to promote synergies and resource optimisation and to rapidly disseminate and translate the emergency research outputs.
- 4. The African Union recognizes that the EU-African Union cooperation in the field of research and innovation has gained momentum, and more is needed.
- 5. A critical step towards strengthening European-African science collaboration is the shift from time-limited project-based funding to long-term commitment. Clusters of Excellence in certain fields would strengthen the research and innovation capacity of African universities significantly and sustainably and also benefit Europe.
- 6.The Covid 19 pandemic demonstrated how reliable epidemiological data are often unavailable in resource-limited settings in sub-Saharan Africa, and this knowledge gap is further aggravated by a shortage of skilled personnel in epidemiology and biostatistics to efficiently monitor, analyse and interpret these data to inform policy and decision making.
- Of course, Science preparedness for epidemics should be embedded within a wider scientific capacity building agenda to be developed together
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- A policy concern to try to improve on at global level together is how to reconsider the relationship between public and private research and development (R&D). The policy issue to try to resolve is whether governments' could negotiating differently when signing one purchase contract after another and transfer value from tax payers to investors in pharmaceutical companies.

- Knowledge and technologies that are crucial to Covid-19 vaccine development and production were created with the contribution of the public purse. Patents filed by pharma companies do not protect the public interest arising from such earlier research.
- *Health professionals*

The WHO's Global Strategy on Human Resources for Health Workforce 2030 estimates that between 2013 and 2030, the shortfall in the

health workforce in Europe will be at 1.4 million, and Africa's at 6.1 million.

The GAP in Africa has now increased due to Covid 19 and the lack of public health and epidemiologists is critical for Africa to be equipped for disease outbreak preparedness and response, and for the Africa-Europe partnership to be successful.

The Africa CDC has developed a framework for public health workforce development, and this needs strong support by Europe.

Data *Power today is about controlling data!*

I would like to argue for a pathway towards an African Health Data Space.

- The creation of a European health Data Space is one of the priorities of the European Commission 2019-2025.
- It will promote a more robust exchange and access to different types of health data (electronic health records, genomics data, data from patient registries, etc.), to support healthcare, health research and policy making purposes.

Europe can pioneer an ethical and human rights-based legal framework for digital health and data management.

There may be best practices and lessons of interest for the African

Union in designing and developing their own frameworks for the continent.

- **The planning and launch of an African Health Data Space in partnership with the European data space could be a gamechanger.**

Global policy interest: If Africa can establish a similar health data space, the two data spaces could provide a strategic gateway for Europe and Africa to collaborate on mutually beneficial research.

An opportunity at global level would be if both data spaces are lined to goals for interoperability and promote open standards, personal data protection, and privacy; and “build a vibrant approach to digitalization for health and the development of telehealth for the benefit to reach the most vulnerable and protect the health care staff.

### 3.conclusions

**Throughout this and previous pandemics, the strength of regional cooperation, countries' national health systems and community health care workers have been a critical success factor against diseases.'**

But pandemic preparedness needs SPEED, AGILE SYSTEMS TRUST, the highest level of AMBITION ,efficient regional institutions and enlightened political leadership that goes beyond a me first approach.

**It is my hope that European and African leaders will take bold, ambitious actions to correct the vaccine inequity, strengthen African systems to deliver the vaccines, support African research and manufacturing capacities and together reshape the global health architecture to be better prepared.**

The GOOD NEWS is that Africa recognizes the need to emancipate itself from the global north.

This emancipation itself might help Africa to become more resilient and not to create new dependencies

Too many examples show how the global health structures are about the north to give the south what the north thinks they need. Not what they want.

Together we can make global health about global goods and not about the north's priorities alone.

*Thanks*