



4 JUNE 2021 — ONLINE MEETING

Meeting of the High-Level Group of Personalities: Background Note for Thematic Focus on Health

The High-Level Group of Personalities serves as the steering committee for the Africa-Europe Foundation (AEF), providing strategic oversight and guidance for the Foundation's activities. This meeting, the first since the launch of the AEF on 2 December 2020, is an opportunity to review the progress of the Foundation to date, and identify strategic opportunities and gaps to address in the months ahead.

The High-Level Group of Personalities on Africa-Europe Relations was co-founded by Mo Ibrahim, Founder and Chairman of the Mo Ibrahim Foundation, Etienne Davignon, President of Friends of Europe, Belgian Minister of State and former Vice- President of the European Commission and Bono Co-Founder of the ONE Campaign

The Group now represents the steering group of the Africa-Europe Foundation, providing the political and strategic orientations for the work of the Foundation; it is composed of representatives of the partner organisations, High-Level individuals as well as co-chairs of the Africa-Europe Strategy Groups (ex-officio) affiliated to the Foundation. The Africa-Europe Foundation is co-founded by Friends of Europe and the Mo Ibrahim Foundation, in partnership with the ONE Campaign, and the African Climate Foundation.



Background Note for Thematic Focus on Health

INTRODUCTION

The global pandemic is far from over. Despite early successes in limiting the spread of COVID 19, many African countries struggle to contain the virus as new, more infectious variants emerge. The Ibrahim Governance Weekend focus on 'One year on from COVID in Africa', will explore pathways out of the pandemic. In this context, the Africa-Europe Foundation High-Level Group of Personalities (HLG) will meet to discuss a shared vision for future global health governance.

2020 was supposed to be the year a rejuvenated Africa-Europe partnership took pride of place on the world stage. However, the official rhetoric of solidarity and messages that 'we will not truly be safe until all of us are safe'¹ was undermined by the policy reality that saw vaccine doses bought overwhelmingly in the Global North, at the expense of the rest of the world.

The EU has given at least one vaccine dose to more than 35% of their adult population, a stark contrast with Africa, where less than 2% of the population have received a vaccineⁱⁱ. The EU has made much of the fact that 240 million vaccine doses have been exported, 'as much as have been given to Europeans'ⁱⁱⁱ, only 77 million have been channelled through COVAX to 127 participating countries^{iv} - leaving African countries who have signed up to the facility waiting for deliveries.

UNICEF commissioned research that shows that G7 nations and 'Team Europe' group of European Union Member States could donate around 153 million vaccine doses if they shared just 20 per cent of their available supply over June, July and August. Critically, they could do so while still meeting their commitments to vaccinate their own populations.

THE WTO OPPORTUNITY

The vaccine apartheid risks being repeated as therapeutic treatments for COVID-19 are identified and developed countries are signing agreements for advance purchases.

In October 2020, India and South Africa put forward a proposal at the World Trade Organization (WTO) to waive the Trade-Related Aspects of Intellectual Property Rights (TRIPS) for vaccines, therapeutics and other technologies materials needed to combat the pandemic. Supported by over 100 countries and global health campaigners, the waiver proposal was opposed by the EU, US and other developed countries. On 5 May, the Biden administration announced a partial reversal of the US position – waiving the intellectual property laws on COVID vaccine. This week the Chinese government has stated its support for the IP waiver proposal.

This is a pivotal moment in global health.

In the early 2000s, millions of Africans died in the AIDS pandemic because patents made HIV drugs unaffordable. Manufacturing vaccines is complex - it requires infrastructure, specialist equipment, technology and skills. Releasing IP is not a silver bullet, but it can make many more of these processes possible.

The seismic shift from the United States is important– because it is a signal that health is a public good that outweighs commercial interests. It generates momentum towards the scale up of capacity to manufacture medical goods in Africa and potentially save hundreds of thousands of lives across the Global South. This offers Europe a second chance for solidarity, and Africa the opportunity to set the terms of a new model of healthcare governance.

For Europe, the moment cannot be wasted. It must actively support the proposal to waive IP and work with African institutions to ensure the preconditions for kickstarting vaccine production on the continent. Africa, too, must seize this opportunity to redefine the foundation of any health partnerships are set, including looking at data-sharing and digital health, expertise-sharing, and the climate health nexus.

The HLG meeting on 4 June will explore four main questions:

- Did the Africa-Europe Partnership live up to its potential to deal with the pandemic?
- How can both continents turn rhetoric of committing to partner on health into political reality?
- What strategic investments are needed to set up the structures for an equitable partnership on health, and what financial mechanisms are needed to facilitate them?
- How can the AEF work to ensure these steps become policy priorities?

Above all, the discussion will examine how Africa and Europe can together ensure that the failures of the COVID-19 crisis are never repeated – by building an Africa-Europe health partnership worthy of the name.

DISCUSSION THEMES: THE KEY PILLARS OF A NEW AFRICA-EUROPE HEALTH PARTNERSHIP

Digital health and data-sharing

As healthcare enters the digital age around the world, the disparities in the health systems between wealthier and less-wealthy nations run the risk of being codified into a new health structure. Many treatments are developed through research on exclusively European genomes

– Caucasian genomes represent 90% of the available genetic data for pharmaceutical research, whilst African genomes make up merely 2%^v. At an even more basic level, over-the-counter equipment used to measure COVID-19, such as pulse oximeters, have been reported as being unable to properly measure blood oxygen levels on patients with darker skin.

With the advent of AI in the health sector, the need for greater African participation in the digital side of healthcare has never been more urgent. Data gathering and data sharing between Africa and Europe will be critical in the short term, but longer-term the Africa-Europe partnership on health should enable greater African involvement in research, primarily through greater investment in this research capacity.

Supply chains

The devastating second wave of the pandemic in India has highlighted the need for shorter, more robust, and more diverse supply chains in the health sector, particularly in the Global South. The proposed TRIPS waiver at the WTO has sparked hopes that vaccine production can quickly start in several countries in Africa, including Rwanda, Senegal, Egypt and South Africa. The over-reliance of the world and Africa in particular on the production capabilities of the Serum Institute of India (SII) highlights a brittle link in the supply chain – one which has potential ramifications for all countries procuring vaccines through the COVAX scheme^{vi}.

Bottlenecks in supply chains were revealed for Personal Protective Equipment (PPE), surgical masks, and even hand sanitiser. The restrictions on export of vaccines from SII show why it is critical to rebalance global supply chains. Investing in specific production capacity for African-made vaccines could create numerous positive externalities beyond the immediate benefits – intracontinental trade in key ingredients, storage facilities, and employment opportunities stand to gain from setting up an African vaccination pipeline – and greater vaccine export capacity strengthens Africa's hand in global health governance. The AEF Strategy Group on Health has identified manufacturing capacity as a key priority, and will work to position itself as a convener to link stakeholders in the healthcare ecosystem around the issue of increasing this capacity to ensure a more robust and steady supply of vaccines and other medical equipment in Africa.

Pandemic preparedness and expertise-sharing

Throughout 2020, the pandemic raged across Europe but numbers for infections, hospitalisation and death were much lower in Africa. This may be explained by the demographics of Africa and the seasonal weather but Europe has a blind spot when it comes to learning from African experience, particularly successfully combatting a multi-country Ebola outbreak^{vii}.

Global health governance is also in need of broader reform. The World Health Organization (WHO), has announced a new global bio-hub in Switzerland, an epidemic intelligence hub in Germany, and a learning academy in France. While the creation of each institution is a welcome response to the pandemic, the move betrays an organisation that is still thinking reactively rather than proactively – all three new institutions being in neighbouring Central European countries does not point to a more equitable form of global health governance. Moreover, the healthcare workforce of tomorrow, from doctors and nurses to researchers, will come from Africa and Asia. Sharing expertise means trusting experts from Africa, and setting up a learning academy on the African continent would not only demonstrate trust and commitment to African healthcare systems, but could also help prevent the exodus of healthcare professionals from the continent^{xiii}.

The Africa CDC has led the continent's response to the pandemic and developed tools to support joint procurement, technology transfer and vaccination logistics chains. It has rapidly mapped vaccine manufacturing capacity and mobilised financial investments to develop and expand this capacity. This valuable experience should feed into negotiations for a new global health governance. The AEF could champion support for the CDC, as the central coordinating body for African healthcare at the multilateral level, and advocate for its involvement at all levels of the Africa-Europe health partnership.

Regulation and system change

If Africa and Europe are truly serious about a partnership that would never repeat the mistakes of the COVID-19 pandemic response, both parties must act for a global health system that prevents it. The TRIPS IP waiver saga at the WTO shows that when health needs conflict with the global trade rules, a new mechanism must be found to prevent high-income countries from protecting profits at the expense of the lives of citizens from medium- and low-income countries around the world.

The climate-health nexus

Before COVID-19 hit, scientists had long warned of the potential for epidemics to spread globally. The SARS outbreak in 2003, which spread to 29 countries^{xv} was an early warning. It showed that in an increasingly globalised world, the risk of pathogens crossing borders is greater than ever. This risk is exacerbated by climate change where human expansion causes loss of natural habitat, bringing people into closer contact with animals and novel pathogens. The WHO have called for a 'One Health' approach, with a focus in particular on food safety and zoonoses. Africa and Europe can prioritise this in the shake-up of global health governance.

Health is about more than pathogens, and the climate crisis has knock-on effects on the population health, particularly in Africa. Temperature changes and associated shifts in rainfall patterns negatively affect agricultural production, which in turn reduces the nutritional value of food resources, and can trigger displacement of hungry people^x. The AEF should build on the work of the HLG report of 2020, calling for an Africa-Europe Climate Alliance built on the twin focuses of sustainable energy and sustainable agriculture, and address the climate-food-health nexus, to ensure that the ‘One Health’ approach is a holistic one rooted in climate justice.

The Africa-Europe partnership may have failed its first test on the global stage, but the unprecedented change of direction from the US has handed both continents a new opportunity to seize the unique moment in global health relations. Through the work of the Strategy Groups, particularly the Strategy Groups on Health and Digital, the AEF has the chance to initiate change on the ground – and give impetus to the HLG to drive new policy thinking at the heart of the EU and the African Union.

ⁱ ‘The global response: Working together to help the world get better’, European Commission Press Release, 3 May 2020

ⁱⁱ <https://pandem-ic.com/vaccination-by-region/>

ⁱⁱⁱ <https://www.politico.eu/article/eu-europe-excess-coronavirus-vaccine-doses/>

^{iv} <https://www.gavi.org/covax-vaccine-roll-out>

^v <https://techcrunch.com/2019/07/02/only-2-of-genomic-material-available-for-research-comes-from-africa-54gene-wants-to-change-that>

^{vi} <https://abcnews.go.com/International/indias-2nd-covid-19-wave-countries-africa/story?id=77493359>

^{vii} <https://foreignpolicy.com/2020/03/16/coronavirus-ebola-liberia-sirleaf-west-can-learn-from-africa-response/>

^{viii} <https://www.businessinsider.com/deadly-sars-virus-history-2003-in-photos-2020-2?r=US&IR=T>

^{ix} <https://www.mckinsey.com/business-functions/sustainability/our-insights/how-will-african-farmers-adjust-to-changing-patterns-of-precipitation>

^x <https://www.mckinsey.com/business-functions/sustainability/our-insights/how-will-african-farmers-adjust-to-changing-patterns-of-precipitation>



Brussels Office
Treesquare
De Meeûssquare 5/6
1000 Brussels
Belgium

Cape Town Office
The Oval
1st Floor Oakdale House
1 Oakdale Road, Claremont
Cape Town 7708
South Africa

www.africaeuropefoundation.org
info@africaeuropefoundation.org