



Supporting Frontline Health Workers and Ensuring Equitable Access to a COVID-19 Vaccine

(Source: An article by Moz Siddiqui, Sr. Manager of Strategic Innovation and Partnerships, GAVI, The Vaccine Alliance)

The world urgently needs a safe and effective SARS-CoV-2 vaccine. As the public health community seeks to accomplish the fastest vaccine development and production in history to respond to this unprecedented crisis, a global coordination mechanism will be critical to ensure vaccines are made available as soon as possible to those most in need. Gavi, the Vaccine Alliance is working to accelerate the development, manufacturing and delivery of vaccines against SARS-CoV-2 so that safe, effective, and affordable vaccines can be urgently made available to those who need them.

In the last 20 years, Gavi has helped vaccinate 760 million people through routine immunisation and one billion through immunisation campaigns to deal with outbreaks and boost immunisation rates, rolling out 496 new vaccines in 73 lower income countries (40 of which are in Africa.) GAVI also established global vaccine stockpiles against major health threats, such as Cholera, Yellow Fever, Meningitis and Ebola. Gavi is already helping countries deal with the impact of the pandemic by providing flexibility in Health System Strengthening spending and is working with countries to maintain immunisation and immunisation systems. These are the first lines of defense against the pandemic and need to be protected during the crisis so that an effective vaccine can be introduced rapidly.

With more than 100 COVID-19 candidate vaccines being developed, the response from the scientific community and industry has been unprecedented. But of course, vaccine development on its own isn't enough. In addition to the enormous task of developing vaccines to fruition, we face five critical challenges if we are to end this pandemic.

1) Availability. We must first to ensure that there are enough vaccines for everyone. We need global leadership to prioritise vaccine candidates and to ensure that manufacturing capacity is in place to produce enough doses.

2) Access. The same global leadership will be required to guarantee that there is equal access to these vaccines. We cannot have a repeat of the 2009 H1N1 vaccine where there was not enough supply for developing countries.

3) Deployment. Getting billions of doses of vaccine out to the entire world efficiently is a complex task. Gavi has tremendous experience with new vaccine introductions, like the Ebola vaccine during the recent epidemic in the Democratic Republic of the Congo. Gavi currently supplies 600 million vaccine doses per year.

4) Protecting health workers and health systems. We must also ensure that we do everything in our power to protect health care workers and bolster health systems. To this end Gavi has made a first tranche of US\$ 200 million available to protect health care workers with personal protective equipment, perform vital surveillance and training, and fund diagnostic tests.

5) Protect routine immunisation. Finally, it is essential to ensure that

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◆ The Bill & Melinda Gates Foundation and leading pharmaceutical companies—Novartis, Johnson & Johnson, Lilly, Pfizer and GlaxoSmithKline—together announced an initiative to train more community health workers and expand healthcare access to 1.7 million people across six nations in Africa. Two NGOs, Living Goods and Last Mile Health, will run the program. The five pharmaceutical giants and Gates Foundation will contribute a combined US\$18 million over the next three years to make the project possible.

◆ United Health President, Sir Andrew Witty announced a leave of absence to co-lead the World Health Organization's effort to speed up development of a COVID-19 vaccine effective April 20th. Witty previously served as chief executive and a director of GlaxoSmithKline from 2008 to 2017. The WHO is preparing to launch an appeal for well over US\$1 billion to fund operations against the coronavirus worldwide.

◆ Swansea University research into the threat posed by antifungal drug resistance has been highlighted in two prestigious international journals, American Microbiology Society journal *mBio* and *Nature Communications*. Fungal disease now kills more people than malaria or TB and the Centre for Disease Control in the USA recognizes emergence of multi-drug resistance in fungi as a high level threat. It examined drug resistance in the filamentous fungal pathogen *Aspergillus fumigatus*. Breathing in the airborne spores of this fungus

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Curfews Are a Safer Plan Than Total Lockdowns To Slow Covid-19's Spread in Informal Economies

(Source: An article by W. Gyude Moore for Quartz Africa)

The response to the Covid-19 pandemic that has become standard in high and middle-income countries is, in its current form, unfeasible, impractical, and arguably counterproductive in low income countries, especially across sub-Saharan Africa. These difficulties, however, do not make these social distancing measures any less necessary. We need these public health measures. Our challenge is to adapt them to informal economies which lack a comprehensive safety net.

Cash-driven informal sectors are a huge share of the economy of most developing countries, particularly in Africa where between 30% to 90% of all non-agricultural jobs are informal. Millions of Africans are unable to survive without some form of daily trade and don't have the advantages of bank savings, credit cards and online commerce to be able to stay indoors or "social distance" for extended periods. Our choices, however, need not be so stark or irreconcilable. The recommendations below attempt to adapt social distancing to Africa's informal economies. It is possible this disease will be with us for up to a year, and thus must be met with public policy that can be sustainably implemented over the long haul.

While the crisis is a test for underfunded health systems, it will also be an exacting examination of any state's governance capabilities and social cohesion.

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Curfews (cont.)...

Recommendations

Impose curfews instead of total movement bans. The idea is to restrict movement and limit the spread of the disease. We can reconfigure access to public spaces without a total lockdown. South Africa made multiple adjustments to its restrictions which is the right attitude since the first iteration of such policy is never perfect.

Enlist local community leaders to ensure compliance with movement restrictions. Social capital, like physical capital, is built over time and cannot be manufactured in time of crisis. Authorities should expand outreach beyond the state to include community leaders, who have legitimacy with their communities. Citizens need to see their adherence to restrictions as a civic contribution to country, community and their families.

Mandatory mask-wearing. People should not be allowed in public without masks since evidence now shows that mass mask use contributes to preventing the spread. Heads of state, cabinet ministers and other high-ranking government officials should set an example by always wearing a mask in public. Masks should preferably be cloth masks which can be made by local tailors or by people themselves

Continue to improve and expand testing. South Africa now has the capacity to test up to 30,000 people a day and has deployed mobile testing units in townships and other low-income settlements. The African Union, through AUDANEPAD or Africa CDC should coordinate ramping up testing capabilities on behalf of its members. Invest in those tests as a means of expanding testing to isolate even the asymptomatic and prevent spread.

Expand definition of essential services. Essential services should include farmers, motorcycle and tricycle taxi riders, food vendors in local markets, farmers, and mobile phone company employees. Grocery stores are kept open in lockdowns elsewhere, for the average person in sub-Saharan Africa, food is purchased in open air markets. These markets are supplied with produce from rural areas.

It was reported that even farmers were prevented from moving about in some areas which is ill advised. With a reduction in imports, local markets will depend overwhelmingly on domestic agricultural products. Support to farmers through the provision of fertilizer and other input should be a part of policy intervention.

Informality does not necessarily equal disorganized. All large markets in Africa, open air or enclosed, have marketing associations which maintain order, assign stalls and resolve disputes. Authorities need to work with these associations to break up large markets. In South Africa, the government is working with local ward leaders to give permits to street vendors. If necessary, public markets should be reconfigured to only hold a third or fourth of its capacity of both vendors and customers. This can be achieved by the break-up, through assignment of shifts or through assignment of a number of days of week each vendor can sell. Entries and exits should be limited to minimize social interaction, enforce temperature taking. Handwashing stations ought to be posted everywhere.

With no public transportation options, a restructured access to public space will require taxis, mainly tricycles. Like marketing associations, these taxis also have their associations, work with them. Each one should only be allowed to take two passengers with precautions such as sanitizing liquid in the taxi to wipe it down after each trip. Drivers should also be given staggered days of work so as not to have them all out at once.

Direct Payment and Cash Transfer. Almost every country has some social protection program that makes direct payments to beneficiaries. Those systems ought to be used to reach the most vulnerable and scaled up as resources become available. Pensioners and mothers with children

should be prioritized since protecting vulnerable populations is key. In places where students received meals at school, those meals should still be provided.

In many of the slum communities in Sub-Saharan Africa, local NGOs will be better able to target vulnerable populations than any government agency. These organizations ought to be incorporated into the governments' official response.

Unlike movement bans, these recommended adjustments must not be imposed from above, but rather discussed with the leadership of affected communities, giving these policies the legitimacy required for compliance since they will be in place for a sustained period. This way should conditions continue to get worse and these guidelines require cutbacks, people will be more willing to cooperate.

GAVI (cont.)...

routine immunisation continues during the pandemic. Disruptions to immunisation have already led to 13.5 million people in Gavi-supported countries missing out. It is estimated that for every COVID-19 death averted by not continuing routine immunisation, this will lead to an estimated tragic 128 deaths from other diseases.

Here our partnership with the IFPW Foundation will be even more important. We simply cannot allow routine immunisation programmes to collapse during the pandemic. If this happens, the deployment of a suitable vaccine will be next to impossible, as the immunisation system provides the core infrastructure needed to distribute them. The trained health care workers, advanced disease surveillance and community outreach tools, and robust and well managed supply chains are essential. With the support of the IFPW Foundation, we have been able to train and mentor over 250 individuals in best practice of supply chain management in over 19 countries. These individuals are essential for the co-ordination and management of the supply chain and ensure that vaccines are delivered to where they are needed most. This current crisis will be the biggest test of health systems worldwide and the poorer countries will need our support more than ever to not only prevent the current outbreak, but also to prevent future ones.

For more information on Gavi, the Vaccine Alliance please visit www.gavi.org.

Around the Globe (cont.)...

can cause the devastating disease invasive aspergillosis which causes more than 200,000 life-threatening infections every year.

- ◆ A consortium of global health organizations including **BMGF, CEPI, Gavi, Global Fund, UNITAID, Wellcome Trust, WHO** and private sector partners and other stakeholders, are launching a landmark, global and time-limited collaboration to accelerate the development, production and equitable global access to new COVID-19 essential health technologies. The collective mission is to not only accelerate develop and make available new COVID-19 tools, but accelerate equitable global access to safe, quality, effective, and affordable COVID-19 diagnostics, therapeutics and vaccines to ensure that in the fight against COVID-19, no one is left behind.

- ◆ 2018 data from the **National Agency for Food and Drug Administration and Control (NAFDAC)** in Nigeria revealed that the agency destroyed fake foods and drugs in four exercises in Abuja; Shagamu, Ogun State; Kaduna and Gombe. Health watchers are worried that the country is losing the milestones widely attained in safe medicines when it achieved 40% reduction in counterfeit medicines in 2001 to 16.7% in 2005 in a survey conducted by NAFDAC and WHO.

(Sources: Press Releases, Endpoint News, TriplePundit.com, Vanguard Nigeria, and World Pharma News)