



COVID-19 is an enemy that knows no borders. There will be no final victory until every person in every country is protected. With a population of over 1.3 billion, Africa is one of the most unprotected and vulnerable regions. It would be a fatal mistake to consider that the pandemic there is less severe, and thus "Africa can wait". The latest data indicates that 4.28 million cases have been recorded on the continent, representing a 9% rise in just one month, though even this could be a significant underestimate of the true number. At 2.7%, the case fatality rate in Africa is now higher than the global rate of 2.2%.

At a global level, huge advances in the battle against COVID-19 have been made. Producing highly effective vaccines in less than a year and setting up collective distribution systems, such as COVAX, are heroic achievements that must be saluted. But we are still running far behind what is needed to ensure safety in Africa. Across the continent, vaccine accessibility is not only far below the efficacy threshold of 60% of the population but significantly lower than the 20% promised by COVAX.

As of 15 March, only 23.6 million vaccine doses had been distributed in Africa, sufficient for around 1.7% of the continent's population. This is barely 0.5% of current global vaccine distribution, while the continent represents more than 17% of the global population. COVAX itself has provided 16 million doses to 28 African countries, leaving 16 countries to resort to donations and bilateral agreements. 10 countries remain totally outside any supply system.

If vaccine supply to Africa is not immediately upscaled, the continent's frontline health workers are likely to be overwhelmed. Currently, they are bearing the brunt of the pandemic, accounting for 3.5% of COVID-19 cases in Africa. In this unfolding scenario, alongside the human tragedy, Africa might well become a perfect incubator for variants. We know that if the virus is not efficiently defeated everywhere, it will continue to spread and mutate. Ensuring equitable and balanced access to vaccines is not just a matter of justice, even less of charity. It is a matter of global security and thus of shared interest.

Immediate and united efforts are needed to address this challenge. We must get vaccines to Africa faster, unlock additional financial resources for the countries that need then most, and build public health and vaccine manufacturing capacity in the longer-term.

A clear and secure country-by-country COVAX delivery schedule in Africa for the second quarter of the year is vital. We need to know in advance where there are gaps, so that they can be addressed as swiftly as possible.

An immediate solution to the current vaccine gap would be for wealthier countries to share a part of their vaccine supplies with less advanced countries. Simply giving away surpluses is far from enough. We welcome President Macron's call for Europe and the US to urgently send 5% of their vaccine supplies to developing nations. To date, generous commitments, even regarding potentially wasted surpluses, remain to be implemented.

Specific additional financial resources must be secured to allow African governments to fill the vaccine gap through non-COVAX channelled resources and to strengthen their capacities in storage, transport, distribution and administration. Shortfalls in these areas limit access to the COVAX facility and will undermine the success of the vaccination drive. The International Monetary Fund's plan to issue \$650 billion of additional Special Drawing Rights (SDRs) is key and we salute Kristalina Georgieva's personal commitment to making this happen. We must now ensure that these additional resources benefit the

countries and sectors that need them most critically. Financial support could also come through additional allocations of Official Development Assistance (ODA) from bilateral donors or from the World Bank via an anticipated International Development Association (IDA) replenishment.

African governments themselves must commit to specific efforts to mobilise their own resources, despite these being under increasing strain due to the crisis. For any government, ensuring the health of their own population is crucial. All citizens expect health as a public good to be delivered by their government. Finally, transparency and strong accountability mechanisms must accompany any additional financial resources.

Clearly, the main bottleneck in tackling COVID-19 today is vaccine manufacturing capacity. While up to 14 billion COVID-19 vaccines might be needed globally, the current global manufacturing capacity is only 3 to 5 billion. In response to the current crisis and looking ahead to future pandemics, Africa must strengthen and upscale its own vaccine manufacturing capacities, with support from its partners. Much can be done here, ranging from immediately linking global manufacturers with local companies who have fill-and-finish capacities, to boosting investments, reducing intellectual property barriers, promoting technology transfers, and sharing data and expertise. We commend Dr Ngozi Okonjo-Iweala's leadership in convening WTO member countries and vaccine manufacturers to negotiate fairer manufacturing and distribution terms for developing countries. In all of this, a strong partnership with the African private sector, which has already demonstrated its resourcefulness and efficiency in producing tests and PPEs, will be paramount.

Tackling COVID-19 is not a one-shot, emergency issue. Evolving variations of COVID-19 and the emergence of Disease-X are bound to happen. We are all witness to how the current virus has shifted or even destroyed social and economic balances right around the world. Making sure Africa is able to manage the current crisis while also preparing for the future is an urgent matter of global security.

These priority areas, as well new research from the Foundation on 'Africa and COVID-19: one year on', will be at the centre of discussions at the Ibrahim Forum during the upcoming Ibrahim Governance Weekend, taking place for the first time in a virtual format on 3-5 June 2021.

Co-signed by the Board Members, Ibrahim Prize Committee and Prize Laureates of the Mo Ibrahim Foundation:

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