AFRICA – ONE VOICE

AFRICAN AGENCY IN HEALTH: FINANCING, SOVEREIGNTY & QUALITY DELIVERY

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ILLUSTRATION: HATTIE NEWMAN

A NOTE FROM THE CEO'S DESK

Ndidi Okonkwo Nwuneli, President & CEO

We are delighted to introduce Africa-ONE Voice, a one-stop-shop for views and perceptions from the continent. From X to the streets of our vibrant continent, from think tanks to thought leaders, we plan to search the depths of the continent to find thought leaders who are shaping Africa's narrative. The publication aims to present Africa's unified or divergent thoughts on the critical issues of our time, and to amplify African voices on global stages and present innovative solutions to global challenges. We will showcase the myriad voices that are shaping a resilient and sustainable future for Africa - with a focus on investments and policies that ensure healthy lives and economic growth.

For our first edition, we are focusing on our healthcare agency and voice! As we reflect on the outcomes of the African Vaccine Manufacturing Accelerator (AVMA) and Gavi's Investment Opportunity for 2026-2030, a high-level event co-hosted by the Government of France, the African Union and Gavi in Paris on 20 June 2024, we thought it fitting to celebrate Africa's vaccine sovereignty journey with the title "African Agency in Health: Financing, Sovereignty & Quality Delivery." Expanding vaccine manufacturing not only enhances health security across the continent but also positions African vaccine manufacturers as significant players in the global vaccine supply chain.

Africa-ONE Voice was created with you in mind. We have powerful and credible voices, and we are committed to amplifying them. Please engage with us by sharing this content, your views, input, suggestions, comments and content contributions, which can be sent to oneafrica@one.org.

Together, we can ensure that we proactively fight for what Africa wants, and not simply remain reactive to what the world thinks we need!

AFRICA'S VACCINE SOVEREIGNTY: AN EARNED EFFORT

The ONE Campaign shows that only 1.1% of Africa's vaccine supply actually comes from Africa, with Asia providing more than half and Europe over one-third of Africa's vaccines. Africa Executive Director of ONE Campaign, Serah Makka, sat down with Nigeria's Coordinating Minister of Health and Social Welfare, Professor Muhammad Ali Pate, for an insightful and thought-provoking conversation about public health and Africa's pursuit for vaccine sovereignty.

INTERVIEW SUBJECTS

Professor Muhammad Ali Pate

Nigeria's Minister of Health and Social Welfare

Serah Makka

ONE in Africa Executive Director

Professor Pate, you've held several positions of influence: Professor of Public Health and Population, Director, Global Financing Facility for Women, Children and Adolescents (GFF), CEO of Big Wins Philanthropy, Chief Executive Officer of Gavi, Minister of Health and Social Welfare in Nigeria. What is the most vivid and enduring philosophy you have about how the world works based on what you have seen through your vast experiences?

We as humans are imperfect, but we have it in us to make a choice to focus on doing good and being good people. My aspiration was to use every opportunity as a stepping-stone and a platform to do better. When I reflect on my career in health, I was influenced by the challenges of poverty; it shaped my thinking in terms of finding ways to manage public health in a way that would allow people to live fuller lives. Whether it was at the World Bank as a young professional, or it was at the National Primary Healthcare Development Agency dealing

with polio, or whether it was as a Minister of State dealing with maternal mortality; whenever the opportunity presented itself, I wanted to make the most of it. I am a simple person and I understand that I must focus on what good I can do with this moment that I have. If you emphasize doing good and highlighting the good in people, at the end of the day, you will have a meaningful life, and you will have contributed well to society.

To set the context, could you share briefly how organizations like the World Health Organization (WHO) fit into the health system?

To understand the structure of WHO and the international health system, one must go back to the thinking that led to the creation of these entities and concepts. The posture of the initiators was largely defensive, largely protection of trade. Europe wanted to create a system built on protecting their economy and trade against the spread of infectious diseases coming from other regions. At the beginning of the 20th century, Europe experienced pestilence of different kinds native to other parts of the world, but not to Europe and they needed to protect their economies from anything that impacted global trade. That is why quarantine, port health, and ship inspections are key instruments in global health today. That is how it started.

It was not until the 70s, when African countries started a push to shift the lens of international health from the defense of trade to more of a social commitment to community health and well-being. Bear in mind that while the conversations of the architects of global health were in discussion, African countries were colonies of Europe. They had no say. With the independence movements starting in the middle of the 20th century and continuing into the 1960s, the shift to health as a social construct and the health and well-being of the population began to be promoted.

Let us talk about vaccine sovereignty in Africa. To date, 98.9% of Africa's vaccine supply is produced outside the continent, leaving Africa vulnerable to supply chain disruptions and vaccine inequality. How is Nigeria positioning itself to take advantage of the $1 billion Africa Vaccine Manufacturing Accelerator (AVMA)?

The $1 billion AVMA is welcome, but it is only a catalyst. It is insufficient, and the risk is that it will overly define the landscape when Africa's vaccine manufacturing requires a much bigger vision. Africa is complicit in its limited vaccine sovereignty

because it has systematically de-industrialized and because of the influx of already manufactured products in the market. As a result, it became dependent on imports.

Furthermore, the way development assistance is granted further exacerbates the dependency. Aid is provided in the form of products and commodities that come from outside Africa. The result is a manufacturing industry in its infancy, with 41 national regulatory authorities on the continent at level one or totally dysfunctional. Africa does not even produce masks, cough syrups or other generics. We have become almost a dumping ground for what is produced from elsewhere, yet Africa, with a population of 1.3 billion, is a huge market!

In manufacturing, if you can produce at scale, you have a market advantage. We saw this come to the fore during the COVID-19 pandemic. It became clear that when the world goes through a health crisis, countries will only look out for themselves. There was very little international altruism during the pandemic. So, the question after the COVID-19 pandemic is: Are we going to rebuild the pre-COVID world, or are we going to build a world that is different and works better for Africa, as it works for others? Whether it is pharmaceutical manufacturing or biological manufacturing, like vaccines, there must be a shift in power and resources. Africa can choose to remain begging for it or be able to take it.

The AVMA is an instrument, yes, politically, it is very attractive, and there is a narrative built around it. But is it really the solution? So, for us in Nigeria, we took the view that we have a 230 million market that is growing in this huge continent and that we must play a long game. We need to reindustrialize, medically speaking, based on good science. We need to start setting ourselves up to compete with the established players.

"So, the question after the COVID-19 pandemic is: Are we going to rebuild the pre-COVID world, or are we going to build a world that is different and works better for Africa, as it works for others?"

So, while we appreciate the donations and the spirit in which they have been given, we also want to be net value adders.

How can we take ownership of our health sovereignty and grow domestic resources to meet domestic needs, considering the influx of funding from external sources?

To have a conversation about sovereignty, one needs to earn it, and you earn it by putting your money where your mouth is. Africa has not done that well and it will take time.

If we continue to ask for more, we as leaders on the continent must also do more. We have observed significant efforts led by President Paul Kagame and by our Head of State, President Asiwaju Tinubu. African countries must earn that sovereignty by getting their act together.

"Intellectual capital data, many other things, and even research and development have been extracted from Africa, but it has not been given back."

In the global system, Africa's position is a function of how the global financial architecture has been organized over the last 100, 200, 300 years. There are countries in Africa where hundreds of billions of dollars have been extracted in natural resources on terms that they did not control, and now they are among the poorest in the world. But no one acknowledges that these resources have been exported elsewhere or even the human resources that have been extracted.

Intellectual capital data, many other things, and even research and development have been extracted from Africa, but it has not been given back. Africa must ask for globally favorable trade terms. Its raw materials are still being processed elsewhere and then sold back to Africa. This paradigm reflects the global financial system where Africa's access is more limited. We all saw this during the COVID-19 pandemic, where the poorest countries borrowed at much higher rates and the wealthier countries borrowed at cheaper rates from the global market. Then, there are the effects of

policies imposed over time that have distorted our local economies. Subsidies in other developed countries have undermined our ability to produce for ourselves, thus making us more dependent. In health, we have been given priorities that do not reflect the priorities of our people. Many countries in Africa are in debt distress and this is the current state of the world that we live in.

If you were to speak to African leaders, what recommendations would you give them to enhance their own sense of agency?

First, I would say step back and reflect on your priorities. Second, determine your assets and resources. Third, figure out how to use those resources wisely and mobilize as much as you can. Do not send away the additional support that may come, but make sure it does not distract you while you appreciate where it is coming from. Finally, be wary of agendas and priorities that are not aligned with what you really want for your country.

Gavi is conducting its replenishment this year and immunization is a big part of what they facilitate. What is Nigeria's immunization status and where are the opportunities to overcome some of the challenges with Nigeria's immunization?

Gavi has been successful for over two decades and Nigeria has benefited immensely from the availability of the Gavi mechanism to scale up many new vaccines and their coverage in recent years. We support the efforts to fully replenish Gavi for what it has provided and where we are in the world today. At the same time, we should start thinking about what happens to these globally organized pools beyond 2030, how we can leverage them today and strengthen national systems so that they do not create a permanent dependency in countries.

FUNDING – A CRITICAL LIFELINE TO AFRICA'S HEALTH

A healthy population is a more productive population and one that will contribute to and save Africa's economy. This is the long-term outcome to bear in mind when we talk about the need to invest in science, research and development and vaccines. – Kealeboga Mokomane of the ONE Campaign had a chat with Prof. Shabir Madhi, Dean of the Faculty of Health Sciences and a Professor of Vaccinology at the University of Uttar Pradesh, India, to talk about Africa's journey to vaccine sovereignty, whether and why it is important.

INTERVIEW SUBJECTS

Professor Shabir Madh

Dean of the faculty of health sciences and professor of vaccinology at Wits University,

Kealeboga Mokomane

ONE in Africa Communications Manager

Professor Shabir Madi, could you tell us what you do and why you do what you do?

I am Director of an extramural unit of the South African Medical Research Council, which is known as the Vaccines and Infectious Disease Analytics Research Unit and the Dean of the Faculty of Health Sciences as well as the Professor of Vaccinology at the University of Uttar Pradesh.

Looking back, It was only during and after my training as a pediatrician, that I realised the massive value that vaccines have in improving lives and their ability to promote the productivity of individuals into the future. That is what really ignited my passion for research, specifically in the field of vaccinology.

What do you think Africa needs to achieve vaccine sovereignty? From your perspective, what actions should be taken to accelerate the goal towards achieving vaccine sovereignty in the continent?

We are where we are largely because of underinvestment when it comes to healthcare in general, but also underinvestment across the continent in relation to what percentage of budgets are allocated to research and development, the support of scientists, and growing research institutions. On the continent, there's been a massive dependency on external funding to do basic things such as vaccinating children against diseases, many of which have been eliminated in high-income countries, but some continue to prevail in low- and middle-income countries, especially in Africa. That dependency resulted in African countries settling into this comfort zone, where now we do not budget for things such as vaccines because they will be provided for by an external party. Unless there is a significant change in mindset, we will continue to experience the same challenges that we are currently facing when it comes to procurement of vaccines or access to vaccines. This means greater investment and budget allocations towards preventative healthcare and vaccines, which are the backbone of preventative healthcare.

With the COVID-19 pandemic, Africa was at the bottom end when vaccines were made available and when the deployment of vaccines commenced. Vaccines were only deployed to Africa when the pandemic had almost run its course - when the vast majority of individuals had already been infected with the virus. Thus the vaccines played a very little role in protecting our livelihood. The question we should be asking ourselves at this stage is what needs to happen for things to change?

At the continental level we have the African Union and several other bodies, but there needs to be clear political commitment demonstrated by making funds available for health sectors at the country, regional, and continental levels. This funding needs to take a similar approach to what we have seen happen in the European Union (EU). They were able to mobilise and allocate funding for healthcare, which benefited the entire region. They have the EU Horizon, which is a key funding programme for research and innovation that allocates millions of dollars each year towards health research for EU citizens. This type of research funding, also creates incentives for professionals wanting to get involved in research; it allows people to grow their research portfolios, and it also allows scholars to start doing research in the space, which is what is required for Africans - to become part of the ecosystem, where we don't only consume vaccines,

but we are also the discoverers of vaccines, as well as eventually become the manufacturers of vaccines. So, funding is needed at all levels, the continental, regional, and then at the country level. Unfortunately, even a country such as South Africa significantly underinvests in research and development. The global benchmark is meant to be 2% of the country's GDP, and currently, it's just about a quarter of that. More than 90-95% of research funding in South Africa comes from international sources - primarily from the US and, to some extent, from the United Kingdom and the EU.

At the end of the day, if we have such a high dependency on external research funding for biomedical sciences, we cannot necessarily drive the research agenda that is most appropriate for the continent. The funding that is made available does not always align with the research priorities in the country or the continent.

What do you think institutions like Gavi, the Global Fund, and World Health Organization can do better to align with Africa's agency in health?

Gavi has a very specific mandate, and that is to make vaccines available to what is referred to as Gavi-eligible countries. What Gavi does is important and is needed to save lives in the immediate future, but it hasn't been that successful when it comes to planning for countries to wean off Gavi support. When they reach a threshold where they are no longer considered to be Gavi-eligible, they are referred to as maturing countries. However, they have not necessarily put into place the structures as well as the necessary financing mechanism to take over that responsibility, which is a challenge.

Gavi needs to engage with the countries in terms of how to make the transition more seamless for countries to understand that Gavi funding is not meant to be a permanent solution but rather a transitional arrangement on the path of becoming self-sustainable. Otherwise, they are always going to experience the same issues when it comes to access and affordability. Countries end up in a comfort zone where they then are not proactive in terms of allocating funds towards their budget, specifically in relation to the procurement of vaccines, but also in relation to funding scientists in research and development.

We also need to start really upscaling when it comes to developing the facilities that are required for manufacturing. Significant financial investments would be required at the start for vaccine manufacturing to become sustainable on the

African continent because the right skillset would need to be attracted to the different parts of the continent. This would result in vaccines being manufactured at a substantially higher cost compared with the same vaccines manufactured in South Asia.

If there is a head-to-head comparison in terms of pricing that determines the source of procurement, the reality is that African manufacturers will be set up for failure. They will end up closing down very, very quickly because they are unlikely to be competitive with South Asian and Southeast Asian manufacturers. However, if it is going to come at a premium price, funders and donors must be willing to absorb that premium to allow African manufacturers to become [competitive and] self-sustainable over time.

What do you think African stakeholders and African leaders can do to ensure that increased healthcare financing translates to better quality health services for Africa's people?

Increased healthcare funding is not only about better healthcare and the longevity of Africans. We only have a short- and medium-term horizon in terms of what impact their policies make and what results they want to see.

Direct funding for better health care results in a greater likelihood of being able to prevent disease. Preventing disease means that people are less likely to be sick, which can have a long-term impact, both in terms of cognitive function as well as just in terms of productivity more generally. Over time, if there's strategic investment, especially in primary healthcare, what we expect to happen eventually is less healthcare utilization. So much of the healthcare utilization that currently permeates our hospitals is a consequence of illnesses which could have been better controlled at a primary healthcare level, which would alleviate the burden on the secondary and tertiary healthcare levels.

"The primary healthcare system has not been engineered to be available or accessible, nor able to focus on preventative care correctly."

The primary healthcare system has not been engineered to be available or accessible, nor able to focus on preventative care correctly. Even when it comes to something as simple as vaccines, as an example, the percentage of South African children that are fully vaccinated is an indictment of our primary healthcare system. We trail behind many other countries which have much lower GDPs and that invest much less per capita than South Africa does. Our vaccine coverage is [approximately] a third lower in terms of the number of children that are fully vaccinated compared with other African countries, which is unfortunate considering we have perhaps one of the most progressive vaccination schedule. We have the largest number of vaccines for children compared to any other African country, but we end up with children not being adequately or fully vaccinated.

A healthy population is one that is more productive and will contribute to Africa's and the global economy. This is the long-term outcome we need to think about when we talk of investing in vaccines, science, research and development. We also need to be forward-looking. It's not just health that you're going to be protecting in the immediate future, but also the benefits further down the line, including when those very same children that have been vaccinated today become adults and economic contributors to the future.

What are the lessons that were learned during the COVID pandemic that are critical that we should apply now that we are facing Mpox?

I will be cautious trying to make analogies between COVID-19 and Mpox because they are two very different types of diseases. Mpox is extremely unlikely to become a pandemic because the modality of spread is very different compared with COVID-19. They are very different viruses and have very different epidemiology which will influence the way it would evolve over time. That is not to say that Mpox is not severe. Currently, between two to three percent of people that contract Mpox are dying, so it is a severe disease Unfortunately, the lessons that could be learned have not been learnt in that we are still experiencing the same sort of challenges. We still have vaccines not being deployed where the demand and need is greatest. Vaccines are still being stockpiled in high-income countries, whilst those vaccines are required right now in many Central African countries. We also have a situation where there's much less research and development for Mpox than there was with COVID-19. Because COVID-19 was a global pandemic and high-

income countries were affected much earlier in the pandemic than lower-income countries, there was huge investment in development of COVID-19 vaccines. Unfortunately, we do not see the same sort of urgency when it comes to the development of more vaccines for Mpox.

[With regards to Mpox], there are two vaccines that have been around for some time and those are the two vaccines that are currently being stockpiled in some countries. The technology that is used to develop those vaccines is somewhat rate-limiting in terms of the ability of the companies to scale up manufacturing production. These are what we refer to as live attenuated vaccines and there are only two manufacturers for this type of vaccine. One company estimated they would only be able to produce two million new doses of vaccine during 2024 and perhaps ten million doses in 2025 if countries procure the vaccines upfront because they don't want to be producing vaccines which may end up on the shelves and expiring resulting in the company making a loss.

The Mpox vaccine is costly to produce, estimated at roughly 200 US dollars per dose. And WHO estimated that they need about 135 million US dollars just to procure vaccines to deal with the current outbreak in Central Africa. Even though that is a modest amount compared with what was required for COVID-19 vaccine procurement, it seems that funding has not necessarily been forthcoming.

So, at the end of the day, vaccine stockpiles currently exist in many high-income countries, some of which are being released at a steady rate but will not make a meaningful dent in the outbreak in Central Africa.

Lastly, if you could define a healthy Africa in one sentence, what would that sentence be?

A healthy Africa is a continent where there is significant investment in healthcare on the continent and where [African] governments take ownership in their health agenda - recognizing that they are the ones that are ultimately responsible for the health of the economy and its people.

ONE-WORD *FROM THE STREETS*

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COVID-19 vaccine, polio vaccine, chickenpox vaccine are some of the many vaccines available on the market. On this episode of ONE-Word from the Streets we talk to community members from different parts of the continent about their knowledge on vaccines, how to increase their confidence in vaccines and if they have any information about the upcoming Gavi replenishment.

THROUGH THE HEALTH LENS WITH ONE CHAMPION, DR. AVUYILE MBANGATHA

Growing up in an impoverished township has always motivated Dr. Avuyile Mbangatha, an award-winning medical doctor, changemaker, trailblazer and 2024 Forbes BLK recipient, to tackle various socio-economic issues that communities face and that led him to his career in rural health. His passion for rural health came after he developed a fertilizer and research that aimed to enhance food security and reduce poverty in rural settlements. This initiative earned him a spot among the 2015 Top 30 World Young Innovators in Pittsburgh, USA.

PERSONAL ESSAY

Dr. Avuyile Mbangatha
Medical doctor, & Changemaker

Before the unique challenges of a pandemic, Africa's healthcare system was a challenge. When I worked as a doctor in a public hospital, as I walked into the hospital for my shift, I would look down the passage and there was a long queue of patients seated as closely together as possible. They had all suffered some sort of trauma and need assistance. Some of them were elderly people with a chronic illness or they were there for their monthly checkups. The benches were full, the stretchers in the unit were also occupied, and some patients had flowed over to the chairs and wheelchairs. Other patients put blankets on the floor for seating to be comfortable. When I was on call, I would see anywhere from 40 to 60 patients a day. These are the conditions we face and work under because of the lack of resources.

At the time of the COVID-19 pandemic, I was completing my final year in Medicine at the University of Stellenbosch. Immediately we all became frontline workers - screening COVID-19 patients while managing patients with HIV/AIDS, tuberculosis, and diabetes. It

really changed the way we were taught medicine. Understanding that COVID-19 had adverse effects not only on healthcare, but various sectors of the economy I decided to focus on the issue of access to education and food insecurity through the Breaking Barriers Campaign - an initiative which aspired to address food insecurity, health, and poverty. Starting my career in the middle of a global pandemic did not discourage me. In fact, it only reiterated the urgent need for healthcare workers to be even more aware of personal safety when treating medical patients. It is only when I am protected that I can help other people.

From these experiences, I learned that despite the Department of Health's world-class policies and protocols, the pandemic emphasized all the already existing difficulties and introduced a new dynamic. We needed a system that better supported healthcare workers. We also needed funding that addressed the crisis of access to PPE and other required equipment, as well as the shortage of drugs or other kinds of supplies.

A healthy future for the country and the continent cannot be achieved without putting the health and wellbeing of its population at the centre of public policy. The COVID-19 pandemic and the current rise of Mpox expose the strain and flaws of our health systems. The lack of funding makes it difficult for health institutions to build a good defense force against any pandemic that could come.

The two pandemics have offered us great lessons in health system preparedness and resilience: We need to have a greater focus on predicting responses, solidarity within and across countries is non-negotiable, flexibility in managing responses is imperative, and renewed efforts for combined actions should be the new normal for the future.

A healthy Africa is a continent where the health, education, and well-being of each citizen are prioritized and sustained through its own resources.

A NOTE OF *RECOGNITION*

A message of goodwill from:
***Dr. Eleanor Nwadinobi,** President of the Medical Women's International Association and Co-Chair of the Immunization Agenda (IA) 2030 Partnership Council*

It is a delight for me to contribute this congratulatory message to the first edition of the Africa-ONE Voice. The collaboration between The ONE Campaign and the Medical Women's International Association provides limitless opportunities for meaningful engagement. We are aligned in ensuring that the most at-risk families and underserved communities receive vaccines in an equitable and cost-effective manner. We will jointly advocate for governments to commit to sustainable domestic financing, including philanthropy, and will work jointly to dispel myths around vaccine hesitancy.

Join the movement as we weave the intricate tapestry of accessible immunization for all.

CLINICAL INNOVATION IS A CRITICAL COMPONENT IN HEALTH-PROOFING AFRICA

Demographic trends classify Africa as the world's fastest-growing continent, with its population potentially doubling by 2050. The continent has made great strides and progress in the control of transferrable diseases but the rise of non-communicable conditions, equivalent with the possibility of developing pandemics, is adding more weight to already pressurized healthcare systems and posing challenges to continents economic ambitions. Dr. Duduzile Ndwandwe, Deputy Director of Cochrane Africa talks us through how the scaling up of clinical research in Africa can assist in building a healthier Africa.

INTERVIEW SUBJECTS

Dr. Duduzile Ndwandwe
Deputy Director of Cochrane Africa

Gloria Bocco
ONE in Africa Policy and Advocacy Officer

Demographic trends classify Africa as the world's fastest-growing continent, with its population potentially doubling by 2050. Yet the rise of non-communicable conditions and the possibility of developing pandemics is adding weight to already pressurized healthcare systems and posing new challenges to the continent's economic goals. In an interview with Dr. Duduzile Ndwandwe, Deputy Director of Cochrane Africa, we learn how the scaling up of clinical research in Africa can assist in building a healthier Africa.

As a leading researcher and pioneer of clinical trials on the continent, Dr. Ndwandwe underscores the significance of clinical trials in healthcare research.

"Africa has a high rate of transmittable diseases such as malaria, tuberculosis, and HIV/ AIDS. Clinical research is important in establishing the health-care interventions for these diseases."

Clinical trials are the backbone of the vaccine development process. Despite the fact that over 18% of the global population live in Africa, less than 3% of clinical trials are conducted here. Given the Africa's aspiration for vaccine manufacturing, there is an obvious need to ramp up research that includes the use of clinical trials.

According to Dr. Ndwandwe, one of Africa's main challenges is not having a seat at the table in the global health space. The "West holds the health narrative and the agenda of what is funded and how research is done." Similar to most of our interviewees, she underscores the need for funding that would both increase Africa's influence and agency in the global healthcare space. She commends African leaders for their sense of unity and solidarity while grappling with the COVID-19 pandemic and calls for that same unity and solidarity in African leaders to chart a common health agenda for the continent.

Dr. Ndwandwe also made a compelling recommendation that the relationship between Africa and the West transition from a donor-receiver model to a partnership model. If adopted, this shift would be a natural progression following the historical shift outlined by Professor Muhammed Ali Pate, who spoke of the transition from trade protection to a social contract.

At the domestic policy level, she advocates for governments to place greater emphasis on capacity building of healthcare skills and expertise. Dr Ndwandwe also proposes increased

"If we have the human capacity and funding in place, then we will be able to drive the innovations that can contribute to building a resilient continent."

"We need to create our own forums that brings African funders together to co-create the continent's research priorities and build a shared agenda for identifying, sponsoring and undertaking the relevant research."

involvement of the private sector as investors who can fund healthcare research and development.

Africa's priorities should be on diminishing our dependence on external funding sources and increasing African funding to research and development, capacity building and shoring up our defenses against current and future pandemics.

Dr. Ndwandwe passionately decries the systemic inequalities perpetuated during times of pandemics. On the current Mpox challenge, she directly highlights the issue of Denmark stockpiling Mpox vaccines without a single case recorded, while countries like the DRC are facing a vaccine shortage and an Mpox outbreak. She warns that "If you do not provide protection for a country where the outbreak is rife, you are putting the world at risk." The reality is that there is a greater risk of mutation if the virus is left unchecked, and that puts the entire world at risk. It's not a problem for only Central Africa, as it could spread beyond the region. With mutations, the current vaccines would not be as effective.

"If Africa is protected then the whole world is protected. A healthy Africa is a continent where we are thriving using our own resources to advance the betterment of our population."

CLOSING NOTE

The shared commitment to improving global health security and ensuring equitable access to vaccines is needed now more than ever. The imminent launch of the AVMA represents a positive step towards self-sufficiency in vaccine production in Africa. This initiative, combined with Gavi's advocacy for increased investment in immunization, sets the stage for a decade of unprecedented progress in fighting diseases and guarding health systems from the impact of other global health threats.

If the world must shore up its health, Africa cannot remain a net buyer for already-made vaccines and pharmaceuticals. It is in our collective best interest that Africa invests more in research and development and increases the scale and diversity of vaccines, therapeutics and diagnostics . African leaders also have a responsibility to build a long-term plan by country that aligns with the continental plan and transcends political timelines. African leaders must also focus the world's goodwill, aid, and contributions to advance Africa's agenda rather than accepting supplies that do not enable its own growth and instead deepen its dependency.

If the COVID-19 pandemic taught us anything, it is that global challenges require global partnerships if they are to be beaten. Yet the Mpox epidemic shows us that the world has still not learned the lessons that the COVID-19 pandemic tried so desperately to teach us. Vaccines needed in Africa are still stockpiled in non-African countries and require a herculean effort to be delivered when the epidemic first hits the continent.

As we count down to Gavi's largest replenishment in history, ONE will stand together with leaders from around the world to show their unwavering support for Gavi's ambitious goal and its efforts to raise the funds needed to deliver a healthier, more prosperous future by making this the most protected generation ever. At the same time, we will challenge African governments to pursue increasing their domestic resources to finance the vaccination of Africa's children.

Thank you for reading the first issue of the Africa-ONE Voice, and we hope you will stay connected with us.


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