

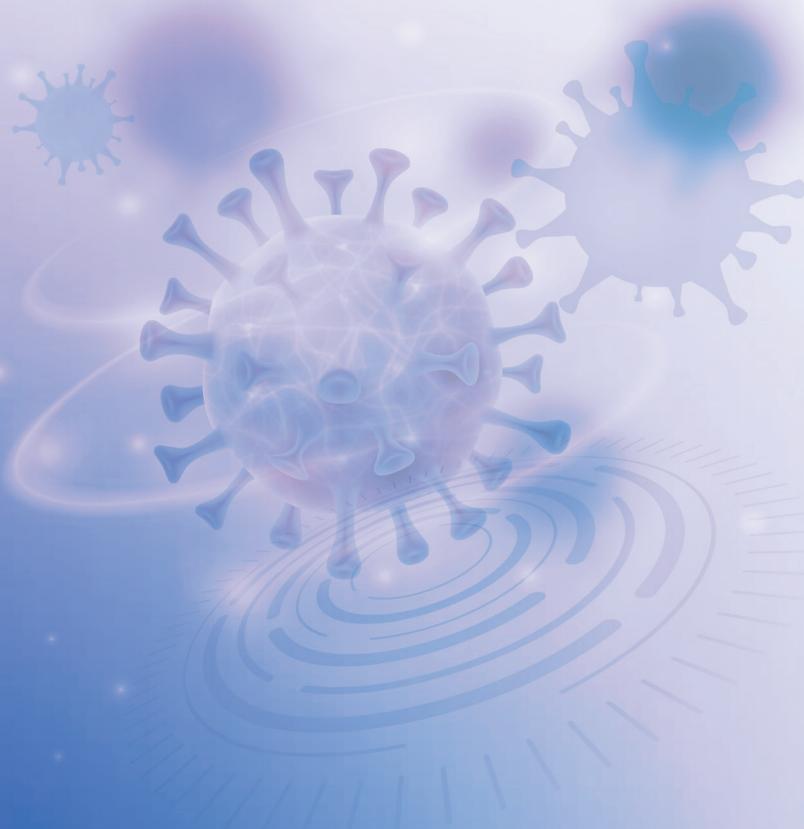


**ISER**

Facilitating Social Justice

INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

# GOVERNMENT COVID-19 VACCINE STRATEGY LEAVES CRITICAL QUESTIONS UNANSWERED.



FEBRUARY 2021





# GOVERNMENT COVID-19 VACCINE STRATEGY LEAVES CRITICAL QUESTIONS UNANSWERED.

Drawing on the remarks at the recently concluded cabinet meeting, held on 1<sup>st</sup> February 2021, particularly, on the issue of COVID-19 vaccine, civil society organizations under the leadership of the Initiative for Social and Economic Rights (ISER) are cognizant of the Government of Uganda’s decision to procure 18 million doses of Astra Zeneca from the Serum Institute of India.

We note with appreciation the discussion on Monday 1 February 2021 by Cabinet and the President’s address on Thursday 4, February 2021 responds to some of the issues ISER asked policy makers last week in our latest publication [COVID Vaccine and Uganda: 12 Questions to Policy Makers](#). Beyond this we urge Ministry of Health and the president to provide comprehensive briefing on the country’s progress on COVID 19 vaccine. We saw this done at the beginning of the pandemic.

Several critical concerns and questions regarding vaccine access and distribution remain unanswered. Specifically we are concerned about the following:

## SUPPLY AND PRICE OF VACCINES

### 1. Why is Uganda paying 7\$ a dose, triple what EU is paying and more than South Africa is paying for the Astra Zeneca vaccine yet it is a low income country?

We are glad to learn that in addition to COVAX allocation, the government plans to procure additional vaccines of the AstraZeneca candidate. However, we need to understand why Uganda is paying such a high price for the vaccine despite being a low income country. It is the highest so far from data we have gleaned about bilateral deals struck with other countries. Price disparities reveal wealthy countries are paying lower prices than low income countries for the same vaccine- Astra Zeneca which claims to be offering the vaccine at no [profit](#) .See below.

Country	Price (USD) per dose of AstraZeneca
South Africa	5.25
<a href="#">Thailand</a>	5
European Union	2.16
Uganda	7



## 2. Has the agreement for the additional Astra Zeneca doses been signed?

While press briefing pointed out cabinet approved plan to procure, it is not clear whether there is a signed agreement with company yet. The Serum Institute recently [denied](#) this. The supplementary budget for the COVID Vaccine tabled by the Ministry of Health before Parliament indicates pricing was derived from estimates by GAVI and [vaccine market dashboard](#) hosted by UNICEF.<sup>1</sup>

## 3. Will you support South Africa proposal to WTO to suspend patents for #COVID vaccine?

It is urgent that Uganda works with other countries to highlight the detrimental impact that patent monopolies will have on the ability of its people to access the vaccines. As noted above, we can already see this with the high price that has been negotiated. While South Africa, India and other countries tabled a proposal before the World Trade Organisation pushing for ban on patents for COVID 19 vaccine, countries like the United Kingdom in its [response](#) noted it was merely hypothetical to suggest that failing to waive Intellectual Property (IP) for these vaccines would result in a barrier to accessing vaccines and treatments for COVID 19 and opposed the request to waive IP provisions, calling it an extreme measure. Now we have evidence. At the price Uganda will be paying for the additional doses, it is doubtful we will be on track to vaccinate rapidly to achieve herd immunity. We saw the devastating effect patent monopolies had on access to HIV drugs for people in low income countries like Uganda.

## 4. What plans does government have for compulsory licensing and making full use of TRIPs waiver?

We underscore that government should explore options to ensure that our legislation makes full use of TRIPs flexibilities especially compulsory licensing. While this is a second best option to global support to suspend patents and companies joining the Covid Technology Access Pool, the increased vaccine nationalism we are witnessing necessitates that this issue is handled expeditiously.

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1 Responses to Supplementary Budget Schedule for Financial Year 2020/21 (on File with Author).



## FINANCING THE VACCINE

### 5. What is the amount paid to COVAX for?

The press briefing notes Uganda will pay for COVAX. What is the planned money for? Is it for the vaccines under the initial allocation? Is it for logistics around vaccination like cold storage, training health workers etc? Transparency about this is urgently needed given people's mistrust about the government's management of funds in the COVID 19 response.

### 6. What is government's plan to finance the doses?

We note that a supplementary budget for 18.5 billion has been tabled before Parliament. The press release following the Cabinet meeting on 4 February 2021 also mentioned Exim Bank as a potential financier. Has there been bilateral engagement with donors? We reiterate that the country should not take loans to finance the COVID 19 Vaccine. Uganda's debt burden is already close to being unsustainable. The Bank of Uganda Monetary Policy 2020 report shows the country's debt level is nearing crisis level at 56.5 trillion, 41% of GDP, the 21.7 % rise in debt from FY 2019/20 is mostly attributed to borrowing to mitigate COVID 19. This debt burden poses a substantial drain on public resources that will finance the associated increase in interest payments rather than go to financing development. The country should not take on further loans for COVID 19 vaccines. The government should pursue support from the World Bank, the African Development Bank, the European Union and other development partners to cover the remaining financing needs but through grants. These institutions should in a show of international solidarity make grants NOT LOANS available.

## ENGAGING COMMUNITIES

### 7. What is the plan to engage communities?

There is scanty information about the vaccine in Uganda. The cabinet press statement mentioned the Ministry of Health is on course. Patchy communication on the COVID vaccines breeds mistrust and conspiracy theories. We reiterate the importance of government providing timely and comprehensive communication about the vaccine and engaging with communities and their representatives as they discuss the country's strategy. ISER has found that communities are concerned about the safety of the vaccines given reports from other countries of people that died following their inoculation. They are also concerned about the cost to be incurred by individuals. It is imperative government addresses this immediately. There must be multiple channels of community engagement to build trust.

The government should put in place a multi sectoral taskforce to develop a vaccination and community engagement strategy comprising of communities and their representatives, civil society, village health team and health workers, teachers, lawyers, communication specialists, psychologists in addition to the health policy experts and scientists.



## PREPARATION TO VACCINATE

### 8. Will the doses for initial roll out be sufficient to vaccinate the priority groups? Do you have data on the priority groups?

We applaud government's commitment to prioritise vulnerable and essential workers. However, the information provided so far raises critical gaps. Only people over fifty years with pre existing conditions will get the vaccine. **What will happen for example to children with cancer or other pre existing conditions? Does it make sense to prioritise security personnel who do not have pre existing conditions be vaccinated before people with pre existing conditions? Do you have sufficient data on the priority groups? Data from the private sector in health has often been a gap, making it difficult to ascertain number of health workers in private sector. Who will constitute a health worker? Will community health workers be included?**

## PRIVATE SECTOR INVOLVEMENT

### 9. Will the Government of Uganda ensure if the private sector is involved, it is after initial distribution to priority groups and it is strictly regulated?

The Government's press briefing reveals it is receiving requests from the private sector who have indicated interest in COVID 19 vaccines for their workers. Given the limited doses initially, it is essential Government is the steward of the process to avoid what we have seen with the testing and treating experience once it was outsourced to the private sector. Ugandans have been prevented from accessing testing and treatment due to the high costs that undermine the country's ability to mitigate the pandemic. There are concerns raised that private facilities may not be able to meet requirements for safe handling and distribution of the vaccine, for example cold chain requirements. A free market approach could also result in varied practices around vaccine handling and administration where some players compromise standards in order to improve their profit margin.

## EFFICACY OF THE VACCINE AND ADDITIONAL MEASURES THAT MAY NEED TO BE TAKEN

### 10. Do we have the variants discussed elsewhere here?

We note that while there has been talk of COVID 19 variants prevalent among our neighbours, the Ministry of Health and scientific committee have not addressed this. Are these variants in Uganda? What are the plans to conduct more mass or at minimum targeted testing of the population to ascertain this? We urge the government to conduct targeted testing to ascertain this.



## 11. What is efficacy of the AstraZeneca vaccine in light of recent developments?

There have been concerns raised about efficacy of AstraZeneca vaccine for those over 65 yet Uganda plans to inoculate older persons. A number of European Countries, France, Germany, Austria, Sweden, Denmark, Netherlands, Spain, Poland, [will not provide](#) it to those over sixty five years and Belgium will not provide it to those above 55. Switzerland will not provide it at all for any age group citing concerns about safety and efficacy. The UK disagrees. UK Medicines and Healthcare products Regulatory Agency (MHRA) insists it is safe for those over 65 years. Will government of Uganda position change in light of these concerns?

Recent reports indicate the vaccine is not effective against the viral variant in South Africa, B.1.351. South Africa has [put on hold](#) its roll out of the AstraZeneca vaccine. COVAX in its [statement on the new variants and the Astra Zeneca vaccine](#) maintains that in the context of settings without the viral variant in South Africa, Astra Zeneca “offers protection against severe disease, hospitalisations and death.” It however, notes that it has to determine “the vaccine’s effectiveness when it comes to the B.1.351 variant” and notes its Coalition for Epidemic Preparedness Innovation (CEPI) is looking into “mix and match” studies. Has the Ministry of Health determined whether the viral variant in South Africa is here? Are we testing for it? What other vaccine candidates is Uganda considering?



## RECOMMENDATIONS

We reiterate the following recommendations made in January.

To Government of Uganda

1. Uganda should work with other lower-middle and low-income countries to push for a people's vaccine and negotiate for waiver of patent rights.
2. Strengthen compulsory licensing and other provisions that would support access to vaccines and medicines in the Industrial Property Act.
3. Secure resources from the consolidated fund to supplement the doses that may be available through COVAX.
4. Negotiate for grants instead of loans from International Financial Institutions (IFIs) and bilateral donors.
5. COVID-19 vaccines should be a public health good- free of charge to the public, equitably distributed, and needs-based.
6. Consult with VHTs and communities in preparation and develop a communication and community engagement strategy.
7. Share timely information regularly and honestly.
8. Recruit and train the health workforce.
9. Prioritise vulnerable groups during the initial stages of the vaccine particularly health workers, older persons and persons with pre existing conditions.
10. Ensure older persons without national Ids are registered expeditiously and ensure relevant data systems to identify beneficiaries are strengthened.
11. Put in place multi sectoral task force including lawyers, public health specialists, frontline health workers, officials from the Uganda Bureau of Statistics, National (NIRA), Ministry of Gender, Labour and Social Development, Civil society, and community voices as it develops national strategy for deployment of COVID 19 vaccine.
12. National Strategy for the Deployment of the COVID 19 vaccine should include activities to strengthen immunization through out the life course, health services and health systems including traceability systems, monitoring and reporting systems.
13. Ensure/update functional cold storage, logistics and management systems.
14. Ensure regulatory system assessments are in place.
15. Government maintain strong stewardship of the process.
16. Regulate the private sector to ensure quality is maintained and profits are not prioritized over public health during vaccine distribution.



## To the international community

- 1. World Trade Organisation should approve proposal by South Africa to waive patents for COVID 19.**
- 2. Pharmaceutical and all research institutions producing any vaccine should prioritize saving lives as opposed to accumulating profits during this critical time; share the science, technological know-how and intellectual property as to promote maximum access by joining the Covid 19 Technology Access Pool.**
- 3. Donors should support low income countries like Uganda to finance vaccines through COVAX but also through grants and not loans since the allocation from COVAX is not sufficient.**

ISER and its partners call for equal access to the COVID-19 vaccines and vaccine distribution for all Ugandans including historically underserved communities, underserved areas and rural communities in line with a human rights based approach. It is a moral and public health imperative to ensure that all individuals residing in Uganda have equitable access to a vaccine that is safe, affordable and effective, regardless of their social and economic status. It is only then that we will contain COVID 19. No one is safe until everyone is.



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