

## ***Where is SA's vaccine plan?***

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AFTER months of bad news on the coronavirus front, finally a ray of hope. Initial results of three latest-stage trials of Covid-19 vaccines look better than expected: Pfizer and BioNTech say their shot is 95 percent effective, and Moderna's candidate seems equally good. AstraZeneca and Oxford University say the efficacy of their vaccine ranges from 70 percent to 90 percent. But where is the plan for vaccinating SA?

Finance minister Tito Mboweni suggested on Tuesday the country has joined an international initiative to ensure access, but the Department of Health said it hasn't signed yet. So far, the race to develop vaccines has been accompanied by a predictable scramble by rich countries to secure advance purchase agreements with developers.

Despite being involved in several high-profile clinical trials of candidate Covid-19 vaccines, SA has neither nailed down a procurement plan nor finalised a distribution scheme with pharmaceutical companies. Nor, to the frustration of many observers, has it yet signed up to the international vaccine financing vehicle Covax, jointly led by the World Health Organisation and the vaccine alliance Gavi. Speaking during the Bloomberg Invest Africa virtual conference, Mboweni said SA has pledged R500-million towards Covax, which on the face of it is good news. Covax has mobilised more than \$2-billion in donor funding and entered into advance purchase commitments to support equitable immunisation. It aims to distribute 2-billion doses to participating nations by end-2021, starting with frontline healthcare workers. But SA has missed the first deadline. SA's initial hesitation to enter into bilateral advance purchase agreements is understandable in the context of its poor finances and a reluctance to sign a contract that carries a hefty penalty should it want to pull out. Another reason for concern is that as promising as they are, the early results from the vaccine trials are still just that. None of the shots have been approved by regulators and the duration of the protection they provide is still an open question.

The last thing SA wants is to commit to buying an expensive vaccine requiring frequent administration, only to discover something cheaper and better a few months later. That is where some scepticism about Covax comes in.

While it is relatively straightforward for a low-income country that qualifies for free or heavily subsidised vaccines to sign on the dotted line, SA is classed by the World Bank as an upper middle-income country. It thus falls into Covax's self-financing category and is required to pay an upfront deposit to participate, as it seems to have done. This poses a practical problem for the government, bound by procurement rules and a medicines regulatory framework that effectively preclude it from agreeing to buy a product that does not yet exist at a yet-to-be determined price. However, that is a bureaucratic headache easily remedied should there be the political will. Mboweni's statement on Tuesday suggests that will has been found.

There is no question that immunising the nation will come at a price. But the numbers pale into insignificance compared with the latest R10.5-billion SAA bailout: AstraZeneca will provide its two-dose regimen at \$3 a shot to developing countries, meaning vaccinating part

of the population is affordable. While its commitment to obtain and distribute a vaccine is welcome, the communication again leaves much to be desired. The Department of Health still needs to confirm that SA has indeed signed on the dotted line, though Khadija Jamaloodien, director of affordable medicines, was quoted as saying the necessary administrative processes need to be completed. The last thing we need now is a U-turn.