

WEBVTT

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00:00:07.320 --> 00:00:11.019

Jim Pickett: And just give a shout out to our playlist today.

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00:00:12.910 --> 00:00:17.960

Jim Pickett: and I want to promote our next webinar coming up the end of March.

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00:00:18.340 --> 00:00:35.730

Jim Pickett: We will be talking about decolonizing global public health and really exploring how we get there, what it will take. We will drop this. Yeah, URL in the chat momentarily, but we hope you will join us for this webinar in about a month from now.

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00:00:39.510 --> 00:00:48.469

Jim Pickett: So here's a look at our speakers today, all representing Africa, Cdc. We have Jen's Dr. Laundry, and Dr. Fifa.

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00:00:48.600 --> 00:00:55.700

Jim Pickett: and moderating all of this wonderful discussion, is my colleague at Avax Samantha Rick.

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00:00:56.110 --> 00:00:59.610

Jim Pickett: I am going to stop sharing my sl

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00:00:59.790 --> 00:01:04.890

Jim Pickett: and invite Samantha to take the podium.

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00:01:04.900 --> 00:01:07.280

Jim Pickett: and thanks again. All for being here.

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00:01:09.070 --> 00:01:13.330

Samantha Rick: Thanks so much, Jim. And thank you. Everyone for joining today.

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00:01:13.680 --> 00:01:35.690

Samantha Rick: We're so glad to see such a broad and deep interest in these topics. And I'm not surprised, while I've been very involved in the global pandemic preparedness discussions. I often feel lost in the sea of different initiatives and new evolving positions and competing interests. I've heard from many of our partners that they feel the same way and don't know where to start or step in.

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00:01:35.900 --> 00:01:58.559

Samantha Rick: A lot of the multilateral space has been focused on the pandemic accord for the past year, which, if you're unfamiliar and aren't waking up at 4 Am. To follow discussions in Geneva, like I've been, is a sort of a treaty, but don't call it a treaty being developed by WHO. Member States to coordinate and drive forward global efforts to prevent, prepare for and respond to pandemic threats.

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00:01:58.790 --> 00:02:20.420

Samantha Rick: One thing that has been made glaringly obvious through experience with pandemics and in the pandemic accord discussions is that we cannot rely on so-called generous donors to support the functions of a global health public health system. And that's been the driving ethos of Africa. Cdc's new public health order and its engagement with pandemic preparedness issues worldwide.

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00:02:20.450 --> 00:02:26.899

Samantha Rick: So today we'll hear about what the Africa Cdc. Is driving to ensure that Africa is prepared for the future.

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00:02:27.200 --> 00:02:48.789

Samantha Rick: And with that I will turn it over to our first speaker, Yan's Peterson. We did have one other speaker, but unfortunately he's had a medical issue, and will not be able to join, so I hope that Jans can fill in and inform our audience a little bit about the new public health order and talk about some of the local manufacturing initiatives that Africa, Cbc. Is pursuing over to you Yan's

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00:02:50.700 --> 00:02:53.870

Jens Pedersen: thanks, Samantha, and thanks

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00:02:53.940 --> 00:02:59.919

Jens Pedersen: Alex. For hosting us and and letting us allowing us to sort of speak for this important topic.

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00:03:00.090 --> 00:03:02.500

Jens Pedersen: So the new public health order is really a

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00:03:02.660 --> 00:03:08.010

Jens Pedersen: the African push for a paradigm shift in in global health.

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00:03:08.190 --> 00:03:12.239

Jens Pedersen: It was announced last year at the

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00:03:12.460 --> 00:03:19.330

Jens Pedersen: UN General Assembly. And it's sort of composed of essentially the

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00:03:20.000 --> 00:03:27.709

Jens Pedersen: the way in which that we, from an African perspective, wish to see the global health agenda shift and be more inclusive in Africa.

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00:03:27.830 --> 00:03:32.339

Jens Pedersen: It's built on pillars that include manufacturing that includes

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00:03:32.630 --> 00:03:40.690

Jens Pedersen: health workforce that includes support for public health institutions and and organizations.

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00:03:40.890 --> 00:03:46.480

Jens Pedersen: It's built on the need for meaningful and and sort of

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00:03:47.400 --> 00:03:58.399

Jens Pedersen: transformative partnerships as well. And along with with the broader African Union Strategy of agenda 2063. The new Public Health order informs

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00:03:58.500 --> 00:04:00.990

Jens Pedersen: Africa. Cdc's priorities

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00:04:01.090 --> 00:04:08.110

Jens Pedersen: for our pandemic preparedness, prevention, and response, sort of framework and strategies

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00:04:09.150 --> 00:04:14.890

Jens Pedersen: in relation to that and sort of dwelling slightly on the manufacturing

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00:04:15.370 --> 00:04:18.429

Jens Pedersen: aspect of that. There's a few sort of

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00:04:18.820 --> 00:04:48.250

Jens Pedersen: key principles that that underlies our approach, that that underpins. Sorry our approach to manufacturing one is that our approach to manufacturing is founded on improving African health security. Now that obviously links to the experience during the pandemic where Africa

was excluded to a large extent, and for a long period from accessing the relevant tools, be those vaccines, pps, other medical equipment.

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00:04:48.440 --> 00:04:52.880

Jens Pedersen: and subsequently some of the therapeutic that were made

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00:04:52.920 --> 00:05:01.179

Jens Pedersen: available during the pandemic. So that's the the the primary principle improved health security

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00:05:01.490 --> 00:05:04.860

Jens Pedersen: secondary to that If

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00:05:05.020 --> 00:05:07.580

Jens Pedersen: that is in sort of

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00:05:07.730 --> 00:05:09.190

Jens Pedersen: service off

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00:05:09.580 --> 00:05:18.230

Jens Pedersen: African manufacturers and our Member States. So the 55 Member States of the African Union, and what we mean with that is

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00:05:18.390 --> 00:05:24.530

Jens Pedersen: we're looking, of course, to to have a manufacturing sector that is

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00:05:25.540 --> 00:05:37.779

Jens Pedersen: African-owned, and that is in tune with African priorities and and in many ways that is having a public health component. It's having a diverse

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00:05:38.210 --> 00:05:41.399

Jens Pedersen: capability and capacity of manufacturing

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00:05:41.470 --> 00:05:55.860

Jens Pedersen: that can be adapted when necessary in in terms of pandemic for example. in terms of other outbreaks, so a flexible and adaptive and Africa-focused

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00:05:56.050 --> 00:05:57.670

Jens Pedersen: manufacturing sector.

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00:05:57.930 --> 00:06:04.480

Jens Pedersen: the manufacturing sector in sort of medical terms, where we are now at the moment is.

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00:06:04.750 --> 00:06:09.069

of course, depending on what product we're talking about. If we're talking about.

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00:06:09.260 --> 00:06:15.959

Jens Pedersen: For example, pharmaceutical manufacturing, there is a a long history. There's a broad broader way, and and

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00:06:16.350 --> 00:06:21.880

Jens Pedersen: up to 600, if not more existing pharmaceutical manufacturers.

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00:06:22.020 --> 00:06:25.140

We'll come back to to some of the realities of that

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00:06:25.470 --> 00:06:32.290

Jens Pedersen: when we're talking about diagnostic manufacturing, the numbers are much much smaller, obviously

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00:06:32.310 --> 00:06:46.510

Jens Pedersen: and obviously there has been a lot of focus on the manufacturing of vaccines, of which there is only a few existing 3 to 4 vaccine manufacturers in Africa. There are many initiatives underway.

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00:06:46.640 --> 00:06:50.380

Jens Pedersen: But it's important to make the distinction that

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00:06:50.460 --> 00:06:56.109

Jens Pedersen: the approach differs, depending on what sort of product we are sort of talking about.

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00:06:56.320 --> 00:07:00.260

Jens Pedersen: There are lots of sort of

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00:07:00.360 --> 00:07:04.079

Jens Pedersen: commonalities and the sort of

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00:07:04.440 --> 00:07:11.549

Jens Pedersen: key driver of it that's gonna facilitate that that's gonna help us support is is

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00:07:11.770 --> 00:07:15.829

Jens Pedersen: again, 2 underlying sort of aspects. One is

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00:07:15.920 --> 00:07:22.600

Jens Pedersen: the regulatory aspect which pertains to quality. Obviously, so, the manufacturing and the product has to be of

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00:07:23.370 --> 00:07:27.690

Jens Pedersen: relevant and and high standards and quality

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00:07:27.920 --> 00:07:37.969

Jens Pedersen: which then entails obviously as well. But our African regulators be that eventually the African Medicines agency as it's being established.

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00:07:38.120 --> 00:07:51.630

Jens Pedersen: Our national regulating authorities, as we have in many countries across the continent, are capacitated in order to ensure quality as well, it also means that

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00:07:51.940 --> 00:07:56.700

Jens Pedersen: we are working hard on harmonization.

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00:07:56.710 --> 00:07:59.620

Jens Pedersen: of the

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00:08:00.220 --> 00:08:07.860

Jens Pedersen: let's say the regulatory standard as it is. Now, if you have a product, you have to do individual registration.

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00:08:07.890 --> 00:08:10.460

Jens Pedersen: Several countries in the African market.

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00:08:10.500 --> 00:08:17.750

Jens Pedersen: That harmonization process is underway. So the the regulatory and and

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00:08:18.940 --> 00:08:24.089

Jens Pedersen: qualitative approach is one pillar, another key pillar in this is

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00:08:24.340 --> 00:08:27.349

Jens Pedersen: but demand the market access

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00:08:27.450 --> 00:08:36.000

Jens Pedersen: which is really underpinned and and has to be supported by our own Member States, and what I mean by that is that

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00:08:36.280 --> 00:08:44.800

Jens Pedersen: our our countries, our Ministries of health, our ministries of finance, our heads of State, had to agree to want to buy African.

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00:08:45.100 --> 00:08:48.139

Jens Pedersen: If we cannot agree to

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00:08:48.900 --> 00:09:12.659

Jens Pedersen: buy our own product, it's very difficult to convince and to argue that Donut, the other large procureur whoever they may be, Pepsi global funds unicef Garvey. So it requires a change and a shift in approach on the demand and market side, which is that we, as Africa, have to agree and have to in some

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00:09:12.730 --> 00:09:16.000

Jens Pedersen: in some instances, find ways of paying

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00:09:16.010 --> 00:09:24.830

Jens Pedersen: the the price that it will entail to buy products made in Africa. Some of that, of course, lies in

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00:09:25.790 --> 00:09:33.219

Jens Pedersen: at Africa, Cdc. Within our structures, working on consolidating and coordinating demand.

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00:09:33.370 --> 00:09:35.210

Jens Pedersen: So we can pool procurement.

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00:09:35.390 --> 00:09:39.350

Jens Pedersen: We have at the

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00:09:39.500 --> 00:09:52.629

Jens Pedersen: I'm sure some of you or many of you will have seen in in the recent au summit, or the Au Assembly, which took place 2 weeks ago. Africa, Cdc. Was mandated by our heads of State to

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00:09:52.850 --> 00:09:56.490

Jens Pedersen: establish and incorporate a pool procurement mechanism.

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00:09:56.770 --> 00:10:05.919

Jens Pedersen: We were given the mandate to expand our focus from vaccines to therapeutics and diagnostics for medicine and and other products.

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00:10:06.270 --> 00:10:15.629

Jens Pedersen: and linked to this, there were appointed a number of champions for health issues, one being a

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00:10:15.730 --> 00:10:18.220

Jens Pedersen: au high level champion for

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00:10:18.510 --> 00:10:27.010

Jens Pedersen: African manufacturers, which is the president of Kenya, William Rutsu, and an au champion of pandemic

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00:10:27.050 --> 00:10:31.740

Jens Pedersen: preparedness, prevention, and response, which is the President of South Africa, several Ramaphosa

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00:10:32.150 --> 00:10:43.249

Jens Pedersen: So our role as as Africa, Cdc. In all of this is with these mandates, and with the under sort of skinning principles and guiding sort of

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00:10:43.570 --> 00:10:51.510

Jens Pedersen: aspect, is to now, in the short and medium term, drive some, some very focused and very hard.

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00:10:51.730 --> 00:10:52.869

Priority.

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00:10:53.450 --> 00:11:02.279

Jens Pedersen: it's very obvious, and it's very clear, as I'm sure you've seen as well in most of your work. Those of all of you who are on the

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00:11:03.030 --> 00:11:06.869

Jens Pedersen: on the call that the interest in pandemic responds.

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00:11:06.950 --> 00:11:10.919

Jens Pedersen: The sort of momentum is veining, and it's disappearing.

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00:11:11.010 --> 00:11:12.280

Jens Pedersen: The

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00:11:12.490 --> 00:11:20.140

Jens Pedersen: the window, as we call it, for support of African manufacturing. It's slowly closing. It's not going to stay open forever.

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00:11:20.300 --> 00:11:23.390

Jens Pedersen: So our focus is very much within the next

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00:11:23.490 --> 00:11:31.290

Jens Pedersen: couple of years with vaccines it obviously takes a while, whereas with pharmaceuticals and diagnostics, we have existing products.

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00:11:31.510 --> 00:11:37.600

Jens Pedersen: But to really get some some manufacturers over the finish line with regard to

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00:11:37.950 --> 00:11:42.130

Jens Pedersen: the regulatory and quality standards, and with regard to

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00:11:42.260 --> 00:11:45.180

Jens Pedersen: implementing our mandate on full procurement.

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00:11:45.420 --> 00:11:50.999

Jens Pedersen: I'll give a good example of that which is an issue which

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00:11:51.110 --> 00:12:00.319

Jens Pedersen: I think, from an advocacy perspective is very important as well, which pertains both to the pandemic aspect and to the manufacturing, which is

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00:12:00.620 --> 00:12:04.500

Jens Pedersen: the manufacturing of cholera vaccines.

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00:12:04.770 --> 00:12:14.529

Jens Pedersen: Many of you will have seen in in the news that there is an ongoing cholera outbreak in in the setback. So in the Southern African region.

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00:12:14.710 --> 00:12:18.389

Jens Pedersen: which is one of the worst that has been going on in many years.

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00:12:18.770 --> 00:12:26.179

Jens Pedersen: there is a global shortage of cholera vaccine, so so much so that

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00:12:26.350 --> 00:12:27.250

Jens Pedersen: the

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00:12:27.410 --> 00:12:42.949

Jens Pedersen: protocol for using cholera vaccine in outbreak context, which usually requires 2 dosages have been reduced to one dose so we are faced with a situation where we have an ongoing and acute outbreak.

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00:12:43.150 --> 00:12:49.689

Jens Pedersen: with a global shortage and almost absence of the relevant one of those key tools and an outbreak response which

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00:12:49.850 --> 00:12:52.920

Jens Pedersen: the color of vaccines. And we have

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00:12:53.130 --> 00:13:07.749

Jens Pedersen: a process of technology transfer into Africa, manufacturer of the cholera vaccine. So bio vaccine. South Africa has an agreed technology transfer and is working on it. But it's a process that takes time.

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00:13:07.780 --> 00:13:11.829

Jens Pedersen: It's the process that needs resources. It's the process that needs support.

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00:13:12.090 --> 00:13:23.569

Jens Pedersen: And it's a perfect example of how we we now seeking, but also are asking the hope of our partners to come together around these shared priorities, which is to say.

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00:13:23.800 --> 00:13:34.560

Jens Pedersen: we have an acute problem. Now let's push this product. In this case the cholera vaccine over the finish line as soon as we can. obviously without compromising quality and safety.

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00:13:34.650 --> 00:13:49.330

Jens Pedersen: In some cases the the technology transfer do take quite a bit of time. But we are looking at identifying, and have identified similar sort of products and categories where we are saying

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00:13:49.350 --> 00:13:51.200

Jens Pedersen: we are looking at getting

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00:13:51.560 --> 00:13:57.750

Jens Pedersen: African existing manufacturers over the line. one. Because there are

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00:13:58.790 --> 00:14:12.899

Jens Pedersen: the acute need, and 2 because of the short closing window of opportunity within which we have to deliver as Africa, Ddc, and in some of these which is why I think

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00:14:12.920 --> 00:14:21.309

Jens Pedersen: this webinar and this poll is very important as a sort of global advocacy community. We, we have to work together.

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00:14:21.490 --> 00:14:23.969

and we. We will be asking

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00:14:24.600 --> 00:14:30.390

Jens Pedersen: for support in maintaining the political momentum and support for African manufacturing weather is.

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00:14:30.900 --> 00:14:42.580

Jens Pedersen: it's advocating towards WHO. For free qualification, whether it's advocating towards our Member States who actually buy these products when they're available.

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00:14:42.630 --> 00:14:47.939

Jens Pedersen: or it's. And and importantly as as well, advocating for

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00:14:48.390 --> 00:14:49.060

a

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00:14:49.230 --> 00:15:01.470

Jens Pedersen: concerted financial support to unlock some of these challenges that the manufacturers are are coming across when they, when when they try to scale up, and when they try to improve their manufacturing.

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00:15:01.860 --> 00:15:07.909

Jens Pedersen: So I think Samantha, with that I'd leave it, and and I'd like to say.

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00:15:07.960 --> 00:15:15.309

Jens Pedersen: certainly it's it's a platform, and it's a network that that we, as Africa, Cdc. Are very happy to

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00:15:15.510 --> 00:15:22.189

Jens Pedersen: to stay in dialogue with, because we we will rely on your help and support in advocating for the priorities of

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00:15:22.350 --> 00:15:23.989

Jens Pedersen: of all manufacturing

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00:15:24.040 --> 00:15:27.460

Jens Pedersen: for it to have the public health fact that we all wanted to

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00:15:27.860 --> 00:15:29.089

Jens Pedersen: thank you, Samantha.

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00:15:29.410 --> 00:15:41.690

Samantha Rick: Yes, thank you. That presentation. I wonder if you could talk a little bit more about this closing window of opportunity. And what's influencing that? And why Africa, Cdc. Has to move so quickly on these.

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00:15:45.060 --> 00:15:46.900

Jens Pedersen: I think, I mean.

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00:15:47.500 --> 00:15:51.829

Jens Pedersen: we all have short memories and politicians. Memories are even shorter, right?

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00:15:51.850 --> 00:15:54.590

Jens Pedersen: And and we see it.

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00:15:54.620 --> 00:16:04.850

Jens Pedersen: With regard to manufacturing, we also see it. You mentioned some of the processes in Geneva, and people will talk to them later. About the pandemic treaty. How.

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00:16:05.400 --> 00:16:06.480

Jens Pedersen: for example.

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00:16:06.760 --> 00:16:12.829

Jens Pedersen: in with regards to the pandemic treaty, there is very tight deadline that are set to finalize the process.

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00:16:13.080 --> 00:16:15.020

Jens Pedersen: Where.

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00:16:15.840 --> 00:16:24.189

Jens Pedersen: from an African perspective, we may say, actually, we need more time because we are building a system for us.

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00:16:24.440 --> 00:16:31.609

Jens Pedersen: It we're not rushing to build our manufacturing as much because we are talking about building

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00:16:32.090 --> 00:16:37.440

Jens Pedersen: policy. We're not rushing to get agreement necessarily on the Pandemic Treaty because

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00:16:37.480 --> 00:16:44.550

Jens Pedersen: we want to make sure that equity we want to make sure that pathogens and benefits sharing is is in our interest.

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00:16:44.570 --> 00:16:52.680

Jens Pedersen: and sometimes rushing things is contrary to that. the closing sort of window with regards to to manufacturing is, is

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00:16:52.910 --> 00:16:58.590

Jens Pedersen: stemming from the same reasons, which is that well, the world has moved on from the pandemic.

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00:16:58.860 --> 00:17:06.920

Jens Pedersen: because many parts of the world have forgotten already, and they don't necessarily. Yeah, that's that's

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00:17:08.480 --> 00:17:12.009

Jens Pedersen: in order to change the response. We have to do things differently.

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00:17:12.420 --> 00:17:20.280

Jens Pedersen: That is building regional manufacturing. It's getting a pandemic treaty, for example, that is adequate to

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00:17:20.369 --> 00:17:38.090

Jens Pedersen: to what we need as Africa. And it's Landry will will talk about as well. It's about making sure that the processes and the instruments, such as the pandemic funds, are attuned to what it is that that we are challenged with in the developing world and systems.

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00:17:38.620 --> 00:17:42.229

Jens Pedersen: especially from from Africa, Cdc from an African perspective.

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00:17:42.590 --> 00:17:45.389

Jens Pedersen: So the short answer is that that

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00:17:46.180 --> 00:17:54.239

Jens Pedersen: sadly a large part of the world has moved on from the lessons from the pandemic, and we are trying to to make sure that the

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00:17:54.390 --> 00:17:55.619

we still get

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00:17:55.930 --> 00:18:02.730

Jens Pedersen: some changes in the global health system and the global financial system and the global, my manufacturing system that

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00:18:02.840 --> 00:18:03.560

that can

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00:18:03.900 --> 00:18:07.019

Jens Pedersen: make sure we have a better response next time.

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00:18:08.030 --> 00:18:21.859

Samantha Rick: Great and before I let you go from your presentation, can you talk about how advocates can engage in Africa. Cdc's local manufacturing pushes. Who can? Who can they talk to? Who needs to be convinced? Where can they? Input

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00:18:24.060 --> 00:18:32.039

Jens Pedersen: so, as we are now setting sort of embarking on the more detailed aspect of developing

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00:18:32.110 --> 00:18:42.789

Jens Pedersen: and the practical aspect of developing pool procurement. We are in in, in dialogue with various access across the spectrum. If there's anyone that that

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00:18:42.910 --> 00:18:43.720

Jens Pedersen: once

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00:18:44.100 --> 00:18:54.309

Jens Pedersen: to engage further, please don't hesitate to reach out. I hope that that that contact details will be made available on this platform. If if not, I consent to that here. With

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00:18:54.350 --> 00:19:00.859

Jens Pedersen: so anyone, please feel free to reach out to to any or all of us colleagues, and we will do our best to make sure that

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00:19:01.130 --> 00:19:04.730

Jens Pedersen: that the voices get heard and included. The pets.

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00:19:04.950 --> 00:19:07.080

Jens Pedersen: I think.

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00:19:07.700 --> 00:19:17.859

Jens Pedersen: The short answer, and the best way is to make sure once that we maintain a public health and a health security approach to our manufacturing. So that's one sort of

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00:19:18.010 --> 00:19:40.600

Jens Pedersen: a a request that we will carry forward, and we'll ask all of our colleagues on this call, as well to keep carrying forward and keep emphasizing we have to make sure that the manufacturing we built and the manufacturing we expand has a public health, component and values in response to African health needs. We are not looking at just

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00:19:40.620 --> 00:19:43.600

Jens Pedersen: transplanting what what has existed itself with

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00:19:45.480 --> 00:19:53.690

Samantha Rick: great, thank you. We'll now turn to Dr. Landry to update us on the Africa. Cdc's

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00:19:53.730 --> 00:19:55.469

Samantha Rick: Push to be

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00:19:55.760 --> 00:20:05.859

Samantha Rick: Implementing entity for that pandemic fund, and how the Africa, Cdc. Is planning on engaging with these financial mechanisms in the future. So to Dr. Landry.

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00:20:14.040 --> 00:20:15.000

Samantha Rick: maybe.

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00:20:17.090 --> 00:20:19.069

Samantha Rick: is Dr. Landry still with us

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00:20:23.700 --> 00:20:25.820

Samantha Rick: there is okay. Great.

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00:20:25.920 --> 00:20:27.600

Samantha Rick: You are on mute. There you go.

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00:20:31.420 --> 00:20:33.100

Landry Dr. Tsague Dongmo: Someone's not. Can you hear me?

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00:20:33.210 --> 00:20:34.310

Samantha Rick: Yes.

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00:20:35.800 --> 00:20:41.430

great. Good afternoon. Good morning. Good evening. Depending on where you are

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00:20:41.500 --> 00:20:46.620

Landry Dr. Tsague Dongmo: following this report, and we've been. I think I was already introduced.

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00:20:48.710 --> 00:20:50.990

Landry Dr. Tsague Dongmo: So land Reitzaga, I'm senior advisor

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00:20:51.080 --> 00:20:57.519

with the executive office of Africa, Cdc. And thank you to Voiceth

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00:20:57.610 --> 00:21:00.269

Landry Dr. Tsague Dongmo: and Rana for inviting us.

176

00:21:00.690 --> 00:21:04.429

Landry Dr. Tsague Dongmo: This webinar I was asked to talk about

177

00:21:04.780 --> 00:21:08.550

Landry Dr. Tsague Dongmo: Africa City's engagement with the Pandemic Fund.

178

00:21:10.530 --> 00:21:11.700

Landry Dr. Tsague Dongmo: So

179

00:21:12.710 --> 00:21:24.520

Landry Dr. Tsague Dongmo: let me say, first of all, I like to structure my presentation in basically 4 points. The first one is to take a step back

180

00:21:24.900 --> 00:21:29.360

Landry Dr. Tsague Dongmo: to talk about Africa, Cdc. On the the strategic plan

181

00:21:29.410 --> 00:21:33.890

Landry Dr. Tsague Dongmo: of African citizens, or the period 2023, 2027,

182

00:21:34.250 --> 00:21:36.809

Landry Dr. Tsague Dongmo: and then I will link it with fur.

183

00:21:37.000 --> 00:21:41.519

Landry Dr. Tsague Dongmo: the engagement of applicant Cdc. With the Pandemic fund

184

00:21:41.770 --> 00:21:48.340

Landry Dr. Tsague Dongmo: from the first round for the second round, which was announced last December.

185

00:21:48.570 --> 00:21:57.820

Landry Dr. Tsague Dongmo: and then I would then move to explain a bit more what Africa? Cdc. On key partners like there'll be true

186

00:21:58.320 --> 00:22:01.520
Landry Dr. Tsague Dongmo: as a established

187
00:22:01.570 --> 00:22:12.850
Landry Dr. Tsague Dongmo: through a partnership platform called the Joint
Emergency Action Plan Integration cheap to really strengthen coordination
for

188
00:22:13.390 --> 00:22:16.570
Landry Dr. Tsague Dongmo: emergency preparedness and response on the
Continent

189
00:22:16.960 --> 00:22:23.250
Landry Dr. Tsague Dongmo: and building on the cheap. I will explain how
we are putting together a common Africa approach

190
00:22:23.260 --> 00:22:26.909
Landry Dr. Tsague Dongmo: to respond to the second call for proposal

191
00:22:27.010 --> 00:22:33.830
Landry Dr. Tsague Dongmo: to the Pandemic Fund. So in terms of Africa,
Cdc

192
00:22:34.370 --> 00:22:40.259
Landry Dr. Tsague Dongmo: strategic plan and positioning, I'm sure you
all know today that applications was established

193
00:22:40.290 --> 00:22:43.790
Landry Dr. Tsague Dongmo: in January 20 17,

194
00:22:43.840 --> 00:22:48.370
Landry Dr. Tsague Dongmo: as a specialized technical agency of the
African Union.

195
00:22:48.680 --> 00:22:50.260
Landry Dr. Tsague Dongmo: the Africa, Cdc.

196
00:22:50.510 --> 00:22:56.639
Landry Dr. Tsague Dongmo: Has been entrusted with the primary mandate of
safeguarding Africa's health security.

197
00:22:57.340 --> 00:23:05.600

Landry Dr. Tsague Dongmo: This pilot facing resources, constraints on a limited workforce. At beginning Africa City has demonstrated the power

198

00:23:06.000 --> 00:23:10.259

Landry Dr. Tsague Dongmo: of regional coordination in response to public health emergencies.

199

00:23:10.350 --> 00:23:17.520

Landry Dr. Tsague Dongmo: Consequently Africa, Cdc. Was elevated to an autonomous F. Hc. Of the African Union

200

00:23:17.540 --> 00:23:20.379

Landry Dr. Tsague Dongmo: during the 20 sixth Ordinary

201

00:23:20.410 --> 00:23:26.409

Landry Dr. Tsague Dongmo: Assembly of Head of State and government. In February of the year 2,022

202

00:23:27.130 --> 00:23:38.109

Landry Dr. Tsague Dongmo: at that new status guarantee its agility and empowered Africa, Cdc. Effectively respond to Member State needs on the Continent.

203

00:23:38.460 --> 00:23:49.359

Landry Dr. Tsague Dongmo: and I think this is important to have as a background, because it also sets the the positioning of Africa city with global mechanisms

204

00:23:49.550 --> 00:23:51.119

Landry Dr. Tsague Dongmo: like the pandemic fun.

205

00:23:51.380 --> 00:23:59.350

Landry Dr. Tsague Dongmo: So, as you know, the Pandemic Fund issued its second call of a proposal last December

206

00:23:59.490 --> 00:24:06.589

Landry Dr. Tsague Dongmo: with A, with a total envelope of 500 million. The fund is currently open for applications.

207

00:24:07.270 --> 00:24:13.120

Landry Dr. Tsague Dongmo: Accepting the 3 modalities of applications, the country specific

208

00:24:13.530 --> 00:24:16.479
applications, the multi-country applications

209
00:24:17.060 --> 00:24:19.429
Landry Dr. Tsague Dongmo: and the original entity applications.

210
00:24:20.380 --> 00:24:27.240
Landry Dr. Tsague Dongmo: I also want to highlight that Africa, Cdc. Is now an observer in the Board of the Pandemic Fund.

211
00:24:27.400 --> 00:24:31.080
Landry Dr. Tsague Dongmo: and I'm also pleased to share that Africa, Cdc.

212
00:24:31.520 --> 00:24:39.019
Landry Dr. Tsague Dongmo: As officially applied to become an implementing entity of the Pandemic Fund in Africa.

213
00:24:39.290 --> 00:24:42.819
Landry Dr. Tsague Dongmo: I will keep you posted about the outcome of that application.

214
00:24:43.860 --> 00:24:55.280
Landry Dr. Tsague Dongmo: I think the third point of the third segment of my conversation is about. How are the Continent Africa, Cdc. Building on its renew

215
00:24:55.530 --> 00:24:56.660
Landry Dr. Tsague Dongmo: operated

216
00:24:56.720 --> 00:25:03.460
Landry Dr. Tsague Dongmo: status, and it's a unique mandate is strengthening the continental coordination around

217
00:25:03.840 --> 00:25:08.280
Landry Dr. Tsague Dongmo: preparedness of response to emergencies.

218
00:25:08.440 --> 00:25:11.360
Landry Dr. Tsague Dongmo: So I want to really highlight the Chip

219
00:25:11.380 --> 00:25:17.599
Landry Dr. Tsague Dongmo: initiative chief stands for joint emergency preparedness and response action plan.

220

00:25:17.910 --> 00:25:19.010

Landry Dr. Tsague Dongmo: It was

221

00:25:19.060 --> 00:25:20.590

established.

222

00:25:20.650 --> 00:25:33.659

Landry Dr. Tsague Dongmo: co-created by Africa, Cdc. And Wto. For the Africa sub-saharan region, and M. Role for which included the Northern Africa.

223

00:25:33.710 --> 00:25:36.030

Landry Dr. Tsague Dongmo: And this is really a consonants.

224

00:25:36.530 --> 00:25:47.280

Landry Dr. Tsague Dongmo: platform! Which provides great direction on how to jointly prepare and response to public health emergency on the Continent.

225

00:25:47.440 --> 00:25:50.529

Landry Dr. Tsague Dongmo: and the actual plan that's called cheap, was to launch

226

00:25:50.610 --> 00:25:54.889

Landry Dr. Tsague Dongmo: last. May last. 2,002

227

00:25:55.670 --> 00:26:03.389

Landry Dr. Tsague Dongmo: yes, in May the twentieth 3. We're 2,004 now, but the development started in 2,002

228

00:26:03.960 --> 00:26:16.600

Landry Dr. Tsague Dongmo: in in the means of the cognitive response. I think I think it's important to have. That the perspective of how Africa City is trending. First of all, the continental coordination

229

00:26:16.710 --> 00:26:24.520

Landry Dr. Tsague Dongmo: around preparedness and response to public health emergency before we go into, how does that link to to the

230

00:26:27.280 --> 00:26:39.669

Landry Dr. Tsague Dongmo: then you also highlight the fact that our continent, Africa, experiences more than 166 experienced. This is for last year 166, health emergency in 2,023,

231

00:26:40.180 --> 00:27:01.879

Landry Dr. Tsague Dongmo: and this represents an increase from the year 2,022, where we have recorded 100 health emergency events. So it's clearly an indication that the continent is continuing to face, you know, extreme strength due to have frequent and increasing frequency of health emergency.

232

00:27:02.100 --> 00:27:06.310

Landry Dr. Tsague Dongmo: putting a strain on our health systems, putting a strain on our economy.

233

00:27:06.450 --> 00:27:19.729

Landry Dr. Tsague Dongmo: And we all know the increasing impact of climate. Related climate change, related events as well as conflict on our continent. Further, gravity the situation.

234

00:27:19.920 --> 00:27:26.250

Landry Dr. Tsague Dongmo: I think this. This this context heightened. however, vulnerability to disease outbreaks.

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00:27:26.460 --> 00:27:39.220

Landry Dr. Tsague Dongmo: So within this framework is is clearly a need for us on the Continent to revisit the way we prepare and respond to public health emergency.

236

00:27:39.720 --> 00:27:51.860

Landry Dr. Tsague Dongmo: So the jeep, as I mentioned, is a platform that partnership is is intended to support all the 55 African Union Member States to build resilience systems.

237

00:27:51.910 --> 00:28:00.779

Landry Dr. Tsague Dongmo: poor preparedness and strict benefit management of public emergency. But what the jeep is also is a tool for resource, mobilization

238

00:28:01.100 --> 00:28:06.469

Landry Dr. Tsague Dongmo: for regional labor initiatives that will benefit the African Union Member State.

239

00:28:06.990 --> 00:28:23.389

Landry Dr. Tsague Dongmo: So the Chip exemplifies what I mentioned earlier. Africa, I think, was already mentioned by Yes, Africa's citizens for a new public health order, and it brings a unique platform for

partnership. As I mentioned, with WHU. Of one enroll across the entire continent

240

00:28:23.460 --> 00:28:28.069

Landry Dr. Tsague Dongmo: and through the gym. The intent is to support the African Member State.

241

00:28:28.450 --> 00:28:32.870

Landry Dr. Tsague Dongmo: The other key stakeholders to catalyze investment and

242

00:28:32.900 --> 00:28:46.000

Landry Dr. Tsague Dongmo: further foster multi-sectoral, multidisciplinary approach on having a whole of society approach to have security in the future. So the jeep is also intended to forbid the backbone of

243

00:28:46.130 --> 00:29:04.179

Landry Dr. Tsague Dongmo: and become a connector that glues our collective preparedness. And I really want to emphasize here on the civil society, because I think this call is also about how do we? Bring civil society actors and stakeholders in the whole preparedness and response to public health agency.

244

00:29:04.570 --> 00:29:10.799

Landry Dr. Tsague Dongmo: And I'm very happy to have a further discussion with key civil society actors on how to

245

00:29:11.130 --> 00:29:14.020

Landry Dr. Tsague Dongmo: play a key role in in the cheap platform.

246

00:29:14.270 --> 00:29:25.789

Landry Dr. Tsague Dongmo: So how is the chip linked to the pandemic funds around? 2 from Africa City perspective? You all know that from the first round of applications.

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00:29:26.040 --> 00:29:31.029

Landry Dr. Tsague Dongmo: Africa was the only continent with, without

248

00:29:31.640 --> 00:29:36.049

Landry Dr. Tsague Dongmo: without any successful regional multi-country proposals

249

00:29:36.070 --> 00:29:39.949

Landry Dr. Tsague Dongmo: that we know it, but we also know that we were

250

00:29:40.050 --> 00:29:42.990

Landry Dr. Tsague Dongmo: fortunate to have 5 countries on the Continent.

251

00:29:43.000 --> 00:29:49.990

Landry Dr. Tsague Dongmo: Bukina, Faso, Cabo, Verde, Ethiopia, Togo, and Zambia, with successful applications.

252

00:29:50.030 --> 00:29:53.730

Landry Dr. Tsague Dongmo: but we are mindful of the fact that

253

00:29:54.240 --> 00:30:08.519

Landry Dr. Tsague Dongmo: there were many applications from our Member States close to. I think if you take the case for for a country like Ethiopia, there were almost 17 applications from from Ethiopia.

254

00:30:08.530 --> 00:30:14.290

Landry Dr. Tsague Dongmo: And what what we also learned is that there were difficult

255

00:30:14.540 --> 00:30:22.100

Landry Dr. Tsague Dongmo: like, let's say, the coordination was very inefficient. A country labor. not even seeing a continental neighborhood.

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00:30:22.160 --> 00:30:23.830

Landry Dr. Tsague Dongmo: So learning from that.

257

00:30:24.510 --> 00:30:34.770

Landry Dr. Tsague Dongmo: and in in order to have quality applications that respond to the need of the Member State with the needs of regional economic blocs. Africa, Cdc.

258

00:30:35.330 --> 00:30:45.170

Landry Dr. Tsague Dongmo: Came together with W. 2, using the umbrella of the jeep to co-create what is called a common Africa approach for the Panama finance tool

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00:30:46.080 --> 00:31:02.629

Landry Dr. Tsague Dongmo: erez agmoni. So the common Africa approach really is intended to foster a coordinated approach for identifying the priority needs for proposal development, and we putting together a capacity

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00:31:03.080 --> 00:31:11.730

Landry Dr. Tsague Dongmo: to provide intensified support to Member States and Regional entities, working together proposals, proposals through the Pandemic Fund.

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00:31:11.850 --> 00:31:13.150

Landry Dr. Tsague Dongmo: So

262

00:31:13.950 --> 00:31:34.119

Landry Dr. Tsague Dongmo: with with that in mind what we were able to do with who leadership and the leadership of Africa. Cdc, includes. First of all, we we had briefing with all the 55 Member States to describe what Africa, Cdc. Under which we tend to

263

00:31:34.790 --> 00:32:03.359

Landry Dr. Tsague Dongmo: put together differently for the round tool to ensure that the Continent collectively identify the priorities for proposals to the pandemic funds and bring the quality support to the Member State as well as the regional entities to submit competitive applications. So the briefing was done with. As I mentioned the Ministers of Health of the 55 Member State, and we last week we had a briefing

264

00:32:03.710 --> 00:32:13.919

Landry Dr. Tsague Dongmo: with the original economic communities leadership as well as the Au specialized institutions.

265

00:32:14.250 --> 00:32:21.000

Landry Dr. Tsague Dongmo: The the intent is to make sure that as we move towards defining the focus of

266

00:32:21.190 --> 00:32:31.469

Landry Dr. Tsague Dongmo: proposals from the Continent to the Pandemic Fund, we reduce duplication. We foster synergy and complementarity between country proposal

267

00:32:31.620 --> 00:32:35.030

Landry Dr. Tsague Dongmo: multi-country proposals and regional entity proposals

268

00:32:35.880 --> 00:32:41.170

Landry Dr. Tsague Dongmo: where we are today. We are at the stage where, the the.

269

00:32:41.680 --> 00:32:45.980

Landry Dr. Tsague Dongmo: the. the team from W. 2

270

00:32:46.130 --> 00:32:58.489

Landry Dr. Tsague Dongmo: and Africa, Cdc. Has identified the priority. Thematic issues which based on our collective intelligence, on the issues of the continuing relation to public health emergency.

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00:32:58.570 --> 00:33:05.430

Landry Dr. Tsague Dongmo: If we collect and become around those 8 issues, we can respond to the needs of our Member State.

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00:33:05.900 --> 00:33:11.240

Landry Dr. Tsague Dongmo: both at country level, multi-country level and at regional level.

273

00:33:11.320 --> 00:33:24.639

Landry Dr. Tsague Dongmo: So next week we expect to have an analysis of the feedback from the Member State and the regional economic community as well as African Union specialized institutions around their

274

00:33:25.110 --> 00:33:30.809

Landry Dr. Tsague Dongmo: interest in those 8 big tickets, and with that in mind, we'll now organize

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00:33:31.140 --> 00:33:52.820

Landry Dr. Tsague Dongmo: Erez agmoni technical support, which is already in place to the individual and Africa city, and will be further expanded to include other expertise from key partners on the Continent, to provide intensified support in the month during the month of March and April, that by

276

00:33:52.960 --> 00:33:54.480

Landry Dr. Tsague Dongmo: by meets me.

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00:33:54.940 --> 00:34:02.409

Landry Dr. Tsague Dongmo: The number of proposals submitted from the Continent are going to be very much speaking to the principals of fraud.

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00:34:02.470 --> 00:34:06.190

Landry Dr. Tsague Dongmo: a priority. synergy.

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00:34:06.340 --> 00:34:20.290

Landry Dr. Tsague Dongmo: complementarity, and quality. I think this is what we have prepared for this conversation, and I look forward to the

discussion with key partners from the civil society about how to engage with the budget process and

280

00:34:20.449 --> 00:34:23.319

Landry Dr. Tsague Dongmo: the Pandemic Fund Common, Africa approach. Thank you.

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00:34:27.690 --> 00:34:29.139

Samantha Rick: Thank you.

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00:34:30.150 --> 00:34:33.340

Samantha Rick: For that presentation, Dr. Landry.

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00:34:33.550 --> 00:34:48.290

Samantha Rick: And you've talked a lot about civil society engagement with this? What do you think is the best way for civil society's to engage in the Pandemic Fund, either through the Africa, Cdc. Or to advocate to the Pandemic Fund for Africa. Cdc's inclusion.

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00:34:51.050 --> 00:34:55.000

Landry Dr. Tsague Dongmo: no, it shouldn't be

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00:34:55.020 --> 00:34:58.390

Landry Dr. Tsague Dongmo: one way or the other. It should be both.

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00:34:58.480 --> 00:35:09.950

Landry Dr. Tsague Dongmo: I think the first principle is that there's no effective preparedness or response to public health without the involvement of the community.

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00:35:10.130 --> 00:35:28.799

Landry Dr. Tsague Dongmo: And as we, as we say in epidemiology, basic epidemiology. An outbreak always starts and ends at community and without the involvement of community key actors in the in the process of designing country. Specific proposals.

288

00:35:29.110 --> 00:35:36.110

Landry Dr. Tsague Dongmo: multi country proposals and regional entity proposals will be missing a key principle around

289

00:35:36.140 --> 00:35:52.160

Landry Dr. Tsague Dongmo: learning about our context with the community and preparing better to respond to threats are with the community. so

they are welcome, and I'm looking forward to have follow conversations with those work. Thank you.

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00:35:52.700 --> 00:35:54.480

Samantha Rick: Great. Thank you so much.

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00:35:54.840 --> 00:36:05.099

Samantha Rick: Now we will turn to Fifi Rahman to discuss the Africa Cdc's positions on multilateral negotiations for which she is consulting

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00:36:05.230 --> 00:36:06.510

Samantha Rick: after Vipa.

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00:36:08.070 --> 00:36:26.880

Fifi A Rahman: Hi everybody thanks so much, Sam for the invitation to join this meeting to day. As mentioned. Some of you may know me from a different role to day. I'm speaking to you as pandemic negotiations. Consultant for Africa, CDC. A little proviso before I begin, which is, we don't.

294

00:36:26.880 --> 00:36:38.699

Fifi A Rahman: What what I tell you to day isn't the African group positions. This is what we would like to see occur in the pandemic accord, and I'll run through maybe 3 to 4

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00:36:38.700 --> 00:36:53.239

Fifi A Rahman: positions that we'd like to see for the Africa group. So first of all, haves is at the heart. of the political bargain for for the pandemic accord.

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00:36:53.270 --> 00:37:11.819

Fifi A Rahman: And essentially, what we want to see the basic premise is that pathogens that are shared by labs or by anyone with the database and are later developed into products that are used and are

297

00:37:11.970 --> 00:37:27.130

Fifi A Rahman: beneficial in in a pandemic should be attached to the benefits. Of of the people, right? Or whoever who donated to to the the genetic sequence data or the pathogen data.

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00:37:27.680 --> 00:37:35.969

Fifi A Rahman: So this could be via technology transfer, or it could be via certain donation, 10%

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00:37:35.990 --> 00:37:39.849
Fifa A Rahman: of their products to WHO,

300

00:37:39.890 --> 00:37:51.329
Fifa A Rahman: or via for example, selling the products at affordable or cost price. So there are various benefits that countries can achieve.

301

00:37:52.010 --> 00:37:54.720
Fifa A Rahman: however, and I'm here in Geneva.

302

00:37:54.820 --> 00:38:00.390
Fifa A Rahman: And 2 days ago a new text on pabs was released.

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00:38:00.450 --> 00:38:06.130
Fifa A Rahman: and it was for lack of a better word.

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00:38:06.740 --> 00:38:15.729
Fifa A Rahman: just as simply not what we wanted. It incorporated many positions from the EU. And we felt

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00:38:15.770 --> 00:38:20.430
Fifa A Rahman: wouldn't be able to deliver something that was that is equitable

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00:38:20.460 --> 00:38:28.849
Fifa A Rahman: for Africa. Now, what do you want? So the current text that was released 2 days ago, which

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00:38:29.130 --> 00:38:35.470
Fifa A Rahman: was essentially rejected by Africa group negotiators.

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00:38:36.200 --> 00:38:38.109
Fifa A Rahman: Is that

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00:38:38.130 --> 00:38:52.520
Fifa A Rahman: The sharing of the pathogens is more or less obligatory. But the benefits the language around the benefits are, shall facilitate and sort of softer language like that.

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00:38:52.710 --> 00:38:55.950
Fifa A Rahman: So there needs to be

311

00:38:56.640 --> 00:39:01.689

Fifa A Rahman: a changing of the asymmetry in the language at this stage.

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00:39:01.880 --> 00:39:10.140

Fifa A Rahman: So at this stage only pathogen access I is is obligatory, and and

313

00:39:10.180 --> 00:39:15.520

Fifa A Rahman: the benefits are are using softer language. So either

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00:39:15.810 --> 00:39:27.560

Fifa A Rahman: one of 2 things needs to happen, either both become obligatory, that if you use a pathogen or a genetic sequence, data that comes from, say, Africa.

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00:39:27.760 --> 00:39:37.889

Fifa A Rahman: and and you develop a product that is now used globally, such as a vaccine based on that genetic sequence data.

316

00:39:38.040 --> 00:39:46.410

Fifa A Rahman: Then it should be obligatory that you you give benefits as well. So you either go up to the, to, to the obligatory standard.

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00:39:46.520 --> 00:40:02.120

Fifa A Rahman: or you bring the pathogen sharing down to the facilitative standards right? So that countries can choose whether or not to share the pathogen with a database

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00:40:02.350 --> 00:40:08.329

Fifa A Rahman: and and then you can facilitate or not benefits right? So

319

00:40:08.370 --> 00:40:18.490

Fifa A Rahman: so one of 2 things needs to happen. And and this is clearly given what happened in Covid. Clearly, you know, quite a a strong

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00:40:18.740 --> 00:40:30.049

Fifa A Rahman: and really it really is at the heart of the pandemic accord. And if we don't have a a resolution on this II don't know really what's going to happen in May.

321

00:40:30.380 --> 00:40:32.419

Fifa A Rahman: So it is incredibly important.

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00:40:32.920 --> 00:40:41.269

Fifa A Rahman: Now, on one health, which is Article 5 and and 4 of the pandemic accord.

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00:40:41.360 --> 00:40:49.220

Fifa A Rahman: I'd like to dispel the notion here that that you know you kind of hear a little bit that

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00:40:49.440 --> 00:41:02.180

Fifa A Rahman: African Member States are not interested in one health. That's incorrect. In fact, Africa, Cdc. Has a department working on one. Health and countries are implementing different elements of one health.

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00:41:02.610 --> 00:41:06.490

Fifa A Rahman: But the devil is in the details, and in the text

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00:41:06.550 --> 00:41:25.200

Fifa A Rahman: there, in both Article 4 and 5, there are quite this quite strong language around enhanced, collaborative, and integrated surveillance as well as the need to develop, strengthen, and maintain pandemic prevention capacities in List X,

327

00:41:25.210 --> 00:41:38.179

Fifa A Rahman: so List X is quite important because there's no such list at this stage and it's it's concerning that African Member States might have to

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00:41:38.510 --> 00:41:51.260

Fifa A Rahman: come up to a number of of capacities and competencies that currently are unknown on top of their competencies and capacities that they have to adhere to in the IHR.

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00:41:51.380 --> 00:42:01.730

Fifa A Rahman: So you know, from our point of view, as Africa, Cdc. We need to see detail as to what those capacities are.

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00:42:01.770 --> 00:42:05.420

Fifa A Rahman: and there are also those questions about

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00:42:05.640 --> 00:42:25.849

Fifa A Rahman: whether capacities belong in the treaty at all, because of the the character of Article 19 and Article 21. Regulations where the legal character of Article 21 regulations are more about prevention and capacities, and all that kind of thing. So so where is the legal home of

332

00:42:26.050 --> 00:42:34.180

Fifa A Rahman: capacities, capacities, their competencies, especially as regards to prevention, is something that we need to think about as well.

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00:42:34.760 --> 00:42:44.939

Fifa A Rahman: so the fact about one health is, it's not that African Member States don't want to do

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00:42:45.110 --> 00:42:59.429

Fifa A Rahman: one health the the opposite. The one. Health is already being implemented in different ways. but the burden of responsibilities and the burden of obligations upon African Member States is something that has to be considered.

335

00:42:59.550 --> 00:43:07.620

Fifa A Rahman: especially as regards interoperability, on surveillance for animal plant and environmental

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00:43:07.630 --> 00:43:10.110

Fifa A Rahman: surveillance, right? Because

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00:43:10.140 --> 00:43:21.560

Fifa A Rahman: these are highly burdensome. I mean, even like we're not even talking about. Say, Central African Republic. Even if you look at the larger countries like Nigeria and the wealthy, wealth wealthy countries.

338

00:43:21.750 --> 00:43:27.729

Fifa A Rahman: it would be a challenge to have interoperable systems

339

00:43:27.970 --> 00:43:43.829

Fifa A Rahman: on, on human, animal and environmental surveillance at this stage. So there are things that need to be sorted out in that so I've got 4 min left before I have to leave for another meeting.

340

00:43:44.220 --> 00:43:46.520

Fifa A Rahman: but on financing

341

00:43:47.610 --> 00:43:53.970

Fifa A Rahman: so that on we don't know if there's an appetite for a new fund at all.

342

00:43:54.000 --> 00:43:59.299

Fifa A Rahman: What we're hearing is that

343

00:43:59.420 --> 00:44:14.450

Fifa A Rahman: there are some parties that consider the Pandemic Fund to be sufficient to respond to such capacities, and to be used for the increase of competencies related to thy HR. And related to pandemics.

344

00:44:14.780 --> 00:44:16.850

Fifa A Rahman: So

345

00:44:17.650 --> 00:44:35.620

Fifa A Rahman: from our side. This is a question about a representative governance, and whether a pooled fund within the WHO. Pandemic accord, or whatever it's called in the end would be more representative for African interests.

346

00:44:35.670 --> 00:44:40.950

Fifa A Rahman: So that certainly is is an issue. And

347

00:44:41.250 --> 00:45:03.039

Fifa A Rahman: and and we we need to seriously look at the financial issues, because if it it is interlinked with other things in the agreement, so if we take on as a continent stronger, and more cumbersome requirements on one health that includes reporting.

348

00:45:03.150 --> 00:45:07.079

Fifa A Rahman: whether annually or biannually. On

349

00:45:07.290 --> 00:45:11.250

Fifa A Rahman: what capacities, what competencies, what we've achieved on one health

350

00:45:11.440 --> 00:45:21.900

Fifa A Rahman: that requires financing. So if it would be a challenge for wealthier countries, you can also imagine how difficult it would be for, say, a Madagascar

351

00:45:21.970 --> 00:45:29.979

Fifa A Rahman: or or another country at at the the lower income levels. So

352

00:45:30.610 --> 00:45:54.630

Fifa A Rahman: financing is incredibly important. If there's no financing, there's simply no way that that some African Member States

would be able to achieve these cumbersome requirements. So I want to leave 2 min to allow for a question if needed. But otherwise my apologies. But I do have to leave early for another meeting. Thanks.

353

00:45:55.740 --> 00:46:12.300

Samantha Rick: Yes. So Fifa does have to leave. If you have a question for Fifa, please put it in the chat right now, I will ask you, Fifa the same question. I've asked everyone else if civil society communities want to get involved in Africa, Cdc's multilateral negotiations. How can they do so? And what's the best path?

354

00:46:13.030 --> 00:46:20.730

Fifa A Rahman: So because we're not negotiating? We are advising. And we're providing technical advice support to negotiators.

355

00:46:20.860 --> 00:47:00.190

Fifa A Rahman: What we need more than more than anything, is analysis of provisions and and you know, sort of external pressure and certain things. So equitable finance go finance and governance. In financing, for example, anyone doing an analysis on one health, and and where one health standards are across the continent, and how quickly we can reach the one health standards as as currently written in the pandemic accord text. Certain technical support like that, but also external pressure on

356

00:47:00.270 --> 00:47:08.499

Fifa A Rahman: dispelling the notions that it's Africa blocking this agreement because it it really isn't. And like Jen said.

357

00:47:08.570 --> 00:47:10.960

Fifa A Rahman: And it's

358

00:47:11.070 --> 00:47:14.900

Fifa A Rahman: equity takes time to negotiate.

359

00:47:15.220 --> 00:47:22.090

Fifa A Rahman: And rushing to conclusion isn't isn't necessarily

360

00:47:22.120 --> 00:47:24.749

Fifa A Rahman: within Africa's interest. So, thanks

361

00:47:25.720 --> 00:47:38.930

Samantha Rick: great, thank you. So Janss and Fifa have to jet to another call, and I know Janss has been answering a lot of the questions in the chat so hopefully. A lot of the questions directed towards him will be covered.

362

00:47:38.930 --> 00:47:55.850

Samantha Rick: I've got some questions from our participants that have registered on Zoom that I've already submitted. And those questions will go to Dr. Landry, and then I'll open it up for just a group discussion, and some strategizing among advocates around these issues. So Dr. Landry.

363

00:47:56.560 --> 00:48:08.560

Samantha Rick: right now, African governments are yet to allocate their 10% of their Gdp to health, as we know. How can pandemic preparedness be actualized through Africa? Cdc's plan?

364

00:48:08.810 --> 00:48:15.690

Samantha Rick: And what type of innovative financing is available so that African African can reduce reliance on the global north.

365

00:48:21.750 --> 00:48:33.570

Samantha Rick: I had the connection issue. Can you please come back? We thought we shared some of that African governments are yet to allocate the 10% of Gdp to health that they've committed to through the plan.

366

00:48:33.820 --> 00:48:45.160

Samantha Rick: And so how can pandemic preparedness be actualized through Africa? Cdc's plan? And what type of innovative, innovative financing can help Africa become less reliant on the global north?

367

00:48:47.320 --> 00:48:48.860

Landry Dr. Tsague Dongmo: Okay, thank you.

368

00:48:50.370 --> 00:49:03.149

Landry Dr. Tsague Dongmo: Thank you for the question. I think you are really touching on an important pillar of Africa. Citizens vision for a new public health order which stands for

369

00:49:03.220 --> 00:49:06.309

Landry Dr. Tsague Dongmo: public health in Africa

370

00:49:07.060 --> 00:49:18.820

Landry Dr. Tsague Dongmo: has to trust technically shift from being significantly dependent on donor resources to be more significantly dependent on domestic resources.

371

00:49:19.490 --> 00:49:25.960

Landry Dr. Tsague Dongmo: and, as you rightly said, one of the declaration that the African head of State

372

00:49:26.030 --> 00:49:33.100

Landry Dr. Tsague Dongmo: I made a few few years back, I think 2,015. Abuja was to increase their location

373

00:49:33.310 --> 00:49:40.520

Landry Dr. Tsague Dongmo: to the health sector, to meet a threshold of 15% of their domestic resources.

374

00:49:40.660 --> 00:49:47.190

Landry Dr. Tsague Dongmo: we, we have to acknowledge that there are countries on the continent

375

00:49:47.590 --> 00:50:03.169

Landry Dr. Tsague Dongmo: which have reached that threshold, but is still a significant number of countries where the allocation sector has not reached the 15%. I think you mentioned 10%. But the the commitment was 15%.

376

00:50:03.380 --> 00:50:12.189

Landry Dr. Tsague Dongmo: Now that they are, they are definitely challenges into that. And one of the reality is that this, the fiscal space.

377

00:50:12.290 --> 00:50:13.760

Landry Dr. Tsague Dongmo: the fiscal space

378

00:50:14.260 --> 00:50:20.820

Landry Dr. Tsague Dongmo: in many countries on the continent. has has gone through significant reduction

379

00:50:20.870 --> 00:50:28.620

Landry Dr. Tsague Dongmo: that we cannot underestimate the impact of the last covin, 19 pandemic on the economies of

380

00:50:28.760 --> 00:50:34.469

Landry Dr. Tsague Dongmo: many countries, globally but more specifically, countries on the continent.

381

00:50:34.710 --> 00:50:52.709

Landry Dr. Tsague Dongmo: And then the second point around the constraints or the challenges is definitely the depth crisis. I think

when you look at most of our countries, this is the system, the crisis they, they? They have to jog between financing

382

00:50:52.860 --> 00:50:56.779

Landry Dr. Tsague Dongmo: priorities, especially social sector priorities like herf

383

00:50:56.850 --> 00:51:10.780

Landry Dr. Tsague Dongmo: and the you know, reimbursing the death. The debt crisis is definitely one where we need to, as we think about innovative financing. We definitely need to think about, how do we

384

00:51:10.890 --> 00:51:17.849

Landry Dr. Tsague Dongmo: transform the depth into the source of investment into strategic sector sectors like pandemic preparedness.

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00:51:17.930 --> 00:51:22.839

Landry Dr. Tsague Dongmo: And I think that's a conversation that I know I miss ongoing with the head of state

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00:51:23.530 --> 00:51:50.050

Landry Dr. Tsague Dongmo: on the continent. Engaging with the peers in other regions of the world. Talk about re redesigning and redefining the global financial architecture. I think a lot of innovation will have to be driven, not by the community, but mainly by the global. conversations as well as a continental conversation.

387

00:51:50.120 --> 00:51:53.560

Landry Dr. Tsague Dongmo: The third point I would want to highlight here is

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00:51:53.570 --> 00:52:01.410

Landry Dr. Tsague Dongmo: regardless of what will happen at global level. We are the level of the continent. Africa, Cbc

389

00:52:01.750 --> 00:52:31.660

Landry Dr. Tsague Dongmo: and African Union. Learning from the COVID-19 response and the also learning from as as I mentioned earlier, we only got 5 countries out of 55. We funded through the pandemic that if we only have the pandemic mechanism for business response, we normally need to follow Member States in case of a pandemic. So the head of State came up

390

00:52:31.730 --> 00:52:36.299

Landry Dr. Tsague Dongmo: to end those the Africa Epidemic Fund at the last summit

391

00:52:36.640 --> 00:52:40.030

Landry Dr. Tsague Dongmo: and instructed Africa, Cdc. To operationalize it.

392

00:52:40.230 --> 00:53:01.329

Landry Dr. Tsague Dongmo: And the African, the African Epidemics, Africa Epidemic Fund is and is and is is not a mechanism to really create the fund that we allow Africa, Cdc. And Member State to have access to flexible resources to enable not only preparedness, but also web response to any public health threat. Thank you.

393

00:53:02.210 --> 00:53:20.090

Samantha Rick: Great and sort of a follow up to that one. A question from Teresa in the chat. Could you elaborate more on the role of the African Epidemics Fund in support for African Pandemic preparedness, and how those synergies could be created with other instruments between maybe the African Epidemics Fund and the Pandemic Fund.

394

00:53:23.520 --> 00:53:26.189

Landry Dr. Tsague Dongmo: I'm not sure. I got the question clearly.

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00:53:26.520 --> 00:53:30.820

Samantha Rick: Can you elaborate more on the role of the Africa Epidemics Fund?

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00:53:33.750 --> 00:53:46.239

Landry Dr. Tsague Dongmo: Okay, yeah. I definitely as I mentioned, the African Pd phone was built up as as a learning of what happened during the COVID-19 response

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00:53:46.380 --> 00:53:54.369

Landry Dr. Tsague Dongmo: because during the COVID-19 response. The African Union established the Covid COVID-19 Fund.

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00:53:54.650 --> 00:54:11.149

Landry Dr. Tsague Dongmo: That COVID-19 Fund was so very instrumental in not only mobilizing resources from the private sector and obviously Member States, but also making available to

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00:54:11.170 --> 00:54:29.450

Landry Dr. Tsague Dongmo: think access to commodities was critical and local production during the COVID-19 response was also critical. So that Fund was critical instrumentally providing catalytic investment of resources to actors on the Continent. Now.

400

00:54:29.460 --> 00:54:34.879

Landry Dr. Tsague Dongmo: learning from the success of the COVID-19 Fund, the head of State

401

00:54:35.130 --> 00:54:37.460

Landry Dr. Tsague Dongmo: elevated it to

402

00:54:37.490 --> 00:55:01.759

Landry Dr. Tsague Dongmo: cover all the epidemics and pandemics, of course. So the Africa epidemic phone will be the the the operational modality will be described further and the communicated in due time. But the intent is to add an instrument to let's call it the set of instruments that should be available at Continental level to provide rapid

403

00:55:02.050 --> 00:55:07.460

Landry Dr. Tsague Dongmo: access to resources for effective preparedness and response to any public contract.

404

00:55:09.020 --> 00:55:19.420

Samantha Rick: Great and this next question is also from the chat from David Bryden. And I pose this both to you and to members of the audience. If you have inputs on this question

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00:55:19.420 --> 00:55:42.510

Samantha Rick: in the Us. And Uk in Japan we're seeing this massive wave of chronic disease as a result of covid. This is long covid includes vascular and cognitive impact, diabetes, immune dysregulation, etc. What, if anything, are you seeing in the African region? Among health workers, teachers, other members of the population is this something that's coming up.

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00:55:47.340 --> 00:55:50.809

Landry Dr. Tsague Dongmo: Definitely, this is

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00:55:50.890 --> 00:55:52.589

Landry Dr. Tsague Dongmo: the priority. C.

408

00:55:52.700 --> 00:55:57.130

Landry Dr. Tsague Dongmo: For let's say, the public Health community

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00:55:57.470 --> 00:56:02.329

Landry Dr. Tsague Dongmo: and the Africa, Cdc, working with Member States through

410

00:56:02.370 --> 00:56:06.950

Landry Dr. Tsague Dongmo: the solvent system that is in place and collaborating with who

411

00:56:07.140 --> 00:56:12.649

Landry Dr. Tsague Dongmo: monitoring closely the chronic conditions associated with

412

00:56:13.370 --> 00:56:14.800

Landry Dr. Tsague Dongmo: long Covid.

413

00:56:14.990 --> 00:56:25.180

Landry Dr. Tsague Dongmo: I think the data on the Continent will definitely be published in due course. But this is the top priority for the Continent, as mentioned by the participant. Thank you.

414

00:56:26.240 --> 00:56:35.010

Samantha Rick: Thanks. And I know a lot of our audience members are based in Africa. If you have any inputs on this question or other questions to ask.

415

00:56:37.250 --> 00:56:39.589

Samantha Rick: if not. I've got a whole list, so don't worry.

416

00:56:43.420 --> 00:56:45.110

Samantha Rick: All right.

417

00:56:45.240 --> 00:56:56.129

Samantha Rick: Dr. Landy, do you? Does Africa have the legal frameworks to guide and inform pandemic preparedness as is? Or do those need to be still developed?

418

00:56:58.730 --> 00:57:03.399

Landry Dr. Tsague Dongmo: Are you referring to the pandemic treaty? Or are you referring to

419

00:57:03.450 --> 00:57:04.880

Landry Dr. Tsague Dongmo: the panica car?

420

00:57:05.610 --> 00:57:28.030

Samantha Rick: Just national legal frameworks. I know there's some problems with you know, compulsory licensing or tech transfer where some countries actual laws maybe prevent that from happening, even though they are allowed to by the Wto. Or if they have legal frameworks to facilitate regulatory harmonization, are those in place, or those to those need to be developed.

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00:57:29.040 --> 00:57:33.869

Landry Dr. Tsague Dongmo: Now, this is a thank. Thank you, Samantha. This is a critical question which

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00:57:35.430 --> 00:57:40.050

Landry Dr. Tsague Dongmo: is part of the Bengali negotiation at global level.

423

00:57:40.070 --> 00:58:00.980

Landry Dr. Tsague Dongmo: Erez agmoni, I think the best way to address these, guided by the leaders on the continent and global, is to move forward revising what is called our international have regulation, on one hand, on the other hand, negotiating a pandemic treaty

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00:58:01.100 --> 00:58:12.210

Landry Dr. Tsague Dongmo: call my colleague previously mentioned. I think that's the best way to address a framework which we bring all of us together.

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00:58:12.580 --> 00:58:15.600

Landry Dr. Tsague Dongmo: because going country by country will not

426

00:58:15.700 --> 00:58:23.479

Landry Dr. Tsague Dongmo: be the most effective way. Pandemics or epidemics. They don't know borders, and we need to really look at it collectively.

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00:58:24.390 --> 00:58:30.630

Samantha Rick: Great. Thank you. Alright. We have questions from the audience. Thank you all. I turn to Chris Collins.

428

00:58:33.250 --> 00:58:53.620

Chris Collins: Hi, thanks so much, everybody, for this really great discussion. II wanted to get the perspectives of as many speakers as possible about your your views about how different entities working on preparedness can be coordinated. Particularly, you know, the Global Fund and Gavi and other programs

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00:58:53.760 --> 00:59:17.880

Chris Collins: do a lot of PIN preparedness, relevant work, a a third of Global Fund investments are related to preparedness. How can their investments be coordinated with the Pandemic Fund and any with Africa, Cdc. And any new funds related to preparedness. What's your your vision of how existing programs? Ha! How they can play a role in preparedness alongside others?

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00:59:18.180 --> 00:59:18.970

Chris Collins: Thank you.

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00:59:25.020 --> 00:59:26.669

Landry Dr. Tsague Dongmo: Can I? Comment, Chris.

432

00:59:27.090 --> 00:59:34.370

Landry Dr. Tsague Dongmo: I don't know. Yeah, no, no, Chris. I think you are touching on the pretty kind of point.

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00:59:34.590 --> 00:59:44.319

Landry Dr. Tsague Dongmo: if I take a step back to explain why, at Continental labor he became critical, that we will not continue doing

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00:59:44.990 --> 00:59:49.609

Landry Dr. Tsague Dongmo: business as usual around coordinating our our.

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00:59:49.990 --> 00:59:52.870

Landry Dr. Tsague Dongmo: And then we prepare this, I'll probably have prepared this

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00:59:52.930 --> 01:00:15.339

Landry Dr. Tsague Dongmo: response and expect a different result when it next pandemic hits, or when they next. So the joint Emergency Action plan as that, intent it to save as a platform to strengthen the coordination around the Pr. From preparedness, through the response to a public health outbreaks on public health threats.

437

01:00:16.840 --> 01:00:26.170

Landry Dr. Tsague Dongmo: I think the point you're making is also critical because preparedness, when it comes to public health threats, is about the systems strengthening

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01:00:26.200 --> 01:00:50.480

Landry Dr. Tsague Dongmo: and primary health care in Africa. It became created in outbreak the COVID-19 pandemic that most countries where the public health system was very strong, did not, you know, sustain th, the

type of negative impact as where the public health system was was weak. So preparedness has to do with how do we live. Relation investment that goes

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01:00:50.480 --> 01:00:58.379

Landry Dr. Tsague Dongmo: was primary health care towards the workforce development towards new financing on the sector, as was mentioned earlier.

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01:00:58.380 --> 01:01:19.390

Landry Dr. Tsague Dongmo: Preparedness is everything that talks to. investing to prepare the the. You know, the local manufacturing is part of our preparedness. I think this is clearly a space where in Africa City to the leadership is clear about the local manufacturing being seen as another independence way for Africa

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01:01:19.390 --> 01:01:46.889

Landry Dr. Tsague Dongmo: and the the leadership of Member States clear about the car manufacturing, because they understood that there's no preparedness without commodity. There's no preparedness without a equitable and and accessible commodities for all the trends, I think preparedness also brings in the the issue of knowing Uip and knowing your context and predicting the next epidemic and building in place the whole end to end

442

01:01:47.370 --> 01:02:11.839

Landry Dr. Tsague Dongmo: platform, which will allow you to develop your solution. We did within the next 100 days of the identification of trade. I think we have to come together. I don't want to list partners or stakeholders here, but the principle is that moving alone around preparedness. We just make us lose time and waste a lot of resources. Thank you.

443

01:02:13.450 --> 01:02:21.059

Samantha Rick: Great. Thank you, Dr. Landry. I also will needle agra to share his views on this question. When he does his conclusion, remarks.

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01:02:21.300 --> 01:02:25.210

Samantha Rick: because I know he has some. Nahashan.

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01:02:27.570 --> 01:02:40.270

Nahashon Aluoka: thank you so much Samantha and Dr. Landry. From the lessons from the fast call for proposals. Of the Pandemic Fund.

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01:02:40.600 --> 01:02:52.200

Nahashon Aluoka: One of the issues that emerged was the. you know. Participation of civil society organizations in the purpose of development process at the country level.

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01:02:52.400 --> 01:03:02.090

Nahashon Aluoka: And it's really great to hear the plans that you have, and the engagements that you've been having together in guiding countries

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01:03:02.250 --> 01:03:13.869

Nahashon Aluoka: in the second call for proposals. Just wondering whether. you know. in in the engagements around the second call for proposals. there is a

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01:03:14.520 --> 01:03:30.460

Nahashon Aluoka: prioritization for engagement of civil society organizations, the development of country proposals. And you know. do you see an opportunity for CS. O's in development of multi country and regional proposals? If you get to that stage, thanks.

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01:03:36.090 --> 01:03:42.390

Landry Dr. Tsague Dongmo: I think the answer answer to this question, as shown, is clearly

451

01:03:42.570 --> 01:03:59.760

Landry Dr. Tsague Dongmo: educated in my previous statement, which is, this is the time this is the time to have in depth conversation about the critical issues around the the trade pillars of the pandemic funds are lab strengthening, sovereign, strengthening, and workforce development

452

01:03:59.800 --> 01:04:03.200

Landry Dr. Tsague Dongmo: where civil society on the Continent are already

453

01:04:03.230 --> 01:04:22.360

Landry Dr. Tsague Dongmo: doing significant work, and where they would like to come together to either support or be being part of multi-country proposals or part of regional it proposals, but definitely, we believe, country level proposals or country specific proposal development.

454

01:04:22.970 --> 01:04:40.590

Landry Dr. Tsague Dongmo: One of the requirements of the Pandemic Fund is to demonstrate civil society engagement. But I think that's one is definitely being ongoing process. But what you haven't seen yet, and we what you want to promote is working with civil society organizations with original or continuous scope.

455

01:04:40.950 --> 01:04:42.429

Landry Dr. Tsague Dongmo: Looking forward to that

456

01:04:43.810 --> 01:04:45.139

Samantha Rick: great thank you.

457

01:04:46.140 --> 01:04:47.470

Samantha Rick: Excel.

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01:04:54.010 --> 01:05:02.059

Axelle Ebode: Thank you. Thank you for the presentations. I have 2 questions regarding the Pandemic treaty negotiation

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01:05:02.170 --> 01:05:10.780

Axelle Ebode: and the I. Hr. Revision. My question is, what will be the worst scenario for the Afro group.

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01:05:11.490 --> 01:05:18.870

Axelle Ebode: And the second one is, what is the what can the Afro group

461

01:05:18.980 --> 01:05:24.480

Axelle Ebode: can do in case of the worst scenario happen

462

01:05:24.520 --> 01:05:35.670

Axelle Ebode: can could he call to? Non a. No vote to, so that the consensus will fail? Because what is

463

01:05:36.360 --> 01:05:45.709

Axelle Ebode: what is the utility to vote for a treaty that does not that does not meet

464

01:05:45.940 --> 01:05:48.239

Axelle Ebode: once one

465

01:05:48.300 --> 01:05:54.740

Axelle Ebode: priorities. So that is really it is on the political point of view. Thank you.

466

01:05:55.820 --> 01:06:01.009

Samantha Rick: Alright, Dr. Landry, to you, and then I will also take a soapbox on that one.

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01:06:10.650 --> 01:06:12.719

Samantha Rick: Oh, Dr. Landry might be frozen.

468

01:06:18.020 --> 01:06:19.520

Samantha Rick: There you are okay.

469

01:06:24.980 --> 01:06:26.600

Samantha Rick: Dr. Landry. Can you hear us.

470

01:06:29.260 --> 01:06:34.150

Samantha Rick: I can't hear you. Can you hear me? Yes, I can hear you now. You froze for a minute.

471

01:06:39.500 --> 01:06:43.669

Landry Dr. Tsague Dongmo: Was there a question for me or I missed it.

472

01:06:43.770 --> 01:06:59.759

Samantha Rick: Yes, it was asked, what is the worst position for the Africa? Cdc. On the pandemic accord, and Ihr and is there room for them to say, no vote. We won't pass it. If it comes to that worst

473

01:06:59.940 --> 01:07:01.030

Samantha Rick: position.

474

01:07:08.190 --> 01:07:10.850

Landry Dr. Tsague Dongmo: let let me put my video off.

475

01:07:13.140 --> 01:07:16.669

Samantha Rick: Is it better now. Can you hear me? Yes, we can hear you.

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01:07:17.190 --> 01:07:24.910

Landry Dr. Tsague Dongmo: Yeah. Sorry I had an issue with my connection. So the question is about the worst was the worst case scenario.

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01:07:25.060 --> 01:07:34.220

Samantha Rick: worst case scenario for the pandemic accord, and I, Hr. And whether Africa Group would take a no vote or not, pass the pandemic treaty. In that case.

478

01:07:36.460 --> 01:07:55.330

Landry Dr. Tsague Dongmo: I think. Let me just share that at the last au Assembly in February. With February. Still, yes, we're still in February,

so few weeks ago. The the head of State end? Does a an an Africa, an African position, a common African position

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01:07:55.440 --> 01:07:58.359

Landry Dr. Tsague Dongmo: to the pandemic eco negotiation.

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01:07:58.440 --> 01:08:12.760

Landry Dr. Tsague Dongmo: So I think it's critical to understand that we, we are very much optimistic that that that common position will meet the other and negotiators position

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01:08:13.610 --> 01:08:19.750

Landry Dr. Tsague Dongmo: and that we will definitely not face a significant challenge towards the the the May deadline.

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01:08:19.870 --> 01:08:21.710

Landry Dr. Tsague Dongmo: That's what I can see.

483

01:08:23.359 --> 01:08:31.730

Samantha Rick: Great and then II also have some views on this. I think this is one of the points where we can turn to a sort of audience group discussion.

484

01:08:32.300 --> 01:08:38.080

Samantha Rick: I mean, I think from what I've gathered, a worst case scenario would be a treaty that

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01:08:38.229 --> 01:08:44.030

Samantha Rick: obligates all of Africa to share pathogen data without anything in return.

486

01:08:44.060 --> 01:08:52.849

Samantha Rick: Does not have any access conditions in publicly funded R&D does not support human rights, does not

487

01:08:53.490 --> 01:09:07.389

Samantha Rick: have any funding or financial commitments attached, all of which are very much real possibilities. At this point there doesn't seem to be much agreement on any of those topics or room to come together yet. That's been signaled.

488

01:09:08.040 --> 01:09:27.110

Samantha Rick: and I think that the second part of the question, can they just walk out? I mean, yeah, that's the best leverage. I think that

Africa group has right now the Us. And Europe really want an agreement by May, partly because the Us. Has elections this year that could be very consequential and completely change how the

489

01:09:27.414 --> 01:09:49.649

Samantha Rick: Us. Interacts with the pandemic treaty or any other multilateral treaties, if we interact at all and depending on who wins that election. So I think I think that's a really big point of leverage that Africa group has. They can say, you know, we won't have an agreement at all if we don't meet Xyz and that's something that the Us. And Europe really need to strongly consider if they want

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01:09:49.880 --> 01:09:52.599

Samantha Rick: the Us. And Europe to be a party to this agreement.

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01:09:52.899 --> 01:09:58.029

Samantha Rick: Fit some. I know. I don't know if you have any views on that subject as well.

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01:10:04.520 --> 01:10:08.319

Samantha Rick: If you're here. or if anyone else has views on that subject, please chime in.

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01:10:14.830 --> 01:10:19.809

Samantha Rick: I don't know, Joel, if you had other views on that as well, it seems like you have some opinions.

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01:10:20.250 --> 01:10:39.869

Fitsum Alemayehu: Thank you so much. I'm here on mute. I was on, on mute while trying to address. To be honest, I don't have much more to do. But just to also thank very much, and also to reiterate that civil society we're always here to support

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01:10:39.890 --> 01:10:42.829

Fitsum Alemayehu: especially on the

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01:10:42.950 --> 01:10:47.659

Fitsum Alemayehu: Florida, and also to see how negotiations are much benefit for

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01:10:48.050 --> 01:10:52.040

Fitsum Alemayehu: so it's a small thank you so much.

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01:10:53.750 --> 01:10:58.719

Samantha Rick: Thanks. Joel, and excel. I don't know if you want to contribute to that as well.

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01:11:02.430 --> 01:11:10.809

Joelle Dountio: Yeah, just to reiterate what you mentioned earlier. That walking out, I think, would be the best scenario.

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01:11:10.840 --> 01:11:26.310

Joelle Dountio: If things continue the way they are at this point, I think the applicant should really consider this position. Working out doesn't mean it's not a failure like it's just standing by your point, you know, just trying to get your point across, I think, working out.

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01:11:26.450 --> 01:11:32.800

Joelle Dountio: but probably just send a clear message that all of this needs to be Renegotiate it. Yeah, thank you.

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01:11:35.570 --> 01:11:37.290

Samantha Rick: Great. Thank you.

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01:11:38.310 --> 01:11:39.710

Samantha Rick: Oh, excel, go ahead.

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01:11:40.190 --> 01:11:45.130

Axelle Ebode: Yes, thank you. I think that. It is important to

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01:11:46.120 --> 01:11:48.659

Axelle Ebode: to stand firm

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01:11:48.690 --> 01:12:04.300

Axelle Ebode: on what each region priorities are. The the point with the pandemic treaty, even with the I. Hrs is that Co. Regions across the globe are coming together to decide

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01:12:04.560 --> 01:12:16.279

Axelle Ebode: what would be the the most important thing. But with the the IHR. 2,005. We already saw that during the first 10 years of implementation

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01:12:16.920 --> 01:12:24.310

Axelle Ebode: the African priorities were not included. So what is the point to just

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01:12:24.420 --> 01:12:28.730

Axelle Ebode: go forward with such a stance when

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01:12:28.790 --> 01:12:30.200

Axelle Ebode: where you go.

511

01:12:30.840 --> 01:12:45.209

Axelle Ebode: and you just ignore your own priorities and get other regions priorities. The the first place, the it makes no sense. I'm not. I don't know the political what is being said.

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01:12:45.440 --> 01:12:48.880

Axelle Ebode: Into the corridors.

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01:12:48.950 --> 01:13:04.289

Axelle Ebode: but according to me, at WHO. It is one country, one vote. African region is 49 countries at WHO. 49 countries is a lot of countries. So yes, it could be

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01:13:04.380 --> 01:13:06.380

Axelle Ebode: a good

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01:13:06.420 --> 01:13:18.279

Axelle Ebode: strategy. But it will also mean that we fail to stand together and to recognize that the local comes before the global

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01:13:19.530 --> 01:13:26.029

Samantha Rick: great. Thank you. And with that I think it's a great note to turn it over to Agra, for from concluding thoughts.

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01:13:28.890 --> 01:13:34.430

Aggrey Aluso - Resilience Action Network Africa (RANA): thank you. Thank you. Thank you, Sami. Thanks. Thanks. Everyone for this very

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01:13:34.710 --> 01:13:40.540

Aggrey Aluso - Resilience Action Network Africa (RANA): insightful conversation. I think we have talked on a number of very important.

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01:13:40.800 --> 01:13:47.580

Aggrey Aluso - Resilience Action Network Africa (RANA): I think I will not attempt to summarize any discussion. What what has been.

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01:13:47.980 --> 01:13:52.210

you know, software should be very rich discussion, but just share some of my

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01:13:52.360 --> 01:13:57.389

Aggrey Aluso - Resilience Action Network Africa (RANA): overriding thoughts. You know, from what I've had in this in this call.

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01:13:57.590 --> 01:14:02.570

Aggrey Aluso - Resilience Action Network Africa (RANA): I think it's very clear and building on our experience from the pandemic.

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01:14:02.820 --> 01:14:09.550

Aggrey Aluso - Resilience Action Network Africa (RANA): But really, what we are dealing with, particularly in the context of

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01:14:09.970 --> 01:14:16.620

Aggrey Aluso - Resilience Action Network Africa (RANA): Really, supporting the Africa, Cdc and Africa unions. A call for new public health order

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01:14:16.860 --> 01:14:25.150

Aggrey Aluso - Resilience Action Network Africa (RANA): is legitimate. Call. That requires everybody's support. I think all of us in in in agreement with that.

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01:14:25.500 --> 01:14:31.190

Aggrey Aluso - Resilience Action Network Africa (RANA): And this is one reason that requires the actual

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01:14:31.500 --> 01:14:45.050

Aggrey Aluso - Resilience Action Network Africa (RANA): you know exercise of the whole of society, whole of government approach, so that we all in support and drive the necessary action that is needed to help this vision become a reality.

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01:14:45.440 --> 01:14:54.849

We know where we've come from, and we know that we're not out of the woods yet. We have witnessed to the conversations that are happening at the imb process.

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01:14:55.130 --> 01:14:59.420

Aggrey Aluso - Resilience Action Network Africa (RANA): The areas that are really promising a transformative.

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01:14:59.840 --> 01:15:03.780

Aggrey Aluso - Resilience Action Network Africa (RANA): You know, potentials are the ones that are contested

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01:15:04.130 --> 01:15:06.740

Aggrey Aluso - Resilience Action Network Africa (RANA): the issue that really would deliver

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01:15:06.800 --> 01:15:10.779

Aggrey Aluso - Resilience Action Network Africa (RANA): equity in action and the ones that are, we're not having consensus. And

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01:15:10.840 --> 01:15:17.730

Aggrey Aluso - Resilience Action Network Africa (RANA): and we see a lot of tendencies towards the very you know.

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01:15:18.330 --> 01:15:20.350

I don't want to call him. She wishes, but

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01:15:20.370 --> 01:15:24.940

Aggrey Aluso - Resilience Action Network Africa (RANA): you know provision that do not have actionable.

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01:15:24.980 --> 01:15:26.440

Aggrey Aluso - Resilience Action Network Africa (RANA): you know. Imperatives.

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01:15:26.560 --> 01:15:30.609

Aggrey Aluso - Resilience Action Network Africa (RANA): you know, shall will, you know, not even will, you know, shall

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01:15:30.740 --> 01:15:36.420

Aggrey Aluso - Resilience Action Network Africa (RANA): kind of framing which have no accountability or enforceability imperatives around them.

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01:15:36.670 --> 01:15:43.570

Aggrey Aluso - Resilience Action Network Africa (RANA): and what I think Africa needs to be alive to in as much as we're making demand at that global level.

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01:15:43.790 --> 01:15:56.659

Aggrey Aluso - Resilience Action Network Africa (RANA): Really, the solutions must be homegrown. We must demonstrate commitment to really

driving our vision. And these online suite must be demonstrated in terms of our own allocation of domestic resources.

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01:15:56.820 --> 01:16:03.090

Aggrey Aluso - Resilience Action Network Africa (RANA): This ownership must be demonstrated in terms of how we cultivate relationships with our partners.

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01:16:03.240 --> 01:16:16.359

Aggrey Aluso - Resilience Action Network Africa (RANA): and this relationship must be redefined so that they are not the philanthropically, charitably friend, kind of relationship, but relationships that are based and premised on solidarity

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01:16:16.640 --> 01:16:27.210

Aggrey Aluso - Resilience Action Network Africa (RANA): that I've premised on the understanding that we are as strong as our weakest link in terms of pandemic threats and preparedness means all parts of the world

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01:16:27.360 --> 01:16:37.380

Aggrey Aluso - Resilience Action Network Africa (RANA): the reaches to the poor must have the necessary countermeasures and capabilities to detect and contain threats before they become you know, pandemic.

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01:16:37.560 --> 01:16:44.789

Aggrey Aluso - Resilience Action Network Africa (RANA): And this is something that we should devote most of our energies even when we are negotiating from pandemic city so that

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01:16:45.040 --> 01:16:57.450

Aggrey Aluso - Resilience Action Network Africa (RANA): we do not leave things to discretion. All guest chairs we eat around financing. We eat our own technology transfers. And IP transfers, you know, like what Fifa was sharing.

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01:16:57.680 --> 01:17:08.840

Aggrey Aluso - Resilience Action Network Africa (RANA): You know, of the 20% contribute donation. You know, the word donation does not inspire a lot of confidence. We know what happened during the Covid Response Act A,

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01:17:09.030 --> 01:17:12.350

Aggrey Aluso - Resilience Action Network Africa (RANA): you know, was created with a lot of promise.

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01:17:12.510 --> 01:17:21.809

Aggrey Aluso - Resilience Action Network Africa (RANA): but at the end of the day we know what was delivered against what was promised. and that demonstrates that in as much as goodwill is a good open point.

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01:17:21.850 --> 01:17:23.539

Aggrey Aluso - Resilience Action Network Africa (RANA): but is not bankable.

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01:17:23.560 --> 01:17:29.469

Aggrey Aluso - Resilience Action Network Africa (RANA): you know. You know, tool to deliver on important things as Ptr. Agenda.

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01:17:29.670 --> 01:17:51.510

Aggrey Aluso - Resilience Action Network Africa (RANA): and therefore we must really, rethink our normative framework. And that's why this imb conversation towards creating a pandemic accord is important for Africans to make very clear the demand. And like that session, you know even us, the way other countries are drawing their red lines, even as we need to draw a red line, you know, like, if it is not promising, that's transformative

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01:17:51.580 --> 01:17:59.160

Aggrey Aluso - Resilience Action Network Africa (RANA): framework that would help ship the needle in the direction of equity. Then life have it, you know. It's just putting.

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01:17:59.210 --> 01:18:04.629

Aggrey Aluso - Resilience Action Network Africa (RANA): you know, very expensive.

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01:18:04.750 --> 01:18:22.129

Aggrey Aluso - Resilience Action Network Africa (RANA): for example, and having a very protracted process, but with the same arrangement that you've had that have failed us before. I don't think that would make it would be worth our time, and would create the kind of agency that is needed to really push for things in the direction that they need to be.

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01:18:22.320 --> 01:18:36.090

Aggrey Aluso - Resilience Action Network Africa (RANA): I think. What we have learned is that human rights and public interest needs to be at the center of all these considerations and not any other considerations. Market driven innovations. And you know, evolution of capacities

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01:18:36.180 --> 01:18:43.539

Aggrey Aluso - Resilience Action Network Africa (RANA): have shown their weaknesses and limitations. We know Africa is full of a lot of challenges. There are lots of outbreaks. Currently

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01:18:43.560 --> 01:18:55.770

Aggrey Aluso - Resilience Action Network Africa (RANA): a lot of empty pipelines for diseases that are endemic to Africa without commensurate investment. This is something that must be considered. you know, in terms of our negotiation, because the empty pipelines.

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01:18:56.010 --> 01:18:59.230

Aggrey Aluso - Resilience Action Network Africa (RANA): because we do not have market potential.

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01:18:59.500 --> 01:19:04.810

Aggrey Aluso - Resilience Action Network Africa (RANA): Yet they pretend, you know global threats to our, you know, health security.

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01:19:05.120 --> 01:19:13.089

Aggrey Aluso - Resilience Action Network Africa (RANA): And that is something that should bother people. We've seen how disease that have been very endemic in in Africa for a very long time.

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01:19:13.200 --> 01:19:22.710

Aggrey Aluso - Resilience Action Network Africa (RANA): you know, have remained and researched, and do not have countermeasures until they cross the borders and went to the other side of the world. And we'll be talking about imports.

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01:19:23.170 --> 01:19:32.219

Aggrey Aluso - Resilience Action Network Africa (RANA): We've we're seeing what's happening with cholera where we are now being told we don't have enough vaccines. Yes, vaccines have been developed for cholera.

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01:19:32.260 --> 01:19:39.790

Aggrey Aluso - Resilience Action Network Africa (RANA): Countries have been battling colour for the last one and a half nearly 2 years. Countries like Malawi and a number of southern and Eastern African countries.

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01:19:39.820 --> 01:19:50.460

Aggrey Aluso - Resilience Action Network Africa (RANA): This just shows how we must reconsider our engagement in this. Discuss this, this pro a prevalent argument around return on investments which are very much.

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01:19:50.480 --> 01:20:00.759

Aggrey Aluso - Resilience Action Network Africa (RANA): And what I've heard citizens says in Miss most of our composition, that this return of investment is important, but it's only important when all lives are valued equally.

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01:20:00.980 --> 01:20:13.759

Aggrey Aluso - Resilience Action Network Africa (RANA): Sometimes when diseases are impacting in other regions, it is not considered as an issue. People are dying in their thousands, but when they touch in the other parts of the world. That's when we see some action, even if they attend, or 30 people.

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01:20:13.930 --> 01:20:25.800

Aggrey Aluso - Resilience Action Network Africa (RANA): That means our lives are not valued equally, and therefore we, our parameters of really measuring return to investment must change, and we must drive that narrative in ways that do not. Innovation.

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01:20:25.860 --> 01:20:32.160

Aggrey Aluso - Resilience Action Network Africa (RANA): And that is what's around. you know what dollar gains we get from

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01:20:32.180 --> 01:20:38.700

Aggrey Aluso - Resilience Action Network Africa (RANA): availing tools and technologies to support human safety and security and health security.

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01:20:38.790 --> 01:20:50.270

Aggrey Aluso - Resilience Action Network Africa (RANA): So I agree with what I've been saying, and I think what I would emphasize is just agency and local ownership. We need to really make. however.

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01:20:50.710 --> 01:20:55.940

Aggrey Aluso - Resilience Action Network Africa (RANA): story important as it is for the other part of them. I think Africa must demonstrate that

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01:20:56.150 --> 01:21:07.490

Aggrey Aluso - Resilience Action Network Africa (RANA): instead of always kind of, we must demonstrate leadership by operationalizing this Academic Fund. we must demonstrate leadership by operationalizing partnership for free Africa. By free manufacturing.

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01:21:07.710 --> 01:21:12.130

Aggrey Aluso - Resilience Action Network Africa (RANA): We must demonstrate leadership by, you know, really allocating resources

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01:21:12.170 --> 01:21:17.910

Aggrey Aluso - Resilience Action Network Africa (RANA): to human resource that can help us manage these challenges that we are facing

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01:21:18.050 --> 01:21:31.299

Aggrey Aluso - Resilience Action Network Africa (RANA): and really make very concrete and reasonable demands from our partners, so that relationship that are going to be formulated going forward are in line with the Africa vision for new public health order, respectful

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01:21:31.340 --> 01:21:34.670

Aggrey Aluso - Resilience Action Network Africa (RANA): and productive relationships. Thank you.

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01:21:34.940 --> 01:21:43.719

Samantha Rick: Thank you so much. Agra. That was a great note to end on completely with you on that self. Reliance is the key, and we can't rely on other people to

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01:21:43.750 --> 01:21:48.029

Samantha Rick: donate as they have in the past. Off to Jim to lead us off.

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01:21:50.190 --> 01:22:06.530

Jim Pickett: Thank you so much, Sam, and thank you, Agri, for a really wonderful closing remarks, and thank you on behalf of your organization. Rana, Resilience Action Network, Africa, for co-sponsoring this and our other co-sponsors, wacky Health and Fitzm. Thank you so much

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01:22:06.590 --> 01:22:10.960

Jim Pickett: for everyone on the call and over almost 300 who registered.

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01:22:10.990 --> 01:22:21.210

Jim Pickett: We will be sending you an email soon when this recording is online that'll include access to a resource document, and we'll also put the transcript up

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01:22:21.370 --> 01:22:34.220

Jim Pickett: so you can look at the transcript as well. So look for that soon. I hope you'll join us on March 20 sixth for our conversation on decolonizing global public health.

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01:22:34.400 --> 01:22:51.229

Jim Pickett: And I just want to thank you all for spending time today and for grappling with all these really important issues. Wherever you are, have a great one, and we will see you online on Zoom somewhere hopefully, very soon. Take good care.

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01:22:57.520 --> 01:22:59.539

Aggrey Aluso - Resilience Action Network Africa (RANA): Thanks. Everyone. Have a good day.