

[COMMENTARY](#) 25 Feb 2022

Covid-19, Africa and Europe. A Paradigm Reversal?

Health policies



The summit that brought together the European Union (EU) and the African Union (AU) in Brussels involved two political entities that have few continental health policies. In Europe as well as in Africa, the **responses to the epidemiological crisis of**

Covid-19 have been national responses. In Africa, the States have experienced the beginnings of coordinated responses in the wake of measures taken in particular in the context of the Ebola epidemic.

These strategies were carried out under the aegis of WHO AFRO and the Africa Centres for Disease Control and Prevention (Africa CDC) as of February 2020. African regional organizations then took over by mobilizing resources, certainly insufficient, but unprecedented for the response to a pandemic. Legitimate criticisms have nevertheless been addressed to African authorities about the **weak institutional involvement of communities**. The world has little to say about the causes – including political ones – that have spared Africa in the face of Covid. The unending gaze always points to Africa as the victim to be helped. Are we facing **a paradigm reversal** that the world is slow to see?

In April 2020, one month after the majority of African countries diagnosed their first cases of Covid-19, a thorough study showed the origin of the pandemic in Africa. More than 95% of the first Covid-19 cases across the African continent were due to travelers from Europe. **Africa has paid an infinitely smaller price to the pandemic than Europe**. Nevertheless, the conventional pessimistic view and discourses on Africa, including inside Africa, have revealed an asymmetric power relationship between Europe and Africa.

The discovery of vaccines against Covid-19 at the end of 2020 and their marketing in early 2021 changed the landscape. In Europe, the **European Union**, under the leadership of the President of the European Commission, Ursula Von der Leyen, gained visibility **in its role as a vaccine order manager**. For its part, the European Medicines Agency (EMA) ensured the checking and approval of vaccines for people living in the EU. These EU and EMA procedures were carried out against the backdrop of a neoliberal management that protected the patents of pharmaceutical companies and the access to vaccines for European residents. The **Covax initiative**, born in December 2020 and aimed at providing vaccines to the least developed countries, is **a multilateral procedure involving the contribution of rich countries**, including the EU member states. The core position of the EMA and its echo in African media led to a controversy in social networks in Africa that resonates with all the paradoxes that surround the situation of Africa vis-à-vis Europe, between inequalities and fantasies. The AstraZeneca vaccine administered in Europe was validated by the EMA. The equivalent of this vaccine, **Covishield**, manufactured in India and distributed by the Covax initiative in Africa, has given rise to a most astounding controversy. Many social media users defending African citizens and residents have cried foul on the **pretext that the EMA had not validated this**

AstraZeneca vaccine. Now, a product manufactured in India by the Serum Institute of India and distributed on the African continent could not in any way be submitted for approval to the EMEA, whose function is to check and ensure the validity of health products administered in the EU. It was therefore a false quarrel and a false accusation insofar as the EMEA did not have to make a decision on Covishield/AstraZeneca since the application file could not be legally submitted to it. The WHO AFRO officials who kept repeating that this vaccine was valid and authorized by them were hardly heard. **This controversy illustrated the symbolic domination of Europe over Africa**, even among those who vehemently denounce it.

The crux of the debate, which has not been extensively discussed neither in Europe nor in Africa, lies elsewhere. The issue of vaccines reproduces and transforms the **impact of the implementation of the Trade-Related Intellectual Property Rights Agreements (TRIPS)**. Signed at the time of the creation of WTO in 1994, one of the first TRIPS directives came into force on January 1, 1995: the protection of patents on health products for 20 years. In August 1995, the efficacy of antiretrovirals (ARVs), the **triple therapy against AIDS**, was made public. Being patented, they were **de facto** inaccessible for poor countries, the most affected of which are in sub-Saharan Africa. Hence the slogan launched by Act Up at the time: "Drugs are in the North, patients are in the South". It was an international mobilization that made the laboratories, appropriately named "Big Pharma", back down. Kofi Annan and the international community stepped into the breach by creating in 2001-2002 the **Global Fund to Fight AIDS, Tuberculosis and Malaria**, after many diplomatic acrobatics. Patients in resource-limited countries were given access to AIDS drugs. The most affected country in the world, the Republic of South Africa, also became the African country with the highest access rate to ARVs with nearly 90% of patients on treatment.

Covid-19 is changing the state of things. The young median age of African populations explains the fact that Sars-Cov-2 is less lethal than elsewhere. **Without access to vaccines today, these populations will transmit to the world the virus whose variants forebode a dark future for all.** After Omicron, which is running out of steam today, and Delta in 2020, a new window of opportunity is opening. Unequal access to vaccines is a global cause, but **Covid-19 will not exterminate Africa**. Border closures will not help if the majority of Africa does not have access to vaccines. The borders will always remain open to the privileged people who have "compelling reasons" to fly around the world. Since Covid-19 has nothing against Business and First Class, it will cross borders. Our future global health is in Africa. This time, African people will have to be convinced to accept the use of vaccines. Without catastrophism nor angelism. This is **eminently a matter of justice**.

France, holding the current presidency of the EU Council, plans to expand its efforts towards global health by involving its European partners, especially Germany. The President of the European Commission reasserted Europe's support for vaccine manufacturing in Africa at the Institut Pasteur in Dakar, Senegal. **Africa must make its specific cities heard**, as they were revealed by Covid-19: a continent on which rests a part of the world's future. In addition to the expectations of the African States for vaccine manufacturing, the current AU Chairman, President Macky Sall, asked the EU for **support for "universal energy coverage"**. This is another way of saying that Africa has its own priorities, which the Covid-19 pandemic is somewhat masking in the unequal concert of nations.

COVID19