

Africa desperately needs mpox vaccines—but donations from rich countries won't fix this or next health emergency

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Africa says it needs an estimated [10 million doses](#) of mpox vaccine to

control this public health emergency.

The situation is particularly concerning in the Democratic Republic of the Congo, which [has reported](#) more than 27,000 suspected mpox cases and more than 1,300 deaths so far this year.

[Europe](#) and the [United States](#) have promised to donate mpox vaccines. In an emergency, donations are welcome. But donations are a charity "bandaid" solution that can't be relied on.

Here's what needs to happen next to ensure equitable access to mpox vaccines for this and the next health emergency.

How did we get here?

It's been less than a month since the World Health Organization (WHO) [declared mpox](#) an international public health emergency of international concern, after rising cases in the Democratic Republic of the Congo and the potential for further spread.

Mpox, once known as monkeypox, has spilled over into countries that have never seen it before, possibly driven by a new, more infectious strain of the virus.

But the WHO has yet to approve mpox vaccines. This is necessary before groups such as [Gavi, the Vaccine Alliance](#) and [UNICEF](#) can begin to buy vaccines and start distributing them to affected countries that have not already independently approved them.

Once WHO has approved the vaccines, vaccine donations can also be distributed. These include [about 175,000 doses](#) from the European Commission and another 40,000 from vaccine company Bavarian Nordic. The [US has also pledged](#) 50,000 doses from its national

stockpile.

Even for countries such as the Democratic Republic of the Congo, which issued an emergency approval for the vaccines back in June, donated vaccines have only [just reportedly arrived](#).

Other wealthy countries haven't been so forthcoming with donating vaccines. Canada so far has [not committed](#) to sharing any of its several million doses. Australia has secured [some vaccine doses](#) for its population but hasn't said anything about donations.

There are also [concerns](#) about how well the current vaccines will work against the new strain of the virus.

We've seen this before

In 2022, the Democratic Republic of the Congo saw another [mpox outbreak](#). The US, Canada and the European Union were sufficiently worried that they [bought vaccines](#) from Bavarian Nordic. But that left none for poorer countries.

If vaccines were available in Africa then, the current emergency could have been stopped in its tracks, said [Ahmed Ogwel Ouma](#), acting director of the Africa Centers for Disease Control and Prevention.

Low-income countries, especially those in Africa, are always at the end of the line when it comes to accessing vaccines, diagnostics and treatments.

This is a story that has been [repeated multiple times](#) in the past few decades—with HIV/AIDS, Ebola and most recently COVID.

Within the first year COVID vaccines were available, 75-80% of people

in high-income countries had been vaccinated [versus](#) fewer than 10% in low-income countries.

This maldistribution is not inevitable. It is a legacy of rich countries' exploitation of the colonized world's natural resources, a practice that continues under [global economic trade and investment rules](#) that keep low-income countries poor and dependent on wealthier ones.

Here's what happened with COVID products

One key example is the international system of intellectual property governed by the World Trade Organization's (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). This agreement gives companies control over the manufacturing and pricing of their products—including COVID vaccines—until their patents expire. As a result, only rich countries can afford these vaccines.

In 2020, India and South Africa, eventually supported by more than 100 other low- and [middle-income countries](#), [proposed a waiver](#) for COVID medical products for a limited time. This would have freed up [scientific knowledge](#), technology and other intellectual property to allow for scaling up the manufacturing of vaccines, diagnostics, treatments and other products necessary to deal with the pandemic.

Less than two years later, the WTO approved a [strongly watered-down version](#) of the original proposal. The waiver, which lasts just five years, only made exporting COVID vaccines slightly easier. It did not include any other COVID medical products including treatments and diagnostics, or the transfer of know-how and technology needed to safely and effectively scale-up production in the fastest way possible.

We must make sure this does not happen again

Mpox and future infectious disease outbreaks are sure to occur as climate change and environmental destruction increase the risk of animal-to-human disease transmission.

Such outbreaks will not be prevented and controlled by relying on charity, voluntary sharing by pharmaceutical companies or the goodwill of countries at the WTO.

African countries have recognized the need to [strengthen the self-sufficiency](#) of their public health systems. To address the current global imbalances, they have recognized they need to boost their collective voice on global health matters and become efficient in preparing and responding to disease threats. There is a framework for action.

But the global maldistribution of medicines for emergencies is not a problem Africa can solve on its own. A new set of [global rules](#) is also needed to ensure all countries work cooperatively to prevent, prepare for and respond to pandemics and to share vaccines and other needed [medical products](#). This is vital so the global [vaccine](#) inequity experienced during COVID doesn't happen again.

WHO member states [agreed to negotiate](#) such an agreement in December 2021. But they missed the deadline they had set for themselves to conclude it by mid-2024.

While not a pandemic at this stage, the current [mpox public health emergency](#) reinforces the need for a concerted global effort to negotiate arrangements that ensure a fairer distribution of vaccines, medicines and diagnostic tests.

All countries should take note. Perhaps the upcoming negotiation for the WHO pandemic agreement—which sets out how the world manages pandemic prevention, preparedness and response—is the perfect

opportunity.

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