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The Global South moves towards vaccine sovereignty

In 2021, Global South countries came out on the short end of vaccine supply deals. In 2022, they are building capacity to produce vaccines themselves

Argentina

Latin America's vaccination rate is among the highest in the world. Chile leads the way with 86 per cent of the population completely vaccinated, followed by Uruguay, Argentina, and Ecuador. Some countries even achieve rates of over 90 per cent for those having received the first jab.

The region, which had been struggling with very high infection and death rates, put on a remarkable vaccination marathon in 2021. All existing vaccines from the West, China, and Russia were being used to meet the huge demand. Since the turn of the year, however, Omicron has caused incidences to spike again – in Argentina alone from a 7-day incidence of 57 in mid-December to an incidence of 1720 exactly one month later. Luckily, the relatively high vaccination rates can prevent the worst.

The geopolitically most relevant issue in this third pandemic year, however, is vaccine production in countries of the Global South itself. Some countries are setting out to produce their own vaccines. The Caribbean island nation of Cuba – as has often been the case – is taking a special path. It has already developed various vaccines, rolled them out, and – with over 90 per cent – now has the highest vaccination rate in all of Latin America. But what is happening in the region beyond Cuba's special path?

In 2021, the three largest countries in Latin America – Brazil, Mexico, and Argentina – started to produce components of the production process of existing vaccines. Argentina launched its vaccination campaign on 29 December 2020 with Sputnik, making it the first Latin American country to approve the Russian vaccine. Meanwhile, 20 million doses

have been used in the country. And parts of the European or Russian vaccine production have been relocated to Argentina, Mexico, and Brazil – or rather, it was the countries' proactive approach which brought production to the region through agreements with the market-leading laboratories.

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For example, the Richmond laboratory near Buenos Aires – a traditional Argentine pharmaceutical laboratory and company – handles the filtration of the active ingredient from Russia and subsequently the filling, finishing, and packaging of the Sputnik vaccines through a transfer technology agreement with the Russian Direct Investment Fund (RDIF). By January 2022, 6.5 million doses had already been produced. This strategy made it possible to cover local demand more quickly.

At the same time, a new production plant of the company is being built in Greater Buenos Aires, with the aim of covering the whole manufacturing process from active ingredient to packaging, with up to 400 million vaccine doses per year – also for export.

AstraZeneca's production by the mAbxience laboratories from Argentina and Liomont from Mexico was only able to start with a delay in 2021, as US national security interests had initially prevented the export of the raw active ingredient from the US. In the meantime, 70 million doses have been jointly produced and distributed in the region. Many more are to follow. But this is only part of Argentina's global health strategy.

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The Argentine government under President Alberto Fernández emphasises the importance of 'sovereignty' and independence from existing market leaders. And of course, local production and regional distribution is necessary to reduce global inequality in distribution and access. Moreover, Argentina has so far donated 1.7 million vaccines within the region. While a patent waiver or the lacklustre COVAX initiative are being debated, local vaccine development in the countries of the Global South, which have or are building a corresponding

infrastructure, provides for a much more promising geopolitics of health.

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Bangladesh

Bangladesh's vaccination campaign has been marked by ups and downs. Following an agreement with India and the Serum Institute, the vaccination campaign began as early as the end of January 2021, with mass vaccinations nationwide starting in February. A digital registration system that worked well from the beginning contributed significantly to the success, but made it difficult to register for those without an internet connection.

With India's export ban in April 2021, the vaccination campaign in Bangladesh had suddenly collapsed. With emergency approvals in the same month, vaccination only resumed with Sputnik V from Russia and Sinopharm from China. After the approval, the possibility of producing both vaccines under licence in Bangladesh was also discussed for the first time. Sinopharm then signed an agreement with the Bangladeshi company Incepta in August 2021 to fill and distribute 5 million doses per month in Bangladesh. However, the vaccine will not be produced in Bangladesh itself. According to its own estimations, Incepta could fill up to 800 million doses per year.

In parallel, Bangladesh is currently developing its own vaccine: Bangavax. The Bangladesh Medical Research Council (BMRC) approved Globe Biotech Limited's Covid-19 single vaccine Bangavax for human trials in November 2021. These human trials are currently underway and are expected to continue for at least six months. However, because of bureaucracy and scientific complications, the approval process has been delayed for several months. As these procedures are too lengthy, further mutations in the virus could mean that Bangavax is already obsolete by the time approval is granted.

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A successful result, however, could help reduce vaccine shortages in Bangladesh and the Global South. The Bangladeshi vaccination campaign, which has so far been quite successful but dependent on vaccine supplies, would then run more smoothly. So far, vaccination scepticism has only been observed towards Chinese vaccines, as they have the reputation of being less effective or losing their effectiveness more quickly. Overall, the willingness to get

vaccinated is very high. The government has set ambitious targets and plans to have the majority of the population vaccinated by March.

Since the end of January 2022, the number of infections has been rising rapidly because of the Omicron variant, hitting a country where, according to the World Health Organisation, only about 35 per cent of the nearly 170 million inhabitants are vaccinated. At the same time, the will to wear masks, keep distance, and reduce contacts has decreased considerably. Reports from Europe that Omicron only leads to mild symptoms mean that a not insignificant part of the population no longer takes the danger seriously. In response, the government has started a booster campaign. By the end of January 2022, just under one million people had been boosted.

Bangladesh has a large generic pharmaceutical industry and the technical know-how to produce vaccines on its own, including mRNA vaccines, through Beximco Pharma. So far, however, the government has had to rely on agreements with the pharmaceutical giants of the Global North to enter into patent-legal production. But even if the patents are waived, Bangladesh would have to streamline and speed up its own bureaucratic approval systems to enable timely production.

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South Africa

South Africa, much like most of the developing world, realised very early on that it lacks critical infrastructure for Covid-19 vaccine production, storage, and transportation. This put the country at an early disadvantage during global vaccine production and supply negotiations through various international fora and direct bilateral engagements between the South African government and global manufacturers.

When the vaccine rollout finally began, the Cyril Ramaphosa administration was heavily criticised early on for being slow off the mark. While many African countries had already started vaccination programmes, the South African government reported being stuck in complicated negotiations with manufacturers Pfizer and Johnson & Johnson.

One of those negotiations paid off really well as the government was able to announce the local manufacturing and packaging of the Johnson & Johnson Covid-19 vaccine in South Africa through the local privately owned pharmaceutical company, Aspen Pharmaceutical.

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The announcement of local production stirred hope in the country and across the continent that Africa will finally get the equitable and timely supply of the Covid-19 vaccine. But that hope was quickly dampened when it was discovered that the Aspen-produced vaccines were exported to Europe first, while African states had to wait. While Aspen Pharmaceutical is a manufacturing partner to Johnson & Johnson, the company still ultimately decides and instructs where those shots end up.

On the bright side, the partially state-owned vaccine developer and manufacturer, BioVac, having been a long-standing local manufacturing partner to Pfizer will finally be able to manufacture the Pfizer Covid-19 vaccine in 2022. This is a result of ongoing negotiations between South Africa and Pfizer. While this is a major win for the Southern Africa Development Community (SADC), as BioVac is a key vaccine supplier in the bloc, it still does not settle concerns about exclusionary patent protections.

While the Ramaphosa administration faced criticism at first for securing vaccine supply too slowly, its redemption came when the government of South Africa along with the government of India lobbied for developing nations to be granted TRIPS waivers and was able to win over the White House after President Biden announced that the US government that they support the waiving of Covid-19 vaccine patents. This proposal, however, was strongly opposed by the United Kingdom, Germany, and several other EU member states.

While securing reliable vaccine supply through local manufacturing, the South African government is now concerned by the impact of vaccine scepticism and hesitancy, a problem that plagues the continent at large. With only about half of the adult population in South Africa having received at least one jab of a vaccine and uptake continuously slowing down, the African vaccination crisis still looms large.

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