



# Project Highlights

23 August 2022

## ALL SYSTEMS GO: Inception Workshop officially commences AfHEA's ECOVA Project!

It's a primed start for Africa's drive towards COVID-19 vaccine production and equitable access with the project inception workshop held from 20-22 July 2022 in Addis Ababa, Ethiopia by the African Health Economics and Policy Association (AfHEA) and partners, Africa Centres for Disease Control and Prevention (Africa CDC) and the United Nations Economic Commission for Africa (UNECA) under the three (3) – year, collaborative ECOVA project.

The USD 1 million project dubbed, "Equitable access to COVID-19 Vaccines in Africa, (ECOVA)", which is being financed by the International Development and Research Centre (IDRC), was initiated by the Executive Director of AfHEA, Professor John Ele-Ojo Ataguba, with the overall strategic objective of generating evidence critical to informing Africa's agenda for COVID-19 vaccine production, equitable distribution, delivery, uptake and beyond.

Professor Ataguba, who is also the inaugural Canada Research Chair in Health Economics at the University of Manitoba, said the ECOVA project, which is the first of its kind ever delivered by AfHEA in partnership with Africa CDC and UNECA, will be very essential in addressing a critical gap in understanding how current vaccine production and distribution inequities and inequalities affecting Africa have been exacerbated by current global power dynamics. "Due to this vital contribution that the ECOVA project will make, other partners such as Global Affairs Canada have shown keen interest. This imposes a need to comprehensively carry out ECOVA project activities and to achieve its objectives fully inclusive of a gender dimension.", he noted during his speech.

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**– Professor John Ele-Ojo Ataguba  
(AfHEA Executive Director)**



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The three days' workshop held in Addis Ababa from 20-22 July 2022 was aimed at bringing together implementing partners to discuss project implementation strategy and develop a project implementation plan to guide project activities.

Partners re-assessed the project objectives and outlined key focus areas and questions that this project will address to ensure that the goal of the project, contributing to equitable access to vaccines in Africa is achieved. Countries were selected for project implementation based on well-defined criteria outlined at the meeting and project activities were defined and incorporated together with channels for amplifying project activities and outputs into a comprehensive implementation plan.

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Supporting statements were made by Dr. Elias Asfaw, the Technical Advisor (Health Economist) at the Health Economics Unit of the Africa CDC, the Director for the African Centre for Statistics at UNECA, Mr. Oliver Chinganya and the Chief of the Demographic and Social Statistics Section at UNECA, Mr. William Muhwava in confirmation of the significant value that the ECOVA project will provide to better health outcomes in Africa with a pledge of their institutions' commitment to ensuring the full execution and delivery of the project.

Mr. Muhwava, noted, "The ultimate success and achievement of the project will be pivoted on the inclusion of at least one of its project outputs in a high-level declaration or policy document at regional organizations such as the AU". This was buttressed by Mr. Chinganya's call to all partners to pay attention to the quality of outputs to be generated because they have the potential to influence a policy shift and better-position Africa on global equitable access to vaccines.

The basis of the project stems from the existing global power dynamics regarding access to vaccines which was heightened and highlighted during the Covid-19 pandemic; with 61 of the wealthiest countries that account for about 20% of the world's population receiving more than half of Covid-19 vaccinations as of April 2nd this year, while Africa's population has less than 3% vaccinated.

The covid-19 pandemic has revealed a significant international imbalance fully expressed in vaccines development, delivery and distribution globally, which has clearly been to the severe disadvantage of low- and middle-income countries (LMICs) and which defeats the Universal Health Coverage (UHC) mantra of leaving no one behind.

Without swift global action to address this imbalance there will undoubtedly be a widening of existing inequalities and inequities, not only in access to health services but also in other social and economic opportunities between wealthier and poorer countries. In recognition of this critical gap, some initiatives such as the launch of the Partnerships for African Vaccine Manufacturing (PAVM) have been instituted to help address the lack of access to vaccines. PAVM looks to achieve the laudable aim of pushing Africa towards the manufacture of about 60% of its vaccines by 2040.

However, to achieve this ambitious but achievable feat, it is vital to fully assess and understand Africa's opportunities given current global power dynamics in vaccines manufacturing, distribution etc. vis-à-vis Africa's current production of only 1% of all vaccines consumed on the continent which has necessitated the development and implementation of the ECOVA project. "This project will clearly complement the Partnerships for African Vaccine Manufacturing (PAVM) initiative as well as Africa CDC Saving Lives and Livelihoods project supported by the Master Card Foundation because its outputs will feed directly into these initiatives which are aimed at equitable access to vaccines in Africa", Dr. Asfaw stated. The action-oriented project will contribute to practical ways of ensuring vaccine equity in Africa by critically examining global power dynamics and the domestic challenges in Africa, which militate against equitable access to vaccine availability and uptake, including dysfunctional delivery mechanisms and vaccine hesitancy.

During the inception workshop, ECOVA project partners worked together to develop a comprehensive implementation plan and framework for the project with a critical re-assessment of the project's objectives.



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The team selected a total of 14 project countries from the 5 sub-regions of Africa, namely, West Africa (Senegal, Nigeria, Ghana), East Africa (Rwanda, Ethiopia, Kenya), Central Africa (Congo DRC, Gabon), Southern Africa (South Africa, Zimbabwe, Mozambique, Botswana) and Northern Africa (Egypt, Morocco). This was based on the criteria of regional balance, language, vaccine coverage and manufacturing capacity as well as vaccine manufacturing plans.

The three days' workshop was a decisive step in bringing together the project implementing partners and setting the ECOVA project in motion while further enabling discussions around identifying the strategic platforms and channels such as UNECA high level special committee meetings and the Africa Union (AU) high level meetings for disseminating and amplifying ECOVA project activities and outputs in order to generate substantial impact in terms of African health policy translation.

*E.Adote*  
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