



# CMSA

The Colleges of Medicine of South Africa NPC

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## Colleges of Medicine of South Africa statement on equitable access to vaccines for COVID-19

The Colleges of Medicine of South Africa (CMSA) is an institution of approximately 10 000 medical and dental specialists whose purpose is to promote the highest degree of skill, efficiency, ethical standards and professional conduct for the benefit of humanity and to promote the honour of the medical and dental profession. The ongoing disturbing inequities in COVID-19 vaccine access worldwide go against the ethics and the efficient use of resources our organisation stands for. The honour of our profession impels us to speak out on this injustice. Those who have the power to change vaccine access, prices and hoarding, but will not, cannot go unchallenged. Thus far, those with power seem relatively unmoved by calls from across the globe. It is as if, to them, the lives of health workers and the poor in developing countries are expendable. Moreover, their public commitments do not garner our trust, as we see little evidence that they intend to action what they say.

The astonishing speed with which multiple effective COVID-19 vaccines have been developed offers an unprecedented opportunity to prevent unnecessary death and disease, to rebuild health systems and economies and to afford people the right to health care. This opportunity must not go to waste.

### These are our key concerns:

Massive inequality exists in the availability of vaccines between countries and this is projected to continue in the future. Vaccine prices, advance commitments and hoarding means that less-developed countries seem most unlikely to secure sufficient vaccine to cover their health workers, older people and those with comorbidities until after high-income countries have covered their low-risk young people. We cannot but call out such behaviour that dismisses the lives of the poor and the powerless with such disregard, but whose compatriots were readily called on when clinical trials were undertaken in less-developed countries. Blocking exports to countries with greater need adds to the immorality. While we understand the need for companies to protect their products to make a profit, the blockbuster earnings being predicted in the face of the deaths and economic destruction brought about by COVID-19 is morally indefensible.

1. Instead of showing the kind of statesmanship needed at this time, countries are allowing parochial interests to supersede medical science. Epidemiological logic is that vaccines that work against new, more infectious, more severe variants, should be redeployed to the countries where such variants occur. This could contain the variant's global spread. In addition to the moral argument, we would have expected government leaders to have come forward with offers to redeploy such vaccines that are committed to them, in their own and interest, but with global benefits. Where are the moral and science-based leaders? A case in point is the Johnson and Johnson (J&J) vaccine, which has been proven to be effective against the new variant in South Africa. Even though enabling the control of its spread in South Africa and neighbouring countries would help their own countries, the approach seems to be to "let it spread there and batten down the hatches here". While we recognise the recent commitment of some J&J vaccine to South Africa and laud the efforts of the South African government to obtain vaccines, the timetable for their delivery seems too slow to block the 3<sup>rd</sup> or even the 4<sup>th</sup> epidemic wave and the deaths and global spread that will accompany these. We fear the same if other companies vaccines prove effective against the new variant.
2. TRIPS<sup>a</sup> exceptionality on patent protection was written into the statutes of the World Trade Organisation for the public good. However, as this process is far too slow and cumbersome and of uncertain outcome,

India and South Africa proposed a TRIPS waiver to suspend patent protection on COVID-19-related health technologies for the duration of the COVID-19 pandemic. The efforts by countries to block this waiver, which would make vaccines more available at more affordable prices, is deplorable. There has to be a better balance between being able to deliver a public good whose development has benefited from public funding and fair reward for scientific innovation by vaccine producers. This cannot happen through a system where the market is dominant and where producers can unilaterally determine the conditions under which they sell, to whom and at what price, without any transparency. It seems that the hard-won lessons of HIV / AIDS treatment have been quickly forgotten by the leaders of high-income countries and pharmaceutical companies. We expect more from global multinationals like J&J, who could facilitate better use of the one billion doses of vaccine that they have said they will manufacture in 2021. There is nothing stopping a company with their market capitalisation showing moral leadership and making a public call for global leaders to review their orders. The same applies to other companies, including Pfizer. In South Africa, Aspen will prepare approximately 300 million doses of the J&J vaccine. Given its effectiveness against the South African variant, we seek a public call from Aspen for around 40 million of these doses to be rapidly allocated to South Africa. We align ourselves with the call of the UN Secretary General for COVID vaccines to be treated as a public good, available to everyone, everywhere<sup>1</sup> and to the Solidarity call of the WHO Director General<sup>2</sup>. This would see prices come down and technology transferred to poorer countries to enable local vaccine production.

**The CMSA therefore calls on:**

1. All governments to pledge and honour their pledges to support vaccine equity by declining to purchase and/or releasing vaccines in excess of the needs of their at-risk population until the at-risk population in developing countries has been covered.
2. Governments and pharmaceutical companies to redeploy vaccines that work against new, more infectious, more severe variants to the countries where such variants occur.
3. All governments to support the Indian and South African proposal to the WTO for an Intellectual Property (IP) waiver during the pandemic and to strengthen their commitment to solidarity action during this public health emergency.
4. Vaccine manufacturers to review their pricing and to permit effective technology transfer to increase production of vaccines.
5. Vaccine manufacturers to provide their regulatory data and research findings in real-time, so as to accelerate approvals and evidence of efficacy against respective variants.
6. African countries to demonstrate regional solidarity so that all can benefit equally from vaccine access, to explore local vaccine production and to efficiently roll out COVID-19 vaccination, free of corruption.
7. Other health professional bodies, globally and in Africa, to join us in our advocacy efforts to support equitable access to effective vaccines for COVID-19.

**Issued by:**

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<sup>a</sup>. TRIPS refers to the World Trade Organisation Agreement on Trade-Related Aspects of Intellectual Property Rights

<sup>1</sup>. <https://www.un.org/press/en/2020/sgsm20108.doc.htm>

<sup>2</sup>. <https://www.who.int/initiatives/covid-19-technology-access-pool/solidarity-call-to-action>