



Inter-Parliamentary Union  
For democracy. For everyone.

# 143rd IPU Assembly

## Madrid, Spain

### 26-30 November 2021



Assembly  
Item 2

A/143/2-P.5  
26 November 2021

## Consideration of requests for the inclusion of an emergency item in the Assembly agenda

### Request for the inclusion of an emergency item in the agenda of the 143rd Assembly of the Inter-Parliamentary Union submitted by the African Group

On 26 November 2021, the IPU President received from the Chair of the African Group a request and accompanying documents for the inclusion in the agenda of the 143rd Assembly of an emergency item entitled:

"Harnessing global parliamentary support for vaccine equity  
in the fight against the COVID-19 pandemic".

Delegates to the 143rd Assembly will find attached the text of the communication submitting the request (Annex I), as well as an explanatory memorandum (Annex II) and a draft resolution (Annex III) in support thereof.

The 143rd Assembly will be required to take a decision on the request of the African Group on Saturday, 27 November 2021.

Under the terms of Assembly Rule 11.1, any Member of the IPU may request the inclusion of an emergency item in the Assembly agenda. Such a request must be accompanied by a brief explanatory memorandum and a draft resolution which clearly define the scope of the subject covered by the request. The IPU Secretariat shall communicate the request and any such documents immediately to all Members.

Furthermore, Assembly Rule 11.2 stipulates that:

- (a) A request for the inclusion of an emergency item must relate to a recent major situation of international concern on which urgent action by the international community is required and on which it is appropriate for the IPU to express its opinion and mobilize a parliamentary response. Such a request must receive a two-thirds majority of the votes cast in order to be accepted.
- (b) The Assembly may place only one emergency item on its agenda. Should several requests obtain the requisite majority, the one having received the largest number of positive votes shall be accepted.
- (c) The authors of two or more requests for the inclusion of an emergency item may combine their proposals to present a joint one, provided that each of the original proposals relates to the same subject.
- (d) The subject of a proposal that has been withdrawn by its authors or rejected by the Assembly cannot be included in the draft resolution submitted on the emergency item, unless it is clearly referred to in the request and title of the subject adopted by the Assembly.

**COMMUNICATION ADDRESSED TO THE IPU PRESIDENT  
BY THE CHAIR OF THE AFRICAN GROUP**

26 November 2021

Dear Mr. President,

On behalf of the African Group and, indeed, on my own behalf, let me begin by expressing my sincere appreciation to you and the Parliament of Spain for the excellent hospitality and logistical arrangements for the 143rd IPU Assembly. Allow me to also convey my gratitude to you for gracing the meeting of the African Group yesterday and updating us on the activities that you have carried out in advancing the mandate of the IPU.

Pursuant to the Convocation No. A/143/C.1 on 15 October 2021, concerning Emergency Items, which provides that, *“any member of the IPU may request the inclusion of an emergency item in the Assembly agenda,”* and further that, *“all proposals for an emergency item should be submitted to the IPU Secretariat by 17:00 on Friday 26 November 2021,”* the African Group would like to take this opportunity to propose an Emergency Item entitled:

“Harnessing global parliamentary support for vaccine equity  
in the fight against the COVID-19 pandemic”.

It is our firm belief that the fight against the COVID-19 pandemic is being largely stymied by inequitable access to vaccines, particularly for people in the developing world, including Africa, where vaccine access is currently below 3% for the entire continent. This undermines the post-millennium development agenda’s operative mantra “leave no one and no place behind.” It is trite to mention that the current disparities in accessing vaccines perpetuate poverty and inequalities, especially where access to vaccines is skewed against developing countries. Such a situation is an affront to the human right to health and life.

Our vision as the IPU is “For Democracy, For Everyone.” This enjoins us, therefore, to work towards building a just, fair and equitable world which must espouse the spirit of solidarity and multilateralism. In that regard, we believe our proposal for this Emergency Item is not only urgent and current in view of the ravages of the pandemic but is also responsive to our IPU vision of development inclusivity.

We look forward to your support.

Please accept, Mr. President, the assurances of our highest consideration.

Yours sincerely,

(Signed)

Abubakar Hassan FULATA  
Chair of the African Group

## **HARNESSING GLOBAL PARLIAMENTARY SUPPORT FOR VACCINE EQUITY IN THE FIGHT AGAINST THE COVID19 PANDEMIC**

### ***Explanatory memorandum submitted by the African Group***

The COVID-19 pandemic has affected all of us in one way or the other, some more perilously than others. What began as a health crisis has slowly but decisively morphed into a global economic crisis and a developmental crisis for Africa. This had been exacerbated by Africa's vulnerability to crises due to the continent's fragile health systems, the largely informal economies and a heavy reliance on tourism and trade which were adversely impacted by the closure of borders. The COVID-19 pandemic has thus exposed existing vulnerabilities, inequalities and exclusions and unearthed new ones. The pandemic has brought to the fore the need for the globe to review its development priorities as well as the criticality of global solidarity, global cooperation and collaborative global responses in addressing the COVID-19 pandemic and any other crisis that may arise in future.

Despite this scenario, the global roll out of vaccines is progressing at two markedly different rates, resulting in a clear schism between Africa and the rest of the world. According to the World Bank and the WHO Vaccine Dashboard, of the 6.4 billion vaccine doses administered globally, only 2.5 per cent have been administered in Africa – even though the continent accounts for a little over 17 per cent of the world's population.<sup>1</sup> To date, under 2 per cent of people living in Africa's low-income countries (LICs) have been fully vaccinated, and vaccination rates are still below 1 per cent in many countries. For Africa's lower middle-income countries (LMICs), the figure is under 10 per cent. In comparison, over 60 per cent of the population in advanced economies is vaccinated.

On 16 April 2021, the Director-General of the World Health Organization, Dr. Tedros Adhamon Ghebreyesus, pointed out that of the 832 million vaccine doses administered in 2021 alone, 82 per cent have gone to high- or upper-middle-income countries, while only 0.2 per cent have been sent to their low-income counterparts. In high-income countries alone, 1 in 4 people have been vaccinated, a ratio that drops precipitously to 1 in 500 in poorer countries.<sup>2</sup>

While Africa's low vaccination rates are threatening lives and livelihoods, with consequences for Africa's recovery as well as for global economic recovery, given that no one is safe from the pandemic until everyone is safe, what makes the situation even more tragic are recent projections that highly vaccinated countries currently have 300 million stockpiled vaccines and this will be more than a billion by the end of the year.<sup>3</sup> At a time of vaccine scarcity on the African continent and many other low and lower middle-income countries, there is an urgent need for collective solutions to accelerate delivery of vaccines for the countries that need them the most.

Against this background, the WHO Strategy to Achieve Global COVID-19 Vaccination by mid-2022 outlines the road we must all take together to achieve the targets of vaccinating 40 per cent of the population of every country by the end of this year, and 70 per cent by the middle of next year. The WHO had also set a target for all countries to vaccinate 10 per cent of their populations by the end of September 2021. Fifty-six (56) countries effectively excluded from the global vaccine marketplace were not able to reach this target, and, sadly, the majority of them are in Africa. Even more countries on the continent are at risk of missing the WHO targets of vaccinating 40 per cent of the population of every country by the end of this year, and 70 per cent by the middle of next year.

---

<sup>1</sup> See in: <https://blogs.worldbank.org/voices/tackling-vaccine-inequity-africa>.

<sup>2</sup> See in: <https://www.un.org/press/en/2021/ecosoc7039.doc.htm>.

<sup>3</sup> See in: <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000032#pgph.0000032.ref001>.

Doubtless, there are enough doses of vaccines globally to drive down transmission and save many lives, if they go to the people who need them most around the world. By the end of September, almost 6-and-a-half billion doses had already been administered worldwide. With global vaccine production now at nearly 1.5 billion doses per month, there is enough supply to achieve global targets, provided they are distributed equitably.<sup>4</sup> Regrettably, most manufacturers have largely spurned the opportunities to share technology and know-how and public health-oriented licensing, despite a number of mechanisms being set up including the COVID-19 Technology Access Pool and the mRNA vaccine technology transfer hub. The global failure to share vaccines equitably as well as the refusal to relax or temporarily waive patents on vaccines and share technology are taking their toll on some of the world's poorest and most vulnerable people. New variants of concern mean that the risks of infection have increased in all countries for people who are not yet protected by vaccination. Worldwide access to COVID-19 vaccines offers the best hope for slowing the coronavirus pandemic, saving lives, and securing a global economic recovery. In the words of Dr. Ghebreyesus, *"This is not a supply problem, it's an allocation problem."*<sup>5</sup>

This has been exacerbated by the inordinately slow response by WTO members to a request by India and South Africa to approve an emergency temporary waiver of some intellectual property rights rules so that medical technology transfer can be granted during the pandemic. That would allow African countries to produce vaccines originally produced by other manufacturers and the increased production would, in turn, permit direct access to and sharing of technology while enabling procurement. It would also lower prices of vaccines and expedite distribution to everyone, everywhere.

In this context, the African Group reiterates the clarion call by the WHO that the fastest way to end the pandemic is to ensure vaccines are available to everyone, everywhere. But, right now, only a few countries have widespread access to vaccines, which means the virus will continue to mutate, cross borders, and wreak havoc for everyone around the world. As the global representative institution, the IPU has a sacred responsibility to take a collective stand for humanity by calling on countries and companies that control the global supply of vaccines to work together to get the tools to fight COVID-19 into as many people's hands as possible, including the waiver on patent rights. Vaccine equity can only accelerate the end of the pandemic. Achieving WHO's vaccine equity targets will substantially increase population immunity globally, protect health systems, enable economies to fully restart, and reduce the risk of new variants emerging. As Parliamentarians and the people's elected representatives, beyond the moral and economic imperatives to act, we must bear in mind that "no one is safe until everyone is safe". Accordingly, the Africa Geopolitical Group tables the undersigned Emergency Item which reads:

---

<sup>4</sup> See in: <https://www.who.int/campaigns/vaccine-equity>.

<sup>5</sup> See in: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--7-october-2021>.

## HARNESSING GLOBAL PARLIAMENTARY SUPPORT FOR VACCINE EQUITY IN THE FIGHT AGAINST THE COVID-19 PANDEMIC

### *Draft resolution submitted by the AFRICAN GROUP*

The 143rd Assembly of the Inter-Parliamentary Union,

- (1) *Recalling* that the right to the enjoyment of the highest attainable standard of physical, mental and social health and well-being is a fundamental human right enshrined in Article 25 of the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, Sustainable Development Goal 3, the Constitution of the World Health Organization, the majority of national constitutions and other international treaties and agreements to which IPU Members are signatories,
- (2) *Further recalling* that this right is accorded to all human beings regardless of race, colour, sex, language, religion, political or other opinion, national or social origin, property, disability, birth or other status,
- (3) *Cognisant* that, on 23 September 2019, world leaders endorsed a comprehensive political declaration on health at the UN High-Level Meeting on Universal Health Coverage under the theme “*Universal Health Coverage: Moving Together to Build a Healthier World*” by in which they undertook to co-operate in strengthening health systems to ensure that they are equitable, resilient and capable of meeting everyone’s needs as an essential priority for international development,
- (4) *Mindful* that, at the 141st IPU Assembly held in Belgrade, Serbia in October 2019, the IPU adopted a landmark resolution entitled *Achieving Universal Health Coverage by 2030: The role of Parliaments in ensuring the right to health* calling for Parliaments to take all legal and policy measures to achieve Universal Health Coverage and address barriers to access to health for all,
- (5) *Noting* that the COVID-19 pandemic has been an ongoing moment of reckoning for health systems around the world as well as our commitment in both word and deed to achieving Universal Health Coverage and addressing barriers to access to health for all in such times of crisis,
- (6) *Concerned* that vaccine nationalism or vaccine apartheid is prolonging the health and developmental crisis, economic downturn and suffering occasioned by the COVID-19 pandemic in Africa and further that vaccine inequality translates into social and economic inequality resulting in more fatalities and increased poverty on the continent,
  1. *Calls upon* countries with more than enough vaccines to cover their populations to give priority to contracts for COVID-19 Vaccines Global Access (COVAX) and the African Vaccine Acquisition Trust (AVAT) for deliveries and donated doses so that more donations can be delivered to Africa and other countries in need;
  2. *Encourages* vaccine manufacturers to provide regular, clear supply forecasts given that the lack of transparency or accountability around vaccine contracts has led to developing countries sometimes paying more for vaccines than richer countries;
  3. *Urges* the World Trade Organization to expeditiously approve a waiver to the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), since the waiver is in full compliance with the 2030 Agenda as clearly outlined in Sustainable Development Goal 3, Target 3(b), as the first step towards realizing a vaccine for all by allowing African and other countries to produce vaccines;
  4. *Implores* parliamentarians to leverage their legislative role in their respective countries to eliminate export restrictions and any other trade barriers on COVID-19 vaccines and the inputs involved in their production;
  5. *Encourages* vaccine manufacturers to share technology, know-how and public health-oriented licensing, and support the push for a temporary waiver in intellectual property to enhance the production of vaccines.