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Hearing on “Progress and Present Challenges on COVID-19 in Africa”

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Thank you, Chairperson Bass and Ranking Member Smith, for the opportunity to testify at this hearing. I am happy to be here today to testify on behalf of my fellow citizens and also share experiences and the strides we are making in Botswana and the African continent as a whole in addressing the COVID-19 global health pandemic.

You would have been taken through a brief on Botswana’s transformation from one of the poorest countries at Independence in 1966 to an Upper Middle-Income status today. Botswana offers universal access to free public healthcare to her citizens, and subsidized healthcare to non-citizens. Through the support of development partners like the United States of America, we have been able to confront pressing health challenges like HIV/AIDS. Chairperson, following the outbreak of COVID-19 in December 2019, Botswana established the Presidential Task Force which I chaired to respond to all cases related to the Pandemic. The Task-Force drew membership from Cabinet, scientists, public health experts, local authorities, civil society, the private sector and the media.

Botswana detected her first COVID-19 case on the 30th of March 2020. The outbreak rapidly evolved from imported cases to local clusters of cases driven by cross border movements to community transmission. To date over 2,600 COVID-19 deaths in Botswana have been reported with a Case Fatality Rate of 0.8% and a death rate of 110 deaths per 100 000 population. These are staggering numbers for a country with a population of 2.35 million (July 2021, estimate). The reason for this high mortality is twofold: Poor timely detection of cases owing to Botswana’s vast land area and hard to reach areas made it difficult timely detect, isolate, and treat; Secondly, Botswana relies on centralized high-end health institutions situated in the cities. In response to the growing global and regional threat caused by the COVID 19 pandemic, Botswana acted proactively by instituting measures such as movement restrictions,

mandatory PCR tests for inbound travelers as well as contact tracing accompanied by isolation and quarantine following detection of cases. Public health prevention measures which were adopted in the early stages of the onset of the pandemic included wearing masks, social distancing, and restricted gatherings. Given the robust nature of the measures of containment, this could only be achieved through the declaration of the State of Public Emergency which was endorsed by Parliament in line with our Constitution. The ramifications of the State of Emergency included disruptions to the essential services, supplies and markets, school closures, adoption of new working methods, closure of public gatherings including religious assemblies. This did not just affect access to health commodities but also the economic activity which suffered due to closures of businesses including the diamond sector and tourism sector which Botswana heavily relies upon for her export receipts.

Despite these numerous containment measures instituted by my Government, Botswana still registered a significantly high mortality rate. Mortality cases spiked during July and August 2021 driven by the Delta Variant. This happened at the time when we were waiting to receive the vaccines which we had ordered through COVAX- and other bilateral procurement mechanisms, sometimes at a very high cost. These delays continue even today with the slow delivery of doses for children aged 5-11 years. Through investments made by Government and assistance provided by cooperating partners, we have achieved a vaccination coverage of 59%, (1.4 million Botswana are fully vaccinated), and managed to surpass the targets set by WHO and CDC of 40% vaccine coverage by Dec 2021. Botswana is among the top 5 African countries on track to achieve the 70% vaccine coverage by Mid-2022 target set by WHO. While these numbers are promising, we equally recognize that no one is safe until we are all safe.

Now turning to the experiences of Africa, Public Health emergencies remain common on the continent. From the beginning of the pandemic, Africa Heads of State met regularly to inspire a continental response through the African Union. These efforts together with the rallying of the private sector on the African continent worked together with the Africa CDC to develop the African solution to the pandemic. The COVID-19 experience has further reinforced the fact that preparedness, and equitable access to life saving medical commodities are key in responding to any emergency. The effects of COVID-19 and its aftermath have reinforced the need for a coordinated country, regional and continental capacity to adequately respond to the multiplicity of the public health emergencies in a sustainable manner. In the midst of the challenges that we faced, we managed to dig deeper with our scientists making a discovery a newOMICRON variant. In keeping with our international obligations, we took a decision and valiantly warned the world which, of course came with its negative consequences. On the positive side this demonstrates that we have human capacity to undertake and resolve complex research questions.

In a deliberate effort to build local manufacturing productive capacities, Botswana and NantWorks have partnered to establish a vaccine manufacturing plant. Through our local health regulatory authority the approval of a Botswana regulated vaccine developed by Texas

Children's Hospital and Baylor College of Medicine which is currently manufactured by Biological E in India was announced on 28 March 2022. This would lead to local manufacturing of the second-generation vaccine now aptly named PULAVax in Botswana for distribution in Africa and other parts of the world.

In conclusion, the experience of COVID-19 continues to demonstrate that global collaboration, and support of national and regional national health responses are critical in order to successfully eradicate the pandemic and heighten our preparedness to respond and contain future pandemics. All of our countries have a stake to play. Botswana and Africa have been very constructive and committed to the WHO reform discussions. We therefore wish to implore the United States to play a leadership role in resourcing and agreeing to new financing mechanism that complement international efforts.