

Just For Change powered by Bertha Center_podcast

Episode 9 Transcript

[00:00:00] **Kentse Radebe:** [00:00:00] Welcome to the, just for a change podcast, powered by the birth, the center for social innovation and entrepreneurship. First off, what you need to know about us is that thinking differently and innovatively about solving big social issues is what makes us tick. We love offering new perspectives on social innovation and social justice.

[00:00:25] So we hope you'll be inspired to make a difference. And for you are we're changing the way we're changing the world.

[00:00:35] Welcome to the, just for a change podcast with me, your host Kentse Radebe. According to a new report from Oxfam up to 70 countries will only be able to vaccinate one in 10 people against COVID 19 this year, due to the high cost of the vaccines and their lack of availability. It's what's being called a global vaccine Apartheid. Wealthier nations in the global North, like Canada, uh, buying a vaccine [00:01:00] doses to vaccinate their populations up to five times over while others like South Africa are having to pay almost two and a half times more for vaccines. This disparity has led organizations like Amnesty International frontline AIDS, global justice now, and Oxfam to raise the red flag and join forces in a people's vaccine Alliance.

[00:01:21] Their aim is to campaign for better access to vaccines and for pharmaceutical corporations to share their technology to the WHO COVID-19 technology access pool to enable the manufacturer of billions more doses for all who need them. To many in the healthcare sector, the situation is all too familiar.

[00:01:40] Perhaps you can remember that it took South Africa six years to put in place antiretroviral treatment for HIV AIDS patients while thousands needlessly died. This mirrored a global struggle to improve treatment for HIV AIDS patients. The UNH program coordinator in board heard recently how communities engaged with global health authorities for over [00:02:00] 25 years to advocate for those living with HIV and AIDS.

[00:02:04] This work paid off in several ways, including the development of the medicine, patent pool for HIV, which saw the manufacturer of millions of cost-effective antiretrovirals and brought down the cost of medication from about a hundred thousand us dollars a year to about a hundred dollars. There is a lesson here about how a concerted and a unified campaign aimed at global health authorities can be brought to bear on the vaccine response for COVID-19.

[00:02:29] And this does not have to come at the expense of profits for the pharmaceutical companies, or take a quarter of a century as we have the example of those who have gone before us to show us the way. Though the rule out of the vaccine has been on everyone's lips, both locally and globally. The conversation has certainly differed from place to place.

[00:02:47] In many parts of the world, often due to misinformation by social and traditional media channels, the conversation is packed with conspiracy theories and fueled by fear. In other places, it's a topic that brings [00:03:00] about a glimmer of hope and excitement about the world returning to a somewhat normal state.

[00:03:05] In a country like South Africa, it's a conversation that is slowly revealing. Another side of the coin. The idea that the vaccine is perhaps not so much a healthcare issue as it is an accessibility and quite frankly, a social issue, the message has to be communicated loudly clearly and insistently. They can be no social justice without equitable access to vaccines and critical treatment and the best way to get the ball rolling is through collaboration.

[00:03:31] The good news is that the international campaign for people's vaccine is gathering pace. Then there's also the free the vaccine campaign, which advocates for COVID-19 diagnostic tools, treatments, and vaccines to be free from patents and available to everyone everywhere free at the point of delivery.

[00:03:49] In addition to the C 19 peoples coalition and emerging civil society seeking to ensure that South Africa's response to the COVID 19 crisis is one that is rooted in social justice and [00:04:00] democratic principles. The C 19 peoples coalition prioritizes the most vulnerable who faced the pandemic with hunger weakened immune systems and poor access to housing, healthcare, and social safety nets.

[00:04:13] This rapidly growing coalition includes community structures, trade unions, faith-based organization, informal workers, organizations, civics, social movements, rural groups, national and provincial NGOs working across all social sectors, frontline responders, such as community health workers, the shelters, public interest law firms and migrant and refugee focused organizations.

[00:04:36] And on that note, I'm excited to have Professor Leslie London, Chair of Public Health medicine in the School of Public Health and Family medicine at the University of Cape Town. And Katusha DeVilliers Health Systems Innovation lead at the Bertha Center on the show today, as we talk all things vaccine.

[00:04:56] So welcome, Leslie and Katusha and I know [00:05:00] Katusha you work with us on the podcast, but today's the first time we're actually having you in front of the mic. So it was really looking forward to the conversation and we really just wanted to start off with, you know, what's been happening, what we've been reading about.

[00:05:13] The vaccine has arrived in South Africa. Everybody's talking about it. And there's a lot of fanfare, which is drowning on a lot of the voices around people who are asking about the equity conversation, the access conversation. And I guess where I wanted to start this conversation is that amidst all of this information that is around us.

[00:05:31] What's getting lost in the noise? What are we not hearing in the news bulletins and the headlines? And I'll start with you, Leslie.

[00:05:37] **Leslie London:** [00:05:37] Well, you know, if you think back to December, we actually didn't have any vaccine. No. Uh, everything was Covax. Uh, and suddenly from, uh, one presidential announcement to one ministerial press conference, things changed and the situation has changed so rapidly each week, day to day, hour to hour.

[00:05:57] And it's hard to keep up, but I think the [00:06:00] thing that really struck me about this was, you know, Covax, the platform set ups. through. Um, The accelerator through WHO Garvey was meant to be the solution for low middle income countries. Uh, South

Africa has completely bypassed Covax essentially because Covax doesn't really work for the middle income countries.

[00:06:21] Um, we will pay basically top dollar. If we purchased two Covax, we probably will be fairly disadvantaged because we won't know exactly what we getting. Uh, we weren't winning. We will get it. Uh, and we might not get what we really need. So I imagined if we purchased two kind of X 9 million doses of the Astrazeneca , uh, vaccine that they discovered, oops, it doesn't work so well for us, which is no enough of a problem with 1.5 million doses.

[00:06:48] So I think the situation globally is very complex and quite iniquitous. And I think the call for technology transfer to developing countries is to enable production [00:07:00] outside of the limited number of producers is I think the key thing for equity.

[00:07:05] **Kentse Radebe:** [00:07:05] Thanks Leslie. I mean, Katusha, you've just written an op ed about this and the importance of thinking about equity, particularly for countries in the global South. What do you think is not being acknowledged in the conversation that we're having about it?

[00:07:18] **Katusha de Villers :** [00:07:18] I think, uh, what's not being acknowledged or what is interesting for us to think about is the role of South Africa sort of practical obligations to our sister countries in Africa. Um, you know, we have millions of citizens entering and exiting our borders, every yard and a vaccination that's only focused on South Africans is it's really going to be less than effective, not only in protecting our country, but also in protecting the rest of Africa. So what are our leadership roles, um, for the rest of Africa? You know, how do we think about that? Um, as, as a country, um, we certainly don't want to be seen as holding [00:08:00] vaccines. We don't want to be seen as. Um, not sharing information, um, and not looking after, um, citizens. Um, so I think that's an interesting sort of area to think about, not necessarily that we have the obligation to, to carry all of this, but it's just, um, would be, would be something that I would encourage folks to keep in mind.

[00:08:23] **Kentse Radebe:** [00:08:23] Thanks. Katisha and I think reflecting on both what you and Leslie are speaking about, and Leslie, I want to join a little bit about what you were saying around how Covax doesn't necessarily serve South Africa. And I guess the complexity of it all and what Katusha is saying now about the role that we have to play in the region on the continent.

[00:08:39] So. I mean, acknowledging that, for example, Ramaphosa currently sits as, you know, chair of the African union. And the fact that I was looking on the map when the vaccines arrived, you know, so Africa sort of turned a little bit green, but the rest of the continent still doesn't have access to the vaccine.

[00:08:54] Thinking about that, then what role should we be playing? Regionally and in the rest of the [00:09:00] continent, around providing leadership around exactly the issues that you're raising around Covax, perhaps not being useful. Should we be thinking about leaning into other institutions, other forms of advocacy?

[00:09:11] **Leslie London:** [00:09:11] Well, I mean, it's very interesting that, you know, South Africa actually was the leader proposing a way that the world trade organization of intellectual property on the basis that the patents aren't obstacle to, um, access to health

technologies. I mean, it's a complex debate, but that was South Africa taking leadership and being supported by a number of other developing countries Eswatini, um, many other countries, uh, and being resisted by clearly the countries of the North who have big, uh, biotechnology industries.

[00:09:42] Um, but at the same time we saw South Africa being quite vaccine nationalist, you know, basically. When, uh, the political pressure was on South Africa, went out there and negotiated those bilateral deals. And now we have somewhere between 30 and \$40 million. It's not entirely clear, [00:10:00] um, far ahead of any other African country.

[00:10:02] And you can understand why a political leader has to respond to their own constituency, but, you know, colleagues of mine in Equinet, which is the network on Equity and health and Eastern Southern Africa, basically asking how come. So there is not. Pushing through the African Union, through SADC, through these factors to be more active.

[00:10:20] Um, and we should be providing that sort of leadership. I mean, we have a public private, um, biotechnology Institute that's capable of producing vaccines. Maybe not then over to Sydney, reprocessing, certainly more than fill and finished, which is currently what's being proposed by... could be ramped up, could have been ramped up quite a long time ago.

[00:10:42] To deliver vaccines for the reason, you know, it's obviously not an uncomplicated issue. Very technical. That we could have, we shouldn't have, I think had the foresight to say, well, these vaccines are coming. We need to have many, many more production spaces for these vaccines than [00:11:00] currently, because it's actually very limited number of producers and that would have really opened up the supplier that isn't there at the moment.

[00:11:07] We kind of hostage to the limited capacity of producers. And that would have been really quite, uh, foresightful .

[00:11:14] **Kentse Radebe:** [00:11:14] Leslie i want to lead into what you were speaking about, about being reactive and having foresight. And I think, you know, having closed off 2020, one of the things that we've realized is that the pandemic has also opened up a lot of opportunity to, you know, bring about change in our institutions and our organizations and to seed new ideas.

[00:11:31] And that's really what we also wanted to talk to you about is around the formation of C19 and the coalition that developed out of that. And, um, I was hoping that you could paint a picture for us. What brought all the organizations that are under the umbrella together. How did that story start?

[00:11:48] **Leslie London:** [00:11:48] So, you know, I obviously can't speak for C19 , but I've been part of it since it started. Um, and I read it was, you know, this epidemic arrived and [00:12:00] it was a terrain which was competing new for people because, you know, we've campaign for the health system reform, uh, people in the social security space had campaign for less austerity. But this was just all encompassing because it affected every sector.

[00:12:17] Um, and so as a very spontaneous kind of amalgam of people started with a, I think, a tiny activity at the Center for, uh, Activism, right. The Bertha center. right. And that sort of spontaneously led to this quite substantial growth to the point that there were multiple working groups in different sectors.

[00:12:36] So I'm active in the health working group. It's a kind of spontaneous self-organization and I think the working groups have been very effective and in the health setting, we've seen quite incredible work done in relation to supporting community health workers, to monitoring. Um, it sort of parallels the work of the CANS, the.

[00:12:57] Community Action Networks, which have been sort of spontaneous [00:13:00] self-organizing and responses where basically people say, well, you know, if government's not doing it, we going to do it and they do it. But the extent they're allowed to by government, it's another point. Um, I was just on a conference with someone from the CANS, presented some of the work of the CANS and the mental comment that actually, even though the senior leadership in government were interested in supporting this. They just couldn't find ways or mechanisms to support the CANS, to enable them to, to add value when they clearly could. And I've seen that a lot, you know, people understand conceptually that it's important, but some other systems that let ordinary citizen creativity kind of get there.

[00:13:43] And the same will apply with vaccine hesitancy and vaccine take-up we really do need to give. Yeah, ordinary people that opportunity and the systems and the support to be able to make sure that the rollout works.

[00:13:58] **Kentse Radebe:** [00:13:58] Katusha, I almost want to bring you in [00:14:00] here because as I'm hearing Leslie speak about, you know, giving people support creativity, I know that you've done a lot of work around facilitating and I suppose opening up opportunity for people to think about innovation in, in various institutions.

[00:14:12] And you've done a lot of work on the continent, supporting organizations in the health space to think about innovation differently. And I'm wondering as you're hearing, you know, Leslie speak about the community action network C 19. What do you think are some of the elements in the system that have really sort of come together to make the moment possible for groups like this to actually emerge? Obviously acknowledging that in South Africa, the civil society space has always been a very active space, but particularly around these organizations.

[00:14:40] **Katusha de Villers :** [00:14:40] That's a great point. And. I think as Leslie was saying, this is the health system is historically being designed to be reactive, right. And it's not being designed to necessarily reach out to people. And in many ways, COVID 19. Is this generational opportunity for [00:15:00] us to address these existing gaps? Not only in our health system has shown that.

[00:15:04] All health systems across the world have these gaps and social protection and social inequalities health workforce issues. So in effect the most sophisticated all the way down to the, to the least resourced. But so in a way, this is like a real blue burning platform for creativity and innovation and showing unequivocally how interconnected health is and all facets of our life.

[00:15:30] So. I think this is an opportunity. And, and many of the organizations I've worked with in Africa have also kind of recognize this a little bit in turning, to. How do we create healthy communities? Um, how do we invest in that? As opposed to a reactive health system that responds to a virus or a disease or an injury, you know, countries and regions by the

health systems are more reliant on community health and [00:16:00] stronger primary care systems have been shown to be way more agile in responding to the pandemic.

[00:16:06] So. So how can these lessons be included? As we're thinking about restoring our communities looking forward to building our health system in a more community focused way. So I think that's really exciting.

[00:16:19] I like what you're saying, Katusha around the lessons that we take from this and Leslie, I almost want to bring you in, but particularly thinking about your work with the People's Health Movement and just thinking about what you've been advocating for around global health and thinking that before, you know, the pandemic sort of arrived in South Africa, we were thinking about the NHI. We were debating, you know, that those conversations on access to health for everyone. I mean, and we know that the impact of the pandemic has meant that HIV, mental health, TB, all these other issues that are really big issues in our country, I've almost taken a backseat in our health system, as the pandemic has come full force front and center.

[00:16:56] And I guess for an individual like yourself, who's involved in the advocacy [00:17:00] within our health system. What do you think are the lessons that we then pull out once we start sort of taking that full, big picture view?

[00:17:07] **Leslie London:** [00:17:07] You're completely right, because, um, we have to be able to sort of reboot or restart with a different kind of trajectory.

[00:17:16] Uh, and I see a lot of discussion about putting the economy back on check. Well, you know, before COVID we had one of the best. We had the most equal economy in the world. Do we really want to go back to being the most equal society in the world? We don't really want to go back to something that's a bit better than that.

[00:17:34] And I think part of the way to do that is that there's a greater voice for the community. In decisions. So, um, we have actually by law, for example, uh, in the health system, we have mandated by legislation, every health facility or every hospital every clinic has meant to have a clinic committee, which has meant to be the voice of the community in relation to the health service.

[00:17:58] So conveying the [00:18:00] needs of the community, to the service and conveying issues and that information from the health services to the community in a sort of mutually constructed way. Uh, that's been in existence for 17 years. And we still don't have functional committees. So where our head of health is, you know, you need to do social distancing.

[00:18:22] We need all these measures in place. The only way that's going to work is if the community actually does it themselves, they organize it themselves. But we don't make the link to the CANS, to these health committees, to these community structures and that's, and that's what we need to do when we sort of reboot.

[00:18:38] We need to have a system which is responsive to communities. And is able to, to respond. Secondly, uh, you mentioned the NHI National Health Insurance is about stewarding the entire health system, not just, you know, the public sector there in the private sector. Then I will buy some services from GPS here from specialists there.

[00:18:59] That's not what [00:19:00] it's meant to be. It's meant to be. We have the population health at heart, including the migrants. And we plan a system that addresses everybody. And how we get to this is we can pick and choose and pay for it. That's part of the insurance side. Um, but we didn't actually see that with COVID really, we saw the private sector sort of pulling into some extent, but we had no kind of coherent stewardship of the private sector.

[00:19:27] Uh, so in the first wave, the private sector was under utilized and the second wave of private sector was overrun. Um, but now with the vaccine, it's actually quite interesting. There is a court application by Solidarity and Afriforum to say that they went to procure a vaccine independently and have independence in who gets the vaccine and that the part of the government as saying, no, the point being that you need one system, you can't have like multiple systems doing things because that's just the seed of [00:20:00] inequality.

[00:20:00] That's our public private divide that we've suffered from for so long. So if we learn from it, well, that will be good. And hopefully, you know, when you start, we'll have thinking about how to make things less than equal going forward, because any inequality is bad for all of us. Actually the inequality in health systems is the biggest predictor or one of the big predictors of poor health.

[00:20:23] It's not just lack of resources and even distribution. So we should be concerned about that and having systems which are listening.

[00:20:30] Leslie, thanks for

[00:20:31] **Kentse Radebe:** [00:20:31] preempting. My question about the role of the private sector. Cause, cause that's where I wanted to bring you inKatushaa cause in, in the article that you wrote in the Daily Maverick, you speak a bit about the role of the private sector during this period and in the procurement of the vaccine and the rollout.

[00:20:45] And I guess I wanted for you maybe to unpack for us, where do you think the private sector should intervene in the system. And maybe more specifically around what are the leverage points that make the most sense where the private sector can intervene, where we don't have what Leslie was speaking [00:21:00] about, where we have two kinds of health systems that service different populations.

[00:21:04] **Katusha de Villers :** [00:21:04] So I think there's not a question that the private sector has to be involved in this. I mean, clearly that's the only way this is going to be successful. In least part, because we have limited sources to fund that rollout. You know, we might need to increase taxes, we might need to borrow, but this will obviously raise our policy challenges.

[00:21:24] So private sector could, this is an opportunity for private sector to step up, you know, in 2020 alone, our GDP apparently shrank by more than 275 billion run due to the pandemic. And. So this is the coffers are running dry and although government is the channel to acquire the vaccines, I think private sector can participate in funding.

[00:21:47] Some of those costs. And I think maybe helping with the distribution and administration, maybe they could ensure a cross subsidy of the, of the public burden. That's one potential solution that I've seen. [00:22:00] They could also, you know, medical schemes

can also be called on to cross-subsidize the purchasing and distribution and administration of the vaccine.

[00:22:08] So I think where the private sector can, that burden can be alleviated. And that is where private sector can be incredibly helpful. I think.

[00:22:20] **Kentse Radebe:** [00:22:20] Thanks. Katusha and I think both what came out in both of your answers, um, Leslie and Katusha is this piece about collaboration. And I think for me, what's been really, um, fascinating.

[00:22:30] Leslie is to watch across South Africa and globally the way that the pandemic has created the opportunities for, for collaboration. And I guess. What I was curious about, and what I'm interested in is that particularly in Cape Town where we're located and in South Africa, we've seen, you know, Community Action Networks.

[00:22:46] we've seen other NGOs, the section 27th, all coming together. Sometimes there's overlap sometimes there isn't, but I guess. I wanted to ask what has made it easier for you and the organizations that are involved in the space to be able to [00:23:00] pull in the same direction, but when has also made it hard, because I don't think that's some of the conversations that we're having around. What makes it hard to, to advocate, to organize when you have so many voices in the space or do we even have enough voices?

[00:23:13] **Leslie London:** [00:23:13] Well, that's, that's a difficult question to how do I answer that? So, you know, They are, there are broad issues that people agree on. And then there are specific issues that people will not.

[00:23:25] If we are saying, let me give you an example. We were having a discussion about, well, Let's ask the Medical Association. The Medical Association is a very broad organization, consists of private sector doctors, public sector doctors. It has a history way back into Apartheid as the Sama, the medical or the Medical Association of South Africa, which. So, so people are a little bit suspicious of the medical authorities. But of course, you know, if they, if they're support equitable access to the vaccines, then there's a place for them and their campaign. But there might be [00:24:00] certain things which they don't want to support, which is for example, the questions of intellectual property, uh, and challenging the stranglehold of pharmaceuticals and biotechnology companies over the intellectual property, which may act as a hindrance.

[00:24:14] So th there are many reasons why these alliances work with that quick. And I think, uh, it's also a very frantic moment now. I think a lot of the, the difficulties arise because it's, there's just so much pressure to, uh, or, you know, protest to the American Embassy because they uprising the waiver and then next week it's something else.

[00:24:37] So, uh, it's, it's just in the nature of activism. Um, I'm not sure that there's any particular answer to what makes it easy or difficult. It's just a very pressured environment at the moment.

[00:24:51] **Kentse Radebe:** [00:24:51] Katusha and maybe some of your experience might have some lessons for us here. I'm just thinking about the work that you did with, with SIHI and some of the lessons that you took out around [00:25:00] organizations, you know, working together and reflecting on what Leslie has just said.

[00:25:04] What sort of sticks out to you about what you learned there and with that project?

[00:25:09] **Katusha de Villers** : [00:25:09] So SIHI, uh, the Social Innovation and Health Initiative is something that the, both the center has been involved in for many years. And it is an, a coalition, I suppose, of innovation centers based at academic institutions across the global South here in Africa.

[00:25:28] It's South Africa, it's Malawian, Uganda, and Rwanda. Um, and it's been an opportunity for us. To work together to learn from one another specifically, we're working on a project with the World Health Organization. That's being headed up by the SIHI hub and at the university of Manila and the Philippines around community engagement package, you know, trying to better understand how countries and communities have responded to public health crises in the past and how we can learn from that and apply it [00:26:00] to COVID-19.

[00:26:01] And then of course, looking forward to the next public health crises. So I think as painful as COVID 19 has been in many ways, it's brought health back. As a, as a real issue for people it's not health that happens to someone else or health that happens in a hospital it's health that happens to you.

[00:26:20] You're seeing it happen to your neighbor. You're seeing that happen to your family member. We've all had to stay at home. I think it's the first time in many of our lives where we've all been so profoundly aware of what it is to be healthy. So, so now we're sitting with this very. Deeply aware public and how can not only individuals, but also organizations like the Social Innovation and Health Initiative or the many community health focused organizations, ministries of health.

[00:26:48] How can there be a role for all of us to kind of shape in what comes next? So I think that's been really interesting, not only to see it on a C19 coalition [00:27:00] perspective, but also seeing it from the SIHI perspective as well. You know, everybody's kind of coalescing around the same issues.

[00:27:08] **Kentse Radebe**: [00:27:08] And Katusha, I liked how you spoke about the community engagement piece, because I want to bring us back to where we're currently at right now in South Africa with the rollout of the vaccine and thinking about how government is engaging with the community.

[00:27:21] And I think what's been interesting during this period is that. A lot of the information out there is around trust the science, you know, it's, it's safe, you can take it, but we're seeing that out there. People unnecessarily hearing that there's a lot of information. There's a lot of misinformation.

[00:27:35] There's a lot of fake news. I mean, we know WhatsApp and Facebook. These are platforms that individuals are sharing this information on. And I guess the question that I wanted to ask from you, Leslie, is we've been through this process, you know, in the early two thousands around HIV and AIDS and the government, you know, we eventually got it right with civil society around communicating.

[00:27:54] With the public really effectively. And I'm wondering what are the lessons we can pull from that period with what is [00:28:00] happening today?

[00:28:01] **Leslie London:** [00:28:01] So I think that's very important. Um, you know, the, the Treatment Access Movement in South Africa and globally succeeded because of two things, firstly, it was a lot of social mobilization and secondly, people were informed.

[00:28:16] So every activists, every TAC activist who went on a March, knew something about a CD four count and what it meant. And they knew something about the science, uh, and there might've been expert actually about the science more than many people. Uh, and that was because of an investment that TAC and other organizations put into training to building people's capacity and understanding.

[00:28:35] And I think that is one lesson we have to take now. Um, the People's Health Movement is working with the other organization to do that in communities right now with, um, uh, training of trainer workshops, uh, setting up community monitors to feedback, information around vaccine denialism. Um, that's going to be a huge task.

[00:28:55] **Kentse Radebe:** [00:28:55] So, so we've, we've reached, nearly reached the end of our podcast [00:29:00] conversation for today. And I almost want to acknowledge how this is an ever evolving, you know, situation by the time this podcast has been shared publicly so much would have probably changed. I mean, even now, When we know that the Johnson and Johnson vaccine has arrived in South Africa, you know, there's conversations about when will the rollout kick off, who's going to have access to it.

[00:29:19] Will the private sector also play a role in the rollout. And I guess in closing, I'd like some of your reflections Katusha and Leslie the around now that we do have the Johnson and Johnson vaccine, how different. Do you think the rollout and the public engagement will be compared to when we initially started talking about the vaccine, you know, thinking about all the pieces that we've been talking about in this episode, Leslie I'll start with you

[00:29:46] **Leslie London:** [00:29:46] so we have the Johnson and Johnson vaccine arriving, but it's not coming in a big bollus. So we still facing the hard choices of who gets it first. And how do we organize that? I think when we were still preoccupied with AstraZeneca, [00:30:00] we hadn't actually come to that kind of impasse, but at least in the Western Cape, I know there were discussions about if we don't get enough to vaccinate people twice who could be going to vaccinate twice in the next vaccinate everyone once and then hope for the best.

[00:30:14] Um, and so there began a discussion about the prioritization. And it became really clear that we have to have that discussion in a transparent way. So there has to be a, some sort of participative, consultative process. And I would hope that the, for Johnson and Johnson, we don't make the same mistake. It's an plough ahead and let the experts decide who you're going to get it because there will always be dissatisfaction.

[00:30:37] If you went to bulk trust in the program, we have to be more open and transparent about it. Um, the science will change, you know, who knows. Maybe new studies will discover that the Johnson and Johnson isn't exercise effective against the variant or is better, or, um, you know, if you've been infected before you don't need to be vaccinated, we don't know a lot of things.

[00:30:57] Uh, so we have to be [00:31:00] flexible as well. That's the point of view you have to be able to, uh, what's the jargon pivot. So we were all like heading down the Astrazenica

next time we'll be heading down the Pfizer route or something else. And of course on top of that, or we can't forget the basic functions. We can't forget the basic need for preventive measures with COVID.

[00:31:19] And we can't forget the diabetics, you know, pregnant women who needs to deliver the babies, the kids that need their vaccinations. People need to be healthy. Kids need to learn that such, et cetera. So it's a big ask, but you know, you can't do otherwise.

[00:31:33] **Katusha de Villers :** [00:31:33] Yeah, no, I think, I think Leslie said it beautifully. I think transparency. I think the worst thing that could happen is, is people get confused. You know, they, you know, first they said it was going to be Moderna. Now they're saying it's going to be this and blah, blah, blah. What is it going to be? Okay. So now I just don't trust anything. So, um, there needs to be, um, way more transparency.

[00:31:57] And I think, um, also just to [00:32:00] echo what Leslie was saying now is not the time to stop wearing our masks or to stop washing our hands or to stop social distancing. So, um, you know, even when the vaccine does come, we still have that obligation to our ourselves and our fellow citizens to, um, maintain those preventative measures.

[00:32:18] **Kentse Radebe:** [00:32:18] Leslie, Katisha thank you for joining us on the podcast. It was wonderful to chat with you. We decided to ask a few people in our network, how they have experienced the vaccine rollout around the world. Here's what they had to say.

[00:32:32] **Voicenote:** [00:32:32] I'm currently living in Germany and the country has faced quite a few challenges with the roll out of the vaccine over here. Things such as the slow approval process by the EU and the manufacturing capacities that cannot meet the demand. We are behind other countries with only about 3% of our population having received a first dose. But the number of vaccinations being administered are increasing daily and our government is still promising the [00:33:00] possibility of everyone having the option to receive the vaccine.

[00:33:03] By the end of the European summer, it's looking positive. And what's great. The vaccines actually rolling as many have already been vaccinated and yes, there are a few small delays, but it's still rolling and really happy to see friends and families are getting their loved ones, vaccinated and protected.

[00:33:19] I wish this was the case in South Africa for my family, as this means I won't be able to see them for another year, possibly. Vaccine rollout. What vaccine. So, you know, my ... , I do work with, um, um, young women in Gauteng. I think and in the Eastern Cape, but I think the conversations about vaccines have hit them with young women here, um, in Gauteng?

[00:33:47] So my experience is that, although, um, that they've heard about the vaccines in, or from media, there's still a high level of mistrust, [00:34:00] um, about your vaccine.

[00:34:03] **Kentse Radebe:** [00:34:03] Perhaps governments are missing crucial opportunities when they fail to engage and collaborate with people on the ground. People who live in work in some of the most vulnerable communities. Surely there's more that can be done to optimize what we have in terms of education about, and the rollout, all the COVID-19 vaccine in our positive outlook segment, Simnikiwe Xanga speaks to Phumza Matwele who is working in Khayelitsha and who shares her insights on community health.

[00:34:30] **Simnikiwe Xanga:** [00:34:30] Hi there. This is Simnikiwe Xanga. And today we excited to be talking to a graduate of the Raymond Ackerman Academy of entrepreneurial development. Phumza Matwele. Phumza is the founder of Eunimike Trading and owner of two Shap' Left medstores, the sole over the counter pharmacy and the health care center in Khayelitsha the Western Cape. Living and working in Khayelitsha Cape Town's biggest township, especially during this time.

[00:34:58] Phumza will be sharing [00:35:00] some interesting insights regarding the vaccine and the perception of it in a community like Khayelitsha. Welcome Phumza. we are honored to have you on the jets for a change podcast today. So Phumza, where did it all start? Could you tell us what was the challenge? And what solutions you envisioned to meet the challenge in your community?

[00:35:21] **Phumza Matwele:** [00:35:21] It all started at the Raymond Ackerman Academy, the School of Entrepreneurial Development, which is, was 2015. I started a, which is by January is six months. Cause I finished by June where we graduated. After I completed my studies with the Academy, through the collaboration of Cipla and Raymond Ackerman Academy. Some group of the Academy of about, uh, we're about like eight people, which is where student Academy was, where we were graduated there with set up, to look into the [00:36:00] challenges in the local communities where it happened for me to be the one of the eight student, which is what graduated in that Raymond Ackerman Academy

[00:36:10] uh, then the idea came to us. It came to us. Of setting up mini clinics and the medication shop in the local communities where people can access basic medication and first Aid services. But the dream was materialized through Raymond Ackerman Academy and Cipla Foundation.

[00:36:33] **Simnikiwe Xanga:** [00:36:33] Thank you, Phumza. We interested to know what Shap' Left does. How does it meet a need in the community?

[00:36:41] **Phumza Matwele:** [00:36:41] Shap' Left med store. We sell over the counter medication, which is as, uh, uh, like, um, arthritis and diabetics a high blood, all those range. We do give a first aid services, which is if you have minor injuries, [00:37:00] which is we do give, and we do, um, body scan, which is.

[00:37:05] Also, we give that service also, it gave us opportunity to our clients, which is, it helps also for people as people that did the scan. Also, they give reference to others. Most of the customer when they come far places.

[00:37:20] **Simnikiwe Xanga:** [00:37:20] Thank you. it sounds like, um, you've actually touched on something that's very important and that your approach to this business has been more a patient centered approach and it has the community in mind. Do you think there are more possibilities for the government to partner with healthcare providers working on the ground in communities, specifically in the education and rollout of the COVID 19 vaccine?

[00:37:47] **Phumza Matwele:** [00:37:47] Yes. With things, but not really. Uh, because that. One, it will really depend on the government plan to do so, which is no individual [00:38:00] can decide on that.

[00:38:01] But as Shap' Left also, we will really appreciate also to work with government because it's not something common. As a small businesses to work with government, we really appreciate because we're working on medication and also we face all these challenges all this pandemic, our clients, they do come because they are having this challenge, the heat outside everybody.

[00:38:26] But you can help us to teach our people about this, the COVID-19 vaccine, because some people, they never understand that this vaccine story, so we'll work with government. Also, it can be opportunity for Shap' Left Med store.

[00:38:42] **Simnikiwe Xanga:** [00:38:42] Indeed. And also what you highlighted is the, is access and partnering up with people that are already doing this work on a bigger scale. And with that in mind, quality health care is something many will take for granted, but it is not [00:39:00] something easily available in some communities, as we know. Um, how have you ensured that you deliver quality health care on a consistent basis?

[00:39:10] **Phumza Matwele :** [00:39:10] We have a brand to maintain, and that is our quality service because we always make sure our clients get what they need. That's what we always make. Sure. And also always make sure where we get our product, it is a well-known branches, which is our supply. Also, we are always carefully, which, where we're buying our medication so that our clients also, they can see that what we're selling also get, they can get it like. In malls in towns, not like we sell something like they cannot find where maybe they are.

[00:39:52] **Simnikiwe Xanga:** [00:39:52] Could you, could you share with us more on the trust during the, especially when medication is introduced in [00:40:00] communities and as a member of the community, how have you built that trust over time and being the one that's administering all this medication, how have people taking up on trusting you as a provider and their service provider within a community setting?

[00:40:20] **Phumza Matwele :** [00:40:20] Yes. It was a challenge from the beginning when we started Shap' Left med store. But as time goes on, we learn a lot through our clients and through all we have to learn about the medication that we buy and what we give to the clients. That is why we always need to be close to the clients. Before we give any medication, anything we have to inquire and ask more question before we give the client the medication.

[00:40:47] **Simnikiwe Xanga:** [00:40:47] Phumza, we've spoken a lot around access and community setting. Um, and with the vaccine, what value would you think you'd have an input in? [00:41:00] How would you like to be of support in terms of the roll out of the vaccine or, uh, in the position that you're in as a healthcare, um, as supporting your community, what value do you think you would bring at this moment that we end.

[00:41:16] **Phumza Matwele :** [00:41:16] Hey Shap' Left med store. Yes. We really appreciate as a small business who can have opportunity to work with government. One is I said before our people, they need more education about COVID-19 vaccine, which is also can change their mindset, which is a Shap' Left can be happy to deliver the vaccine to our people, which is our people they can appreciate as for government or if he can work with us, government can support us to within nurse, which is a nurse that having a dispensing license and there's that qualifies to do all the process because as we do have a nurse, but our nurse, she was [00:42:00] working in hospital full-time, which is, it might be difficult for her. Also we'll

appreciate the government. If we can have that collaboration with the government. And also we collaborate with the community.

[00:42:13] Shap' Left can give a vaccine, which is a vaccine, a vaccine can be free, which is they're not going to pay, which is people then get, they can get it closely where they will not go queue to the clinic or go queue to another health facilities. Because some people they'll complain, but no, I don't have money to take taxi to go to the clinic. That's why I couldn't get the vaccine, but also if they can have the vaccine around with, they can just walk in and have it. We can have someone that is educated more than us, about the COVID-19, which can give more value to our people.

[00:42:50] **Simnikiwe Xanga:** [00:42:50] Thank you. That you've shared some amazing insights. And, um, from what I gather from you really support from, uh, government [00:43:00] or expertise, when it comes to information, uh, would really benefit you, um, so that you can give that service to, um, to the community that you serve

[00:43:13] **Kentse Radebe:** [00:43:13] Ultimately so Africa's success or failure in terms of the vaccine rollout. It's not a country issue in their scramble to vaccinate their own populations. Wealthier countries are missing an obvious lesson in how systems work. Everything is interconnected. As the pandemic has shown us all too clearly, a failure to ensure that all the world is safely vaccinated will ultimately come back to haunt all nations. The longer the virus is allowed to spread unchecked, the greater, the chances of mutations that could render the vaccines we do have less effective. Get involved with the birther centers, drying for people's vaccine. Find out what needs to be done to have the COVID-19 vaccine declared a public good for more information, click on the link in the show notes.

[00:43:59] Thank you for [00:44:00] tuning in to, just for a change powered by the Bertha Center for Social Innovation and Entrepreneurship. The podcast where we offer new perspectives on social innovation and social justice.

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