S1 Ep.9 Covid-19 vaccination: the social justice issue of our time

[00:00:00] **Kentse Radebe:** [00:00:00] Welcome to the, just for a change podcast, powered by the birth, the center for social innova>on and entrepreneurship. First off, what you need to know about us is that thinking differently and innova>vely about solving big social issues is what makes us >ck. We love offering new perspec>ves on social innova>on and social jus>ce.

[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 na>ons in the global North, like Canada, uh, buying a vaccine [00:01:00] doses to vaccinate their popula>ons up to five >mes over while others like South Africa are having to pay almost two and a half >mes more for vaccines. This disparity has led organiza>ons like Amnesty Interna>onal frontline AIDS, global jus>ce 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 beYer access to vaccines and for pharmaceu>cal corpora>ons 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 situa>on is all too familiar.

[00:01:40] Perhaps you can remember that it took South Africa six years to put in place an>retroviral treatment for HIV AIDS pa>ents while thousands needlessly died. This mirrored a global struggle to improve treatment for HIV AIDS pa>ents. The UNH program coordinator in board heard recently how communi>es engaged with global health authori>es 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-effec>ve an>retrovirals and brought down the cost of medica>on 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 authori>es 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 pharmaceu>cal 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 conversa>on has certainly differed from place to place.

[00:02:47] In many parts of the world, o`en due to misinforma>on by social and tradi>onal media channels, the conversa>on 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 conversa>on 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 jus>ce without equitable access to vaccines and cri>cal treatment and the best way to get the ball rolling is through collabora>on.

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

[00:03:49] In addi>on to the C 19 peoples coali>on and emerging civil society seeking to ensure that South Africa's response to the COVID 19 crisis is one that is rooted in social jus>ce and [00:04:00] democra>c principles. The C 19 peoples coali>on priori>zes 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 coali>on includes community structures, trade unions, faith-based organiza>on, informal workers, organiza>ons, civics, social movements, rural groups, na>onal 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 organiza>ons.

[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 Innova>on 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 >me we're actually having you in front of the mic. So it was really looking forward to the conversa>on 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 conversa>on, the access conversa>on. And I guess where I wanted to start this conversa>on is that amidst all of this informa>on that is around us.

[00:05:31] What's gefng lost in the noise? What are we not hearing in the news bulle>ns 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 presiden>al announcement to one ministerial press conference, things changed and the situa>on 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 plahorm set ups. through. Um, The accelerator through WHO Garvey was meant to be the solu>on for low middle income countries. Uh, South

Africa has completely bypassed Covax essen>ally 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 gefng. 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 situa>on globally is very complex and quite iniquitous. And I think the call for technology transfer to developing countries is to enable produc>on [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 wriYen an op ed about this and the importance of thinking about equity, par>cularly for countries in the global South. What do you think is not being acknowledged in the conversa>on 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 interes>ng for us to think about is the role of South Africa sort of prac>cal obliga>ons to our sister countries in Africa. Um, you know, we have millions of ci>zens entering and exi>ng our borders, every yard and a vaccina>on that's only focused on South Africans is it's really going to be less than effec>ve, not only in protec>ng our country, but also in protec>ng 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 informa>on, um, and not looking a`er, um, ci>zens. Um, so I think that's an interes>ng sort of area to think about, not necessarily that we have the obliga>on 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. Ka>sha and I think reflec>ng on both what you and Leslie are speaking about, and Leslie, I want to join a liYle 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 con>nent.

[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 liYle bit green, but the rest of the con>nent s>ll 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] con>nent, 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 ins>tu>ons, other forms of advocacy?

[00:09:11] **Leslie London:** [00:09:11] Well, I mean, it's very interes>ng that, you know, South Africa actually was the leader proposing a way that the world trade organiza>on 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 Eswa>ni, um, many other countries, uh, and being resisted byclearly the countries of the North who have big, uh, biotechnology industries.

[00:09:42] Um, but at the same >me we saw South Africa being quite vaccine na>onalist, you know, basically. When, uh, the poli>cal pressure was on South Africa, went out there and nego>ated those bilateral deals. And now we have somewhere between 30 and $40 million. It's not en>rely clear, [00:10:00] um, far ahead of any other African country.

[00:10:02] And you can understand why a poli>cal leader has to respond to their own cons>tuency, 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 ac>ve.

[00:10:20] Um, and we should be providing that sort of leadership. I mean, we have a public private, um, biotechnology Ins>tute 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 >me 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 produc>on spaces for these vaccines then [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, foresighhul .

[00:11:14] **Kentse Radebe:** [00:11:14] Leslie i want to lead into what you were speaking about, about being reac>ve 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 ins>tu>ons and our organiza>ons and to seed new ideas.

[00:11:31] And that's really what we also wanted to talk to you about is around the forma>on of C19 and the coali>on that developed out of that. And, um, I was hoping that you could paint a picture for us. What brought all the organiza>ons 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 compe>ng 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 >ny ac>vity at the Center for, uh, Ac>vism, right. The Bertha center. right. And that sort of spontaneously led to this quite substan>al growth to the point that there were mul>ple working groups in different sectors.

[00:12:36] So I'm ac>ve in the health working group. It's a kind of spontaneous self-organiza>on and I think the working groups have been very effec>ve and in the health sefng, we've seen quite incredible work done in rela>on to suppor>ng community health workers, to monitoring. Um, it sort of parallels the work of the CANS, the.

[00:12:57] Community Ac>on 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 suppor>ng 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 ci>zen crea>vity 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 crea>vity, I know that you've done a lot of work around facilita>ng and I suppose opening up opportunity for people to think about innova>on in, in various ins>tu>ons.

[00:14:12] And you've done a lot of work on the con>nent, suppor>ng organiza>ons in the health space to think about innova>on differently. And I'm wondering as you're hearing, you know, Leslie speak about the community ac>on 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 ac>ve space, but par>cularly around these organiza>ons.

[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 reac>ve, right. And it's not being designed to necessarily reach out to people. And in many ways, COVID 19. Is this genera>onal opportunity for [00:15:00] us to address these exis>ng gaps? Not only in our health system has shown that.

[00:15:04] All health systems across the world have these gaps and social protec>on and social inequali>es health workforce issues. So in effect the most sophis>cated all the way down to the, to the least resourced. But so in a way, this is like a real blue burning plahorm for crea>vity and innova>on 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 organiza>ons I've worked with in Africa have also kind of recognize this a liYle bit in turning, to. How do we create healthy communi>es? Um, how do we invest in that? As opposed to a reac>ve 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 communi>es looking forward to building our health system in a more community focused way. So I think that's really exci>ng.

[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 par>cularly thinking about your work with the People's Health Movement and just thinking about what you've been advoca>ng 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 deba>ng, you know, that those conversa>ons 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 pufng 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 beYer 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 legisla>on, every health facility or every hospital every clinic has meant to have a clinic commiYee, which has meant to be the voice of the community in rela>on 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 informa>on 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 s>ll don't have func>onal commiYees. 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 commiYees, 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 communi>es. And is able to, to respond. Secondly, uh, you men>oned the NHI Na>onal Health Insurance is about stewarding the en>re 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 popula>on 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 u>lized and the second wave of private sector was overrun. Um, but now with the vaccine, it's actually quite interes>ng. There is a court applica>on 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 mul>ple 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 distribu>on. 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] preemp>ng. My ques>on about the role of the private sector. Cause, cause that's where I wanted to bring you inKatushaa cause in, in the ar>cle 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 popula>ons.

[00:21:04] **Katusha de Villers :** [00:21:04] So I think there's not a ques>on 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 par>cipate in funding.

[00:21:47] Some of those costs. And I think maybe helping with the distribu>on and administra>on, maybe they could ensure a cross subsidy of the, of the public burden. That's one poten>al solu>on 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 distribu>on and administra>on 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 collabora>on. And I think for me, what's been really, um, fascina>ng.

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

[00:22:46] we've seen other NGOs, the sec>on 27th, all coming together. Some>mes there's overlap some>mes there isn't, but I guess. I wanted to ask what has made it easier for you and the organiza>ons that are involved in the space to be able to [00:23:00] pull in the same direc>on, but when has also made it hard, because I don't think that's some of the conversa>ons 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 ques>on 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 Associa>on. The Medical Associa>on is a very broad organiza>on, consists of private sector doctors, public sector doctors. It has a history way back into Apartheid as the Sama, the medical or the Medical Associa>on of South Africa, which. So, so people are a liYle bit suspicious of the medical authori>es. 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 ques>ons of intellectual property, uh, and challenging the stranglehold of pharmaceu>cals 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 fran>c moment now. I think a lot of the, the difficul>es 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 ac>vism. Um, I'm not sure that there's any par>cular 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] organiza>ons, you know, working together and reflec>ng on what Leslie has just said.

[00:25:04] What sort of s>cks 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 Innova>on and Health Ini>a>ve is something that the, both the center has been involved in for many years. And it is an, a coali>on, I suppose, of innova>on centers based at academic ins>tu>ons 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 Organiza>on. 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 beYer understand how countries and communi>es 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 >me 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 sifng with this very. Deeply aware public and how can not only individuals, but also organiza>ons like the Social Innova>on and Health Ini>a>ve or the many community health focused organiza>ons, 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 interes>ng, not only to see it on a C19 coali>on [00:27:00] perspec>ve, but also seeing it from the SIHI perspec>ve 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 interes>ng during this period is that. A lot of the informa>on 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 informa>on. There's a lot of misinforma>on.

[00:27:35] There's a lot of fake news. I mean, we know WhatsApp and Facebook. These are plahorms that individuals are sharing this informa>on on. And I guess the ques>on 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 communica>ng.

[00:27:54] With the public really effec>vely. 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 mobiliza>on and secondly, people were informed.

[00:28:16] So every ac>vists, every TAC ac>vist 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 organiza>ons 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 organiza>on to do that in communi>es right now with, um, uh, training of trainer workshops, uh, sefng up community monitors to feedback, informa>on 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] conversa>on for today. And I almost want to acknowledge how this is an ever evolving, you know, situa>on by the >me 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 conversa>ons 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 reflec>ons 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 ini>ally 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 s>ll facing the hard choices of who gets it first. And how do we organize that? I think when we were s>ll 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 priori>za>on. 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 par>cipa>ve, consulta>ve 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 dissa>sfac>on.

[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 effec>ve against the variant or is beYer, 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 >me 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 func>ons. We can't forget the basic need for preven>ve measures with COVID.

[00:31:19] And we can't forget the diabe>cs, you know, pregnant women who needs to deliver the babies, the kids that need their vaccina>ons. 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 beau>fully. 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 Maderna. 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 >me 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 s>ll have that obliga>on to our ourselves and our fellow ci>zens to, um, maintain those preventa>ve measures.

[00:32:18] **Kentse Radebe:** [00:32:18] Leslie, Ka>sha 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 capaci>es that cannot meet the demand. We are behind other countries with only about 3% of our popula>on having received a first dose. But the number of vaccina>ons being administered are increasing daily and our government is s>ll promising the [00:33:00] possibility of everyone having the op>on to receive the vaccine.

[00:33:03] By the end of the European summer, it's looking posi>ve. 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 s>ll rolling and really happy to see friends and families are gefng 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 conversa>ons 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 s>ll 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 opportuni>es when they fail to engage and collaborate with people on the ground. People who live in work in some of the most vulnerable communi>es. Surely there's more that can be done to op>mize what we have in terms of educa>on about, and the rollout, all the COVID-19 vaccine in our posi>ve 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' Le` 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 >me.

[00:34:58] Phumza will be sharing [00:35:00] some interes>ng insights regarding the vaccine and the percep>on 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 solu>ons 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. A`er I completed my studies with the Academy, through the collabora>on 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 communi>es 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 sefng up mini clinics and the medica>on shop in the local communi>es where people can access basic medica>on and first Aid services. But the dream was materialized through Raymond Ackerman Academy and Cipla Founda>on.

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

[00:36:41] **Phumza Matwele :** [00:36:41] Shap' Le` med store. We sell over the counter medica>on, which is as, uh, uh, like, um, arthri>s and diabe>cs 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 pa>ent centered approach and it has the community in mind. Do you think there are more possibili>es for the government to partner with healthcare providers working on the ground in communi>es, specifically in the educa>on 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' Le` 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 medica>on and also we face all these challengesall 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' Le` 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 communi>es, 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 medica>on 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 medica>on is introduced in [00:40:00] communi>es and as a member of the community, how have you built that trust over >me and being the one that's administering all this medica>on, how have people taking up on trus>ng you as a provider and their service provider within a community sefng?

[00:40:20] **Phumza Matwele :** [00:40:20] Yes. It was a challenge from the beginning when we started Shap' Le` med store. But as >me goes on, we learn a lot through our clients and through all we have to learn about the medica>on 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 medica>on, anything we have to inquire and ask more ques>on before we give the client the medica>on.

[00:40:47] **Simnikiwe Xanga:** [00:40:47] Phumza, we've spoken a lot around access and community sefng. 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 posi>on that you're in as a healthcare, um, as suppor>ng 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' Le` 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 educa>on about COVID-19 vaccine, which is also can change their mindset, which is a Shap' Le` 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->me, which is, it might be difficult for her. Also we'll

appreciate the government. If we can have that collabora>on with the government. And also we collaborate with the community.

[00:42:13] Shap' Le` 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 facili>es. 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 exper>se, when it comes to informa>on, 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] Ul>mately 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 popula>ons. 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 ul>mately come back to haunt all na>ons. The longer the virus is allowed to spread unchecked, the greater, the chances of muta>ons that could render the vaccines we do have less effec>ve. 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 informa>on, click on the link in the show notes.

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