

Wrappin' Our Flags Around Our Jobs?!

Ross Welcome to Renegade Inc. The trauma created by the pandemic has understandably meant we're all looking for rapid solutions to complex problems. Rich countries have bought up most of the supply of vaccines in a headlong rush to protect their own populations. But will this blinkered approach end up costing everyone much more, especially if we accept that the key to universal public health is access to medicine for all?

Ross Achal Prabhala, welcome to Renegade Inc.

Achal Prabhala Thank you.

Ross Achal, when we talk about one of the most contentious issues of our time, not so much the Covid pandemic, but the vaccination programme that has now followed it, we always specifically think about it in Western terms. And when you really think about that, it's nonsensical because unless a significant proportion of people are vaccinated, then the immunity to this thing is pretty much null and void. Why do you think we think about it in such tribal terms and West versus the rest?

Achal Prabhala It's an excellent question and there are a couple of ways in which we can unpack why we're thinking about it this way. The New York Times editorial board put out a piece a couple of days ago that said this is a global problem and it needs global solutions. And they called for taking vaccines from China and Russia or wherever else they're coming from, which is India or Cuba or Thailand or Iran seriously, because these vaccines are being developed outside the West and they have so far, some of them, have shown that they work. The problem, I think, is also that the Western vaccines, which we heard the most of in the last year, including I by the way, I work as a public health activist, and I think I do focus on the Western vaccines because that's all you heard when you opened up a newspaper or switch on your TV. The Western vaccines, unfortunately, were completely bought out by the same Western countries who funded them and created them. And so there was a perverse problem because the only vaccines that Western media for a very long time said worked and were worth taking, were also largely unavailable to anyone outside the West. And at the same time, whenever people wrote about vaccines outside the West, it was with derision, it was with a tone that implied, of course, these vaccines are second class or inferior or won't work. In general, we've become accustomed - and by the way, when I say 'we', I mean 'me' sitting here in India or people sitting in other places that I work in South Africa or Brazil - we've all become accustomed to the idea that the best science happens in the West. Now, one of the problems has been that over the last 20 years, the world has also gotten used to another idea, which is that India can make good copies of drugs, that you can have quality copies of, let's say, antiretrovirals for AIDS that come from India. But this still hasn't shifted the perception that original pharmaceuticals, like vaccines, could also come out of places other than the West. I think with Russia and China, unfortunately, there is a compounded problem. These are not Democratic states. These are states that are frequently justifiably accused of human rights violations. And this causes a quandary, I think, for a lot of people who work alongside me who wonder whether looking at the vaccines and taking them seriously when they come from Russia and China implies some kind of endorsement of the state.

Ross But there's raw data out there, significant data out there now, about the reliability of the Chinese and Russian vaccinations. What's your view on that data? Is it reliable, a) and b), does it start to level up a bit insofar as saying to the West well, actually, we, too, can fabricate these vaccines and they're effective?

Achal Prabhala The data on the two Chinese vaccines that I looked at most closely from Sinovac, which is a private company in China, Sinopharm, which is a state owned company, and Sputnik V, which is produced by the Gamaleya Institute and the Russian Sovereign Wealth Fund. The data are very, very good. The data has also been published in very prestigious medical journals from JAMA to The Lancet. But there's another thing that's going on with the Russian and Chinese vaccines, which I think should make us trust them even more. What they've done is that they have allowed other countries who are interested in using them to run their own trials. So the United Arab Emirates, for instance, ran its own trial on Sinopharm. Brazil, Turkey and Indonesia have run their own trials on the Sinovac vaccine. And RDIF are running huge trials in India at the moment, which the company that's running them, is in the process of reporting on the Sputnik vaccine. And so what it means is they're not saying, look, here's our data, take it, trust it. What they're saying is test it for yourself. We'll help you test it. We'll even help you set up manufacturing plants to make it yourself if you wish, which is what's happening with the Russians in India, in South Korea and in Kazakhstan. It's happening with the Chinese in just a range of countries from the UAE to Brazil to Turkey. They're really creating another model of cooperative production and validation, right? which means that sometimes you get different results because the protocols and the designs of the trials are different. So if you test a vaccine like they did in Brazil with Covid health care workers working in a Covid ward, taking care of patients who have been infected with the coronavirus, as opposed to what Pfizer and Moderna did, which are more generalised trials, you will probably come up with lower efficacy because you're dealing with people who have a very high risk of infection, right?

Ross Yes.

Achal Prabhala So this has confused people sometimes. And I think this is one of the dangers of looking at these double digit efficacy numbers and then doing some kind of direct comparison, because that's really not possible until you understand how the trials are designed and what the protocols were and what you're actually comparing, because often you're not comparing like to like.

Ross So when Professor Shabir Madhi says the reality is that the majority of the countries where 80 percent of the world's population live are going to have a very limited supply of vaccines, at least for 2021. As we sit here now, that really is the case, isn't it? If you understand that these vaccines can be produced for absolute pennies, if you like, then by making them available to everybody, it is possible - forgetting price points and profit for a second, making available to everybody, it is possible to a) make the world a safer place, but b) more importantly, spread soft power for a lot of these states who maybe don't have the profit motive right up there as the sort of driver of the business. Why isn't there a bit more vision around governmental types to say, actually, we should make this available, we should also make the ingredients available, the blueprint, if you like, therefore we can start leading the charge?

Achal Prabhala Look, this whole situation is very funny, right? The richest countries in the world, the US, the European Union and the UK, they've essentially paid a contractor to build a house for them. Then they've had to negotiate with the contractor for keys to be let into the house. And then they have to sort of pay a monthly rent to live in the house for which they then had to buy the key, right? So this is really what's happening. Now, the funny thing, though, is that taking off from your point, it's even worse than that. Let me just give you one example relating to the UK. Matt Hancock has been receiving congratulations around the world and in the UK for seemingly doing an excellent job of managing the UK's response to the pandemic, on two fronts: One, through the UK government's contributions to Western philanthropy, which I think in their view sort of absolves them of anything further. So the idea that hundreds of millions of pounds were donated to the COVAX facility sort of takes care of the problem as far as they're concerned. Though it doesn't take care of the problem in the least because the COVAX facility is stumbling and falling and barely managing to send out enough vaccines to cover one percent of what countries around the world need. They're also failing on another front, which I think is somewhat less well understood, which is yes, so we have 35 percent of the UK having received at least a single dose of a vaccine. We have plans in the United Kingdom for over the next 6 months or so to be able to reach close to 100 percent of the population. That's excellent. Now, the idea there was a really trite statement that was bandied around a lot at the beginning of the pandemic, which is that no one is safe until all of us are safe, right? It's true. But it was also said by people so disingenuously, by people who were at the same time as saying that, working actively on ways to restrict vaccine access to the rest of the world while coding as many supplies as they could. The more you allow the coronavirus to run rampant anywhere in the world, the more you allow mutants that perhaps require re-vaccination or booster shots or vaccines rejigged in order to address them which really does mean that the best way to protect the United Kingdom is to do your best to protect the rest of the world.

Ross When we think about the propaganda that is around this issue, which boils down to saying China, Russia vaccine bad, and then in the next breath, British manufacturers and government say actually Oxford vaccine, really good. When are we going to get beyond this petty mudslinging and nonsense and realise that we're better together and, ultimately, combining forces and resources and fighting this together is a far more productive way of going about things?

Achal Prabhala You know, this is really the question of our time. I remember this playing out with the generic drugs for AIDS, which came to the world in about 2000. I started working as an activist not soon after that. And one of the frequent criticisms hurled at people who were advocating for a greater use of these drugs was they're made in India they must be a terrible quality. Can we really afford to send those out to people in sub-Saharan Africa? Now, this is a common criticism. I've lived in India all my life. I work in South Africa and I grew up with many, many scientists from Russia and China. And I know for a fact of the quality of science education and scientific research in these countries. I do know as well, having lived in India, my father is a research engineer. We lived through a period of time when we had no democracy in this country. My father's science did not suffer. The quality of science isn't directly linked to the worst atrocities of the state that it comes out of. I understand this. I think that it's a little more difficult for people to understand in the West, especially where there is an inbuilt suspicion of standards outside the West, I think in a whole range of areas, including in medicines and pharmaceuticals. I think that the way the tide

turns, how it turned with generic drugs from India and I think how it will eventually turn with vaccines that come out of places not in Europe, the UK and the United States, is when in the self-interest of people who live in the US and the UK and the EU, it serves them well to take these vaccines or to take these generic drugs from India because they are safe and they are much cheaper and they achieve the kind of health objectives that people in these countries need. So that is, I think, how this tide turns when every one of us realises that having as many different vaccine options on the table as possible is better for us.

Ross Andrea Taylor, thanks for joining us here on Renegade Inc.

Andrea Taylor Happy to be here. Thanks for having me.

Ross Just explain to us, because there's such a lot of information out there and people have to work their way through. Just explain to us what vaccine nationalism is.

Andrea Taylor Right. So, in short, it's the concept of countries essentially hoarding or keeping vaccines for themselves and prioritising their national interests over the global interests. Unfortunately, it's short term. It's looking at short term benefits versus long term benefits, because vaccine nationalism may actually protect the country in the short term, but it will do more harm to them in the long term. So the issue is that the leaders of countries, particularly wealthy countries, are facing competing incentives. So they are primarily incentivised to look after their population and that's their job. It's their responsibility. So they are prioritised to make sure that they get enough vaccine, as much vaccine as possible to cover their population as quickly as possible. But by doing so, they are undercutting global equity, equitable access to vaccines around the world, which actually will come back to hurt them in the longer term, because it means that the virus can continue to spread and mutate around the world and that the vaccines that they were so quick to push out amongst their population actually may not then offer the level of protection that we hoped for after the virus has had a chance to mutate throughout the year.

Ross How do politicians and public figures then issue a message to say to people, we can't just be really myopic and we can't be I'm all right, Jack, about this? How do they put out a more nuanced message saying we are genuinely all in this together and therefore we have to look after everybody equitably?

Andrea Taylor Yes, I think that's actually been the crux of the problem. I think that's a really difficult message to communicate to a population that that's understandably quite panicked about the pandemic, is really tired of lockdowns and school closures. And so I think that's really the problem is that it's very difficult. It's a hard sell, isn't it, for the leader of a wealthy country, for example, the UK prime minister, to say, look, we have access to enough vaccine? It's going really well, actually, but we're just going to push pause on the vaccine programme now and let the rest of the world catch up. And once they've all caught up, then we can carry on. Well, it is it is critical for countries to be doing that. I think we haven't seen strong enough leadership to do that yet. And there have been a couple of countries that have come out and done it, Norway being one. So they have said that they will donate doses in parallel to their rollout. They have a significant advantage of having about five and a half million people. So that's because their population is relatively so much smaller. Their rollout actually won't take nearly as long and so they can donate doses in parallel and still

accomplish rollout goals, whereas countries that are larger, like the UK or the US, have a much more difficult task.

Ross That nuanced message, which is basically let's buy one and donate one at the same time. The other headwind that a politician - and I'm not often known for giving politicians a bit of latitude - but the other headwind that they do face is the right wing press, specifically in the UK, is that they'd go to town on these guys to say, God, you're not looking after Brits. And now we're back to nationalism. Now we're back to flag waving and independence and all that stuff. So it's not just the buy one, donate one and getting that message across and saying this is a good thing because it helps everybody, but it's also dealing with the right wing media who'd go to town on you.

Andrea Taylor Yeah. Yeah, that's right, absolutely. And it kind of fuels that fire in a way. So what might help combat that a bit is if we had some clearer messaging around the benefits of global equity. So not just that it's a nice thing to do, not just that it's sort of ethically the right thing to do. But if we could be clearer in saying if we do this kind of have one, donate one, or even I would be happy with have nine, donate one, right? Even sort of a 10 percent donation would be better than what we're seeing now. But if we could show much more clearly the benefits of what that's going to mean for economic supply chains, what that's going to mean down the road in one year, three years, five years time for jobs in the UK for our industries in the UK, and show that kind of economic impact, as well as the health impacts in more concrete terms, I think that would help prevent some of that pushback from the right wing as you say.

Ross You can't go out and say, well, yeah, we have to slow this down for Europe so the rest of the developing world or the global south can catch up and then we go in concert together. Surely that, without doing it, gives us another problem. And the other problem is the rise and rise in fraudulent vaccinations and fraudulent vaccination certificates, passports, whatever you want to call them. Would that be the case?

Andrea Taylor Yeah, absolutely. So I think no one's surprised that this is happening. It was predicted and it is happening more or less as predicted. But we are seeing a rise in fraudulent vaccines around the world. This is not limited to any particular region or country. We are seeing it happen everywhere, but we are seeing it happen more in areas where access to the vaccines has been more heavily restricted. So countries that aren't getting as many vaccine, aren't getting it on the timeline they anticipated. We are seeing many, many reports of fraud and certainly the idea of these vaccine passports that's being floated, I think fraud is certainly a possibility there. We've already seen many cases of fraud where in terms of just vaccine certification. So people saying, you know, I've got my certification, it shows that I'm vaccinated. It's not even a vaccine passport yet, right? We don't even know who will put out vaccine passports and how they'll be used. And even already, we're seeing fraudulent vaccine certifications. So certainly I think that's a real risk. We've seen many cases where vaccines have been stolen, actually, and then are being sold through a vaccine market. We've seen cases where vaccines are stolen at the point of delivery. So where actually the providers have injected saline into the the patient and stolen the vaccine that was meant to go into the syringe. And so it's it's happening on large and small scales all over the world.

Ross That's incredible. That's absolutely incredible. One of the things that strikes me about this is the age-old argument between public and private. So there's a huge gap, isn't there? If a government says, OK, well, we're going to administer this rollout and therefore make it available to everybody, where you start to muddy the water is when you start bringing the private sector in which then obviously skews the playing field, and then you have the banquet of consequences that comes with that. Can you just talk a little bit around how governments are going about the public-private partnership on this and whether it is fraught with problems or whether, as we're always told to believe, the private sector are way more efficient?

Andrea Taylor So the answer is it's complicated and the public sector is playing a huge role in the distribution of vaccine. And that's actually really, really important for many countries around the world. But I think the key issue is they're kind of three different, really important variables in terms of the private sector's role that need to be considered. So the first one is who is purchasing the vaccines? So by and large, the majority of vaccine purchases currently have been made by governments. There have been some purchases made by private sector, companies or groups of companies that have come together to make purchases that most of the vaccine developers now are saying during the pandemic period they will only deal directly with governments.

Ross Right.

Andrea Taylor But the second piece is that's really important to look at is who then pays for the delivered vaccine once it gets administered, right? So is the government paying, is it free at point of use or is the person who's getting the vaccine actually paying in cash to receive the vaccine?

Ross Right.

Andrea Taylor And is that different if it's rolling out for the public sector or the private sector? And that's really important. But the third, and this is the most important for equity actually, is if vaccines are rolling through the private sector, which they are in many places with the government's blessing, but if they're rolling through the private sector, is the private sector then holding to the same eligibility criteria and timeline for rollout as the government. Or if it's not, then you risk this sort of two track system where people who are able to pay can get a vaccine faster than people who can't. And so that's really the key piece. I think most countries do need the private sector to help roll out. So in terms of using private pharmacies, private health care providers, being able to administer the vaccine, that's that's a huge piece of the vaccine landscape and always has been for many, many countries. And that's fine. And again, the key issue is are wealthy people able to pay to get a vaccine faster or a different vaccine than the ones that the government is offering?

Ross Often I'd sit here and say, OK, you know, solutions because we don't want to leave people up in the air, people want to know nuts and bolts, this is what to do next. This is so incredibly nuanced, it's impossible to sit here and say, Andrea, easy solution, take away solution, a vox pop in 12 seconds, give it to us. The point is, I think you're getting at, in places like Canada who've got six times the amount of vaccines as they have population. Is what you're saying, in short, that isn't a sustainable way to go - to look after us all, we have to be a lot more selfless, way more nuanced in the messaging and understand that this is a

fiendishly difficult pandemic to solve. So therefore, we need to come up with answers that aren't just black and white?

Andrea Taylor Yeah, I mean, that's it in sum. I think that the piece we haven't solved for, so if we did this again...

Ross Don't say that. We're not doing this again. I tell you, I'm done. We're all done.

Andrea Taylor I know. I know. It's exhausting to even imagine. But I think it would play out the same way. I don't think we have fundamentally solved for the key issue yet, which is these competing incentives, misaligned incentives, that wealthy nations are facing and we haven't yet solved it. And so I don't think we would do it any differently next time. One of the key issues with the advance market commitments that all the wealthy countries made is that they all over ordered, which made sense because we didn't know which vaccine candidates would be successful at the time. So they over-ordered thinking if one or two of these come to market we'll be covered. That is sensible. It made sense. Again, the same thing would happen if we did it again. But the the issue is that it locked up most of the manufacturing slots for 2021. And so now when you get middle and lower income countries that couldn't make large orders, could it make at risk orders? They're able to order now. But putting orders in now isn't the same thing as getting delivery now. And so even orders that are placed now will put them sort of at the back of the line for delivery. And so they're looking at late 2021 into 2022 now. And so this is why donation of doses now is so important is because it's about timing. There's enough money actually floating around to vaccinate the world. The issue is that only so many doses can come off the production lines in the first half of 2021 and we need to make sure that those are going around the world equitably so that we don't have countries that are fully vaccinated or countries that are vaccinating their healthy 20 year old's while countries haven't even been able to vaccinate their frontline health care workers or emergency workers. So the real issue is down to timing.

Ross Andrea, as the assistant director of programmes - and let's finish this on a personal note - assistant director of programmes at Duke University, the Global Health Institute. Three lockdowns in, they've been incredibly hectic for you. From a personal point of view, what's been the learning? What's been the one thing that's surprised you or you've really learnt during this process?

Andrea Taylor Well, on a personal note, I have learnt that home schooling is probably not for me.

Ross I think you speak on behalf of many, many parents out there.

Andrea Taylor It turns out that I really struggle to work and homeschool my children at the same time.

Ross You're not alone.

Andrea Taylor I think that's probably been my key takeaway.

Ross Thank you very much for coming on. What you've done is you've clarified an area that I was totally in the dark on and I'm sure you've done that for our viewers too. Andrea Taylor, thank you very much for your time.

Andrea Taylor Thank you for having me.