Pandemics and the illumination of "hidden things"

Lessons from South Africa on the global response to Covid-19

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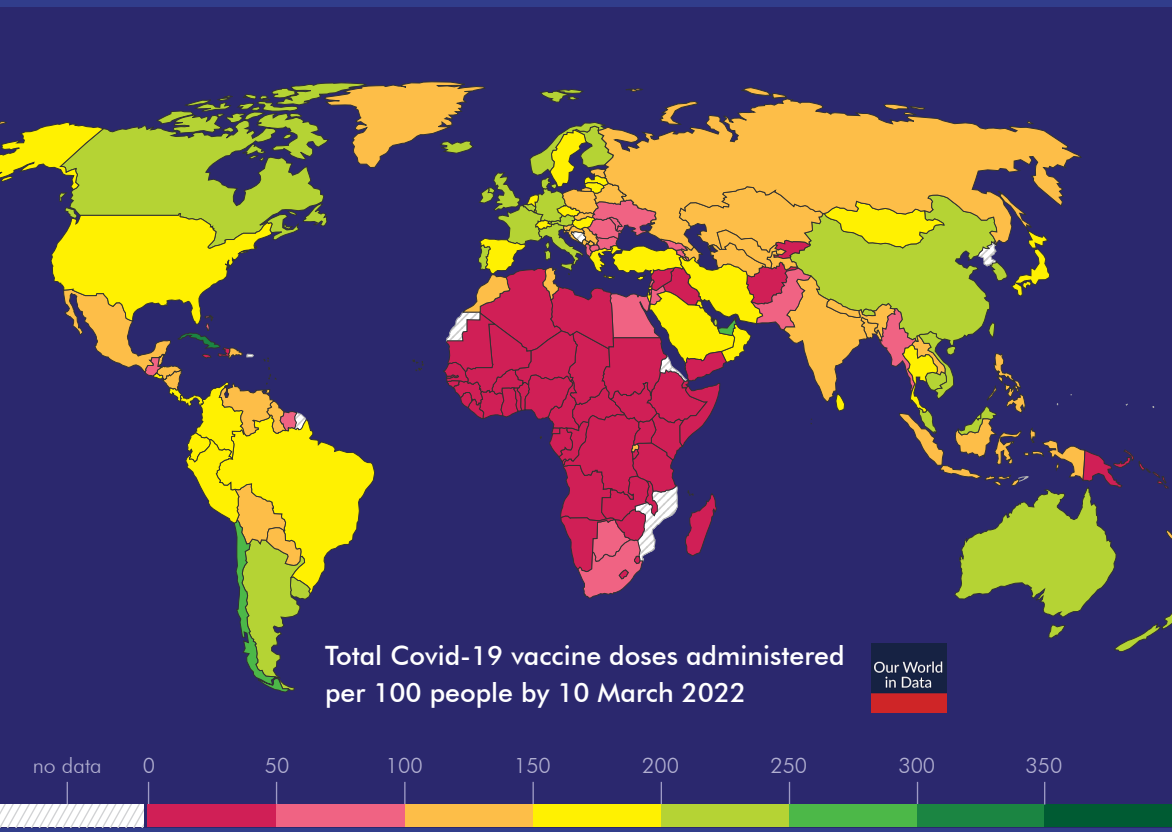
Foreword



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Adaption of *World in Data*. Image shows Total Covid-19 vaccine doses administered per 100 people, as of 11 March 2022 (two years since the WHO declared Covid-19 a "pandemic").

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Foreword

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On 11 March 2020, World Health Organization (WHO) Director-General (DG), Tedros Adhanom Ghebreyesus, sat in front of a slew of cameras, journalists, and colleagues.

By then, cases of the newly discovered SARS-CoV-2 had increased by more than 13-fold in China, which first identified the virus that causes Covid-19. Less than three months after its discovery, Covid-19 had spread to 114 countries and killed more than 4,000 people.

Thousands more were fighting for their lives.

"WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity and by the alarming levels of inaction," the WHO DG, Tedros Adhanom Ghebreyesus, said at the 2020 live press conference.

"Pandemic," he told the cameras, was not a word the organisation used lightly.

Still, the head of the world's highest-ranking health body assured the public that there was hope.

"There has been so much attention on one word," he continued. "Let me give you some other words that matter much more and that are much more actionable — prevention, preparedness, public health, political leadership and, most of all, people."

The WHO DG concluded: "We're in this together to do the right things with calm and protect the citizens of the world — it's doable."

Covid-19 was an unprecedented pandemic. Government lockdowns and shelter-in-place orders confined many to their

homes, if they had one. News reports related terrifying increases in cases of the new disease. Hospital queues stretched around city blocks during deadly waves of infections driven by seemingly ever-more infectious variants. Businesses closed, jobs and homes were lost, and people went hungry.

Friends and family died and often far from home. They were quickly laid to rest in line with strict protocols that limited gatherings for funerals and robbed us of the traditional ways we mark the passing of those closest to us.

Covid-19 changed how we lived, how we died, and how we mourned.

Meanwhile, many scientists worldwide carried the enormous weight of at once trying to understand the virus' basic science while simultaneously developing vaccines and treatments at breakneck speed. Ultimately, their efforts produced several safe and effective Covid-19 vaccines within a year.

Several critical factors accelerated parts of the pandemic response, including international scientific collaboration, massive but select public investments and private-public partnerships. Frontline workers, including community healthcare workers, bore the brunt of the pandemic's force — risking their lives to provide care in the face of a new disease in overrun hospitals and far-flung rural communities.

Open-source journals, the introduction of publicly available pre-print versions of studies and accelerated peer review created a common repository of ever-evolving knowledge during the pandemic. Genetic sequencing of the virus allowed the world to track SARS-CoV-2's evolution. These data were largely shared in real-time by most countries. The world owes scientists in South Africa and Botswana a particular debt of gratitude, experts there being the first to report several major evolutions of the virus. Unfortunately, the international community responded to their work with unscientific and ineffectual travel bans — and vaccine hoarding.

Massive public funding by several governments and a handful of private foundations ensured that initial efforts to develop Covid-19

vaccines and treatments were resourced. This funding permitted many scientists to pivot from existing work to Covid-19.

Public-private partnerships helped to ensure that novel findings could rapidly translate into practical outcomes, with upscaled production using existing manufacturing capacity for the benefit of the Global North first. Many regulatory agencies quickly reimagined approval processes to facilitate speedy public access, albeit with varying degrees of transparency, as is deftly described in this Compendium.

So too does this Compendium integrate the opaqueness in government policy that, in SA, led to a lack of transparency at key times, and also some irrational or insufficiently explained measures that even highly regarded scientists challenged, related to lockdown measures and vaccine eligibility criteria, during a time of growing state health sector corruption and also private sector pandemic gouging and profiteering (resulting in the appointment of three different Health Ministers in the pandemic) coupled with vocal anti-science and disinformation groups.

That line of questioning of decision makers left SA's Health Justice Initiative (HJI) facing the threat of legal action and a threat of adverse cost orders from the government and others.

The WHO demonstrated its usefulness as an international agency, playing the role of advocate, information source and conductor in a complex, multilateral world where many actors sought its blessing and bypass.

At the same time, many countries rolled out new social safety nets, such as far-reaching social grants, housing support and cash transfers to feed and shelter families and mitigate job losses caused partly by measures to contain Covid-19's spread. It was not enough.

But ultimately, the world was not, as the WHO DG had hoped early in the pandemic, "in this together".

Alongside documented cases of price gouging by private sector players, as early as December 2020, activists — many featured in this volume — warned that nine out of 10 people in poor countries were set to miss out on Covid-19 vaccines. Indeed, as late as April 2023, nearly three-fourths of people in high-income countries were

vaccinated, whereas only 59% of people in lower and middle-income countries had received a first dose. Vaccination rates in low-income countries were dramatically lower despite well-intentioned but weak multilateral initiatives to secure doses for the most vulnerable — essentially because vaccine supplies did not reach those most in need at the same time.

Billions in public funding to develop Covid-19 vaccines did not result in public goods. Instead, multinational corporations privatised access to life-saving vaccines, bankrolled by everyday people.

Intellectual property created with public funding — gene sequencing, vaccine technology, and therapeutics — was privatised through patents, these tools still unavailable to many middle and low-income countries.

Even communities at the heart of vaccine clinical trials were excluded from the benefits of such research. In SA, some of these same communities would eventually be given access to vaccines much later than people in the Global North, on a drip-feed basis, after SA negotiated agreements to purchase doses but at prices that, for some jabs, were more than twice that paid by the European Union.

Life-saving shots went to the highest bidder and begot new billionaires. This Compendium reveals the deep-seated and historical dynamics behind that.

Rich countries hoarded vaccines, often buying enough to vaccinate their populations several times over, even as poorer countries with healthcare workers and other people in greater need, went without. Wealthy nations and even the heads of some vaccine manufacturing companies consoled themselves with now debunked myths that poor countries were "spared" from Covid-19 — mistaking an absence of data on cases and deaths for evidence. This, as the same nations could not access the rapid tests that would have allowed them to diagnose and count Covid-19 cases in the first place.

Ultimately, research found that the prevalence and infection case fatality ratio of Covid-19 was far higher in developing countries than in high-income peers.

Poor and middle-income countries also fought for their existing rights under international trade agreements to temporarily waive certain intellectual property provisions to access Covid-19 vaccines, tests, medicines, and other tools during the pandemic. In October 2020, SA and India proposed a Trade Related Aspects of Intellectual Property Rights (TRIPS) "waiver" to this effect at the World Trade Organization (WTO) to ensure access, self-reliance and sovereignty. It was blocked.

SA and India's proposal stressed the need for "unhindered global sharing of technology and know-how in order that rapid responses for the handling of Covid-19 can be put in place on a real-time basis".

Ultimately, the TRIPS waiver — as it came to be called — was supported by more than 100 countries and many former world leaders, academics, researchers, activists, non-governmental organisations, Nobel Laureates and economists.

Almost two years later, staunch opposition from the EU, the US, the UK, and Switzerland resulted in a limited and inadequate deal, and only for vaccines. No waiver.

In all of this, NGOs and civil society groups mobilised to fight for equity, fairness, transparency and justice. HJI was one of those groups.

And indeed, small victories resulted. A spotlight was shone on vaccine apartheid and the greed of companies. The WHO mRNA Technology Transfer Programme, designed to research vaccines and build vaccine production capacity in low and middle-income countries was set up, first in SA, and is developing its own mRNA Covid-19 vaccine while working on vaccines for other diseases affecting the Global South.

Globally, among others, there is greater attention on the working conditions of frontline healthcare workers, the need to address equity in the entire pandemic countermeasures ecosystem, and on the need for fairness and transparency in clinical trials — including new demands for post-trial benefit-sharing agreements, and finally, a spotlight on the inadequacies of only relying on market-based solutions and "voluntary measures" or what are called "voluntary

licences" or charity.

On 5 May 2023, WHO DG declared that Covid-19 was no longer a "public health emergency of international concern". Although seven million deaths due to Covid-19 had been reported to the WHO, he said that the WHO knew that the death toll was at least 20 million people if not more. SA alone had recorded more than 300,000 excess deaths by March 2022 as compared to pre-pandemic years.

The virus, however, will remain with us.

Covid-19 was not the first pandemic, nor is it going to be the last. The global response did, however, repeat many mistakes of previous health emergencies — including HIV/AIDS — in which low and middle-income countries often waited as much as 10 years or more for the chance to access affordable life-saving medicines and vaccines.

As the world readies itself for the next and coming pandemics, and as it negotiates global treaties and accords and regulations to define the collective global management of the next pandemic, our past responses, and the greed and lack of solidarity in Covid-19, need not dictate our future.

This Compendium has been carefully curated by SA's HJI. It seeks to reflect on some key issues and moments in this pandemic, with a view to using some of the lessons we learnt in Covid-19 (set out here) to better inform our response to the next mass disease outbreak — to ensure that we always prioritise a just and equitable response that never forgets the millions of people lost too early and tragically in this pandemic.

A future in which, one day, we are truly "all in this together".

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Fatima Hassan is a human rights lawyer and social justice activist and the founder and director of the HJI. She has dedicated her professional life to defending and promoting human rights in SA, especially in the field of HIV/AIDS and Covid-19. She is an Honorary Research Associate at the University of Cape Town School of Public Health and Family Medicine; she serves on the Board of Global Witness, is the Recipient of the 2022 Calgary Peace Prize and is a 2023 Echoing Green Fellow.

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