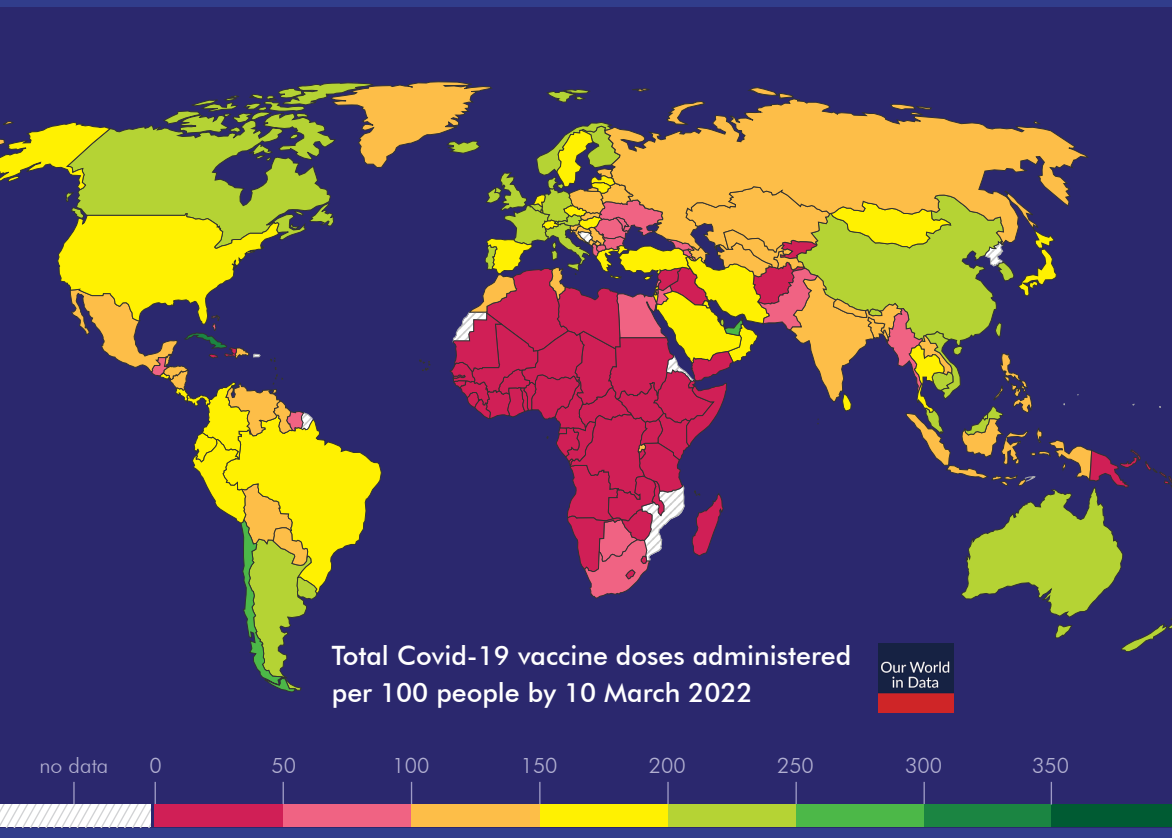
Pandemics and the illumination of "hidden things"

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

Activist Q&A with Tinashe Njanji

Information in the time of outbreaks



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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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Activist Q&A with Tinashe Njanji: "Information in the time of outbreaks"

Tinashe Njanji is a social justice, and human rights activist, and an educator with more than 10 years of experience in community mobilisation and working with grassroots organisations. He is the coordinator of the People's Health Movement South Africa (PHM) and a senior fellow at the Atlantic Fellows for Health Equity in South Africa (AFHESA) based at Tekano.

"When it came to responding to Covid-19, community healthcare workers around the world were often on the frontlines of the response but in SA, they were last in line for clear, basic information," says Njanji. Still, he reflects on ways in which the pandemic provided what he says is a golden opportunity to take the concept of intellectual property from the abstract to the real in communities and rethink community preparedness.

Question: Globally, community healthcare workers are on the frontlines of healthcare, including during disease outbreaks. What challenges did these workers experience in SA during Covid-19?

Answer: In SA, community healthcare workers are on the frontline of healthcare in policy but, in practice, they are still on the periphery in many ways. During the early Covid-19 response, they were the last people to get personal protective gear and, as a result, some contracted SARS-CoV-2 and died.

Similarly, there was a huge gap in the Covid-19 information community healthcare workers had compared to that given to nurses.

As the PHM (SA), we responded to both these gaps: sourcing and distributing personal protective gear for community healthcare workers and finding innovative ways to supplement their Covid-19 knowledge.

In our health system, many trainings are tick box exercises — they are not really meant to equip community healthcare workers with new information. If you look at the information they are being provided with, it is often not pitched at their level of education. Many community healthcare workers we spoke with said they received rushed information workshops by government or its partners.

Many of these training sessions left community healthcare workers with more questions than answers.

In response, we began asking them across the country, "what questions do *you* have?"

Every day, I received queries from community healthcare workers and, every day, we compiled a short, question-and-answer SMS message. The message might start with, for instance: "What is Covid-19?"

Then, we would provide a short, simple answer in the same message.

"How does Covid-19 spread?" might be the next day's SMS question and, again, we would answer it. We carried this on our social media as well: Facebook, Twitter, WhatsApp etc. We also developed informational posters covering symptoms, prevention, and why we needed vaccines.

Q: Were there any lessons learned about how we should be communicating about vaccines?

A: I am a father. I have been taking my kids for vaccinations their whole lives, but I only really took a moment to think about and understand the importance of immunisations because of the Covid-19 vaccine.

As parents and as a nation, we need to understand the importance of vaccines prior to a pandemic. As a society, we need to continue to invest in vaccine literacy and, for instance, include it in our education curriculum.

Q: How did the PHM help mobilise communities in SA to support the Covid-19 IP waiver proposal?

A: We also went politically into the issue of vaccine inequity, intellectual property, patents and why they were bad for health, for instance — and we talked about alternatives, like the Covid-19 waiver.

The pandemic was a golden opportunity to raise the issue of intellectual property because many communities understood that SA could not access vaccines early on. There was some awareness of the inequality we faced as the Global South and the injustice of the Global North skipping the queue for vaccine access.

SA began its public Covid-19 vaccination campaign in March 2021, four months after campaigns in countries such as the US and the UK kicked off.

It can be difficult to explain intellectual property rights [because it is technical] but we came up with creative ways.

Take KFC, the popular fast-food outlet. We would say: No one knows the recipe for KFC chicken, we would tell people. Even if

you work at KFC, you are not supposed to let that secret recipe out.

Patent protection is like that — a government gives an inventor the right to protect their inventions — or secret recipes, if you like, but for a limited period of time.

Q: What were some of the community challenges the PHM encountered?

A: Food insecurity in SA peaked in the initial phase of infections — when lockdown restrictions were harshest — but remained high throughout Covid-19's early years. About 10 million people were living in households affected by hunger as of May 2021.

Still, local community food gardeners in townships like Khayelitsha, for instance, were not considered essential workers — neither were informal traders that sell affordable fruit and vegetables.

Farmers like these were unable to tend their fields during hard lockdowns during which people were confined to their homes. They also did not receive dedicated government support. Still, both community farmers and traders like these form important parts of food security, particularly in poor urban areas.

In the future, governments need to rethink who is an essential worker during pandemics under lockdown rules.

SA's SRDG was introduced within months of the country's hard lockdown, partially in response to rising hunger. Because of the inequality we face in SA and its impact on social determinants of health, social support like this — and possibly a future basic income grant — should remain in place both during and outside of a pandemic as communities recover — and as they build resilience for future outbreaks.

What is the TRIPS, and why does it matter for public health?

TRIPS is an international legal trade agreement between countries as part of the WTO. It establishes minimum international standards for protecting intellectual property rights, including patents.

Still, the WTO and countries have recognised that patents can be a barrier to accessing vaccines and medicines. That is why TRIPS contains provisions — or flexibilities — that allow countries to bypass patents to protect the public health.

If countries need to access a vaccine or medicine but cannot because either the patent-holder cannot produce enough, or it is too expensive — for instance — they can use a TRIPS flexibilities to issue a compulsory licence. A compulsory licence allows another company to make the needed vaccine or medicine without the patent holder's permission.

The WTO notes that even threatening to use TRIPS flexibilities can help countries bargain with pharmaceutical companies for the products they need.

For instance, in the wake of the 11 September 2001 terrorist attacks, US officials began fearing attacks in which terrorists would use the mail to spread the bacteria that causes the potentially deadly infection, anthrax. The US then sought to stockpile medicines to treat anthrax but found that it could not afford the high price of drugs. Soon, it threatened to use a TRIPS flexibility, compulsory licensing, to allow other companies to produce the medication without a patent, citing a public health emergency.

Faced with the prospect of a compulsory licence, the original producer of the medicines chose to sell the drug to the US government at discounted rates.

Countries in dire need of affordable vaccines or medicines can also use a TRIPS flexibility called parallel importing. Parallel importing allows countries to import a cheaper patented product from another country without the patent holder's permission.

Although some high-income countries have dabbled in using TRIPS flexibilities, they have been less welcoming of some lower and middle-income countries use of these provisions.

Although high-income countries have dabbled in TRIPS flexibilities, some of their trade officials have been less welcoming of the use of flexibilities among poorer countries. This has often manifested in pressure during bilateral and multilateral trade talks.

But to use TRIPS flexibilities, countries must adopt laws locally to say how exactly they will do so and that has been challenging for many low and middle-income countries.

A dream deferred: The Covid-19 TRIPS waiver

The first three years of the Covid-19 pandemic were marked by highly inequitable access to Covid-19 vaccines, test kits and treatments, in particular.

SA and India proposed a Covid-19 waiver to the WTO in response to deadly inequalities in October 2020.

The waiver requested WHO members to temporarily waive four types of intellectual property rights: copyrights, patents, and protections around product designs or undisclosed information needed to make Covid-19 tools. The waiver would apply to Covid-19 vaccines, tests, medicines and other tools, such as ventilators but only until the majority of the world population received effective vaccines and developed immunity to Covid-19.

Although supported by more than 100 countries, the waiver was opposed by wealthier countries such as the US, the UK, and Canada. The EU — especially Germany, Norway and France — also worked to prevent the waiver from moving forward. Many of these countries are also home to strong pharmaceutical manufacturing sectors.

The US announced partial support for the waiver proposal in May 2021, and agreed to participate in negotiations. New Zealand, China and Ukraine subsequently indicated their support for the waiver proposal.

But by 2022, the original waiver proposal had been whittled down considerably. The WHO's final decision on the waiver in June of that year waived patent rights only for vaccines

and allowed for the use of protected clinical trial data solely for regulatory approval of vaccines.

As of March 2023, high-income countries had administered more than six times as many vaccine doses as poorer nations. Additionally, many low and middle-income countries still had no access to the Covid-19 antiviral treatment, Paxlovid, or the rapid tests needed to ensure the effective use of the medicine.

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