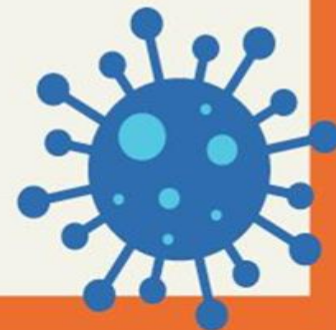




C-19 Vaccines: Towards equal access in an Unequal South Africa

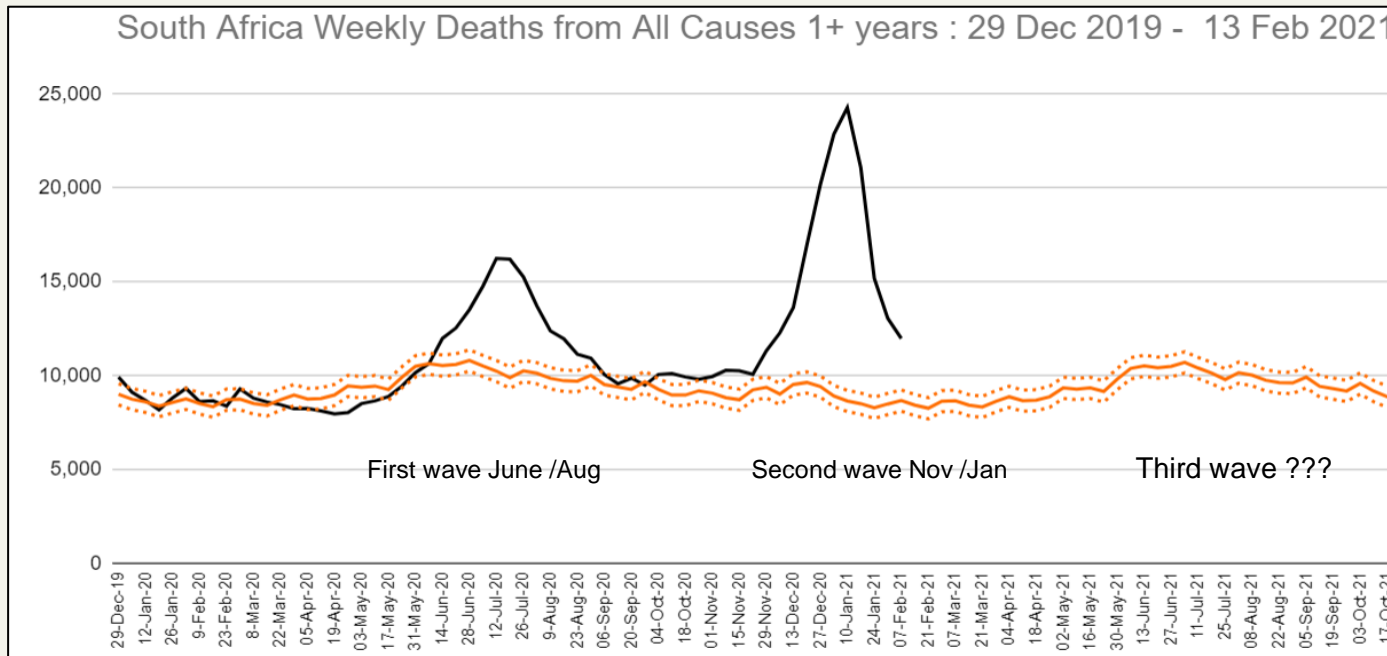


Why do we need a vaccine against COVID 19:



	C-19 Cases	Deaths
World	>110 million	> 2.4 million
South Africa	>1. 4 million	>48000 (possibly closer 130 000 - excess deaths**)

* 13 Feb 2021



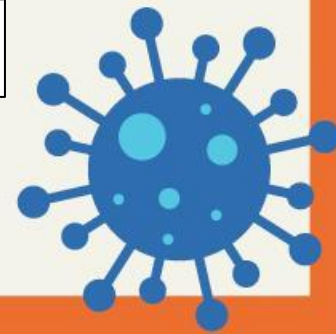
* Data Source:

<https://www.worldometers.info/coronavirus/country/south-africa/>

** Data source: SAMRC Weekly Death Report 2021



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 South Africa



How can we stop the pandemic?



Prevention:

Country:

Lockdowns Levels I to V
Social and economic impact disproportionately carried by the poor.
Authoritarian and militarized.

Only work short term (no social infrastructure to do this safely)

Individuals :

Wash Hands/Mask
Physical Distancing
Avoid crowds/indoor places

Communities:

Support affected
Community care centres
Share good information
Emotional support
Nutritional support

Systems:

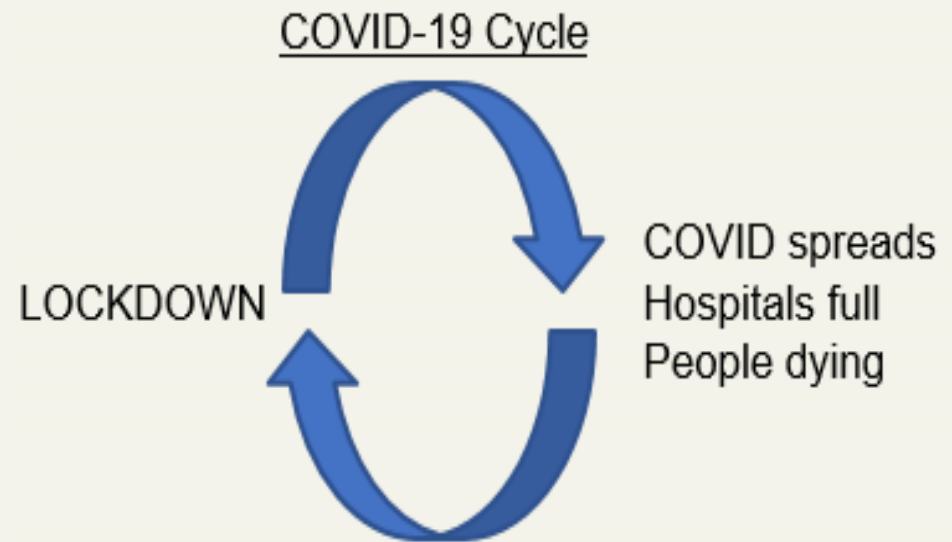
Build better health system
Health promoters
Community health workers

Treatment:

Steroids
Anti coagulation
Oxygen
Other drugs:
rapid development of new drugs and re use of older

So far - no cure!

We are still caught in



**Mobilise for social justice and equality – change
the capitalist the capitalist system!**





How do we get out of this cycle?

Once 60 – 70% people recovered from COVID-19 (and have antibodies) we are likely to achieve:

Population (Herd) Immunity

Population (Herd) Immunity = Virus stops spreading

BUT 60 – 70 % of South African population is 40 million

For every 100 people infected with COVID-19 about two will die

If we wait for 40 million people to get COVID-19 and recover we may see 800 000 deaths!!!

Vaccination is a safe path to Population Immunity...
Urgent global investment with C-19 vaccine development



How vaccines are developed



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Most vaccines take 10 – 15 years to develop

- Preclinical trials - animal/lab studies
- Phase I - is it safe? <100 people
- Phase II - does it work? (100's people)
- Phase III - safe and effective?(1000s)

How was this done so fast?

1. Scientific basis already there:
SARS/MERS/Ebola experience
2. Public and private funding
Huge financial investment
3. Overlapping phases
4. Working collaboratively
5. Pandemic conditions
 - Many people volunteered
 - infected by COVID-19 in a short time
 - trials get results faster

COVID-19 vaccines:

Over 290 vaccine candidates
3 registered FDA, 7 in use

1. Pfizer
2. Moderna
3. AstraZeneca
4. Sputnik
5. Sinovac
6. Novovac
7. J and J



How vaccines are developed



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COVID-19 vaccines:

Over 290 vaccine candidates

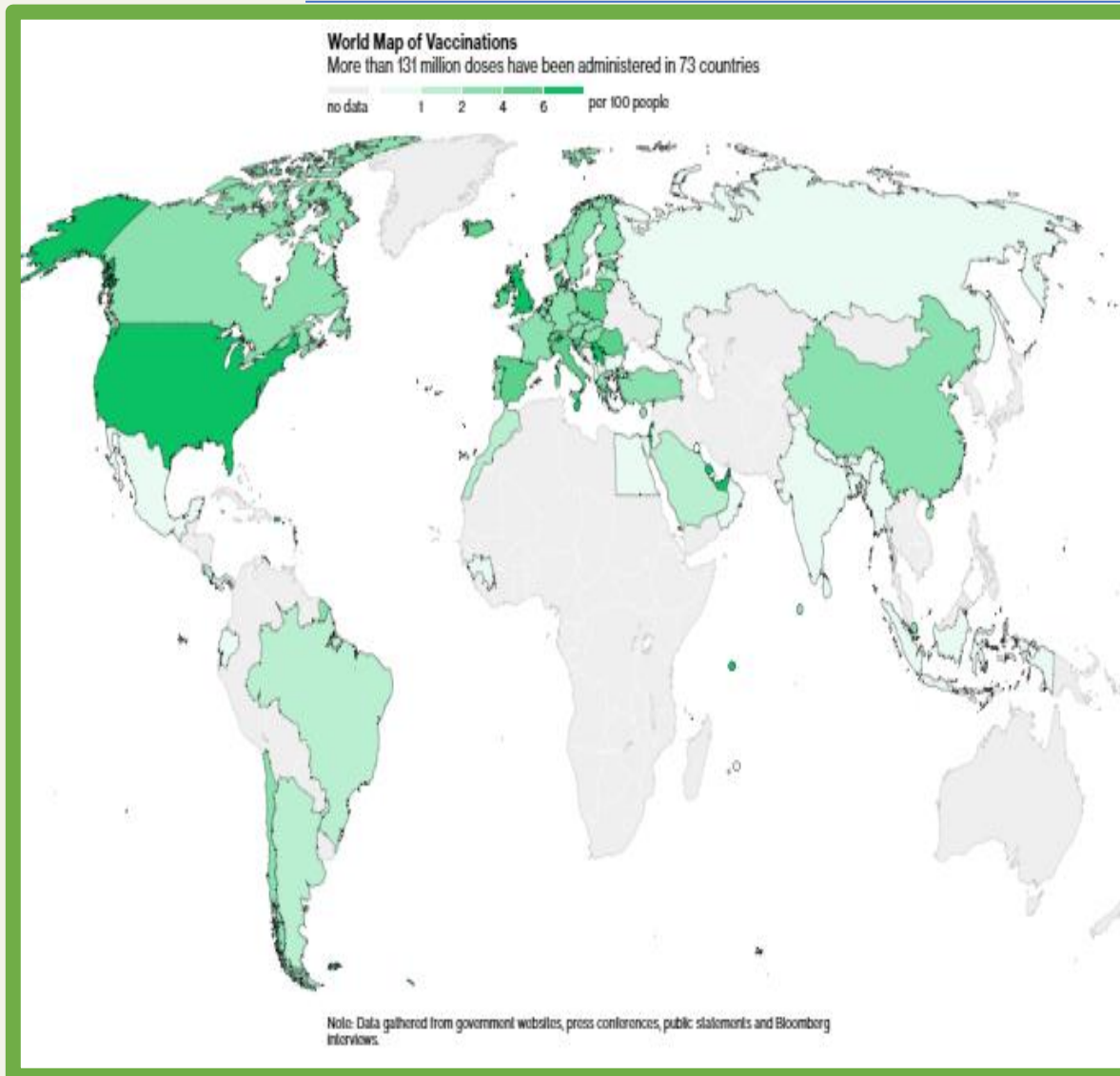
3 registered RDA, 7 in use

1. **Pfizer**
2. Moderna
3. **AstraZeneca**
4. Sputnik
5. Sinovac
6. Novovac
7. **J and J**



Vaccine Equity in an Unequal World

Who has received COVID-19 vaccines thus far?



17 February 2021
Vaccine doses:

131 million - 73 countries

US 57 million

China 40 million

UK 12 million

India 8 million

Brazil 5 million

RSA 0



South African Vaccine Plan – a rocky start

8 December – first COVID-19 vaccine (Pfizer) given in UK

By 1 Jan 2021 – South Africa had yet to announce the plan

Criticism from scientific and medical community, media and political activists

4 Jan – first announcement of a rollout plan

Late January – announced that 1.5 million doses of Astrazeneca procured

AZ arrived – literally at the same time – preliminary results – did not work against 501Y.V2

J and J vaccine – phase 3 completed but results not yet peer reviewed

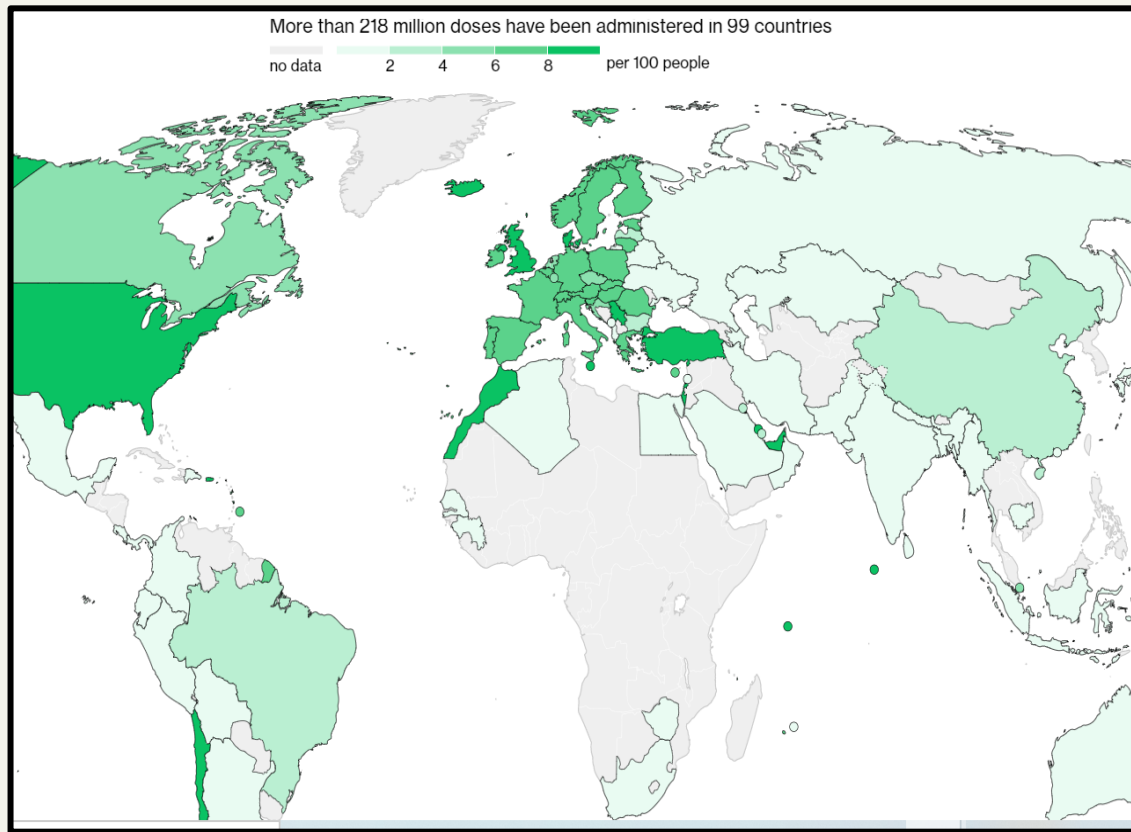
Emergency use authorization takes 8 – 12 weeks

Implementation study SISONKE

First vaccine in RSA 17 February



Who has received COVID-19 vaccines thus far?



25 February 2021
Vaccine doses:

218 million - 99 countries

US 66 million

China 40 million

UK 18 million

India 12 million

Brazil 7 million

RSA 41 000



South African Vaccine Plan Vaccines purchased thus far:

PHASED APPROACH FOR VACCINE INTRODUCTION

Phase I

Front line health care workers (HCW)

Target population: 1,250,000

Phase II

Essential workers

Target population: 2,500,000

Persons in congregate settings

Target population: 1,100,000

Persons >60 years

Target population: 5,000,000

Persons >18 years with co-morbidities

Target population: 8,000,000

Phase III

Other persons >18 years

Target population: 22,500,000

Vaccine Rollout in our Health System Deep systemic and structural inequalities..

Two Health Systems



PUBLIC SECTOR
85%
population



PRIVATE SECTOR
15% population

Rural-Urban Divide in Public Sector



RURAL



URBAN

Key facts public-private healthcare

Public Health Sector

Serves 86% population

52 Districts, nine provinces

Human resources:

1/3 doctors, 30% specialists 40%
nurses

PROBLEMS:

Poor quality, long waiting times,
understaffed, varying access,
urban-rural disparities

Private Health Sector

Serves 14% population

Three big hospital groups dominate
(Mediclinic, Life, Netcare=80%)

86 Medical Schemes

Human resources:

2/3 doctors, 70 specialists, 60%
nurses.

PROBLEMS:

Fee for service, no outcomes measures,
individual vs preventive/promotive, co
payments EXPENSIVE!

Strengths and Weaknesses SA health system for Vaccine Rollout

STRENGTHS

- Existing health infrastructure in most provinces
- Big academic hospitals (mainly urban)
- Large, skilled health workforce
- 70 000 CHW (though underpaid/exploited)
- Active citizens
- Proactive communities

WEAKNESSES

- Uneven capacity
- Divide public/private
- Lack of trust
- Lack of health promotion structures
- Corruption and mismanagement
- Weak connection communities and health system



South African Vaccine Plan

40 million people (40 – 80 million doses)



PURCHASING

- Central purchasing
- 1.5 mill AZ/SII – resold
- 20 mill Pfizer - Feb
- 9 mill J&J - Feb
- COVAX In Jan MoH 4.3 mill
in SONA 12 mill from
- Unclear what is coming from
AU



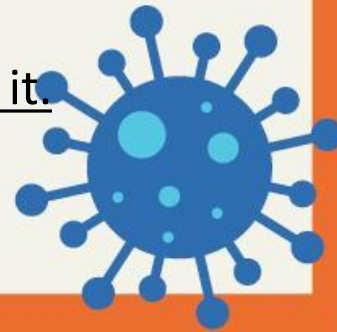
DISTRIBUTION

- Private sector – prescribed
min benefit – free to
members
- Possibly will fund one un -
insured patient – unclear
- Currently 1/3 of HCW
vaccine – private HCW)
- Private industry



Argument for Private Procurement Court case by Solidarity Union and Afriforum

- State has been slow in initiating vaccine rollout
- Failed to pay COVAX facility on time
- National plan prevents private sector's ability to buy
- If private sector/provinces could purchase – it would increase the speed of the rollout
- Private sector purchasing will therefore speed up achieving population immunity
- People who want the vaccine and can pay have a right to access it.
State plan is unreasonable restriction on this right.



Argument for Central Vaccine Procurement

1. Public health principles

- co ordinated, integrated plan (including information systems)
- Scientific uncertainty re type of vaccine/revaccination/changing paradigms
- Need to have one strategy – otherwise compromises population immunity

2. Global Scarcity of COVID-19 Vaccines

- Need to prioritise at least initially
- Free purchasing – disadvantages those who cannot afford to buy
- Young, healthy may be vaccinated before elderly/high risk

3. Complex purchasing environment

- Behaviour pharmaceutical companies – bullying/require indemnity from purchaser
- HIC countries – hoarding more doses than their populations need
- May sell to the highest bidder – price war and decrease access to others
- Currently only selling to governments

4. Private Sector Tract Record



Austerity in the time of COVID-19:

Budget Speech Feb 2021

- R 9 Billion to Vaccine Rollout
- R 8 Billion to provincial COVID planning/treatment

BUT

- 4.25% health budget cut 2020 – 2024
- R 6.4 billion CUT HIV/TB/Malaria grant
- R3.5 billion CUT national tertiary services grant
- R1 billion CUT HR and training grant



Government controls public resources but is not necessarily people centred...

GOVERNMENT/STATE

Bound by logic of capitalism
• e.g. COVID-19 tests
Austerity budget
Health Cuts
Authoritarian/paternalistic state

No transparency e.g. MACS:
confidentiality clauses, no
accountability

Like advising a monarchy



PRIVATE SECTOR/CORPORATES

Back to business as usual

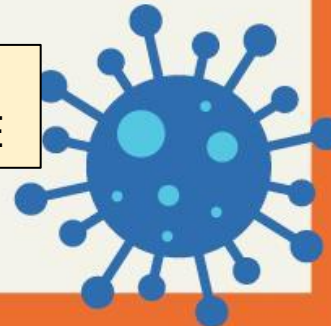
Profit motive

No equity consideration e.g. board
of mining company vs CHW

Not interested in one plan – we will
vaccinate our workers and ourselves, government can
sort out the indigent

No social accountability

Fight for central procurement AND the for a democratic rollout plan.
Supporting Central Procurement DOES NOT = Blanket support for the STATE



Building an alternative – a
question of political power...

Elements of People Centred
Vaccine Rollout

Transparent

Accountable

Without corruption

People before Profits

Build One Public Health System

Not nationalistic – take care of all within our
borders and beyond



People Centred Vaccine Rollout



Support People's
Vaccine Campaign
TRIPS Waiver on
COVID-19 tech



NATIONAL
Central Procurement
Financial contributions
from corporates/private
Vaccine Dashboard:

- Purchased (how much/price)
- Delivery
- Administration
- Tenders awarded
- Timelines

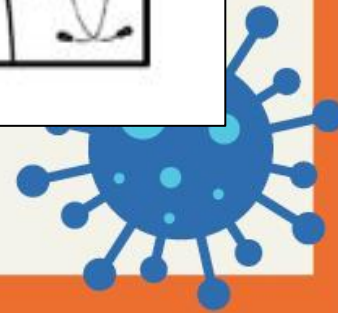


From MAC to Collective Decision making:

No confidentiality clauses
Organisations not individuals
Accountability for decisions
Community/labour/health sector representation



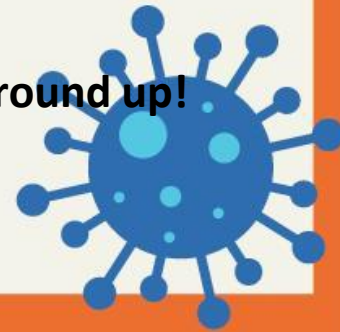
People Centred Vaccine Rollout Building a Community Centred Health System



People Centred Vaccine Plan

Key National Demands

1. **One Vaccine Plan for the country – equity/central procurement**
2. **Popular Education Campaign -vaccine understanding**
3. **Transparency: details including prices/dates/tenders**
4. **Local Production: Urgently Increase local vaccine production e.g. J and J**
5. **Co ordinated but Diverse Distribution: public and private sector capacity**
6. **Participatory democracy – reform the MAC process, consult beyond business**
7. **Community Health Workers: Recognition, employment and training**
8. **Health Promoters (interface between community and health system)**
9. **Recognise clinic/health committees – build accountability from the ground up!**
10. **Stop health and social services budget cuts**





Health for All Now!

People's Health Movement

South Africa

**Presentation prepared by Lydia Cairncross on behalf of PHMSA at 25
February 2021**

Every effort has been made to ensure the accuracy of the content but the terrain of COVID-19 vaccines is changing rapidly both in terms of the science and the political issues and so content here may become outdated or inaccurate.

Nevertheless we hope this information will contribute towards building knowledge around COVID-19 vaccines and momentum for a just and equitable vaccine rollout.

