

Module 2: Interview with Deepak Kapur

[00:00:10] Hello, welcome back to the video portion of this MOOC, Covering the COVID-19 Vaccines: What Journalists Need to Know. I'm your instructor, Maryn McKenna. And in this segment I'm speaking to Deepak Kapur, a member of Rotary International and its national polio plus chair for India. We'll be talking about the logistical challenges of mass vaccination, and what campaigns to vaccinate the world against COVID-19 can learn from past vaccination campaigns such as the polio campaign. Mr. Kapur, thank you so much for being with us for this segment.

[00:00:48] My pleasure.

[00:00:50] So to begin, could you tell us a little bit about the role that Rotary has played in organizing vaccination for polio?

[00:01:00] It's a long story, but I'll try and keep it short. Rotary dreamt of a polio-free world. This was in the aftermath of the eradication of smallpox from the planet. It began with a pilot in the Philippines in 1979, and managed to convince the World Health Organization that it was feasible proposition.

[00:01:28] From there, the WHO and Rotary went to the World Health Assembly and in 1988, the Global Polio Eradication Initiative was formed. This comprised of WHO, UNICEF, the Center for Disease Control in Atlanta, and of course, Rotary. It took it up as, by it I mean Rotary, took it up as its only worldwide project involving its huge 1.2 billion volunteer force. This was followed by a massive fund raising exercise and advocacy and social mobilization on a hitherto unprecedented scale.

[00:02:22] Rotary alone has contributed over the years more than two billion dollars US to the program. And even more important is raising demand for the vaccination, which is what is needed, perhaps for Congress as well, in making it a people's movement, polio eradication. Rotary has played the role of a catalyst, often stepping in where there's fear to tread.

[00:02:58] So that's a fascinating history, and it sounds as though from Rotary's involvement in your involvement with the polio campaign, there are a lot of lessons that polio could bring to COVID vaccination. So, could you talk to us a bit about what some of the logistical needs are for setting up mass vaccination, vaccinating an entire country as has been done for polio?

[00:03:28] You know, the logistical needs are massive. You need a lot of advanced planning. Just give you an example, in India, just India alone, a supplementary immunization round, we call it supplementary because it is supplementing sub-standard routine immunization.

[00:03:51] So a typical NID or the National Immunization Day, would involve setting up over 700,000 vaccinations with 2.5 million vaccinators, more than a million vaccination teams, 150,000 supervisors, 150,000 acres to transport the vaccine, 225 million doses of the oral polio vaccines. More than two million homes are visited, and more than 170 million children are immunized. On a single day, followed by three to four days of house-to-house immunizations.

[00:04:49] So what that involves is a lot of training of the vaccinators, the supervisors, the monitors, the volunteers, maintenance of a core chain, advanced mass mobilization to ensure that people who turn up for the drugs and a very intensive house-to-house protocol where you've got to keep personal sensitivities in mind. Arranging for finger marking, marking of the pinky fingers of children, and tracking of newborns to make sure that you don't miss any of those. All this goes into really organizing a mass vaccination campaign in India.

[00:05:38] Those are astonishing numbers. Do you expect as COVID vaccination rolls out in India, will COVID vaccination look like the polio immunization days? Will some of the lessons that you learned in doing polio vaccination be applicable to COVID vaccination as well?

[00:06:03] The answer is yes and no. There will be a lot of efforts made, and in fact, they're now being made to replicate the polio immunization drive. The veritable mountain whom is the head (?). We will be able to utilize a medical and volunteer infrastructure and expertise that has been developed during the fight against polio.

[00:06:36] We will follow the example in trying to overcome the hesitancy to get vaccinated. There may be issues where religion comes into the picture. Now, certain religions sometimes are quite resistant to immunization on various pretexts, and we're not talking about the religions, per se, which permits vaccination and looking after other fellow human beings. We are talking about parochial, small town or village political leaders who'd just like to use this in order to gain political points.

[00:07:23] And so we will need to, again, involve celebrities. I don't know if you know that the prime minister of India, Mr. Modi, went and got a jab only two days ago. And, the things that are different are that in polio immunization, you had only oral polio drops that could be given by anyone. But here in the fight against COVID, you need clean syringes, one-time use. You need a much more, shall I say, much more stringent core chain. You cannot afford to let vaccines out of the core chain.

[00:08:11] And the last thing I would say, which is very different, is that for polio immunization, simple fingermarking would work. But in this case, you're going to need a numeration of all those who've been immunized because you will have to go to them again or ask them to come again to a mass vaccination center.

[00:08:38] As you look ahead, what do you think the biggest challenges will be for implementing COVID-19 vaccination in India?

[00:08:49] I have no hesitation in saying that it would be overcoming hesitancy. We've already vaccinated 14 million people at least once. We are the second largest vaccine maker in the world, and overcoming hesitancy -- another point is the choice of vaccine. This is one point which has come up. Right now, we are using two vaccines. One is a vaccine manufactured in India by Bio N Tech. And one is the Oxford vaccine, the AstraZeneca one.

[00:09:36] Often people are hesitant to take one or the other. Each one has his or her own preference. Now, that cannot be allowed because if you are allotted a particular center, you have to accept whatever vaccine they are using.

[00:09:55] The third is raising of demand for vaccination. Right now, it's hunky dory, you know, because we have to assume that people are quite eager to begin with. Everyone's been waiting for the vaccine and the eager beavers are lining up to get the vaccine. This will not remain so. There will be more hesitancy and we will have to actually raise the demand, as we did in the case of polio to ensure that there are enough people to utilize the supply that is available. We have to try and make this a people's movement, involve celebrities, overcome religion-based resistance.

[00:10:47] And, you know, in India, for instance, it will be a challenge to deliver the vaccine. Now, there are places called (?), if you heard of them. (?) are tiny islands in the middle of the flood waters in the state of (?), I'm just giving you one example. And you would have about 25 or 30 people living on each such little atoll. To reach them and to make sure that the core chain is maintained, you have to take the vaccine by boat. In the desert, you have to take it by camel. In the mountains, you sometimes have to use mountain goats.

[00:11:31] To add to all of that would be the biggest challenge in addressing the migrant. Because even if they get today in one particular state, it could be a thousand miles away, when their turn comes four weeks later for the second jab. That's not going to be easy, and to cap it all is India's population, close to 1.4 billion. So even if you weed out those below the age of 18, it's still going to be a huge, huge number.

[00:12:09] I really appreciate that you're giving us a glimpse into how incredibly complicated this is going to be, because what is true for India is going to be true for other countries of the global south as well. I'm sure whether that is in western China, in Nepal or in sub-Saharan Africa, there are going to be these kind of transport challenges and also challenges of reaching the hearts and minds of people. Your insights are just so incredibly valuable.

[00:12:36] Let me ask you a final question. Some of our participants in this course, thousands of journalists come from affluent countries that are already being accused of hoarding vaccines.

[00:12:51] Now, I should say that you and I are speaking in the beginning of March. It'll be a few weeks before the participants actually get to watch this. And other participants, of course, are coming from countries that are waiting for their doses and are concerned that the countries of the industrial west are hoarding the vaccine.

[00:13:11] What should journalists be saying in favor of free sharing of vaccines so that the entire world can be immunized as fast as possible?

[00:13:24] Well, this is a question more steeped in economics than in the field of medicine, I would say. I believe that hoarding of vaccines is part of a self-defeating mindset. If you look at the broader picture of world peace and a proper world order as we are used to, we need to embrace the ancient India concept of "Vasudhaiva Kutumbakam" which literally translated means "entire earth is one large family."

[00:14:13] If we don't I mean, keep aside the basic moral lesson, of being humane, the economic gains, it would open up travel if you de-hoard. It would promote people-to-people contact, hence promoting world peace. You could have conflicts based on non-availability of vaccine that could be avoided.

[00:14:47] Business would suffer if you do not have or if you have parts of the world that have not been immunized, because just imagine a businessman traveling from, say, India or Pakistan to the US or the United Kingdom. If he or she is not allowed to come in just because he's not been immunized, what that would lead to. And tourism, which is a major economic gain for many, many countries, if not every country on Earth, tourism would suffer terribly because you would be scared that the tourists coming in, if he or she is has been immunized, they're going to infect the local population.

[00:15:39] In order to export your goods and services, not everything can be virtual. We're going to have to distribute the vaccines all over the world, if not, you could have some countries who do not have enough vaccines impose tariffs and start protectionism again. You've seen that all that is something of the past, some part of the Cold War that used to exist, but it could start all over again. The Global Polio Eradication Initiative partners, including Rotary, have committed.

[00:16:25] You, I'm sure, have heard of COVAX, which is a global initiative of WHO and Gavi, the Global Vaccine Alliance, to provide vaccine at a reduced cost to the developing countries. Now, all this is fine, but let's imagine one more scenario. Today, perhaps most of the world has the vaccine, but there are no guarantees and COVID vaccine would have to be given just once or twice, it would return again, by it I mean, COVID. In one form or another, a mutant shape or the original shape, it could come back we just have to look back at the Spanish flu, which continued from, what, 1914 for four years thereafter.

[00:17:24] So we could have a need for vaccine again next year and the year after. But what happens then? If all the manufactured stock has been hoarded by a few developed countries, it's going to really put the whole world into shambles and lead to all kinds of issues.

[00:17:48] Well, I hope that your vision of the world, considering itself one family and sharing vaccine freely and equitably, really does come true. Thank you so much, Mr. Deepak Kapur, Rotary International, India National Polio Plus Chair, for sharing your wisdom with the participants of this MOOC. We really appreciate it. I know all of our journalist participants around the world will benefit, and to all of you, thanks for listening. I'm Maryn McKenna, your main instructor, and I'll reconnect with you shortly in the site for the MOOC. Thanks again. Stay safe.