

## Module 2: Interview with Susan Brown

[00:00:09] Hello, and welcome to another video segment in our unfolding MOOC, Covering COVID-19 Vaccines: What Journalists Need to Know. This week, we're talking about vaccination logistics and vaccine equity. And I'm Maryn McKenna, your chief instructor. I'm here today with Susan Brown, director of public policy engagement for the organization Gavi, the Vaccine Alliance. Ms. Brown, thank you so much for joining this course. I'm sure our participants appreciate it very much. We know you're busy.

[00:00:42] It's a pleasure. I'm very happy to be here.

[00:00:45] So, let's start right away. I think it would be helpful if our participants could hear a little bit first about what Gavi is and what Gavi did before the pandemic began.

[00:00:56] Yes. So, Gavi is an organization that's about 20 years old. It was actually birthed at the World Economic Forum, and the purpose of Gavi was about vaccine equity. So its premise was that children in the developed world, in high income countries had access to a range of vaccines that would increase life expectancy, give good quality of life and so on.

[00:01:25] In developing countries, the picture was vastly different. So children would get, maybe, some of the very early vaccines, maybe it was a very patchy, governments would not necessarily have supply, would not necessarily have a standard schedule, would not necessarily be able to afford the vaccines. So, when Gavi came together, it was to work with donor governments to collect funds, and then to pool the aggregate need for vaccines in developing countries.

[00:02:01] So we could go to different countries and say, how much DTP would you like? You know, how much in terms of measles, how many in terms of rotavirus or pneumococcal vaccines?

[00:02:15] We could pull that demand. And that gave us a very powerful negotiating space with manufacturers, because we could go and buy doses in the many millions. Now we have and we work -- it's an alliance. It's a public private partnership, so we work with WHO, we work with UNICEF, with the World Bank, we work with the Milenda Gates Foundation. We work with donor governments and we work with a set of implementing countries. And until a year ago, until COVID hit us all in our tracks, we were working with around 14 vaccines. So the normal childhood vaccines, plus vaccines for emergencies. Epidemics like cholera, yellow fever, we worked with stockpiles there where we help in cases of flood or disaster or outbreak.

[00:03:12] And, we were also working with HPV for young women. When COVID came along, that was a different story, and during our first 20 years, we set up a way of working and we were able to leverage that way of working, because we could go to manufacturers and front load the demand and say we would like to buy X. It could help not only buy a large amount of vaccines for a small price, and the differential in prices is phenomenal, but it meant that manufacturers had the certainty to scale up and produce the vaccine in very large quantities because they had certainty of sale.

[00:04:01] When COVAX came, we were in a different situation. A vaccine didn't exist. And so we were working for the first six months or so frantically to set a system in place for when a vaccine did exist. We were betting that we could make a vaccine somewhere in

the world, there would be at least one. We were hoping that there would be many, but we could go to manufacturers and say, when you do have vaccines, we would like to negotiate deals with you for purchase. If you hit the regulatory bar, we would like to get a deal together in advance.

[00:04:43] So let's back up a little bit. The COVAX - first, COVAX is an acronym, right? So we should probably explain that. And then COVAX is not only Gavi, so maybe you could explain a bit how it came together.

[00:04:57] I might, if I may, talk about the reason why it came together. And the reason why it came together was we had seen in previous pandemics, when a vaccine was needed, a new disease was out, because vaccines are largely manufactured in developed countries, there was a tendency for those countries to want to look after their own domestic populations.

[00:05:23] And so what that meant was as a reserve of vaccines was ramping up, the supply was taken out for local populations or for those who could pay the most for it or pay a substantial amount for it. Our fear, and I actually remember having that discussion with one of my colleagues, that today marks one year since we were all sent home for a couple of days and we're still here. But I remember having this discussion with one of my colleagues when it hit that said, if we don't do something, the supply's going to go the developed countries, there won't be anything for developing countries. So even if we had all the money in the world, we wouldn't actually be able to buy the vaccines.

[00:06:11] So we wanted to set up a system in place and a patent for vaccine equity to make sure that we could forward by contracts and assure supply for low income countries. We work together with them, with WHO and with CEPI, which is the Coalition for Epidemic Preparedness. Each of us brought a different specialty to the role. CEPI works with vaccine research and development and manufacturers, so it's very, very early on in the vaccine line, it actually started working immediately with around a dozen vaccines to find ways to support the rapid development and testing of those vaccines, because they had to go through phase I, phase II, phase III and then into the regulatory process.

[00:07:10] What we do at Gavi is, we find the money, and we work with them, the donor governments. We had to find the money, estimate the need, and that was pretty tricky. We had to sort of say, OK, well, we at least need to deal with the initial critical urgency in the pandemic. And that's health care workers and those with vulnerabilities like age and comorbidity. We worked with an international committee called SAGE to estimate that looked like in terms of population, it's around 20%. And then we added up the countries, the low income countries that was a World Bank bar. So, everything low and middle income and low income, that came to 92 countries and economies.

[00:07:59] So, if you take around 20% of all of those countries, it equals X billion, and so therefore, if we think it's going to be a two dose regime, we need about two billion doses. If we think the cost will be about this much, we think we'll need about six billion dollars. And so then we went to the donors and to the countries and there in started almost a dance, going back and forth between the governments to say, if we got COVID vaccines for you, would you like it, and how much? For how much of your population, what percentage? We think we can go to about 20%, but it's up to you if you want in and how much you want covered.

[00:08:43] And to go to the donors to say, we think it looks like we'll need about this much and to go to the manufacturers and say if we can get a contract for this many doses, how could we work on this in terms of supply? And then, so that was our piece, and then to actually deliver the vaccines, that's mostly UNICEF and PAHO, which is the WHO version in the Americas. And then WHO itself has a huge role in this around vaccine policy, vaccine regulation. A lot of the estimates and the thinking behind how vaccines would have a rolling regulatory process and so on.

[00:09:33] So, it was an incredible partnership or it still is. A lot of us know each other very well now because, we work together 16 hours a day where regularly, it was completely the international daily cycle of work around the world, working with scientists, working with governments who would need the vaccines, with civil society, with pharmaceutical manufacturers, with vaccine developers, with donors to fund it. Just yeah, it's been a phenomenal exercise in collaboration and speed. Nothing like it has been done before. At the beginning, we didn't know if we'd have a vaccine. Today, I think, the fourth one was given its regulatory process. So, you know, WHO is slowly getting there.

[00:10:32] So, we're a year into the pandemic, into the WHO's declaration of a pandemic, and you're just about a year into COVAX. How has this gone? What does the task of getting vaccine to the lower income nations of the world look like now?

[00:10:50] Yeah. I think, you know, I keep thinking it's like a Mandelbrot set or like fractals, you know, every piece you look at, if you drill down, it's the same amount of complexity and then you drill down again, it's the same amount of complexity. So, every piece of the thinking of the design, of the facility, how we would work together, what would be needed in order to do the estimations, the contract management, the financial management, the indemnity and liability, the no-fault compensation, organizing free vaccines, working with every individual government.

[00:11:35] I'll give you one example of complexity. We needed to have expressions of interest as a formal letter, then a signed commitment letter in order to guarantee the funds, in order to go to the manufacturers. Because there's two parts to the COVAX facility. One is the ANC countries, that is, the low and lower middle income countries. They get the vaccine for free, and that's a donor amount into a pool and so on.

[00:12:09] But in order to get the purchasing power and in order to try to set up something for a global solidarity course, for the first time, we allowed self-financing countries, that is the higher income countries, so that middle income countries, to buy their vaccines through the COVAX facility. That gave them an insurance, because they didn't know which vaccines would come through either. And so we knew we needed those funds in order to get the good deals.

[00:12:43] So, we were having to negotiate with countries to receive funding. There were some countries that said we can't do a purchase order with our government or something that doesn't exist. That is, there were countries that had to change laws in order to be able to sign a document by the finance minister or the health minister to express their commitment, guarantee their funds, organize their doses through us, so that we could have the funds all pulled together to go to the manufacturers, the deal making.

[00:13:18] So, how has it been? You know, it's been...really gratifying, very collaborative, very difficult. It's certainly the most complex thing that many of us have ever worked on. It's

seat of the pants stuff. We still don't have enough supply for the amount of people that we'd like to get to.

[00:13:40] We think that we are getting there and we're on target. But, you know, there's so much complexity. We don't give vaccines until I have been through a stringent regulatory authority.

[00:13:53] So, it's meant that we are a little bit more vulnerable to the market if doses go off to high income countries who either pay more, or put export controls down to try to satisfy their domestic populations first.

[00:14:11] I mean, it's exposed a lot of issues in relation to equity. Hopefully, it's exposed them in such a way that we can learn from this and the world can be a little more fairly organized. So, we're still on the journey. It's been quite a ride and we've got a lot more work to do.

[00:14:32] So, I should say, for the the audience, I think they know this intuitively, but we are speaking in the second week of March.

[00:14:44] In the past couple of weeks, there have been a number of public statements in medical journals and in newspapers and so forth, really calling out the high income nations of the world for the amount of vaccine that they still have under contract directly. And concerns that those numbers both will more than cover the populations of those countries and also that those numbers are keeping vaccine from flowing to the developing world.

[00:15:09] So, what needs to be done at this point to increase the availability of vaccine for lower income countries? And how can higher income countries be convinced that it's in their interest to do this?

[00:15:22] I mean, I work on the political side of things, I'm not a scientist. I've spent my life working on political and policy negotiations. I really see two very interesting phenomena here. One is, as you say, there has been what's called vaccine hoarding. Or some countries have gone in and done contracts with a number of manufacturers, three million here and 10 million there, and five million there, because they don't know which vaccines will be regulated and how fast those vaccines will go through.

[00:16:03] And so, there has been, this incredible inequity in the first few months of the vaccine rollout. So, that's on the bad side. On the good side, that's the kind of me first. And you can say we've seen people on the street saying to their governments, we're fed up with lockdown. Where are the vaccines? We need them in a hurry.

[00:16:32] So, governments obviously want to look after their own domestic populations and they have an obligation to do so. At the same time, we're asking governments to be fair here. We've got to do this as a a global movement together. On the other side, I've seen a phenomenal sign up and interest in a global solidarity movement.

[00:17:01] So, we're getting these two faces of diplomacy happening around vaccines. On the global solidarity side, seven billion dollars has been raised, in a very short period of time, for funding of vaccines for low income countries.

[00:17:20] We have hundred and ninety participants in the COVAX facility, so that countries and economies. We've seen a huge move towards discussions and solidarity

resolutions in some of the multilateral fora. Sort of talking about vaccine equity and so on. I mean, we have to all hold the governments to account for that.

[00:17:45] But there has been one big push towards solidarity: looking at this together, investing in it together and trusting each other. I mean, you know, we've really all had to trust each other to get this far with COVAX. And then on the other side, the frustration about the inequity of supply.

[00:18:08] I mean, I think that this is something journalists can do, so your audience can do in terms of thinking of accountability for governments and thinking about equity and thinking about fairness.

[00:18:21] So, at the beginning of this year, there were several predictions made by intelligence units and research groups that because of predicted inequity in vaccine distribution, lower income countries might not get their vaccines until next year, 2022 or even into 2023. And I'm curious what you think about when the world will reach as close as we can get to fully vaccinated status. How long will some of these countries have to wait?

[00:18:53] My God, I wish I had a crystal ball. We don't even know how long we'll have to wait. I'm in Switzerland, you know, it'll be months before my population cohort and my children or my young adult sons and my husband get it as well. So, we don't know because we haven't done this before. We're in a new situation.

[00:19:15] I will say that it was it was a matter - I would have to check - but, something like 40 days difference between the first high income country rolling out a vaccine and the first low middle income country rolling out the vaccine. And I think 60 days until we got -- I'd have to check but something like that -- to Ghana.

[00:19:41] But you know, I'm tearing up now thinking about this. But when the first vaccines landed in Ghana. I didn't think it would get to me again like this, but, you know, I just burst into tears and I know many of my colleagues did as well, because to actually be able to work together and pull off, going from nothing to a vaccine, to manufacture, to supply, to getting it in the country to the health centers, is why we set this up.

[00:20:13] And it's working now. It's working now. It's more than a dozen countries have vaccines. In the next few weeks, it'll be dozens more. We would like supply to be much higher and we will keep working to make it higher. I think we do have to think in terms of global health security.

[00:20:38] On the equity perspective, I would like to make the point that it's not just a moral issue. It is also a global health security issue. Because, if the disease becomes endemic and there are variants, which we've seen that start, and the first phase of vaccines aren't as useful with those variants, we will need more and it will just keep circulating.

[00:21:07] We've seen the cost of this, in terms of the social cost, the huge number of deaths and families disrupted and devastated. We've seen the economic cost, trillions of dollars.

[00:21:20] The lockdown's, the enormous uncertainty, the businesses that are closing because they just can't keep the cash flow going anymore. So, there's a reason that high income countries really need to work together to make sure there's food distribution here. There's an economic reason as well as a moral and a rights argument.

[00:21:52] Let me ask you finally, many of the journalists who are taking this course work in developing economy nations.

[00:22:00] What's your advice to them for what questions they should be asking as vaccines arrive in their countries or as their countries strive to make vaccines arrive?

[00:22:10] I mean, I think this is a really interesting question, and it's about the role of journalists and journalists have so many roles. You know, one of the roles is around information. You know, what's happening, where it's happening and so on. Another one is around accountability. Another one might be digging into the dark corners and pointing out where there's some issues, making information, communicated and palatable and easy to understand. So, I think journalists have many opportunities with this.

[00:22:49] I would say there's a few things to tackle here. One is communities, particularly those in the rural poor, very dense urban poor areas, people in fragile context that might be refugee camps or conflict affected areas. It would be good to shine a light to make sure that those communities are part of the national vaccine action plans. So, that indeed they face a national plan needs to involve populations of concern.

[00:23:30] But if it involves some people in the country and not others, because perhaps they don't have citizenship, or perhaps they're pushed away for various reasons, I think it would be good to shine a light on those communities and the rights and obligations to provide health services to them. I think journalists have a role in terms of the accountability piece for the vaccine rollout, how it happens.

[00:24:01] Are there problems with the rollout that if journalists write a story on that governments might see and pay attention to that and they may smooth out some issues? I think also in the days of vaccine hesitancy, with some really dreadful misinformation sent around, and sometimes in local languages, for whatever reason, whether it's people genuinely concerned or whether it's people kind of stirring things up for their own purposes.

[00:24:38] I think journalists could have a role there, as far as the fourth estate or arbiters of truth, and truth and essence to actually present the facts and to show how science works. How this journey has worked. I think there's a trust building role there.

[00:24:58] That doesn't mean that journalists should just swallow everything given to them. Obviously, they need their own way of scrutiny and understanding and justifying for themselves. But I think there is a role there in terms of information and in terms of trust building, that journalists could jump in on as well. I think that there are individuals involved in this and it's worth... You know, we we get so much attention on celebrity culture or sport culture.

[00:25:31] But there are some individuals in community health centers, in governments, in organizations working on this, who've been working night and day with incredible, fierce motivation to do something for this. And I think it's worth shining a light on people and telling their stories as they work together to try to overcome the pandemic as well.

[00:26:00] That was fantastic advice. Thank you so much and thank you for this incredibly informative conversation. Susan Brown, director of Public Policy Engagement for GAVI,

the Vaccine Alliance. Thank you, for joining our course. And thanks to all of you for watching this. We appreciate your continued attention to these asynchronous videos.

[00:26:18] There are more coming. Please keep watching. We'll see you online. Stay safe.