

When will vaccines arrive? | Module 2

[00:00:10] **Maryn Mckenna** Hello, welcome back to our MOOC, Covering the COVID-19 Vaccines: What Journalists Need to Know. I'm Maryn McKenna, the chief instructor and this is our second module. In the first module and materials, we talked about how we got to where we are now, the history of the pandemic and the achievement of vaccines that may stop it.

[00:00:33] **Maryn Mckenna** In this module and its associated materials, we're going to talk about how vaccines become vaccinations. How we get from formulas in a laboratory to shots into arms in the biggest and most accelerated vaccination campaign that has ever taken place in the world.

[00:00:51] **Maryn Mckenna** Our two main topics this week are, first, logistics. How exactly do you stage a vaccination campaign like this one? And second, we'll look at equity and ethics. How do we guarantee that the world will share vaccines equally?

[00:01:09] **Maryn Mckenna** Let's take up logistics first, that may seem counterintuitive choice, because you have to obtain the shots before you can dispense the shots, but the ability to move COVID vaccines around a country, getting them to all your citizens is a critical aspect of vaccine equity.

[00:01:27] **Maryn Mckenna** We talked about this last week, but I want to emphasize it again, there has never been a vaccination campaign like this one. No attempt at vaccination - not measles, not polio, not flu - has aimed to be this comprehensive and also this fast, reaching as much of the world as possible in as short a time as possible with a brand new vaccine.

[00:01:49] **Maryn Mckenna** The first thing to say about delivery and logistics is that every place is going to do this differently and the granularity of that is going to be very particular to every country or province or state.

[00:02:05] **Maryn Mckenna** Here's one example - here in the United States where I live and where the Knight Foundation, one of our sponsors, is based, we have 50 states, a capital district and a handful of territories. Our vaccines are arriving thanks to contracts that our federal government wrote with vaccine manufacturers, but exactly how the vaccine gets to people is decided by the government of each individual territory or state.

[00:02:34] **Maryn Mckenna** This might mean, for instance, that in one state, vaccinations can be given to people over 65 and are delivered through medical offices and retail pharmacies. And in another state, shots are reserved for people over 75, and are given through a small number of mass clinics created in places such as football stadiums and the grounds where agricultural exhibitions happen, which thousands of people can visit in a day.

[00:03:03] **Maryn Mckenna** This is going to be just as true in other countries, wherever you are, there may be stories in the rules of who can access a vaccine, whether that's by age, by occupation, such as being a teacher or doctor or by reason of having other health problems.

[00:03:20] **Maryn Mckenna** There may be stories, also, in what happens when those rules change. For instance, in the week when I'm recording this, France made its many

neighborhood pharmacies into distribution sites for the vaccine, which forced some doctors in their own medical offices, who planned to give the vaccine to their patients to cancel their patients appointments because they would no longer receive vaccine shipments from the state.

[00:03:46] **Maryn Mckenna** As we talked about last week, a different vaccine formulas impose different transport and storage requirements. That varies from the ultra cold temperatures required to keep the Pfizer vaccine viable to the refrigerator temperatures that AstraZeneca and Johnson & Johnson vaccines can be held at. Factors such as those temperatures determine whether a vaccine can be transported long distances or through places where roads are bad or the best accesses by motorbike or airplane or boat.

[00:04:21] **Maryn Mckenna** To me, it's especially important thinking about the logistics of how vaccination sites are run. Delivering vaccination requires having trained professionals to give the shots and safe disposal to get rid of syringes, but delivering them on a mass scale requires so much more. You need sites that can accommodate lots of people who need to be socially distanced, and you need that to be accessible by vehicle, by transit, by bicycle or foot, if that's the primary way that people travel.

[00:04:57] **Maryn Mckenna** You also need many people performing many types of jobs, from the records clerks who keep track of who comes into a site, to the workers who direct people from station to station, to the data specialists who design the systems that keep track of who is vaccinated, to the emergency medical personnel who have to be on hand in case anyone has a reaction to a shot.

[00:05:21] **Maryn Mckenna** And at a big vaccination site handling many thousands of people, you need many of those workers, not just one or two. It's very poignant to me that countries in the global south may turn out to be better at these logistical tasks than North America or Western Europe, because those countries have recent experience of conducting mass immunization campaigns, for instance, against polio or measles.

[00:05:51] **Maryn Mckenna** In this week's materials, we've included a video interview with one of the top polio vaccination volunteers in India. He'll explain the Indian experience with conducting mass vaccinations for polio, and how they plan to apply that experience to their COVID campaign, which will be one of the largest vaccine campaigns in the world.

[00:06:15] **Maryn Mckenna** OK, those are some thoughts about logistics. What happens once vaccines are available within a country? Let's turn to the necessary precondition for that - how to make sure a country receives vaccines to give to its residents.

[00:06:32] **Maryn Mckenna** The question of how vaccines are shared around the world - let's call this vaccine equity - has been sensitive from the moment the vaccines were achieved. Last December, the magazine The Economist predicted that most of Africa and the Central Asian republics, parts of Southeast Asia and Bangladesh, Pakistan and Afghanistan would not receive any vaccines until spring 2022 at the earliest. That's a year from now. That's not just a shipping problem, vaccines will not be available for low income nations because vaccine manufacturing is a finite resource. There are only so many manufacturers producing only so many vaccines and rich nations are buying them up.

[00:07:27] **Maryn Mckenna** Many of the highest earning countries made private deals with multiple manufacturers early in the vaccine development process, a way of ensuring their

populations would be protected no matter which vaccine formulas succeeded in clinical trials and made it onto the market.

[00:07:45] **Maryn Mckenna** In December, a research team at Johns Hopkins University here in the US calculated that the advance contracts written by the US and a few other nations would suck up more than half the doses that manufacturers planned to produce. This is, of course, dreadful. It represents what one researcher I've spoken to in my reporting calls an abject moral failure.

[00:08:14] **Maryn Mckenna** Another told me people everywhere should have the right to vaccines as a global public good. In February, the director general of the World Health Organization and the executive director of UNICEF tried to shame Western countries into letting go of those pre-booked doses, they called it a self-defeating strategy.

[00:08:39] **Maryn Mckenna** They pointed out that depriving the global south of vaccines will give the virus further opportunity to mutate and develop dangerous variants, and will slow down the return of international trade, keep borders closed and delay economic recovery. Those two organizations and several others have tried to fix this imbalance.

[00:09:04] **Maryn Mckenna** In June, they and two nonprofits, the Coalition for Epidemic Preparedness Innovations and Gavi, the Vaccine Alliance, founded an organization called COVAX. Our other guest speaker this week is part of COVAX, and her video explains how COVAX came to be, and how it fits within the WHO's mandate.

[00:09:29] **Maryn Mckenna** Briefly, COVAX bundles donor money from high income nations in order to make purchase commitments to the manufacturers on behalf of low income nations so those nations are not squeezed out of the vaccine market.

[00:09:45] **Maryn Mckenna** And it is working, sort of. In February, nations in sub-Saharan Africa began to receive vaccine shipments negotiated by COVAX, followed by shipments to countries in Southeast Asia and the Pacific Rim early in March. That's good news, but there is a catch. The original concept was that all the world's nations would band together to buy vaccines through COVAX, which would not only guarantee equity, but would also give the organization unique power to negotiate prices.

[00:10:21] **Maryn Mckenna** What's happened instead is that wealthy nations have sent money to COVAX, but also cut their own side deals privately. At the point at which I'm recording this, high income countries, including the US, Canada, the United Kingdom, the European Union and Japan have collectively booked 5.8 billion doses of vaccine on their own.

[00:10:48] **Maryn Mckenna** COVAX has only been able to secure contracts for 1.1 billion. That's discouraging, and international pressure is growing for Western nations to do something that shows their commitment to the whole world's health. Those proposals mostly involve persuading the rich nations to give up some portion of the vaccines they have preordered, whether it's one dose given away for every dose they administer at home, or one dose in 10 or all their extra doses as soon as they vaccinate their own citizens.

[00:11:28] **Maryn Mckenna** Equally, there are calls for manufacturers in Western nations to relinquish their hold on their intellectual property so that their vaccine formulas can be made in many places around the world instead of just in the manufacturing plants that they

own or contract with, without developing world companies having to pay punishing licensing fees.

[00:11:53] **Maryn Mckenna** There's one more aspect of the international trade in COVID vaccines in this moment that makes this story even richer and more complicated, and that is the role being played by vaccine manufacturers and the governments they're affiliated with who are not in the West.

[00:12:10] **Maryn Mckenna** As we talked about last week and showed you in materials, vaccine development and manufacturing are taking place in Russia and China and also in India. All three of those countries are deploying their products in a kind of vaccine diplomacy. A show of persuasive power, making them available to neighboring countries and in fact, across the world, either for free or very reduced prices in an act of altruism or a bid for political influence or trade deals in the future.

[00:12:43] **Maryn Mckenna** So, to sum up. Vaccines are becoming available, though not fast enough, countries face great challenges in obtaining them and also in administering them. But vaccines cannot be successful if people stay away. And across the world, the COVID vaccination campaign is being swamped by tidal waves of misinformation and disinformation. That's what we'll talk about next week in our third module of this course. Meanwhile, please check out the readings, meet us in the discussion forum and stay safe.