GUARANÍ

VIDEO TITLE: Vakúna araka’ete oguahēta? | Pehēngue 2

[00:00:10] Maryn McKenna – Mokoi ha’ke je’y nhene mandu’a ha’hua: araka’eye ndo jejapo’va koichagua Kampaña oñevakuna hagui nañeme ndaipori oñeha’âva peicha oguahē hagui opavavâpê, opârupi pya’ete vakúna peyahu.

[00:00:33] Maryn McKenna – Mokoi ha’ke je’y nhene mandu’a ha’hua: araka’eye ndo jejapo’va koichagua Kampaña oñevakuna hagui nañeme ndaipori oñeha’âva peicha oguahē hagui opavavâpê, opârupi pya’ete vakúna peyahu.

[00:00:51] Maryn McKenna – Ambue aparrakândy nañê’emâ a mba’ere, ko’aga ha’ke je’y nhene mandu’a ha’hua: araka’eye ndo jejapo’va koichagua Kampaña oñevakuna hagui nañeme ndaipori oñeha’âva peicha oguahē hagui opavavâpê, opârupi pya’ete vakúna peyahu.
Maryn McKenna – Katuete oí tembiasa á mba`e iñambuевo. Jahechami, ajapo jave ko tembiapo, Francia pe omo ambue hikui, umi pohá ŋemuhá oíva tavapýre upépe oñemoí vakúna, peicha_rupi umi pohánohára omoïva`ekue vakúna hógapeekuéra omboyke umi ovakúntata noqúahuëi rupi chupekuéra vakúna.

Maryn McKenna – Ñañe`ë haguëicha ambue arapokóindy, heta fórmula ojegeureka opavave iñambue ojehegúi, pe jégueraha, ŋéngongatu ha ñëmëni. Pe ña pyútë avei inãmbue, oí oikotevëva ro`y rpy`a oiko haguë upe vakúna Pfizer upeicha, avei umi ikatúva ojegeureka amandau kuápe yró moyo `yñoahame vakúna AstraZeneca ha Johnson & Johnsonicha. Á mba`ëre oiko ñmongóñeta, ojehecha haguë ikatúpa ojegeureka mombryr téra naháníri, tape ojegeurekuvápa iporá téra nahaníri, Ikatúpa ojegeurahaka moto ári, mba`eyru véve téra ygápe.

Maryn McKenna – Chëve guará tuicha mba`e pe vakúna ñemosarambi, mba`éicha umi vakúna oñemoíha oñe moangapyhy. Vakunasion oikohaguë oñeiikotevë tapichaküéra katupyrë oñemboykeva`ërë umi kutuha hendápe. Òñemóguuhë haguë hetave tetáme oñeiikotevë heta mba`e. Oñeiikotevë tenda tuicha, ojegeureka haguë heta tapicha oñondive, mombryrëmimi ojehegúi, upe tendápe ikatuva`ërë oike mba`yrumí, iKatúva`ërë oñéguahë yyvúrupi yró moto téra visíkleta ári.

Maryn McKenna – Avei oñeiikotevë tapichaküéra ojapova`ërë heta tembiapo, umi ohaiva téra, he`íva máva oike, omoirúva tapichaküérape oñevakúna haguë, ombohasáva kuatia, ohaiva marandu pe Sistema de salut pe, avei umi pohànóhára oïva upe tendápe sapy`a oñeiikotevëro hesekuéra oimerë tapicha oñèñandu vai vakúna omoí rirë.

Maryn McKenna- Ha umi tenda guasu oñemoamýîvape oñeiikotevë heta tapicha omba`apo haguë, ndahá`ei peteë téra mokoï añónte. Che anga rory ahechávo tetënguera yvy gotyo gua omba`apo poráve Norte Amerika ha Europa Occidental gui. A tetënguera ojapo ramoite vakúnsion poliomielitis ha sarampion re.

Maryn McKenna – Ko árapokóindyme guarë tembiaporáme pejuhuta ñomongueta jovái rojapova`ekue peteë tapicha omba`aposeguinte oporoiptyvoyëva vakÚnsion ojejapova`ekue India pe, ojejokovo poliomielitis, omombe`uta hembiësa ha mba`eicha oiporuta ovakuña haçúra COVID, ha`eva Kampaña vakúna ñemoi tuichavëva ojegeureka yvy ape ári.

Maryn McKenna – Néí ã mba`e ojejapo vakúna ñemosarambi haguë. Mba`épa oiko upe tetáme vakúna ñuahëvove. Jahecha ra`ëta mba`épa oiko upe`a mbovyvve, mba`épa ojejapo oho haguë vakúna upe tetáme ikatu haçúra oñemoi umi tetëguame. }

Maryn McKenna – Mba`éicha oñe mboja`o vakúna arapýre. Kóa ijetu`u, ojejuhu guive vakúna. Jasypakóï ambue arýpe osê marandu hai The Economist pe heta téta ndo hupytymo`ái vakúna ijapytëpe África, Asia Central, Sudeste asiático, Bangladesh, Pakistán ha Afghanistan he`i ohupytyne Arapoty 2022 pe ijáramo.

Maryn McKenna — Heta umi tetā iviruvéva oğuahē petei ņemihāme umi vakúna apohāndive, ņhepyrū pe vakúna aporeko, upeicha ha’ekuéra o asegura oguerahataha vakúna hetagyāpe, ko ņe’ē ņemē’e ojejapo umi fórmula ensayo klinikosē porāva oike mboyve merkadope.

Maryn McKenna — Jasypakoime, petei kuaaha’ahāra mbo’e ha guasu Universidad Johns Hopkins, ape EE. UU pe. He’i umi ņe’ē ņemē’e ohaiva’ekue EEUU ha avei ambue tetā ohupatyhaqū vakúna, oguerahataha mbyte rasa rupi dosisi umi ijapohārakuéra ojapotava. Na iporāete, koa ha’e hina petei kuaaha’ahāra he’i’va’ekue chève “fracaso moral abyecto”, oje’e chupe.

Maryn McKenna — Oī he’i’va chève, opavave ohuputyva’erā vakúna. Ha’e derecho ojegurekóva arapyre. Jasykōime Organización Mundial de la Salud mburuvicha ha UNICEF sāmbhyha oñeha’ā môto umi tetānguera oīva kuarahy reike gotyo, jahecha pēichapa ndohejāi umi dosisi oñongatukā’ak, hatapypna ha ombotapykue opa mba’e. Olkuayaka chupekuéra ohejaro tetānguera yyy gotyo guāpe vakúna ſre īmbarētevēta mba’asy, iñambueta, ojegurekóta variante pyahu, imbegueta ojevy haguā teko yma yyy ape āri, oñembotyta umi tetānguera rokē rembe’y, ndai katumōi iñakārapuťu jhekeha. Umi mokōi ņemohysyi avei ambue oñeha’a ombōjoja ha omōi porā ko mba’e.

Maryn McKenna — Jasypoteiime, ha’ekuéra ha mokōi ņemohysyi oheka’yva piripire: Coalición Promoción ha Innovaciones ojapova Preparación Pandemia pe guarā ha Gavi, Alianza Vakünarā, oguenohē tenonde Mekanismo COVAX. Ambue tapicha oñē’stava ſanendive ko árapokōindingyme oī COVAX — pe. Ta’anga myi ojapova’ekue pe omombe’u mba’ēichha heñoi COVAX ha mba’ēichapa jīa OMS oipotavape.

Maryn McKenna — Mbykymi COVAX omybaty viru ome’ēva umi tetā oguerkovéva, ikatuaqūa umi ojapova v akūna ome’ē ihe’ē ohepyme’ēthaha umi tetā imboryahūvape ponotei oñehomemby chupekuera vakúna ſnomosarambigue.

Maryn McKenna — Ha oiko hina. Jasykōime umi tetānguera oīva África sub Sahariana pe oğuahēma vakúna ojejoguava’ekue COVAX rupive, hapykueri ojeguerahakama tetānguera oīva Sudeste Asiático ha Pacífico kuwenkape, upe jasypa ſepepyrūme. Pe’a ha’e marandu porā, ha katu oreko ſuńhā, oje’e kuri opavave tetānguera arapyre oīva oñembojata ojuhe, ojuajuta ojejogua haqūa vakúna COVAX rupive, ojehupytjo haguā, upekuéveto mbohysyi īmbarētevēta ojehypyme’ē’sa’ive haqūa.

Maryn McKenna — Mba’ēpa oiko, umi tetānguera iviruvéva oguerahaka piripire oipytvyh ſaŋgua COVAX pe, ha iyēkēpe avei ohepyme’ē ſnomihāme. Agā ajapo jave ko tembipao, umi tetā ambuegu, iviruvéva ijarptēpe EE. UU, Canadā, Reino Unido, Unión Europea ha Japón oñongatukāma ſomondive 5,8 suua dosisi vakúna chupekuēra ſguaranente. COVAX rupive sa’i eterei ojehupytjo, 1,1 suua. Ko mba’e ſnaade mbo ka’āpa. Opavave tetānguera ojopy mbarete, jahecha umi kuarahy reike gotyo gua, noňeha’āipa omboaje pe ņe’ē ome’ēva’ekue jahecha ndo jevyipa tesāi yyy ape āri.

Ojejopy ā tetānguera iviruvéva jahecha ndohejāipa umi vakúna oñongatukāva’ekue, michīmi jepe tōme’ē oikotevēvape, petei dosi oñemōi’va’erā avei petei dosi tōme’ē, ńrō pa
When will vaccines arrive? | Module 2

**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.

**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.

**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?

**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.