Community Conversations on Vaccines, Season 4, Episode 1 Transcript

Francesca Montalto: Welcome to Sabin Vaccine Institute's *Community Conversations on Vaccines*, presented by Immunization Advocates.

Vince Blaser: In this podcast, we speak with professionals closest to vaccine delivery and decision-making in low and middle-income countries to hear the latest in immunization challenges, and explore programs and tools to build and maintain community trust and vaccine equity.

Francesca: We're your hosts. I'm Francesca Montalto.

Vince: I'm Vince Blaser.

Francesca: Hey, welcome to episode 1 of season 4 of our podcast. Vince and I are here in New York City today. Sabin Vaccine Institute was attending some sideline events at the 77th United Nations General Assembly. We have the opportunity to record in person with some guests that have been attending UNGA.

Vince: Yes, Francesca, it's been quite a great week. We've heard so many high level side events this week talking a lot about vaccines and immunization, and specifically, the investments that communities need to build and sustain vaccine acceptance and demand. I know this was your first UN General Assembly. What are some of your impressions of the week?

Francesca: It's very exciting. This is, one, the first trip that we've had since COVID-19 pandemic. It's been great to be able to talk to people outside of Zoom. There's a lot more opportunity to really connect and find ways to create partnerships, in our case, to increase vaccine equity and acceptance around the globe.

Vince: Like you said, I think that in-person element is one of the most exciting because our two guests today we've talked to many, many times over Zoom calls before, but I've had the pleasure of spending a lot of time with the last few days in person and really getting to know. I want to welcome them in now. We have Esther Nakkazi, a longtime health and science journalist. She is the founder of the Health and Science Journalists Network in Uganda as well as a media trainer for International Women's Media Foundation, a partnership that we have with them, that is working with journalists across Africa. Esther, welcome to the show.

Esther Nakkazi: Thank you, Vince.

Vince: Our other guest is Rashid Manganda. He's a registered nurse and a nursing officer for the Malawi Ministry of Health in Phalombe Health District in southern Malawi. He also is a co-founder for an NGO he founded called the Center for Elderly Support. We have been working with Rashid through the Nursing Now Challenge where he has been a Nursing Now Sabin Immunization advocacy champion.

Francesca: He's also a maternal and child health coordinator.

Vince: That's right.

Francesca: Rashid does it all.

Vince: A man of many titles. Rashid, welcome to the show.

Rashid Manganda: Thank you so much.

Francesca: Like I said, we are here in New York City on the sidelines of the UNGA. You both have taken part in multiple events and discussions. Rashid, you have another event later today with the Africa CDC. I think it's the first time for both of you to be part of these meetings, especially in New York City at UNGA. Esther, I know you've been to New York City plenty of times before. We're curious to your top two or three impressions and takeaways of these sideline meetings of these UNGA-related meetings, especially as it associates with vaccine access and equity. Esther, go ahead.

Esther: I think what I'd take away from this meeting is that there is a lot of goodwill for everybody to see the nurses and the community health workers get paid. It needs commitment from our governments, it needs commitment from the higher powers, the people who are sitting here in New York today, attending the summit, but largely, it also takes the nurses to speak for themselves. People like Rashid should come out and advocate for themselves, which is what they're doing. They're doing a fabulous job, but they've been demanding this for so long. They need basic things to support the healthcare system.

During the pandemic, we saw how they really worked hard. All the community health workers were on their toes. They lost their lives, some of them picked the virus and some died, some have mental health issues. Somehow the world wasn't listening. I think going forward now, at this summit, what I've heard is that they need to be heard, they need to be considered, and they need to be listened to and given good pay.

The other thing that I take on in terms of immunization, what we saw typically in our countries is that we had the numbers because we were all locked up. Children in our countries who usually get routine vaccines are taken by their parents, they live in communities. Because everything was locked up, the numbers of immunization levels went down, and because of that, diseases have started cropping up in every part of the region.

I think what we heard in the summit is that everybody's willing now to work hard and take opportunity of this gap that was lost, bring up the numbers again, and start immunizing the little ones, and take back children to be immunized, really get the cycle going up so that we can stop disease, because we know vaccines work and vaccines save lives. If we do really care for our planet, we do need to push and make everybody who needs to get a vaccine, get a vaccine.

Vince: Esther, I wonder, you work with reporters all across Africa, you work on stories yourselves. You have to pitch what you want to write about. Those two stories

that you're talking about, the pay for community health workers support more broadly for all frontline health workers, and then the issue not so much necessarily with COVID vaccines, which has dominated the reporting at the last couple of years, but on these issues of childhood diseases, polio, other things cropping back up, do you feel that those are being adequately covered in outlets in Uganda or across Africa now? What do you think needs to be the media's role on those two areas?

Esther: The media's role right now is to push-- I'll give you an example. Typically, right now, Ebola has just broken out in Uganda, and we had a death. Monkeypox in next-door DRC is also a big problem, but there are no vaccines to address this. These are the issues that us reporters, us journalists, need to bring to the fore so that people understand that the vaccines-- Well, the monkeypox vaccines are not available yet to the rest of the world. They are here in the US, but we don't have them back home in Africa. That is where the disease is actually happening.

We need to get our audiences to understand that these diseases are happening, the outbreaks are there, but there is also solution in terms of vaccines that can be used to make less human suffering. If we all do this together, we highlight the stories, we talk about them, and we tell our communities what to do or share this information with them, I think the more you talk about something--

We live in these communities. I live in the community where some of these things are happening and I see them every day. If I talk to my community and share stories with them about what is going on, I'm sure they would understand, and I'm sure they would be able to take on these vaccines and understand that the diseases are happening, but it takes a concerted effort for all of us. Especially, the media has a big role to play.

Francesca: Now, one thing you had mentioned is support for health workers. Rashid, you've done several panels this week. You're actually participating in another one today with the Africa CDC. What do health workers need?

Rashid: First of all, I would like to thank Sabin for the opportunity that I'm having right now. What I have observed throughout the summit this week, people out there, policymakers, they understand that community health workers are not being considered. I have observed that almost every policymaker is agreeing that there is really a gap in community health work. We really need to invest in community healthcare workers to give them the necessary resources to develop clear roles for healthcare workers in the communities.

We also need to take primary healthcare seriously. Most of the diseases that are in Africa, they originate from community. We all know that. We really need to start by preventing these diseases before they really become diseases. We really need to invest in primary healthcare works with our immunization. We need to strengthen our structures in routine immunization.

We also need to address the gap that is there in the community. Recently because of COVID pandemic, we have growing mistrust between the community members and the healthcare workers. We need to rebuild that trust for us to be able to implement our activities in the community. We cannot be able to vaccinate someone's child

whilst his mother or his dad is not believing in the healthcare worker who is providing that service. We really need to rebuild that trust for us to be able to work well with the people in the community.

We also, as healthcare workers, need to be heard, the challenges that we have. I have observed that a lot of healthcare workers are leaders. They know that healthcare workers have a lot of challenges, but what are they doing to address those challenges? Because if we don't address the challenges that healthcare workers are facing we cannot be able to solve the issues that are in the community. We need to take care of the healthcare workers first, and then the healthcare workers will be able to do their job diligently.

Francesca: Absolutely. I think you touched on it. Sometimes what happens at these meetings is that there are very large overarching goals without any very defined and specific solutions. I know that several of the events that you talked at, you said you listed some things, very basic things, that health workers need, for example, transportation. Could you go into that a little more?

Rashid: Yes, that's true. There are a lot of basic things that healthcare workers are lacking in the communities to provide their services. First of all, as you have said, transportation. I will give the perspective of my country, Malawi. Most of the areas in Malawi are hard to reach. Almost 70% of the population live more than 15 kilometers to the nearest facility. You can imagine the distance of 15 kilometers for a pregnant woman to walk, for a mother with a little baby to walk to get a vaccine. It is very challenging.

The ministry developed a solution to introduce what we call outreach clinics, mobile clinics. Healthcare workers, they take the vaccines, **[unintelligible 00:13:30]** services to go into the community. They travel 40 kilometers to go deep, deep into the community, into the mountains to provide primary healthcare services. These healthcare workers, they need transportation to be able to go there. They need motorcycles. They need fuel for those motorcycles.

What I have observed is that a lot of healthcare workers in the communities, they do not have motorcycles, they do not have access to fuel for them to be able to travel to the communities. Most of us, we walk whilst carrying our **[unintelligible 00:14:12]** boxes on foot to go to the community, to go to the mountains to deliver services.

Esther: My friend, Rashid, how do you get to your communities? Do you go by motorcycle? In Uganda we call them boda bodas. Do you ride a motorbike or you go by donkey or you walk to your communities?

Rashid: In my country, for you to be a real health worker, you have to know how to ride a motorcycle, otherwise you won't be able to provide primary healthcare services. The challenge is we don't have adequate motorcycles so most people there they walk. Some of them they use bicycle or bikes.

Esther: The bicycle?

Rashid: Yes, bicycles. They use that. They carry **[unintelligible 00:15:08]** boxes on the bicycles and go into the community.

Esther: You use a motorcycle?

Rashid: Yes, I use a motorcycle, but they challenge is the access to the fuel. A lot of roads in my country are impassible especially southern part of Malawi because it is gone through disasters. A lot of roads are demolished, especially during the rainy season. You can go there by vehicle. The efficient way of going there is-

Francesca: How far do you travel?

Rashid: There are some areas that we go as far as 50 kilometers, they are 60 kilometers, and there are some areas that are mountainous.

Vince: Can I ask something that's related to that? Because I think that, as Francesca is saying, you made a few points, including this one, at these events. One of them that I don't think that policymakers hear that much is regarding housing because both you and Esther talked about community health workers. When we're talking about community health workers, they not nurses like yourself. They are people with maybe a little less training, but that are supposed to work and live and serve in the communities that they live in.

You raised this issue of housing. I know that some of the US Global AIDS PEPFAR had provided some support for that over the years, but it's not something that is talked about that much. Can you just say why you thought that that was one of the top issues that you wanted to bring to the policymakers and why it's important, especially for understanding what is happening with the vaccine acceptance in a particular community or village?

Rashid: I will just give you a perspective of healthcare workers in Malawi. We have healthcare workers that work at the hospital, and some of them, they have houses at the hospital. They commute from the houses of the hospital to go to work. We have others that go into communities. These people, they do not have houses in the community. These people, they need to have houses in the communities where they work so that they don't have to travel maybe to leave, maybe to commute from town to go into the villages.

If we build houses for these community health workers, we will not have much worry in transportation, we'll reduce the distance, the 60 kilometers that I mentioned. It will shorten that distance because they'll be living within the communities and they'll be able to respond to the health conditions when they happen in the communities.

Francesca: You talked about door-to-door campaigns this week, so I'm sure it would help with that as well, just being able to reach more people.

Rashid: Yes.

Francesca: Maybe jumping a bit, this week, Rashid, you talked a lot about the needs of the health workers. Esther, something that you looked at a lot this week was vaccine manufacturing. By 2040, the African Union wants 60% of the vaccines

used on the continent of Africa to be manufactured on the continent of Africa. Last year, the issue was aided by vaccines being in the lead headlines. What are your thoughts on how journalists across the continent can really dig into the issue and convince editors to publish these stories? Why is this issue important to tell? Why is this a story to tell?

Esther: I think the issue of vaccines-manufacturing in Africa is a new story. Many countries have not been manufacturing their own vaccines. Many African countries have not been manufacturing their vaccines. We have grown up seeing that the vaccines come from the West and they are brought to Africa. When we got the COVID-19 pandemic, this big problem of having no vaccines and lack of access was brought to the fore. Everybody saw it happen. It unfolded in front of our eyes. It's a story that we carried. For all media publications, it was a hot story.

It's still going on because we know that in Africa, if vaccines are made in there, they will be financed by our government, they will be bought by our people, and they will be cheaper. That will make dependence less on the Western world. It's a story to follow because we know that if many countries jump into the pool and they can put resources there, then we'll start vaccine-manufacturing. However, we have seen that, already, the initiative that was started in South Africa by Aspen industry had a backlash because the vaccines-- it was fill and finish really. The vaccines that were being produced in South Africa under a fill-and-finish-

Vince: They're doing a-

Esther: A fill-and-finish.

Vince: They were doing a fill-and-finish.

Esther: They were not really bought by African governments, and that was something to really talk about, and we are still talking about it. That's not to say that we should not produce our own vaccines, and that is not to say that Africa should not pick up this challenge and produce its own vaccines by 2040. We, as the media, still have a role because we are the ones supposed to highlight the stories and let people know that we are actually producing the vaccines and we are pushing our leaders to finance them.

When they bring the industries in Africa, it will help everybody. We will have jobs. Africa has a very young population, many people are not employed. That is helpful. Besides the vaccines, there are many spin-offs to what will happen in the vaccine industry.

Francesca: Economic benefits.

Esther: Yes, there's so many economic benefits that will happen. I would also want to understand from my friend Rashid, if we make our vaccines in Africa, do you think our people will like them and will take them on?

Rashid: That's an interesting question, and I think that will be the best approach for African people to trust these vaccines. In that way, I think we can increase the uptake and acceptance. We can also reduce the **[unintelligible 00:22:27]** that we

have. For example, in Malawi, we only have one type of vaccine, and someone got another type of vaccine is waiting for the other type to come. That is also confusing among the people. If we have one vaccine from Africa, I think people can be able to trust these vaccines, and they can be able to come to our facilities to get vaccinated.

By the way, do you know the stories that surround the COVID vaccines in our communities in Africa?

Esther: Yes.

Rashid: Do you know why people refuse to get vaccinated?

Esther: Yes.

Rashid: What do they say?

Esther: There is a lot of mistrust in the vaccines that come from elsewhere. They think they are meant to do certain things to Africans. There are all those conspiracy theories that go on and how the technology that is used to make them is being done to kill off everybody. The stories are not really pleasant, but the media is there to talk about it and make people trust.

Rashid: Exactly like that.

Esther: You're right, Rashid.

Rashid: I would also like to add the common one, that is common, especially in my community. They say that COVID-19 vaccine was deliberately introduced by the Western people to wipe out the African community. Do you know that?

Esther: I heard that.

Rashid: If we have the vaccine from Africa, maybe we can have a lot of people in our communities coming forward to get the vaccine, and also we can remove this confusion that is there in our community.

Esther: Indeed. That would be interesting if we can have vaccines made in Africa, for Africans.

Vince: This is really interesting. As we all heard out of here, I'm curious if you both could just share a little bit more about why you got into the work that you're getting into now. Esther, you've been a health and science journalist for several years. Why did you get into journalism and health journalism in the first place? You're about to train a new cohort of 15 African journalists with us for the International Women's Media Foundation. As you've been progressing in your career, what lessons are you trying to help impart on other journalists you're working with across the continent?

Esther: In the first place I used to write everything and everything like many other journalists in my continent do, and then I narrowed it down to health reporting, health and science really, because I know that reporting health is a life matter, it's a matter

of life and death. If people are health-literate, it makes a difference to how they consume health and the decisions they make about health.

As we get into the second cohort of training for fellows from International Women Media Foundation funded by Sabin Institute, I hope that journalists who get on that training, and those whom we have trained before really, understand that they have a calling, they have to give the public information that empowers them to make the right decision in terms of health literacy and health consumerism, the way they really look after themselves, the way they promote things like vaccinations or immunizations, which are important and preventive in the first place.

Also pushing our leaders to invest in the healthcare workers who are key elements in our societies, and they make a big difference in our communities because they are the first people all communities go to when there is a disease outbreak. These issues have to be brought to the fore, we have to talk about them, we have to highlight their stories. Rashid's story is an important story to tell. As a media trainer, I feel like all journalists who are into this bit should really focus and give a push to some of these things that make a difference.

Vince: Thanks, Esther. Rashid, you are a part of this initial cohort of early-career nurses and midwives through Nursing Now Challenge that has been specifically collaborating with each other on immunization advocacy. Your group is about to launch a new challenge to get more nurses and midwives in your group. Why did you decide to do that in the first place? What are you hoping to impart on other early-career nurses and midwives, even your colleagues that you work within your community, about either, that you've learned in this last year that you hope to carry forward?

Rashid: First of all, I'll try to give you a little bit of a background of what Nursing Now Challenge is. Nursing Now Challenge is a group of nurse leaders across the globe, championing leadership development opportunities for about 100,000 nurses in 150 countries across the globe. This group of nurse leaders, they sit together to exchange ideas of how they can improve the health challenges that they see in their communities.

I joined this group last year after I observed the challenges that young nurses or nurses, in general, are facing in my communities. I joined this group to elevate the voices of nurses in my communities because I observed that nurses are not heard adequately. I think it was high time for me to take a milestone, to raise the voices of nurses in my community, in African country, and across the globe. That's why I joined this group.

Specifically on vaccination, just so you know, I'm also a champion of vaccine advocacy here. I think you all know that.

Esther: Yes, we do.

[laughter]

Rashid: I decided to join that advocacy campaign because I saw low numbers of people getting vaccinated in my country. There was really low uptake in the acceptance of vaccine in my country, in healthcare work as well also contributing to that low uptake. I wanted, first of all, to reach out to these healthcare workers to know why are they being at the forefront of discouraging with vaccines? That was my main goal.

Francesca: Now, if you could tell us in two to three sentences as UNGA wraps up as you head home, although like we said, you still have another event later today, what is your brief message? What is your call to action for vaccine decision makers and leaders of the world?

Rashid: I think I've already said a lot of that, but the one that is very important is to really consider healthcare workers. Healthcare workers need to have enabling environment for them to be able to provide their services well. If we can take care of these healthcare workers, give them good environment, they can be able also to provide their services well. Also they need to be given platforms, a platform like this.

We need to have a lot of nurses attending the UNGA meetings. We need to have a lot of nurses or nurse leaders traveling, maybe going to Rwanda to have a benchmarking exercise just to know what is working well in Rwanda, why Rwanda is having a lot of people vaccinated. Rwanda is at over 80% and Malawi is below 13%. We need to have the people that are at the center of this vaccination in the communities, maybe, go there, learn what is making the Rwandans to be successive.

As you mentioned, I'm also a co-founder of Center for Elderly Support. What I observed in the community, a lot of older people, they don't understand what COVID is, they don't understand the COVID vaccines, why we are giving them the vaccines, yet they are also high-risk people. When you give them the first dose, they don't know when to come for the second dose. They don't know the reason why we are vaccinating them.

It's high time for us, or healthcare workers, me personally, to go into the community targeting the households of older people and their relatives, just to do it as a campaign. Say, I'm going to this community, I will target all the houses of older people and their relatives. That way I'll be able maybe to follow these grants and will not be missed out.

Vince: It sounds like you've given yourself a lot of an advocacy agenda to take back to Malawi. You've got a lot of work ahead of you when you go back ,which is great.

Francesca: Esther.

Esther: I think as I head back to Uganda after this UN summit, I would like the African leaders to consider financing of vaccines for our own vaccines made in Africa, and I also want them to think about the regulatory regime in the context of Africa because the stories that we've written, that is still a problem. We all have different regimes in different countries, and the earlier we actually synchronize everything and get everything working properly together makes a lot of difference.

Also, I would like to appeal to leaders from this side of the world, the Western world, to know that vaccine inequity is a problem, is something that they should work on. Everybody deserves equal opportunity to thrive in this world. We need them to share- the vaccine manufacturers should share the technology with us. Africa doesn't have the technology. We cannot start from scratch, and they have the technology. It doesn't take much. I know there's a lot of money to be paid and all that stuff but really, we should level the ground so that everybody has a good playing field.

Francesca: Absolutely. Well, I think that's it for today's episode. It was so nice to be able to do it in person and meet you.

Vince: I'll just say that we've gotten many comments from people across the global health world that we've seen this week about what they heard from you both. I know that it's been a privilege for us to get to hear from you this whole week and get to know you both. I think going forward, as Rashid said, we all need to make sure that their voices continue to be heard, not just here in New York Summit, but, as Rashid was saying, in conferences regionally and across the globe, and that journalists and health workers like yourself continue to collaborate with each other. We really appreciate it, and thank you for joining us.

Francesca: We're coming to Malawi and Uganda.

Esther: [chuckles] We are waiting for you. That will be a pleasure. [laughs]

Francesca: Thank you so much.

Vince: Thank you.

Esther: Thank you.

[music]

Francesca: *Community Conversations on Vaccines* is brought to you by the Sabin Vaccine Institute and presented by Immunization Advocates. To find out more about the Sabin Vaccine Institute and how our programs are working toward a world free from vaccine-preventable diseases, visit sabin.org. Find *Community Conversations on Vaccines* at immunizationadvocates.org/podcasts or wherever you get your podcasts. Be sure to click Subscribe to be the first to hear future episodes. On behalf of the team here at the Sabin Vaccine Institute, thanks for listening.