



FEMINISTS 4 A PEOPLE'S VACCINE PODCAST EP5 Transcript



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To Vaccinate the World We Need Tech Transfer, Not Charity

With K.M. Gopakumar and Marlise Richter

Vanita [00:00:04] Welcome to the Feminist for A People's Vaccine podcast, a space for imaginations, discussion and feminist analysis from the Global South. In this creative journey, we approach the tough questions brought to life by the pandemic. Join us to look at this once in a lifetime event as a passageway to imagine a fair and just world for all.

Gopakumar [00:00:40] This is K.M. Gopakumar, I work with the Third World Network, and I focus on intellectual property rights and their implications on access to medicines. I'm going to have a conversation with Dr. Marlise Richter. Marlise is a PhD in access to health services of sex workers in South Africa and Kenya, but, that apart, she has tons and tons of experience in public health advocacy as well as activism. So, you know, we will basically be extracting the information about her activism and its relevance in our present day time.

So, what we understand from your CV and other information, Marlise, is that you have a rich experience. You started in public health activism. How did you start, as a health activist or as an academic? And how did that turn into a public health activist? What really happened and what were those tipping points when you became a health activist? Could you share with us some of those memories?

Marlise [00:01:35] My academic background is actually in English Literature, some Law and Public Health, and I studied for a master's degree in International Peace Studies and Conflict Resolution in the US. After that, what was really underscored to me was the role of peace, and the role of justice in getting to peace, which was part of the big emphasis of my studies. And when I returned to South Africa after a year in the States, I started volunteering with the Treatment Action Campaign and at the AIDS Law Project that was partnering with the Treatment Action Campaign very closely. This was in the early 2000s. South Africa was bent under the burden of HIV/AIDS and the work that we did with the Treatment Action Campaign and the AIDS Law Project focused very much on treatment access for people with HIV. I was personally involved in advocating for post-exposure prophylaxis for rape survivors. And, throughout our work, we challenged the stigma attached to HIV/AIDS and the immense amount of discrimination that people in South Africa and the world were facing in the early 2000s with people's fears about HIV. This work really brought home for me the importance of health and human rights, particularly the role of the criminal law in inhibiting health care. So, after this, it carried through these lessons in my work on sex work, health and human rights. I worked as a researcher in a city clinic in Johannesburg reviewing the implementation of these services for sex workers. It was actually one of the first clinics in South Africa that was a sex worker-friendly clinic. The immense burden of criminal law and sexual morality was being placed on society's most vulnerable and most marginalised women. The impact of that clinic was just extraordinary and I realised the need for access to healthcare services for sex workers. That's where a lot of my research work has gone into. I've combined that with advocacy and activism work specifically on law reform on South Africa's old apartheid and colonial laws around sex work and have been advocating for the decriminalisation of sex work. So, health activism has been a combination of work in HIV/AIDS and in sexual and reproductive health. And that's the experience that I bring to the Health Justice Initiative, which is the organisation that I'm working for at the moment. That was forged in July 2020, in the thick of the COVID-19 pandemic last year. And the organisation focuses on health equity, and, at the moment, we are particularly involved in vaccine equity and looking critically at the role of vaccines in South Africa and the continent, and the impact of intellectual property protections on access to vaccines.

Gopakumar [00:04:28] Marlise, how is the pandemic affecting the poor and marginalised communities in accessing health care and social security, because you have been focusing on this issue since the beginning of the pandemic?

Marlise [00:04:42] The work that I am involved in has to do with sex workers, people without documents- especially undocumented migrants- and particularly marginalised people within society. The COVID-19 pandemic in so many ways has deepened these inequalities. Many people have lost their livelihoods and many people have been driven to destitution. We have had so many

job losses in the formal sector in South Africa and, of course, the informal sector at the same time. The fear of accessing health care services has been particularly acute. People who would have gone to a healthcare facility to assist them with their routine healthcare- such as people needing to access their ARVs or their TB medicines- stopped doing so because of the healthcare system in South Africa buckling under the pressure of COVID-19 patients. And I think those morbidity and mortality data will come even after the pandemic has ended, along with the knock-on effect of the healthcare system and the crowding of other illnesses. Our health care system in South Africa is really taking a lot of strain. We are moving into the third wave in the Western Cape, where I'm situated, and one of the key advocacy points that we are rallying around in South Africa at the moment is the inability of our registration system for vaccines to register people without documentation. So that's either homeless people who don't have access to documentation, or people who are irregular migrants who don't have a visa or residential status. Not having an ID document means that you can't go through the vaccine system. However, public health principles clearly show that everyone needs to be vaccinated, or you need to have at least two-thirds of the population vaccinated to make a sustained impact on the morbidity, mortality and transmission of the pandemic. And, yet, there's this big gap in you not having documentation and not being able to access a vaccine. I think the issue of xenophobia is a big rallying point in our engagement about the pandemic in South Africa. I'll perhaps conclude with the difficulties that sex workers face in South Africa. Sex work is criminalised in South Africa. Especially under our lockdown, violence around the criminalization of sex work was quite severe, in which law enforcement played a very big role. Our military became involved, and there has been a number of human rights violations perpetrated by law enforcement in trying to enforce the lockdown regulations. Sex workers lost their livelihoods and they have been persecuted by law enforcement, who now have even greater power over sex workers. Many sex workers have been unable to access health care and have also not been able to access information or the ability to register for vaccines. So, if one thinks through the lens of health equity, it's absolutely important to focus on these groups of people who have been left behind. If we want to reach universal health coverage as the Sustainable Development Goals have set the challenge for us in 2030, these are groups of people that require additional attention, political will, and support to be able to benefit from vaccines and other interventions around COVID-19.

Gopakumar [00:08:14] The message is very clear, these people need special care. When we talk about public health, it is just not about the population alone. Extraordinary care should be taken to attend to the special needs of these people- only then can we achieve the real objectives of public health. So the message is sound and clear. Do you see any déjà vu moment when it comes to access and intellectual property rights, you know, from 20 years or almost 15

to 20 years ago? Is it just a déjà vu or a déjà vu plus?

Marlise [00:08:50] Ah, Gopa you are right! I think it's a plus for sure. It's as if the semblance is uncanny. We've seen with COVID-19 how monopolies have caused shortages within the pandemic, like N95 masks, ventilator valves, testing kits, reagents and all of these being basically protected by intellectual property monopolies. And I looked at the recent statistics for COVID-19 deaths and vaccinations, and we've only been able to fully vaccinate 15 percent of the world's population and one percent of people in low-income countries have been [fully] vaccinated. In many ways, it's a big victory that we have been able to have COVID-19 vaccines that work and that millions of people have been able to access them. But, on the other hand, there could have been many, many more, if the intellectual property frameworks had been relaxed and that many more people could have accessed these technologies. So these are basically limited by intellectual property provisions and the lack of transfer of technical knowledge. And that's what we saw in the HIV epidemic as well around antiretrovirals and other opportunistic infections. Pharmaceutical companies were profiting off the pandemic, and when HIV/AIDS activists tried to challenge patent rights, pharmaceutical companies especially backed by the US strongly resisted it. When President Nelson Mandela passed an amendment to the Medicines Act that would allow for some relaxation in terms of intellectual property, there was a big outcry by pharmaceutical companies, and they actually took the [South African] government to court to challenge these provisions that would relax intellectual property. The US put South Africa on a trade watchlist. Due to the collaboration and global solidarity of activists, South Africa was successful in challenging that case. The pharmaceutical companies eventually withdrew the case and there was a settlement. I think that was an example of the global solidarity that we are seeing once again around COVID-19 and the People's Vaccine Alliance campaign. Because of the work that's being done by MSF with the access campaign, Oxfam, colleagues and friends and activists in Brazil, in India, and in the US, many countries in the Global North are now bringing immense pressure on countries who are blocking the TRIPS waiver. These comparisons with the HIV/AIDS epidemic, I think, are very poignant, and I think we'll be able to draw on the networks and the lessons learnt with the AIDS epidemic that we are applying now within this pandemic.

Gopakumar [00:11:35] But at the same time, the opponents are not showing any kind of regret in their position to protect the monopolies of the companies that belong to them. They are offering vaccine doses to developing countries saying that "you know, you don't have to produce. We will give you the sufficient doses", but without mentioning any time period or any kind of dates for even fulfilling their promise. So what's your take on this issue? Is it a kind of a fear tactic to sideline or to ease the pressure on the [TRIPS] Waiver?

Marlise [00:12:08] I think some of the issues that you mentioned go to the heart of the criticism around COVAX specifically, where it was set up as a mechanism for countries to be able to do conglomerations, or coalitions of countries could come together to negotiate for bulk quantities of pharmaceutical products. When one mentions the relaxation of intellectual property provisions - and I need to note that this is a very time defined relaxation, such as the TRIPS waiver - it's not something that would go on forever, it's very well delineated for this public health crisis. We know this is a provision within the TRIPS agreement. The Doha Declaration makes provisions for the relaxation of intellectual properties to address a public health crisis. Many people say COVAX is the solution to some of these intellectual property contestations. World health activists say "we want to change the system, we don't want charity". People, organisations, or countries are donating large amounts of vaccines. Of course, it is important and valuable, but it doesn't essentially alter the power relationships between the Global North and the Global South. And it doesn't make for good architecture for future pandemics because there will be future pandemics. Being able to limit such scientific progress, especially if this has been partly funded by public money, and being able to limit that to people or to countries that can pay for vaccines, is inherently unjust. A large-scale reform is necessary, and these TRIPS provisions need to be passed for countries to get over this manufactured scarcity, as well as in conjunction with developed countries and regions' ability to manufacture medicines and manufacture vaccines. I think there has been investment in local manufacturing and those initiatives, of course, are also important but they are in many ways dependent on technical transfer, the transfer of tech from pharmaceutical companies. If we don't have that, that's also being limited by intellectual property. The manufacturing would still be very limited.

Gopakumar [00:14:36] Basically, these people are making donations as a way to control the technology and to prevent its dissemination. So, therefore, it's a charity, in the name of charity, basically reinforcing the status quo. This is one of the criticisms which you also brought out now. But, at the same time, these people also, especially Germany's or EU's leadership always say: "COVID-19 vaccine is a global public good". What's your understanding of a global public good and whether it's matched with this mainstream idea of a global public good articulated by Chancellor Merkel or even French President Macron, et cetera?

Marlise [00:15:20] Yeah, but I think it's important to distinguish that intellectual property and global public goods need not be in opposition with each other, they can be complementary. I think up to now, intellectual property claims have trumped global public goods in many ways, and it's perhaps good to spend some time just to unpack what a global public good is. And in the literature, it's interesting that a good is not seen as something necessarily bad or good. It's a concept- like national defence or peace and security, global warming- that has a truly global impact. So, in the health context, it's often a programme or a policy or a service that has a

global impact on health. And some definitions specifically talk about it as being non-rivalries or non-excludable. And Nivedita Saksena talks about how within activism globally, there's been a call for COVID-19 vaccines to be a global public good. In many ways, that's a signal that vaccines need to be equitable, that everyone should be able to access vaccines, and that vaccine equity should be the main consideration when one considers the pandemic and how intellectual property frameworks have now created this monopoly. Pharmaceutical companies who have bought the intellectual property basically can decide who can access these vaccines and at what price. The artificial scarcity produced by that has a devastating impact. As a counterpoint to that, it's worth mentioning that, at the beginning of the pandemic, Costa Rica proposed the creation of what they called a technical access pool or C-TAP, which would facilitate access to technologies to counter COVID-19. Pharmaceutical companies would be invited to voluntarily share their COVID-19 related knowledge, intellectual property and data. And it's very telling that not one pharmaceutical company has contributed to C-TAP. I think that really underscores how this notion of a global public good is not shared internationally and how absolutely essential it is for the survival of many people and economies if one thinks about the economic devastation that the pandemic has wrought.

Gopakumar [00:17:43] From a human rights perspective, how do you view this? Delivering public goods only through voluntary measures of corporations, while human rights puts the international obligation on the State to act and protect human rights, especially in a public health crisis. It goes without saying that the human right to health is irrespective of the pandemic or not. The State has an obligation to protect the right to health.

Marlise [00:18:12] Yes, and I think this is a contestation or attention that the World Trade Organization particularly well grapples with. And I think the fact that the global pandemic is mostly decided by the World Trade Organisation rather than the intervention of the World Health Organisation is very telling on the current power imbalances. The fact that lives in the Global North seem to be much more valuable than the lives in the Global South argues strongly against the notion of something as simple as thinking of global health because there isn't really global health. There are some people who have been vaccinated and who are relatively safe against COVID-19, and there are those who are dying. I think that there's a huge injustice and the violation of human rights is inherent in that inequality. And the Doha declaration, just to go back to the provisions within the TRIPS Agreement, makes provision for countries to take measures to protect public health and to promote access to medicines for all. Those are very specific provisions in paragraphs 4 and 6 that recognise access to health care as a right. And the TRIPS waiver provisions that South Africa and India presented to the World Trade Organisation in October last year recognises this. The waiver specifically talks about temporarily suspending intellectual property rights so that vaccines and other technologies can

be accessible to poor countries and override these monopolies in many instances so that herd immunity is reached. More than 100 countries have supported this waiver and acknowledged the importance of vaccines and technology as being a public health good. But, at the same time, there are a couple of countries that are blocking the waiver and that don't recognise this human rights framework and they are mostly countries in the Global North. If you look at the map of countries supporting the waiver and those blocking it, tellingly, it's the European Union. The United States has recently changed their position on the waiver and have made amendments specifically in supporting the waiver around vaccines, which is great but not necessarily around other technologies. It's countries in the European Union, Japan and Norway, Australia that are blocking the waiver. And it's interesting to see, especially in terms of the number of vaccines that have been purchased by these countries. In Canada, they have enough doses to vaccinate their population more than nine times, the European Union three and a half times of doses per person, while in the African Union, for example, at the beginning of the year, there weren't enough vaccines for even 0.2 per cent of the population of Africa. So there is this terrible irony about countries that have more vaccines than they know what to do with, but are blocking the avenues for other countries who don't have any doses to make them accessible. I think the TRIPS waiver is absolutely the rallying point for us in the pandemic at the moment. The Director-General of the World Health Organisation, as you might recall, has talked about this "vaccine nationalism" of "vaccine apartheid" as a catastrophic moral failure and that it's something that we need immense political will and pressure and activism around.

Vanita [00:21:42] The Feminists for a People's Vaccine podcast is produced by DAWN - Development Alternatives with Women for a New ERA and T.W.N - the Third World Network. Today's episode was edited by Alice Furtado and engineered by Ernesto Sena. Thank you for joining us today. I'm Vanita Nayak Mukherjee. See you in the next episode!