



Science of
Implementation
Initiative

A Vaccine for All
United Nations Economic and Social Council Special Meeting
Transcript of Paul Farmer's Remarks
April 16, 2021

Melissa Fleming, United Nations Under-Secretary-General for Global Communications of the United Nations

Paul Farmer, M.D., Ph. D.; Kolokotronis University Professor and Chair of Global Health and Social Medicine at Harvard Medical School

Melissa Fleming:

You have had decades of experience working on pandemic responses including HIV AIDS and Ebola. In fact, you wrote a book on Ebola, this is your latest book with the fantastic title *Fever, Feuds, and Diamonds*. And in that book you write about the lessons learned and the lessons we have to unlearn. Could you give us a summary of what those lessons are and how they could be applied to our Covid-19 response?

Paul Farmer:

Let me start, Melissa, by just saying as others have what an honor it is to be here today. I'd like to thank the excellencies who made it possible for me to come back to ECOSOC. There are just so many lessons that we could and should learn from past pandemics and epidemics. I just wanted to point to a couple of the most important ones without repeating the comments from the previous speakers and colleagues. You know one of the biggest failures of the West African Ebola response was a difficult to diagnose problem of really low expectations and low ambitions, and some of these were very clearly the ambitions of imported experts (maybe more like me) rather than experts from on the continent. It is true that the response in West Africa was hobbled by recent civil conflict which wiped out the health care systems just a decade before Ebola came along to that part of the

world, or was first recognized. Again you couldn't help but believe that part of these lower ambitions were on behalf of other people and that had a distinctly colonial feel.

The last time that I was invited to ECOSOC was during the Ebola epidemic - probably the end of 2014 - and I remember one of the conclusions that we saw was that we needed to have an Africa Center for Disease Control and Prevention (CDC). Even though one is tempted to say, well things always repeat themselves, here we are with John Nkengasong, my good friend and colleague, representing the Africa CDC, and I think looking back over the past few years, especially the last year, who among us has not been grateful for Africa CDC? The work that Africa CDC has done on Covid has been superb but also on outbreaks of Ebola in the Congo, and in Guinea recently, has just been very much improved. I think that's one of the lessons that we've learned from Ebola – we need more African-led initiatives and African leadership which we are seeing now – we just heard from John (Nkengasong) a minute ago.

Another lesson has been already laid out by both John (Nkengasong) and Winnie (Byanyima) talking about that delay between the development of new tools, not a vaccine alas for HIV, but new therapeutics and new diagnostics and the time that it took and the lives that it cost. You can't help but see the same pattern with Ebola as well. For example, a vaccine which ultimately proved effective that was developed in Canada, also some therapeutics developed in part in Canada, had sat on the shelf for a decade because there was no perceived demand for them. Those are market failures that were addressed in the end by public support and public investments in the deployment of these vaccines which remain, these Ebola vaccines, remain a mainstay for us now and they were developed in part through this crisis.

And then a third lesson from Ebola is that sometimes we focus on the problems of some people more than others. This legacy of excluding poor people and marginalized people began a long time ago and one of the ways around this has been, as mentioned by Winnie (Byanyima), platforms like the Global Fund or programs like the President's Emergency Plan for AIDS Relief which changed the tune around AIDS in very important ways. While generous and sustained support are important, a lot more is required now because breaking that paradigm of control over care requires, again, new respect for African-led initiatives and that's what we're hoping for with Covid-19.

Looking at the history of medicine and public health in Africa reminds us again and again that we really need to focus on irrigating these clinical deserts if we want to decolonize global health and want to respond to Covid in the manner that is before us now. And I just want to take, as a very brief example, Rwanda's experience; it offers this remarkable example of how to irrigate a clinical desert with an eye towards equity. Rwanda has helped to irrigate its own clinical desert with very generous investments from its public treasury. Rwanda is probably leading the way in public investments in health care delivery and public health on the continent and that is why it has done so well. We've seen the sharpest declines in mortality ever documented at any time in human history in the last 15 years or so in Rwanda and the reason for that is substantial public investment. Also, the donor support that goes into Rwanda, the Rwandans have encouraged others to follow their lead and support national institutions and I think we see the return on that very abundantly. That's also one reason why it's no surprise that Rwanda has done well on Covid with a very brisk and sustained public health response and also some movement on the vaccine. My plea here, will be to echo John (Nkengasong) and to say that local manufacturing is something well within Rwanda's grasp and I'm very excited to have heard the update from the other members of the panel on how quickly this might move forward on the continent of Africa whether in Rwanda, Senegal or South Africa. We do believe that this capacity to lead on expanding mRNA vaccine production on the continent will make a huge difference across the continent and across the world.

You ask about lessons that we need to unlearn. You know one of the biggest challenges we've faced in responding to novel threats is the claim that it is not sustainable, feasible, cost effective to respond in an aggressive manner in settings of poverty or in these clinical deserts that I've described. That's false. What is unsustainable of course is to fail to invest in these investments and to champion the kind of investments that Rwanda is itself championing now and it is, again, no accident that they've managed to protect their citizens from Ebola as well as threats on their western flank in recent months and years by outbreaks in the Congo.

In closing I do believe that sustainable vaccine production on the continent, as Dr. Tedros said, is what we need to sustain and as Henrietta (Fore) underlined, manufacturing is the challenge; so let's let Rwanda, Senegal and South Africa help us all out.

Melissa Fleming:

Thank you so much. I think you actually answered my second question which was, is there a road map for achieving vaccine equity and ensuring that health systems are strengthened in countries that lack resources I believe in using the example of Rwanda and allowing the ability to locally manufacture where there is capability. Is there any last point you want to make about your hopes for Covid perhaps resulting in more equity in health in the world?

Paul Farmer:

Thank you, Melissa. You know it's exciting to be able to say just that. This crisis, as much as we've experienced terrible losses – you know I've lost family, patients, friends, and you know of course I live in a country that has performed uniquely poorly, but this country has made this amazing contribution on the vaccine front and I'm proud of that as I'm sure you are. You know, as we say in my country, this is not rocket science. We need staff, stuff, and safe spaces to deliver care, systems and support. Indeed as I segued a little bit today, and forgive me, you know I think we have a lot to learn from places on the continent of Africa, in particular I brought up Rwanda many times because they have done a good job on all these fronts. Thank you for allowing me to participate and I do look forward with a lot of optimism even though I know we're in a very difficult situation.

Melissa Fleming:

Thank you so much Dr. Farmer and indeed I recall very well the Rwandan Permanent Representative telling me very early on in the pandemic about her trip home and how at even the airport she was tested and there were hand washing facilities and even in the buses and everybody was wearing masks. This was way long before any of us in in in this part of the world had taken any measures, so a good example always resonates.

Thank you so much.