A Community Powered Health Equity Tracking Tool

> "One of the lessons of the Ebola outbreak was that you have to prepare for the future while the crisis is going on. It's not easy when everyone says, 'We're sick of it, we don't want to hear about it anymore!' But if you really don't want to hear about it anymore, you have to finish the job."

Professor Joanne Liu
School of Population & Global Health, McGill University.
Director of the Pandemics and Health Emergencies Readiness Lab (PERL)

African Alliance | McGill University | saMRC | science & innovation
Department: Science and Innovation
REPUBLIC OF SOUTH AFRICA

Founded in 2012, the Alliance has developed a consistent programme and practice advocating for accountability to communities affected by and participating in public health research programmes and the rollout of locally appropriate services. Our current portfolio includes COVID-19 related research, advocacy and mobilisation, global lobbying interventions, and strategic partnership development.

VISION

The Alliance envisions a world where communities of people who face injustice and abuse of power can be confident that others will stand in solidarity with them in the pursuit of a more equal and just global society that practices radical love, to defend, uphold, preserve and extend their own and others' rights.

MISSION

The Alliance seeks to advance rights-based, critical and developmental programming to address the needs of underserved communities across Africa by working collectively to ensure that affected communities are informed about their rights; have access to dignified health care and the agency and access to hold duty bearers to account for the non-realisation of these rights.

PORTS2ARMS

Ports2Arms is a public health accountability mechanism that uses a community-led monitoring approach to monitor and document barriers and enablers to COVID-19 vaccine, testing and treatment access and uptake to ensure we are better prepared for and able to respond to future pandemics.

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Ports2Arms (P2A) is an intervention that commenced in mid-2022 and is currently being piloted in South Africa, through local partners in the provinces by the African Alliance, supported by McGill University and funded by and in partnership with the South African Medical Research Council (SAMRC) and the Department of Science and Innovation (DSI).

Since the early days of the COVID-19 pandemic, despite global efforts to distribute vaccines to developing countries and monitor these through various public health tracking mechanisms, there has been little oversight of the specific barriers and enablers on the ground to equitable distribution of public health commodities such as vaccines, tests and treatment.

Such tracking would have ensured that vaccines not only reach ports on time but are equitably distributed in a way that recognises and can respond to the realities of already strained public health systems, significant disease burdens, geographically dispersed communities, and inequitable access to public goods and services.[1]

“Research preparedness and community engagement have always been and continue to be areas that we take very seriously and actively seek to support groups like the African Alliance that seek to advance accountable and community-owned research

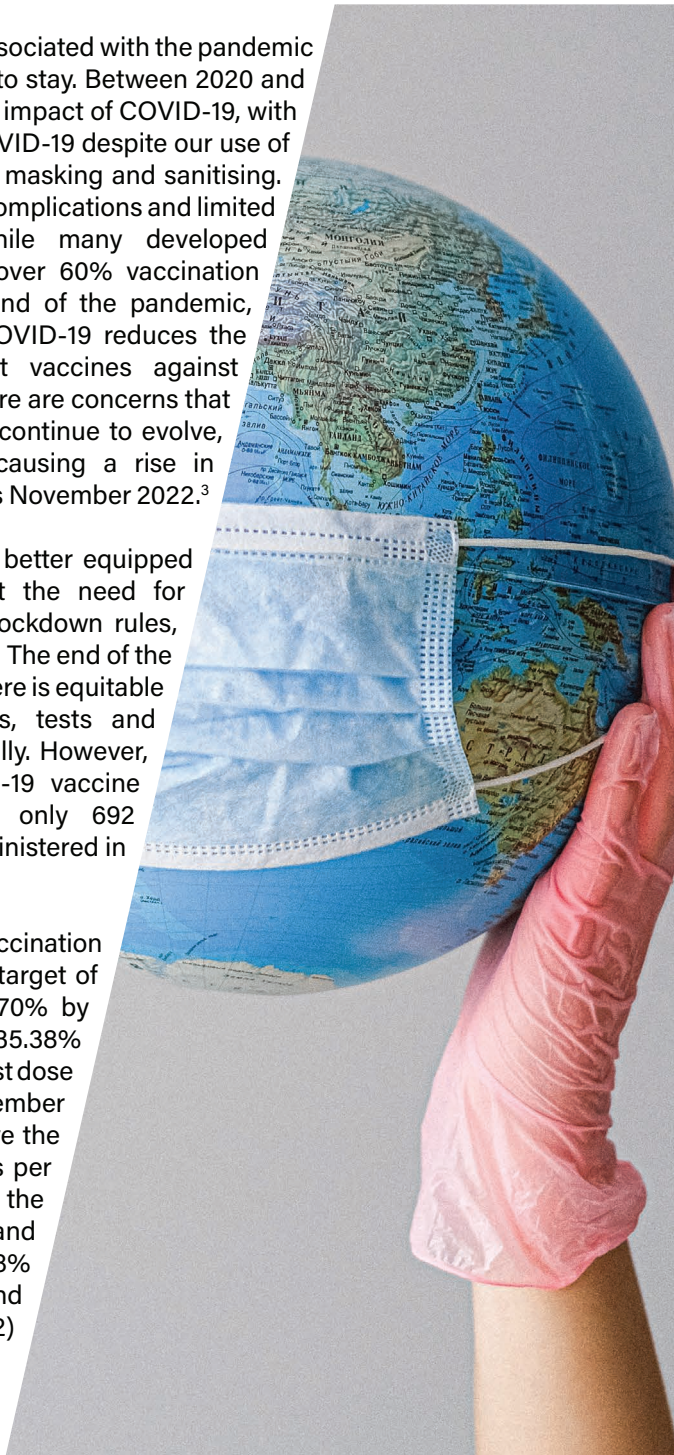
Professor Glenda Gray - President & CEO, South African Medical Research Council

But isn't the pandemic over? Is this still relevant?

While the state of emergency associated with the pandemic may be over, COVID-19 is here to stay. Between 2020 and early 2021, we saw the harshest impact of COVID-19, with millions of people acquiring COVID-19 despite our use of tools such as social distancing, masking and sanitising. Millions died due to COVID-19 complications and limited therapeutic interventions. While many developed countries who have reached over 60% vaccination coverage are calling for the end of the pandemic, the continuous evolution of COVID-19 reduces the protection offered by current vaccines against infection and mild disease.[2] There are concerns that COVID-19 and its variants will continue to evolve, with the latest sub-variants causing a rise in infections globally as recently as November 2022.[3]

While developed countries are better equipped to manage COVID-19 without the need for states of emergency or strict lockdown rules, this is not the case for everyone. The end of the pandemic can only happen if there is equitable access to COVID-19 vaccines, tests and treatment in all countries globally. However, currently, of 13 billion COVID-19 vaccine doses administered globally, only 692 million of those have been administered in Africa (approximately 5%).[4]

In most African countries, vaccination rates are well below the WHO target of 40% by December 2021 and 70% by June 2022, with South Africa at 35.38% (persons fully vaccinated with last dose of primary series, as of 29 November 2022).[5] Egypt and Morocco have the highest number of vaccinations per person on the continent[6] while the Democratic Republic of Congo and Burundi are the lowest with 5.78% (as of October 16 2022) and 0.20% (as of 20 November 2022) respectively.[7]



- Due to the lack of timely global vaccine coverage[8], new COVID-19 variants have emerged[9] amid fears of vaccine resistance.[10] Omicron and its sub-variants continue to spread rapidly, with cases spiking globally since late 2022.[11]

- Late and unpredictable access to vaccines has resulted in the 'dumping' of near-expiry vaccines on the continent by global north governments; for example: at the end of January 2022, 0.5% of vaccines received in African countries had expired and had to be disposed of, despite the shortages faced by the continent.[12] In October 2022, South Africa has planned to destroy 8.5 million doses of the COVID-19 Pfizer vaccine.[13]

- Limited and unaffordable access to testing and treatment[14] has contributed to a low public perception of the health impact of COVID-19 in Africa[15] when, six out of seven COVID-19 cases are undiagnosed,[16] and there is ongoing undercounting of death due to lack of access to diagnostics and weak health information systems. Only 0.4% of tests have been used in low-income countries, despite these countries comprising 9% of the global population.[17]

In addition, there is a critical need to document the experiences and lessons learnt from the COVID-19 pandemic to inform future pandemic readiness and preparedness.

How will P2A help?

There are many COVID-19 data 'trackers' out there, but very limited data about the specific barriers on the ground that prevent communities from equally accessing public health commodities like vaccines, testing and treatments. This project builds on work undertaken in 2021 by the Alliance (in partnership with SAMRC and DSI) to build vaccine confidence in communities across South Africa. Working through partners in Gauteng, Mpumalanga and Limpopo, it will gather data to:

1. **Document the specific barriers and enablers** to COVID-19 vaccine, testing and treatment awareness and uptake. Barriers to distribution can include service delivery strikes, cold chain storage issues, or civil unrest (among others), while barriers to uptake can include: poverty (e.g. the cost of taking a day from work to travel to health facilities), mis- and dis- information causing hesitancy, fake news, or availability of vaccines, among others. Enablers include community engagement (like this project), multisectoral collaboration, or technological innovations.

2. **Synthesise and share collated data and evidence with communities, civil society and community-based organisations** to inform local advocacy around health systems strengthening and service access.

3. **Collate and present data in different formats** (e.g. briefing papers or infographics, radio shows and information in different languages, including braille) to communities, civil society and other key stakeholders, such as the Department of Health, private sector institutions and academia, to inform their decision making and understanding of local barriers and enablers to health systems strengthening and service access.

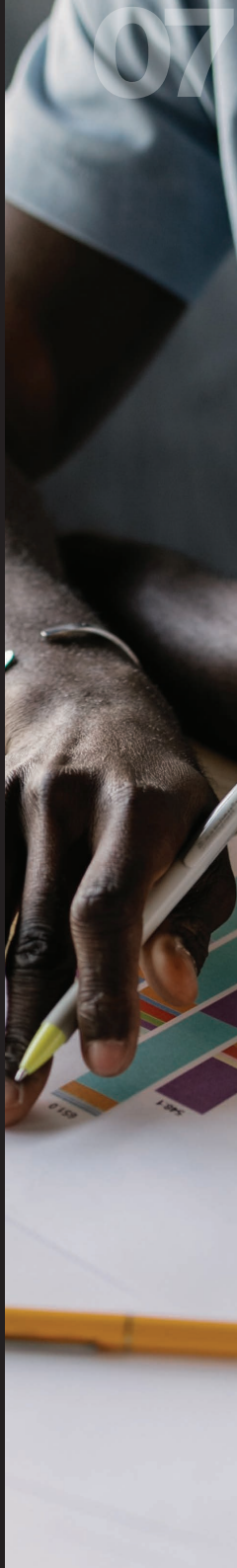
4. **Publish aggregate data to an online vaccine equity tracker** developed by our partners in the Pandemics and Health Emergencies Readiness Lab (PERL) at McGill University to inform national, regional and global decision-making around future pandemic preparedness.

How will it be implemented?

The South African pilot will allow us to test our approach in three provinces while providing valuable information and evidence for the communities and partners we work with during roll-out to use for their own programming, advocacy and decision-making. Afterwards, we will document the learnings (including reflecting with our partners) and share these to see how P2A can be adapted to other contexts and future pandemics or public health crises.

Our partners in the provinces will undertake the following data collection activities primarily through building relationships with key stakeholders and undertaking district visits each month:

1. **Collate a fortnightly report** that includes:
   - A snapshot of procurement, delivery and supply of medical products and any related barriers to distribution or access – from both government and civil society perspectives
   - Media monitoring of coverage in local and provincial newspapers, radio and TV, social media and WhatsApp of COVID-19 related issues – or any misinformation via these sources
   - Community engagement activities and communications happening in the districts by civil society, government, private sector and academic institutions
   - Stories from marginalised groups about their experiences of accessing vaccines, tests and/or treatment.
2. **Document any specific incidents** that inhibit vaccine distribution and access, and ensure that key stakeholders are made aware of these and can respond, for example, healthcare work strikes, cold chain storage issues (e.g. a refrigerated truck breaks down), infrastructure issues preventing access to a clinic (floods or road damage), etc.
3. **Facilitate a monthly partner meeting t**o review and analyse the data together, then develop a monthly provincial summary report and summary briefing to be shared with partners to support their programmes, advocacy and decision-making
4. Use the data **to develop content for regular local radio shows and other communications materials.**



> “We remain concerned that South Africa – a country rife with concurrent epidemics of TB, HIV, obesity, diabetes, and cardiovascular disease, as well as an epidemic of systemic inequality – continues to have a heightened risk of COVID-19. There is an urgent need for us to ensure that communities remain at the centre of any response to the pandemic. The DSI is fully supportive of efforts such as those of the African Alliance to ensure that the science and innovation sector, respond rapidly to the Covid-19 pandemic..
>
> Glaudina Loots - Director, Health Innovation

What is your relationship with the National Department of Health?

This project was designed in collaboration with SAMRC and DSI as a standalone community engagement process to build vaccine confidence. It is independent of the National Department of Health, however, they are a key partner, and we will engage with them throughout P2A’s rollout to better understand the process and status of procurement, delivery and supply of medical products and to ensure the data collected can also meet their decision-making needs.

How will this benefit partners and communities? How can we partner with you?

The African Alliance is known for its research and advocacy work and the way it collects, synthesises and disseminates information for marginalised groups. This project is no different and will see us:

1. **Convene monthly meetings** of participating and/or interested partners who want to better understand the vaccine, tests and treatment landscape and support the project.
2. **Document and amplify the specific experiences of traditionally marginalised groups** in terms of their experience of COVID-19 service provision.
3. **Support partners to share co-analyse data with communities, civil society and community-based organisations** to ensure it can meaningfully inform their local advocacy around strengthening health systems and service access.
4. **Based on partner needs and feedback, present data in different formats** to inform their decision-making and understanding of local barriers and enablers to public health access.
5. **Publish aggregate data to an online vaccine equity tracker** to inform decision-making at national, regional and global levels around future pandemic preparedness and public health systems strengthening.
6. **Use its regional and global networks to influence change at different levels.**

It is hoped that the P2A process will strengthen relationships across provincial partners through regular meetings, joint data analysis and sense-making, and the sharing of information in different, accessible formats to ultimately create a shared understanding of and joint action towards equitable access to COVID-19 tests, vaccines and treatments as part of a broader process of health systems strengthening.

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Active and informed citizen engagement in issues relating to their health and well-being is critical. The African Alliance's role and leadership in this regard is critical and exemplary."

Professor Quarraisha Abdool Karim - Associate Scientifivc Director, CAPRISA

1. Africa Research, Implementation Science and Education (ARISE) Network (2021) 'Disruptions from COVID-19 in sub-Saharan Africa will have substantial health consequences', in The American Journal of Tropical Medicine and Hygiene, Harvard University Center for African Studies.
2. EMA (1 Jul 2022) 'Global regulators agree on key principles on adapting vaccines to tackle virus variants'.
3. Katella, K (17 Nov 2022) 'Omicron, Delta, Alpha, and More: What To Know About the Coronavirus Variants, in Yale Medicine.
4. Our World in Data (n.d) COVID-19 Vaccinations. Accessed 6 Dec 2022.
5. WHO (n.d) South Africa. Accessed: 6 Dec 2022.
6. Our World in Data (n.d) COVID-19 Vaccinations. Accessed 23 Nov 2022.
7. Data adapted from ourworldindata.org (https://github.com/owid/covid-19-data/tree/master/public/data)
8. UN News (9 Nov 2022) Global disparity in access to essential vaccines, says WHO report.
9. ECDC (1 Dec 2022) SARS-CoV-2 variants of concern as of 1 December 2022.
10. UN News (1 Sep 2021) COVID-19: New Mu variant could be more vaccine-resistant, and WHO (26 Nov 2021) Classification of Omicron (B.1.1.529): SARS-CoV-2 Variant of Concern.
11. Al-Bawaba (4 Jul 2022) Spiking by 7%: COVID-19 Worldwide on Warpath and Nikiforuk, A (4 Jul 2022) 'Get Ready for the Forever Plague' in The Tyee.
12. Our World in Data (n.d) COVID-19 Vaccinations. Accessed 23 Nov 2022.
13. Ho, U. (14 Sep 2022) 'COVID-19: Binning of jabs a 'shocking indictment' of vaccination campaign, says health expert' in Spotlight.
14. WHO (22 Sep 2022) No time for COVID-19 complacency, say key countries responsible for tracking globalrollout of COVID-19 vaccines, tests and treatments.
15. **Njoga et al. (Nov 2022) 'Persisting Vaccine Hesitancy in Africa: The Whys, Global Public Health Consequences and Ways-Out—COVID-19 Vaccination Acceptance Rates as Case-in-Point'.**
16. Pradhan, A U et al. (2022) 'Challenges of addressing neglected tropical diseases amidst the COVID-19 pandemic in Africa: A case of Chagas Disease', in Annals of Medicine and Surgery, 81.
17. **Cullinan, K. (7 Sep 2022) 'New Initiative Will Enable Speedy Introduction of COVID-19 Antivirals in Africa and Southeast Asia' in Health Policy Watch.**

PORTS ARMS 2

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African Alliance

McGill University

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