



Better Preparedness for the Next Pandemic

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If you're interested in writing either an op-ed style article for our website, a personal reflection, or a blog post while you're here this week, please email your submission to Salzburg Global's Communications Manager, Aurore Heugas: aheugas@salzburgglobal.org

Whether writing articles or social media posts, please make sure to observe the Chatham House Rule (information on which is in your Program Directory).

We will be updating our website with summaries from the panels and interviews with our Fellows, all of which you can find on the session page: SalzburgGlobal.org/go/811-01.

We are updating our Facebook page facebook.com/SalzburgGlobal and our Flickr stream flickr.com/SalzburgGlobal with photos from the session during this week and also after the program.

We will also be posting photos to Instagram instagram.com/SalzburgGlobal.

Use the hashtag [#SGSHealth](#) on LinkedIn, X, or Instagram and we might feature your photos in the newsletter!



Empowering Global Health by Redefining Vaccine Access Models

Salzburg Global Seminar is partnering with the John Sloan Dickey Center for International Understanding at Dartmouth College, enabling discussions on access to suitable and affordable vaccines in low- and middle-income countries (LMICs).

Nearly thirty Fellows, including healthcare practitioners, policymakers, researchers, and representatives from health ministries in several African countries, convene for this program on “Better Preparedness for the Next Pandemic: Developing Vaccine Access Models with Low- and Middle-income Countries”. Central to the discussions is a focus on the unique experiences with COVID-19 vaccine access and procurement in Fellows’ respective countries.

Reflecting on past engagement with Salzburg Global, Dawn Carey, Director of Global Health and Development at Dartmouth College, shared that when the Dickey Center “partnered with Kendall Hoyt for the Pandemic Security Project in 2022, many of my early activities were informed by my

time at Salzburg - intentionally varied voices in the conference room, deep relationship development OUTSIDE the conference room, [and] inclusion of young minds in the process, even if only as ‘flies on the wall’.” Bringing these conversations to the international stage in Salzburg serves as a powerful next step in developing better health systems globally.

Prashant Yadav, Academic Director of the INSEAD Africa Initiative, noted that “what we are trying to do differently in this program” is center the perspectives of frontline stakeholders who “should be the ones who design the system for accessing [vaccines] ... the starting point is from the frontline.”

The program aims to amplify the voices of LMICs and end-users, as shared insights should inform principles for a bottom-up approach and user-focused model for future vaccine procurement models. Ultimately, Fellows hope to improve equitable vaccine access worldwide and lay the groundwork for transformative change in global health systems.



Navigating Vaccine Access: Lessons from Uganda and Kenya

Edison Chung

From syringes to storage facilities, vials to funding strategies, every detail matters in a pandemic. The COVID-19 pandemic exposed the inequalities of healthcare around the world and the pressing need to address them before the next pandemic. This begins with identifying the challenges that low- and middle-income countries (LMICs) faced during the pandemic. Salzburg Global Fellows Henry Mwebesa and Patrick Amoth elaborated on the experiences of two African countries and the lessons the world learn from this.

Vaccine Access

Securing vaccines was a pressing priority for all, but for many African countries, it was a long and delayed process layered with obstacles. After initially receiving one million doses of COVID-19 vaccines in March 2021, Dr. Henry Mwebesa, Director of General Health Services at the Ministry of Health of Uganda, revealed that it took another three months for the next batch of vaccines to arrive. As the pandemic progressed and Uganda received more philanthropic funds, securing vaccines in time remained difficult, as “we made orders, but they did not supply in time,” Henry recalled. To make matters worse, rigid contractual terms forced upon LMICs made it impossible for them to penalize untimely deliveries.

Lacking bargaining power and the financial means to access vaccines, most of the vaccines for LMICs came from donations. However, they often came with a very short shelf life and did not consider the needs of LMICs. Patrick Amoth, Director General for Health at the Ministry of Health in Kenya, alluded to one donation where the packaging was so voluminous, it overwhelmed the storage capacity at the national vaccine depot and crowded out routine vaccinations. Patrick referred to this as “dumping vaccines”. LMICs



often receive vaccines that are near expiration, which inadvertently creates more burdens than benefits, as the cost of destroying these vaccines are borne by LMICs.

Looking Forward

Equitable access to vaccines will be crucial in the next pandemic. Reflecting on the COVID-19 pandemic, Henry believes that COVAX has the potential to be strengthened into a more equitable arrangement for the future. During the pandemic, the price for vaccines rocketed as high-income countries hoarded doses. COVAX should continue to pool vaccines, but Henry added that the key was to ensure adequate stock levels and strengthen COVAX as an “arbiter” and a “more genuine engine”. A strengthened COVAX would also efficiently allocate vaccines, allowing individual countries to apply and buy from the pooled stock according to their own needs. This corresponds with Patrick’s takeaway that “requests should actually come from the receiving countries”. Patrick explained, “we should be able to customize based on our own individual context”. LMICs

differ significantly in infrastructure, and it is necessary to develop solutions adapted to the regional needs and capacities of LMICs.

Lessons from Africa

Despite facing challenges in vaccine access, Africa fared better against COVID-19 than the world expected. Learning from the HIV pandemic in the 80s and 90s, Kenya institutionalized “home-based care” where people who were not severely ill were treated at home by professional healthcare providers and community health workers. “This platform worked very well during the pandemic,” Patrick explained, “not on a single day was our healthcare system stretched to the limit”. The solidarity and communal support demonstrated by Kenyans is a testament to a recurring message of the program, the need for a bottom-up approach. As has been the case in COVID-19, when one region cannot gain access to healthcare, every country is at risk. Such is the importance of global solidarity in the next pandemic. As Patrick concludes, “no one should be left behind.”

Managing Infodemics

Aurore Heugas

In a discussion moderated by Lisa Adams, Associate Dean for Global Health and Director of Dartmouth's Center for Health Equity, Salzburg Global Fellows sought to answer: "How can 'infodemic' – misinformation and vaccine hesitancy – be better managed, and what are the implications for procurement?"

Drawing from their experiences of the COVID-19 pandemic, participants mentioned the ineffectiveness of a top-down approach that tells the public what they should know, rather than listening to their needs and concerns. "If facts were enough to motivate people, we would have solved all of the healthcare problems," noted a participant.

Another challenge is the speed of misinformation on social media, unfortunately targeting not only the wider public, but also healthcare workers, letting their own fears and misconceptions cloud their judgements.

The group talked about a "multi-pronged approach" involving not just politicians or healthcare workers. "It really comes down to the issue of trust, and whom you trust or listen to. Is it our

politicians, our healthcare leaders, is it religious leaders or our star athletes, who will be the spokesperson to mobilize the community?" reflected a Fellow.

Participants suggested involving people who interact with the community on a more personal level, such as social workers or primary care practitioners, also pre-pandemic.

When addressing procurement, participants touched on the need to factor in vaccine hesitancy. In their experience, there was a significant mismatch between the supply of the COVID-19 vaccine and its demand.

A possible solution shared amongst the group was to survey the public to determine acceptance of vaccines to forecast demand, rather than using the number of individuals eligible for them.

When trying to summarize the issue, we came back to trust. "We need to map where trust is; who is trusted and who are the influencers spreading misinformation? There is a displacement of trust and if you start with that, you can start to make change."

Antidotes to Vaccine Nationalism

Audrey Plimpton

In the aftermath of the COVID-19 pandemic, the imperative to confront vaccine nationalism has become evident. Disparities in vaccine access highlight the need for collective action to safeguard global health.

As storytelling contributes to vaccine nationalism, countries should shift their perspectives to view vaccine access as a global matter rather than relying on nationalist narratives. Patrick Amoth, Director General for Health in Kenya's Ministry of Health, commented, "We are talking about a global problem that has no boundaries. If we do not protect all of us, then even you will not be protected... How do we change that narrative and ensure that we as a global community are tied together in this?"

The group reached a consensus that "solving for vaccine nationalism is solving for a collective action problem". Fellows suggested several ideas that can serve as an antidote. The first proposal is an "intercontinental buddy system",

a term coined by the group to refer to countries partnering bilaterally across continents that have common needs but distributed risk. Countries like Brazil and Kenya are already cooperating in a similar framework, and this kind of bilateral partnership could be expanded into global cooperation.

The second suggestion is a clearing house in the Africa CDC for countries to better manage the vaccine donations they are given. There would be great value in sharing cross-country data through the Africa CDC platform so that surplus vaccines can be shared with neighbors based on need.

The group suggested that countries start with cooperation through organized regional or economic blocks, especially in Africa. By implementing strategies like these that foster global solidarity in addressing public health challenges, countries can pave the way for a more equitable and resilient future for all.

Vaccine Self-Reliance

Neeraj Tom Savio

"Self-reliance is about empowerment, not exclusion." This was the defining idea contributed by a Fellow during a discussion seeking to answer: "How far can local manufacturing and research be developed in Africa, and what would its impacts be?"

Fellows focused on the challenges behind these questions. They highlighted that the conversation around African self-reliance needs to evolve beyond considering vaccines as a finished product. It needs to strengthen numerous components, such as diagnostics, pharmaceuticals, and education to foster self-reliance. It also needs to consider all aspects of vaccine development, such as the pharmaceutical ecosystem, the research and development sector, the market, and the political environment.

One of the solutions that Fellows considered is increased coordination in procurement and regional manufacturing. As every country cannot build vaccine centers for every disease, it would be ideal to have specialized centers for specialized diseases. Biotech startups need to be supported, as they can bear the increased risks accompanying vaccine development. Universities are also often neglected spaces of tertiary education which must be supported to develop a talent pool for the research and development sector.

A unique vaccine financing model that can keep up with changes in demand and supply was suggested by Fellows. They proposed a combination of a subscription and variable model, where vaccine centers are paid a subscription cost to support their operations, with additional costs levied in cases of increased demand. Additionally, local and specialized manufacturing must be incentivized, which would also increase supply chain resilience.

The participants emphasized that African self-reliance in vaccine manufacturing is not about excluding the rest of the world, as 100% self-reliance is neither feasible nor desirable. Instead, African countries seek to be more independent in a health emergency and to better prepare for the next pandemic.

Hot Topic: “What do you hope to learn this week?”

Neeraj Tom Savio

“I’m really looking forward to the opportunity to learn from colleagues from around the world about their perspectives on pandemic preparedness and how to generate options for creating access pathways for novel products and existing products in settings of the pandemic and into pandemic periods.”

Claire Wagner

Head of Corporate Strategy and Market Access, Bill & Melinda Gates Medical Research Institute, USA

“What I would love to be able to learn from my conversations with colleagues this week is: what is it that we have learned from the COVID pandemic that we can build into a roadmap, a strategy, a set of principles that will allow us to better handle a pandemic, an outbreak, or an epidemic in the future?”

Rashad Massoud

Visiting Faculty, Harvard T. H. Chan School of Public Health, USA

“I’m expecting this meeting to focus on the challenges that we have with the barriers to access, to focus on being of high resolution, and to say that it’s not just one size fits all. I expect us to produce solutions for the different regions of the world and more on ensuring effective regionalization in terms of vaccine manufacturing.”

Abebe Genetu Bayih

Ag. Lead, Partnership for African Vaccine Manufacturing, Africa CDC

“I’m very curious about how we answer the question about access to vaccines, particularly for middle- and low-income countries [...]. Meeting with the leaders who have joined here today with Salzburg and Dartmouth, with the [John Sloan] Dickey [Center for International Understanding], I’ve already learned so much about how we can help build a better system for global response now and for future pandemics [...].”

Victoria K. Holt

Norman E. McCulloch Jr. Director, John Sloan Dickey Center for International Understanding, Dartmouth College, USA



#FacesOfLeadership

Júlia Esquivà Moreno

“I have progressed through ladders of promotion very fast at a young age, and I have found myself leading a group of people who are older than me, just because of being assertive.

I’ve been working towards achieving something that will bring me out, and my understanding has brought me up very fast. Being a young leader, I’ve received criticism from seniors and older people who say, ‘what can that young girl bring to the table?’ or ‘what experience does she have?’, and in that regard, it takes time to convince people who have not seen what I have achieved.

But I want to say that being young has not affected my performance, and being young has not led to the collapse or decline of the organization’s elite. Instead, I’ve seen myself being able to achieve more and people being able to learn from what I do.”

Christine Nimwesiga

Registrar, Uganda Nurses and Midwives Council - Ministry of Health, Uganda

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