

## An excerpt from the podcast hosted by GBC Health

This original, full length interview is hosted by [GBC Health](https://soundcloud.com/gbchealth) and available to listen to at <https://soundcloud.com/gbchealth/when-pandemics-collide>.

[excerpt below starts at 20:31]

**Andrea Cockerton:** Michael, we've been talking a little bit about how COVID has impacted the prevention and treatment of malaria over the last couple of years. Obviously, each of those areas, treatment of prevention need a strong supply chain and strong supply chain systems. In your view, how did these systems stand up during the COVID pandemic and what particularly, what was Vestergaard's experience?

**Michael Joos:** It's a great question. And the short answer is they barely held up and they've also exposed a lot of strategic floors in the supply. So, with a collaborative effort of the donors, the WHO, the country, malaria organisations, the private sector, et cetera. I think we can say we avoided the WHO's worst-case scenario that they had published I think it was April 2019, but despite this, we still had many more malaria cases and a rise of 12% of deaths in Sub-Saharan Africa in the year 2019. And if you look at it from the insecticide treated nets perspective, there are many perspectives here, of course, course because access to antimalarials, health care seeking behaviour changed, all kinds of things changed purely from a bed net perspective and a bed net is at the end of the day still, I'm sure Kalu will agree, a kind of a foundational tool in terms of prevention of malaria upon which is layered many other interventions, whether it's seasonal chemo prevention, whether it is vaccines and so on. And so out of the 31 countries that planned interventions of malaria bed net campaigns, only 18 completed these, most of them with delays. And of course, hitting timing is important because you want to hit the rainy season. Only about 70% of the actual bed nets that we're supposed to be distributed in 2020 actually distributed as an example. And this of course gives a gap in protection to millions of people. In fact, tens of millions of people. It's not to be underestimated.

**Matt Romney:** Thinking of what we've been discussing for the last couple of minutes, let's put a cap on this discussion before we start looking ahead to the vaccine. Thinking about supply chain and funding, innovation, I'll ask both of you: What is your opinion on how the

private sector should work with governments and organisations such as the Global Fund, WHO and others to improve resilience for the future?

**Dr. Akpaku Kalu:** First, I believe we need a new partnership for malaria in Africa. A partnership of endemic communities, private sector, non-health sectors, appropriate non-health sectors, and the health sector. Each with clear division of labour that shows what each will contribute. In this new partnership, the focus must be on building malaria free communities hitherto the focus has been on protecting individuals and households from malaria. We must shift to focusing on protecting communities. The difference in that is that you focus on saturating that malaria endemic community with appropriate mix of interventions to break the transmission chain. So, you create a coalition of evolving, expanding malaria-free communities within an endemic country.

That's what must be done. Then we mobilise private sectors, operating in those communities to engage community leaderships and community organisations to agree on the rules of each. For the private sector, it might be to contribute to the commodities needed to make this community malaria-free. That's one way.

Another way for the big corporations is what I call adopt-a-district and make it malaria free.

We have organisations, corporates that are almost in every district. So, in that district where *Bank A* has a branch- can the bank contribute to make that district malaria-free by working with the district health system and the communities and the leaderships there and agree on what they could contribute?

So, adopt a district and make it malaria free. Adopt a region or province and make it malaria free. Those kinds of packaging of malaria interventions and estimating the costs of course, and marketing it to the private sector for them to invest in. So, we see malaria free status as a useful, shared, economic good that is worth buying. So, when you define incentives or you define what must be done, then this new partnership, this secretariat. will attract them to invest in a district or to adopt a district and make it malaria free. So, it's not just now about a token contribution yes of a million dollars. That is good. That's very welcome, but it's about ensuring that that investment by the private sector has impact.

**Matt:** Michael, we'll go over to you with the same question. I know anyone who's checked out GBC Health's recent case study report will know a little bit about how Vestergaard believes that the private sector and partners can work together to strengthen supply chains and deal with issues that you mentioned before, like the focus on price reduction. So, what is your recommendation for how the private sector and partners can improve resilience and overcome some of these issues that we've talked about?

**Michael:** As already mentioned, COVID showed limitations in the robustness of the supply chain. In addition to that, I also think we have a bit of a broken innovation system. We have badly needed the innovation to go after things like insecticide resistance, longevity, longevity of efficacy of the bioavailable chemistry on the bed nets. We're also probably not doing as good a job as we could, when it comes to quality management and more oversight and systems are needed to ensure that we have long lasting efficacy in the, in the markets.

And this is one of the reasons why we as a private sector company are calling for systematic, ongoing post-market surveillance as you would do when you launch medications and so on into the market.

Another thing to consider is the fact that costs probably won't go down and this is an important thing for people to understand. We've hit the bottom of the learning curve after 15, 20 years of making bed nets. We and others know how to do them cost effectively, and those costs have been passed on. I know this is a bit boring stuff, but the reason why I bring this up is because we can do more. And the private sector is ready to invest, producing more capacity going after topics like automation, putting investment in manufacturing innovations that truly have an opportunity to reduce cost. And honestly, unless suppliers like ourselves have long-term transparency and visibility of demand, it's really hard to invest when it comes to technology and cost. And all of this requires a much better industry collaboration.

We need to create a strategic supply chain platform with the industry and the donors. Today, the donors outsource procurement to a third party, they don't even do it themselves. They don't view it as strategic. Yet, these tools are directly linked to the outcome of the efficacy and the success of their programmes ultimately, and we really need them to create more strategic roles and mechanisms within their organisations, not within the outsource procurement organisations and look at long-term partnering. By doing this, I believe the

industry, together, with the donors can address all kinds of things - capacity building for production, supply chain robustness to avoid shocks, like we just heard happening with COVID, ensuring innovation that there's money available to invest in long-term innovation products. All these things can really harvest tens of millions of dollars in cost reduction. And often donors say that one of the reasons they cannot engage long-term is because their funding cycles having either a one- or a three-year period so they cannot commit. And honestly, that is not a good enough excuse. I believe that we, as an industry, are fully prepared to lean across such funding cycles. Well, we're calling for ultimately, and we have been for quite some time, is that the big donor organisations look at supply chain strategically, internally own it with roles and responsibilities, but also with mechanisms internally, as opposed to outsourcing that to third party companies.

**Andrea:** We've looked at the current situation and what's happened over the last couple of years. We've talked about the impact of COVID. We've looked in detail at supply chains and the private sector response and what can be done in the future, what needs to be changed. We looked at structures and strategies, innovation, investment, and partnerships.

We'd like to now look at some potentially good news. So, what is being done and what could be achieved and what is being achieved, looking in particular at the announcement, by the WHO in October last year about the release of the new malaria vaccine for children, which is called RTS,S. And I believe it was based on results from a pilot in Ghana, Kenya and Malawi that had reached around 800,000 children since 2019, which is fantastic.

So, let's look at this now. And what I'd like to do is firstly, ask what its roadmap with the vaccine. So, Kalu, this is a question for you.

**Kalu:** First, we'd like to congratulate all the countries, all the scientists and organisations I've been involved in developing the RTS,S vaccine. We're all exhilarated when WHO said we could use the vaccine much more widely than beyond the pilot countries, but the WHO has set up an advisory panel to look at the framework for a location on the vaccines. To come up with a fair and equitable framework for deploying the vaccines because there is limited supply. The current focuses that we'll may have about 15 million doses per year for the next three years or so. Also, for malaria, for instance, we've been supporting tailoring of interventions. Meaning we have countries look at their data at some national level and determine based on a triangulation of various available data what is the best mix of

interventions in each band, in each stratum of the country as stratified. This is the smart way to go. Having said that, therefore it's important to know that we have limited supply and that hopefully in few weeks we'll be briefing countries for them to have a say on the framework for that location.

So otherwise of course, we look forward to hopefully increase in supply of the vaccines. So that the populations that need the vaccines receive them.

**Matt:** I think that there, there was a lot of excitement and hype surrounding. You know, the series of announcements from WHO and Gavi over the last year and rightfully so. So, do you think that that all that hype is warranted? Do you think that we're going to reach these, you could say lofty expectations? And what might the challenges be to getting where we want to be with this vaccine.

**Kalu:** The major challenge is basically funding to ensure that production is taken to scale. And we hope that this will happen. We already have experience with COVID vaccines, where the world found the resources to make it happen. And we are saying we have having malaria emergency in Africa. We have a malaria emergency in endemic countries all over the world. And that as an emergency what you see that the "malar-emergency" and put in emergency financing to make sure that all tools needed are deployed and deployed effectively and quality to ensure that we break transmission and catch up with our momentum towards 2030 targets.

**Matt:** Michael, do you want to weigh in on the initial roadmap for the vaccine?

**Michael:** Yeah, I think as Kalu has already mentioned, it's a great milestone. Malaria vaccines are tricky. Of course, the challenge now is to go from ideal study environments to full rollout across the continent. The major need here is funding that will drive availability, drive access, and it really makes sense to integrate this into the childhood vaccination programmes, the way it's been suggested, which makes all the sense in the world, given the complexity of vaccination programmes in general.

**Matt:** The world's experience with the COVID vaccine rollout taught us some very important and you know, sometimes tough lessons regarding not only hesitancy, but how do

we achieve equitable distribution? And it's natural to think that these lessons should inform future vaccination efforts. So, do you feel that we're taking the lessons from these, this experience and applying that to the rollout of the malaria vaccine?

**Kalu:** You know, Africa only does a political, even a political level have been pushing for manufacture of COVID vaccines in the region. The same is being said about the malaria vaccine. If 95% of malaria cases in Africa, where the virus has been manufactured outside the region.

Secondly, learning from the COVID vaccine we know that we can deploy more than one vaccine. So, we look forward to the future where we have more than RTS,S other vaccines that are safe efficacious, then we'll deploy them. The bottom line is let's save every child from malaria because one person dying from malaria is one person too many.

**Michael:** I'll just jump in here to just echo that. And of course, we've all understood just what an amazing present we as humanity have given ourselves. Honestly, when it comes to vaccines and just how important they are in the whole, in the whole scheme of things. The funding that we've given the COVID again, also highlights just how much we can do with money in terms of driving access and availability of vaccines. And of course, the additional thing that organisations like the Global Fund are really focused on is healthcare systems strengthening. And I think the combination of all of these, the fact that COVID is really in the focus has brought vaccinations back into focus. Everybody being vaccinated or getting vaccinated, the systems are there, health system strengthening, and funding really makes one optimistic that we will do a good job with this vaccine as well as with many others.

**Andrea:** It strikes me listening to the two of you talk about your experience that there are four key areas that seem to be coming out at me. One is funding. The second is data and analytics. The third is the importance of partnerships and collaboration and this whole of society approach and, the fourth is, is urgency is a sense we need to move now, and we need to make the changes now as quickly as possible.

So, let's change the pace of this discussion. Now, as we head towards the end of the podcast, what we'd like to do is fire three questions at you in quick succession. And I think Matt, you're going to start with one for Michael.

**Matt:** Thanks, Andrew. Are there any examples of a private sector success story in tackling malaria during COVID that we should recognise?

**Michael:** Yeah, I think we were really able to work closely together with the Global Fund, with PMI, and others to eradicate internal, bureaucratic blockages and make fast and quick decisions on supply chain. And I was really pleased to see how everybody got together. We, as a private sector supplier in terms of making sure we are robust in our supply chain, but also on the donor side and the countryside I might add too, everybody was aware of the issues. And there was super communication all the way through. And the new mechanisms were built within the Global Fund and elsewhere in terms of dealing with it. So, I think that's a job well done.

**Matt:** Let's jump forward 10 or 12 months. So, it's the end of '22, we're in 2023. Where do you think we'll be in terms of the broader fight against malaria compared to today?

**Kalu:** I hope we'll be able to deploy emergency teams to the 30 countries responsible for 95% of malaria cases in the world in Africa. Emergency teams with clear mandate to drive evidence-based targeting of interventions and try to save lives and to reignite the momentum towards the 2025 milestones of the global technical strategy.

I hope that at the end of this year, through that, we'll be able to report a halving of the number of people that died of malaria in Africa. Am I very optimistic? We shall see.

**Andrea:** Kalu, what would be your final word to the private sector to help that target be achieved or to anybody working with the private sector? What would be your one final word to reach that goal?

**Kalu:** I will say, stop waiting for government to reach out to you. Please reach out to government, reach out to the president, reach out to the minister of health and other leaders in the country. Offer your support. To support adopt-a-district to make communities malaria-free, the [great regions of malaria transmission]. We have a common responsibility to make Africa, malaria-free.

**Andrea:** And Michael, your view on that subject. What advice would you give to the private sector to help us reach that target?

**Michael:** I would say the industry is ready and able to do a lot more. Also, invest a lot more. But in order to do so to get really these step changes in supply chain robustness, reduction in cost and all these things, we need a better strategic dialogue. And that requires a strategic supply chain platform where the donor organisation specifically, who are tasked in bringing these tools out to the markets, ultimately create the necessary roles and also mechanisms to engage. So that's what we call for.

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