

TOWARDS A PEOPLE'S VACCINE CAMPAIGN

A CALL TO ACTION

As the COVID-19 pandemic wreaks havoc in South Africa and across the globe, millions are dying and getting infected. **Inoculating (vaccinating) a significant proportion of the population is the only realistic way to defeat the pandemic, globally and locally.** This will require international co-operation and social solidarity, **not vaccine Apartheid, nationalism and corporate profiteering.** Unprecedented unity and action of all sectors of our society are of great urgency.

Our people will need to show great **vigilance** and **social solidarity** if we are to slow the rate of infection and ensure that our health facilities do not continue to be overwhelmed. Nevertheless, it is with some relief that we welcome the news that SA has managed to acquire **1,5 million doses** of one of the handful of safe and effective COVID-19 vaccines for our health care workers on the front line. But this is just a start.

We need millions more.

Depending on whether we use a vaccine that requires one or two doses, anywhere between 40 to 80 million doses will be needed, along with a massive roll-out effort to achieve herd immunity. This cannot be done by the government alone. We, the people, especially the millions of us who live in the direst of circumstances, must be central to this effort.

**JOIN THE PEOPLE'S VACCINE CAMPAIGN AND BECOME
ACTIVE IN THIS LIFE AND DEATH STRUGGLE.
NO-ONE IS SAFE UNTIL EVERYONE IS SAFE!**

A PEOPLE'S MOVEMENT FOR THE VACCINE!



Drawing on the People's Vaccine Alliance and Free the Vaccine campaigns globally, this South African call to action arises out of a broad-based demand for urgent focus on and mobilisation around equitable vaccine access and allocation. This was endorsed by over 500 organisations and individuals to date, and pushed forward by a number of leading public health, labour formations/organisations and individuals for the formation of a **Peoples' Vaccine Campaign** (more details to be found at the end).

There is a danger that elites, powerful or dominant medical schemes, private healthcare providers and other corporate interests will undermine access, through growing disparities in our two-tiered health care system, and exclude the voices of workers who belong to state medical schemes, all health workers, front line workers, working-class communities and civil society.

This is why we need a people's movement to fight for equitable access, equity and vaccine justice. We must be part of the (already on-going) country's discussions to shape, participate and provide oversight of and over the national vaccination roll-out programme – the details of which are still sketchy and which require greater transparency.

In recent months alone, the lack of transparency about the plans, delays in securing access to supplies (even urgent supplies), and delays in confirming financing arrangements (as yet not shared in full) highlight why the role of our people, labour (especially front-line workers), civil society, social movements, communities and people's organisations will be crucial.

Our government's poor record of public service delivery, alongside corruption, cronyism and mismanagement, and the profiteering motives of business and the pharmaceutical industry even in a pandemic and in emergency situations, requires not just our oversight, but an active role in shaping and delivering a national vaccination roll-out programme.

WHY DO WE NEED A UNITED RESPONSE TO ENSURE A SAFE AND EQUITABLE AND URGENT VACCINE ACQUISITION AND ROLLOUT PROGRAMME?

There are many threats and obstacles to the procurement, roll-out and administration of a national public vaccine programme, including:

1. SA GOVERNMENT'S AUSTERITY MEASURES IN A PANDEMIC

The scale of the national vaccine roll-out programme will require a long overdue injection of billions of Rands into our public health system. Vaccine supplies have to be located, accessed and bought, additional nurses and other HCWs employed, equipment and storage facilities arranged or bought, and domestic and regional capabilities harnessed. Yet, the current budget framework envisages cutting the public health allocation by R10 billion (4.4%) in real terms over the next three years. In its February 2020 budget, the National Treasury already cut R3.4 billion in real terms from Public Health compared to the 2019 budget, just when the COVID-19 pandemic emerged here.

The Mid-Term Budget also included a reduction in the public service wage budget by R274 billion over the coming three years, compared to earlier budget allocations. These constant budgetary cuts impact directly on the state's capacity to deliver proper and decent healthcare and in turn, an extensive national vaccination programme.

We also need better human resourcing:

- In 2018, the Presidential Health Summit acknowledged that there were 37 000 vacancies in our public health system, but this has not been addressed.
- Thousands of qualified nurses and other health professionals who have been unemployed for several years or have no job security, are ready to serve the nation now.

2. SA'S INEQUALITY: A STORY OF TWO UNEQUAL HEALTH SYSTEMS

SA is the most unequal country in the world with at least 50% of our population living in poverty with mass unemployment. This is worsening daily. Half of the country's healthcare expenditure covers only about 16% of the population and the other half, about 84% of our people, mainly the poor and black working class.

The government decided on a more equitable National Health Insurance (NHI) strategy in 1997 to overcome this critical problem. However, NHI is yet to be implemented in our country. It is now urgent that it is.

The combined capabilities, capacities, and resources of both health systems, and social solidarity are crucial for the success of a **Peoples' Vaccine Campaign** and it is critical that this is mobilised to operate in a collaborative and coordinated manner.

The predatory and profiteering practices of the private sector and pharmaceutical industry that notoriously seek profit over people's lives must be challenged and monitored, so too bilateral partnerships between government and the private sector (PPPs) that exclude workers and civil society input and voices.

Further rampant corruption cannot be tolerated.

3. THE AGREEMENT ON TRADE-RELATED ASPECTS OF INTELLECTUAL PROPERTY RIGHTS

(TRIPS) is an international legal trade agreement between all the member states of the World Trade Organization (WTO). It establishes minimum standards for the regulation by national governments of different forms of intellectual property. The WTO, through TRIPS, has largely served to maintain patent monopolies even in times of a public health crisis such as the Covid-19 pandemic.

The international division of labour and the hegemony of advanced and mature capitalist economies reduce the opportunities for developing countries to improve and expand their domestic productive capacities and capabilities. Enforcement of these trade agreements has effectively prevented the ability of countries such as South Africa from challenging the global patent regime in place at present. The transfer of vaccine know-how and technology for accelerated production in the global south is also prevented.

The SA and Indian governments formally petitioned the WTO for certain provisions of TRIPS to be temporarily waived in relation to Covid-19 technologies (diagnostics and therapeutics mainly) for the duration of the pandemic until global herd immunity is achieved. The waiver is supported by poorer countries, while rich countries and the pharmaceutical industry block and oppose it. These negotiations are on-going.

4. VACCINE NATIONALISM AND XENOPHOBIA:

The spread of the Covid-19 reminds us that nobody is safe until everybody is safe. Despite the reality that viral infection has no borders, many countries all over the world are addressing the pandemic on a narrow, nationalist basis instead of ensuring international cooperation and solidarity that will ensure affordable and urgent access to vaccines for everyone in need.

In particular, European countries, Canada, and the USA have pre-ordered large numbers of vaccine doses which exceed the need of their own populations. Some countries are refusing to vaccinate migrants and asylum seekers or populations under their occupation.

We cannot tolerate xenophobia and any unjustified exclusion in the rollout of vaccines in South Africa and the region among priority and vulnerable groups or communities.

Similar to what the Cuban medical brigades have accomplished in combating Ebola and Covid-19, today an internationalist approach is needed.

5. POSITION AND TREATMENT OF COMMUNITY HEALTHCARE WORKERS

For the past two decades, thousands of Community Healthcare Workers (CHW's) have been recruited to supplement capacity and support our healthcare system at grassroot level. However, they have often been exploited as contracted volunteers with very low wages and little regard for their health and safety. They, and any newly recruited healthcare and frontline workers will now be required to play an important role in the vaccine rollout. Standardised high-quality training and provision of adequate PPE should be ensured for all CHWs.

They should be guaranteed job security, have permanent public sector posts and be properly remunerated.

The majority of CHWs are women who are overburdened, with precarious and insecure employment. This pandemic provides us with the opportunity to turn 'opportunity' into decent employment and livelihoods, and build and strengthen the public health system which is at strain now.

6. GENDERED DISPARITIES

Health and care are traditionally women's work in the home, community and society and affects women more severely as parents, partners and care and health workers in society. Generally, they carry the burden of the sick, protect their health and family members. Given that many women also find themselves in the informal sector as the main means for supporting single women-headed households. Continued delay in vaccine roll-out will impact severely on their lives, especially those who are already oppressed by poverty. It will also worsen their circumstances by increasing both their exposure to the virus and the impact of caring for or taking responsibility for the family in the event of infection.

The heavily gendered impact of the pandemic has been unmistakable, and we cannot lose sight of this in our response; even vaccine research and production has discriminated against women, with children and pregnant women excluded.

7. DISINFORMATION AND VACCINE SCEPTICISM

The rise of misinformation, disinformation, science denialism, anti-vaxxer sentiments and vaccine hesitancy presents a worrying picture for us and the rest of the world.

SA has the largest drop in vaccination willingness in surveys carried out by Ipsos. The most recent survey results reflect only a '53% positive willingness' rate. To achieve country and global herd immunity, we need many more people to be willing to take a safe and effective vaccine. Public trust will now have to be rebuilt- in the vaccine itself - and requires an urgent, widespread communication strategy and plan.

Scepticism of government, the pharmaceutical industry and of the private health sector has laid fertile ground for anti-science opportunism and fear-mongering today. Social media, including Twitter, Facebook and WhatsApp, has been targeted both by those spreading disinformation, with organised campaigns building on previously existing fault lines in our society. Politicians have used both COVID-19 and the emergence of vaccines against the disease to score points and raise their profile. Both social and traditional media operate on a business model that rewards alarmist "click bait".

Tackling disinformation and misinformation will require a multilingual public education campaign with respectful discussion, engagement & communication that cannot be reduced to government messaging.

TOWARDS A PEOPLE'S VACCINE CAMPAIGN

We are building a campaign to ensure equitable access to a vaccine for everyone who needs it in South Africa. We support the People's Vaccine Alliance, Free the Vaccine Alliance, and are part of global People's Health solidarity networks. We support the call for the vaccine to be declared a 'public good'.

**WITHOUT WIDESPREAD VACCINATION,
WE WILL NOT BE ABLE TO END THIS PANDEMIC.**

WE MUST DO THE FOLLOWING:

BUILD PRESSURE ON THE NATIONAL GOVERNMENT

Austerity in a time of a pandemic is self-defeating, and we challenge this policy approach. There must be increased health spending to build the capacity of the national health system, and National Health Insurance (NHI) to ensure decent and equal healthcare for all in SA.

ADDRESS TRIPS AND INTELLECTUAL PROPERTY

South Africa must establish a policy environment that promotes local and regional manufacturing and ensures that it is responsive to its socio-economic development objectives. This should include a simple to use compulsory licensing system that encourages local research, development, and production.

We support measures that seek to ensure that the WTO, rich countries and the pharmaceutical industry do not (in this pandemic) continue to enforce structural IP, patent and pricing barriers that undermine universal access to vaccines, and thereby also limit mass immunisation and in turn, global herd immunity. Otherwise, they must account for all needless and preventable deaths in this pandemic.

This includes:

- Full-time public sector employment for Community Healthcare Workers (CHW's) and the appointment of additional nurses.
- The terms and conditions of the 2018 PSCBC collective agreement should be restored and implemented.
- To mitigate the socio-economic impact of Covid-19 and inequality in our country, a Basic Income Guarantee (BIG) is now necessary and urgent.

We insist on:

- Price regulation, control and price transparency of ALL vaccines.
- NDAs with drug companies must also be lifted, they are fuelling mistrust.

**VACCINES MUST
BE DECLARED
A 'PUBLIC GOOD'!**

MOBILISE CIVIL SOCIETY TO DEMAND ADEQUATE AND MEANINGFUL REPRESENTATION

We must lobby for our inclusion in various stakeholder committees and forums, nationally and locally. We can campaign and educate communities about vaccines as well as monitor implementation to call out any form of inequity, unfairness, corruption, theft, mismanagement or even inefficiencies.

Solidarity and the protection of communities' interests and people's lives must guide us in the fight against Covid-19.

COMBAT THE WAVE OF ANTI-VACCINE DISINFORMATION

We learnt with HIV/AIDS that disinformation, quackery and deliberate spreading of false and misleading anti-science sentiment will cost us lives. It is urgent that we address this to save lives.

This requires national information programmes, on all platforms and accessible popular education materials, research, and better communication. Lives now depend on trust-building.

The important previous and current work by many different groups and worker formations, is a means to imagine how such a campaign of collective efforts can help to mitigate this pandemic. This campaign does not set out to duplicate existing work or to replace it, but to create a network to help coordinate and collaborate all of civil society and worker formations' involvement. It is together that our voices are the strongest.

Emerging from the initial collaborative efforts of a number of committed organisations,

this is a call to action for all people's organisations to be involved:

Trade Unions/worker formations, CBOs, NGOs, Religious Bodies, Research institutions, health professionals, health care workers, social movements, communities and people living in both rural and urban areas – **sign on and help build a public campaign that ensures vaccines reach every clinic, every hospital, every community, every school, every workplace!**

LET US JOIN TOGETHER TO HELP GROW A PEOPLE'S VACCINE CAMPAIGN FOR SOUTH AFRICA.

To endorse, please add your details [here](#)

For inquiries, please contact:

✉ peoplesvaccinecampaign@gmail.com

Follow for updates:

 Facebook: [C19 People's Coalition](#)

 Twitter: [@CovidCoalition](#)

ORGANISATIONAL ENDORSEMENTS

LAST UPDATED: 13 JANUARY 2021|

ACTIVE CITIZENS MOVEMENT
AFRICAN ALLIANCE
AFRICAN CENTRE FOR BIODIVERSITY
AHMED KATHRADA FOUNDATION
ALTERNATIVE INFORMATION DEVELOPMENT CENTRE
AMANDLA COLLECTIVE
ASRI (AUWAL SOCIO-ECONOMIC RESEARCH INSTITUTE)
BENCH MARKS FOUNDATION (BMF)
BLACK SASH
BOTSHABELO UNEMPLOYED MOVEMENT
C19 PEOPLE'S COALITION BASIC NEEDS WORKING GROUP
C19 PEOPLE'S COALITION GAUTENG
C19 PEOPLE'S COALITION HEALTH WORKING GROUP
C19 PEOPLE'S COALITION MEDIA GROUP
C19 PEOPLE'S COALITION WORKERS' RIGHTS WORKING GROUP
CANCER ALLIANCE (REPRESENTING 30 ORGANISATIONS)
CANCER ASSOCIATION OF SOUTH AFRICA (CANSA)
CENTRE FOR EDUCATION RIGHTS AND TRANSFORMATION
CENTRE FOR SOCIAL CHANGE - UNIVERSITY OF JOHANNESBURG.
CHILDREN'S RESOURCE CENTRE
CHILDRENS' RIGHTS MINISTRY
CHRISTIAN DEVELOPMENT TRUST FOUNDATION (CDTF)
CITIZEN SURVEYS
DEMOCRACY DEVELOPMENT PROGRAM
DEMOCRATIC MUNICIPAL AND ALLIED WORKERS UNION OF SOUTH AFRICA (DEMAWUSA)
DENIS HURLEY CENTRE
DSI-NRF CENTRE OF EXCELLENCE IN FOOD SECURITY - UWC
EXTINCTION REBELLION SOUTH AFRICA
FIGHT INEQUALITY ALLIANCE SOUTH AFRICA
GLOBAL SOUTH AGAINST XENOPHOBIA (GSAX)
GLYNNIS GALE FOUNDATION
HEALTH JUSTICE INITIATIVE
HUMAN RIGHTS FORUM
HUMAN RIGHTS INSTITUTE OF SOUTH AFRICA
JOHANNESBURG AGAINST INJUSTICE
KENSINGTON CAN (JOHANNESBURG)
LAMEZE ABRAHAMS PSYCHOLOGISTS
LAWYERS FOR HUMAN RIGHTS
LEGAL RESOURCES CENTRE

STATEMENT WITH THE CURRENT LIST OF ENDORSEMENTS, CAN BE FOUND ONLINE [HERE](#)

ORGANISATIONAL ENDORSEMENTS

LAST UPDATED: 13 JANUARY 2021

MAITLAND GARDEN VILLAGE HOUSING FORUM
MARIKANA SUPPORT CAMPAIGN
MASIFUNDISE DEVELOPMENT TRUST
MEDIA MONITORING AFRICA
MOLLY SMIT EVENTS
NATIONAL LABOUR & ECONOMIC DEVELOPMENT INSTITUTE (NALEDI)
NKUZI DEVELOPMENT ASSOCIATION (NPC)
NORWOOD, ORANGE GROVE AND HOUGHTON (NOAH) CAN
OPEN SECRETS
PALESTINE SOLIDARITY CAMPAIGN
PAN AFRICAN CHAMBER OF COMMERCE
PEOPLE'S HEALTH MOVEMENT - SOUTH AFRICA
PROGRESSIVE HEALTH FORUM
PUBLIC SERVICE ACCOUNTABILITY MONITOR (PSAM)
RURAL HEALTH ADVOCACY PROJECT A DIVISION OF WITS HEALTH CONSORTIUM
SA BDS COALITION
SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF THE WESTERN CAPE
SEATINI - SOUTH AFRICA
SECTION27
SERITI INSTITUTE
SIYAKHOLWA SUPPORT CENTRE
SOCIO-ECONOMIC RIGHTS INSTITUTE OF SOUTH AFRICA
SOUTH AFRICA RURAL WOMEN'S ASSEMBLY
SOUTH AFRICAN COUNCIL OF CHURCHES GAUTENG
TAFELSIG MITCHELLS PLAIN CAN
THE DESMOND TUTU HEALTH FOUNDATION
TRUST FOR COMMUNITY OUTREACH EDUCATION
VACCINE ADVOCACY RESOURCE GROUP
WESTERN CAPE FORUM FOR INTELLECTUAL DISABILITY
WOMIN AFRICAN ALLIANCE
WORKERS' WORLD MEDIA PRODUCTIONS
YOUNG HEARTS FOR PALESTINE
YOUNG NURSES INDABA TRADE UNION (YUNITU)
YOUTH IN ACTION - MIDDLEDRIFT

STATEMENT WITH THE CURRENT LIST OF ENDORSEMENTS, CAN BE FOUND ONLINE [HERE](#)