



Future of Africa Podcast  
Episode 7: Vaccines, Progress, Potential  
Transcript  
September 22, 2025

[00:00:00]

The views and opinions expressed in this episode are those of the guests and hosts, and do not necessarily reflect the views of the podcast's partners.

**Mark Leon Goldberg** [00:00:10]

Welcome to the Future of Africa, a special series on Global Dispatches. I'm Mark Leon Goldberg, the host and founder of Global Dispatches, and in several episodes over the coming weeks, we will bring you in-depth conversations designed to explore Africa's future in the context of today's challenges and opportunities.

This series is produced in partnership with the African Union, the Elders, and the United Nations Foundation, and is hosted by the Kenyan journalist Adelle Onyango. I am truly thrilled to bring you this special project of Global Dispatches. We have some amazing guests in this episode and throughout the series. Enjoy!

**Adelle Onyango** [00:01:02]

Welcome to the Future of Africa podcast. I'm your host Adelle Onyango and this is a show where we explore the bold ideas and leaders shaping Africa's place in the world.

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Now, vaccines have saved millions of lives across the continent, making immunization one of Africa's greatest public health success stories. But, with progress comes a few gaps. There's limited access, there's misinformation, health system gaps, and geopolitical challenges that continue to threaten what's been achieved.

Now, in this final episode of this series, we explore how vaccines can shape Africa's future and what it will take to build healthier, more resilient communities across the continent. Joining me are three influential voices working across diplomacy, health systems, and youth advocacy. First off is Helen Clark, former Prime Minister of New Zealand, former Administrator of the UN Development Program and a member of the Elders. She'll be offering high-level insights on international cooperation and vaccine diplomacy.

**Helen Clark** [00:02:13]

For Africa, we've seen the stark inequity of what happened during the COVID -19 pandemic. It is a stain on the world's conscience.

**Adelle Onyango** [00:02:22]

We're also going to hear from Dr. Esias Bedingar. He's a Program Manager at BigWin Philanthropy and former Special Advisor to the Prime Minister of Chad. He represents Africa's use and champions equitable vaccine access and innovation in public service delivery. Together, we're going to discuss the progress made, the road ahead and the practical scalable solutions from regional manufacturing to community engagement that can secure Africa's health future.

**Dr. Esias Bedingar** [00:02:53]

When children are protected against preventable diseases, they're more likely to attend school consistently, develop cognitively, but also thrive potentially in the future.

**Adelle Onyango** [00:03:06]

Last but definitely not least, Dr. Jamal Ahmed, the WHO Director for Polio Eradication, and he's going to bring decades of expertise in immunization strategy, disease surveillance, and multilateral partnerships across Africa.

**Dr. Jamal Ahmed** [00:03:23]

When we talk about vaccination and immunization, we almost always have to think about it as an investment in Africa's future.

**Adelle Onyango** [00:03:30]

Let's jump right into it with Helen Clark.

**Adelle Onyango** [00:03:40]

Helen Clark, thank you for being with us on the show. It's such an honor.

**Helen Clark** [00:03:45]

Thank you for having me.

**Adelle Onyango** [00:03:48]

What steps do you see as most critical when we're looking at advancing research, and development, and vaccine manufacturing in Africa?

**Helen Clark** [00:03:59]

First, let me say that I'm absolutely committed to vaccination. I regard myself as so lucky to have grown up in a country whereas a small baby I was immunized against diphtheria and whooping cough. So fortunate to be in the cohort of children that was vaccinated against polio in the late 1950's and early 1960's. I went to school with a boy who had a withered leg from polio. We knew that vaccination was so critical to stop this from ever happening again. Of course, a long later came mumps, measles, rubella vaccinations. And then when I was Prime Minister, I drove the decision to have the HPV vaccine against cervical cancer made available to girls and then later boys in our country. So, I know the power of vaccination from my personal experience. So, my desire is for every human being in every region of the world to have the opportunity to be vaccinated against preventable disease. Now, for Africa, we've seen the stark inequity of what happened during the COVID-19 pandemic. It is a stain on the world's conscience that the vaccines were not equal to be rolled out across regions. By the time many in the West were getting their boosters, many health workers in Africa had not had a single vaccination. This is unconscionable and it costs lives. That's the bottom line.

So how do we turn this around? I'm very much for health sovereignty, for countries having the capacity and the support to develop the means to be able to access these vital commodities of vaccines without being dependent on charity or whim as to others making it available. In my experience on the independent panel for pandemic preparedness response, we quickly came to the conclusion that we need a new ecosystem, which covers the entire chain from research and development through manufacturing to allocation,

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distribution, and financing. And we have been very keen to see how regions could be supported to build on the WHO's very good idea for the mRNA hubs, which of course could be expanded to other technologies as well. But the mRNA vaccines were just so critical as part of the response to COVID. And we think it's not good enough for the R&D [research and development] to be essentially remaining in high-income countries. There's got to be support for capacity in low- and middle-income countries and regions for the R&D to be done and then to feed through to the manufacturing process and beyond. The African Union has a great goal, which is by 2040 to have 60% of its vaccines made locally. And let's hope they don't stop at 60%. It could go further. But for us on the independent panel, it was not only about the manufacturing, it was also going that step back to saying how can regions be supported on R&D as well. We have brilliant scientists in every region on earth, but their institutions need the support to do the job. Look how quickly *Afrigen* in South Africa was able to re-engineer the mRNA vaccine when it was not made available to them freely. So, getting that ecosystem right, supporting the whole chain from R &D through manufacturing to allocation, distribution, is the critical thing.

Now, what can political leadership and multilateral collaboration do about this? Firstly, I think there's been great leadership on the continent. When we saw how Cyril Ramaphosa stepped up to lead at are you for the region during COVID, inspirational. Secondly, the African CDC had been informed at just the right time to play such a critical role with this. Africa also has its own African medicines initiatives because getting a sort of common approval and registration system would be a huge thing. Africa has long had a pharmaceutical manufacturing strategy. I remember being at an event around this at Addis Ababa when I was at UNDP and this is going back quite a number of years. So, I think that the leadership in Africa is there. The need for us all to step up on this comes at a time when we are at, what I call, probably the beginning of the end of the official development assistance era. We've seen the massive cuts of the United States, of the United Kingdom, not so much publicity, but definitely cuts from a number of the European countries. The solidarity is not what it was. And so, working out how to leverage from the money that is still there to support countries to get the capacity to assert health sovereignty, I think, is the big issue now. If we look at Gavi, the Vaccine Alliance, it didn't get everything it had hoped for at its Replenishment Conference, looking for 11.9 billion, but hey, it got 9 billion. And 9 billion well applied can take us well towards reaching every zero-dose child in Africa with the basic childhood vaccines. So, I'm positive that even in a rather challenging financial era, given the leadership in Africa, given the strategies, given the existence of various funding mechanisms, we can make giant strides towards equitable vaccine strategies around the world. And that is something that's going to continue to drive my passion on this subject.

**Adelle Onyango [00:10:31]**

From where you sit, what are the key global lessons on vaccine equity and child immunization that must and absolutely must inform Africa's path towards universal coverage and, you know, a lot more equitable, pandemic resilient future for our next generation?

**Helen Clark [00:10:51]**

We will need that strong leadership from the countries of Africa on making childhood vaccination a priority for every child. Gavi will be there for the foreseeable future. It has raised a significant amount of money, but of course, increasingly, we will be seeing requests for more co-payment, co-investment. So, it has to be prioritized, it's not an optional extra in the health system to vaccinate a child, it's absolutely critical to childhood survival and to survival in a good physical and mental state. So, looking to every leader in Africa as they look at how they can achieve universal health coverage, seeing that vaccination is an absolutely indispensable part of universal health coverage, vaccination for our children to give them the best chance of survival from infancy through past the age of five and to go to thrive after that.

Now, I understand that one in every five children in Africa remains under vaccinated. Just under 7 million children have had no vaccines at all. They're a major, major target, but there are many other children too who haven't had all the vaccinations that they should have. So, all the campaigns, like Big Catch-up campaigns, and there is still a bit of a lag from COVID, right? Some children completely missed out on vaccinations at that time; some will never have caught up. So that "big catch-up" concept to really get countries enthused about let's get this right. And it's going to require a lot of community mobilization. The community health workers can play a critical role in this. And we're dealing with something which is more pronounced than I think it's been in human history. And that is the misinformation, and the disinformation, and the deliberate fermenting of distrust in science and the vaccines. When I was a Minister of Health, literally decades ago, '89, '90, there were always a tiny number of parents who would not have their children vaccinated, a very tiny number. But with what's happened in the course of the way the COVID-19 pandemic and the response were played out, vaccine skepticism has accelerated. The disinformation has accelerated. The availability of misinformation and disinformation through social media is very, very threatening. So, I think, in the strategies moving forward to inform the universal role of a child with vaccinations, it will be absolutely critical to work with communities. Because a mother in a community may not be listening to you or me, but if the community health worker who's in there, the midwife who's delivered her children, is saying look auntie

we really need your child to have this for their best chances it's that peer knowledge and peer knowledge sharing, which is going to make the big difference in my opinion. Just thinking, for example, in my own country, how very high rates of vaccination were achieved during COVID-19, it was through the community health workers. Indigenous people having their own services and the skilled people associated with that, taking up the word, the Pacific people, the migrant communities. There's no one-size-fits-all. Find those who communities trust and work with those people on the messaging to try to reach every child.

**Adelle Onyango** [00:14:49]

In a few episodes before we talked about the trust deficit that a lot of citizens on the continent lack trust in their government. So sometimes if, you know, vaccine information is coming from a government that you feel has mishandled other public campaigns or projects, you then start to have skepticism around vaccines because of the messenger, not really the message. And so, I completely agree with you on the peer-to-peer network or approach, because then you would trust a health practitioner and not just anyone, but one who you see every day and have interacted with. That definitely is quite a point to note.

**Helen Clark** [00:15:34]

You know, I think of insights also we got from the Ebola outbreak in West Africa. And I was UNDP administrator at the time, and while we are not quote a “frontline humanitarian agency” but a development actor, UNDP always had an early recovery component to its work. And in a crisis, it had various tools that it could deploy. And working with other agencies within the UN families, and with the government, and community sector, and Ebola response in Sierra Leone, Guinea, and Liberia, a lot was done to train young people as those who went door-to-door and contact tracing. So, it wasn't some outsider who came into your community to send you going to do this. The young people were going door-to-door. You were using word of mouth, trying to build trust because you're right, not everybody trusts the government and sometimes it's very good reason. But there's things where the information about how to stay safe is so vital that we have to find the right route through which to convey it.

**Adelle Onyango** [00:16:46]

Let's zoom out to Africa's long-term resilience and leadership. We've talked about how the way aid is structured is fast changing. And so, we really need to be leaning more towards self-sufficiency when we're looking at immunization and pandemic resilience, right, in the wake of cuts to in assistance. So, what are some ways you think that we can start leaning towards that?

**Helen Clark [00:17:10]**

So firstly, it's leadership publicly acknowledging that the international support is not what it was, tragically. And then saying that the transition away from that has been quite rapid. I mean we can see with what's happened with the demise of USAID. People have died because of the withdrawal of USAID and there's also been uncertainty. So originally everything was stopped and then when it was pointed out that people needed vital life-saving medicines, oh well that wasn't quite what we meant, but some clinics never got the message and so people went without the vital commodities that they need. So, it's been brutal.

What can leaders, what can governments do in this circumstance? I heard some quite inspiring stories, for example, from Uganda, where they said, well, we're going to look again at the whole way in which we've configured our system, because we tend to create vertical silos. You know, we have a silo for HIV funding, malaria funding, TB funding, vaccine funding, the pandemic fund, etc. A lot of things are siloed, and you don't always get the best bang for the buck, shall we say, with siloed operations. So, it's been an opportunity, and I understand in countries like Uganda to say, okay, let's have a look at how we bring all this together, get the synergies, so we're not siloed on what we're spending. Now, I do think that obviously, countries are going to have to spend more on things which have had more global solidarity in the past. And I know how hard this is. If you're a low-income country, everything is a priority, and you can't fund everything. But again, if you're looking at what are some of the biggest returns on your investment of your own money, childhood vaccination is right up there as just something incredibly important. So, it has to be prioritized in the budget.

But budgets also have to have more revenue. So how do you do that? This is exactly the time to be making the case for more health taxes. And by that, I'm referring to tobacco, alcohol, sugary drinks, vaping, you know, all of these things are harmful to health, and they should be taxed. In my country the level of smoking, for example, is quite low but, we still get quite a handy sum of money off tobacco taxation. So, it's got the dual benefit of actually reducing consumption while also raising revenue which can be applied to health. So, if there's ever a time to be thinking about health taxes, it's now. There's a very low proportion of the world's people who live in countries with tobacco taxed at the level recommended by the WHO. So, I would be saying to all governments, look at the health taxes because it is money for jam. People are consuming these things. It's not good for them. It can be taxed and that money can go back into health and into top health priorities among them, of course vaccination.

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I think also in the global solidarity area, the funds which don't have as much money as they have enjoyed or would like to have had, whether it's Gavi, whether it's the Global Fund to Fight HIV, TB and Malaria, whether it's the Pandemic Fund on the COVID Financing, whether it's the Global Financing Facility for Women, Children, Adolescent Health, there's likely to be more co-payment, for example. So again, countries need to be preparing for this.

I think a last major point on financing is we should be open to innovative ideas. And one of them which is around and is getting support across regions now is the concept of global-public investment. And that concept says, where you have a global common good, like vaccination, it's not in anyone's interest for polio to get away anywhere, for measles to get away anywhere, as it wasn't in anyone's interest for COVID to get away. So, where you have global common or global public goods like this, you need a mechanism for financing, which ensures that the money is there to deal with these threats. And one way forward is to have a formula whereby you have universal membership of funds and the universal membership, everybody pays, but you pay as a country according to your ability to pay. So that means, for example, if we have Sierra Leone, a least developed country, it would pay a little, but in the allocation, it would get back a lot. If you're a high-income country, you pay a lot more, but you don't expect to get support. And on the governance, everybody gets an equal say. Now our funds at the moment aren't constructed like that. The money is gathered in by charity. I think Gordon Brown used the phrase with respect to trying to finance COVID vaccines, "it's like a charity whip around for a vital global public good. That's not good enough." And then in the traditional situation, high-income countries give, but then they expect more say over how it's spent. So, if you move to a model, if everybody pays, it's accepted allocation is according to need, and everybody has an equal say, this has surely got to be a better model going forward. And it's the view of the campaign for global-public investment that existing funds should be converted to such a mechanism, and any new funds should also work that way. So, there's a lot of good ideas around, but it will all come back to leadership, country leadership, regional leadership. And again, if we look at Africa as a model, the institutions and mechanisms it's developing are really very, very important. You know, there's the partnerships for African Vaccine Manufacturing, that's a very critical political commitment. You have the African Vaccine Acquisition Trust. You've got these standing institutions like the Africa CDC, the Medicines Agency. I think Africa is poised to really be able to assert health sovereignty. And that's very exciting to me because I never want to see the continent in the position again that it was left in during COVID, where the vaccines came too little too late.

**Adelle Onyango** [00:23:58]

Thank you so much for making time to be with us today.

**Helen Clark** [00:24:00]

Thank you.

**Adelle Onyango** [00:24:12]

Let's head over to Dr. Esias Bedingar and find out what the youth in Africa are doing to champion equitable vaccine access.

**Adelle Onyango** [00:24:31]

Dr. Esias, thank you so much for making time to be with us on the podcast.

**Dr. Esias Bedingar** [00:24:37]

Thank you so much, Adelle.

**Adelle Onyango** [00:24:39]

Something that's come up on the podcast is education. So, I want us to talk about the overlap between how immunization efforts directly impact education.

**Dr. Esias Bedingar** [00:24:51]

We tend to forget that link, but actually, it's very linked, even more on the African continent. Access to vaccine is one of the most powerful and cost-effective tools that we have in order to protect our populations, but also young Africans, most specifically. And so having worked on many things, so health financing, and even, like at the World Health Organization and on broader human capital development with the World Bank, I've seen firsthand how immunization serves really as a foundation for long-term economic and social well-being. Specifically, when children are protected against preventable diseases, they're more likely to attend school consistently, develop cognitively, but also thrive potentially in the future. More so like this, uninterrupted access to education translates into better learning outcomes, higher future earnings, and a more productive workforce. So, you can see how this is directly linked to the future of a country, right? The development of a country really at the start of a young African. And in fragile settings like countries that are in war or something like that, where shocks like outbreaks can kind of derail entire school systems, vaccine acts both as a shield for the individual, but also as a stabilizer for the community. And so, in essence, I think that immunization is not just a health intervention,

but it's a very critical investment in the human capital of Africa's next generation. And that's really what I believe in.

**Adelle Onyango** [00:26:28]

That is so interesting because you hardly ever hear conversations about immunization touch on the economic benefits for a country. Like you never actually hear people talk about how this is going to economically benefit the country.

**Dr. Esias Bedingar** [00:26:42]

People don't see it directly, but the link is there, right? So, like, immunization really reduces illness-related absences, right? So, allowing children to attend school regularly. And so, for example, diseases such as, you know, measles, meningitis, polio, illnesses that can literally affect long-term cognitive and physical impairments directly affects a child's ability to learn. So, you can definitely see that those critical vaccines that if on the continent children don't have, then their ability to learn can be actually completely impaired. And that's a key issue.

**Adelle Onyango** [00:27:17]

Do you have any data in terms of the economic benefits just so that people can start to understand numbers-wise what that would look like?

**Dr. Esias Bedingar** [00:27:27]

The World Bank has actually shown or estimated that a 16% increase in earnings for each additional year of schooling while immunization yield a 44-fold return on investment. So that means that when combined, they actually maximize lifetime productivity and contribute to economic growth. So, you can see how powerful this is.

**Adelle Onyango** [00:27:51]

What do you think are the most promising next steps for us to secure health autonomy for Africa and resilience for Africa?

**Dr. Esias Bedingar** [00:28:00]

We need to be very cognizant that, you know, the official development assistance has shrunk, as you know, definitely with USAID and, you know, with various other donors, right? So, I think, one of the key aspects that we need to really focus on is, yes, we do know the fact that vaccines are important and all that, but I think we need to really advocate for larger domestic financing coming from our government, really understanding, translating

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this importance into real action, so that we can actually increase physical space so that governments can actually provide more financing and sustainable financing. That's one of the key aspects, I believe, right? So domestic resource mobilization, which can be done in like earmarked health taxes or various ways, like pooled procurement or even national immunization trust funds. So, I think that this leadership aspect needs to be translated into real action.

Then, the second point, I think it's really building a skilled workforce, like with youth at the center. Because, you know, on the continent, 70% of the population is young so, like, basically in the future it's us that will be there. So, I really think that we need to kind of invest in youth R&D pipelines really by scaling up technical and vocational training in bio-manufacturing, right, data science, logistics, all the pillars that we really will contribute to this skilled kind of workforce. And the youth needs to be put at the pillar of all of this.

The third piece, I think is critical, is very much establish and strengthen our regulatory systems, I mean ecosystems, like operationalize the African Medicines Agency, right? So really harmonize the standards that exist but also accelerate approvals, because that's key in immunization and ensure quality control. And I think that doing that on the continental level is very difficult, and that's what we need in order to align those regulatory agencies with the continental protocols and digital systems. This is key.

Another piece that comes to mind for me is really guaranteed demand, that's very difficult, through very coordinated procurement. And I think that in our financing systems, that's one of the key aspects that we are not really good at on the continent. And so, we really need to strengthen regional pool procurement mechanisms, like I've mentioned, the African Vaccine Acquisition Trust, really to reduce costs and really stabilize demand for locally produced vaccines. If we don't do that, then it would really be hard to actually achieve what we wanted to, right?

And then, localize innovation. Right now, you know, what we're doing with technology, it's only from the north that we're taking. And so, we don't localize this kind of sort of innovation and technology transfer is very important. So, we really need to push for an end-to-end technology transfer, not just to fill in operations. So really, this includes investing in raw materials, cold chains, especially for immunization, but also genomic surveillance. And we see some countries really emerging from doing that now, but it's really great to kind of have a wakeup call on the continent to really enable it. So, I think really encouraging IT sharing and open science platforms would really be key.

The last piece, I think, which is great, is to engage youth and civil society as accountability agents because one, 70% of the population is us. So really institutionalize youth participation in vaccine strategy planning, right, implementation and monitoring, like the whole cycle, so that we know what we want and we know what will be done so that we can actually hold them accountable. But also, equip civil society, especially youth-led organization with tools, right, to track transparency, equity, and access in vaccine rollouts, but also manufacturing deals so that we're not... this whole thing is not just a blackout box and that we can actually have transparency. And I think that really focusing on all these different aspects that I just mentioned is really how we can actually move forward when it comes to immunization and that actually will help us get some hope in the future.

**Adelle Onyango [00:32:30]**

You touched on it a bit, but I want us to unpack a bit more on collaboration, right, because there is still, say, governments, as you mentioned, it would be hard to rule certain things out continentally, because we first have to deal with individual governments, which can be a bit taxing. But I think one thing that has come clear in the conversations I've been having on this show is that we're not going to get anywhere without collaborating. And government has to come to the table, private sector has to come to the table, civil societies we've talked about. But even as we have this global cut in funding, international organizations also have to come to the table, right? And so maybe you could unpack what a dream collaboration between all of these agencies would look like when we're looking at support for immunization coverage.

**Dr. Esias Bedingar [00:33:24]**

When we're thinking about strengthening partnerships, we really need to move beyond transactional cooperation. And we need to really be close to deep and trust-based collaboration, grounded in mutual respect, mutual accountability, and really shared ownership. And the last piece, I would say inclusion. And each stakeholder, which I will mention later, really needs to bring its own distinct strength and really align these effectively, it's very much essential if we want a sustainable immunization coverage and very much resilient health systems in the future. So, of course, government is extremely important. We cannot do anything in a country without government. And I think that on the government end, it's more so leadership with inclusion. What I mean by that is that the immunization agenda is made by the government. And the governments need to lead the immunization agenda, but the leadership must be inclusive, transparent, and multi-sectoral. I think I've mentioned that before.

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So, when I say governments, I would talk more specifically, I'm talking about Ministries of Health. They should co-create national immunization strategies with education, finance and youth ministries to really integrate vaccines into a broader development agenda and not only looking at health, no, but really in a broader agenda, including school health, nutrition, and employment. This is key. And partnerships also must really prioritize domestic resource mobilization, like I mentioned before. Not really thinking about, oh, we're going to a donor. This is what a donor will do. No. Really, if you think that this is important for your country, then show leadership. Try to start with your own domestic resource mobilization. And really, government should match external financing with national investments, really to try to institutionalize immunization into a routine health financing mechanism. Otherwise, this will not be sustainable in the long run. If you do this without actually institutionalizing, you won't see any sort of sustainability in the future, right? And that can be an example of like earmarked fund or adopting like, for example, performance-based financing models which now are decreasing, but anyways, still a model that works. And so that's an example for government, I think is important.

Now, when I think about civil society, it's really the bridge to communities, right? Like I mentioned before, I explained it. And I think especially youth and woman-led organizations, very much those two are indispensable in translating policy into trust, access, and uptake. We cannot do anything without them, right? And they serve as connectors between national systems and the community realities, right? Providing kind of cultural contextualized information. And we've seen it with COVID. We've seen it with so many different examples in the past, and mostly on the continent as well. So, I think they are very important in mobilizing demand, so addressing vaccine hesitancy, but also ensuring that vulnerable populations are not left behind. So, like really to strengthen partnerships at this level, I think civil society must be funded directly and sustainably into including core support beyond short-term projects. So really be part of a sustainable ecosystem and also integrate it into delivery systems, right, such as school-based campaigns, outreach to, I would say, informal settlements and mobile clinics in fragile settings, for example. And then the last piece to this, I think is really entrusted with accountability functions. This is key. Otherwise, the civil society won't be able to do any sort of work and actually be accountable and actually hold accountable the government. So, like this can be social audits, or, you know, participatory evaluations. But I think they need to be entrusted with accountability functions. This is key.

And then, of course, the international community. So, one, I said, international organizations, which are more so the catalysts and conveners, right? So, for example, the global health actors that we know in immunization, like the WHO, Gavi, UNICEF, the World Bank really must really evolve. And I think that the role must evolve from donors and implementers to facilitators of sustainable country-owned systems. The countries need to drive it, but they can help and support those countries driving it, but they can't come and do the work for the country. We should literally move from that. And I think that their role is to really support capacity building, like I mentioned, in areas like procurement, which is extremely difficult, co-chain logistics, for example, but also provide technical assistance. If the country says, okay, we don't have the ability to do this, can we have some technical assistance to learn and to take into this? Then, yes, they can provide technical assistance. I mean, they do it, but I think that aligns with national priorities, not parallel agendas. And I think that's what I mentioned before, that their role is to align with the country's goals and not come and do the work on behalf of the government. No, that's not good. And I think that they should really use their platform. They have a really worldwide platform. And I think that they should use their platforms to really broker South-to-South cooperation, really linking African countries for joint procurement. This will help so many countries who don't have the capacity to actually do this, but to learn from others or to be helped by others who are really good at procurement, for example, or even knowledge exchange and regulatory harmonization. These are things that are extremely technical, but extremely important in immunization systems.

Also, in general, we can also see like strengthening the architecture for collaboration. So, when I think about the architecture, I'm thinking about the broader institutional architecture for coordination. So, this is to bring in the Africa CDC, the African Union Health bodies, but also really formalized public-private partnerships, so PPCs at national but also regional levels, but really also create some sort of accountability measure. So, let's say community scorecard or citizen observatories, but really on that broader scale, to kind of hold really those countries and the regional bodies very accountable for the work that they do, so that we can actually see changes and sustainable changes, in the future and when it comes to immunization systems.

**Adelle Onyango** [00:40:20]

I want to know, as we wind up, what's giving you hope? Because there is an awakening going on in the continent right and like we're opening up our eyes we're remembering who we are and what we could be, and even in matters of health, even in matters immunization

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coverage, surely there must be certain innovations or actions that you've come across that make you very hopeful for where Africa is going.

**Dr. Esias Bedingar** [00:40:49]

What really gives me hope is not a particular technology or a policy. It's more so a powerful shift in mindset. And I think that this is extremely key for me because across the continent, I see a growing belief that Africa can lead, not just lag, but in global health. And so that conviction really combined with demographic energy, and digital transformation, and rising youth leadership is what makes full immunization coverage or more so even health, not only possible, but inevitable if we act boldly and really exclusively. I can kind of give some examples, but really that's what motivates me. But when it comes to let's say innovation, I'm really inspired by youth-led innovation when you see on the continent. So young Africans are really developing mobile apps that track immunization status, using social media to counter vaccination misinformation, designing drones and solar power fridges to deliver vaccines to remote areas. We have like a youth population that is extremely innovative, creative, and that really these solutions are not just, you know, imported, they're rooted in local knowledge and driven by a generation that is tired of being last in line. And I think that with the right investment in their ideas, the skills and institutions, young people will be the architects of Africa's immunization success story. And this, I really believe in it. So, I hope that governments can wake up the African Union can support those young innovators and so that we can all come together and actually drive change in our respective countries.

**Adelle Onyango** [00:42:40]

Dr. Esias, thank you so much for making time. We really do appreciate you coming on the show.

**Dr. Esias Bedingar** [00:42:46]

Thank you so much.

**Adelle Onyango** [00:42:57]

Now, let's head over to Dr. Jamal Ahmed, the WHO Director for Polio Eradication, to find out more on how we can truly fight misinformation and ensure that there is health systems autonomy when we're talking about the future of Africa as pertains to vaccines.

**Adelle Onyango** [00:43:27]

Thank you so much for being with us today on the show.

**Dr. Jamal Ahmed** [00:43:31]

Thank you so much, Adelle, and Asante Sana for welcoming me.

**Adelle Onyango** [00:43:38]

Let's start with polio eradication because this has come up when we were speaking to Helen Clark earlier in this episode. Just looking at how there was such a success when I look at the first rule out of immunization as far as polio is concerned, I was much younger, but even at that young age, I had a clear understanding of what was happening, why I was being given a certain thing, and it was championed by people who were part of our community at that time. And this was happening across Kenya, and it yielded some very positive results. So, what in your experience, what practical strategies have proven to be more successful when we're looking at overcoming the barriers that exist in vaccine delivery, especially when it comes to building trust and community acceptance?

**Dr. Jamal Ahmed** [00:44:29]

My earliest recollection of this was actually when we had a measles outbreak. We were children, young children. And I was infected. I was severely sick. My younger brother was infected. His hair was literally falling off. You know, the EPI and the vaccine were introduced. You know, my sisters that were born later on and who had access to those vaccines did not go through that. When we talk about vaccination and immunization, we most always have to think about it as an investment in Africa's future. Every vaccinated child is a child who can learn, who can grow, and who can contribute to Africa's progress without having to go through, you know, the health challenges that are associated with that specific disease.

The strategies that have been dealt for polio eradication are critical to that. And whenever I think about polio eradication and as a director of now the global program I see it as the flagship, essentially, that pulls not just the whole eradication effort but the whole immunization effort in Africa and in other vulnerable areas where we find challenges. So how do we build trust? The first and foremost I think is what I talked about earlier which is just making sure we have access to those health facilities. When you have a local nurse, and a local doctor, in your local village, in your local informal settlement, working with you and you build that trust and that trust translates into higher and higher coverage. It's not somebody you don't know, it's not a foreign person, you know, giving you vaccines. And so,

that physical access to health care and health services through a face that is very knowledgeable to you, who speaks your own local language, is very, very, very critical. You know, trust and misinformation is important and it can easily spread across communities. And these are linked to underlying historical grievances. Sometimes, you know, you have communities that are very fragile that we're mistrust because of conflict and other issues. So, building those trust again goes through the local systems and the local traditional mechanisms. In Northern Nigeria, for example, we use the local mothers to go door-to-door to help spread the need for vaccination and through those local touch, you can begin to overcome trust and misinformation because ultimately public health interventions are for the general good of that whole community. It's not just for the individuals and that is extremely critical.

Finally, immunization is one thing, but the whole health system, the more you strengthen the health system and address service gaps, whether it's for mothers who are delivering, or whether they have local nurses and doctors, the more you do that the more you build the trust within the community, the more that the community feels that the governments and their authorities really do care, and it's all about therefore that care, that sense of belonging. The more we are able to build that the more we will overcome essentially the trust deficit that sometimes can build because government may be seen as too far or not actually addressing the challenges that are first working.

**Adelle Onyango** [00:47:58]

Let's also dig deeper into like the broader systems that supports when we're talking about trust and delivery. And from your vantage point and the work that you're doing at WHO, when we look at disease surveillance, how do you think that has contributed to Africa's immunization success? And what lessons can other regions learn from Africa's progress on polio?

**Dr. Jamal Ahmed** [00:48:21]

On the surveillance forms, polio is an eradication disease, which means we are aiming for zero cases across the world. And Africa's success has been remarkable because we ended wild polio, indigenous wild polio, across the whole continent. The region was declared as a wild polio, indigenous wild polio, free in 2020. That wasn't easy to achieve that. And it took the whole community across Africa to make that progress. And it was community-led approaches, including for the disease surveillance, that was indispensable in that effort, where you bring in community workers, health workers, where you bring in religious leaders, traditional elders, the youth, where you share a lot of messages about the disease.

And the minute that potential paralyze the child or anything that looks like polio is identified at the local-level, you have mechanisms for reporting upwards and that information is then shared centrally and the child or whoever is affected you know in the polio surveillance system, we collect two samples for testing and we have a whole system there for that then is built through from that village level sample collection to a high tech sequencing capacity. That whole process is fully integrated. And what, as I said, polio is a flagship. And many other diseases then rely on that structure that is developed for the eradication effort. The eradication effort also showed where there is commitment, where there is broader partnership, and where there is a will, government will, and there was a government will. I don't know if you remember the "Kick Polio Out of Africa" campaign that was led by the late Nelson Mandela. The effort was there, and it took the whole society, and we were able to end wild polio. Are we all done with polio? Not yet. We still have two endemic countries in Afghanistan and Pakistan. We've seen the importation of that wild polio virus a few years back to Malawi and Mozambique. And we've also seen what we call variant polio viruses which we have to end. But it just shows the capacity of the continent to get the job done when it really needs to.

**Adelle Onyango** [00:50:36]

For you, what partnerships, or even, initiatives really stand out as being effective in expanding vaccine access?

**Dr. Jamal Ahmed** [00:50:43]

I think the anchor of all the partnerships that the multilateral for global partnerships has been the countries themselves in many ways. And I'll start with that first, because in many countries, when we look at service delivery, we don't look at the gaps in service delivery. We don't look at the child not reached. As we look at how much we have achieved rather than what we haven't achieved yet. We look at the glass half full rather than what's missing. And what the eradication effort does is it forces broader accountability. It asks the question, which children are being missed? Because every child must count. And therefore, all our monitoring systems, all our surveillance systems, even in a modern day when we're using digital tools and so on, the first thing we do is we track missed children. And the first thing we always do is we look for gaps, and we think through how we close those gaps. The polio effort, you know, has driven that in the partnership, the GPI partnership that I am partly leading now is critical. This is the Global Polio Eradication Initiative. We have multiple partners. It's one of the initiatives that were formed by civil society and not by anything else, to end polio and to have polio eradication as a whole flagship process for broader health achievement. And we have Rotary, we have the World

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Health Organization, UNICEF. Then we have partners beyond that with the Foundation, Gates Foundation that joined later. We have Gavi, the Vaccine Alliance that has also participated. From the U.S. government side, we also have U.S. CDC was a core partner from the very onset. And this whole private partnership, private-public mechanism has really worked well because it brings together a mix of, you know, intergovernmental entities together with private entities that can mobilize and work through the community through civil society and local communities and bridge the gap. So that has been fantastic. And to me, that model is key. And now within our initiative, we work closely with NGOs, both international NGOs and local community-based organizations. And we work through at every level because it's not a choice, it's a must. At every point, we are looking at how, what more can we do? And this forces the initiative then to think consistently and continuously about how to collaborate at the local level with local entities and at the sub-regional and global level with anybody and everybody who can help push the needle towards ending polio for good.

**Adelle Onyango** [00:53:26]

I wonder if we can pivot to regional vaccine manufacturing. This is something that then became important for even Africans who are not within the space during the pandemic and just also really understanding, okay, we could actually be in a situation where we're on our own. Do we have what it takes to really take care of ourselves? And so, when we're talking about health autonomy and resilience for Africa, what do you think are the most critical steps we need to start taking now?

**Dr. Jamal Ahmed** [00:54:00]

Vaccine manufacturing currently and ownership is a big, big deal. Africa produces essentially less than 1% of its own vaccine needs across the board. So, what does it mean to have this center back in Africa when we don't have the underlying governance unity that, you know, the underlying institutional structures that unify the continent and its people. What it will take is fundamentally re-thinking the governance back to what [Mwalimu] Nyerere was highlighting years back, and it starts with, for example, currently within the manufacturing, vaccine manufacturing space, we need stronger regulatory systems. We need guaranteed demand, predictable demand. We need a workforce that is highly educated, that is highly capable of producing some of these high-tech products. These are biological products that are more complex than producing paracetamol. And they have to be extremely safe because you are giving to healthy people, vaccines is one of those things that you actually give to somebody who is not coming to you because of sickness, you are telling them we want to protect you against sickness. So, it requires a lot of underlying

functions, and the risk of failure is high as long as the continent remains fragmented. So, from my personal view, it will really take an elevated discussion, you know, addressing that original sin that famously Mwalimu Nyerere highlighted, only through that accelerated unity, we have those structures. Say, for example, within the East African community, you have an empowered office with full control on the drug and manufacturing purposes, with the whole unified markets with that then can be, you know, the next step, it can yield more results. But until we do that, everything else has a high potential of just ending in failure and we need to be aware about that.

**Adelle Onyango [00:56:04]**

When we look at the next decade, right? What actions or innovations are giving you the most hope right now that Africa can achieve full immunization coverage and that we have the capacity to secure the health of future generations.

**Dr. Jamal Ahmed [00:56:21]**

What gives me hope is, first of all, the youth and the level of knowledge that they have, and the access to knowledge that they have. And this may sound like a cliché, but you see it in almost every arena now. The push by many young people to throw away some of the baggage that we, the older people have been carrying for a few years now. And that gives me hope because that has an opportunity for you all. And they can... many countries are, by the way, already doing well when we look at immunization coverage in Malawi, in Zambia, in Zimbabwe, in Ghana, in Benin. There are a number of countries that are pushing the needle higher and higher, but they're still reliant on external support. And for as long as you are reliant on external support, there's a risk of failure. So, Africa needs to also continue to accelerate in economic integration and economic development because then that gives them the sovereignty that they need. But the youth, really, I think that gives me hope.

And then the other thing that gives me hope is the infusion of new knowledge from the diaspora and from between African countries. When I say the diaspora, I actually don't mean outside Africa, but I'm talking about even within Africa, somebody who comes from one country moving to another country within Africa and sharing knowledge, exchanging knowledge. That is growing at a very, very high speed and that, those bridges between African countries and between the African diaspora beyond the African continent, that is going to be very helpful. And then new technology, hopefully can increase local-level knowledge. It's a dual-edged sword, but it can enhance the reach of information and action at the same time.

**Adelle Onyango** [00:58:14]

I'm with you, especially on the youth. And even what we talked about earlier about us being fragmented, the way I see young Africans pushing for change in a united way. Kenyan youth collaborating with Ghanaian youth, with the youth in Togo. Maybe we'll actualize, we'll undo the sin that Mwalimu Nyerere was talking about. The youth might be the answer to that.

Thank you so much. I'm going to call you Daktari so you can feel a sense of home. Thank you so much.

**Dr. Jamal Ahmed** [00:58:43]

Thank you so and I hope to see you sometime, somewhere.

**Mark Leon Goldberg** [00:59:07]

Adelle, thank you for another great episode.

You know, vaccine misinformation is a growing problem here in the United States in particular. One thing I appreciated about this episode is that the solutions to confronting this misinformation in Africa are strategies that the entire world may adopt.

**Adelle Onyango** [00:59:27]

It's also a problem that we have been facing here in Africa since time immemorial, even before the digital platforms. And I think what stood out for me in this episode is that our approach on the continent in Africa to vaccine misinformation is not just about correcting facts, which I see a lot of. It's about building trust. And so, when you think about Dr. Jamal and even Helen Clark, they really spoke about how surveillance and community-based systems are only as strong as the relationships behind them. And I think Esias has also stressed that government, civil society, and even the youth, need to lead hand in hand so that policy becomes trust and not just text on paper. And I feel like these aren't, as you've said, African solutions. They're models. And the whole world can learn from us as far as misinformation goes. And it's going to keep growing. And so, we need to get our solutions locked down.

**Mark Leon Goldberg** [01:00:26]

You know, thank you for that answer because this is the last episode of this amazing series and your answer just now points to, I think, the bigger picture reason we're doing this series in the first place.

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You know, by 2030, 70% of Sub-Saharan Africa's population will be under the age of 30. By centuries end, one in three people on the planet will be African. What happens in Africa will shape the course of the 21st century around the world. The future of Africa is the future of the world. That's why we came up with the title of the series. And to me, harnessing this demographic reality to advance global solutions to global problems is what this series was all about.

**Adelle Onyango** [01:01:13]

Absolutely. And Mark, I couldn't agree more. I feel like even just on a personal note, this series has shown me that Africa's future is the world's future, right? And so, the voices we heard across the seven episodes, whether it was Helen Clark on vaccine equity, Joseph Asunka on tackling the trust deficit, Chimdi on the power of the youth, Graça Machel on ensuring no woman gets left behind. Across all of the different guests we've had, we kept coming back to one thing, which is Africa's greatest strength is its people. And so just as you have said in terms of the stats by 2030, the majority of Africans will be under 30. And so, we need to invest in their health, in their education, and in leadership. And when... just not talking about the future of Africa, we're talking about a more resilient, equitable, and innovative world. And so, for me, the series has just been a reminder that global solutions will succeed only when they are shaped with Africa and not just for Africa. That reset has to happen.

**Mark Leon Goldberg** [01:02:23]

Well, Adelle, thank you so much for partnering with me on this series. I loved working with you. This was great.

**Adelle Onyango** [01:02:31]

Thank you so much, Mark. It's been an absolute pleasure working with you and collaborating with you on this podcast. And I truly think the first step to solutions is conversations. So, this series is the first step to us designing not only the future of Africa, but the future of the world as we'd like to see it.

**Mark Leon Goldberg** [01:02:50]

Well, that is such a great note to end the entire series on Adelle. Thank you so much. A big thank you to the African Union, the Elders Foundation, the United Nations Foundation, and thank you all for joining us in this series.

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**Mark Leon Goldberg** [01:03:11]

Thank you for listening to The Future of Africa, a special series on Global Dispatches produced in partnership with the African Union, the Elders, and the United Nations Foundation.

I'm Mark Leon Goldberg, the host and founder of Global Dispatches. This series is hosted by Adelle Onyango. It is edited and mixed by Levi Sharp. You can find all episodes in this series and access episode transcripts at [globaldispatches.org](http://globaldispatches.org).