

Scott: We're nearly a year into a global pandemic. Stories about COVID-19 still dominate our news feeds. I heard a reporter recently say that because our conversations are overshadowed by issues and ideas related to COVID, we're losing the ability to have conversations about anything else. In the last several months, the dominate pandemic narrative has changed trajectory and is focused on vaccines and vaccine role out. Millions of Americans and Canadians have been vaccinated and we are still early in the process. The vaccine story in the developing world is more nuanced. On this episode, we hear from two people who bring perspectives on the pandemic that touch on the realities for millions of people around the world. Yes, this is more COVID content. But, I'd like to think we're helping change the conversation. Supporters of MCC's work, staff and program partners around the world are addressing needs and having a meaningful impact at a time when so many are feeling helpless and fatigued. There is hope.

I'm Scott Campbell and you're listening to Relief, Development and Podcast, a production of Mennonite Central Committee.

(MUSIC FADES UP AND THEN DOWN AGAIN)

Scott: Dr. Christian Isichei is the founder and director of Faith Alive, a holistic health care foundation and MCC partner in Jos, Nigeria.

The foundation offers several different services. In addition to health care, they offer food assistance, empowerment programs and education.

The clinic serves people in the community who are living in poverty. About 80% of his patients have HIV/AIDS.

Here's Dr. Isichei with a story about Emannuela, a 16-year-old girl, whose name has been changed to respect her privacy. She is a patient at Faith Alive and is HIV-positive.

She thought she couldn't contract COVID-19...right up until she did.

(MUSIC FADES UP AND THEN DOWN AGAIN)

Dr. Christian: "The impression she had was that HIV/AIDS patients were immune to COVID-19 because they are already on an anti-retroviral drug. Obviously, there is no scientific evidence for this.

So, she felt unwell. As usual she thought it was a cycle of opportunistic infections she usually has when she has malaria or other things that people come down with when they have HIV/AIDS.

She treated herself for malaria, there was no improvement. She noticed other symptoms of COVID—lack of taste, lack of smell, then she came into us.

She came in. It turned out after testing that she had COVID-19.

She was in tears because she was already on three different drugs for HIV/AIDS and on top of it, thinking of adding more drugs for COVID-19.

She came back weeping. Why on earth would God allow me to have two major infectious diseases? HIV/AIDS and COVID-19.

I did tell her, God works in ways we do not understand.

Some experiences that we go through, God is in there to help and see us through.

And that God is seeing her through so that she will be able to see others through. I did confront her and say, sickness is not a result of sin. Jesus' friend Lazarus was sick, so if Jesus was condemning sickness and linking sickness to sin, he would have said so to his friend Lazarus. So I tried to encourage her. Concerning HIV/AIDS, I made it known to her there have been so many diseases in the past that we have no cure for like TB and malaria. But today we have a cure for them. Today we may not have a cure for HIV/AIDS but tomorrow there may be a cure so there is a need for her to live in hope. And whatever she's going through may be for her to help others go through it later on. What she's currently doing, she volunteers, renders her services at FaithAlive. Not only that, for information and the communication materials we have, she volunteers herself and volunteers her picture to educate people on HIV and also COVID-19. Her hope is renewed and today is a champion, at the forefront of adolescent HIV/AIDS prevention and also even for adults."

Scott: That was Dr. Christian Isichei, founder and director of MCC's partner Faith Alive in Nigeria.

Paul Shetler Fast, MCC's global health coordinator, is our guest today. He has been working closely with MCC's COVID response in the last year. In his free time, he volunteers at a local clinic, which means he was recently able to get a COVID vaccine as a front-line worker! Welcome, Paul! I'm so glad you can join us.

Paul: Thanks Scott, it's great to be with you.

Scott: You were on the podcast almost a year ago, when we were just weeks into the pandemic. How have you been? What's changed for you in your work life and personal life over the last year?

Paul: It seems like that was forever ago. I have been working from home since that time. So, in a normal year I would have been travelling to support our health work around the world, seeing colleagues at the office, clearly none of that has happened, but I feel really fortunate to not have been sick, to have been able to get the vaccine so feeling very blessed as we go into the new year.

Scott: At that time, you spoke about how prevention was going to be key in many of the countries we work in. And a good number of countries don't have the same access to the amount of life-saving equipment and rapid testing technology that we do in the United States and Canada. Now that we're nearly a year into the pandemic, how well have you seen prevention work play out?

Paul: Yeah, so that recommendation that prevention was going to be key for MCC and our partners has proven even more true than I would have thought. There was a lot of hope a year

ago that we would have advanced more quickly in treatment than we actually did. So the reality is that just like a year ago in most of the places we work, there's not great treatment options. And even for places that do have access to ICU beds and ventilators and higher end equipment, treatment has advanced somewhat but not a lot and vaccines are still a long way off for most of the people MCC serves around the world. And so those same sort of prevention strategies have remained absolutely vital to keeping the worst of this disease from taking hold and protecting these very vulnerable communities and people who were already dealing with all sorts of challenges before coronavirus. So that early emphasis on community-based, local, prevention interventions that worked with local leaders, that worked with local structures, that has just proven really important and really effective at protecting the communities we work with and in most cases allowing our work to continue safely throughout this pandemic.

Scott: What is something that surprised you about the spread and response to COVID-19 in the developing world?

Paul: Well, you know I think when we look at what's happened in Africa over the last year, that's been the most surprising to many public health professionals. You know, early in the pandemic when you saw cases overwhelming hospitals in places like Italy and New York City, we were just terrified to see what this would look like in places that had none of that infrastructure. So thinking particularly about Haiti where I had been for the prior five years or most of sub-Saharan Africa. And we were all very pleasantly surprised over the summer to see that those systems, through good public health work, good prevention, also some luck of having a younger population, having more outdoor activity, they were spared the worst of it across many of those countries. So many of us were starting to let down our guard that maybe those countries were going to be spared at least the worst-case scenarios. Now with these new variants coming out, being discovered in different pockets of the world, particularly the one that was first discovered in South Africa, those assurances are starting to be turned upside down and we're starting to see cases surge again in different pockets where we work across Africa. In even highly rural communities, seeing clinics overwhelmed and cases even if they are never able to be formally tested, seeing cases grow quite rapidly. I think we were right to be worried about what this could look like in these communities and I think with these new variants we're starting to see it.

Scott: Yeah, it sounds like really tricky work, trying to project ahead what's going to be needed, watching what's actually taking place, responding. What were some of MCC's successes in 2020 when it came to the COVID-19 response?

Paul: It's a good question. What has paid off more than we could have imagined is this very rapid, proactive investment in community-level prevention work. You can see this particularly in Africa. As they in general had a lighter summer in terms of caseload, and in that time we were able to really build up a very robust infrastructure in the communities we work in, of locally owned response that was really deeply contextualized. So working with local religious leaders, with imams, with prophets, with pastors, with traditional healers, with all sorts of local community influencers, community leaders, to make sure there was agreement on these things

so we could avoid some of the politicizing of the disease and prevention measures that we've seen in North America that we could really get the whole community mobilized around prevention before it got to a crisis point. And something that's been so good to see is that now that these new variants are gaining speed in some of these communities, those prevention mechanisms, that infrastructure of prevention work is really being tested and it's showing itself to be remarkably effective. So for example, in Zimbabwe we worked to develop a text messaging system that works on SMS messaging which is widely available because most people don't have smartphones, in four or five local languages where people would sign up: what language do they want their language in? Where's their location? What sort of information are they looking for? And we have more than 5,000 people across these communities signed up for this. So now when the new variants started coming in, people were getting instantaneous, accurate, contextualized information in their local language and were able to take action quickly and tamp down that local outbreak before it got out of control. So again, this proactive engagement, this working with communities on systems that they develop, they own, that are meeting their needs, it's really paid off.

Scott: Yeah, that grassroots, community engagement is a real hallmark of the work that we do. I'm constantly amazed at how well that approach to working in these countries really does seem to be paying off. At the same time I know that no one organization can do things perfectly. Where have we fallen short in our COVID response?

Paul: Another good question. I think I'd point to two things. One is, it is this gap that exists between what MCC usually funds which is these very localized, contextualized, smaller scale interventions which we do extraordinarily well. But when you're faced with a pandemic, a crisis of this magnitude, there's this need to get bigger than that. That middle ground of how do you scale this up from a community to a district or a province or a regional level, how do you make sure that these good practices scale up. That's hard. I think one really excellent example of that is in Nigeria where we had been working Faith Alive Foundation who you heard from earlier, including local COVID messaging within our maternal and child health program, within their HIV work they were doing. And that has now provided a platform where over the next several months with some external funding, we're going to be able to scale that work up to potentially reaching half a million people at a much larger level. And it's because we did that work really well at the community level. And so that's an example of when we do that. The challenge is that it's hard to do that scaling when we're working often with very local, volunteer-based organizations, to allow them to bridge to scale. So we've got a few examples where we do that extraordinarily well and I think MCC's challenge is to do that more consistently with more of our partners. The other challenge that I point to, which is not unique to MC, is that it's very hard to predict how this pandemic is going to go. And so it takes time to develop projects, to develop plans, to mobilize resources, so we're always challenged with, how do we make sure we have the resources available, the projects, plans in place, the partner with the capacity to implement, to be able to do it in that timely sort of way and that requires being nimble and it also requires a lot of trust in our supporters. To trust not that they are going to give to this specific project that is already shovel ready, that they can already hear about and know what it's going to go to, but to give resources in advance of that need so that we can

respond extraordinarily quickly. And that's a need in this pandemic, that's been a challenge for us and for all organizations trying to mobilize effective responses in such a dynamic context.

Scott: When I started at MCC I was surprised at how many of our donors just really do trust the work that we do. And whether they're giving to a specific project or giving to what we call "where needed most," their commitment, their faithfulness, their willingness to pivot with us, I think it's quite remarkable and I think program has been made stronger because of that. And it's valuable to hear from you that that's an important aspect of how supporters engage in the work that allow you and colleagues around the world to really respond to crises like COVID-19.

Paul: Absolutely and I would just add that the more flexibility that we have in this kind of a crisis, the better we are able to respond. And it goes even beyond, you know people would think, well COVID-19 is a health crisis and I'm the health coordinator. So if I would designate for health, that's sufficient flexibility. And that level of flexibility is great but sometimes when we go into these communities, when you're looking at what they need at a particular point in time, or where we can have the maximum impact, MCC is actually quite unique on the ground to be able to accommodate those community needs. So it might be that we're talking about the crisis that COVID has caused but the pressing issue in that community may be that their schools are shut down and that those children are not going to be able to take their exit exam to be able to leave secondary school and have a chance of further education. Or it could be that the markets are closed so there is a food crisis. So being able to respond nimbly. I think COVID has proven once again how important that is and how blessed MCC is to have folks who do trust us. To be able to be truly responsive in real time to where we can have the biggest impact. Even if it crosses sectoral lines, between health and food, or even if it crosses between country or regional lines because we might see that those resources could be better used, let's say responding in Nicaragua right now versus Haiti, depending on how things are going. So that flexibility is just essential.

Scott: What are some of the important health programs that MCC will be working on in 2021?

Paul: Great question and I am really excited about the programs we have going. COVID-19 and the general year of crisis that we are coming through has exposed or highlighted many of the needs that were already there. As one example, mental health is one of the worst funded things in global public health. Things like infectious disease, HIV, tend to suck up most of the funding. That's even more true in COVID. So national ministries of health, global health organizations have been pulling resources out of other programs to respond to COVID. So needs like mental health are actually worse funded in most places where MCC works than they've even been. And so MCC is a leader in community mental health. That is responsive to local culture, that is holistic in how it sees the individual and their support by the community. So I'm really proud and excited for MCC's leadership in this area. There would be great examples in Nepal for example, where our community mental health there is really leading the way and the government is watching what our partner is doing and it's changing its priorities based on this proven ability to make a difference even at relatively low cost on neglected mental health issues.

Scott: As many of us here in Canada and the U.S. are watching the vaccine roll out, we're hearing that it could take much longer for vaccines to arrive in many of the countries where MCC works. Can you talk a little bit about vaccine access and equality?

Paul: Yeah, it's a huge problem. You know in global public health, the inequities that we see tend to build on inequities that were there before. And vaccine access is one of those. So with a new technology like the vaccines that are coming into play, when it's a crisis in rich countries, it's not surprising, but it's devastating to see how vaccines are being rolled out. Who gets access and who doesn't? And you see countries like Canada, the United States, the UK, Israel, buying up just huge quantities of all the leading candidates of vaccines, buying up the production capacity for the foreseeable future and leaving most of the world with very few options of where to go. So, while in Canada, America, most of Europe, you're looking at the ability to have pretty widespread access to high quality vaccines this summer or fall, in most of the places where MCC works, we're not expecting that level of access until maybe 2023. And what we're seeing already in the last few months with the new variants that are coming out, the longer that we allow the virus to circulate freely, the more likely you get these variants that can not only spread more easily, in some cases they can be more deadly, or evade treatment or prevention methods, even evading vaccine technologies. So, the risk is that not only are these communities that don't have access going to be way back in the line, years away from getting this kind of prevention, but they also in the meantime will be exposed to increasing numbers of variants, declining effectiveness of treatment methodologies that are out there. It's really emblematic of the way that resources are so highly concentrated. And rich countries will often talk about the important of equity, the importance of sharing global resources, but this would be an example of how you can see that when push comes to shove and political leaders are facing political pressure from their people to deliver, those priorities align differently, and they often align to taking care of "your own" first. As the WHO director general said a couple weeks ago, the world is on the brink of a catastrophic moral failure. We will have potentially tens of thousands or hundreds of thousands more die than we would have to if we lived in a more equitable world, if we were more willing to equitably share the vaccine.

Scott: Sounds like there's a lot work we need to do as an organization around the advocacy for equal access. Are there actions that people can take or that we're taking currently to advocate for a more equitable distribution of vaccines?

Paul: Absolutely. So, we, MCC in the U.S. and Canada and around the world, we are participating in advocacy channels and networks of like-minded organizations who are trying to push governments to act quickly for better, more equitable vaccine access. Right now, governments really are the ones in control. Even if one had all the resources available, the vaccine supply has been largely purchased already. So, it's up to the governments who have made those advanced purchases to share that access in the short term. And so, it's about, how do we work with our peers, with other organizations, with others around the world to pressure governments to think more globally about how do we save lives and how do we protect the whole global community and those who are most vulnerable. And so MCC is an

active voice in those, and we participate in many non-profit and health networks working toward those efforts. The other thing MCC is doing which is incredibly vital is supporting the frontline clinics and hospitals and health workers who will be the end point vaccinators when vaccines do become available. Because like I said, the global health funding infrastructure is being so pulled towards immediate coronavirus needs that a lot of these clinics, a lot of these health facilities around the world at the community level are really struggling and don't have the personal protective equipment to keep their staff safe in these months or maybe years until they get vaccines. So MCC is playing a really important role of standing by our partners and continuing to support them with personal protective equipment, continuing to keep them going, providing essential health services even while they wait for vaccines, so they are in position to be vaccinating when the vaccines become available. Because even when the WHO's COVAX mechanism or other aid mechanisms get vaccines to these countries, it's still going to come down to these local clinics with those trusted relationships to be that last mile of service delivery. And if MCC and others do not continue to support those folks on the ground, they won't be ready to do vaccine rollout when that time comes. And we've seen already in Canada and the US, around the world in places that are doing vaccinations, we've seen how critical that last mile really is. And the ability to have a functioning and robust health system as best you can in place when those vaccines is essential for effectively rolling them out. So MCC continues to fill that important need.

Scott: What are your hopes for the future when it comes to the global response to COVID-19?

Paul: So a couple things I would point to. One is that in the rich world, those of us who will have the privilege of having the vaccine as I already have, over the next year the pandemic is going to start looking very different depending on what country you have the privilege of being from. So, I think it's going to be very important for us in wealthier countries who have access to the vaccine, who over the next year start to see the priority of COVID slipping and get back to more and more some version of normal. It's going to be important for us to remember that the rest of the world isn't there with us. And so, one of my hopes is that we can hold on to this sense of solidarity is that we're all in this together. Coronavirus has shown us our shared vulnerability and, in many ways, brought people together to fight a common enemy. As that struggle becomes less common, I hope that we can remember what that sense of vulnerability feels like and remember that many of the people MCC works with, even our staff in many of these countries, will not have access to the vaccines for months and years and that we'll continue to stand with them as they struggle.

Scott: I hope so too, Paul. To close, we have a question from one of our listeners. Lecia828 on Instagram asks, what past experiences help you with this role?

Paul: Thanks, so that's a really good question and one that I've been thinking about because this has been a really challenging time to try to address the wide variety of issues and questions that come up from the field, how do we respond, how do we support staff, how do we keep people safe? One set of experiences that I would point to is the importance of having spent time in a lot of very different cultural contexts. So, grew up in Tanzania, spent time growing up

in the United States in very conservative rural areas and more liberal urban areas, here in Northern Indiana most recently. And through that, understanding that people have a lot of different ways of coming at the same kind of challenges. They've got a lot of different values, cultural values, priorities, sources of resilience and that if we're going to be effective, we've got to meet people where they're at. So, our response is going to look very different here in North America in different types of communities than it would in a city in Nepal or a highly rural area in Somalia. So, understanding that diversity of places where we work and trying to make sure that as we respond, we're engaging respectfully, we're engaging thoughtfully and we're really helping communities build on what they already value and the priorities they have in their communities is just essential in this kind of a time.

Scott: Thanks for speaking with me today, Paul. You've provided a real insightful look into not only MCC's response but really what is happening globally outside of many of the stories that so many of us are consuming day in and day out which really focuses on what's happening in our countries and our communities. To have that global lens on the pandemic is really helpful.

Paul: Absolutely, thank you.

Scott: That was MCC's global health coordinator, Paul Shetler Fast.

Next month, I'm speaking with Annie Loewen, one of MCC's humanitarian assistance coordinators. She works with MCC staff around the world to help plan emergency response projects.

She'll share about how COVID-19 is disproportionately impacting women and what MCC is doing to address this issue.

If you had a chance to sit down with Annie and ask her a question, what would you want to know? Send us your questions by email at podcast@mcc.org and we might feature your question on the show.

This episode of Relief, development and podcast was produced by Meghan Mast, Elizabeth Miller-Derstine and the head producer is Emily Loewen. Thank you again to Paul Shetler Fast for speaking with me today. And special thanks to listeners Lexi Lambert and Lecia828 on Instagram who submitted questions for Paul.

If you like this podcast, it would be great if you could subscribe and rate it and tell your friends to give us a listen!

A lot is happening in the world right now. This is a difficult time for many. May you experience God's provision and protection as we work together to share God's love and compassion for all in the name of Christ.

Thanks, and take good care.

(Music plays us out)