

COVID, Vaccine Equity and Need for Greater Global Synergy

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The outbreak of the COVID-19 pandemic has posed multiple challenges across the world. Disruption in the social-economic activities has severe implications for lives and livelihoods. Prolonged lockdowns rendered millions of out of jobs and brought them at risk of falling into extreme poverty. Like other humanitarian crises, the COVID-19 pandemic has also differentially impacted the poor and marginalized sections of society due to lack of effective social protection, access to quality health care and productive assets. As coronavirus keeps mutating, the pandemic is yet to be over and finding its effective cure is still a challenge for the medical and scientific community. The development of COVID vaccine in such a short period is remarkable achievement. The vaccination is considered to be an effective method to deal with coronavirus and its multiple mutations. The COVID 19-vaccines can potentially widen the safety net and comprehensively protect people from getting infected, and if infected, protecting from getting seriously ill. A post-COVID world can be heralded on the how vaccination process unfolds which may safely ensure restoration of physical and economic activities. Nevertheless, despite the launch of the largest vaccination drive against the coronavirus, a deep divide is emerging between wealthiest and high income countries and developing and low-income nations in access and distribution of the COVID vaccine. High income countries have more financial resources, better delivery mechanism, advanced infrastructure, etc. which ensure greater access to the vaccine to their citizens. On the contrast, developing world and low-income countries are struggling to finding it difficult adequately fulfill the demands of their people and ensure supplies or reaching out to people in remote areas.

Statistically speaking, around a quarter of world population have received at least one shot of one of the COVID-19 vaccine. However, a glaring disparity has been noticed in the vaccination. The highest vaccination rate is registered in the North America where not less than 50 percent of the population are fully vaccinated. Europe has also made substantial progress where around 39,5 per cent - which becomes 49% for the European Union (although per cent varies among the countries) - of the population has also received first jab of vaccine. But the figure remains quite

low in the low-income nations. Africa has the lowest vaccine rates where only one out of every 55 people (about 1,8%) has received one jab, and one out of 57 is fully vaccinated. The deep divide is visible not only in developed and low-income and developing countries or rich and poor nations, a disparity has been also been noted in the urban and rural areas. Rural communities are falling behind in countries in many parts of the world. For example, more than one third of urban population has received one dose of the vaccine while 12 per cent of rural population has received the single dose in India till mid May report. Such gap has also been reported in the US, cities have also reportedly outpaced rural counties in the US. The majority of population lives in rural areas in Africa, where overall vaccination is the lowest in world, logically it is not likely that vaccine would have reach to the rural and remote areas. People, particularly women in rural areas are reportedly more hesitant to get vaccinated. Women share greater responsibilities in managing households and also constitute a major part of global health workforce.

Only Inequitability and inefficiency are not hampering the accessibility. Digital divide, misinformation and somewhere social practices are major causes in hesitancy in inoculating people. Experts point out that vaccination is a ‘collective project’, and they also stress ‘none of us are vaccinated until all of us are vaccinated’. The World Health Organization (WHO) is repeatedly emphasizes on the expanding the reach of the vaccine. Despite the call for ramping up production and provide more financial resources for vaccine production and distribution, the gap is observed between the high income and low and middle income countries, but also within society, gender as well as urban and rural. The COVAX, which is one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, is focused on the provide access to COVID vaccine across the world. It aims to distribute two billion doses by the end of year. However, target appears to be difficult to fulfill because scant supply. At the end of July 2021, only 153,6 million doses were shipped under the progarmme. In recent summit of G7, the most industrialized and wealthiest nations had pledged to provide more vaccines through the COVAX, but experts still remains suspectical and cautions that it would be not enough to meet requirements of poorest nations to vaccinate their most of the people in the next two years. Trends in development assistance from the developed countries are not so encouraging, the rise of far parties and economic slowdown have affected their development assistance. Wealthy nations promised to give at least 0.7 per cent of their GNI, however, only six European nations

have met the benchmark in 2020. On the contrary, greater compassion and passion for cooperation has been seen in the countries of the South. India shared their vaccines to over 90 countries before outbreak of the second wave there.

Amid the uncertainty over the new wave of COVID-19, it is called for ramping up vaccine production and its equitable distribution and reaching out to the most vulnerable section of society. The crisis of unprecedented level, such as COVID-19 pandemic, warrants greater policy synergies and a genuine multilateral effort in terms of extending more financial support, developing long-term strategies for making vaccines available, sharing of intellectual property and technology transfer, etc. Any protectionist tendencies such as vaccine passport would further create a global divide rather solidarity. India along with South Africa called for waiving of IPR at WTO which may help to ramping production of COVID-19 vaccines. The move was supported several African countries, however, the EU is not keen extend its support.

New mutations are emerging and threats of new wave is also looming which will again to come with new challenges. The WHO stresses on limiting ‘the spread of the virus by vaccinating quickly and equitably’. Therefore, international community should take collective and comprehensive measures for reaching out the vulnerable people and make the vaccine process inclusive and more equitable. The vaccine equity is essential in fight against the challenges posed by the COVID pandemic, and also ultimately can contribute to the social and health equity.