

Abstract & Editorial

Global inequality in COVID-19 vaccine distribution

Casper Rosenlöf

Academic Writing

Instructor: Professor Sophia Butt

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**Abstract**

The vaccines aimed to combat the COVID-19 pandemic are now produced at an exceptionally efficient rate, although, the distribution of them is far from efficient and equal. Accordingly, low-income nations (LIC) are suffering an unethical and artificial shortage of vaccines. This report focuses on examining to what extent the distribution of vaccines is unequal, who the key stakeholders and decision-makers are, and what can be done to solve this issue. Specifically, it investigates if vaccine manufacturers are resorting to unethical practices, prioritising financial gain in a situation where delivery of appropriate healthcare should be the primary concern. Furthermore, it examines whether organisations such as the COVID-19 Vaccines Global Access Facility (COVAX) are implementing appropriate strategies to eradicate any inequalities in vaccine availability.

To test the hypothesis that manufacturers and COVAX are not presenting sufficient strategies to their fullest potentials, research was conducted exploring multiple contributing factors such as unethical pricing, bilateral agreements, and the efficiency of COVAX. Furthermore, the report emphasizes important moralities such as human rights and Corporate Social Responsibility (CSR) and financialisation of global health utilised to contrast current policies and recommended strategies for manufacturers and COVAX. Finally, the report proposes short-term and long-term solutions based on the findings.

The results showed that the production of vaccines has largely been publicly financed, privatized, and monopolized, which in turn has allowed manufacturers to charge exorbitant prices on vaccines. Furthermore, it was revealed that a majority of vaccines were administered through exclusive bilateral agreements allowing high-income countries (HIC) to secure large amounts of vaccines at a tailored price all before the production itself. Accordingly, most LICs are suffering shortages due to vaccines being costly and unavailable. Additionally, the results suggested that the efforts and impact of COVAX on LICs has been limited and has not reached full potential or the targeted goals. On this basis, it is recommended that manufacturers should implement equitable pricing on vaccines and make their intellectual property strategy, such as key vaccine formulas, available through non-exclusive and royalty-free services.

**Editorial**

It is once again big pharma versus the people, the age-old feat. Large and scary pharmaceutical companies depleting the faith in humanity as they once again prioritise financial gain over the greater good. Like the snake in the garden of Eden, they are tricksters, promising gold but delivering coal. The vaccines, meant to save the world from endless Zoom calls, and cancelled events are not being distributed equally. Yet, these issues are only familiar to the people of developed nations, the ones not having to worry about health. The people in dire need of vaccines are not citizens of developed nations, it is the people of low-income countries with serious underlying health concerns that are really suffering. To those people the vaccines are not available, they are unaffordable by the nations in which they live. An unacceptable 0,7 per cent of vaccines have been administered in low-income nations, whilst 74 per cent have gone to high-income countries. Something is seriously rotten.

The pharmaceutical firms are once again to blame. High prices incentivise high-income nations to buy in substantial bulk and utilize volume discounts, an offer too exclusive for low-income nations. That is just the tip of the iceberg, as they cannot even place an offer in the first place. Most vaccines produced are secured beforehand, via private and premier bilateral agreements between manufacturers and developed nations. Even if low-income countries wanted to buy, and had the assets, they are not part of the elite club. High-income countries have express delivery and tailored pricing allowing them to secure and administer a third booster shot for their citizens before the population of the less developed nations can even get their first shot. 9,9 per cent of Africa has received the first shot which is incredibly trivial in comparison to that of the total world population, which is 56,8 per cent. Then again, there are of course organisations set up to fight the inequalities of vaccine distribution, primarily COVAX, but they are full of empty promises and failed approaches. Whilst the goals and guarantees of COVAX sound convincing and give hope for light at the end of the tunnel, their efforts and the effectiveness of their operations is extremely lacking.

Pharmaceutical companies must put morality ahead of financials, once and for all. Do the right thing, prioritise those in need and help put an end to this all, or at least open your playbooks so that someone with the right means can start doing it properly. People are suffering, and there is help available, but none is offered.