

What will it take to make COVID-19 vaccines globally available?

October 19 2020, by A.k. Nandakumar



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The world has bet big on vaccines as the best route for creating the level of herd immunity needed to achieve manageable levels of infections and deaths—a process that typically takes 10 to 15 years but one that we are



hoping to achieve in twelve to eighteen months. This is unprecedented.

Recent estimates have shown that globally nearly two billion doses of vaccine will be needed by the end of 2021 in low and middle-income countries. This will require investments of anywhere from \$10 billion and \$30 billion and will represent an immunization campaign that will surpass anything we have undertaken in recent memory.

Once a vaccine is available, <u>high-income countries</u> could buy up the <u>global supply</u>. For them the issue is not affordability but rather how to prioritize who gets the vaccine, how to convince people to get the vaccine and how to manage the distribution of such a large quantity of vaccines.

The Access to COVID-19 Tools Accelerator is a global coalition including among others the World Health Organization (WHO), GAVI and over a hundred countries. Their vaccine initiative, COVAX, is currently working on nine vaccines that are in advanced stages of trial.

The COVAX initiative has asked countries that can self-finance to make their financial commitments to purchase vaccines and intends to use these as incentives for manufacturers to reduce prices and ensure production.

But who will pay for countries that cannot afford vaccines? And how can we ensure that the vaccines reach those who are poor and marginalized?

These segments of the population are more adversely impacted by the virus, but do not have the same voice as the middle class and the rich.

In normal times, high-income countries would subsidize the cost of these vaccines for countries that cannot afford them.



However, with these countries facing a significant economic downturn, there is little willingness to pay for vaccines for other countries.

In this scenario COVAX, the WHO, GAVI and other global players should use their voice and advance market commitments to drive down the cost of vaccines to an affordable level.

The WHO should push for policies that ensure equitable distribution of the vaccine across and within countries. The World Bank, International Monetary Fund (IMF) and others that have provided pandemic financing to low and middle-income countries should require explicit and measurable benchmarks to ensure equity.

Supply chains across the world will be severely strained and many countries might not have the capacity to deal with this issue. Planning needs to happen now to assess <u>supply chain</u> capabilities and see if remedial actions can be taken in time.

Finally, it is unfortunate that the politics of the day call into question the very efficacy of vaccines. We simply have to put the interests of the public above petty political gains and encourage people to get vaccinated.

Vaccines are the global bet for a return to normalcy and a revival of our economies. While isolation, border closures and shutting down entire communities helped slow the spread of the virus, the next phase requires global cooperation, transparency, empathy and a deep sense of social justice.

Will the world be able to deliver on this? Only time will tell.

More information: The Access to COVID-19 Tools (ACT)

Accelerator: www.who.int/initiatives/act-accelerator



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