

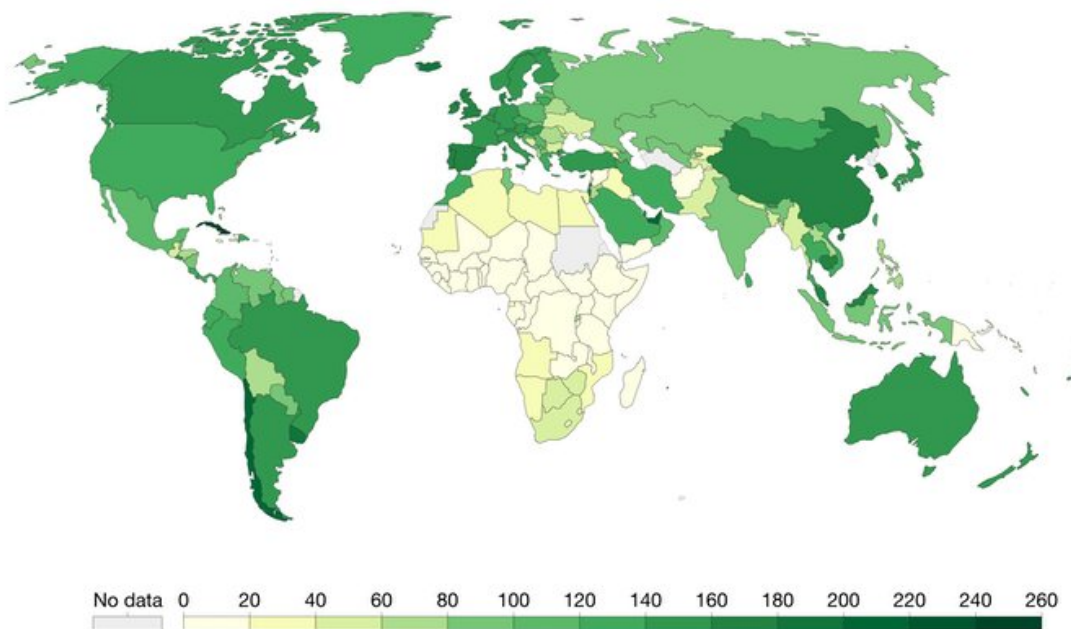
# Wealthy nations starved the developing world of vaccines, and omicron shows the cost of this greed

November 30 2021, by Deborah Gleeson

## COVID-19 vaccine doses administered per 100 people

All doses, including boosters, are counted individually. As the same person may receive more than one dose, the number of doses per 100 people can be higher than 100.

Our World  
in Data



Source: Official data collated by Our World in Data – Last updated 29 November 2021, 10:30 (London time)  
OurWorldInData.org/coronavirus • CC BY

COVID vaccination doses, per capita. Credit: Our World in Data

We don't yet know how dangerous the new Omicron variant of SARS-

CoV-2 will turn out to be. [Early evidence suggests it may be more transmissible](#) than other variants, and the [World Health Organization has raised concerns](#) about its potential to spark another global surge in infections.

If currently available vaccines continue to protect us from severe disease and death, which seems likely at this stage, vaccinated people in developed countries should be able to breathe a sigh of relief.

But with a yawning gap between vaccination rates in high- and low-income nations, Omicron could present a major problem for the world. It could cause a further wave of preventable disease and premature death in developing countries, and exacerbate poverty in parts of the world that are already struggling with the pandemic.

And unless governments take urgent action to correct these inequities, we risk the emergence of further variants, some of which may evade vaccines.

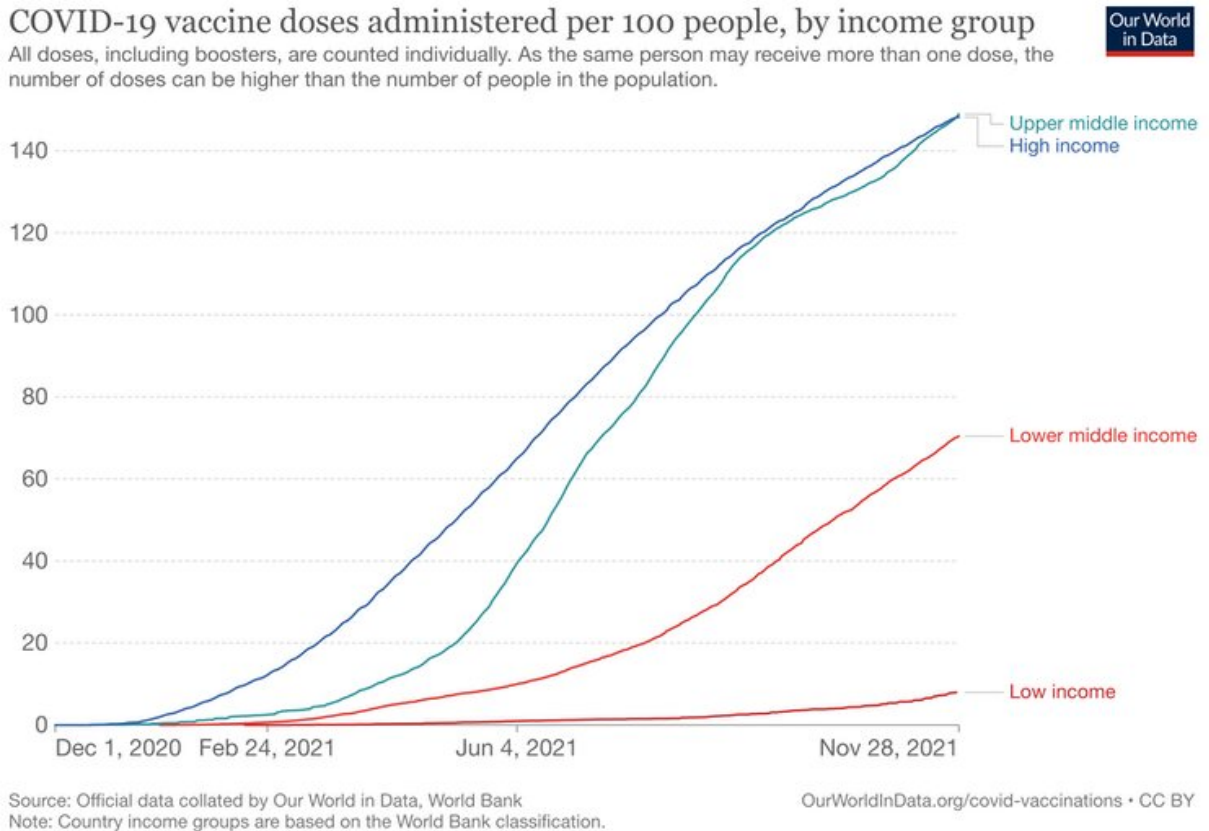
## **Inequities in access to COVID-19 vaccines**

By the end of November, around 54.2% of the global population had received at least one COVID-19 vaccine dose. For low-income countries, however, the [rate was just 5.8%](#).

The gap in vaccination coverage between high-income and upper-middle-income countries on one hand, and [low-income countries](#) on the other, is particularly stark.

Vaccination rates in Africa are particularly concerning. About 40 or so countries still [have less than 10% of their populations](#) fully vaccinated, the vast majority of which are in Africa.

Experts have warned about the inequitable distribution of COVID-19 vaccines since the beginning of the pandemic, so why is there still a problem?



COVID-19 vaccine doses administered per 100 people, by income group. Credit: Our World in Data

## Failure of COVAX to realize its promise

First, COVAX, the global program for purchasing and distributing COVID-19 vaccines, has struggled to secure enough vaccine doses since its inception..

Nearly 100 [low-income nations](#) are relying on the program for vaccines. COVAX was initially aiming to deliver 2 billion doses by the end of 2021, enough to vaccinate only the most high-risk groups in developing countries. However, its delivery forecast was [wound back in September](#) to only 1.425 billion doses by the end of the year.

And by the end of November, [less than 576 million doses](#) had actually been delivered.

This predictable failure is largely due to [wealthy countries mopping up more than half of the first 7.5 billion vaccine doses](#) developed through pre-purchase agreements, leaving only crumbs for COVAX.

Chronic under-investment in COVAX (in terms of both doses and funds), and further hoarding of [vaccine](#) doses in wealthy nations for boosters, have continued to starve COVAX of supplies to distribute to those most in need.

## **Failure to deliver on promised vaccine donations**

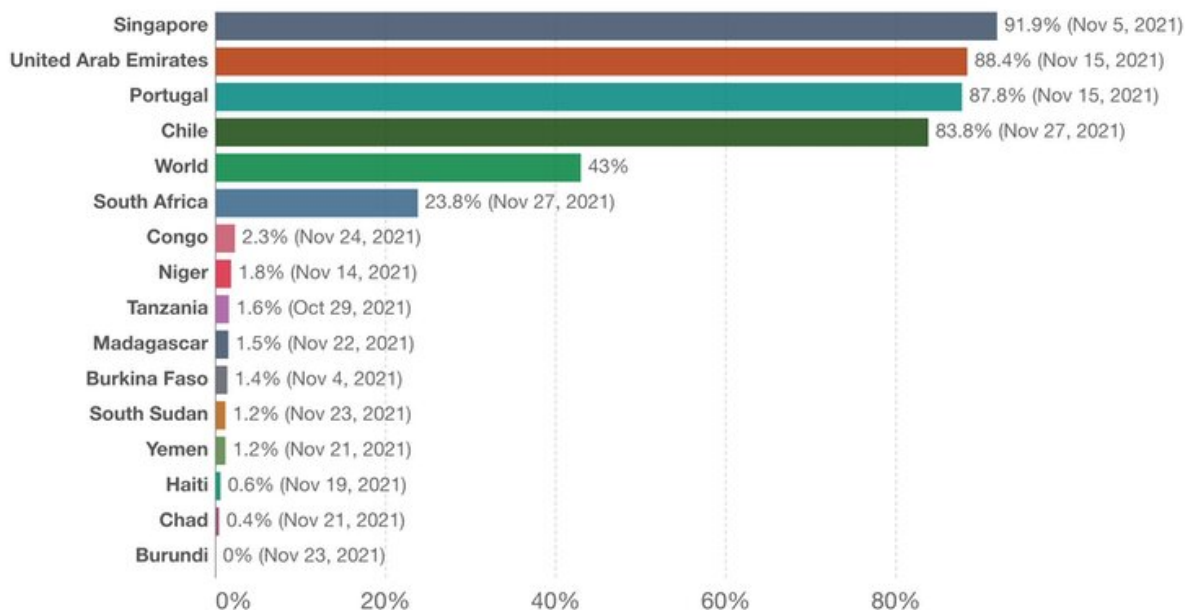
Wealthy countries have been shamed into making pledges to donate large numbers of doses to low- and middle-income countries. But few of these pledges have yet translated into vaccines in arms.

By October 25, more than 1.3 billion [vaccine doses](#) had been pledged, but [only around 10% had been delivered](#).

## Share of the population fully vaccinated against COVID-19

Total number of people who received all doses prescribed by the vaccination protocol, divided by the total population of the country.

Our World  
in Data



Source: Official data collated by Our World in Data – Last updated 29 November 2021, 10:30 (London time)

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

OurWorldInData.org/coronavirus • CC BY

Comparisons between highly vaccinated nations and those at the bottom, most of which are in Africa. Credit: Our World in Data

Meanwhile, many high-income countries have ignored [pleas from the WHO](#) to hold off on providing booster vaccinations until the rest of the world catches up. Even after boosters have been administered, Médecins Sans Frontières estimates that ten high-income countries will be sitting on [more than 870 million excess doses](#) by the end of the year.

Take Australia as one example. It has pledged 60 million doses for developing countries in the Indo-Pacific region, but so far, [less than 9.3 million have been delivered](#). None of these doses are slated for equitable distribution through COVAX, however, and none are currently

committed for Africa.

Meanwhile, the Australian government has invested more than A\$8 billion (US\$5.7 billion) in [pre-purchase agreements for 280.8 million vaccine doses](#) for Australians. This is equivalent to more than 10 doses per person.

## **Failure to agree on temporary changes to trade rules**

Some wealthy countries have also continued to oppose a proposal to temporarily suspend trade rules that protect the monopolies of pharmaceutical companies on COVID-19 health products and technologies.

Initially [proposed by India and South Africa](#) in October 2020, the so-called TRIPS waiver would enable companies around the world to freely produce COVID-19 products and technologies without fear of litigation over possible infringements of intellectual property rights.

It is now co-sponsored by 63 countries and supported by well over [100 of the World Trade Organization's 164 member states](#). The US signaled its support for a waiver in May (limited to vaccines), but it hasn't formally co-sponsored the proposal. The European Union, the UK and Switzerland continue to oppose it, with Germany a particularly staunch opponent.

The TRIPS waiver, if adopted in [the form sponsored by the 63 countries](#), would cover all health products and technologies needed for preventing, treating and containing COVID-19, including vaccines, treatments, diagnostic tests, medical devices and personal protective equipment.

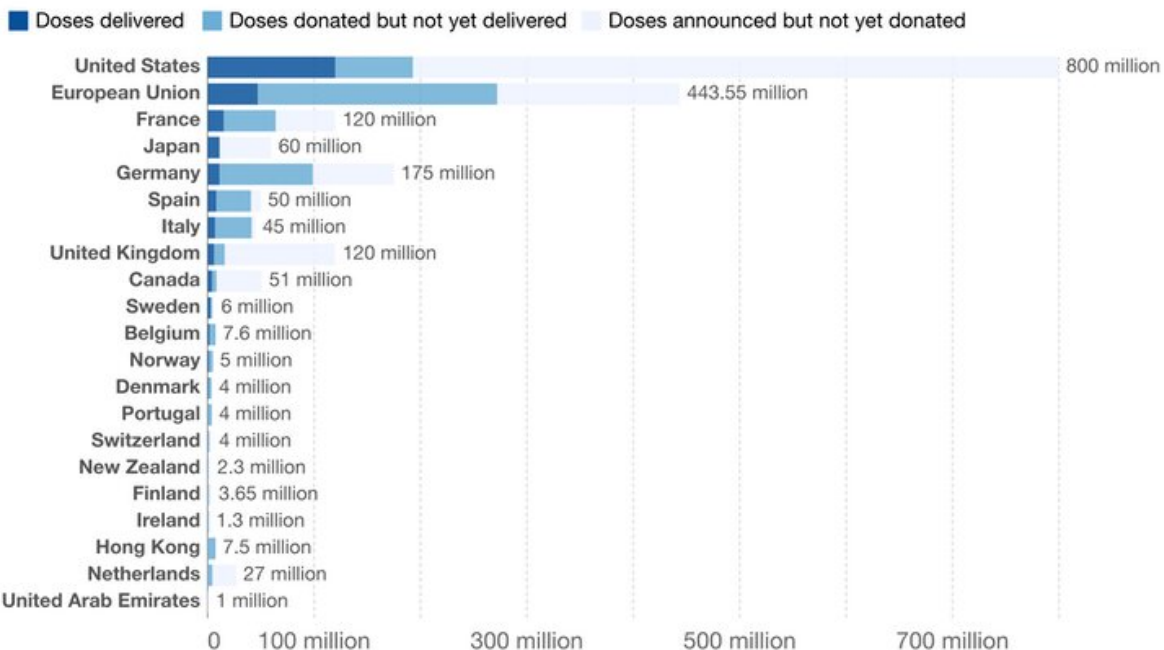
It would waive rules in the WTO's [Agreement on Trade-Related Aspects of Intellectual Property Rights](#) (TRIPS) that apply to patents, undisclosed



information (such as information submitted to regulatory agencies or protected as trade secrets), copyright and industrial designs. And it would last for at least three years from the date the waiver is adopted, and then be reviewed annually.

### COVID-19 vaccine doses donated to COVAX

Shown is the number of vaccine doses donated to the COVAX initiative by each country. Donations are broken down by whether they have been announced, donated, or delivered.



Source: COVAX, ACT-Accelerator Hub. Data as of November 8, 2021.

OurWorldInData.org/coronavirus • CC BY

Note: COVAX is a worldwide initiative aimed at equitable access to COVID-19 vaccines. It is directed by Gavi, CEPI, and the WHO.

COVID-19 vaccines donated to COVAX. Credit: Our World in Data

However, more than a year after the waiver was proposed, discussions at the WTO remain deadlocked.

The EU insists it will be sufficient to tweak existing provisions in the TRIPS Agreement that allow for compulsory licensing—exploitation of

the subject matter of a patent without the permission of the patent holder. This, however, doesn't cover undisclosed information, which is needed for manufacturing vaccines.

Many countries, including the UK, EU, China and Australia, are now [supporting a separate proposal](#) at the WTO which addresses other trade-related issues, such as export restrictions and customs procedures. However, it fails to lift the intellectual property rights that maintain monopolies on COVID-19 products.

To delay matters even further, the emergence of the Omicron variant has resulted in postponement of the WTO ministerial council meeting this week, where these proposals were to be discussed. While debate will continue in the TRIPS Council in December, momentum to reach a decision in the near-term may have been lost.

## **Urgent action is needed**

Wealthy countries have hoarded vaccines, starved COVAX of funds and doses, released promised donations at a slow dribble, and stalled agreement on a global agreement to lift barriers to wider manufacturing of vaccines in the developing world.

We must do better. The Omicron variant illustrates that clearly the world can't afford to wait any longer.

This article is republished from [The Conversation](#) under a Creative Commons license. Read the [original article](#).

Provided by The Conversation

Citation: Wealthy nations starved the developing world of vaccines, and omicron shows the cost



of this greed (2021, November 30) retrieved 6 May 2024 from  
<https://medicalxpress.com/news/2021-11-wealthy-nations-starved-world-vaccines.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.