

# Researcher: The 'job market' of private COVID vaccines is a good thing for public health—but not for health inequality

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COVID vaccines will [go on sale privately](#) in England and Scotland from April 1 for all those aged 12 and over. In the US, they have been available to [buy commercially since 2023](#), with the private sector already

accounting for a [substantial proportion of vaccine sales](#). It is likely that a growing number of countries will follow suit.

Is offering jabs privately a good thing for public health? Yes. But, would it be better and fairer if they were free for all who want them? Yes.

## What are the benefits?

Making COVID vaccines available to more people, even if it means some people will have to pay for them, is a good thing. That's because the more people that are able to keep up to date with COVID boosters, the higher the level of [immunity across the population](#).

High [booster coverage can help protect](#) against surging cases or potential new variants, and help lower levels of COVID-related sickness across the population.

In turn, this could help reduce COVID-related absenteeism—the UK is currently experiencing a [rise in long-term sickness among its workforce](#) and, since the [NHS is currently under massive strain](#), it could ease pressure on the UK's crumbling health services. Crucially, though, increased booster coverage could help reduce rates of long COVID—the [risk of which rises with multiple re-infections](#) .

It's important that those at highest risk of serious COVID outcomes—those with clinical conditions and those aged over 65—[continue to be prioritized for free vaccines](#).

But COVID is certainly not harmless in those under 65. For example, long COVID is found in all ages with [the highest percentage of diagnoses in those aged 36-50](#). It is a shame that more people in 2023 weren't able to reduce their risk of long COVID or sickness by not being able to access a booster [vaccine](#) at all.

## But will people buy them?

Along with colleagues, last year I [conducted research](#) on attitudes to private COVID boosters in Wales. We asked those ineligible for free vaccines—at the time, those aged under 50 and without qualifying clinical conditions—whether they would be willing to pay for a COVID vaccine. We found very mixed views. However, a large multi-country [study](#) suggested that a significant proportion of people asked would be willing to pay for a vaccine if it was available privately—although this study was conducted much earlier in the pandemic, and attitudes could have since changed.

Convenience, or ease of access, is one of the key factors shaping vaccination uptake, as outlined in the World Health Organization's [Behavioral and Social Drivers of Vaccination](#) model. If the private market for the flu jab is anything to go by, then ease of access might give COVID uptake rates a boost. For example, [one study](#) found that around a third of patients might not have gotten a flu jab had it not been for them being able to conveniently pay for it in a pharmacy.

However, uptake of the new 2023-24 COVID booster in the US has been low, [with only about 14% of adults taking it](#), even though many can access it freely through their [private health insurance](#), or for those without health insurance, via the [Bridge Access program](#).

Ultimately it remains to be seen how much demand there will be for private COVID vaccines.

## Private vaccines could worsen health inequalities

Although private jabs would give the general public the choice of having a COVID booster because [only certain groups](#) are able to have them at

the moment, it would be better if the vaccines were free, or at least affordable, for all who want them. At a price of £45 per jab, those on low income are much less likely to be able to afford them. As such, the private sale of COVID vaccines will only serve to perpetuate [health inequalities](#).

Unfortunately, those from more deprived communities and on low incomes are at [higher risk of more serious COVID outcomes](#). They are also more likely to be negatively impacted by [winter pressures and health service crises](#).

In spring 2024, the Joint Committee on Vaccination and Immunisation (JCVI) [suggested](#) that the 2024 autumn booster campaign will be smaller than previous campaigns. This is a regressive step for [public health](#). If anything, the eligibility for free vaccines should be [more, not less, inclusive](#).

## **People should be free to choose to get vaccinated**

Choice has been a contentious term during the pandemic. [Vaccine passports and mandatory vaccination](#) for health and social care workers were strongly opposed by some on the grounds that they took away people's choice to not get vaccinated. Surely the same arguments made against requiring people to get vaccinated should also apply to excluding people from getting vaccinated?

[Behavioral science theory](#), and much [research during the pandemic](#), showed how actions taken to protect our health relies as much on our capabilities and opportunities as our motivations. As such, it is important that those who might otherwise be motivated to get a COVID [booster](#) are not prevented from doing so by being unable to afford them.

How to make vaccines more available and affordable to all who want

and need them is a matter of equity, and is something that should be addressed sooner rather than later—especially as innovations continue in other vaccinations, from RSV and flu to cancer.

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