The global COVID vaccination distribution debacle is mirrored in the US

Benjamin Mateus
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The recent experience with the inequitable distribution of the COVID-19 vaccine only provides further proof that the global allocation of human resources organized under capitalism is an abject failure. Despite the stunning achievement of producing safe and efficacious vaccines against SARS-CoV-2 in less than one year, the world faces the reality that the delivery of these life-saving therapeutics is disorganized, chaotic and is managed under the diktat of the markets.

According to the Bloomberg vaccination tracker, approximately 42.2 million doses have been given across 51 countries, a rough daily average of 2.43 million doses per day, a significant majority representing high-income countries. The US has administered 14.3 million doses or 4.4 doses for every 100 persons, with 46 percent of all distributed vaccines administered. At least 1.8 million have completed the two-dose regimen across the globe. Only Israel, the United Arab Emirates, Bahrain and the United Kingdom are leading the United States.

In contrast, the director-general of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, said that only 25 doses of the vaccines had been given in one lowest-income country. “I need to be blunt. The world is on the brink of catastrophic moral failure, and the price of this failure will be paid with lives and livelihoods in the world’s poorest countries.” With more than 8 billion doses of vaccines set aside in dozens and dozens of deals to secure vaccine access, by all accounts, if these were distributed evenly, at least half the world’s population could be assured two doses to complete the vaccination regimen.

The WHO COVAX initiative was created in partnership with GAVI and the coalition for epidemic preparedness to ensure equitable vaccine access to every country in the world to deliver 2 billion doses. Yet, deliberate hoarding of vaccines by wealthy nations by preordering millions of doses has led many countries that have joined COVAX to make bilateral deals with vaccine makers pushing prices up and limiting access for developing countries to some undetermined distant future.

Across Africa, a second wave of the pandemic is threatening to inundate the frail health care system across the continent. Countries such as Nigeria, Zimbabwe, Senegal, Sudan, South Africa and the Democratic Republic of Congo report that hospital capacity and oxygen supplies are running short.

The *Financial Times* reported that “the continent-wide death rate this month surpassed the global average for the first time.” With almost 3.3 million infections, Africa has seen 80,000 deaths over the intervening months of the pandemic or a crude case fatality rate of over 2.42 percent, higher than Europe with 2.27 percent and the US with 1.66 percent, by comparison. Despite a much younger median age, without adequate resources, African nations will face a considerable challenge. The delivery of vaccines to frontline health care workers in these regions is a critical priority.

Despite the United States’ world predominance in terms of its wealth, it has shown its utter incompetence in organizing a massive national vaccination initiative. After promising Americans that 100 million would be inoculated in 100 days, one month after the first vaccine was given, less than 12 million were vaccinated.

The vaccine rollout’s initial phase was intended to inoculate the 24 million health care workers and residents of nursing homes across the nation. Those in the medical field, by the nature of their occupation, have the highest risk of infection. Meanwhile,

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occupants of long-term care facilities possess the highest risk of disease severity and death associated with COVID-19 due to their age and medical state. Yet, as the federal government left it to each state with little resources to develop their rollout plan, it has been a calamitous embarrassment. As STAT News noted, "Most of the missteps so far stem from the same problem: prioritization decisions that ignore the science of risk assessment and leave too much to chance."

Perhaps it is characterized best by Dr. Camara Jones, the American Public Health Association's past president, when he told *Business Insider*, "You know, it's the Wild West out there. It's sort of the opposite of an equitable distribution plan, if there were a plan. But there's no plan! No plan!"

There are no quick fixes for this developing predicament, making moves to the next phases of the vaccination rollout with the intent to inoculate 180 million a recipe for disaster. States will have to quickly identify tens or hundreds of thousands of people with medical conditions that increase their risk for severe COVID-19. Compounding this will be attempting to stratify them by age in a complicated calculation to see who should get the shots first. Many elderly people face technological challenges, making communicating when and where they must go to get their vaccination difficult.

In a knee-jerk reaction to this catastrophe, states are turning to natural disaster tools to determine vaccine distribution. Their decisions will be based on assessing the number of people that live in a county and using the social vulnerability index (SVI), which utilizes data such as poverty, access to vehicles and overcrowded residents, to provide a vulnerability score for every US census tract. Pharmacies are being made the primary mechanism for administering vaccines.

These endeavors may exacerbate the situation. As STAT News noted, "Using population as a factor means that dense communities, merely because they are populous, will get far more doses than they need. … What's more, the SVI fails to account for individual clinical history or key social determinants of health at the county level, such as air quality and proximity to grocery stores based on ZIP code. And relying on pharmacies for distribution leaves out people who live in pharmacy deserts, which are more common in low-income neighborhoods, communities of color, and rural areas."

As states move to rely on pharmacies, CNN recently reported that CVS and Walgreens have come under fire by health officials for the slow rollout of their vaccination programs to nursing homes. Working under a partnership with the federal government, teams from these pharmacies have been tasked with vaccinating nursing home residents and their staff. As of last week, only one-quarter of the 4.7 million doses allocated had been administered.

Joseph Biden, speaking in Wilmington, Delaware, said last week, "We're sparing no effort in getting Americans vaccinated. We remain in a very dark winter. The infection rate is up 34 percent. We see 3,000 or 4,000 deaths per day. Things will get worse before they get better."

Though Biden has called for federally supported vaccination centers using FEMA to oversee their construction as well as community immunization sites, like Trump he will rely on commercial pharmacies to distribute vaccines. "The vaccine rollout in the United States has been a dismal failure thus far," he said. "This will be one of the most challenging operational efforts we've ever undertaken as a nation. We'll have to move heaven and earth to get more people vaccinated." However, there was no mention of a lockdown to stem the tide of deaths.

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