

European COVID-19 vaccination program produces a debacle

Will Morrow
12 March 2021

While COVID-19 spreads internationally, increasingly dominated by more contagious variants, the distribution of vaccines in Europe is mired in delays.

The situation is particularly stark in France, where approximately 6 percent of the population have received a single dose, and only half of these the required second doses. In Germany, only 6.6 percent of the population has received a single dose. Three percent or less of the population has been vaccinated in Belgium, Sweden, Spain, Portugal, Italy, the Czech Republic and the Netherlands.

In Britain, where vaccination has proceeded significantly further than in Europe as a whole, less than two percent of the population has received the required second dose of their vaccines, while some 23 million people have received a first dose. In comparison, the number of people vaccinated in Israel surpassed 4.9 million this week, more than 50 percent of the population.

The vaccination campaign in Europe has been chaotic from the outset. Governments had no real plan for a coordinated international distribution of a vaccine, while key infrastructure has been undermined by decades of austerity cuts to health systems that financed tax cuts for the wealthy and corporations. In Germany, for example, the online portal for booking vaccination appointments for months only allowed users to book a first appointment, for a single dose, providing no means for users to go on a waiting list to be notified when more doses became available.

A major factor in the slow pace of vaccination, at least since the end of January, was the shortage of available doses. After cut-throat negotiations of contracts worth tens of billions of euros with European governments, the giant pharmaceutical corporations failed to supply enough vaccines.

This exposes the bankruptcy of European capitalism. Since last spring, EU and UK authorities have distributed trillions of euros and pounds in bank and corporate bailouts. Stock markets have surged, and individual multi-billionaires like France's Bernard Arnault have added tens of billions of euros to their personal wealth. Yet there has been no public works program to massively increase vaccine production capacity, produce the infrastructure and equipment needed to distribute them, or increase health budgets. Instead, billions went to the very private corporations reaping profits from the crisis.

There is an urgent need for a global policy of social distancing and mass vaccination. However, it was blocked by corporate profit interests and the national interests of competing capitalist powers.

As governments and trade unions herded workers back to work and youth back to school, in a "herd immunity" policy costing hundreds of thousands of lives, the capitalist market produced a debacle.

Last October, the EU, UK and US vetoed requests by India and South Africa to allow the generic manufacturing of a vaccine, which would threaten the interests of European and US corporations and to their ability to use a vaccine monopoly as a diplomatic weapon. For the same reason, they were hostile to international distribution of vaccines manufactured by China and Russia.

In December, Pfizer/BioNTech announced that it would not meet its promised quota of 12.5 million doses to the EU by the end of 2020. It pledged to increase production in Europe, but made clear this would be subject to the outcome of its negotiations with manufacturers in the continent.

In January, Moderna announced supply cuts to both Italy and France of more than 20 percent.

The only other vaccine approved for use by the European Medical Agency, Oxford-AstraZeneca, has announced continual delays and cuts in projected supplies. On February 23, Reuters reported, citing an anonymous EU official, that AstraZeneca will be down on its second-quarter shipments by more than 50 percent, providing 90 million of a pledged 180 million for April to June. On March 6, the Financial Times reported that the EU is seeking access to AstraZeneca vaccines made in the US.

AstraZeneca had been aware of production shortfalls in early January, but only announced at the end of that month that it would deliver 40 million out of 90 million doses for the first quarter. The shortage of available vaccines compelled France to postpone all vaccination appointments in the Île-de-France region for weeks, while Spain also had to push back its campaign.

AstraZeneca's announcement triggered a bitter nationalist conflict between the EU and the UK. The EU demanded that a portion of the vaccines produced in two UK-based plants be diverted to meet AstraZeneca's EU commitments, which the British government rejected. For several hours on January 28, the EU announced a ban on vaccine exports to Ireland, stating that they could be used to send vaccines to the UK. It only overturned the decision after Johnson called EU Commission President Ursula Von der Leyen to express "grave concerns" over the action.

The same week, several European countries announced restrictions on the use of the AstraZeneca vaccine, claiming this

was motivated by scientific concern over its efficacy. European governments and news publications citing government sources initiated an irresponsible propaganda campaign to undermine trust in the AstraZeneca vaccine.

French President Emmanuel Macron stated on January 29 that “today we think the [AstraZeneca] vaccine is practically inefficient for those aged over 65,” without citing any evidence for this claim. The German daily *Handelsblatt* cited an unnamed German government source to claim that the “AstraZeneca vaccine apparently has an effectiveness of only 8 percent in the elderly.”

These statements were not based on any scientific fact. The eight percent figure was in fact the portion of participants in the AstraZeneca vaccine trials aged from 56-69. Most participants were aged between 18 and 55, while less than 1,500 were aged over 55, and 450 were aged over 70.

The European Medical Agency had taken note of the relatively low number of elderly trial participants when it approved the use of the AstraZeneca vaccine in January. It stated that because an immune response had been seen in this age group, and based off the experience of other vaccines, a similar effectiveness could be predicted among elderly patients, and that further data should continue to be gathered and analyzed.

The initial analysis of clinical trials of AstraZeneca, based on a regimen of two doses separated by four weeks, estimated it prevented all symptomatic cases with an efficacy of 62 percent. A more recent article published by the *Lancet* on March 6 claims that this figure rises to approximately 81 percent if the two doses of the vaccine are delivered further apart in time.

Moderna’s and Pfizer’s clinical trials both recorded estimated efficacies of 94 to 95 percent.

Recent English and Scottish studies show that—if a single dose of the vaccines is given, in violation of manufacturers’ protocols but in line with UK government policy—the AstraZeneca and Pfizer vaccines are about as efficient at eliminating symptomatic COVID-19 cases (around 60 percent), and at lowering hospitalization rates of elderly patients (by around 80 percent).

After the publication of these studies, the German government approved the AstraZeneca vaccine for individuals aged over 65. The French government announced a similar abrupt turn, declaring that the AstraZeneca vaccine is as efficient as Moderna and Pfizer, except for the oldest age groups. It is advising that it be used for all patients aged under 75, including those aged 65-74 with pre-existing co-morbidities. Older patients are still being administered Moderna and Pfizer vaccines.

Yesterday Denmark, Austria, Estonia, Latvia, Lithuania and Luxembourg all suspended use of AstraZeneca vaccines from a 1 million-dose batch sent to Europe. A woman in Denmark and a 49-year-old nurse in Austria died from blood clots after receiving an AstraZeneca vaccine shot. Health authorities in Denmark stressed it was only a pause in the use of the vaccine, and the Spanish government issued a statement that it was not discontinuing use of the AstraZeneca vaccine. The European Medicines Agency (EMA) stated that “there is currently no indication that vaccination has caused these conditions, which are not listed as side effects with this vaccine.”

What is clear is that health policy including the distribution of vaccines must be conducted based on the scientific views of medical professionals, freed from the influence of the corporate profit and state strategic interests that have prevailed up to now. Above all, it is critical to ensure social distancing, including through lockdowns, to limit the spread of the virus, give time for the production of vaccines, and limit the emergence of new variants. This would save millions of lives.

Yet a vaccine program that has barely begun in Europe is being used by governments as a rationale for ending even the most limited measures of social isolation that had been in place. This criminal policy would ensure that the virus can spread unchecked and threatens to lead to countless unnecessary deaths. Moreover, scientists have warned repeatedly that the continued spread and mutation of the virus only raises the possibility that future mutations may be more resistant to current vaccines and the antibodies they stimulate in the human body.

Thus, the French daily *Le Monde* recently hailed Macron’s refusal to implement a lockdown and supported “the quasi-consensus that now exists to reject this radical solution.” Calling to promote the AstraZeneca vaccine against a lockdown, it concluded: “We must, urgently, change attitudes on vaccines, to consider them our main way to get out of the crisis. From this standpoint, unfortunately, the government’s messaging is far short of what is required.”

In line with its entire “herd immunity” policy on the pandemic of allowing the virus to spread while keeping workers at work in order to boost corporate profits, the European bourgeoisie is using the vaccines as a pretext to push for further cuts to critical social distancing measures.

The key question is the political mobilization of the working class across Europe and the world against the failed policies of the ruling class and for a scientifically-based policy. At the center of this struggle is a fight for social distancing and lock-downs to give time for vaccination. The past year of the pandemic has shown that such a struggle cannot be organized in the grip of the trade unions and the political establishment, which all supported the “herd immunity” policy. Workers need their own rank-and-file organizations to prosecute this struggle.

At the same time, to fight the virus, such organizations need a socialist perspective and program. Lock-downs cannot be maintained without the provision of living wages to workers and small businesses so that non-essential workplaces can close. The transformation of the pharmaceutical giants into public utilities subject to democratic control by the workers, not the profit and strategic interests of the banks and imperialist governments, requires a revolutionary struggle against the entire EU, and for the United Socialist States of Europe.



To contact the WSW and the
Socialist Equality Party visit:

wsws.org/contact