

# COVID-19 vaccine inequality: 75 percent of doses administered in just 10 countries

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As the COVID-19 pandemic continues its upward trend across the globe, vaccine inequality grows ever more grotesque.

Of the world's 195 countries, just 10 rich countries account for most of the 5.86 billion vaccine doses administered so far. To put this in perspective, this is enough to fully vaccinate 2.8 billion of the world's 7.8 billion population or 50 percent of those over 15 years of age. Instead, only 31.5 percent of the world's population have been fully vaccinated against the disease.

Wealthy countries have fully vaccinated around 60 percent of their population, with the richest G7 nations having doubled jabbed 58 percent—in a bid to get everyone back to work and boost their own corporations' profits. This contrasts with less than 2 percent of people that *Our World in Data* says have been fully vaccinated in low-income countries.

Of the wealthier nations, the United Arab Emirate and Qatar have fully vaccinated 80 percent of their populations, the UK 66 percent of its population, Israel 62 percent, the European Union (EU) 60 percent, China 56 percent, the US 54 percent and Japan 52 percent. Of the middle-income countries, Russia has fully vaccinated 27 percent and Morocco 46 percent. Of the lower middle-income countries, India has fully vaccinated 14 percent, Pakistan 10 percent, Algeria 10 percent and Nigeria less than 1 percent, while some of the poorest countries—Afghanistan, Turkmenistan, Vanuatu and Yemen—have vaccinated virtually none.

Vaccination rates are by far the lowest in Africa, where around 39 million or 3 percent of the continent's 1.3 billion population have been fully vaccinated. Africa has officially reported more than 8 million cases, along with 205,000 deaths, widely assumed to be a vast underestimate given the shocking lack of testing facilities and universal systems for registering deaths, as well as impoverished health systems that struggle to provide oxygen and other care. There were 248,000 new confirmed cases last week as at least 28 African countries saw a surge in infections driven by the Delta variant.

Only 12 of Africa's 54 countries, mostly middle-income countries that have been able to procure vaccines directly from manufacturers at the market price, have hit their target of vaccinating 10 percent of their citizens this month. But not a single vaccine has been administered in Burundi, while fewer than 1 percent of the people in Chad, Democratic Republic of Congo, South Sudan, and Tanzania have been vaccinated. The World Health Organisation (WHO) has admitted it will be unable to achieve its target of fully vaccinating 10 percent of Africans by the end of September.

This shocking situation flows inexorably from the operation of the capitalist mode of production and distribution that is based on profit maximisation and backed up the world's most powerful governments that are at the beck and call of the major corporations and their financiers.

While the imperialist powers have monopolised vaccine supplies, having pre-ordered quantities far above their needs, the anarchy of the capitalist market, protected by patents and other restrictions, and the financial oligarchy's criminal indifference to the lives of billions of people, have ensured that the vaccine rollout has been bedeviled by shortages, disruptions to production and half-measures. Such nationalist policies are not only having a terrible impact on the lives and social conditions of those living in unvaccinated countries. They are creating the conditions for the development and spread of new strains of the virus in these countries that will prolong and intensify the pandemic world-wide.

The handful of giant drug companies that own the patents on vaccines, whose development was largely publicly funded, have fought tooth and nail to ensure that the World Trade Organisation rejects calls from India and South Africa—backed by more than 100 countries, 100 Nobel laureates and prominent human rights groups, including Doctors Without Borders, Human Rights Watch and Oxfam—to waive intellectual property rights and allow them to manufacture or import generic and thus cheaper versions.

Last May, US President Joe Biden publicly backed the call to waive patent rights. But this was just words, with

Washington doing nothing to address the technicalities involved or confront the pharmaceutical companies. At last week's meeting of the WTO, the US, along with the European Union, the UK and Switzerland—all of which are home to major pharmaceutical companies—refused to support the waiver proposal.

While the WHO and its partners set up a hub in South Africa for the transfer of the technology to produce the Pfizer-BioNTech and Moderna vaccines, the companies have so far refused to share their vaccine recipes.

COVAX, the UN-backed public-private initiative designed to share vaccines globally at lower cost, has missed nearly all its targets and has begged rich countries to share their vaccines. Dr Seth Berkley, who heads Gavi, the vaccines alliance, said COVAX had been banking on supplies from India, the world's largest vaccine manufacturer, but had received no doses since March when India banned exports.

Other problems have included difficulties in scaling up production, especially of the lower-cost AstraZeneca and Johnson & Johnson vaccines and delays in obtaining regulatory approval for other vaccines. This is even as millions of the single-shot Johnson & Johnson (J&J) vaccines ("filled and finished" but not manufactured in a South African factory) were shipped to Europe.

While the cost of vaccines and the limitations of supply have been major problems, low-income countries face the additional, far higher and often insurmountable costs of vaccine distribution and administration, lacking the infrastructure and healthcare personnel to do so.

According to the WHO, African countries have received 158 million vaccine doses, of which COVAX has supplied about 37 percent, with most acquired through bilateral deals and donations. While donors have pledged funding for more than 68 million doses to African states and to the African Union, including donations via COVAX, fewer than 45 million have been delivered.

COVAX is now expected to supply 1.4 billion doses by the end of 2021, far fewer than its original goal of 2 billion. The WHO and its partners acknowledge they are unable to supply Africa with 30 percent of the COVID-19 vaccines needed before February—just half the 60 percent vaccination coverage target African leaders had set for this year. It will take years before vaccination rates in Africa reach the levels of those in the advanced countries.

Instead of prioritising COVAX, the UN-backed initiative designed to share vaccines globally, Big Pharma, including Pfizer-BioNTech and Moderna, have their eyes firmly set on signing secret bilateral agreements with each country and lobbying rich countries and their regulators to authorise booster shots.

In the face of the global catastrophe that the *Economist*

magazine estimated has already caused 15 million deaths, the response of WHO Director General Tedros Adhanom Ghebreyesus was to focus on the efforts of some of the advanced countries to roll out booster jabs for their most vulnerable residents. Tedros said he was "appalled" that wealthy nations, including the US, the UK, Israel, France and Germany, had started or were planning to administer booster shots to those already fully vaccinated while billions around the world had still not received even a single dose of the vaccine. He called for "a moratorium on the use of boosters in healthy populations until the end of the year."

This is a diversion from the fundamental issues posed. Such a moratorium would serve only to render less effective the doses already given as their efficacy wanes with time, while doing nothing to resolve the global inequality expressed in the problems of ownership rights, cost, production, and distribution. Such that even if provided with these additional vaccine shots, most undeveloped countries would be unable to distribute them.

All global initiatives based on appeals to the ruling elites and Big Pharma to reduce disparities in vaccination rates, including the COVAX programme, have failed. A global vaccine rollout requires the seizure of the assets of the pharmaceutical and other major corporations and their financiers to pay for the necessary measures that include: the abolition of the intellectual property rights held by the giant pharmaceutical companies, global collaboration in vaccine production and distribution by all those countries that have the facilities to do so, and the provision of mass funding for every country to implement a comprehensive vaccination programme in concert with public health officials and health systems to ensure their safe and effective distribution and administration.

This must be part of a broader strategy aimed at not just mitigating the spread of the coronavirus but eradicating it.

Not only do the world's ruling elites have no intention of carrying out such measures; they have and will continue to do everything to oppose them. The working class is the only social force that can implement them. For this it must be armed with a socialist and internationalist programme that unites workers across national boundaries in a common fight for a society that places the needs of humanity above the obscene profiteering and wealth of the oligarchs.



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