

# Global vaccine inequality: “A policy decision by the rich countries”

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Of the 8.07 billion doses of the multiple COVID vaccines administered, most have gone to wealthy countries.

While around 60-70 percent of adults have been fully vaccinated in North America and Western Europe and many are now receiving their third jab, only 6 percent of people in low-income countries have received even one dose. More than 3.5 billion people, nearly half the world’s population, are waiting for their first dose.

Wealthy countries have received over 16 times more COVID-19 vaccines per person than the poorer nations that rely on the World Health Organisation’s (WHO) COVAX programme. According to analysis carried out by the *Financial Times*, just 9.3 vaccines have been delivered to low-income countries for every 100 people, of which 7.1 have been delivered through COVAX. This compares to 155 for every 100 people in high-income countries, of which 115 were received through known bilateral and multilateral agreements. In many low-income countries, even healthcare workers have not yet been vaccinated.

Some of the world’s richest countries will have 1.9 billion doses more than they need, prompting the WHO to issue yet another pathetic call for donations and dose-swapping .

None of this was accidental. In his interview with the *Financial Times*, Moderna CEO Stéphane Bancel, replying to those who had criticized Moderna for not doing enough to distribute the vaccine globally, let the cat out of the bag. “This was mostly a policy decision by the rich countries,” he said. “In the US, we were told we had no choice but to give 60 percent of our output to the US government.”

These same countries, on behalf of Big Pharma and other corporations and financial institutions, rejected waivers of intellectual property rights on vaccine manufacture, while stalling on granting additional manufacturing capacity in low and middle-income countries and greater access to vaccines through increased supply through COVAX—the United Nations-backed public-private initiative designed to share vaccines globally at lower cost.

The consequences are devastating for both poor and rich countries alike. Without the full range of global virus-elimination measures, including widespread vaccination, social distancing, closure of non-essential workplaces, schools and

universities, infections will rise, enabling the emergence of Omicron and other more virulent strains.

Without measures to contain the virus and protect lives, the United Nations has estimated that low and middle-income countries will suffer economic losses of \$12 trillion through to 2025.

This situation flows inexorably from the operation of the capitalist mode of production and distribution, based on profit maximisation by the major corporations and their financiers.

At the World Trade Organisation (WTO), the advanced capitalist countries that are home to the handful of giant drug companies that own vaccine patents, whose development was largely publicly funded, acted to bolster their already obscene profit profiteering. They rejected 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 (IP) rights and allow them to manufacture or import cheaper generic versions. While US President Joe Biden publicly backed the call to waive patent rights, this was for public consumption. Washington did nothing to address the technicalities involved or confront the pharmaceutical companies.

As WTO director-general Ngozi Okonjo-Iweala, a former Nigerian finance minister and World Bank number two, pointed out, “The WTO’s work is not just defined by the IP waiver. If you get the waiver but you don’t have manufacturing capacity, you can’t use it. If you have manufacturing capacity but no technology transfer, you can’t use it.”

Big Pharma has no interest in boosting vaccine manufacturing capacity that would push down prices, nor in eradicating a virus which has proved to be a gold mine for them. Just seven countries in Africa have vaccine manufacturing facilities that have largely been denied the right to produce Western vaccines under license. Morocco and Egypt have announced plans to start producing China’s Sinopharm and Sinovac vaccines. Rwanda has signed a deal with the European Union to bolster its vaccine manufacturing capabilities, with South Africa recently signing a \$700 million deal with the US and Europe to produce 500 million doses of the Johnson & Johnson vaccine by the end of 2022.

Pfizer's former CEO played a key role in developing the WTO's global patent agreement, known as TRIPS, that underpins Big Pharma's profits, with Pfizer also leading the drive to bypass the WHO's COVID-19 Technology Access Pool CTAP, calling it "nonsense." The CTAP scheme was set up in May 2020 to boost the supply of COVID-19 therapeutics, diagnostics, vaccines and other health products and enable timely, equitable and affordable access via public health-driven voluntary, non-exclusive and transparent licenses.

The imperialist powers have backed the pharmaceutical corporations to the hilt in their refusal to share their technology and know-how and to prevent their vaccines from being donated to certain countries. Even when doses are filled and finished—the final stage of vaccine production—in poorer countries such as South Africa, as in the case of the single shot Johnson & Johnson vaccine, they are exported to wealthy countries. The US and European Union have further limited production by restricting not just vaccine exports but also the raw materials needed for vaccine production.

The COVAX scheme has missed all its targets, despite begging rich countries to share their vaccines, as a result of vaccine nationalism and profit gouging. With rich countries rushing to sign deals with the manufacturers, COVAX was left out in the cold, with no power to force manufacturers to honour their contracts via lawsuits, forcing it to rely on donations.

The scheme had been banking on supplies from India, the world's largest vaccine manufacturer, but has received no doses since March. This was because India banned the export of the Serum Institute's output of the Oxford/AstraZeneca vaccine in order to supply the home market amid a massive surge in cases and struck a deal for an additional 600 million doses.

This forced poorer countries to strike their own deals with the manufacturers, further weakening the scheme's negotiating power as COVAX was left to negotiate on behalf of fewer nations. With the vast majority of the 10.9 billion vaccines expected to be manufactured this year already sold, most of the remaining 950 million supply includes Chinese vaccines and an Indian vaccine, Covaxin.

As a result, COVAX has so far only delivered about 582 million doses of an already much reduced annual target of 1.4 billion and now faces the impossible task of delivering the rest by year end. African Union officials estimate the scheme will deliver just 470 million doses to African countries by the end of December, less than a quarter of the 2 billion needed to deliver two shots to its entire adult population. WHO Africa regional director Matshidiso Moeti said, "At this rate, the continent may only reach the 40 percent target by the end of March 2022."

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 cold storage, distribution and administration without either the infrastructure or healthcare personnel to do so. The Democratic Republic of

Congo had to give away 1.3 million out of its COVAX-supplied 1.7 million AstraZeneca doses because it couldn't administer them before they expired. With only 28 percent of health-care facilities in sub-Saharan Africa having reliable electricity, GAVI, the public-private partnership that works with COVAX, is seeking to procure thousands of cold boxes, vaccine carriers, refrigerators and freezers for 71 low-income nations.

The major powers are using vaccines as an instrument of "soft power" in pursuit of their geostrategic interests. US President Joe Biden announced at a COVID conference held on the sidelines of the opening session of the UN General assembly in September that the US would donate an additional 500 million of the Pfizer vaccines to low and middle-income countries, bringing America's total global donation to more than 1.1 billion doses. This was widely seen as an effort to shore up Washington's position after China's announcement the previous week that it had delivered 1.1 billion vaccine doses to more than a hundred countries. Europe has announced that it will give 70 million of its vaccines to COVAX.

As all evidence shows, any appeals to the ruling elites to combat vaccine inequality, let alone eliminate the virus, are doomed to fail.

A science-based coronavirus policy that puts lives before profits requires the seizure of the assets of the pharmaceutical and other major corporations and their financiers to pay for the necessary measures to eliminate the virus 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 via public health officials and health systems to ensure their safe and effective distribution and administration.

This will only be possible when the working class takes the struggle into its own hands. To achieve this, it is necessary to build the International Committee of the Fourth International to lead that struggle and to publicise its initiative, the International Workers Alliance of Rank-and-File Committees (IWA-RFC).



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