

Survival of the wealthiest? Wait in line for COVID-19 vaccination

Health disparities across the globe have continually been demonstrated since the start of the COVID-19 pandemic.¹ As of 5 August 2021, 29.1% of the world has received at least one dose of the COVID-19 vaccine, although only 1.1% of persons in low-income countries received at least one dose.² Distribution of COVID-19 vaccines is dependent on the existent infrastructure of health systems at state or territory level.³ COVAX was established to ensure equitable distribution of vaccines, once available, regardless of the economic differences globally—a donor-based model of vaccine equity.⁴ This initiative, however, failed to account for high-income countries (HICs) outcompeting through purchasing vaccines at a higher price.^{5,6} Equity is disturbed despite the COVAX efforts, rendering the COVID-19 pandemic a survival of the richest, not a survival of the fittest. Initiatives to promote equitable distribution were enforced through individual governments, and agencies focusing on local vaccine production capacities in lower/middle-income countries (LMICs) and redistribution of vaccines from HICs to LMICs.³ The WHO is promoting capacity building across health systems in LMICs to reduce inequity for vaccine distribution.^{7,8} The question remains—is this solution to vaccine inequity enough?

To be specific, the current global vaccination rates are extremely low in LMICs when compared with HICs. Supply of COVID-19 vaccines is not the problem, as supply is expected to be 10 billion doses by the end of 2021. COVAX planned to vaccinate 20% of the LMIC population

by the end of 2021 but has only shipped 180 million vaccines with the total population being over 6.4 billion, until 5 August 2021. Where exactly is the bottleneck? The vaccines are currently intellectual property (IP) and waiving this is best morally but the global crisis is not operating on morals.^{5,9} However, pharmaceutical companies who reserve the IP to vaccines are not the only stakeholders—publically funded research conducted over decades laid the framework. The initiative to improve capacity building is laudable across LMICs, yet efforts to opt for a waiver against the IP for COVID-19 vaccines are minimal.⁴ Without consideration to address these inequalities in vaccine production and distribution, the current approach is compromised.¹⁰

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Contributors All authors contributed equally to the manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

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To cite Sarfraz A, Sarfraz Z, Sarfraz M. *Postgrad Med J* 2022;**98**:e81.

Accepted 7 August 2021
Published Online First 19 August 2021

Postgrad Med J 2022;**98**:e81.
doi:10.1136/postgradmedj-2021-140970

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