

Hoarding the Jabs: The Inequalities of Vaccine Distribution

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Public health is no excuse to keep business and patriotism at bay. Not a very humanitarian sentiment, but then again, healing the sick and preserving the healthy can become parochial, nationalist objectives. The least convincing language of the pandemic has been this baffling and trite notion that “we” and “all this” and “together” are somehow linked in blood sealed harmony, binding Homo sapiens in a bond of preservation that urges us to suffer together in order to survive.

The rhetoric of the vaccine market has been enlisted to promote a broader human goal, even if it serves to prop up a very distinct elite: the social media and technological kleptocrats; the pharmacological behemoths; the corrupt incompetents in government. And now, the pieces are moving into their standard places. Privileges are being asserted; priorities are being pushed, despite the summit proclaiming language of the politics of generosity.

Dr John Nkengasong, director of the Africa Centres for Disease Control and Prevention, is of the view that an entire continent has been diddled in the COVID-19 vaccine stakes. Wealthy countries, [he insists](#), had purchased “in excess of their needs while we in Africa are still struggling with the Covax facility.” The Covax facility, run by Gavi, the Vaccine Alliance, is the health equivalent of a charity, subsidising vaccines for 92 lower-income countries. It promises to be imperfect, supplying assistance to acquire vaccines for a modest 20% of populations, on the proviso that recipient states also fork out for a percentage of the doses. The initiative [has worked](#) towards securing 700 million doses of vaccine for distribution while the Oxford-AstraZeneca combine has pledged to supply 64% of its doses to those in developing countries.

Charities are also warning that the wealthier states are on a hoarding drive leaving poorer states to catch their breath. The People’s Vaccine Alliance comprising such groups as Global Justice Now, Oxfam and Amnesty International trembles with indignation, claiming that 90% of people across 70 poorer countries will not be able to be vaccinated in 2021. Canada is singled out in Oxfam International’s [press release](#) with special reproach, having “enough vaccines to vaccinate each Canadian five times” (8.9 doses per head). The United States is a runner-up with 7.3 doses per head. Data gathered by the alliance reveals that “rich nations representing just 14 per cent of the world’s population have bought up to 53 per cent of all the most promising vaccines so far.”

The People’s Vaccine Alliance [has taken the baton](#) for a collectively available vaccine that renounces the profit motive. “Our best chance of all staying safe is to ensure a COVID-19 vaccine is available for all as a global common good.” The organisations demand a “transformation in how vaccines are produced and distributed,” urging pharmaceutical

companies to be as generously wide as possible in production lines, “sharing their knowledge free from patents.” Admirable, if optimistic objectives are stated: the prevention of vaccine monopolies; the selling of vaccines at affordable prices; the purchase of vaccines at true cost prices and provided gratis to the populace.

Support for the equitable distribution of vaccines has also come from quarters keen to see stuttering capitalism return to its fit and improper state. A [report](#) from the RAND Corporation, an outfit rarely disposed to shedding tears for the poor, encourages mass, equitable immunisation, as not doing so could lead to losses of \$1.2 trillion per annum in GDP terms. Prolonged physical distancing measures “will continue to affect key sectors of the global economy negatively, especially those that rely on close physical proximity between people.”

The authors might well accept that “nationalist behaviour is inevitable,” but also point to the merits of providing vaccines across the globe. High-income countries stood to lose \$119 billion a year “if the poorest countries are denied a supply. If these high-income countries paid for the supply of vaccines, there could be a benefit-to-cost ratio of 4.8 to 1.” Paying the impoverished to stay healthy can keep you wealthy.

In such an untidy, desperate scramble, the opportunities for striking bargains are also emerging. From China come promises that vaccines at discounted prices will be offered to Africa, lubricated by loans as a form of vaccine diplomacy. Indonesia has also received 1.2 million vaccine doses from the Chinese pharmaceutical firm Sinovac, a move which [prompted](#) a surly Weibo user to remark that Indonesians “should thank us Chinese people; even we are yet to be vaccinated”.

China’s rambunctious state paper, the *Global Times*, [contrasts](#) this with the politics of US vaccine policy, suggesting that the term “vaccine diplomacy” was “a trite headline conceived of by the West’s own mentality.” In the vaccine wars, the true culprit was Washington, intent on hogging the show. “Compared with China’s generosity, the US has made no secret of its selfishness. The White House has made it clear it seeks to prioritize Americans for coronavirus vaccine shipments, and then it would take care of its main allies.”

Other countries prefer placing their bets with the Covax facility on the assurance that vaccines, once made available, will have been certified by the World Health Organisation. Cambodian Prime Minister Hun Sen [summed](#) up the cautionary sentiment. “Cambodia is not a dustbin... and not a place for a vaccine trial.”

Whether it is vaccine nationalism or vaccine diplomacy, both forms stem from the same source of inspiration. Self-interest comes before the demands of a common humanity. The weak and vulnerable, as ever, remain spectators to their own fate.

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