

“**S**HARING is caring” is a familiar saying and has a significant meaning: when we share something with another person, we are caring for him/her.

We demonstrate our concern and interest in him/her by sharing. Sharing is not restricted to material items; we may also contribute intangible items such as spiritual thoughts, any type of concept, our learnings or even our experience.

Collaboration is a dynamic, transactional, and successful process by which individuals assist one another in accomplishing team and organisational goals. Thus, it involves various persons who emerge when their unique talents are necessary for leading others and addressing current workplace requirements.

Personally, I collaborated with my colleague, Prof S for 10 years. However, he betrayed me by stealing money and data. He is similar to Covid-19. How?

Tedros Adhanom Ghebreyesus, Director-General of the World Health Organisation (WHO), issued a strong warning. According to him, the world was “on the edge of a devastating moral failure.” Wealthy countries scooped up available Covid-19 vaccines, leaving only a few for the rest of the world - a replay of the 2009 influenza outbreak.

“The penalty of this failure will be borne by the world’s poorest people’s lives and livelihoods,” Tedros added. He was entirely accurate. Today, several rich nations vaccinate children as young as 12 years old, despite the fact that they are highly unlikely to have serious Covid-19, while poorer countries lack vaccinations for health care personnel.

Covid-19 vaccine and the devilish face of humanity

Almost 85 per cent of Covid-19 vaccine doses distributed thus far have been distributed to inhabitants of high- and upper-middle-income countries. The countries with the lowest gross domestic product per capita have only 0.3 per cent.

Tedros reaffirmed his denunciation of “outrageous inequality” during his opening remarks at the World Health Assembly on May 24. By September, he continued, each nation should have vaccinated at least 10 per cent of its people.

Global inequalities in health are not new. Massive swaths of the globe remain without life-saving medicines such as monoclonal antibodies. Even at a cost of pennies, vaccines and medications do not reach millions of people in need.

However, the Covid-19 crisis brought the discrepancies to the forefront in a new and severe way. While vaccine leaders such as Israel, the United Kingdom, and the United States regain normality, India’s health system is collapsing under the weight of rising case numbers - while the world continues to record over five million cases and over 80,000 deaths each week.

Apart from the moral argument, there is a strong reason to pursue more equal vaccination distribution: No region of the world can feel secure if the pandemic persists elsewhere, posing the risk of reintroduction and perhaps producing more lethal virus strains.

Vaccine supply still a serious issue

In low-income countries, fewer than one per cent of all vaccinations have been administered and Covid-19 instances are increasing globally, with variants posing a serious threat to development. While worldwide demand for Covid-19 vaccines

Doses of reality

The inequitable distribution of Covid-19 vaccines illustrates the limits of a system where power plays a part



BY DR WAEL MY MOHAMED

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continues to outstrip available supply, sufficient doses are now accessible to serve the world’s most vulnerable individuals.

Indeed, some high-income countries have vaccinated more than half their population and acquired enough ‘future’ doses from manufacturers to vaccinate their whole population multiple times. Dose sharing offers immediate and obvious advantages.

By speeding and expanding vaccination coverage globally, dose sharing can assist in containing the spread of Covid-19 and preventing the development of other variants. These changes have the potential to spread globally, even in countries with high vaccination rates.

While dose sharing has little to no effect on the immunisation objectives of many high-income countries, it may help restore life-saving services in other low and middle-income countries. It enables governments to rapidly immunise frontline health care personnel.

This protects not just them, but also the health services upon which society’s most vulnerable members rely. While vaccination supply continues to be a serious issue, the doses that are now available are concentrated in far too few hands.

Dose sharing is a cost-effective way to handle an acute supply shortage. While this is a temporary solution to guarantee nations have access to Covid-19 vaccinations, it is lifesaving for health care workers and vulnerable populations in low-income countries - and may avert the collapse of health systems.

Restricted supply of raw materials

COVAX was founded in April 2020 to avert precisely the catastrophe that is unfolding now. The organisation, which was co-led by the WHO, the Coalition for Epidemic Preparedness Innovations (CEPI), and Gavi, the Vaccine Alliance, sought to gather nations together to invest in various vaccine candidates, which it would then divide them equally among members.

The 92 poorest nations would be financed by high-income countries, businesses, and philanthropic groups.

Tedros made a bold request at the World Health Assembly for all manufacturers to provide any new medicine to COVAX prior to commercialisation or to devote 50 per cent of their doses to the facility.

Allowing other businesses to employ vaccine formulations developed - and sometimes aggressively protected - by a few might also boost production. AstraZeneca and Oxford licenced Serum to produce its vaccine and then supported the company in acquiring the technology necessary to make it in India, a process known as technology transfer.

The pharmaceutical industry reacted angrily to the statements, arguing that sharing intellectual property would impede innovation. Inexperienced new vaccine manufacturers would also deplete the restricted supply of raw materials, according to Pfizer CEO Albert Bourla, jeopardising “everyone’s safety and security.” Stéphane Bancel, CEO of Moderna, claimed that patent waiver is the “wrong question,” since it would prevent other businesses from developing mRNA vaccines this year or next, during “the pandemic’s most critical period.”

While Moderna has agreed to not enforce its own Covid-19-related intellectual property rights during the pandemic, producing the vaccine requires licencing arrangements with other patent holders.

Inequitable distribution

Liberating intellectual property may enable existing manufacturers to produce previously inaccessible vaccines. However, new manufacturing facilities will be necessary in the long term to fulfil the needs of the have-nots—not just during this pandemic, but also throughout future ones.

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The inequitable distribution of Covid-19 vaccines illustrates the limits of a system in which manufacturing power is concentrated in a few places. Now, the bulk of Covid-19 vaccine doses are made in the US, China, India, and Europe - all of which have been pressed to prioritise vaccination of their own populations. “Once we’ve completed ours, we’ll present it to you.” That argument is quite plain and acts as the conversation’s subtext.

Almost two years into the pandemic, Covid-19 has thrown light on tremendously tough topics. Our wish is to vaccinate every individual on the planet.

That has never been done before. You may argue that if we do this in three years, we would have accomplished something unprecedented in human history. But when one considers the devastation caused by Covid-19, that looks to be a very, very long time.

To summarise, developed nations monopolised the market for Covid-19 vaccines. There are four options for protecting the rest of the globe and ensuring a more equitable distribution of the Covid-19 vaccine: support for COVAX, expansion of vaccine manufacturing, information exchange, and expansion of production plants globally. I think that all lives are created equal and that nobody is secure until everyone is safe. —*The Health*

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