

Vaccinating the most vulnerable everywhere is not a choice but a necessity

"If we stand by and allow frontline health workers and vulnerable people in developing countries to not be vaccinated while the rich north gets on with vaccinating perfectly healthy young people, then I hope the history books write that down."

Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme

The toll of the pandemic

COVID-19 has affected every country in the world, but it has been particularly devastating for those who were already vulnerable- medically, mentally and financially. Although initially seen as a public health emergency, the secondary impacts of the pandemic have been catastrophic for many of the poorest people in the world.

While high-income countries, including Ireland, are providing social protection to millions of people whose livelihoods have been lost, the cost of this type of assistance is beyond many low-income countries, resulting in a sharp increase in extreme poverty levels, hunger and malnutrition and a severe rollback in development progress.

The devastating effect of the pandemic on the global economy is felt across the world. With our European partners in Alliance 2015, Concern conducted a survey of 16,000 people across 25 countries which provides a stark insight into how the pandemic is being felt at a household level and the basic constraints that people in the poorest countries of the world face to keep themselves and their families safe. Some 34% could not afford soap or basic protective masks. Over half of all respondents reported that their household is eating less than they were before the pandemic, with mothers sacrificing meals to ensure their family gets enough to eat. This is the reality in many contexts without access to social protection systems to cushion the blow of the lockdown.

In Sub Saharan Africa, where 50% of the population does not have access to electricity at home, the additional barriers to remote learning are having an extremely detrimental effect on children's learning and their future potential. Modelling by the World Bank suggests that the classes already forgone will cost close to \$500bn in future earnings, or almost \$7,000 per child. Covid-19 is also reversing much of the limited but important progress that has been made on gender equality and women's rights, with a surge in domestic violence in every country and an increase in child and early marriage in many societies.

Vaccine Equity – The COVID vaccine must be a global public good

When it comes to COVID-19, no one is safe until everyone is safe in a pandemic. The need for global solidarity in responding to the virus is clear and urgent, but the disproportionate impact of COVID-19 on the most vulnerable in society is now worsened by the inequitable distribution of vaccines. The optimism that the world would by now be in recovery has dissipated with more contagious mutations emerging, a mounting spread of COVID in more fragile contexts, and increasing concern that critical care capacity is non-existent in some of the countries that have yet to experience the worst of the pandemic.

While encouragingly, additional commitments to COVAX, a mechanism for pooling procurement and fair distribution of the vaccines, has come from the EU, Germany the United States and Ireland, along with commitments from the UK and France to share additional doses of the vaccine globally, it is not enough. These commitments to COVAX are timely and welcome but they are just one component of the strategy now needed to end the acute phase of the pandemic.

In a globally interconnected world, we cannot protect our families and our interests at home without protecting the lives of the more vulnerable to COVID-19 and marginalised in terms of vaccine access.

What is needed now?

Access to the vaccine should be globally allocated by need

- There is no reason why a fit and healthy 30 year old should receive a vaccine before every front line health worker in every country.
- A truly equitable system is needed to put the most vulnerable groups- including healthcare workers and the over-70s- at the top of the queue, irrespective of their home country or how much they can pay.
- Governments and citizens must work together to prevent and to reject policies of prioritisation over and above front line workers and those most at risk.

Maximise vaccine production capacity through emergency measures.

- We are in a race against time to respond to this virus and must scale up vaccine production to provide affordable and rapid cover to those who need it most.
- All countries, including Ireland should immediately back the proposal tabled to the World Trade Organization to temporarily waive intellectual property rights for Covid-19 vaccines, treatments and tests.
- The existing vaccines are public goods produced largely with public funding. Pharmaceutical companies should contribute their patents and support the WHO COVID response coordination mechanism.

Economic support for the most affected societies.

'Silver bullets are for vampires not pandemics.'

Dr Mike Ryan at Concern Round Table (February 2020).

- Vaccines alone cannot stem the pandemic and much greater investment is needed in basic services in the poorest countries. Funding cuts to development budgets will hit the poorest communities hardest. The extreme poor across the world, especially those affected by conflict are already struggling to access food, water, health care and education as they fight to survive the impact of COVID-19.

[Access to COVID-19 Tools \(ACT\) Accelerator](#)

Bringing together governments, health organisations, scientists, businesses, civil society, and philanthropists, the goal of the ACT Accelerator is **to end the COVID-19 pandemic as quickly as possible** by reducing COVID-19 mortality and severe disease through the accelerated development, equitable allocation, and scaled-up delivery of vaccines, tests, and treatments. The ACT Accelerator comprises four pillars: Diagnostics, Therapeutics, Vaccines (COVAX), and Health Systems Connection.

[COVAX](#)

COVAX, the vaccines pillar of the ACT accelerator, aims to accelerate the development, manufacture of COVID-19 vaccines, and guarantee fair and equitable access around the world. **It requires over US\$ 5 billion in 2021 to ensure that lower-income countries will have access to vaccines through the COVAX Facility.**

[Covid-19 Technology Access Pool \(C-Tap\)](#)

WHO has set up the COVID-19 Technology Access Pool (C-TAP), to encourage the sharing of knowledge and expertise. It is a space where companies can share data and patents on their innovations. If companies join C-TAP, it will vastly increase the amount of publicly available research on COVID-19 vaccines, scale up production, and reduce the cost of vaccines. To clear the pathway for this, governments must also urgently back the proposal tabled to the World Trade Organization to temporarily waive intellectual property rights for Covid-19 vaccines, treatments and tests.