

An Introduction to COVID-19 Equity: vaccine sharing

Context

The COVID-19 pandemic has, and is continuing to have, an unprecedented impact on the world, rolling back decades of development against the UN Sustainable Development Goals and claiming over 3 million lives worldwide. The development of vaccines has been a breakthrough, showing how quickly safe vaccines can be made and enabling many high-income countries to begin easing lockdown restrictions. But the rollout of the vaccine has been unequal and many high-income countries are hoarding supplies and in possession of enough doses to vaccinate their populations several times over. Meanwhile, [only 0.3%](#) of the total vaccines administered globally to-date have gone to low-income countries and 10 countries account for 75% of the world’s supply.

What is ACT-A?

[ACT-A](#) stands for ‘Access to COVID-19 Tools (ACT) Accelerator. It is a global collaboration between governments, scientists, businesses, civil society, philanthropists and global health organisations. Its goal is to end the COVID-19 pandemic as quickly as possible and ensure that everyone can access tests, treatments and vaccines no matter where they live, or what their situation is; this is what is meant by ‘equitable access’. ACT-A was set up in April 2020 to speed up the development and production of COVID-19 tools through collaborations, and ensure equitable access to them, giving every country an equal opportunity to tackle the disease. ACT-A has four main pillars and each pillar is coordinated and run by different organisations.

ACT-A Pillars

<p>Diagnostics</p> <p>Aims to distribute 500 million COVID-19 tests for low- and middle- income countries. It has already invested in innovation for faster, more affordable, easier-to-use and more effective tests.</p>	<p>Therapeutics</p> <p>Aims to find the most promising treatment for everyone and distribute 245 million COVID-19 treatment courses for low- and middle- income countries. Over 1,700 clinical trials analysed already.</p>	<p>Vaccines</p> <p>Aims to distribute 2 billion vaccines for the 92 eligible countries ready to administer the vaccine. It has already delivered more than 38 million doses of vaccines and engaged over 180 countries.</p>	<p>Health System Strengthening</p> <p>Aims to build the capacity of health systems so that these, and other tools, can be fully utilised. It has already surveyed over 100 countries to identify capacity gaps.</p>
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What is COVAX?

COVAX is the vaccines pillar of ACT-A. Its role is to make sure that vaccines are developed as quickly as possible, manufactured safely and at the right volumes and distributed equitably to those who need it. It is co-led by CEPI, UNICEF, WHO and Gavi, the Vaccine Alliance, which is co-ordinating the 'COVAX Facility', a mechanism for pooling procurement of vaccines and distributing them fairly to the 190 participating countries, including 92 low- and middle-income countries, ensuring them access to donor-funded doses of safe and effective vaccines.

Why is COVAX needed?

Some lower income countries would simply not be able to afford to buy enough vaccines themselves, and many countries don't have deals with manufacturers. COVAX means it's easier for countries to access the vaccines they need at reasonable prices. It's job is made more challenging, however, due to lack of funding, limited production capacity and a shortfall in doses as countries like India have seen soaring domestic demand due to new variants causing deadly second and third waves of the disease.

Why not donate vaccines directly from one country to another?

Most countries that were [donating vaccines bilaterally](#) – from one country directly to another – were doing so in line with their national and strategic interests, not on the basis of a country's population or immediate need. Many countries with severe COVID-19 crises have not received a single donation bilaterally and struggled to access vaccines outside of COVAX. Rather than providing relief to those most in need, bilateral donations are cementing influence for tactical donor countries.

Is donating vaccines solving the problem long-term?

Although COVAX is a much-needed mechanism in the short term, it is not a long-term solution. To sustainably fight COVID-19, lower- and lower-middle income countries need more control over their vaccine supplies, for example, by being able to manufacture vaccines themselves. The other focuses of ACT-A are vital. For example, recently [the Democratic Republic of Congo](#) returned 1.3 million of their 1.7 million allocated COVAX doses because they couldn't administer them before their expiry. This was attributed to vaccine hesitancy and gaps in the health system. This is an example of how vaccine donations are not a stand-alone solution to tackling the pandemic, and dose sharing must accompany longer-term solutions such as investment in manufacturing capacity, public health messaging, waiving intellectual property rights for vaccines, and health systems strengthening.

How is this affected by the aid cuts?

UK aid, formally known as 'Overseas Development Assistance (ODA), has already faced huge cuts. Despite this, it [has been indicated that the UK Government](#) intends to count COVID-19 assistance as aid. This is an embarrassment, since (a) the [aid budget has already been cut by roughly a third](#) to the detriment of millions of people; (b) ACT-A is a global effort to tackling the pandemic and has benefits for the UK; and (c) other countries are not counting COVID-19 assistance to lower income countries as aid. Any dose sharing or COVID-19 related assistance should come out of a different budget and not be further squeezed an ever-shrinking aid budget.

Time is of the essence!

While high-income countries are sitting on millions of doses of vaccines that they don't need at the moment, some low- and lower-middle income countries are suffering severe crises. Furthermore, strains of the virus are mutating and the indirect impacts of the pandemic are increasing. The June campaign action, 'COVID-19 Vaccinations for all,' coincides with the month of the G7 Summit and the month by which the UK plans to have vaccinated most of its adult population. The UK Government must take the immediate and pressing action of sharing doses through COVAX while also working on longer-term answers to tackle global vaccine inequity.

Talking about COVID equity and dose sharing

At RESULTS, we try to avoid language that presents the UK as a 'hero' donating vaccines, and countries with high rates of COVID-19 and low vaccine supplies as 'burdens' who present a threat to the UK.

Why? Whilst the UK can, and should, do more to tackle vaccine inequity, it is in this position due to a long history of unequal power and unfair global structures. Thinking of the UK as a hero with high volumes of vaccines, and other countries as potential threats to the UK in terms of the virus, divides us.

What this looks like: 'Everyone, no matter where they live, should have access to a COVID vaccine if they need it. The UK has surplus vaccines that can contribute to global efforts to increase vaccine equity'.

You can find more guidance on talking about coronavirus and poverty in our [April 2020 background sheet](#).

Talking points

- The UK has enough doses of COVID-19 vaccines to vaccinate its adult population and share surplus doses with countries which face barriers accessing supplies.
- Sharing vaccines through COVAX is an immediate and pressing action but is only one step to COVID-19 equity and should be part of longer-term solutions.
- Vaccines should be shared through COVAX to ensure they are distributed fairly.
- COVID-19 assistance, including any shared doses, should not be counted as part of the already shrinking and squeezed aid budget.