Ensuring Vaccine Equity, Erasing Vaccine Nationalism:

Upholding the Human Rights and Justice Framework

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Abstract

COVID-19 has shown that today the world is more interconnected, yet it is more hierarchical and stratified riddled with disproportionate systemic structural socio-economic inequalities. The global humanitarian disaster has highlighted the despair state of human rights affairs across the planet. It has exposed the supremacy of the neoliberal, nationalist paradigm that is deeply entrenched affecting the poorest of the poor. The pandemic has also indicated how capitalism is eroding democratic values endangering the lives of billions. Today, the high-income countries and the pharmaceutical companies are advancing their strategic interest, whereas the persons in the middle and low-income countries are being deprived of their basic requirements. Inequities in vaccine distribution are obstructing the effective response to the pandemic at the global level. Discrimination in access to the vaccine is adversely affecting the marginalized. This essay argues for respecting human rights as global health justice and suggests for affordable, accessible, and quality vaccination and treatment to all in line with reasoning that health inequalities and cross border issues are morally and ethically troubling and therefore are morally justified. Based on positive duties to create conditions for the availability of health rights for all humans, it argues that no rich country or resourceful persons will be safe until the last person is safe. These moral duties, in turn, generate duties of cooperation and obligations at international and domestic levels to better align with values in line with the principles of global health governance. Leaving a large section of the population in the Third world behind is not going to eliminate the threats of the spread of the epidemic.

Key words: COVID-19, vaccination, vaccine equity, vaccine nationalism, global health justice, rights of vulnerable population, human rights framework.

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“The world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with the lives and livelihood in the world’s poorest countries”

[Dr Tedros Adhanom Ghebreyesus WHO Director General 18 January 2021](#)

COVID-19 has shown that today the world is more interconnected, yet it is more hierarchical and stratified riddled with disproportionate systemic structural socio-economic inequalities. The global humanitarian disaster has highlighted the despair state of human rights affairs across the planet. It has exposed the supremacy of the neoliberal, nationalist paradigm that is deeply entrenched affecting the poorest of the poor. The pandemic has also indicated how capitalism is eroding democratic values endangering the lives of billions. Today, the high-income countries and the pharmaceutical companies are advancing their strategic interest, whereas the persons in the middle and low-income countries are being deprived of their basic requirements. Inequities in vaccine distribution are obstructing the effective response to the pandemic at the global level. Discrimination in access to the vaccine is adversely affecting the marginalized. This essay argues for respecting human rights as global health justice and suggests for affordable, accessible, and quality vaccination and treatment to all in line with reasoning that health inequalities and cross border issues are morally and ethically troubling and therefore are morally justified. Based on positive duties to create conditions for the availability of health rights for all humans, it argues that no rich country or resourceful persons will be safe until the last person is safe. These moral duties, in turn, generate duties of cooperation and obligations at international and domestic levels to better align with values in line with the principles of global health governance. Leaving a large section of the population in the Third world behind is not going to eliminate the threats of the spread of the epidemic.

Global Health Justice, Governance and Ethics

COVID-19 has depicted that health is an area that cannot be neglected by global players as global health relies on the interconnection between global wellbeing and domestic health and requires cooperation from various actors including the states as well as individuals. The global health governance therefore must lay down the accountability and the responsibility of various actors besides determining the parameters for efficiency, effectiveness, and equity. In the area of international governance, health as a right is more amendable to the wide agreement on the principles of justice. Several scholars have shown that global health justice cannot exclude individuals across the planet. Rawls’ (1971) theory of justice holds equality, fairness and access

as the most fundamental principles whereby he focused on a people-centered approach. Singers (1979) expanded the utilitarian theory to include the principle of moral equality. Beitz (1979) endorsed the global difference principle arguing that the resources be distributed to maximize the conditions of the least well-off humans. Goodin (1985) offers an approach of duty to the vulnerable manifested in the mandate of the international matrix. Ruger (2012) argued that the global health justice, and ethics model raises the issues of universal moral values in health and envisions global health inequities or externalities as morally troubling. The debate raises issues on the allocation of moral responsibilities about global health based on the universal health inequity principle. In the nutshell, various research scholars have argued for distributive justice to defend an individual's claims and entitlements to a dignified life, however, it may be deduced that a person's rights to basic entitlements be protected irrespective of her citizenship or nationality.

Vaccine Nationalism is against the principles of human rights

Neoliberalism has caused much harm to the poor and the advent of COVID-19 has further pushed the poorest of the poor to the margins. (Nigam 2020) while violating the human rights of the majority of the population in third world countries. (Amnesty International, 2020) Research worldwide shows that more than two-thirds of frontline health workers are females remain underpaid, and unprotected, and are forced to work in an unsafe environment. (Keck M 2021) Currently, the data indicates that discrimination exists not only in terms of access to treatment but also in the availability of vaccines. The hollowness of the mantra '*we all are in this together*' popularized during the pandemic, failed to consider the difference in the economic capacity of various stakeholders. This empty rhetoric could not realize that the rich and resourceful are in a better capacity to deal with the impact of the pandemic as compared to the poor who lose their limited resources during the crisis. (McCloskey, 2020)

Vaccine nationalism indicates how the wide global inequalities are affecting the poorest of the poor. Though not a new concept, it treats vaccines as a commodity rather than as a public good. Historically, vaccine nationalism has affected the treatment process where the powerful wealthy countries have secured vaccines at the expense of low-income countries. When the HIV/AIDS pandemic started or even at the time when polio, smallpox, or when the H1N1 virus originated, the rich secured their future risking the billions in the poor countries. This behavior is a short-sighted, ineffective and deadly. (Katz IT, R Weintraub, LG Bekker et al, 2021)

The current [data](#) shows paradoxical differences between countries with the wealthy ones having a higher success rate in administering COVID-19 vaccines while others could not. Rich nations, though consists of only 13 percent of the world's population, having means and resources, have grabbed the excess of vaccines than their needs while delaying the global recovery and enhancing the vulnerabilities of those in poor countries. (Walker D 2021) In fact, the world's richest countries control 80 percent of the world's vaccine whereas the low-income countries only could access 10 percent of the vaccine. These isolationist policies and procurement are in contradiction with the international human rights standards. (OHCHR, 2020)

In the panic purchase and stockpiling, the UK and the USA have acquired control over four times the vaccine required to inoculate their residents, Canada has acquired six times the doses it needs, whereas the European Union has grabbed twice as much as the required vaccine dose (2.3 billion doses for the population of 450 million from six manufacturers have been ordered). ([Twohey M, Collins K and K Thomas, 2020](#)) Brazil and Japan have already laid the claim to the high amount of current and future vaccine doses ([Green A 2020](#)). While the poor countries are struggling with the [COVAX](#) facility. When the population of the Global North is being secured, those in the Third World, including India and Africa are witnessing the second wave that is disastrous. Countries such as Nigeria, Pakistan, and several others are stressed to inoculate their citizens. ([Global Times, 2021](#)) As per John Nkengasong, the Director of the African Center for Disease and Control Prevention, hoarding of vaccines by the high-income countries is deepening the divide between the Global North and the South. ([Anna C, 2020](#)) Further, Canada has rejected the WHO's call for vaccine donation whereas America and Europe, the self-proclaimed leaders of human rights, are shying away from adopting the human rights principles while purchasing the vaccines in excess.

Consequently, in the USA, 32 percent population has received one shot while 56 million Americans are fully vaccinated whereas in India only 5.9 percent population could be vaccinated. Israel has run the fastest vaccination campaign. Brazil is vaccinating 11.38 persons out of 100 people every day. UK has vaccinated 55.08 out of every 100, while UAE has vaccinated 88.04 persons per 100 people. China started vaccination in January 2021 and is vaccinating 10.36 persons per 100 population daily as compared to India which is vaccinating 6.54 persons per 100 number daily. Central America has vaccinated only [3.8 percent](#) of its population. The evidence indicates that the vaccine apartheid is leading to the situation where the wealthy nations will be vaccinated this year while those lacking resources (around 85 developing nations) may have to [wait for another few years](#) to achieve widespread vaccination coverage. The research also shows that at the current global vaccination rate, it will take 4.6 years to reach worldwide herd immunity against COVID-19 whereby the long time gap will likely allow the variants of the virus to develop and spread, rendering the current vaccine ineffective ([Huizen J and M Cooke, 2021](#))

Vaccine nationalism has shown that countries across the world are not prioritizing human rights. The Secretary-General of the UN, Antonio Guterres has argued that vaccine nationalism is self-defeating and called for comprehensive [action for human rights](#) to fulfill the commitment of 'no one left behind'. In the Global Vaccine Summit held on 4 June 2020, he has emphasized that, "A COVID vaccine must be seen as a global public good, a people's vaccine". Vaccine nationalism, besides being a human rights issue, also, involves moral and ethical considerations. It entails the underpinning debate relating to the issue of morality and justice, of redistribution and recognition of the rights of every person who is an inhabitant of the planet.

How vaccine nationalism is affecting the poorest of poor?

COVID-19 has exposed problems that existed in the neoliberal world that are devastating and causing grave injustice to a large part of humanity. This is embedded in wider structural

inequalities putting some populations at greater risk than others. Most affected are women, minorities, indigenous people, the homeless, migrants, refugees, and other marginalized groups. The states are bound by the international human rights instruments to cater to the needs and requirements of such persons and to do so, access to the vaccine and treatment be provided to all without any discrimination while prioritizing those who are vulnerable. However, this has not happened. In many developing countries, the governments have not adopted human rights compliance. Rather fiscal policies have been adopted where social protection measures have been reduced, while the food and essential health supplies have been cut further deepening the poverty, discrimination, and widening of inequalities. ([OECD, 2020](#))

Also, in the developing countries, even before the pandemic, the pre-existing challenges exist in terms of maldistribution and misalignment of health priorities and resources. Lack of health facilities, absence of services, dearth of basic equipment, non-availability of basic medicines, all have marred the system. The emergence of COVID-19 further made a severe impact on the already neglected health care system where the countries face disruptions in essential health services due to insufficient supplies of PPE kits, oxygen supplies, medicines, or even vaccines. Developing countries entered the emergency situation with unprecedentedly high debt levels and the pandemic has added further to the crisis leading to precarious employment and an increase in poverty. In such situations, the rate of vaccination remains slow. Vaccine procurement, waste, delay, are some of the reasons that may be affecting the pace. [Complacency and vaccine efficacy](#) are some of the reasons being cited as the reasons for infections among persons who are immunized. Vaccine misinformation, mistrust, and historical legacies have affected vaccine confidence. Though more research is required in this area, yet, due to the prolonged pandemic, the health care workers will be compelled to face the continuous risk and it will have a crippling effect on the economies. ([Silva S de, 2021](#))

Moreover, where the vaccination was carried out, is not producing the same results. Even in developed countries such as the USA, it is the black and the Hispanic community that is facing the inequities in terms of vaccine access, ([Ndugga Nambi, 2021](#)) In other countries too, discrimination exists widely in terms of access. For instance, in Brazil, it is the indigenous communities that are being deprived of vaccine whereas the wealthy Brazilians are traveling to other countries to get the shots. In India, it is the poor, Muslims, and Dalits that are being denied access to vaccines that is limited in supply. The manual scavengers, the sanitation workers and the other informal workers who have not been considered as essential workers are finding it hard to survive the threats they are being exposed to without inoculation. Those who sort the trash are vulnerable from Mexico to South Africa. ([Ghoshal A 2021](#)) whereas those such as Rohingyas from Myanmar or other refugees and stateless persons have completely been excluded from any treatment or vaccination plan.

Proposed Measures to ensure vaccine distribution

The proposal offered by India and South Africa at the WTO's General Council meeting on 2 October 2020 to waive intellectual property protections supported by 57 member states but at the

same time, this is rejected by the high-income countries. ([Quinn C 2021](#)) The pharmaceutical companies and some of the advocates argued that the waiver may hinder the public-private partnership. TRIPS framework is being deployed to obstruct and delay the proposal while prioritizing the profit over the complications or the human rights framework in the pandemic. Several other arguments have been raised against the waiver such as 'the transfer of national security-sensitive technology' may help China to exploit the situation' at the US taxpayers' expenses ([Rogin J, 2021](#)) In all such arguments, profits, competition, and private benefits are prioritized while ignoring cooperation, alliance, or even the right-based framework denying billions of their right to health and the right to a dignified life.

The TRIP waiver has been seen as “an existential threat to the continuing practice of treating medicine as a commodity”. ([Hassan F, 2021](#)) The G7 nations have committed the support for global vaccine procurement through the COVAX program to supply vaccines to low- and middle-income countries but funding remains inadequate and therefore it falls short of the goal of securing global herd immunity in a timely fashion. Currently, the situation is that a third of humanity depends on one manufacturer that is unsustainable. ([Prabhala and Menghaney, 2021](#)) It is stated that in many cases, the domestic distribution has also mirrored the [unequal, unjust, and incompetent](#) pattern as that of the global distribution of vaccines. (Ghosh, 2021) Nationalism and a profit-driven approach are hampering the universal right of health for all.

Vaccine Equity

The ILO Declaration of Philadelphia in 1944 stated that “[poverty anywhere constitutes a danger to prosperity everywhere](#)”. Applying this paradox in the current crisis, it may be said that the coronavirus is causing much damage everywhere and needs to be cured everywhere. It is causing much havoc in the developed and developing countries, in terms of mortalities and morbidities but also economic and social loss. Disparities exist both within and among the countries in terms of vaccine access. Most importantly, the marginalized are further being pushed to margins. The authoritarian regimes, the world over are denying the rights to treatment and vaccination to the homeless, the refugees, the migrants, and the poor. Even during the crisis, instead of taking action to combat the virus, the repressive regimes are treating people as enemies and crushing their basic entitlements. Pandemic profiteering is further adding fuel to the fire. Millions of life and livelihood are at the stake. In such a situation, the need is to implement the human rights paradigm globally to protect the rights of each person.

The Constitution of WHO imposes specific obligations on each state to ensure the right to health of its citizens and almost all the countries have ratified at least one international agreement in this regard. Many of the international human rights instruments, declarations, and conventions, articulate the right to life with dignity and the right to health for all. Article 25 of the Universal Declaration of Human Rights, Article 24 of the Convention on the Rights of the Child, Article 25 of the Convention of the Rights of the Persons with Disabilities, Article 12 and 14 of the CEDAW, Article 12 of the Convention of the Economic Social and Cultural Rights (ICESCR), among others

propagate the right to health and universal access to health facilities. Article 11 of the European Social Charter, Article 16 of the African Charter of Human and People's Rights, and Article 10 of the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights pinpoint the duty of the states at the national and global level to provide health services and facilities. The ICESCR also lays an extraordinary obligation of the states for international assistance and cooperation. The [Sustainable Development Goals](#) provide normative guidelines to affirm the extra-territorial obligations to extend cooperation through knowledge and technology transfer. The Bangkok Principles for implementation of Health Aspects of the [Sendai Framework for Disaster Risk Reduction 2015-2030](#) recommended measures that could assist countries in implementing health aspects for disaster risk reduction. A statement by the OHCHR (2020) reaffirmed the commitment of recovering better through coordination and repairing multilateralism. WHO called for the year 2021 as the year of Health and care workers and adopted the [Declaration of vaccine equity](#) to accelerate the vaccination of health workers first with the hope to overcome both the pandemic and inequalities that lie at the roots of the global health challenges. Health equity is a theme.

The crux is that the health care equity demands people to be immunized irrespective of their status or their identities and the vaccination and treatment be made universally available, easily accessible, and be affordable as a health right. The people and the communities should be put at the center of any strategic plan for vaccination. An equitable vaccine plan that prioritizes and protects vulnerable communities is essential. To enhance vaccine equity, the immediate tactic is to treat vaccines as a public good and not as a commodity. Coordinating the global effort to scale up the vaccine distribution program to ensure effective production, safe distribution, to achieve the last mile connectivity effectively and quickly, developing new ones, and waving vaccine patent protections to reach out to the marginal communities is the need of the hour. Bilateral and multilateral vaccine assistance to developing countries may be ensured. Also, a variety of vaccine development options are essential, especially those suitable to the needs and requirements of the developing countries in terms of logistics, storage, and transportation. Mass producing vaccine by obtaining non-patent applications is the need of the hour.

The rights-based approach is evolved against the backdrop of the state's failure to provide quality services to the citizens is vital as the right-based legislation empowers citizens by placing a claim on the state where citizens can demand accountability for implementation. The language of rights defines rules and processes besides delivery needs and the institutional structures for monitoring and enforcement of a particular entitlement. The right-based approach determines the accountability of various actors that may be categorized as 'thin', and 'thick' accountabilities. (Pritchett, L 2013) Holding governments accountable to their human rights commitments, mobilizing, and allocating resources to create a resilient and sustainable society is imperative.

Solidarity and cooperation at the global level is the bedrock to achieve the goal of equity in terms of vaccine, and essentials tests, medical supplies, and treatments to face the transnational threat. Some of the initiatives such as '[People's Vaccine](#)' are initiated that calls for the vaccine to be made

available as a global public good and calls for international cooperation to be seen as a human rights obligation. More such efforts are required. Placing the questions of rights and dignity at the center is crucial to bring positive social transformations in the post-COVID world. Sharing the benefits of scientific progress is a human right as well as an essential best practice during crisis. Access to the right to health care cannot be left open to the market forces to be ruled by principles of demand and supply. The neoliberal approach has failed to address the concerns of the people and should not be allowed to hinder the rights to receive protection of billions in a vulnerable situation. Massive investments are required to strengthen the weak health care and emergency structure in the Global South in the long run.

COVID-19 pandemic has highlighted the desperate need for implementing the international human rights instruments that have to be upscaled to keep pace with or to eradicate the adverse impact created due to the adoption of the neoliberal approach ignoring the fact that 'no one is secure until all of us are secure'. International cooperation and multilateralism are vital to enforce robust measures for sustained and equitable socio-economic recovery around the world. The matter of justice and human rights for all need to be prioritized over the short-sighted, vested, and profit-oriented goals of a few. Commitment to ensure universal and equitable access to the safe, efficacious, and affordable diagnostics, medicine, treatment and vaccine for not only pandemics but for all time to all irrespective of nationality or citizenship is essential.

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