

OMICRON'S LESSON: WE'RE NOT COVID-SAFE UNTIL EVERYONE IS

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

Vaccine equity holds the key to thwarting the emergence of virus variants and halting this pandemic

Omicron, the newly designated variant of concern (VoC) has a few mutations reported earlier in the Beta (B.1.351) and Lambda (C.1.37) variants of Sars-CoV-2, both of which displayed some immune escape. Current covid vaccines have shown less effectiveness in real life against other VoCs, including Delta (B.1.617.2), and were found to require more neutralizing antibodies in lab studies. This is the backdrop for assumptions being made that Omicron might have some immune escape, which may or may not be true. However, this is an opportunity to reflect and deliberate on the ongoing challenges of covid vaccination, including the availability of doses and the equity of their coverage.

The emergence of another VoC has evoked fresh demands for booster shots. A few countries are contemplating such doses and others intend to offer booster shots to additional populations. This is ironical. For, to halt the spread of Sars-CoV-2 and prevent the emergence of further variants, it is not booster shots for a few but primary shots for everyone that we need. Omicron has emerged from Africa, a continent that has just 7% of its total population fully vaccinated, while more than tenfold this proportion of people have received both shots in many rich countries. It is this vaccine inequity that weakens our global fight against the pandemic. Therefore, a decision to introduce booster shots would further divert supplies from the most needy and widen vaccine inequity.

True, India has more vaccine supply than demand; however, that is not reason enough to start booster shots. Our focus should be on full-vaccination coverage of those at the highest risk: aged 60-plus and 45-59 with co-morbidities, 45% of whom have not yet received either one or both shots.

Alongside, epidemiological and vaccine effectiveness studies should be commissioned to generate evidence that could guide decisions. There is some evidence that a booster dose (as and when needed) of a vaccine on a different platform could be a better approach. The UK, which used the Oxford-AstraZeneca vaccine for its primary schedule, has chosen mRNA vaccines for booster shots. These mRNA vaccines are not yet available in India, as their manufacturers have asked for legal indemnity, which the Indian government has not taken a decision on. It is time for India to revive negotiations with mRNA-jab makers, so that these vaccines can be kept as an option and the country is not pushed into hasty decisions in case of a health emergency.

The periodic emergence of new variants is a signal that future vaccines should be developed that are able to tackle multiple strains ('multi-valent') or even be variant-neutral (designed to fight possible variants that might show up). India has a large manufacturing capacity, but government investment in vaccine research and development (R&D) has been inadequate. India's departments of biotechnology and health research should develop a roadmap for covid vaccine R&D and also initiate domestic and international collaborations.

Vaccine inequity has been among the most glaring failures of the global pandemic response. Rich countries continue to stockpile and administer booster shots, while people and even health

workers in many low- and low-middle income countries wait for their first jab. Then, even though manufacturers keep claiming differential pricing of vaccines, with rich countries asked to pay more than poor nations, the reality is quite the reverse. Botswana had to buy the Pfizer-BioNTech vaccine at \$29 per dose, over 10 times more than the per-dose average paid by European nations. This gap is not only morally and ethically wrong, it may severely impact the finances of an over-charged country.

These challenges can be tackled. In October 2020, India and South Africa had jointly initiated a proposal at the World Trade Organization (WTO) for a temporary waiver of intellectual-property protection for covid vaccines. This proposal has the support of around 100 countries. This proposal needs to be favourably considered. Vaccine makers need to see the importance of voluntary licensing and transfer technology for dose production at a larger scale. The world urgently needs more covid vaccines, both in terms of quantity and variety. Accessible and affordable vaccines for everyone, administered in an equitable and timely manner, is the only way to halt the pandemic and thwart new variants.

Then there is Covax, a vax project that is struggling to meet its global objective. A few months ago, it had to downgrade its vaccine availability forecast for 2021. With Omicron seen as a threat, the risk rises that many rich countries may prioritize their populations and Covax might fail its revised target as well. If there's a time for countries to fulfil their commitments, it is now. Vax-abundant nations should share a fixed portion of their stock with a global pool.

The emergence of new variants from low-vaccination-coverage regions essentially means that covid could be a never-ending battle. The only way this pandemic can and should be fought is with global solidarity and vaccine equity. We mustn't fall short.

In naming the latest Sars-CoV-2 VoC, the World Health Organization used the 15th of 24 Greek alphabets. The world doesn't want to run through the entire set to name newer and newer variants. History, surely, will judge countries and their leaders by what they did for vaccine equity (or did not) to halt the covid pandemic. Time is running out.

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