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Only one in four people has been vaccinated against COVID-19 with at least one dose in low and middle income countries as of November 9, 2022. File | Photo Credit: Reuters

**The story so far:** The [Global Dashboard for Vaccine Equity](#), a joint effort by the United Nations Development Programme (UNDP), the World Health Organization (WHO) and the University of Oxford with cooperation across the UN system, has put out recent data that justifies the vexatious core of the vaccine distribution programme: Only one in four people has been vaccinated with at least one dose in low and middle income countries as of November 9, 2022. In comparison, in high income countries, three in four people have got at least one dose of the vaccine.

The Global Dashboard for Vaccine Equity combines the latest data on the global roll-out of [COVID-19](#) vaccines with the “most recent socio-economic information to illustrate why accelerating vaccine equity is not only critical to saving lives but also to driving a faster and fairer recovery from the pandemic with benefits for all.” It provides new, actionable insights and possibilities for policy makers to dive into the implications of vaccine inequity for socio-economic recovery, jobs and welfare.

Simply put, everyone in the world has the same access to vaccines. While the availability of drugs across the world continues to remain iniquitous, disadvantaging large swathes of people in low and middle income countries, it was hoped that the urgency of a pandemic might erase these differences, offering equal access to all. But that was not to be.

A *Lancet* article, indicated how, early on in the COVID-19 pandemic, vaccine production was insufficient to meet global demand. “Many wealthy countries turned inwards, procuring vaccine doses through exclusive bilateral deals for their domestic populations (vaccine nationalism), and manufacturing countries, such as India, imposed temporary export bans. These events catalysed the global vaccine inequity that is still evident today,” the article, by Victor. J. Dzau, argued.

Another *Lancet* article in February this year by Simar Singh Bajaj et al, pointed at the fact that “widening gaps in global vaccine equity have led to a two-track pandemic with booster COVID-19 vaccinations proliferating in high-income countries (HICs) and first doses not yet reaching all populations in low-income countries (LICs).” WHO Director-General Tedros Adhanom Ghebreyesus using the strongest of terms for this divide, [called it: ‘Vaccine Apartheid’](#).

The Dashboard also points out another key factor: While vaccination programmes will increase healthcare costs across all countries, it is especially the case in low-income countries as they would need to increase their health expenditure by a staggering 30-60% to reach 70% of their population under the current pricing. High-income countries are expected to increase theirs by only 0.8% to achieve the same vaccination rate in one year.

It was reported that during the height of the pandemic, efforts were initiated to waive the intellectual property protection for the COVID-19 range of therapeutics and vaccines, in order to ensure that affordability alone doesn't determine availability. A waiver in the TRIPS agreement was proposed as a radical way to overcome the anticipated shortfalls. However, that did not come through.

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What did come through was The COVID-19 Vaccine Delivery Partnership (COVAX), a collective international effort with 'One Country Team', 'One Plan', and 'One Budget' which was launched by WHO, UNICEF, and Gavi and the World Bank, to intensify country readiness and delivery support. It aimed at accelerating COVID-19 vaccination coverage in 34 low coverage countries, along with their governments. While COVAX has helped many countries access vaccines, since its launch in January 2022, low income countries (LICs) particularly continue to have difficulties in achieving a step change in vaccination rates, the WHO records.

Further, unless it can support LICs beyond the 20% vaccination rate, the financial burden of vaccinating an additional 50% of the population will fall on most vulnerable countries. Given that substantial parts of the world are still reeling from lockdown-induced economic crises, such nations might find it a Herculean task to do so, even if not impossible.

Going by WHO's dictum that no one is safe until everyone is safe, it is imperative that adequate quantities of COVID-19 vaccine are available to countries across the world, particularly at a time when the risk of new variants causing further waves of infections is still alive.

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The WHO has called for "concerted and urgent action from countries, international partners and agencies, along with G20 Finance Ministers is required to increase vaccination levels and expedite access."

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