Viewpoint: vaccine inequity in the spotlight

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Vaccine inequity has never before been in the public eye as it has been in the last months. The profound inequities in COVID-19 vaccine supply which have been allowed to develop, driven largely by perceived national self-interest, reached the world stage at the G7 meeting in June. Despite this, less than 2% of the population of many low-income African countries have been vaccinated against COVID-19, while more than half of those living in most high-income settings have received at least one, and in many case two vaccine doses. An increasing number of countries are now vaccinating children from the age of 12, despite risk–benefit analysis being less certain, and are stock-piling vaccines for booster immunisations, in the absence of indication that these will be required on widespread basis. Both approaches are in direct conflict with the current position of the WHO.

The primary arguments that have been put forward to address these inequities have focused on self-protection (‘Nobody is safe until everybody is safe’) and on ensuring global economic recovery. An expectation that counties will donate ‘surplus’ vaccines has also largely replaced the premise of vaccine equity. Although it may be that only arguments appealing ultimately to national self-interest have the necessary traction, they are largely specific to pandemic COVID-19 vaccination, thus do not put the current inequalities in their wider context. Such context is essential, given the ultimate aim must surely be to minimise all excess vaccine-preventable deaths due to the pandemic, rather than solely those deaths directly attributable to SARS-CoV-2 infection.

Modelling studies and WHO policy recommendations have supported sustaining routine childhood immunisation throughout the pandemic.1 2 However, vaccine programmes in many countries in sub-Saharan Africa are fragile; having limited capacity to cover for either delays in vaccine supply, or for having additional demands placed on staff and resources—both of which have occurred to an unprecedented level during the current pandemic. Mass vaccination campaigns, including for measles and polio, which are essential to maintaining population immunity and to outbreak response, have also been delayed. In addition, reductions in vaccination coverage for such programmatic reasons are being multiplied by misinformation and rumours circulating, for example, suggesting COVID-19 vaccines are being deployed in Africa for the purpose of population control.1 From our own experience in The Gambia, such rumours are having a negative impact on vaccine confidence overall and hence on the uptake of other vaccines.

Given these factors, progress addressing the pre-existing inequities in the availability of life-saving vaccines across sub-Saharan African, as set out last year in the Immunization Agenda 2030—itself a roadmap to ‘leave no one behind’1—will be reversed if not considered in tandem with efforts to address the current inequity in COVID-19 vaccine supply. Hundreds of thousands of under 5s are reaching the world stage at the G7 meeting in June. Despite this, less than 2% of the population of many low-income African countries have been vaccinated against COVID-19, while more than half of those living in most high-income settings have received at least one, and in many case two vaccine doses. An increasing number of countries are now vaccinating children from the age of 12, despite risk–benefit analysis being less certain, and are stock-piling vaccines for booster immunisations, in the absence of indication that these will be required on widespread basis. Both approaches are in direct conflict with the current position of the WHO.

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with a genuine belief in the importance of equity must look beyond their own shores, and advocate for the importance of this unassailable principal, rather than on increasing inequity through focussing on marginal gains at home.

The unprecedented attention that vaccines and vaccine inequity have received in the past months, including the undoubted achievements as well as challenges, should be viewed as a springboard to ensure the goal of the Immunization Agenda 2030 to leave no one behind is ultimately realised.

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