No one is safe until everyone is safe

COVID-19 vaccine distribution

The COVID-19 pandemic is among the gravest global health and economic crises in history.

By January 2021 100 million people had been infected worldwide and more than two million had died.[1] The social and economic impacts on whole societies have been devastating. This pandemic affects all of us but is having the greatest impact on those already experiencing poverty, poor health, and discrimination.

Across the world, older people have faced significantly higher risks of serious illness and death from COVID-19. Due to gaps in available age and sex disaggregated data about the spread of the virus, no detailed, complete picture of the extent of infection, serious disease and mortality among different age groups is available. What data has been published does clearly show the impact on older people with global trends also highlighting significantly higher mortality in older people and in older men than women.

The pandemic has generated an unprecedented global effort to develop safe and effective vaccines at scale and speed. But as vaccination programmes begin to roll out in a small number of high-income countries, steps must be taken to ensure that the right to vaccination is shared across all populations in all countries, rich or poor.

For this to happen two issues need to be urgently addressed:

1. How will equitable distribution of vaccines be achieved between richer and poorer countries?
2. How will decisions regarding the prioritisation of vaccine recipients be made at national level?

Everyone has the right to benefit from scientific progress[2], However, people in low- and middle-income countries (LAMICs) have always had lower access to medical breakthroughs. Since profits on pharmaceutical product sales in LAMICs are much lower than in the global north, access to lifesaving developments in these countries often depends on donor funding, which usually falls short of targets.

Gavi, a public-private health alliance set up to improve access to new and under-used vaccines in low-income countries, aims to provide participating countries with enough vaccines for up to 20 percent of their populations by the end of 2021[3]. Achieving this target relies on fulfilment of the funding pledges made to Gavi, payments of which have experienced a significant shortfall.[4]

But even if this goal was achieved, it would leave most of the world's population unvaccinated. Current plans for the roll out will leave many people in low-income countries unlikely to be vaccinated against COVID-19 until 2023 or 2024, with inevitable impacts on serious illness and death rates.

The WHO has suggested that stopping COVID-19 will require at least 70% of the global population to have immunity. At a rate of two billion doses per year, it could take years to vaccinate 70% of the world's estimated 7.8 billion people. However, two billion doses would give some protection to those who are first in line, such as health workers, and older people.[5]

Older people living in poverty and socially and geographically isolated are at risk of being among the disadvantaged groups who are most likely to be left behind, despite facing the highest risks of serious illness and death from COVID-19. Evidence is already emerging of discriminatory decision-making regarding priority groups for vaccination[6].

Principles for equitable distribution of vaccines

A guide for equitable decision-making between nations, and for the prioritisation of groups for vaccination within countries, the World Health Organization (WHO) has drawn up a values framework for COVID-19 vaccinations.[7]

It contains six principles:

1. **Human Well-Being** Protect and promote human well-being including health, social and economic security, human rights and civil liberties, and child **development.**
2. **Equal Respect** Recognise and treat all human beings as having equal moral status and their interests as deserving of equal moral consideration.

3. **Global Equity** Ensure equity in vaccine access and benefit globally among people living in all countries, particularly those living in low-and middle-income countries.
4. **National Equity** Ensure equity in vaccine access and benefit within countries for groups experiencing greater burdens from the COVID-19 pandemic.
5. **Reciprocity** Honour obligations of reciprocity to those individuals and groups within countries who bear significant additional risks and burdens of COVID-19 response for the benefit of society.
6. **Legitimacy** Make global decisions about vaccine allocation and national decisions about vaccine prioritisation through transparent processes that are based on shared values, best available scientific evidence, and appropriate representation and input by affected parties.

For these principles to be applied, international organisations, governments, and the private sector must recognise that everyone's life is of equal value, regardless of their age, and that everyone has the right to equal access to healthcare, including vaccines.

When resources need to be prioritised, decisions must be based on the best available clinical, medical, and scientific evidence, and not on factors such as age and gender, presumed capabilities or on wealth or geographical location.

To achieve these objectives, the following conditions need to be met:

- **Global cooperation**

  There must be global cooperation to ensure a fair and equitable distribution of vaccines across all countries, regardless of their ability to pay for vaccines.

  HelpAge International is a member of the People's Vaccine Alliance, a global partnership of NGOs and individuals. The Alliance is calling on pharmaceutical companies, research institutions and governments to ensure that scientific knowledge, technological expertise, and intellectual property is shared, enabling the production of safe and effective vaccines across the world.

- **Those most at risk should be prioritised.**[8]

  The vaccines developed to-date have proven effective in reducing serious illness and mortality from COVID-19. Their efficacy in reducing transmission of the virus is not yet known. The evidence indicates that the best option for preventing mortality and serious illness in the initial phase of a vaccination programme is to give direct protection to those most at risk.

In the case of COVID-19, the most at-risk groups have been identified as older people and those with pre-existing medical conditions, as well as the health and care workers looking after them.[9]

The distribution of vaccines should therefore be prioritised for the following groups:

i. older adults at highest risk of serious illness and death from exposure to the virus, and

ii. the health, care and support staff who are exposed to infection through their work.[10]

- **Transparent decision-making processes**

  National decision-making processes for the prioritisation of vaccinations need to be fully transparent and widely accessible.

  Transparency is crucial to hold governments accountable for fulfilling their human rights obligations, but also to gain wider societal consent regarding prioritisation decisions. National policies should be published and made widely available. National bodies tasked with prioritising and managing the administration of vaccines should be open to public scrutiny and include as wide a representation as possible.

  Explicit frameworks for priority setting should be developed, with appropriate representation, influence and input from programme implementers, and representatives from a wide cross-section of society, including those most affected by the pandemic. These frameworks should be published and accessible.

  Governments should also strive to regularly publish data on the progress of vaccination programmes, detailing the number of people vaccinated, disaggregated by priority group.

- **Community engagement**

  There must be a major effort to engage widely with individuals and communities to reinforce confidence in vaccination programmes as they are rolled out.

  According to the WHO, 'Community engagement and effective communication... are essential to the success of COVID-19 vaccination programmes.[11] The reduction of the pandemic's impact will depend on people's knowledge and behaviour, and the need to encourage collective responsibility for responding to the pandemic is a lesson learned from experience with earlier disease outbreaks such as Ebola.

- **Financial barriers must be addressed, at national and individual levels.** Vaccination should be provided free of charge for individuals, particularly in LAMICs. Charging for vaccination or linking provision to health insurance schemes will result in those already unable to access health services being further disadvantaged.

- **Accessible information, open communication and dialogue**
  The COVID-19 pandemic has once again reinforced the challenges in getting information to and dialogue with diverse groups of older people – women, men, as well as those with literacy challenges, those without digital/telephone access, those who do not speak the language used for communication and those with sensory or cognitive disabilities.

  Social connectedness, particularly with people who can provide informed support or act as effective advocates ensures people have the information they need and are enabled to access services. This is a key finding which has emerged in feedback to HelpAge from older people during the pandemic, varying depending on contexts and services.[12]

  To increase acceptance by older people accessible information is needed, with open communication and dialogue which addresses questions and concerns regarding the safety and benefits of vaccination. It is important to focus on building trust in COVID-19 vaccines before people form an opinion against them. Creating confidence in vaccines is particularly important for older people, who have the same right of access to information regarding vaccines as other age groups.[13]

The pandemic will only be overcome if all parties work together to secure equitable access to the COVID-19 vaccines, through joint coordinated efforts. Those most at risk must be prioritised at every stage, supported by a drive to ensure the widest possible reach of vaccination programmes. No one is safe until everyone is safe.

HelpAge International Calls to Action

Collective action and global cooperation are essential to ensure equitable access and leave no-one behind. We must ensure that the rights of older people are properly protected in this global effort.

As vaccines are rolled out around the world, HelpAge International is calling for:

- **The sharing of scientific knowledge and expertise:**
  Pharmaceutical companies, research institutions and governments should work through the WHO COVID-19 Technology Access Pool to ensure that scientific knowledge, technological expertise and intellectual property is shared to the benefit of all across the world.

- **Prioritisation Frameworks:**
  Vaccines should be prioritised for older adults at highest risk of serious illness and death from COVID-19, as well as health, care and support providers who are exposed to infection through their work.
  Explicit frameworks for national priority setting should be developed, with transparency assured by representation from a wide range of stakeholders, including older people, and made available. Data should be published on the progress of vaccine rollout.

- **Public Information Campaigns:**
  Governments should mobilise public information campaigns with specific emphasis on those who are not connected to mainstream communications channels. They need, in particular, to address public questions and concerns regarding the safety and benefits of vaccination.

Endnotes

[1] COVID-19 Dashboard by the Center for Systems Science and Engineering, Johns Hopkins University.

[2]Universal Declaration of Human Rights: Article 27 (1): Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

[3] Gavi is leading COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, which aims to pool resources to ensure procurement and equitable distribution of COVID-19 vaccines.

[4] Gavi press release 06 10 2020 https://www.gavi.org/news/media-room/countries-pledge-nearly-us-1-billion-support-equitable-access-covid-19-vaccines

[5]https://www.bbc.co.uk/news/world-55795297

[6]https://www.dw.com/en/indonesias-covid-vaccination-campaign-prioritizes-workers/a-56316852

7 WHO Strategic Advisory Group of Experts on Immunization WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination, 14 September 2020 (Geneva: World Health Organization), 2020 https://apps.who.int/iris/ handle/10665/334299

[8] The initial plan is to provide COVAX Facility participants with enough vaccine to cover 20% of their populations.

[9] https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/

[10] This prioritisation is based on the WHO Strategic Advisory Group of Experts on Immunization WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination, 14 September 2020 (Geneva: World Health Organization), 2020 https://apps.who.int/iris/ handle/10665/334299

[11] World Health Organisation, Interim recommendations for use of the Pfizer– BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing, January 2021.

[12]HelpAge International Rapid Needs Assessments during Covid-19 https://www.helpage.org/what-we-do/coronavirus-covid19/

[13] WHO has published a report on behavioural issues related to acceptance and uptake of COVID-19 Vaccines. WHO Technical Advisory Group (TAG) on Behavioural Insights and Sciences for Health, "Behavioural considerations for Acceptance and Uptake of COVID-19 Vaccines".