Business-as-usual will not deliver the Covid-19 vaccines we need

Els Torreele, 16 August 2021

Pandemic preparedness and response

- Individual – collective health threat (plus socio-economic impact)
- A global public responsibility - a typical global commons
  - Preparedness:
    - Surveillance infrastructure and resources: lab capacity, data collection, ongoing research
    - Public health care infrastructure and capabilities (test, trace, isolate, treat)
    - Equitable access to health care (and isolation/quarantine as needed)
    - Pre-emptive development of health technologies and platforms (incl idle manufacturing capacity) and stockpiling of diagnostics, treatments, vaccines
  - Response:
    - Implementing intervention strategies:
      - Reduce morbidity and mortality
      - Prevent health systems overwhelming (and protect health workers)
      - Curb transmission
    - Development and availability of diagnostics, treatments, vaccines
    - Vaccines: individual – collective protection
- Cannot be left to “market forces”, must be public investment in health for the benefit of all

Development
https://doi.org/10.1057/s41301-020-00261-1

UPFRONT

Business-as-Usual will not Deliver the COVID-19 Vaccines We Need

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Abstract

Governments must become active shapers of medical innovation and drive the development of critical health technologies as global health commons. The 'race' for COVID-19 vaccines is exposing the deficiencies of a business-as-usual medical innovation ecosystem driven by corporate interests, not health outcomes. Instead of bolstering collective intelligence, it relies on competition between proprietary vaccines and allows the bar on safety and efficacy to be lowered, risking people's health and undermining their trust.

https://link.springer.com/article/10.1057/s41301-020-00261-1

“Race” to market >< curbing pandemic

WHAT WE GOT:

- Competition between proprietary (suboptimal) technologies for market share
  - Secrecy – delayed data transparency, selective publications
  - Publication by press release (for investors, rather than scientific/medical community)
  - Non comparable trials – designed for speed rather than public health relevance
  - Vaccine profiles not adapted for global vaccination
  - IP and manufacturing monopolies / private interests >> public health
  - Hoarding, nationalism, geopolitical power dynamics

WHAT WE NEED:

- Collective intelligence to combine the best aspects of each, learn from each other in real time, focus on global public health and including equitable access by design
  - Focus on vaccination strategy: who, when, why? As part of overall pandemic control strategy (including non-pharmaceutical interventions like masks, distancing, hand washing)
  - Full & timely data transparency
  - Knowledge and technology sharing – enabling resilience/autonomy
  - Addressing local/regional needs, evolving with the epidemic

Evolving challenges

- Inequitable access to vaccines
  - Current solutions largely depend on same power dynamics:
    - Donations and vaccine manufacturing initiatives by Western countries/companies
    - “third dose” dynamics risks repeating the hoarding/nationalism (company interests!)
    - Risk of new variants increases as transmission continues globally
- Need justice, not charity
- “herd immunity” is not achievable (nor desirable?)
  - Vaccines are not sterilising
  - Vaccination coverage too low, even in wealthy countries
- **Need to reconsider the objective of vaccines and vaccination strategies**
  - If not herd immunity, then what? Who, why, when to vaccinate?
  - Role of continued exposure to boost / maintain “sufficient” levels of protection
  - Which (types of) vaccines are most suitable for what?
  - Vaccine efficacy (relative risk reduction) is just 1 measure of effectiveness
  - NOT one-size-fits-all; need to contextualize strategies
  - Sense or non-sense of vaccine certificates/passports
  - These questions cannot be solved by market dynamics – need public health strategies

Key take-aways

- Business-as-usual (relying on market dynamics) is utterly inadequate for epidemic preparedness and response
  - By design; cannot be fixed in the margins
  - Socializing risks and costs, privatizing gains and control
- The Covid-19 pandemic is not over
  - The scandalous inequities are globally acknowledged (and will likely continue)
  - Opportunity to establish new ways (driven by non-Western countries)
- One-size-does-not-fit-all, especially for vaccination strategies
- Vaccines just ONE tool in the toolbox – even if critical one
- Need to balance speed with effectiveness on longer term (incl building resilience/autonomy)
  - Multiple ways to think about effectiveness (objective?)
- Time to create new solutions that will show a different way is possible

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We Cannot Win the Access to Medicines Struggle Using the Same Thinking That Causes the Chronic Access Crisis

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Free PMC article

Abstract

The inequity in access to COVID-19 vaccines that we are witnessing today is yet another symptom of a pharmaceutical economy that is not fit for purpose. That it was possible to develop multiple COVID-19 vaccines in less than a year, while at the same time fostering extreme inequities, calls for transformative change in the health innovation and access ecosystem. Brought into the spotlight through the AIDS drugs access crisis, challenges in accessing lifesaving medicines and vaccines-because they are either not available or inaccessible due to excessive pricing-are being faced by people all over the world. To appreciate the underlying framing of current access discussions, it is important to understand past trends in global health policies and the thinking behind the institutions and mechanisms that were designed to solve access problems. Contrary to what might be expected, certain types of solutions intrinsically carry the conditions that enable scarcity, rationing, and inequity, and lead us away from ensuring the right to health. Analyzing the root causes of access problems and the political economy that allows them to persist and even become exacerbated is necessary to fix access inequities today and to design better solutions to ensure equitable access to health technologies in the future.