

## Inequities Induced by COVID-19 Vaccination

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### Introduction

The rapid transmission of the COVID-19 pandemic has promoted the investment in the development of COVID-19 vaccines. Once a new vaccine becomes commercialized, all nations must develop measures to evenly distribute the vaccines. However, low-income and middle-income countries (LMIC) have faced difficulties of ensuring maximum vaccine coverage, struggling to evenly allocate the vaccines. Global failure to share vaccines to LMICs and some of the most vulnerable people is not only unjust, but also gives the potential for dangerous mutations. Also, discriminatory actions done by health care industries increase individual hesitancy and barriers to the COVID-19 vaccine. According to a national poll that measured discriminatory experiences, a significant portion of the sample stated they have encountered discrimination when interacting with health care systems. These discriminatory experiences influenced their decision on whether to get vaccinated, and these experiences has increased mistrust towards public health-care industries. Individuals who reject COVID-19 vaccination are followed by several disadvantages like having their mobility restricted. To reduce inequities induced by COVID-19 vaccination, it is essential for the Human Rights Council (HRC), an inter-governmental body within the United Nation's system, to ensure equal opportunity and reduce inequality.

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### Background

Inequalities of vaccine distribution existed amid global pandemics of the past. Similar to COVID-19, the Spanish flu was highly contagious and swept about one-third of the world's population, killing anywhere from 50 to 100 million people. Scholars are pointing to inequalities in disease burdens across regions, between urban and rural regions, occupations, incomes, age, gender, and race. Research is clearly showing that



*People receiving smallpox vaccination*

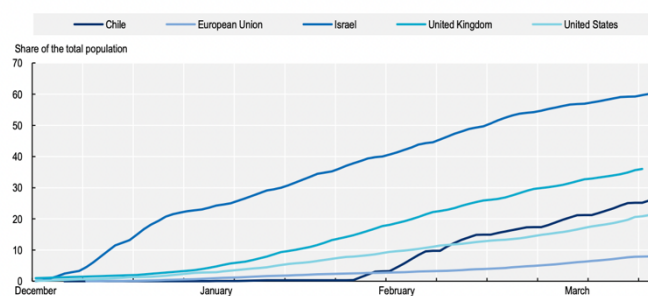
people discriminated during the time of pandemic and were disproportionately affected because of their social status. Another infectious disease, smallpox was one of the deadliest and most widespread diseases that had a mortality rate of about 25 to 40 percent. Smallpox vaccine is known to be the first vaccine ever to be developed and was mostly thought of as a socially

neutral disease because all citizens were prone to the disease. However, some scholars have suggested that socio-economic status did matter, and that differences in living standards impacted the likelihood of being infected by the disease. They have suggested that higher classes were able to have better opportunities to isolate infected household members in separate rooms. This was impossible for low-income families that shared a single room. Smallpox has swept across the whole city within a year since it had entered the city of Amsterdam in April 1870. Researchers have gathered cases of smallpox death rates, and the research reveals that the neighborhoods that did a relatively good job of dealing with the disease were regarded as being among Amsterdam's wealthiest. On the other hand, neighborhoods with very high smallpox death rates belonged to the poorest neighborhoods. The smallpox death rate shows the deep-rooted social and health inequalities across the city of Amsterdam.

## International Actions

**Figure 1. Percentage of the population having received at least one dose of vaccine in selected countries**

As of 15 March 2021



Source: Our World in Data, 15 March 2021.

The Organization for Economic Cooperation and Development (OECD) is a group of 38 member countries that aims to promote policies to improve economic and social wellbeing across the globe. Due to the rapid transmission of COVID-19, vaccine demands are currently exceeding the supplies of COVID-19 vaccines. The OECD is working to lay the groundwork for a more efficient and equitable system that

maximizes the number of lives saved and ensures that all individuals have equal access to the COVID-19 vaccine. Since most OECD countries like the United Kingdom are still insufficient with their vaccination supplies to vaccinate all their population, they have decided to delay the provision of the second dose in order to provide a broader range of people with the initial dose. The data above shows the percentage of the population that has received at least one dose of vaccine. A study by Public Health England found that the risk of COVID-19 among health care workers reduced by 65-72% after the initial dose of the Pfizer/BioNTech vaccine. Research data suggests that COVID-19 vaccines might already achieve high levels of efficacy after only a single dose, supporting the approach of providing more rapid first-dose coverage to a broader range of the population. In addition, by allocating some proportion of high-income countries' existing supplies to countries of high need in vaccines, the number of deaths due to COVID-19 will minimize on a global scale. Since international supply chains and movements of people and goods will inevitably lead to the transmission of the pandemic across the country, allocating some proportion of their existing supplies will not only reduce transmission from other countries, but also aid in the process of global immunization. Recent models are suggesting that faster progress on ending the pandemic will raise global income cumulatively by USD 8 trillion between 2020 and 2025, benefiting all countries around the globe. International collaboration for the support of the distribution of COVID-19 vaccines will also lower the emergence of viral variants like the Omicron variant.

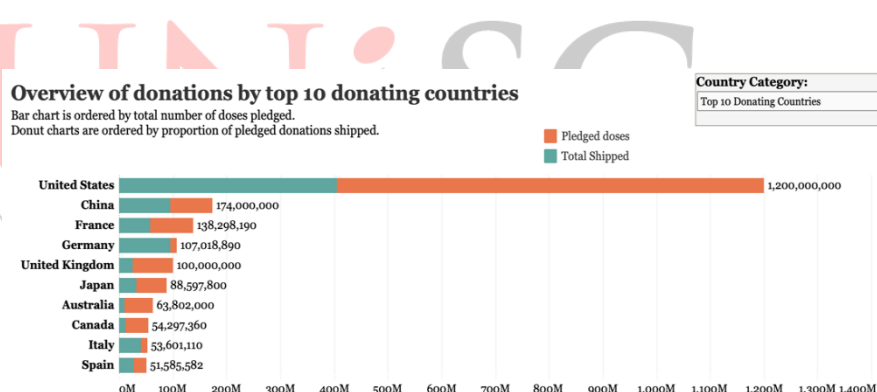
## Positions of Key Nations & Organizations

### *World Health Organization (WHO)*

WHO, part of the United Nations, is responsible for global health matters and the promotion of international public health. WHO points to the inequity in the global distribution of vaccines as the problem for the rapid transmission of the virus. Since a vast majority of populations have been administered in high and upper-middle-income countries, if these doses were distributed equitably, the amount would have been enough to ensure coverage for health workers and older people globally. There are sufficient doses of vaccines globally to lower transmission and save many lives, if they are properly delivered to people of high need. The WHO Strategy to Achieve Global COVID-19 Vaccination by mid-2022 emphasizes the collaborative effort of all nations to meet the goal of vaccinating 70% of the population of every country by the middle of this year. The WHO notes that there are enough doses to achieve the target number, but that the problem is with allocation. By achieving WHO's vaccine equity targets, immunity will increase globally and will reduce the risk of new variants emerging. Only if the doses are properly and equally used, WHO believes that all nations have the tool to regulate the pandemic.

### *United States of America (USA)*

Donor countries like that of the United States of America support the most vulnerable groups in many LMICs through dose donation. The bar graph that is filled with green is the total number of doses shipped and the bar



graph that is filled with orange is the number of pledges that are going to be shipped. Dose donations have become increasingly important for vaccine equity on a global scale. Also, the pandemic has revealed severe racial and ethnic differences in health outcomes, especially for Black, Hispanic, and Asian Americans. As with the USA, the overarching issue is of concern is how to provide equitable access to a vaccine without disproportionately affecting racial groups. There is also a range of barriers to vaccination that disproportionately affect people of color. Access-related challenges such as higher uninsured rates affect certain racial groups' access to public health care services due to the cost. Also, the medical system's historic abuse and mistreatment of certain racial groups, particularly Black Americans, have increased the mistrust towards the COVID-19 vaccines.

### *National Academies of Medicine (NAM)*

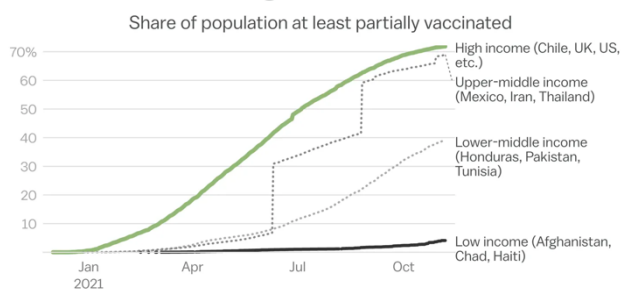
The National Academies of Medicine (NAM) is a non-governmental organization (NGO) that provides guidance for national and international issues regarding health, medicine, health policy, and biomedical science. NAM has formed a committee requested by the National

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Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to create a framework for equal allocation of the COVID-19 vaccine. NAM has suggested a framework for equal allocation of the COVID-19 vaccine that specifically identified alleviating health inequities as a fundamental ethical principle. The framework suggests prioritizing allocation to areas that are identified as vulnerable using the CDC's Social Vulnerability Index (SVI). This study illustrates plans to ensure equitable allocation of limited doses until there is ample global supply of vaccines. This framework considers criteria that should be considered when setting priorities for equitable distribution among groups of potential vaccine recipients. It considers many factors like health status, occupation, living conditions, and geographic distribution of active virus spread. The committee considers methods of how different racial groups can have equal access to COVID-19 vaccines in the U.S. and suggests strategies to alleviate vaccine hesitancy among the American public.

### Problems Raised

#### After 7 billion global doses, low-income countries are still waiting for Covid-19 vaccines



China reports vaccinations infrequently, causing spikes in the upper-middle income category.

Source: Our World in Data; World Bank

Vox

Approved vaccines are on the rise with the government granting authorization. However, vaccine equity still serves as the challenge of the time. Tedros Adhanom Ghebreyesus, Director-General of the WHO reported that of the 832 million vaccine doses distributed, 82% have gone to high or upper-middle-income countries, while only 0.2% have been sent to low-income countries. In high-income countries, 1 in 4 people has been vaccinated, while 1 in 500 people in

poorer countries. The vaccination gap between nations with access to the vaccination and nations without access to the vaccination may form a new superstructure or colonial hierarchy as a result of global inequity. Rich countries monopolizing COVID-19 vaccines widens inequality and millions of people vulnerable. Furthermore, some donor countries favor certain low-and middle-income regions over other countries, which also serve as a severe problem. Lower-income countries hold 40 million of the world's refugees, but only have access to 3% of the world's vaccine supply. Widespread racial and ethnic disparities in COVID-19 infection reveal the severity of unequal distribution of vaccines.

Differences between the vaccinated and the unvaccinated will become clear when accessing public services and traveling cross-country. Most countries require vaccine passports, documentation, or proof of vaccination status when accessing public services and traveling cross-country. People that are unvaccinated will have their mobility restricted and will not be able to access services such as traveling and going to the grocery store. Also, the Affordable Care Act (ACA) was implemented to help ensure health care coverage for Americans, yet the uninsured rates were 9.7% for African Americans, while just 5.4% among whites. Since social contexts are so controversial during vaccine distribution, laws and restrictions may give disadvantages to individuals who reject the COVID-19 vaccine due to historical mistrust towards the industry.

## Possible Solutions

The issue of inequities induced by vaccine distribution is still on the rise. Some possible solutions to boost global supply of COVID-19 vaccines and reduce inequities caused by vaccination are listed below for reference:

1. Delay the provision of doses subsequent to the initial dose to provide a broader range of people with the initial dose,
2. Provide vaccines that are free of charge regardless of an individual's immigration or health insurance status,
3. Expand vaccine manufacturing capacity by making vaccines that are safe and effective in clinical trials to be readily available to the public,
4. Explain why vaccines are safe and effective and be transparent if there are any problems regarding the vaccine,
5. Harmonize regulatory processes that delays the production of vaccines,

While only a persistent attention and commitment to public health can change the fundamental problems that affect COVID-19 vaccine distribution, there are still some possible solutions that can be done. By delaying the provision of second doses and maximize people who receive first dosage, a wider range of people are able to receive the vaccine. Vaccines will be more accessible when they are free of charge regardless of an individual's immigration or health insurance status. This will increase the likelihood of achieving universal coverage. By expanding vaccine manufacturing capacity, the development and production of COVID-19 vaccines will increase and will be readily available to the public. Since the mistrust towards the health industry is one of the main reasons why people don't receive vaccination, it's crucial to explain why vaccines are safe and effective. Since there are disadvantages that come along with not being vaccinated, unequal access to communal services will affect people who haven't received the vaccination. It's also substantial for health care industries to be transparent if there are any problems regarding the vaccine and provide adequate solution once side effects are identified. Since all countries have different set of rules when coming to authorize newly developed vaccines, the time it takes to verify these vaccines delays the production of certain vaccines. During the time of pandemic, local trial requirements for vaccines that have already been approved would not necessarily need to undergo other verification processes. Thus, by harmonizing regulatory processes, it will boost the global supply of COVID-19 vaccines.

## Glossary

*Disease Burden:* Impact of a health problem that focuses on the hardships and losses related to disease, disability, and death. Impact of a health problem may be measured by financial cost, mortality, morbidity, or other indicators.

*Health Equity:* The opportunity and the fairness for individuals to be as health as possible.

*Donor Country:* A country which provides humanitarian aid or help to a developing country.

*Social Vulnerability Index (SVI):* A database that tracks on social factors and ranks populations

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based on the vulnerability to respond and recover from external stresses on human health. Public health professionals use this database to identify, map, and plan support for populations that are likely to require assistance before, during, and after a public health emergency.

*Vaccine Monopoly:* A situation in which rich countries take control of the supply of vaccines.

*Institutional Racism/ Structural Racism:* Form of racism that is rooted in public policies and regulations of a society.



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