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Covid-19 pandemic

COVID-19 Vaccine Apartheid: No One Is Safe from Big Pharma

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North American and Europe are reopening. Lockdowns have ended in many regions, masking and distancing restrictions relaxed or eliminated. Schools are returning to fully in-person learning. The European Union, to cheers from the tourism industry, has lifted its ban on travel from the United States. Indoor dining, sidewalk cafes, movie theaters and sporting events are reopening, many completely dropping pandemic protocols. The mood on the street is far more relaxed.

The arrival of effective vaccines has dramatically reduced death and hospitalization rates in countries able to carry out mass vaccination campaigns, providing hope that the pandemic that has infected at least 180 million people and killed at least 3.9 million (these figures are probably gross underestimates) can be brought under control. But that will not happen while much of the world's population remains unvaccinated. &In unvaccinated areas, Covid-19 will spread and mutate, causing sickness and deaths and producing new lethal variants that will spread to more fully vaccinated countries. We see this now, as more transmissible and resistant variants have emerged, especially: the alpha variant (formerly known as the UK, or Kent, variant); the beta (South African) variant; the gamma (P1, or Brazilian) variant; the delta (Indian) variant.

No one will be safe until everyone is safe.

But that message was not heeded for many critical months by affluent countries and pharmaceutical corporations that dominate manufacturing and distribution of the vaccines. Promises were made, but those promises were not kept. Now, shaken by the spread of the delta variant — which so devastated India and is now responsible for 95% of new cases in the United Kingdom — there's a fresh wave of promises from the G7 and Big Pharma vaccine manufacturers. Still not enough — and coming late.

Big Pharma

The pharmaceutical industry has a deserved reputation for profiteering to the detriment of the public good, and it's at it again. Without three decades of public subsidization of research on messenger RNA vaccines — conducted in academic and public labs in the U.S. and Germany — there would be no Pfizer/BioNTech vaccine and no Moderna vaccine. In addition to the public subsidization of research, there has been assistance with production and guarantees of sales.

Pfizer and Moderna each expect to accrue billions of dollars in profit this year and considerably more next year. Moderna estimates sales of $19.2 billion for one billion doses of its vaccine in 2021 and projects selling three billion more in 2022. Pfizer and its German partner BioNTech project selling three billion doses this year with revenues of at least $26 billion, and sales of an additional four billion doses next year.

Oxfam estimates that universal vaccine access requires a price under $3.40 per dose, but Pfizer and Moderna charge five times that, pricing their coveted vaccines too high for low- and middle-income countries to afford an adequate amount.

Consequently, the mRNA vaccines have gone disproportionately to affluent countries — the United States. the UK, the EU, Israel. Well over half the adult populations of these countries will soon be fully vaccinated. These countries

have bought or reserved rights to over a billion more doses than they need to vaccinate their entire populations. But in Africa, where the delta variant is beginning to take hold, less than one in a hundred have been vaccinated. (South Africa is experiencing a third wave of Covid infections following a series of delays in its vaccination program. Uganda medical facilities report an extreme shortage of vaccine and oxygen amid a new surge in cases, with five Covid variants identified there.) And in South America, where the current weekly per capita death rates are the highest in the world, less than one in ten adults have been fully vaccinated.

In addition to the mRNA vaccines from Pfizer and Moderna, vaccines from two other western pharmaceutical giants — AstraZeneca (AZ) and Johnson and Johnson (J&J) — have been authorized and used in various parts of the world. These vaccines did well in clinical trials, although nowhere near the spectacular (95%) effectiveness estimated for the mRNA vaccines. But unlike the mRNA vaccines, the AZ and J&J vaccines did not require refrigeration, and therefore were easier to distribute and store and better suited for use in rural and remote areas. AZ and J&J vaccines were also far cheaper than Pfizer's and Moderna's. Both suffered from manufacturing problems, and even more from bad publicity: coronary blood clotting leading to death was detected in elevated numbers (about seven per million doses) in these vaccines. Consequently, AstraZeneca has never asked for authorization of its vaccine in the United States, while only relatively small doses of J&J vaccine have been administered (11.5 million). Both are being used widely in Europe.

For the first several months of the Biden administration, the United States refused numerous pleas to share vaccines, even refusing to allow vaccines manufactured in the country to be exported to other countries. The U.S. position was expressed by a Biden administration official quoted in the February 18 New York Times: "The United States will not share vaccines now, while the domestic vaccination campaign is expanding."

This position was reiterated in subsequent weeks by other Biden administration officials, including Press Secretary Jen Psaki — even though the United States had no need for and no intention of using the tens of millions of doses of AZ vaccine it had stockpiled. It was only when domestic mass media — albeit belatedly — began to publicize this position to the ridicule it deserved that Biden reluctantly backed away from it.

Even more disgraceful has been Israel's vaccine apartheid policy towards Palestinians. Israel is the most vaccinated country in the world, with 60% of its population vaccinated. Yet Israel has not repeatedly refused to share vaccine with the West Bank and Gaza (where COVID has surged) and even tried to prevent the Palestinian authorities from receiving vaccines donated from abroad.

COVAX

COVAX, a vaccine-sharing alliance sponsored by the World Health Organization, set a goal last fall of acquiring and distributing 2 billion doses to 142 developing nations in 2021. COVAX estimates that it needs to raise $33 billion to meet its target. It has only raised one-third that amount with the G7 countries only contributing $7.5 billion thus far. Pharmaceutical corporations have pledged to make two billion doses available, but to date the United States and friends outbid COVAX for available vaccines. In March, COVAX projected that by the end of May, it would only have supplied enough vaccine to vaccinate 3.3% of the population of 142 developing nations. This objective was not met — and especially not in Africa, where COVAX had hoped to focus.

COVAX had relied on acquiring vaccines from the Serum Institute of India (SII), the world's largest vaccine manufacturer, which had leased manufacturing rights from AZ. But when the delta variant surge struck India, the Modi regime suspended all vaccine exports, cutting off COVAX's main hoped-for source. COVAX is now relying on a pledge from the G7 leaders, who promise to work through COVAX to deliver 870 million doses — half in 2021, half

next year. The United States plans to provide 200 million doses of Pfizer vaccine this year, and another 300 million next year.

Even in the unlikely event that COVAX acquires its two billion dose target this year that would only be enough to vaccinate 20% of the population of its 142 target countries. A lot more is needed.

Low- and middle-income countries are scrambling on their own to find vaccine sources. Unable to afford the Pfizer and Moderna vaccines, unable to acquire vaccines from the Serum Institute of India, and with COVAX lagging, these countries have been scrambling to find alternative sources.

Alternative Vaccine Sources

Russia reported deals to supply 1.2 billion doses of its Sputnik V vaccine abroad this year. Sputnik V is recognized to be highly effective, but limited manufacturing capacity makes it unlikely that anything close to the target will be reached this year.

Four leading Chinese vaccine manufacturers have pledged to supply about 500 million doses abroad this year, targeting low- and middle-income countries. China has supplied a significant amount of its Sinovac-Coronavac vaccine to Latin American countries however summary figures from Phase III clinical trials for this vaccine lag well behind even those for the AZ and J&J vaccines.

For many countries, there has been little recourse. In the words of an Egyptian official: “Vaccines, particularly those made in the West, are reserved for rich countries. We had to guarantee a vaccine. Any vaccine.” And the right-wing Serbian nationalist Aleksandar Vucic commented: “Did we turn to the Russians and the Chinese? You have built very expensive lifeboats for you. And whoever is not rich and is small, is condemned to sink with the Titanic.”

Even under the wildly optimistic scenario that COVAX, Russia, and China all meet their ambitious distribution targets, only about 40% of the population in the 142 developing countries would be vaccinated this year. In contrast, the United States, the UK, the EU, Israel, the UAE and a few other affluent countries expect to vaccinate nearly all of their entire adult populations by fall.

Likely Scenario

Entering the second half of 2021, more sources of vaccines may finally become available. AstraZeneca and Johnson and Johnson seem to finally be solving their manufacturing problems. They plan to target sales of their relatively low-priced vaccines to low- and middle income nations. Novavax, using a well-tested technology, just announced very impressive results from their Phase III clinical trials, and are likewise targeting sales to the developing world. Sanofi / GlaxoSmithKline will soon complete Phase III testing of its candidate vaccine. So more vaccines will undoubtedly be available in 2022. This increased supply may lead to a reduction in price per dose of all vaccines.

However, there will almost surely be more variants emerging in the coming months. Thus far, the first generation vaccines from Pfizer/BioNTech and Moderna, and to a somewhat lesser degree the AZ and J&J vaccines, have done well in greatly reducing hospitalizations and deaths from most Covid variants. However, they haven’t done quite as well against the delta variant.

Should new variants emerge that are more resistant to the current vaccines, North America and Europe may well be plunged back into the dark lockdown world from which they are just now emerging. And, to a large degree because of

the grossly negligent inequitable distribution of vaccines globally, more lethal variants are almost sure to emerge.

It's likely that the following scenario will play out: after the US and its affluent friends are fully vaccinated, more first generation (i.e. this year's) vaccine will be made available to developing nations – some excess doses donated from the United States et al, more made available by pharmaceutical companies, some at cut rates. But by then it's likely that new variants resistant to this year's crop of vaccines will have emerged. As a response, Western pharmaceutical companies will be producing booster shots and second-generation vaccines effective against these new variants. The United States and friends will corner the market on these. This could recur over and over, with the haves being the first to get protected and the have-nots being left unprotected again and again.

There Are Alternatives

This does not have to be. The rapid development of the Covid-19 vaccines shows what can be done when the research community shares information and works cooperatively. It gives us a glimpse of what could have been done over past decades when Big Pharma, acting as rent-collecting patent holders, blocked development.

Vaccines might have been developed in advance of the pandemic, including vaccines capable of stimulating immunization against a wide range of coronaviruses. For example, five years ago virologists at Baylor University College of Medicine applied for funding to develop a vaccine that would be effective against all coronaviruses – a pan coronavirus vaccine. They were denied funding. Now such research is underway. Research is further along on developing vaccines effective against any SARS-Cov-2 variant. Clinical trials will soon be under way on antiviral nasal inhalants capable of preventing infection by blocking the virus's entry.

Such research should take place in all health-related areas — and it should be done collaboratively, with knowledge freely shared. It shouldn't take a pandemic to make that happen. The resulting products should likewise be made available to all, especially those most in need. The Covid vaccines should not be the intellectual property of Big Pharma corporations, sequestered behind patent walls. They should be in the public domain, freely accessible, with no profits taken. More biotechnologically advanced countries should help others to develop manufacturing and distribution capabilities. Vaccines should be made globally available, not hoarded by rich countries and denied to poor ones.

Covid-19 may not be the worst health threat we face in the near future. In the past twenty years, we have seen Sars, Mers, and now Sars-CoV-2 (the virus responsible for Covid-19). The pharmaceutical industry has demonstrated that it won't be ready in advance, will only act if it is guaranteed gigantic profits, and then will act in ways that favor the rich and put the poor in harm's (and death's) way.

What's needed is a reorganization of the way health care, public health, and biomedicine is organized and delivered, locally and globally. Human lives should not have a price tag; health should not be sacrificed to profit. To make this happen will require a radical reorganization of social priorities and society itself. It's not too soon to organize and fight for that.

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