

How can the government successfully engage the private sector in health for equitable distribution of COVID-19 vaccines?

Interview series

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From an equity perspective, what are some of the biggest achievements in COVID-19 vaccine distribution involving the private sector?

I am not sure there have been any notable achievements in this area, unfortunately. Despite successful national and global public investment in research and development of vaccines, governments abdicated from regulating the private sector which resulted in pharmaceutical monopolies with untransparent agreements, unfettered access to profits and no commitments to make the vaccines equitably available.

What are some of the challenges that might have resulted in the above scenario?

This is multi-factorial. The law has changed and with it, intellectual property, and other issues of international health governance. By the time COVID-19 hit the world, there were governments that were shackled with debt and were dealing with heavily privatized health systems. There has been very little investment in increasing manufacturing capacity for vaccines in much of the global south including Sub-Saharan Africa. Governments created the COVAX facility instead of supporting the WHO COVID-19 Technology Access Pool (CTAP) which was a huge mistake in equity terms, and largely driven by an ideological adherence to intellectual property.

COVAX was created as an emergency facility thinking that the pandemic wouldn't last very long and that the aspirations would be enough to give for the Global South – that clearly did not pan out. There were also very few parameters placed – advanced market commitments allowed wealthy countries to buy and hoard vaccines early on and as the pandemic unfolded, we saw reluctance by governments of wealthier countries to use their power to try to create a more equitable situation.

What is your opinion about setting price regulations for COVID-19 vaccines in the private sector?

Price gouging for LMIC was certainly an issue ; nonetheless, it is not at the top of the list of issues due to artificially limited supply. We know that many countries are just not getting access to enough vaccines. The COVAX aspirations were low to begin with – no developed country would accept an aspiration of 20% coverage, and these targets were further lowered.

In practice, egregious inequity on a global scale is then replicated at a country level where we see the rich gaining access first. It is difficult to divorce the question of regulating prices set by the private sector in countries that have very small supplies, which invariably tend then to go to the wealthy, from the international rules that limit the supplies to those countries

What are your views on waiving intellectual property patents for the COVID-19 vaccine and how might that improve equity?

Activists don't want to eliminate intellectual property regulations. The Trade-Related Intellectual Property Rights (TRIPS) waiver is a very modest proposal – a temporary waiver during a global pandemic to ameliorate the effects of unfettered market capitalism. Over one hundred countries have signed it, but a handful of wealthy countries have blocked it. There is zero evidence that a temporary waiver under these conditions, or setting different incentives to deconcentrate manufacturing, would impede the kind of innovation that we have seen, which again was

substantially underwritten with government funds i.e., taxpayer money. Governments with bargaining power i.e., in high-income countries, also failed in not negotiating equity provisions in contracts with pharmaceutical companies. Many of these governments including the United States underwrote R&D with billions of dollars, which at a minimum should have attached parameters in respect of transparency, equitable pricing and distribution. So, pharmaceutical companies are winning twice.

What are some of the economic consequences of inequitable vaccine distribution and how dire might these be?

Advanced economies in the global north will recover from the pandemic while economies in the global south will continue to struggle for a long time due to increased vaccine inequity. Countries need to directly provide technical and financial assistance

through multilateral institutions such as WHO and World Bank for global governance. They need to regulate private actors such as pharmaceutical companies over which they have effective control for there to be greater equity and economic recovery.

What are some low efforts, high yield strategies that governments can use to involve the private sector in such countries for increased vaccination coverage?

It is planned project failure to assume that the private sector will act nimbly to increase vaccination coverage when there is a lack of effective regulations in humanitarian settings or in states with weak capacity for regulation. The private sector can have a positive impact on equity when there is a robust public sector that regulates it effectively. In certain areas of health such as tobacco control there have been concentrated efforts for regulations sometimes with financial

and technical assistance from outside governments as well as from civil networks. But that is set against a backdrop of decades of neoliberalism that has hollowed out regulatory capacity in much of the world. So, it is a question of building back, of reclaiming and reconstructing public sector capacity as well as public resources in many countries.

Which key players, outside of government and private sector, need to be involved?

On the one hand, without civil society and social mobilization very little gets done as seen for HIV/AIDS and currently, through the efforts by the Access to Medicines group. Advocacy is a fundamental aspect of making any kind of social change as seen in the United States changing their representative ties and supporting the TRIPS waiver.

However, it is enormously cynical and counter-productive to deflect responsibility of governments to citizens and residents of a country. That's one of the reasons why the human rights-based approach to health was developed.

If you could give one piece of advice to global organizations to ensure that recommended measures for equitable vaccine distribution involving the private sector are aligned with local contexts, what would it be?

There are tools within health ethics about how to engage populations in health decision making but that is not possible to set up in the middle of a pandemic. There needs to be some infrastructure for engaging citizens across different constituencies including marginalized populations, as well as health professionals and people from other sectors such as teachers to contribute to these decisions and adapt them to local contexts. Universal guidelines from on high don't work in practice. There must be some kind of institutionalized mechanism to engage the public in health decision making, including on vaccine distribution as well as for triage for scarce care and resources.

Do you have any other comments or thoughts that you would like to share?

This is a huge inflection point for the rule of law in many societies and the possibilities in multilateral governments in global health. If we don't take this opportunity to reflect on what blind deference to the private sector and monopolies has led us to, we will really miss the boat.

The pandemic laid bare structural problems and exacerbated the inequities – it did not create them. This is a time for governments to think critically and differently about the dependency-perpetuating aid system and the amount of value they invest in appropriate regulations.

What do you keep as your North star to keep you focused amidst all of this?

Working at PIH has been deeply sustaining, personally. Change is possible. We are like ants, but if you get enough together and you continuously push on despite it taking a long time, change can be achieved.