Statement on COVID-19 Immunization and Equitable Access to Vaccines

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Immunization is one of the most successful public health measures of modern times. In fact, according to a World Health Organization (WHO) report on the prevention of infectious diseases, it is second only to clean water (WHO 2008). Annually immunization prevents an estimated 2.5 million deaths globally and reduces disease-specific treatment costs (WHO 2018).

For all the devastation caused by COVID-19, an important lesson is that the balance needs to shift from treating disease to preventing it. Immunization has an important role to play in prevention not only for infants but throughout life as a key component of healthy ageing. It saves, prolongs and improves the quality of lives, at the same time that it saves time and other resources, leading to sustainable healthcare systems (UK Chief Medical Officers’ Guidelines 2011). Further, immunization has positive long-term impact, contributing to make communities healthier and promote social and economic development.

GAVI, WHO and UNICEF have warned that 80 million children under the age of one are at risk of disease due to disruptions to vital immunisation programmes because of COVID-19 (2). Specific to COVID-19, almost everyone is at risk and may require vaccination if given the opportunity. Hence, it is likely that demand will surpass supply. The concern of the WFPHA Immunisation Taskforce is the tendency for the rich to acquire and pay for the limited supply of available efficacious vaccines to the detriment of the at-risk populations in low income settings.

Not surprisingly, the race to produce a safe and efficacious vaccine for COVID-19 has been on-going and there are indications that success may not be too far away. An important lesson that experience has taught us from previous immunization programs is that, even when effective vaccines are available, vulnerable persons in low income settings usually do not have access to these vaccines for some time, if at all. There is a myriad of reasons for this state of affairs. These include (among others) high cost of vaccination programs for countries, health systems, families and individual, individual’s poor geographical access to vaccination centres, and inadequate supply of available vaccines due to competition. To worsen matters, GAVI (The Vaccine Alliance) indicated (prior to COVID-19) its intention to wean itself off such funding support.

Therefore, the WFPHA Immunisation Taskforce recommends:

1. The international community should widen the process of coming together to support research and development of effective COVID-19 vaccines from multiple centres.
2. The international community should establish a COVID-19 vaccination fund to support needy but resource-constrained countries.
3. Supporting the World Health Organization in its efforts to coordinate the response to COVID-19 and in the development of an appropriate vaccine.
4. National authorities should financially support the WHO and invest in strengthening national health systems with a particular focus on sustainable immunization programs.
5. GAVI should continue to work for equitable distribution of any effective vaccine against COVID-19 and postpone any plans of withdrawing funding support to developing countries.

References


