Vaccine Colonialism: A Legacy of Health Inequity

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April 2022

Vaccines are one of the most important breakthrough discoveries in medicine, helping prepare our immune system to fight off and eliminate infectious diseases – like COVID-19. We believe that everyone on earth should have access to a life-saving vaccine. And yet, there appears to be disparity in vaccination rates across and within countries. While the United States (US) and Canada have fully vaccinated 63.6% and 79.3% of their population, respectively, countries like Ethiopia and Nigeria have fully vaccinated only 2.5 and 2.6%, respectively, as of February 22, 2022 ("Coronavirus (COVID-19) Vaccinations", 2022.). How does such a disparity emerge?

Despite accounting for 25% of the global demand for COVID vaccines, the entire continent of Africa only manufactures 1% of its administered vaccines (Irwin, 2021., Binagwaho & Mathewos, 2021). Thus, African countries have become reliant on the surplus vaccines of high-income countries, particularly the open-heartedness of pharmaceutical companies to provide these vaccines. These African countries, many of whom gained their independence only as recently as the 1960s, have little or no access to science institutions and public health systems to build the infrastructure to innovate and provide widespread vaccinations. These countries were once ruled and exploited by colonial powers; centuries of slavery and extractive resource-based economies have redirected their resources and wealth towards colonial powers rather than towards the colonies' own independent governance.

Another contribution is the grip of intellectual property (IP) laws. Patents protect IP, which is particularly relevant in driving innovation within technology and healthcare as they can help produce monetary support for the enormous investment required in research and development. However, they also cause soaring drug prices and limit access to vaccines as companies have exclusive rights to their respective vaccines. Patents typically last for 20 years before they are publicly accessible, and because SARS-CoV-2 is such a novel virus, we may have a good two decades before they are widely accessible and affordable. This is by no means new, as IP laws have previously driven up prices for AIDS medications and pneumonia vaccines. Pharmaceutical executives and figures like Bill Gates have championed these moves – in fact, Gates even leveraged his donation of $750 million to Oxford University to convince them to sell the sole right of production to AstraZeneca; strikingly, the agreement did not include any guarantee of low prices (Hancock, 2020., Mookim, 2021). These programs, including COVAX, have left lower-income countries to the whim of their charity. In 2021 alone, Pfizer made $26 billion in vaccine sales (Erman & Mishra, 2021., Mookim, 2021). Although some lower-income countries like Bolivia are applying for "compulsory licensing" to override IP, researchers argue that this bureaucratic office is incredibly time-consuming and complex – and time is of utmost importance right now to save lives.

1.2 billion people live in Africa, yet only about 2% have been double vaccinated as of 2022 due to a legacy of vaccine colonialism and IP laws. (Source: https://unsplash.com/photos/OwO2f_na7-c)

We, therefore, have research and development and the subsequent manufacturing of vaccines predominantly performed in higher-income countries, in which companies are the IP holders who drive up prices. In response, global campaigns to waive IP laws, led by India and South Africa, are being brought before the World Trade Organization (WTO) and backed by over 100 countries, including the US and China, as well as the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) (Storz, 2021., Thambisetty et al, 2021, Krishtel, 2021). It is no coincidence that pharmaceutical officials and figures who benefit from IP laws, such as Bill Gates, are vocally opposed to this waiver, primarily citing the lack of vaccine manufacturing infrastructure in these lower-income countries. The solution is *not* to continue inequality in vaccine access but rather to share knowledge and fully transfer technology. The countries within Africa, with a population of 1.2 billion people, are owed the opportunity to undo the legacy of vaccine colonialism, and we can do this through IP waivers and technology transfer.

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