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Time for Australia to get serious about global vaccine equity

By Mike Toole and Brendan Crabb

On Monday, the 'End COVID for All' coalition launched its report *Shot of hope: Australia's role in vaccinating the world against COVID-19.* Authors of the expert report came from international development agencies, the umbrella organisation Australian Council for International Development (ACFID), global health advocacy groups and a medical research institute.

On the same day, the *New York Times* reported that around 48% of the world's population had received at least one dose of a COVID-19 vaccine. However, the rate was 100 times lower in low income countries. And, at 155 times worse, the discrepancy between doses given in high and upper-middle income countries (77% one dose) vs low income countries (0.5%) is even starker. The African continent has administered one dose to just 7% of its population.

Globally, more than 238 million cases have been reported and almost five million deaths, although the actual number could be as high as 13 million, the majority in low and middle income countries (LMIC). The COVID-19 pandemic has had far reaching impacts. It is the biggest health, economic and societal disruption since World War II. Even countries that have had very few COVID-19 cases, such as some Pacific island countries, have suffered substantially from the effects on tourism, trade and remittances.

Since the fourth SARS-CoV-2 variant-of-concern, now known as Delta, emerged in India, it has caused massive outbreaks in countries both rich and poor. In the Asia-Pacific region, there have been unprecedented surges in India, Pakistan, Sri Lanka, Nepal and most of Southeast Asia. Papua New Guinea (PNG) is enduring a third wave that is probably more severe than at any time since the pandemic began. The true number of cases is probably much higher than the official figures, given the low testing rates.

So, what are the concerns raised in the report? They are a mix of ethical, public health, economic and, interestingly, Australia's self-interest. The main self-interest angle is based on the likelihood that new, more infectious and vaccine-resistant variants of the coronavirus may emerge if it continues to circulate unchecked in poorly vaccinated countries. A survey of 77 epidemiologists from 28 countries found that two-thirds believed that if we didn't act fast enough, the virus would mutate within one year to the point where the majority of first-generation vaccines are rendered ineffective. This would have a profound effect

on Australia and the rest of the world. There are many other self-interest arguments; it will be very hard for tourism and business to flourish between countries with and without high levels of COVID-19.

And then there's the moral argument, that it is unconscionable to allow the virus to continue to spread in the poor countries of the world, resulting in many deaths, overwhelmed health systems and further economic disruption, while rich countries open up and return to a pre-pandemic quality of life. Close to home, we have seen the devastating impact of uncontrolled outbreaks – for example, between June and September this year, more than 82,000 Indonesians lost their lives to the Delta variant of COVID-19. An outbreak of a new variant could be even more catastrophic.

Globally, around 23 low income countries have such low rates of vaccination that, on current rates, they would not vaccinate 70% of their populations until after 2030. In the Asia-Pacific region, vaccination rates in LMICs lag behind their wealthier neighbours. Southeast Asian countries, on average, have provided at least one dose of a vaccine to around 50% of the population, and one-third are fully vaccinated. However, in Myanmar only 7% are fully vaccinated, while in PNG just 1.5% have received one dose and 0.7% are fully vaccinated.

The report offers a range of recommendations about how Australia can better contribute to vaccine equity in the region and, more broadly, across the globe. Foremost among them is the need to increase Australian support to the global vaccine facility COVAX, in the form of an additional financial contribution of AUD 250 million and the sharing of 20 million vaccines. COVAX aimed to provide two billion doses in 2021, but so far has only delivered 341 million doses. The report proposes that Australia provide AUD 50 million to address vaccine hesitancy in the region; this is urgent in PNG where misinformation is rife and is a major impediment to vaccine uptake.

Now that the pace of vaccinations in Australia is rapidly increasing, and Sydney,

Canberra and Melbourne face the prospect of soon coming out of lockdowns, it is time to look outwards and demonstrate the generosity that has been the hallmark of Australian responses to previous global crises. The return on this investment is likely to be immense. A fast evolving respiratory infection cannot simply be pushed to the poorer sidelines, as has been the case for other pandemics like HIV and tuberculosis. Ending COVID-19 everywhere is not just an ethical imperative, it is essential for a healthier, more open, and economically stronger Australia.

Read the full report Shot of hope: Australia's role in vaccinating the world against COVID-19.

Disclosure

Brendan Crabb directs Burnet Institute, a not-for-profit research and public health organisation that receives funding from federal and state governments for work on COVID-19 and other global health issues. Mike Toole is a chief investigator on a study funded by the National Health and Medical Research Council.

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