

# A Critical Analysis: The WHO Global Vaccine Market Report for 2022

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The WHO Global Vaccine Market Report in a very complete summary, created from the point of view of WHO, but it also reflects many of the limits of WHO. It acknowledges current market realities with most of the current availability dominated by Northern countries and a significant lack of availability in the world's poorest countries.

The document does not refer to the striking example of lack of vaccine availability for the Monkey Pox epidemic and that fact, that up until only one company is producing the vaccine, and that the price is even more exorbitant than usual. This is a chilling example of inadequate availability in what is already the "next pandemic." While PAHO has been collaborating with Civil Society around this issue and should be recognized for this, it is not willing or able to be even more proactive about recommending and supporting more immediate solutions. So perhaps 4 or 5 of the countries in Latin America are receiving 75%, or more of available vaccines.

There is a lot of information about prices of pre Covid vaccine procurement sources, including UNICEF, PAHO Revolving Fund, as well as Self Procuring Middle-income Countries, and Self Procuring High Income countries. This information is presented mainly in "complex" graphs and as such is not easy to understand for a lay person. For Covid19 vaccines, prices seem to have been presented for 2021 in a complex graph, although supposedly leading manufacturers kept their prices confidential, and it is not quite clear how the information was obtained.

Prices of many vaccines are presented such as Shingles, Hepatitis B, HPV, Measles, Rabies, Varicella, seasonal influenza and many more. There is indication of where

the leading suppliers of Covid 19 vaccines are located in Africa and the Eastern Mediterranean 90% of vaccines were sourced from outside the region, mainly the Americas, Europe, and Southeast Asia.

### **Increase Civil Society involvement**

In order to increase civil society involvement in the processes of increasing vaccine availability for all relevant diseases, one wonders if information should be presented and then summarized in terminology that is easier for laypersons to comprehend, otherwise the activism involved in increasing access continues to be in the hands of a somewhat elitist (although very well intentioned) group of organizations and persons. One of the great problems faced in the field of intellectual property activism is its inherent complexity and the difficulty in recruiting a greater number of key actors into the movement.

The report is written from the point of view of WHO, and, as such, is limited by WHO parameters which is unfortunate. It does not make proactive recommendations about breaking patents or other more radical actions that could speed up vaccine access while lowering prices. It doesn't sufficiently acknowledge the proactive efforts of other civil society-based organizations such as OXFAM or Public Citizen or MSF to attain the same goals and this lack of recognition is damaging. WHO should create a document that aims to recognize the potential of Civil Society organizations to partner with governments and the International Agencies to create much more meaningful change. This is a serious omission which, in my opinion, is not necessary, even within the parameters of WHO's role. WHO can only go so far, but it could recognize and collaborate much more than it does with leading CSO groups working on vaccine scale up and the intellectual property issues which affect it.

In fact the document kind of tiptoes around issues such as naming pharmaceutical companies or recognizing real issues that are creating obstacles by naming and calling out key actors who are responsible for failures as well as for successes. All of the above represents an approach doomed to fail, because the problem is so great that only by combining priorities and strategies with civil society organizations can solutions be found.

We already know, as the report indicates, that "equitable and efficient distribution of vaccines continues to suffer." What we need to know is how to change the current reality.

### **Role of PAHO as well as WHO Recommendations**

As such it would be very good for PAHO take up this report and give it more emphasis in the Latin American region, in publicity, press conferences, and interactions with governments. I hear very little about the OMS version of things even though I read many posts, and frankly, much of the problem may be due to nature of governments in the region. They are not pro- As such it would be very good for PAHO to take up this report and give it more emphasis in the Latin American region, in publicity, press conferences, and interactions with governments. I hear very little about the OMS version of things even though I read many posts, and frankly, much of the problem may be due to nature of governments in the region. They are not proactive with

respect to health care issues and possibly are not even very attentive to PAHO efforts to prioritize this information and its implications. An election and its outcomes change the whole panorama of health ministry priorities, vaccination commissions, etc.

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Nonetheless, PAHO must continue to do everything possible to raise the issue whenever possible with governments, and not be discouraged by mediocre impact.

Specifically, the report makes the following recommendations to governments  
*“We call on governments to commit to: Establish early, evidence-informed strategic goals and leadership that serve the collective global health interest and to shoulder risks and invest aggressively in order to address the needs of today and prepare for future emergencies.*

*...Strengthen market preparedness by investing in new vaccine technologies, regional research and development and manufacturing hubs, and by enabling regulatory harmony.*

*....Ensure transparency and oversight along the vaccine value chain towards enhanced health impact, as well as define principles and operational mechanisms for collaboration across countries in times of scarcity, including particularly for intellectual property and the circulation of inputs and goods. “ (P21)*

But this a series of generalizations that avoid really targeting the key issues, which is the control of patents and prices by pharmaceutical companies. WHO knows how to just be vague and indirect and without really being able to use the important phrases. Such as but not limited to “breaking patents, enabling governmental usage, and enacting compulsory license” Its sad to see that WHO just can’t quite use these terms which are the real core issues in expanding vaccine access. It would be excellent to see Agencies such as PAHO and UNAIDS get to the core of the issues by utilizing such terminology, thereby making things crystal clear to governments.

### **Limitations on WHO?**

It is in fact the world’s governments that set certain parameters related to issues that the WHO can discuss, as well as its recommendations, since WHO is a United Nations Agency. But where does it say that WHO cannot refer to compulsory licenses, or governmental usage, among other more proactive approaches to vaccine (and treatment) access? Or is the interpretation of the current WHO leadership? Apparently, it is.

Again, as mentioned above, the Monkey Pox epidemic is yet another example not referred to that has occurred just as this report was being written, and countries affected by the epidemic are trapped in a situation that seems worse than what occurred with Covid19. There is only one manufacturer worldwide and without WHO

backup and technology, it seems like other vaccine production possibilities remain limited or nonexistent.

WHO does indicate that it welcomes the involvement of “International Organizations and Partners” but in references to this issue, it is even more vague than in its recommendations for governments, referring to the 2030 immunization initiative and to “support (of) country driven projects” without specifying which projects, and with no mention of those interventions that could lead to dramatic changes much sooner than 2030.

### **Realistic Solutions are not evident**

In summary, the report is full of valuable information that shows inequities in vaccine access worldwide. WHO should have stopped at this point without purporting to make rather hollow recommendations about how to solve the existing problems. WHO, dangerously, gives the impression that they also have solutions, creating a false sense of complacency for governments and other key actors. This when their conclusions and recommendations are overly general and superficial. Everyone goes on about their business thinking the issue is “in good hands” when in fact the WHO solutions fail to address key issues.

Perhaps, PAHO and UNAIDS can do better by taking a bold approach, and somehow getting beyond the self-limiting mandates of WHO and the UN in general.

Also, the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) should reassess its its financing priorities to include and prioritize meaningful intellectual property advocacy by Civil Society which is where long term change will occur with respect to cost reduction in so many areas. This of course is beyond vaccine related issues and encompasses treatment, testing and prevention products, among other commodities. The Global Fund should be able to understand that the key to reducing the impact of key diseases lies in the education and support of people and NGOs who know how to advocate with their governments and create sustainable solutions in procurement of key products though compulsory licenses, governmental usage and in other key areas.

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