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**ENSURING A JUST DISTRIBUTION OF VACCINES, DRUGS AND MEDICAL SUPPLIES
ACROSS THE GLOBE**

WORLD HEALTH ORGANISATION

INTRODUCTION

Although the twenty-first century appears to be a well-developed modern stage in human history, it still has its challenges that must be addressed, one of which is the unequal distribution of vaccines, drugs and medical supplies across the globe. The inequitable dispersion of COVID-19 vaccinations is now the most significant element in such a problem. COVID-19 vaccinations have been created at record speed. However, the virus is outpacing the global availability of vaccinations. The great majority of them were carried out in high- and upper-middle-income countries.

CURRENT SITUATION

Although the twenty-first century looks to be a well-developed modern stage in human history, it still has issues that must be addressed, one of which is the unequal distribution of vaccinations, medications, and medical supplies across the world.

Despite enormous improvements in science, technology, and medicine, significant gaps in global health distribution are presently visible, as numerous global health indices vividly demonstrate. Although global life expectancy increased considerably over the twentieth century, this trend has lately reversed in the poorest nations. In 2011, life expectancy in Canada and high-income countries was around 80 years, however, it was just 40 years in several Sub-Saharan African countries. One of the causes of such dispersion is the lack of required pharmaceuticals in such Low-Income Countries (LICs) countries. With the arrival of the COVID-19 pandemic, this disparity has risen even more. The aggregate quantity of vaccinations provided has increased substantially, but so has the disparity of distribution: just 1% of the more than 10 billion doses delivered globally have been administered in low-income countries. This state of affairs not only risks prolonging the epidemic, but also has numerous additional consequences, such as impeding the economic recovery of whole countries, global labour markets, public debt payments, and countries' capacity to invest in other issues. Over the last two years, it has grown even more difficult for poorer countries to combat these dangers.

Many organisations are now addressing the issue of unequal distribution of medical supplies, pharmaceuticals, and vaccination. Such as the International Monetary Fund (IMF), which presented the notion of better accessibility to vaccinations and funding, which is, according to the research, critical for the poorest countries. In addition, the Global Dashboard for Vaccine Equity, created by the United Nations Development Programme (UNDP), the World Health

Organization (WHO), and the University of Oxford, is assisting researchers and policymakers in conducting their own analyses and developing programmes that can most effectively benefit their citizens while also contributing to global inequality.

KEY TERMS

Legal drug trade

The legal drug trade is controlled and taxed by global governments, regardless of the relative perceived risk of the items that are the subject of regulation.

Pharmaceutical industry

The pharmaceutical industry finds, develops, manufactures, and promotes medicines or pharmaceutical drugs for usage as medications to be delivered to patients in order to cure, vaccinate, or relieve symptoms.

**Top 26 drug companies by sales
(2010)^[88]**

Company	Pharma sales (\$ million)
Pfizer 	45,083
GlaxoSmithKline 	40,156
Sanofi 	38,555
Roche 	27,290
AstraZeneca  	26,475
Johnson & Johnson 	23,267
Novartis 	22,576
Merck & Co 	20,375
Unilever 	24,395
Wyeth 	16,884
Lilly 	15,691
Bristol-Myers Squibb 	13,861

Pharma Agreement

The 1994 Agreement on Trade in Pharmaceutical Products (also known as the Pharmaceutical Agreement or the Pharma Agreement) eradicates trade barriers and other duties and charges on an expansive range of pharmaceutical products and the substances used to manufacture them, permanently tying them to duty-free levels.

Substandard and falsified medical products

The World Health Organization (WHO) defines 'substandard' medical goods as those that are authorised but fail to fulfil quality requirements or regulations, and 'falsified' medical products as those that intentionally/fraudulently mislead their identification, content, or source.

Prequalification of medicines

The World Health Organization (WHO) defines 'substandard' medical goods as those that are authorised but fail to fulfil quality requirements or regulations, and 'falsified' medical products as those that intentionally/fraudulently mislead their identification, content, or source.

Primary health care

Primary health care (PHC) handles the vast majority of a person's health requirements over the course of their life. This covers physical, emotional, and social well-being, and it is focused on individuals rather than diseases.

Universal health coverage (UHC)

Universal health coverage (UHC) means that all individuals and communities get access to the health care they require without financial burden.

MAJOR PARTYS INVOLVED

WHO

WHO, founded in 1948, is the United Governments organisation that links nations, organizations, and people to promote health, keep the world safe, and assist the underprivileged, so that everyone, everywhere can obtain the best possible health.

UNICEF

UNICEF works in nearly 190 countries and territories to save children's lives, protect their rights, and assist them in reaching their full potential, from infancy to adolescence.

COVAX

The COVAX Facility is the worldwide shared purchasing mechanism for COVID-19 vaccines, through which COVAX will provide fair and equitable access to vaccinations for all 190 participating economies by utilising a WHO-developed allocation system.

ACT-Accelerator

The ACT-Accelerator alliance, founded by WHO and collaborators, has aided in the most rapid, coordinated, and effective global effort in history to develop disease-fighting technologies.

American Thoracic Society

The American Thoracic Association, founded in 1905, is the world's premier medical society committed to advancing worldwide respiratory health through interdisciplinary cooperation, education, and advocacy.

QUESTIONS TO CONSIDER

How the unequal distribution of vaccines, drugs and medical supplies can be addressed in Low-Income Countries (LICs)?

Should the distribution of medicines correspond to the purchasing power of the country or to the health needs of the country?

What are the risks of providing goods for free or at a lower price?

How can we prevent the falsification of medicines?

What are the real costs of producing medicines?

Why is the pharmaceutical industry concentrated in just a few countries?

Is the distribution and production of medicines a service to humanity or just a means for a few companies to get rich?

Should drugs be under copyright?

Should the same medicine be equally expensive in every country?

Should all medicines be available everywhere?

FOR FUTURE READING

<https://www.unicef.org/supply/covax-ensuring-global-equitable-access-covid-19-vaccines>

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=International_trade_in_medical_and_pharmaceutical_products

https://www.who.int/health-topics/medicines#tab=tab_1

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2700441/>

SOURCES

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“Medicines.” *World Health Organization*, World Health Organization, https://www.who.int/health-topics/medicines#tab=tab_1.

“Substandard and Falsified Medical Products.” *World Health Organization*, World Health Organization, https://www.who.int/health-topics/substandard-and-falsified-medical-products#tab=tab_1.

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