


# A Big Problem and Debate in COVID-19 Pandemics: Equitable and Effective Access of the COVID-19 Vaccines and Waiver of Intellectual Property

Özgür Kasapçopur 

Department of Pediatric Rheumatology, Istanbul University Cerrahpasa School of Medicine, Istanbul, Turkey

In the last 20 months, perhaps humanity has experienced the greatest vital threat it has faced in the last 2000 years. The COVID-19 pandemic, which started in the province Wuhan, China, quickly affected the whole world.<sup>1,2,3</sup> At the time of writing this article, in mid-June 2021, the total number of cases worldwide has reached 200 million, and the number of deaths has reached 4 million.<sup>4</sup> But with science and scientific studies, which have been the greatest powers of humanity for centuries, all the secrets of the disease have begun to be solved rapidly, and the negative effects of the disease are being reduced.<sup>3,5</sup> Scientific studies conducted on this subject continue at an unprecedented pace and illuminate the path of humanity.<sup>3</sup> The secrets of the virus, the problems it can cause, how it can affect children, the MIS-C, and related clinical problems in children have been better understood and most importantly, findings of the vaccines providing effective and safe protection indicate that humanity will be able to cope with this disease more easily.<sup>2,5,6,7</sup> The efficacy and safety data of the vaccines used in the prophylaxis of COVID-19 have been revealed with the vaccine studies being published.<sup>5,8,9</sup>

When considered in terms of public health studies, the World Health Organization (WHO) highlights two main points such as immunization and clean water particularly for the effective prevention of infections.<sup>10,11</sup> Annually, around 2.5 million deaths worldwide are being prevented, and disease-specific treatment expenditures are being reduced.<sup>10,11</sup> During the COVID-19 pandemic, especially treatment expenditures place an extra burden on the health budget. COVID-19, which is a vaccine-preventable disease, cannot be prevented due to the lack of vaccination and deaths continue worldwide. In addition, vaccine hesitancy campaigns conducted all over the world are among the biggest obstacles in protecting humanity from infectious diseases. In fact, vaccine refusal should be considered a crime against humanity. Combating these campaigns against COVID-19 vaccination is one of the obligatory tasks for scientists.<sup>10,11,12</sup>

Efficacy studies of vaccines used against COVID-19 have begun to be published one after another. The studies have currently revealed that the effectiveness and protection of coronavirus vaccinations are quite high, and they are safe vaccines. These coronavirus vaccines and the scientific data produced in connection with the studies herald us that humanity will rapidly get out of this darkness.<sup>3,5,8,9</sup>

While vaccination clinical trials are being published rapidly, the most important problems continue to be experienced in the administration and access of these vaccines to humans.<sup>10,13,14,15,16</sup> At the time of writing this article, only about 500 million people worldwide have been vaccinated.<sup>4</sup> When the number of vaccinations is distributed according to the income status of the countries, it is seen that the majority (80%) of the vaccinated people are from rich countries.<sup>10</sup> Therefore, one of the most important problems in the fight against coronavirus is the fair and effective distribution of these vaccines all over the world. In order to solve this problem and to ensure the fair distribution of vaccines, a structure called COVAX was established. COVAX consisted of three main groups, which are WHO; Gavi, the Vaccine Alliance; and the Coalition for Epidemic Preparedness Innovations.<sup>10,11</sup> The main purpose of

Corresponding author:  
Özgür Kasapçopur  
ozgurkc@istanbul.edu.tr

Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.



**Cite this article as:** Kasapçopur O. A big problem and debate in COVID-19 pandemics: Equitable and effective access of the COVID-19 vaccines and waiver of intellectual property. *Turk Arch Pediatr.* 2021; 56(4): 283-284.

this organization was to ensure equal distribution of vaccines to the whole world and to bring vaccines to low-income countries in particular. Unfortunately, it cannot be mentioned that this well-intentioned structure has been successful so far. For example, while vaccination rates have reached 80% in Israel, 60% in the USA, and 70% in the European Union, they have not even reached 5% in the African continent. In another data, it is seen that only 0.3% of the vaccines have been administered in low- and middle-income countries (LMICs). According to another data, it is seen that 20% of the population needs to be vaccinated by the end of 2021 in LMICs, especially to approach mass immunization.<sup>10,11,13,14,15</sup> Unfortunately, it seems impossible to reach these goals at the moment. Being a global problem, if a global response to this pandemic cannot be given and local measures are implemented, it will not be easy for humanity to get rid of this threat and reach better days.

What needs to be done at this point is being discussed by both scientists and economists around the world.<sup>10,11,16</sup> At this point, the most important initiative may be the waiver of the right of intellectual property on the coronavirus vaccines, obtained as a result of science is the most important accumulation of humanity, and from the resources of the public, and temporarily abolishing the patent rights.<sup>10,16</sup> Thus, vaccine production and access to vaccines will be possible all over the world. Similar discussions arose in the 1990s over access to AIDS drugs. Failure to lift these restrictions led to the persistence of the disease and devastating damage in poor countries. Today, we would like to emphasize once again that it is of vital importance to eliminate the inequality of access to vaccines and to take all necessary measures to ensure that the whole world reaches the coronavirus vaccine quickly without any restrictions.<sup>10,11</sup> As *Turkish Archives of Pediatrics* editors, we would like to state that it is not possible to disagree with the following lines of the intellectual statement published; "In doing so, we also recognize the urgent need to reform and strengthen public health systems worldwide, removing all barriers so that rich and poor alike can access the health care, technologies and medicines they need, free at the point of need.

Only a people's vaccine – with equality and solidarity at its core – can protect all of humanity and get our societies safely running again. A bold international agreement cannot wait."<sup>17</sup>

A similar example of this was experienced in academic publishing during the coronavirus pandemic. Studies about COVID-19 have been made open access. All the relevant studies on the subject could be read and turned into knowledge all over the world.<sup>3</sup> A similar approach can be provided in vaccine production and distribution. In particular, the provision of vaccines to LMICs, refugees, migrants, the poor and children through donation will make a unique contribution to the eradication of the pandemic.<sup>3,10-14</sup>

At this point, after waiver of intellectual property rights in the first stage, provision of technology and raw material transfer free of charge to the countries, such as India, Brazil, South Africa, Nepal, and Iran, which are most in need, reaching the vaccines with the masses rapidly and ensuring mass immunization all over the world are necessary.<sup>10,11,13-15</sup> Perhaps one of the correct statements on this subject is made by Suzman "No barriers should stand in the way of equitable access to vaccines,

including intellectual property, which is why we are supportive of a narrow waiver during the pandemic."<sup>10</sup>

In conclusion, the COVID-19 pandemic, which is a global problem, can only be eliminated by fighting globally with the decisions taken by all the countries of the world together with solidarity. Guaranteed and equitable access to COVID-19 vaccination to provide enough mass immunity to every country in the world should be determined as the main target and should be realized. Restricted groups should be given priority during vaccination. Thus, humanity will be able to get out of this darkness together in solidarity.

## REFERENCES

1. Aygün D, Önal P, Apaydın G, Çokuğraş H. Coronavirus infections in childhood and vaccine studies. *Turk Arch Pediatr.* 2021;56:10-14. [CrossRef]
2. Borrelli M, Corcione A, Castellano F, Fiori Nastro F, Santamaria F. Coronavirus disease 2019 in children. *Front Pediatr.* 2021;9:668484. [CrossRef]
3. Kasapoçpur Ö. Scientific researches and academic publishing during the coronavirus pandemic. *Turk Pediatr Ars.* 2020;55:213-214. [CrossRef]
4. [CrossRef]
5. Dal-Ré R, Bekker LG, Gluud C, et al. Ongoing and future COVID-19 vaccine clinical trials: challenges and opportunities. *Lancet Infect Dis.* 2021 ;3099:00263-00262. [CrossRef]
6. Haslak F, Yıldız M, Adrovic A, et al. A recently explored aspect of the iceberg named COVID-19: multisystem inflammatory syndrome in children (MIS-C). *Turk Arch Pediatr.* 2021;56:3-9. [CrossRef]
7. Yıldız M, Haslak F, Adrovic A, et al. The frequency and clinical course of COVID-19 infection in children with juvenile idiopathic arthritis. *Clin Exp Rheumatol.* 2020;38:1271-1272.
8. Haas EJ, Angulo FJ, McLaughlin JM, et al. Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel: an observational study using national surveillance data. *Lancet.* 2021;397:1819-1829. [CrossRef]
9. Sadoff J, Gray G, Vandebosch A, et al. Safety and efficacy of single-dose Ad26.COV2.S vaccine against Covid-19. *N Engl J Med.* 2021;384:2187-2201. [CrossRef]
10. Gonsalves G, Yamey G. The covid-19 vaccine patent waiver: a crucial step towards a "people's vaccine". *BMJ.* 2021;373:n1249. [CrossRef]
11. Lomazzi M, De Sousa L, Amofah G, Ricciardi W. Equitable access to COVID-19 vaccination: a distant dream? *Eur J Public Health.* 2020;30:1039-1040. [CrossRef]
12. Gür E. Vaccine hesitancy – vaccine refusal. *Turk Pediatr Ars.* 2019;54:1-2. [CrossRef]
13. Acharya KP, Ghimire TR, Subramanya SH. Access to and equitable distribution of COVID-19 vaccine in low-income countries. *npj Vaccines.* 2021;6:54. [CrossRef]
14. Bartovic J, Datta SS, Severoni S, D'Anna V. Ensuring equitable access to vaccines for refugees and migrants during the COVID-19 pandemic. *Bull World Health Organ.* 2021;99:3-3A. [CrossRef]
15. Binagwaho A, Mathewos K, Davis S. Equitable and effective distribution of the COVID-19 vaccines – A scientific and moral obligation. *Int J Health Policy Manag.* 2021. [CrossRef]
16. Bright B, Babalola CP, Sam-Agudu NA, et al. COVID-19 preparedness: capacity to manufacture vaccines, therapeutics and diagnostics in sub-Saharan Africa. *Global Health.* 2021;17:24. [CrossRef]
17. Uniting behind a people's vaccine against COVID-19. [https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200514\\_covid19-vaccine-open-letter](https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200514_covid19-vaccine-open-letter).