

# ALL FOR VACCINE, VACCINE FOR ALL

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## ABSTRACT

It has been one year that the world has been hit by COVID 19 pandemic. After facing mortalities and various morbidities, we are in the phase of preparation and administration of vaccine. While developed countries are already in the position of providing the vaccine to majority of their population, developing countries still face lack of resources to vaccinate even their health care workers, as stated by WHO. It is high time for the leadership of the developing nations to come forward and make a coherent plan to tackle this issue. To achieve this, 'Global Solidarity COVID-19 Vaccines Global Access' (COVAX) initiative has been launched with support of WHO and vaccine advocacy groups. Higher Education Commission (HEC) of Pakistan has always encouraged clinical trials in the field of research. As health institutions in Khyber Pakhtunkhwa (KPK) province enjoy autonomous status after the promulgation of MTI act, these institutions are now in a better position to execute clinical trials. Phase 3 trial of Sinopharm vaccine was carried out in the clinical trial unit of Shifa College of Medicine. Although the results have not been peer reviewed and published so far, but the concerned authorities are satisfied with phase 3 results and recommend its emergency usage in front line health workers. We need to put the essential elements in their respective places to get our desired results through HEC, Pakistan Medical Commission (PMC), National Health Services (NHS), Drug Regulatory Authority of Pakistan (DRAP) and National Bioethics Committee.

**Key Words:** Covid 19, Pandemic, Vaccine.

This editorial may be cited as: Nazar Z, Shah FA. All for vaccine, vaccine for all. *J Postgrad Med Inst* 2020; 34(4): 208-9.

Since February 2020 till this day, we are in the grip of COVID-19 pandemic that had started in the city of Wuhan, China. As the virus continues to rage across the globe increasing the death toll each day, we have at last entered the preventive phase in the form of vaccines. Vaccines are emerging from the developed nations like the USA, China, India, UK and Russia. The vaccine developing nations have prioritized distribution of vaccine to their own population. This issue has been raised by WHO Chief Dr. Tedros Adhanom Ghebreyesus when he announced "I need to be blunt: the world is on the brink of a catastrophic moral failure - and the price of this failure will be paid with lives and livelihoods in the world's poorest countries"<sup>1</sup>. While the vaccine is available even for the younger patients in developed countries, the front-line health workers in developing countries are fighting without any personal protective equipment (PPE). This is a self-defeating approach as Dr. Tedros further added that "me-first" approach would be self-defeating because it would push up prices and encourage hoarding. Ultimately, these actions will only prolong the pandemic, the restrictions needed to contain it, and human and economic suffering<sup>1</sup>.

It is high time for the leadership of the developing nations to come forward and make a coherent plan to tackle this issue. Since Covid-19 virus has been labeled pandemic, an effective vaccine development plan must be formulated to produce a "Global vaccine for All". To achieve this, 'Global Solidarity COVID-19 Vaccines Global Access' (COVAX) initiative has been launched with the support of WHO and vaccine advocacy groups. With this initiative, 92 resource limited nations will have a vaccine fund supported by donors to secure vaccines from five major manufacturers<sup>2</sup>. But we must not forget that 'speed' is everything: the faster the pandemic spreads the quicker we must take actions.

Higher Education Commission (HEC) of Pakistan has always encouraged clinical trials in the field of research. As health institutions in Khyber Pakhtunkhwa (KPK) province enjoy autonomous status after the promulgation of MTI act, these institutions are now in a better position to execute clinical trials. This channel should be activated to tackle this challenge. Pakistan based pharmaceuticals should be encouraged to invest in vaccine production. We need to put the essential elements in their respective places to get our desired results

through HEC, Pakistan Medical Commission (PMC), National Health Services (NHS), Drug Regulatory Authority of Pakistan (DRAP) and National Bioethics Committee.

It is true that vaccines do not save lives; vaccination does, but to achieve global vaccination we must ensure that people must fear the disease not the vaccine and vaccines must be distributed with global equity and uninterrupted supply chain. Epidemiologists are of the opinion that if the first 2 billion vaccines are purchased by the high income countries without thinking of a balanced global supply to the low income countries, the mortality of Covid 19 would be doubled<sup>3</sup>. It is alarming that 8 billion vaccines are already pre ordered by the high income countries from the manufacturing companies throughout the world<sup>4</sup>. The elimination of this vaccine access gap is perhaps the end of the beginning in our war against COVID-19<sup>5</sup>.

Necessity is the mother of invention and so is this pandemic, already been materialized into opportunity by the timely action of Government of Pakistan in the capital city Islamabad. Phase 3 trial of Sinopharm vaccine was carried out in the clinical trial unit of Shifa College of Medicine<sup>6</sup>. Although the results have not been peer reviewed and published so far but the concerned authorities are satisfied with phase 3 results and recommend its emergency usage in front line health workers. Hopefully Chinese pharmaceuticals will collaborate with our national pharmaceuticals in vaccine production and distribution in near future to help us achieve the competence of producing an effective COVID 19 vaccine to protect majority of the population of Pakistan. We are confident that through this collaboration we can help our neighboring countries like Afghanistan to achieve herd immunity. We are also hopeful that the threshold of protective measures against COVID-19 can be lowered enough to revitalize our economic activities which are already dampened enough to put enormous financial strain on the people of this region.

While the rich countries have produced and accumulated enough vaccines to immunize their entire populations three times, developing countries face an existential crisis due to lack of basic tools required to fight this pandemic<sup>7</sup>. In the words of Victor Hugo from *Les Miserables*<sup>8</sup>, "There is a determined though unseen bravery that defends itself foot by foot in the darkness against the fatal invasions of necessity and dishonesty. Noble and mysterious triumphs that no eye sees, and no fame rewards, and no flourish of triumph salutes. Life, misfortunes, isolation, abandonment, poverty, are battlefields that have their heroes; obscure heroes, sometimes greater than the illustrious heroes". Will we find our obscure heroes or die in a vacuum of leadership<sup>9</sup>, only time will tell.

## REFERENCES

1. British Broadcasting Corporation (BBC) News. Covid vaccine: WHO warns of "catastrophic moral failure". [Accessed on 25th February 2021:]. Available from URL: <https://www.bbc.com/news/world55709428#:~:text=The%20world%20faces%20a%20catastrophic,vulnerable%20people%20in%20poorer%20states>.
2. World Health Organization (WHO). With a fast-moving pandemic, no one is safe, unless everyone is safe. [Accessed on: 5th March 2021]. Available from URL: <https://www.who.int/initiatives/act-accelerator/covax>
3. Chinazzi M, Davis JT, Dean NE, Mu K, Pastore, Piontti A, Xiong X. Estimating the effect of cooperative versus uncooperative strategies of COVID-19 vaccine allocation: a modeling study. MOBS Lab. 2020 Sep 14.
4. Duke Global Health Innovation Center. Mapping COVID-19 vaccine pre-purchases across the globe. 2020. Available at <https://launchandscalefaster.org/COVID-19>.
5. Kim JH, Marks F, Clemens JD. Looking beyond COVID-19 vaccine phase 3 trials. *Nat Med* 2021; 27:205-211.
6. Zhang Y, Zeng G, Pan H, Li C, Hu Y, Chu K, et al. Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine in healthy adults aged 18-59 years: a randomized, double-blind, placebo-controlled, phase 1/2 clinical trial. *Lancet Infect Dis* 2021 Feb;21(2):181-92. DOI: 10.1016/S1473-3099(20)30843-4.
7. Relief Web. Rich nations vaccinating one person every second while majority of the poorest nations are yet to give a single dose. [Accessed on: 10th March 2021]. Available from URL: <https://reliefweb.int/report/world/rich-nations-vaccinating-one-person-every-second-while-majority-poorest-nations-are-yet>
8. Edward B. *The Complete Book of Les Miserables*. New York: Arcade Publishing. 1993 p. 51. ISBN 978-1-55970-156-3. Retrieved 10 November 2011.
9. The Editors. Dying in a Leadership Vacuum. *N Engl J Med*. 2020;383:1479-80. DOI: 10.1056/NEJMe2029812.