

# Reshaping trade for vaccine equity: gaps in policy discourse

## Why we did the study

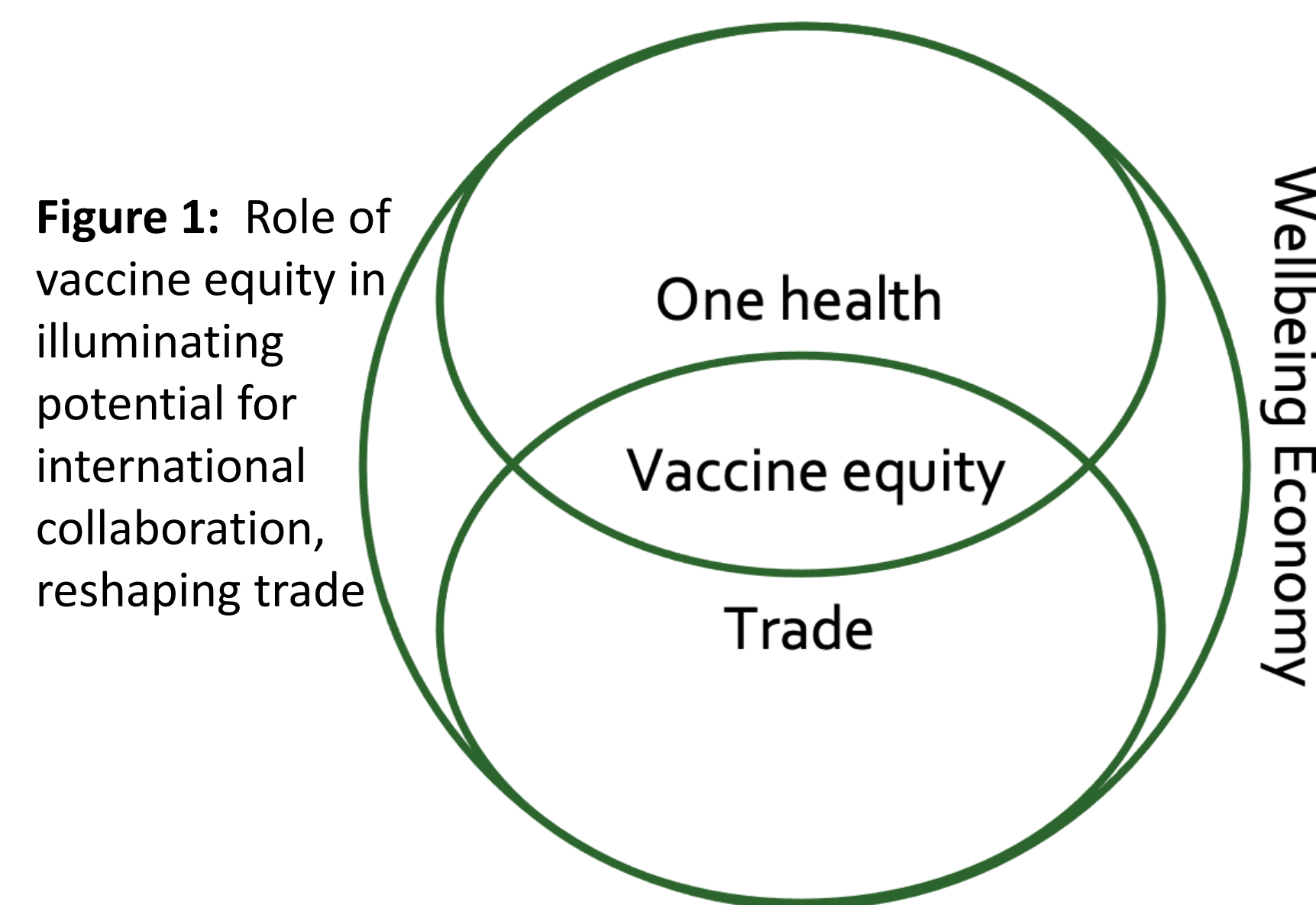
Vaccine inequity remains a cause of **avoidable ill-health and death**.

International trade is **underrecognised** as a determinant of **planetary health**.

Vaccine inequity from R&D to access & acceptance is a **concrete example of trade as a commercial determinant of health** and health equity.

**Public health measures have been ineffective** in tackling trade-related inequities, even in a global pandemic.

We identify international trade conflicts with achieving vaccine equity and **illuminate ethical issues and spaces for change**.



## What we did:

### Review of stakeholder literature

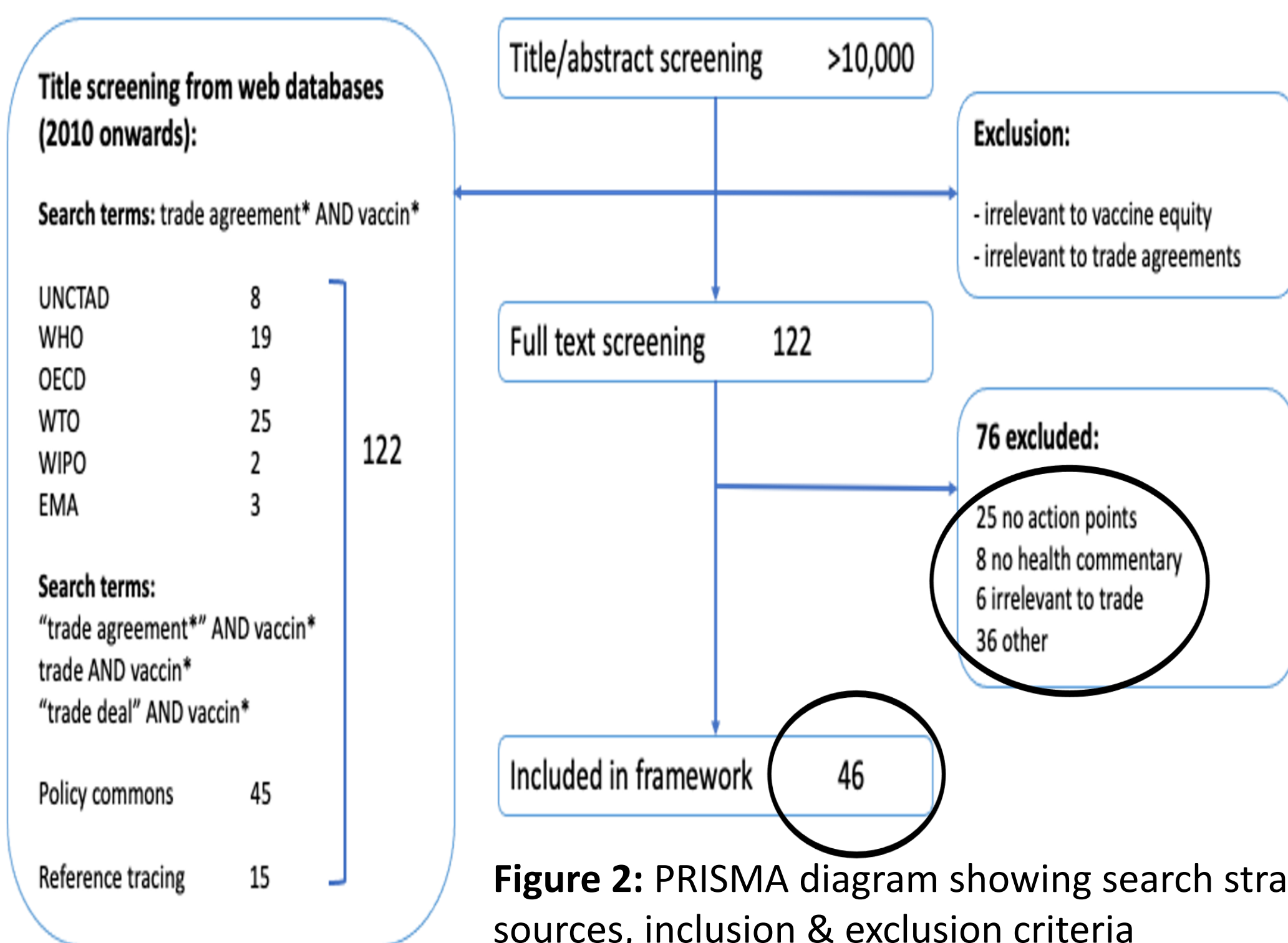
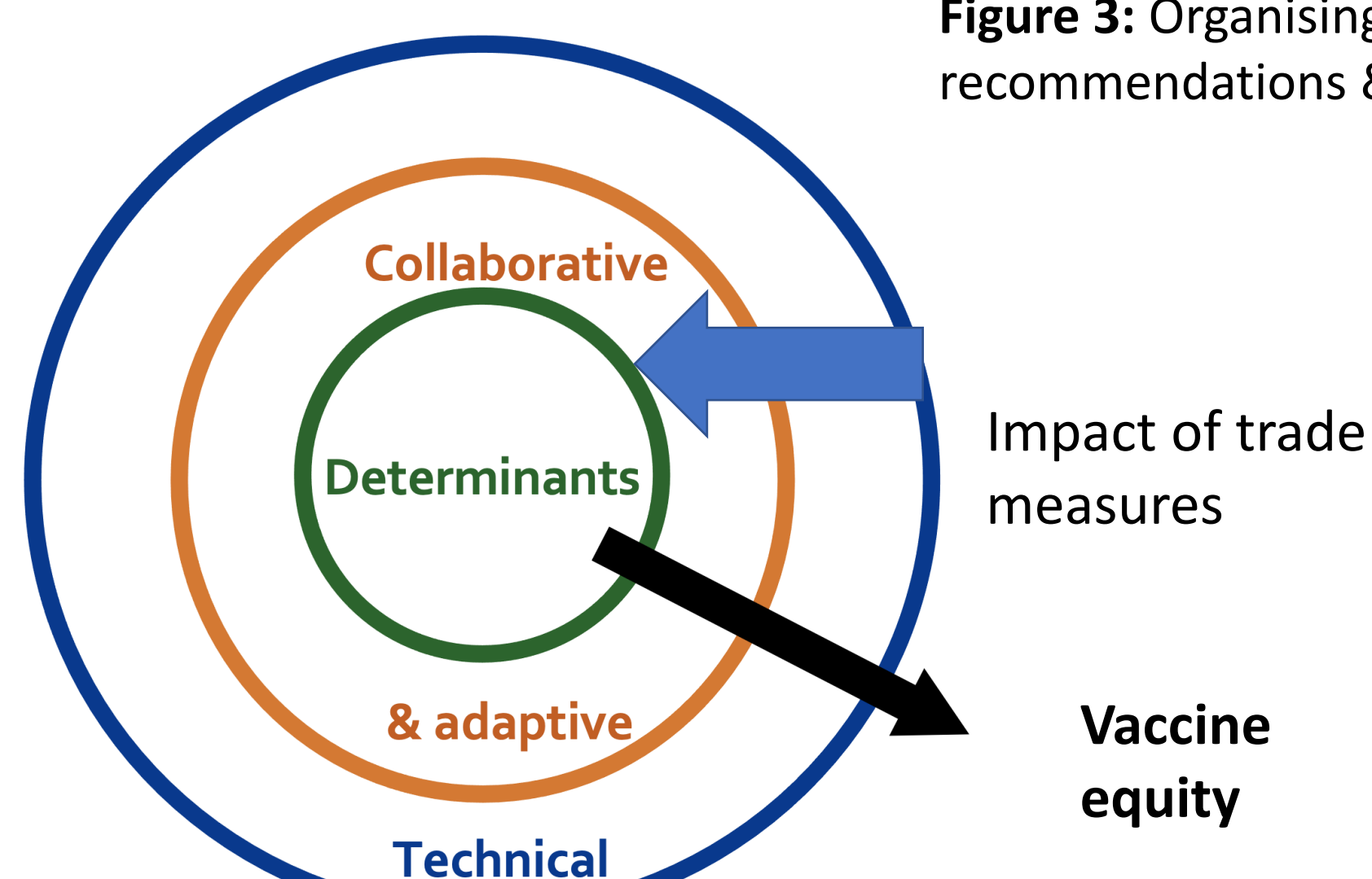


Figure 2: PRISMA diagram showing search strategy, sources, inclusion & exclusion criteria

### Mapping the literature to the analytic framework

We used thematic analysis and process tracing to examine **Determinants** of vaccine equity, **Technical mechanisms** & tools applied by stakeholders, and **Collaborative & adaptive** mechanisms used alongside or instead of trade-related mechanisms (Figure 3).

Figure 3: Organising policy recommendations & actions



Based on previous work applying the 3Rs (Rights, Regulation, Redistribution) framework, taking an adaptive approach to developing the subcategories seen in Figure 4.

## Why this matters

Trade policies are **not equity or ethically neutral** – they shape vaccine inequity.

**Transformation is possible** but concrete proposals are few, hard to find and mostly from groups marginalized by dominant players

### What next: 6 places to start

1. Global development support in **solidarity** not charity, reflecting health needs, addressing role of trade in perpetuating social inequities and corporate behaviours that increase risk of vaccine preventable disease
2. Address Corporate–Country–Community power imbalance by moving public health measures from best endeavour (try to) to **hard law** (require)
3. Private companies have **Formal public tasks**. Includes contributing to **universal access to vaccines**.
4. Address the gaps in the conversation & **action plans to tackle barriers to employing public health clauses** e.g.. TRIPS flexibilities & Investor–State–Dispute arrangements
5. Collaboration to agree **minimum labour & environmental standards** in trade agreements (or side letters)
6. Always **Exclude health from trade agreements and increase Transparency** in: research, procurement, interoperability, sharing data, tissue, tech & tools

## What we found:

### Gaps in issues discussed & solutions proposed.

Technical points dominate (56.9%), driven by patent law. Focus on complex mitigation of existing problems and maintaining status quo e.g. lack of attention to trade secrets and technology transfer

Figure 4 Imbalance in solutions ]

