Reshaping trade for vaccine equity: gaps in policy discourse



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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.

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

Headlines

Gaps in gaze

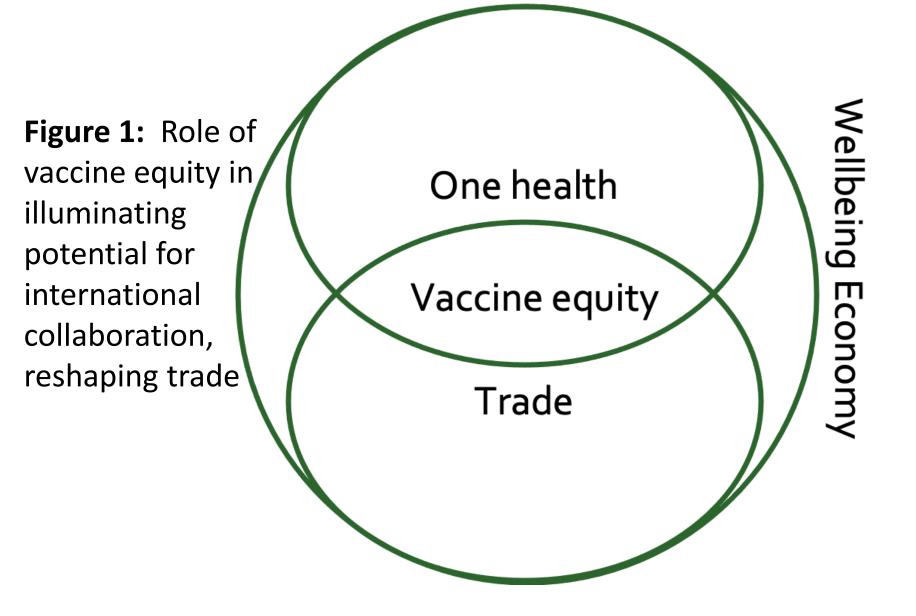
- Alternative forms of collaboration and regulation
- **Unheard voices** of transformation (esp. Global South) drowned by repetitive intergovernmental and corporate literature

Stumbling blocks

- Imbalance of power in WTO and regional trade agreements
- **Continued focus on technical fixes for systemic** and socio-political issues
- Focus on reorganisation not transformation

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

Title screening from web databases (2010 onwards):			Exclusion:	
	Title/abstract screening	>10,000		

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.

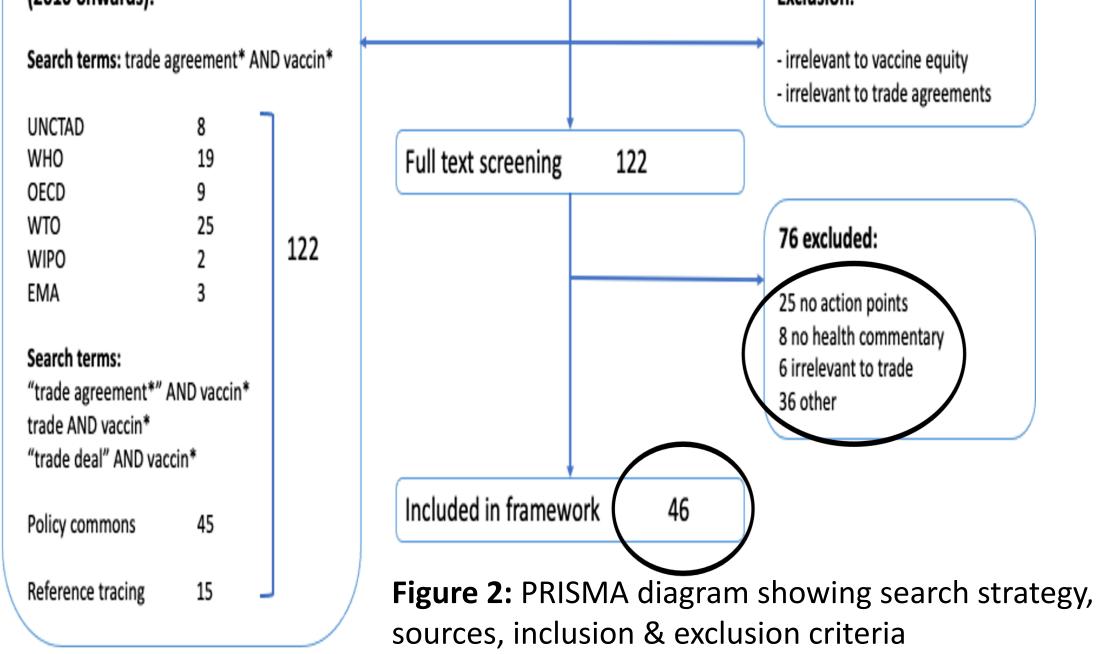
Technical points dominate (56.9%), driven by patent law. Focus on complex mitigation of existing problems and maintaining status quo e.g. lack of attention to trade secrets and technology transfer

Building blocks

- Making international declarations into hard law
- Civil society and rights movements
- Public health collaboration on both sides of trade agreements (scaling up action on collective ethics & rights)
- Advancing & incorporating best practice from disaster prevention and response
- WTO to regulate not enhance corporate power
- International support based on need to address health inequity not just GDP threshold
- Increase voices of affected communities in decision making
- Focus on frameworks & action to address determinants of health that should underpin trade policy (Figure 3)

Potential new types of trade relationship

- **Transactional:** functional, limited, exclude areas e.g. health and care from trade & investment agreements
- **Collaborative:** focused on shared problem solving
- **Reparative:** Low income country led, focused on colearning, solidarity, SDG enabling



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).

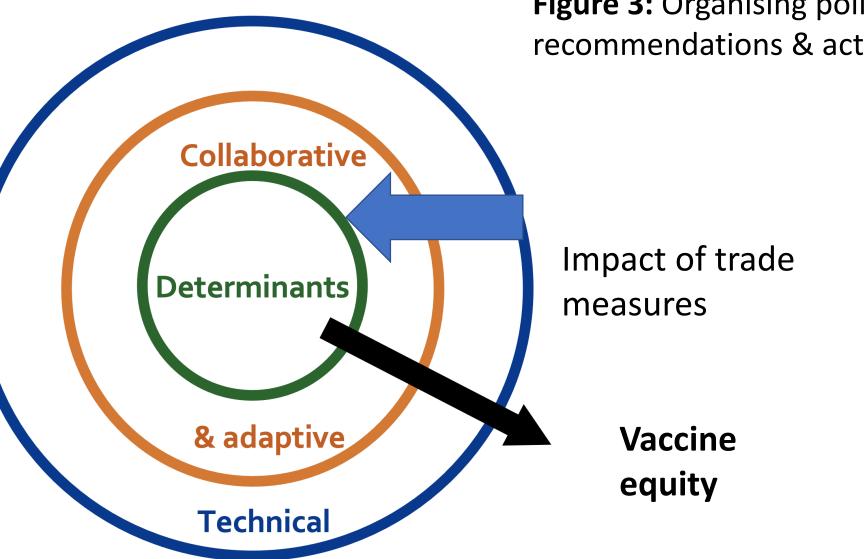
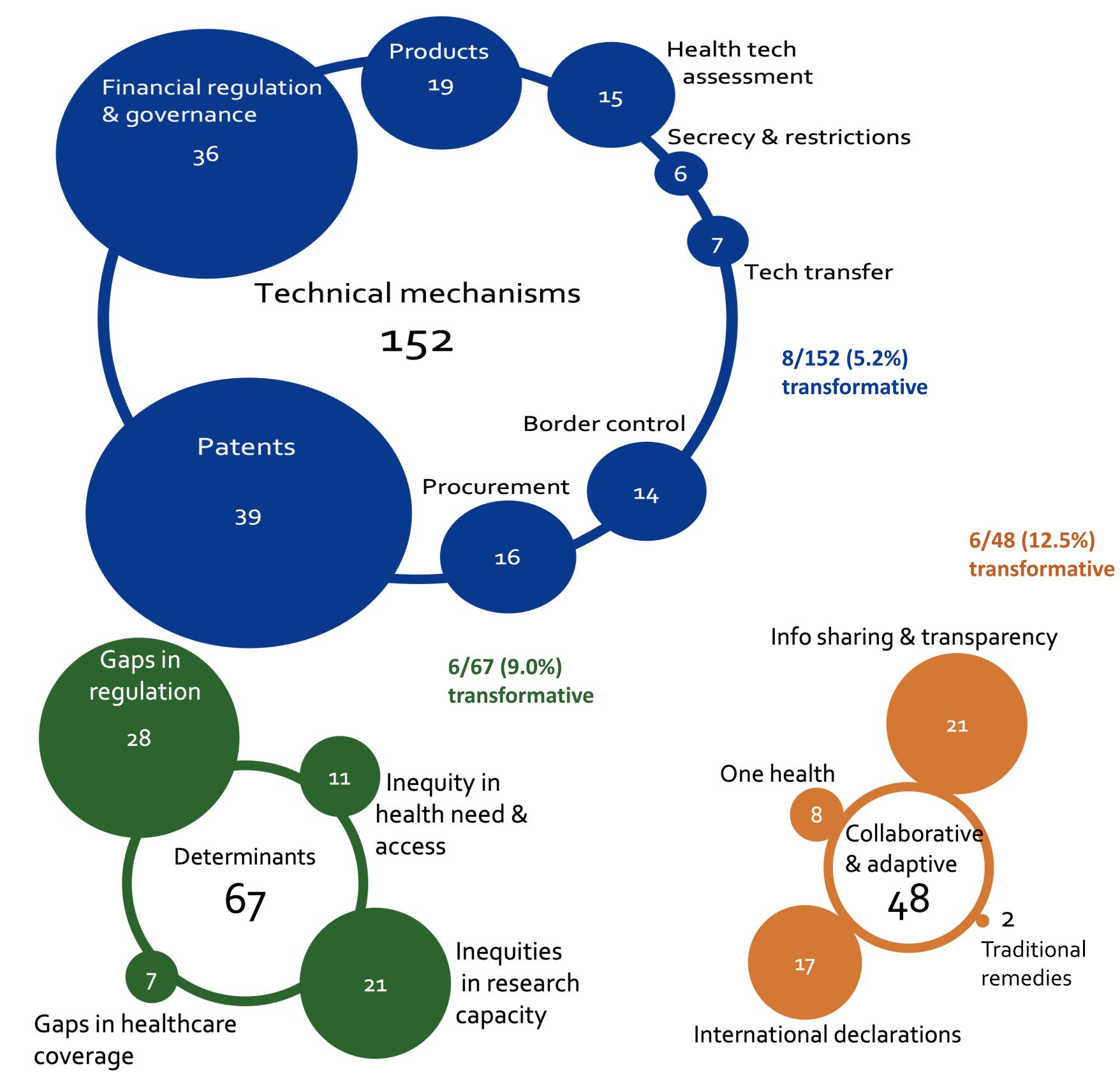


Figure 3: Organising policy recommendations & actions **Figure 4** Imbalance in solutions]



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