Covid- 19

Are vaccines fairly distributed in the Arab region?

منتدى البدائل العربي للدراسات
Arab Forum for Alternatives

Designed by: Basel Ahmed

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Are vaccines fairly distributed in the Arab region?

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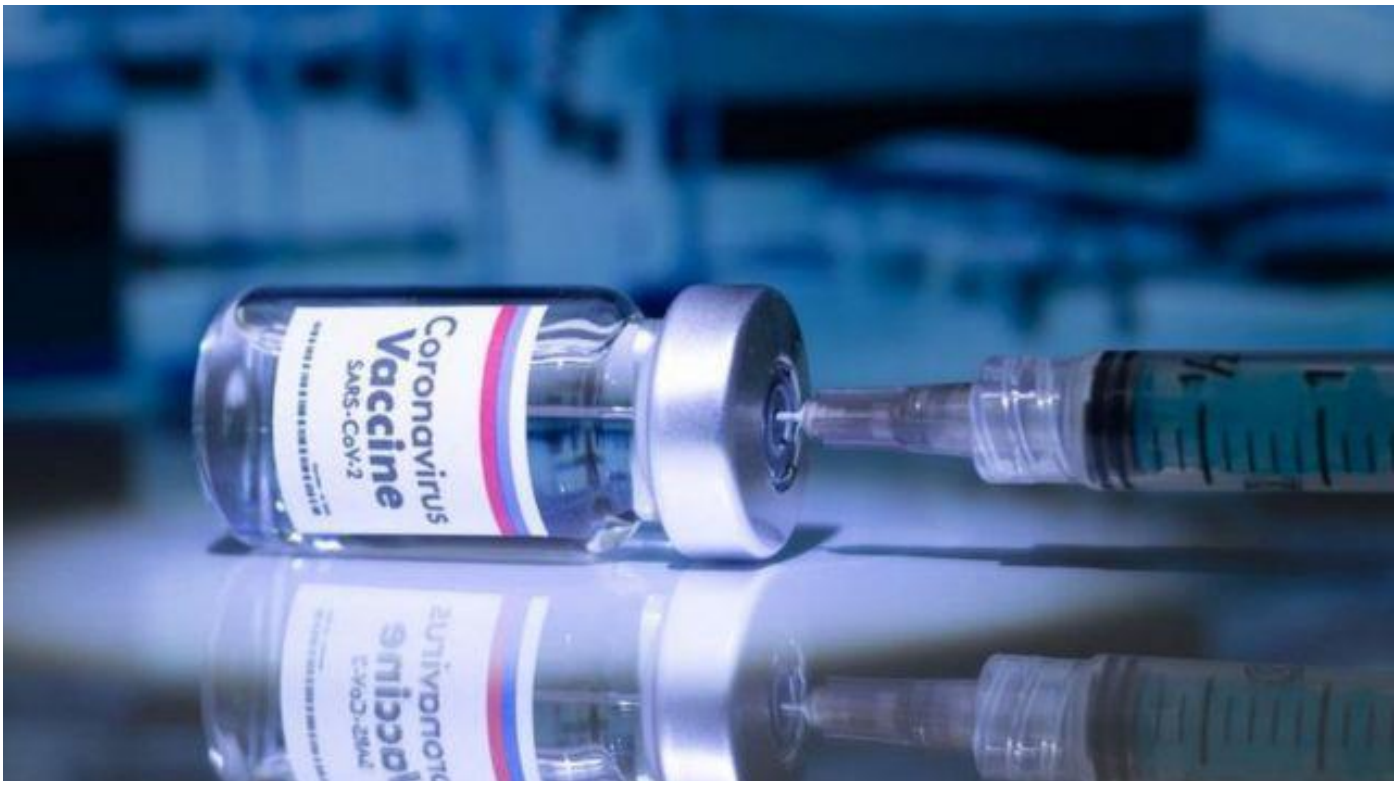
Introduction:

The outbreak of the Covid-19 pandemic and its aftermath underlined different aspects of inequality in the Arab region, particularly as far as social and economic rights are concerned. The pandemic highlighted already existing problems related to access to medical care, safety nets, education, and other basic services and demonstrated the inability of most governments in the region to provide social, medical, and economic protection for the most vulnerable segments of society[1].



The outbreak of the pandemic was immediately followed by initiatives to develop a vaccine. Those initiatives were taken by high-income, medically advanced countries and there were hardly any attempts in the Arab region with the exception of Egypt[2]. When the first Covid-19 vaccine was approved in the United States, Arab countries started signing agreements with manufacturing companies to procure vaccines. While some countries succeeded in vaccinating a sizable portion of their populations, others could neither purchase vaccines nor get a manufacturing license whether because of poverty or civil conflicts, hence their citizens remained vulnerable. This was particularly the case in the Global South[3]. In this context, the World Health Organization (WHO) launched a worldwide initiative called COVID-19 Vaccines Global Access (COVAX) that aims at guaranteeing equitable access to Covid-19 vaccines, hence allowing medium- and low-income countries to get their share. However, the implementation of this initiative remained unbinding.

This paper examines the status of vaccines in the Arab region with special focus on accessibility and distribution. It is noteworthy that this paper was written before the emergence of the Omicron variant. The paper will tackle the concept of equity and fair distribution in medical services with special

[1] "World Social Report 2020: Inequality in a Rapidly Changing World." (NY: Department of Economic and Social Affairs of the United Nations Secretariat, 2020). https://bit.ly/3HKeNYM
[2] For more information see "Covid vaccine developed in Egypt under Chinese supervision: Health Minister [Arabic]" *El Shorouk*, Sep. 6, 2021: https://bit.ly/3zGJmvL
[3] Ola Al-Ghazawy. "The cost of vaccine inequality." *Nature Middle East*, March 3, 2021: https://www.natureasia.com/en/nmiddleeast/article/10.1038/nmiddleeast.2021.21

emphasis on vulnerable groups. The paper looks into the manifestations of unfair distribution of Covid-19 vaccines, the role they played in underlining discrepancies in medical care systems across the region, and whether there is a way to counter them during the pandemic. This will be done through analyzing the accessibility of vaccines in four types of Arab countries: oil-rich countries (the Gulf region), medium-income countries (Egypt, Tunisia, and Morocco), countries going through financial crises (Iraq and Lebanon), and countries considered conflict zones (Yemen and Syria). The paper will particularly focus on Egypt, Tunisia, and Lebanon.

The paper adopted qualitative methodology through examining studies and reports, both international and local, on the topic of Covid-19 vaccinations and their distribution. These are then supported by semi-structural personal interviews in Egypt, Tunisia, and Lebanon and which attempted to cover as many segments of the population as possible.

First: A global overview: The international context and unfair distribution of vaccines:

1-Fair distribution and the World Health Organization:

Since the pandemic started, there have been constant attempts at understanding the nature of the virus and ways of facing it. Several vaccines were developed, and the vaccination process started in early 2021. In this context, countries across the world had two main objectives to achieve: decreasing the number of deaths and critical cases through vaccinating groups that are most prone to contracting the virus and reaching herd immunity through vaccinating 70% of the populations[4].

In January 2020, Tedros Ghebreyesus, Director-General of the World Health Organization, stated that the "the world is on the brink of a catastrophic moral failure" if equitable access to vaccines is not guaranteed. In a press conference held in March 2021, Ghebreyesus said, "We have the means to avert this failure, but it's shocking how little has been done to avert it" and added that countries which started vaccinating younger and healthier people are doing so at the expense of "health workers, older people and other at-risk groups in other countries." He noted that while some countries are planning to vaccinate their entire populations, other countries have no access to vaccines to start with. This imbalance, he argued, provides a "false sense of security" because the more the transmissions, the more the variants, hence and the more the variants emerge, the more likely they will be to evade vaccines. Ghebreyesus stressed that the "inequitable distribution of vaccines is not just a moral outrage, it's also economically and epidemiologically self-defeating." He called upon rich countries to share their vaccine surplus and added that he held talks with heads of high-income states that have surplus vaccines and asked them to share the vaccines through COVAX. Ghebreyesus also spoke to vaccine manufacturers to discuss means of increasing production[5].

[4] Ola Al-Ghazawy. "The cost of vaccine inequality." Op. Cit.
[5] "Inequity of COVID-19 vaccines grows 'more grotesque every day' – WHO chief." *UN News*, March 22, 2021: https://news.un.org/en/story/2021/03/1087992

In May 2020, the WHO gave each country guiding instructions on developing a plan through which vaccines can be allocated. Developing one plan for each country, one that analyzes the different elements of this country's approach to vaccine distribution, was, according to WHO, crucial to ensuring a fair allocation of vaccines: "Having one plan in each country, that comprehensively describes all elements of the country's approach to COVID-19 vaccine rollout will be crucial for a coordinated effort"[6]. Adopted strategies should rely on the type and availability of the vaccine and the targeted segments of the population. For example, senior citizens should have access to vaccines through large-scale campaigns that reach their houses or through mobile clinics. Healthcare workers, on the other hand, are to be vaccinated through medical institutions. This necessitates coordination between different relevant entities in the medical sector as well as the ministries of finance, social protection, transportation, and education, among others. Only then can national vaccination strategies achieve their objectives[7].

Based on a WHO statement in February 2021, medium and low-income countries would be able to gain access to Covid-19 vaccines through the COVAX initiative launched by GAVI, the Vaccine Alliance, previously called the Global Alliance for Vaccines and Immunization. A total of 92 medium- and low-income countries became eligible to receive Covid-19 vaccines through the COVAX Vaccines Advance Market Commitment (AMC) financing system. In addition to providing vaccines through donor contributions, AMC is to guarantee the protection of vulnerable groups in all countries in the short term regardless of their income levels. Every country that is eligible is required to develop a national deployment and vaccination plan that will be reviewed by the WHO, the UNICEF, and other partners in order to ensure the effectiveness of each plan and the readiness of each country. The plans can also be submitted through the Partners Platform[8].

The COVAX initiative includes nine vaccines that were recommended and supported by the Coalition for Epidemic Preparedness Innovations (CEPI) in addition to another nine vaccines that are in the process of evaluation. Talks are also underway with other manufacturers that do not receive funding for research and vaccine development. This allows COVAX to include a wide variety of Covid-19 vaccines[9].

2-Global health between vaccine equity and intellectual property rights:

Laws played a major role during the Covid-19 pandemic whether in terms of facilitating or hindering equitable access to vaccines. Among obstacles that stand in the way of fair distribution of vaccines is the concept of "vaccine nationalism," where the law is used by governments to stock on vaccines through Advance Purchase Agreements (APAs) with vaccine manufacturers. Those bilateral agreements serve the interests of individual countries yet because the success of individual vaccine candidates is not guaranteed and because of the spread of SARS-CoV-2 on the global level, APAs are considered a gamble and undermine cooperation between countries. Most importantly, those agreements are likely to aggravate vaccine inequity and extend the time frame of the pandemic. On the other hand, multilateral legal agreements could be the means through which global health security and equality can be achieved through re-envisioning the norms of global solidarity and committing to global initiatives that work on equitable access to vaccines as well as laying the foundations for a post-pandemic era that is based on multilateral cooperation[10].

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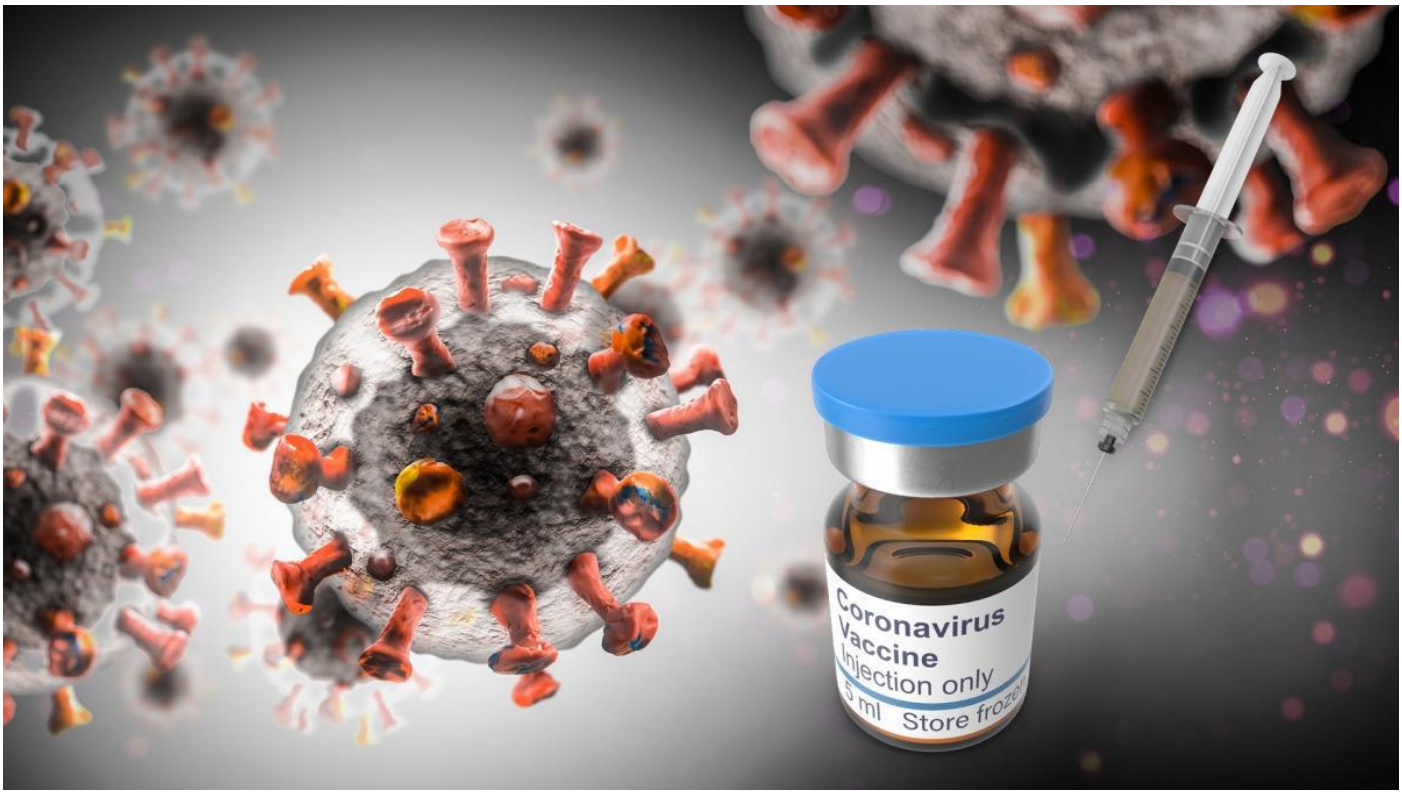
[6] "Coronavirus disease (COVID-19): Vaccine access and allocation." World Health Organization, Oct. 22, 2020: https://bit.ly/2V5YvXp

[7] "Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines." World Health Organization, June 1, 2021: https://bit.ly/3hgWb8k

[8] "Country readiness for COVID-19 vaccines." World Health Organization, Feb. 19, 2021: https://bit.ly/3q71s5g

[9] Ola Al-Ghazawy. "Who has priority in getting the anticipated Covid-19 vaccine? [Arabic]" *Scientific American*, Dec. 4, 2020: https://bit.ly/3cSz15N

[10] Phelan, Alexandra L et AL, Legal agreements: barriers and enablers to global equitable COVID-19 vaccine access, The Lancet, Volume 396, Issue 10254, 800 – 802, https://doi.org/10.1016/S0140-6736(20)31873-0



Bilateral APAs are legally binding contracts through which one party, a government for example, purchases a specific number or percentage of doses of a potential vaccine in case it becomes licensed and reaches the manufacturing stage. These bilateral agreements enable governments to guarantee priority access to vaccines and possibility to get to manufacture them. Governments that ethically object to APAs or do not have the financial resources to purchase vaccines at similar prices risk not having access to those vaccines when they are made available, hence causing delays in the vaccination process. Meanwhile, rich countries have their demands met on the spot, which was also the case with H1N1 influenza in 2009 when high-income countries secured access to vaccines through bilateral agreements, hence making it difficult for other countries to get them[11].

On the other hand, a debate on intellectual property rights for Covid-19 vaccines has been ongoing since late 2020 in international organizations and got more heated recently as vaccine manufacturers became unable to provide the required quantities and as the gap between rich and poor countries kept widening. This led India and South Africa to propose at the World Trade Organization meeting in October 2020 that certain provisions of the Trade-Related aspects of Intellectual Property Rights (TRIPS) agreement for Covid-19 vaccines be waived for a time frame that the organization determines in order to vaccinate the majority of the world's population. The proposal was supported by 115 countries and several non-governmental organizations such as Doctors without Borders, which proposed that the waiver should also extend to all medicines and technologies related to Covid-19 and not just vaccines as initially proposed. These included face shields and ventilators, among others. The proposal, however, was not endorsed by the WTO General Council[12].

[11] Ibid.
[12] Abdel Meguid Aboul Ela. "Temporary waiver: The debate on Covid vaccines' intellectual property rights [Arabic]. Future for Advanced Research and Studies. April 29, 2021: https://bit.ly/35BjFhV

Supporters of the temporary waiver proposal cited the following reasons:

- Narrowing the gap between rich and poor countries as far as access to vaccines is concerned

- Intellectual property rights and patents are not designed for emergencies such as wars or pandemics since their main purpose is to protect scientific innovation from unfair competition for a given period of time. The pandemic, they argued, is not a competition but rather a global race against the virus, which requires cooperation between different countries and the prioritization of the public good.

- The temporary waiver is likely to expedite the elimination of the virus since it will lead to vaccinating most of the world's population and is likely to curb the emergence of more variants that vaccines might not be able to counter[13].

The proposal submitted by India and South Africa was met with opposition by the US, UK, the EU, Japan, Canada, and Brazil as well as several organizations such as the International Federation of Pharmaceutical Manufacturers and vaccine manufacturers such as Pfizer, which described the proposal as nonsensical.

Opponents of the temporary waiver proposal cited the following reasons:

- The waiver will not necessarily lead to increasing production since manufacturing vaccines is mainly contingent upon industrial capacities.

- There are more pressing matters that need to be addressed such as improving vaccine distribution networks, dealing with potential shortage in material used for manufacturing vaccines, and rising operation costs.

- Intellectual property rights are essential for the protection of inventions and scientific developments.

- Vaccine manufacturers will sustain major financial losses and will not be able to make up for the money spent on research and developing vaccines if the waiver is endorsed[14].

WHO Director-General Tedros Adhanom Ghebreyesus urged countries that took part in the WTO negotiations to waive intellectual property rights on vaccines that were cleared for emergency use as a step towards increasing vaccine production. The US opposed the proposal in the beginning yet on May 5, 2021, US Trade Representative Katharine Tai issued a statement that details the reasons which drove the Biden Administration to change its mind about the issue. "This is a global health crisis, and the extraordinary circumstances of the Covid-19 pandemic call for extraordinary measures", she said. "The administration believes strongly in intellectual property protections, but in service of ending this pandemic, supports the waiver of those protections for COVID-19 vaccines. We will actively participate in text-based negotiations at the WTO, needed to make this happen"[15].

In the same vein, Amnesty International launched a campaign for universal access to Covid-19 vaccines and argued that the policies of rich countries and pharmaceutical companies mean that billions of people who are at risk of contracting Covid-19 might not get even one dose of the vaccine during the year 2021. The campaign, called A Fair Shot: Universal Access to COVID-19 Vaccines, called upon pharmaceutical companies to share their knowledge in order to maximize the number of

[13] Ibid.
[14] Ibid.
[15] "WHO chief hails 'monumental moment' in COVID fight, as US throws support behind vaccine patent waiver." UN News, May 6, 2021: https://news.un.org/en/story/2021/05/1091382

available doses across the world. It also called upon countries to stop focusing only on the interests of their people at the expense of people from other countries and to work together to ensure that people who are most at-risk have immediate access to vaccines. Amnesty International noted that rich countries bought more than half of the world's supply of vaccines even though they represent only 16% of the world's population and that they administered more than 60% of the world's doses while more than 100 countries had none of their citizens vaccinated at the time of the statement.

Billions of taxpayers' money was spent to help companies such as AstraZeneca, Moderna, and Pfizer BioNTech in developing and manufacturing vaccines yet these companies, among others, refuse to share their knowledge and technology. This means that other companies will not be able to benefit from those scientific advancements to boost their vaccine production and increase supply so that poorer countries could gain access to the vaccines. In May 2020, WHO launched the COVID-19 Technology Access Pool (C-TAP) that allows companies to pool data on the development and manufacturing of vaccines and enable them to obtain production licenses then share their knowledge with potential producers and so on in order to ensure that as many people as possible can have access to the vaccine. However, not one single pharmaceutical company had joined C-TAP at the time of Amnesty International's statement. Also, some states refuse to hold pharmaceutical countries accountable for not fulfilling their human rights responsibilities as far as access to vaccines is concerned, which led to further widening the gap between countries. Consequently, those at risk continue to suffer while many countries insist on prioritizing bilateral agreements over maximizing the percentage of vaccinated people across the world[16].

This situation demonstrates that the distribution of vaccines was mainly contingent upon the interests of rich countries and major pharmaceutical companies. It also shows that despite international laws that allow coordination between countries to ensure equitable access to vaccines, the influence of corporates exceeded that of international organizations such as the WHO and the WTO, hence underlining the power those corporates have and which plays a major role in shaping international commercial and health policies.

[16] "COVID-19: Pharmaceutical companies and rich states put lives at risk as vaccine inequality soars." Amnesty International. March 11, 2021: https://www.amnesty.org/en/latest/news/2021/03/covid-19-pharmaceutical-companies-and-rich-states-put-lives-at-risk-as-vaccine-inequality-soars/

Second: The Arab region is not one place: Discrepancies in vaccine distribution:

Most Arab countries are working on achieving the UN Sustainable Development Goals, on top of which is the third goal "good health and well-being," which means the availability of medicines and vaccines at reasonable prices: "The aim is to achieve universal health coverage, and provide access to safe and affordable medicines and vaccines for all. Supporting research and development for vaccines is an essential part of this process as well"[17]. The Doha Declaration on the TRIPS Agreement and Public Health also affirmed the flexibility of TRIPS member states as far as intellectual property rights are concerned in order to provide access to essential medication. However, the situation is not the same across the Arab region since there are discrepancies when it comes to access to vaccines, and solidarity among states to face the pandemic is lacking.

1-Differences in vaccine distribution in the Arab region:

When administering vaccines started, it seemed that some Arab countries were getting closer to achieving the two objectives of vaccination: decreasing mortality rates and reaching herd immunity. For example, the United Arab Emirates (UAE) supplied more than six million doses of the vaccine, which means 62 doses per 100 people and by June 2021 around 70% of people residing in the UAE became fully vaccinated. The UAE aims at becoming the world's second fastest in Covid-19 vaccinations. Bahrain supplied 304,000 doses, that is 18 doses per 100 people, and if it continues at this rate, the percentage of vaccinated people could reachn70% by July 2022. On the other hand, Egypt, with a population of 101 million, managed to vaccinate around 20.5% by November 2021, 13% of whom got two doses and 7.5% one dose[18].

[17] "Goal 3: Good health and well-being." Sustainable Development Goals. United Nations Development Program (UNDP): https://www.arabstates.undp.org/content/rbas/en/home/sustainable-development-goals/goal-3-good-health-and-well-being.html

[18] Coronavirus (COVID-19) Vaccinations, our world in data: https://cutt.ly/YTE5Ynl

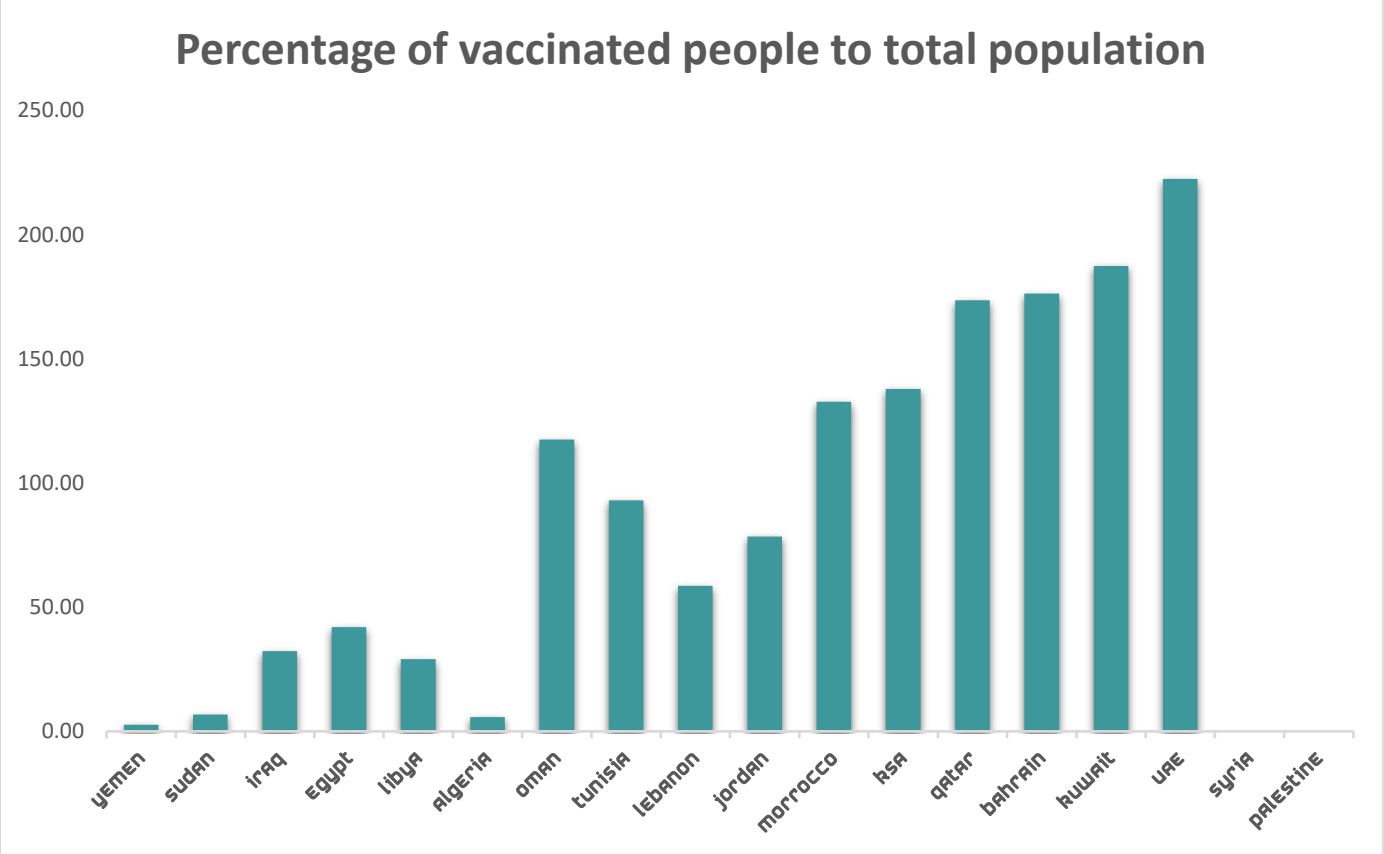
Egypt comes last among countries subject of this research in vaccination rates. By November 2021, the UAE supplied vaccines that cover 98% of the population while Saudi Arabia covered around 69%, Bahrain 68%, Morocco 65%, Tunisia 49%, and Lebanon 35%[19]. Oil-rich countries in the Gulf region managed to strike successful deals with vaccine manufacturers while low- and medium-income countries had to look for alternatives. A total of 92 countries became eligible to receive Covid-19 vaccines through the COVAX Vaccines Advance Market Commitment (AMC) financing system. "COVAX's goal is to end the acute phase of the COVID-19 pandemic by delivering two billion doses of safe and effective vaccines in 2021," said Thabani Maphosa, Gavi's managing director of country programs. One of the factors that makes it easier for countries with high vaccination rates to achieve their vaccination goals is "their strong supply chain capabilities: the capacity to ship and properly store vaccines, and to distribute and administer them through mobile and fixed healthcare units." This is not the case with the majority of Arab countries, many of which have failing healthcare systems, which makes it harder for them to vaccinate sizable portions of their populations. According to WHO epidemiology consultant Amgad El Kholy, Tunisia and Palestine will be among the countries that receive vaccines in the first phase of the COVAX plan. He added that other countries in the Eastern Mediterranean were supposed to be included in this phase, but the poor capacities of those countries led to postponing implementation. "We are working to support them and build these capacities," he said[20].

Morocco is seen as a good example of an effective vaccination strategy in a medium-income country. The Moroccan government distributed around four million doses, that is 11 doses per 100 people, a rate that is comparable to developed countries with strong healthcare systems such as Denmark. Groups that are eligible for vaccination can book an appointment through a text message or a web portal. Successful vaccination plans usually require a comprehensive data base to identify groups that are most at risk and the means to reach them. Many Arab countries do not have this kind of information, which is attributed to the collapse of healthcare systems in conflict zones such as Yemen, Syria, and Iraq[21]. In fact, conflicts added a number of logistical challenges such as maintaining the vaccines' cold chain. Thabani Maphosa explains the plan Gavi has for those countries: "We will work closely with partners, including UNICEF, local authorities and NGOs, to rollout vaccines all around the world, including in conflict zones"[22].

Based on the above, it becomes obvious that unfair distribution of vaccines in the Arab region is the result of many factors, the most important of which is the economic gap between countries in the region and which enabled only rich ones to sign bilateral treaties with vaccine manufacturers, hence vaccinate a large percentage of their populations. Structural gaps also played a major role especially as far as the healthcare sector is concerned. While a country like the UAE has an advanced healthcare system and updated databases, the healthcare sector in countries like Egypt and Tunisia suffered from additional burdens caused by the pandemic as well as from lack of proper databases and it almost totally collapsed in conflict zones.

[19] Coronavirus (COVID-19) Vaccinations, our world in data: https://cutt.ly/ITRqroQ
[20] Ola Al-Ghazawy. "The cost of vaccine inequality." Op. Cit.
[21] Ibid.
[22] Ibid.

2-Aspects of unfair distribution of vaccines in the Arab region:



The above figure[23] underlines inequality in the distribution of vaccines across the Arab region and the gap between vaccinated populations. The UAE ranks first, followed by Kuwait, Saudi Arabia, Bahrain, and Qatar, all in the Gulf region. Morocco ranks first among medium-income countries, followed by Jordan then Egypt, Tunisia, and Algeria. Countries that suffer from economic crises such as Lebanon and Iraq come next, followed by conflict zones that suffer the most. For example, only 2.6% of Yemen's population is vaccinated while in Syria and Palestine there are no official figures on the number of administered doses. The situation in the Palestinian Territories is critical due to the unprecedented spread of Covid-19. The authorities were faced with harsh criticism when vaccine doses were distributed among government officials and under pressure, the Ministry of Health admitted to vaccinating certain groups. According to the ministry, those groups included officials at the presidency, the cabinet, embassies abroad, members of the Executive Committee of the PLO above 65 years old, members of the Election Committee, members of the national football team, and 100 students who were travelling to study abroad[24].

One of the most important reasons for this gap is the discrepancy between income levels in Arab countries. That is why countries like the UAE and Saudi Arabia made bilateral agreements with vaccine manufacturers while low- and medium-income countries were not able to. Added to this is the fact that till the time of writing this paper, there has been no coordination between Arab countries regarding the administration of vaccine doses. Political disputes play a major role in hindering

[23] Sources:
Covid-19 Tracker, Bloomberg, https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/
"Vaccine Failure Spreads in Pandemic-Stricken Arab Region," ARIJ, 5 May 2021, https://arij.net/investigations/database-vaccination-report-en/
WORLD POPULATION, World meter, https://www.worldometers.info/

[24] "Vaccine Failure Spreads in Pandemic-Stricken Arab Region." Op. Cit.

coordination, which is the case of Saudi Arabia and Yemen even though they share a border. Discrepancies do not only exist between countries, but also on the domestic level where a gap in vaccination rates exists between ruling elites and average citizens. This is particularly demonstrated in the case of Lebanon and Tunisia. This gap exists between locals and foreigners in a country like Bahrain.

The situation in the Arab world is not different from the rest of the world, where rich countries were able to secure the doses they need, which affected the availability of vaccines for other countries. Ironically, rich countries donate to COVAX and promote equitable access to vaccines while signing agreements that give them priority. According to several studies, countries that represent 16% of the world's population received 70% of available doses for the five main vaccines in 2021. As a result, dozens of countries were unable to vaccinate any of their citizens while a few countries managed to vaccinate the majority of their citizens[25]. These gaps will only be bridged through coordination between governments and international organizations such as the WHO, UNICEF, and the World Bank to ensure equitable access to vaccines.

[25] "Access to COVID-19 vaccines: looking beyond COVAX." The Lancet, Volume 397, Issue 10278, 941: https://doi.org/10.1016/S0140-6736(21)00617-6

Third: Three case studies: Egypt, Tunisia and Lebanon:

1-Vaccination strategies in the three countries:

Lebanon started its vaccination campaign on February 12, 2021 after the arrival of the first shipment of the Pfizer-BioNTech vaccine, which is rather late compared to other countries. A web portal was launched for prior registration on January 28, 2021[26]. On the same day, the Lebanese Covid-19 Vaccine National Coordinating Committee, affiliated to the Ministry of Public Health, released the National Deployment and Vaccination Plan for COVID-19 Vaccines in partnership with the World Bank, WHO, UNICEF, UNHCR, and UNRWA[27].

Until April 5, 2021, only 200,000 doses were administered, which is mainly attributed to limited availability[28]. Despite the fact that one of the main objectives of the National Deployment and Vaccination plan is to cover 70% of the population in 2021-2022[29], achieve herd immunity upon the emergence of new variants, and minimize hospitalization rates and critical cases[30], the authorities announced in November 2021 that only 35% of the population got vaccinated[31]. At the same time, the

[26] IMPACT, Open Data, https://impact.cib.gov.lb/home?dashboardName=vaccine
[27] "The Lebanon National Deployment and Vaccination Plan for COVID-19 Vaccines." Ministry of Public Health, Jan 28, 2021: https://bit.ly/3y5aJie
[28] "Lebanon: Refugees, migrants left behind in vaccine rollout." Human Rights Watch, April 6, 2021: https://reliefweb.int/report/lebanon/lebanon-refugees-migrants-left-behind-vaccine-rollout-enar
[29] "The Lebanon National Deployment and Vaccination Plan for COVID-19 Vaccines." Op. Cit.
[30] Malak Makki. "The Covid-19 Vaccination Campaign amidst Lebanon's Economic Collapse." *Assafir Al-Arabi*, Oct. 5, 2021: https://assafirarabi.com/en/40773/2021/10/05/the-covid-19-vaccination-campaign-amidst-lebanons-economic-collapse/
[31] "Vaccination rates still low: National Covid committee chair [Arabic]." Voice of Lebanon, Nov. 26, 2021: https://bit.ly/3CP38Fm

government announced giving booster shots to citizens above 75 years old, frontline health workers, and those who suffer from chronic diseases[32]. At the beginning of the academic year, around 40% of teachers had not been vaccinated or did not want to[33]. Salwa, a 42-year-old science teacher at a private high school in West Beqaa, confirmed this. "I know many teachers who did not get vaccinated, and they already started teaching," she said, adding that she got the Pfizer vaccine through the web portal. She also mentioned that she read a lot about vaccines and their side effects and knew the Pfizer is the most suitable for her since she has a health condition[34].

In Tunisia, the government announced in January, 2021launching its national vaccination plan and implementation started in March through the EVAX web portal. However, several factors undermined the plan such as not prioritizing the most vulnerable groups, lack of transparency about naming certain professions as essential, and political interference in the distribution of vaccines in addition to delayed vaccine deliveries owing to limited availability worldwide. The plan was also affected by political instability in the country. The position of the health minister was occupied by four people since the beginning of the pandemic and there have been disputes between the president and the prime minister, which led to delaying the pre-ordering of vaccines[35]. The issue was resolved because of the aid Tunisia received and after direct purchasing of vaccines from manufacturing companies.

On October 26, 2021, Tunisia started offering booster shots and by the end of October the number of people above 75 years who received it reached 32,282 according to latest statistics on the EVAX web portal. The number of Tunisians who got fully vaccinated by the end of October 2021 reached 4,491,526, that is around 44.1% of the total population[36]. When the plan was launched, there was no choice in the type of vaccine while those who have chronic diseases and healthcare workers were given Pfizer. Later on and with more types becoming available, Tunisians became capable of making a choice, which is part of a strategy to encourage more people to get vaccinated.

[32] Rajana Hamiya. "The booster shot: A necessary measure [Arabic]." *Al-Akhbar*, Oct. 25, 2021: https://bit.ly/3d79V2Z
[33] Rajana Hamiya. "Schools at risk: 40% of teachers unvaccinated [Arabic]." *Al-Akhbar*, Sep. 25, 2021: https://bit.ly/32B5tr8
[34] Interview, Nov. 23, 2021.
[35] "Virus vaccine delay adds to Tunisia's ambient pessimism." *The Arab Weekly*, Feb. 18, 2021: https://thearabweekly.com/virus-vaccine-delay-adds-tunisias-ambient-pessimism
[36] "In Numbers. Follow the progression of Covid-19 vaccinations in Tunisia." *Inkyfada*, June 21, 2021: https://inkyfada.com/en/2021/06/21/vaccination-covid-19-tunisia-number/

In Egypt, a clear vaccination plan was absent. At the beginning, the government said people are expected to pay for vaccines and asked low-income citizens, who are in the millions, to apply for exemption. This, according to Human Rights Watch, would intensify inequity in vaccine access. The organization called upon the Egyptian government to ensure equitable vaccine access for everyone and added that "the "imposition of fees on the poor in Egypt to receive an essential vaccine is in conflict with the basic human right's access to health, and it reveals distorted government priorities"[37]. The Egyptian government retracted and offered vaccines free of charge, yet the vaccination process is still going very slow. Several factors determine the speed of this process, on top of which is the availability of vaccines followed by citizens' access to vaccines. Neither money nor politics seem to have interfered with the vaccination process in Egypt since all citizens who register get vaccinated. However, registration on the Ministry of Health website is a must[38], which is problematic for a large portion of the Egyptian population. According to the World Bank, internet users in Egypt constitute around 72 % of the population[39], yet the number of people who registered does not reflect this percentage. This could be attributed to several factors, including the fact that the vaccination campaign targeted senior citizens at the beginning and the percentage of internet users among them is quite law compared to youths and teenagers. The national vaccination plan in Egypt relied on making vaccines available in all public hospitals and gave priority to healthcare workers followed by seniors[40].

However, access to vaccines was not always equitable. For example, Om Karim, a domestic worker who is diabetic with chronic hypertension, did not receive a message after registering on the website and only got the vaccine when her special needs daughter got a vaccination appointment 20 days after and she accompanied her. Her neighbor also waited for four months after registering and when

[37] "Vaccine Failure Spreads in Pandemic-Stricken Arab Region." Op. Cit.
[38] Amina Khairy et al. "Are vaccines fairly distributed in the Arab region? [Arabic]." *Independent Arabia*, March 16, 2021: https://bit.ly/3vCAeEZ
[39] "Individuals using the Internet (% of population) – Egypt." World Bank, 2020: https://data.albankaldawli.org/indicator/IT.NET.USER.ZS?end=2020&locations=EG&start=2010&view=chart
[40] "Egypt announces vaccination plan [Arabic]." *Sky News*, Jan. 24, 2021: https://cutt.ly/YT2y9px

she contacted the Ministry of Health, she was told to head to one of the mobile vaccination centers[41]. In fact, many senior citizens did not receive appointment messages after registering online and were only able to get vaccinated at mobile clinics that were made available at a later stage.

Nepotism and lack of planning are arguably among the factors that impacted the vaccination process in the Arab world. The most flagrant example was the case of Lebanon when members of parliament got vaccinated while frontline medical workers, senior citizens, and those suffering from chronic diseases were overlooked. This led the World Bank to threaten suspending the delivery of vaccines to Lebanon[42].

2-Vaccine availability/access in the three countries:

In Lebanon, the World Bank funded the purchase of 2.251 million doses based on bilateral agreements between the Lebanese government and Pfizer and as part of the Lebanese Health Resilience Project (LHRP). The Ministry of Public Health does not have the right to sell vaccines to any entity and the Lebanese government should use the vaccines in accordance with the National Deployment and Vaccination Plan designed by the ministry. In addition to the doses funded by the World Bank, the vaccination plan includes other doses Lebanon receives in donations in addition to vaccines from other sources including COVAX[43]. In April 2021, China donated 50,000 doses of Sinopharm vaccine to Lebanon[44]. This was followed by a second shipment that included 300,000 doses, 100 hospital beds, and 100 ventilators[45].

Even though the Lebanese government pledged that the "that the national vaccination plan covers everyone living in Lebanon, regardless of nationality"[46] and even though funders include UNHCR and UNRWA, both of which target the vaccination of refugees and migrants[47], the government's vaccination program excludes marginalized groups such as refugees and migrant labor. According to the United Nations, deaths from Covid-19 among Syrian and Palestinian refugees are more than four and three times the national average, respectively. Based on the official vaccine registration and tracking platform, 2.86% percent of those vaccinated and 5.36% of those registered to receive vaccinations are non-Lebanese, even though they constitute at least 30 percent of the population. Syrian refugees interviewed by Human Rights Watch expressed their concern that they might be arrested or deported if they register through the government's platform since many of them are undocumented. As a result of the limited number of vaccines and the slow pace of the vaccination process, several non-governmental organizations started raising funds to purchase vaccines especially for refugees[48]. The Human Rights Watch report states that the Lebanese government did not provide accurate or updated information on the vaccination and/or registration for vaccination status of Syrian and Palestinian refugees and migrant labor. The government also failed to reassure them that the vaccination campaign is not subject to immigration law enforcement entities. Palestinian refugees interviewed by Human Rights Watch were not aware of the vaccination and whether they were how eligible. They also noted that in light of the Lebanese government's history of discrimination against them, they are afraid the same would apply to vaccination[49].

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[41] Interview, Oct. 11, 2021.
[42] "Vaccine Failure Spreads in Pandemic-Stricken Arab Region." Op. Cit.
[43] Laura Rahhal. "Which entities receive vaccines? What is the distribution mechanism? [Arabic]" *Maharat Magazine*, July 28, 2021: https://bit.ly/3lsw36l
[44] "Lebanon receives 50,000 Sinopharm doses from China, 10,000 of which for the army [Arabic]." *An-Nahar*, April 6, 2021: https://bit.ly/3xzLjcs
[45] Twitter account of Qian Minjian, Chinese ambassador to Lebanon: https://twitter.com/chinainlebanon
[46] "Lebanon: Refugees, migrants left behind in vaccine rollout." Op. Cit.
[47] "The Lebanon National Deployment and Vaccination Plan for COVID-19 Vaccines." Op. Cit.
[48] "Lebanon: Refugees, migrants left behind in vaccine rollout." Op. Cit.
[49] Malak Makki. Op. Cit.

Jassem (pseudonym), a 48-year-old janitor in Beirut, is a legal resident, hence has no fear of deportation yet added that many of his friends and relatives have this problem. Jassem said he registered for vaccination on the government portal but refused to get vaccinated because he was offered AstraZeneca, which he believes causes strokes, and preferred the Chinese or Russian vaccine. After a while, he received a message to head to the nearest vaccination center to get Pfizer. He did and is currently waiting for the second shot. When asked why he did not head to one of the organizations in charge of vaccinating refugees, he replied that getting vaccinated is not a priority for him. He also said he will discourage his wife from getting vaccinated because she is pregnant, and he is worried that the vaccine might affect the child[50].

Human Rights Watch called upon the Lebanese government to make sure that vaccines are distributed fairly through following the "WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination,"[51] which offers recommendations on the identification of priorities in case the availability of vaccines is limited. In mid-January 2021, the Lebanese parliament approved a draft law that allows the import of Covid-19 vaccines. According to the law vaccine manufacturers, Pfizer in this case, are not to be held accountable for any adverse side effects since the vaccine will be administered under emergency use authorization, which means that less data is collected before administering the vaccine. In fact, the law allows the emergency use of all Covid-19 vaccines for two years[52]. The Lebanese president issued a decree authorizing the transfer of 26.4 million Lebanese Pounds from the public budget reserve to the budget of the Ministry of Health to pay the second installment of the contract signed in October 2020 with COVAX. The amount was allocated to reserve 2,730,000 doses to be added to the million and half doses from Pfizer[53]. The private health sector in Lebanon also contributed to the availability of vaccines since several private hospitals bought vaccines at their own expense to vaccinate their staff[54]. Even though such measure would generally increase the number of vaccinated people, it still gives priority to the private sector and gives staff at this sector a privilege other groups do not have.

Lebanon received the first AstraZeneca shipment (33,000 doses) through COVAX on March 24, 2021[55]. COVAX had earlier informed the Lebanese government that the first shipment would arrive in the last week of February 2021 based on a statement by the minister of public health[56]. However, the AstraZeneca shipment arrived one month after the Pfizer shipment and after the beginning of the vaccination campaign in mid-February 2021. The WHO office in Lebanon announced that the country is one of the first to get vaccines via the COVAX system[57]. In July 2021, Lebanon received a new shipment. Lebanon had requested 2.73 million doses through COVAX[58]. Entities in Lebanon that are authorized to purchase vaccines are the Ministry of Public Health and private companies approved by the ministry provided that prior coordination is made. The Ministry of Public Health is funded by the Lebanese government through COVAX and the World Bank, which allocated 34 million US dollars to the Lebanon Health Resilience Project, initiated in 2017 and lasting till 2023. The total amount allocated to the project is 120 million US dollars[59].

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[50] Interview, Nov. 26, 2021.
[51] "WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination." Sep. 14, 2021: https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?sequence=1&isAllowed=y
[52] Naeim Berjawy. "Lebanon approves vaccine import law [Arabic]." *Anadolu Agency*, Jan. 15, 2021: https://bit.ly/3p6Ojt8
[53] "Aoun signs vaccine funding decree [Arabic]." *Al-Akhbar*, Jan. 16, 2021: https://bit.ly/3FTGqxV
[54] Joelle M. Abi-Rached and Pascale Salameh. "COVID-19 Vaccination in the Time of Austerity: How and for Whom?" Arab Reform Initiative, Jan. 15. 2021: https://www.arab-reform.net/publication/covid-19-vaccination-in-the-time-of-austerity-how-and-for-whom/
[55] COVAX vaccine roll- out, Gavi, The Vaccine Alliance, https://www.gavi.org/covax-vaccine-roll-out/lebanon
[56] Rawad Taha. "Lebanon expects to receive Pfizer, AstraZeneca COVID-19 vaccine shipments in February." *Al Arabiya News*, Jan. 30, 2021: https://bit.ly/3FWvmjB
[57] "COVAX: Hundreds of thousands of Covid-19 vaccines arrive at Lebanon and Iraq [Arabic]." *UN News*, March 15, 2021:
[58] Rawad Taha. Op. Cit.
[59] Laura Rahhal. Op. Cit.

In Tunisia, the vaccines the embassy of the UAE gifted to the government and news of officials and members of parliaments getting the vaccine outside the country stirred a heated debate. The media office at the presidency issued a statement confirming that the vaccines from the UAE were a gift to the Tunisian presidency, yet the president refused to get vaccinated or have any of his family members or presidency staff use those doses. The vaccines, the statement added, were sent to medical institutions affiliated to the military to be distributed based on priority. A member of parliament had announced the arrival of the shipment on his Facebook page and rumors spread that the shipment arrived a month earlier and was used to vaccinate officials and politicians and that the presidency only announced the news after the story was leaked[60]. Many observers argue that the political crises that started in the aftermath of the 2019 elections played a major role in the government's failure to purchase and administer vaccines

The situation changed in July 2021 when the Tunisian government announced receiving six million doses of Covid-19 vaccines from donor countries. Before that, the government solely relied on vaccines secured through COVAX as well as direct purchases made by the Ministry of Health. Yet after the number of deaths approached 20,000, the government started asking for aid from several countries, which led to the supply of different types of vaccines and helped the country overcome its health crises. The Organization of Military Health, affiliated to the Ministry of Defense, also helped the public health sector, which was on the verge of collapse, through launching a vaccination campaign in the countryside and remote areas, hence vaccinating people at their houses. This step expedited the vaccination process[61].

A statement issued by Amnesty International underlined the role played by favoritism in failure to face the Covid-19 crises. The statement referred to ministers who got vaccinated in April 2021 when they were not eligible since at the time vaccination was restricted to only frontline health workers and senior citizens above 75. In May 2021, the government announced prioritizing the vaccination of workers in education, tourism, and justice sectors following negotiations with the labor unions of these sectors, which have a strong lobbying power. However, the statement noted, "the rationale used to determine eligibility has not been published"[62]. This underlined lack of transparency in determining the criteria based on which vaccines are administered and demonstrated lack of equality between different groups.

In Egypt, COVAX played a major role in the availability of vaccines. Egypt secured around 1.6 million doses, of which 854,000 were supplied through COVAX, while the rest was gifted from China and the UAE[63]. Until the time of writing this paper, vaccine supply in Egypt relied on agreements with manufacturers or through COVAX. Egypt tried to make all types of vaccines available and in November 2021, the Ministry of Health announced the arrival of the first shipments of Moderna vaccines, which contained 3,575,040 doses[64].

In addition, the Egyptian pharmaceutical company Pharco announced obtaining the rights to manufacture the Russian Vaccine Sputnik V and production was to start in late 2021. This coincided with the local manufacturing of the Chinese vaccine SinoVac. The Egyptian Ministry of Health also plans to start locally manufacturing AstraZeneca. Added to that is ongoing research to develop a

[60] "Covid vaccines gifted by UAE stir controversy in Tunisia [Arabic]." *France 24*, March 2, 2021: https://bit.ly/3r0G2rr
[61] "Tunisia launches national vaccination campaign for 40 plus citizens [Arabic]." *France 24*, August 3, 2021: https://bit.ly/3DADBAb
[62] "Tunisia: Covid-19 vaccination plan must be fair and transparent." Amnesty International, July 15, 2021: https://www.amnesty.org/ar/wp-content/uploads/2021/07/MDE3044592021ENGLISH.pdf
[63] Ola Ghannam. "Covid vaccination policies and the rights of senior citizens [Arabic]." *Al Shorouk*, April 8, 2021: https://bit.ly/3cTncw1
[64] Ibrahim Al Tayeb and Khaled Al Shami. "3.5 million doses of Moderna vaccine arrive in Egypt [Arabic]." *Al Masry Al Youm*, Nov. 5, 2021: https://cutt.ly/yT2isrz

100% Egyptian vaccine[65]. The latter is considered a positive step that would succeed in containing the pandemic in Egypt and could also make Egypt a regional center for the production and distribution of Covid-19 vaccines.

It is noteworthy that the COVAX facility is not restricted to distribution only since its work starts with each country's plan to make sure it meets the required criteria. Countries that are not eligible for COVAX are encouraged to seek help from the Vaccines Advance Market Commitment (AMC) financing system to develop their national deployment and vaccination plans in a way that makes them eligible. The plan is evaluated based on the "key aspects of readiness," which include regulatory preparedness, planning and coordination, costing and funding, and target populations, among others[66].

However, the COVAX facility is not fully prepared to face many of the challenges that could hinder its mission. While the vaccination process is crucial to end the pandemic globally, the political will to make this happen is minimal especially that the COVAX system in not obligatory, which means that there is no international coordination to face the crises. This is particularly shown in the case of countries that sign bilateral agreements which secure their right while overlooking the impact of those agreements on poorer countries. The fact that vaccines can be purchased in unlimited numbers also contribute to the problem and lead to serious delays in vaccination campaign in low- and medium-income countries.

3-Access to vaccines in in the three countries:

Countries adopted different strategies to vaccinate their citizens. In addition to giving priority to frontline healthcare workers, online registration was the most commonly used medium for citizens in most countries, including the three countries subject of this paper. Despite being fast, online registration could be problematic due to infrastructure issues such as in countries where the majority do not have internet access or because of digital illiteracy especially among senior citizens. In Egypt, a web portal was launched to enable citizens to register, and it had detailed information on the vaccination process[67]. However, this was not enough to ensure that all citizens could have access to the vaccine. The Egyptian minister of health announced, in fact, that until May 2021, the number of registered citizens was only 2.5 million, that is less than 2.5% of the population. This led to resorting to other means such as vaccinating people at their workplace, which was the case in Cairo University and several government institutions as well as in banks and companies. Sporting clubs also made vaccines available to their members[68].

The Egyptian government also launched an awareness campaign called "Be safe, register now." The campaign encouraged Egyptians to register as part of a larger initiative to maximize the number of vaccinated people. The initiative included mobile vaccination centers that toured different provinces and did not require prior online registration. Through those centers, Egyptians were able to get vaccinated immediately[69]. The Ministry of Health provided detailed information on different vaccine types on its official Facebook page, yet this limited the number of people who could gain access to the information. It is noteworthy that TV campaigns were limited compared to online ones, which led to lack of equality as far as access to information is concerned.

The Egyptian Ministry of Health announced the start of the vaccination process on its Facebook page in January 2021, yet this information was not accessible for everyone. For example, a janitor in an upscale neighborhood in Cairo said he only heard about vaccination from one of tenants and later from his daughter who spoke to him of the importance of getting vaccinated during a visit he made to

[65] "Egypt's vaccine self-sufficiency plan [Arabic]." *Sky News Arabia*, June 18, 2021.
[66] Country readiness for COVID-19 vaccines." Op. Cit.
[67] Alaa Nassar. "Vaccination strategy in Egypt [Arabic]." *Al Marsad Al Masry*, Jan. 7, 2021: https://marsad.ecss.com.eg/48500/
[68] "Sports clubs to vaccinate members: Health minister [Arabic]." *Al Shorouk*, May 22, 2021: https://bit.ly/3f6mNXT
[69] Mahmoud Motawea. "Prime minister launches Covid-19 awareness campaign [Arabic]." *Sada Al Balad*, Sep. 15, 2021: https://cutt.ly/aT2gVLG

his village in the Giza governorate[70]. Similarly, Om Karim, a domestic worker who accompanied her special needs daughter to the vaccination center, said she only knew from her son, who is a doctor: "I knew from my son five months ago and he insisted that I get vaccinated. At the beginning I refused because I was afraid. Many of our relatives spoke about the side effects of the vaccine and a relative actually died after getting vaccinated"[71]. On the other hand, members of the middle class knew of the vaccines and the registration process from the very beginning and sizable numbers registered on the spot and got vaccinated. This was the case with Mrs. M who lives in an upscale neighborhood in Cairo and who knew about the vaccination from the Ministry of Health Facebook page[72].

One of the problems that faced Egyptians who wanted to get vaccinated is the location of vaccination centers. For example, the above-mentioned janitor managed to register with the help of one of the tenants, but when he received a message to go to a vaccination center near his Cairo address, he was at his village in Giza. "I went to a vaccination center that was close to the village and there I got the first shot," he said. "They told me I will receive a message about the date of the second shot, but I never did"[73]. Om Karim received a message to get vaccinated at a center that is far away from her home: "I had to use three means of transportation to reach the place"[74]. Mrs. M said she got the vaccine in one of the centers that are close to her house. "When I registered, I had the option of choosing a center that is close to me and I did," she said. She got the second shot in Lebanon, where it was easy to register online as it was in Egypt. "In Lebanon, they have the same system as in Egypt. You register online and get a message," she said. "When I went to the hospital mentioned in the message, I discovered that the vaccine is only available for Lebanese people. They said they cannot give me the vaccine unless they receive an approval from the Ministry of Health to give vaccines to everyone. They said there will be no problem if I go to a private hospital, and this is what I did"[75].

In Lebanon, the government launched a "vaccination marathon" where on certain days, usually weekends, people can get vaccinated without prior registration. This initiative mainly targeted senior citizens and people with special needs[76]. However, other challenges face the vaccination process in Lebanon, including people's reluctance and inability to use the web portal[77]. Jamila (pseudonym), a 46-year-old cleaner at a school in Tripoli in Northern Lebanon and mother of four children, is incapable of using the internet and had to seek help from neighbors and relatives to complete the registration process. She also said it was hard to reach the vaccination center because she did not have the money for transportation[78]. On the other hand, Sara, 28, said the process went very smoothly because the company she works in vaccinated all the staff for free. "I didn't even go through the hassle of registering online," she said, adding that she objects to the fact that no one gets to choose the type of vaccine they take[79].

Access to information is one of the factors that highlight inequality since educated people have the ability to do research and read about different types of vaccines and learn about their side effects while this is not the case with uneducated people. Mahdi, a young Lebanese citizen, confirmed this discrepancy and said that after a lot of research he wanted to take AstraZeneca since it was "non-commercial," as he put it, and was manufactured at Oxford University. "However, I didn't find it when I went to the vaccination center, and I accepted the available vaccine"[80].

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[70] Interview, Oct. 7, 2021.
[71] Interview, Oct. 11, 2021.
[72] Interview, Oct. 11, 2021.
[73] Interview, Oct. 7, 2021.
[74] Interview, Oct. 11, 2021.
[75] Interview, Oct. 11, 2021.
[76] "Lebanon administers 40,000 doses in vaccination marathon [Arabic]." *Al Sharq Al Awsat*, June 14, 2021: https://bit.ly/3hslDqu
[77] Malak Makki. Op. Cit.
[78] Interview, Nov. 18, 2021.
[79] Interview, **date???**
[80] Interview, Dec. 2, 2021.

In Tunisia, after the death toll reached its peak by July 2021, the government dedicated specific days for vaccinating 40 plus citizens and through this initiative, 44% of the population got vaccinated[81]. Those days facilitated the vaccination process for many Tunisians since no prior registration was required through the EVAX web portal. Samia, a 50-year-old farmer in the center-west, said that despite the fact that the vaccination center was far from where she lives and she had to take a taxi to reach it, the process was easier because online registration was not required. She tried to register on the portal and failed and that is why she took the opportunity of dedicating several days to people aged 40 and above to get vaccinated. She does not know the type of the vaccine she got[82].

Despite the launch of awareness campaigns on TV, radio, and social networks, a sizable portion of the Tunisian population were still unable to use the portal. This was especially the case in the countryside. Fatma, for example, was only able to register because her niece registered on her behalf through the phone. When she got the message, she could not go on her own because the vaccination center was far, and her niece took her. This demonstrates inequality between urban and rural areas as far distribution of the vaccine is concerned[83].

This shows that despite the effectiveness of strategies used to vaccinate as many people as possible, restrictions to fair access to vaccines still persist. This can be attributed to several factors, which are mainly structural as they are related to the resources and capacity of healthcare systems, which in turn affect their ability to ensure that all citizens have access to the vaccine. Added to that is the absence of proper cooperation between different state institutions such as media outlets and educational facilities. Failing to benefit from previous experiences in the region also played a role. For example, Egypt suffered for years from polio until in 2006 when the WHO declared Egypt polio-free. This was the result of extensive efforts, including a nationwide campaign that worked on administering seven doses as part of the routine schedule and additional doses through regular national campaigns[84]. In this campaign, Egypt relied on making doses available for all children across the country whether through health centers, mobile clinics, or home visits as well as making it obligatory. This experience could guide many countries in the region on how to distribute and make the best use of Covid-19 vaccines as a step towards eliminating it.

[81] "Tunisia launches campaign to vaccinate 40 plus citizens [Arabic]." Op. Cit.
[82] Interview, Dec. 1
[83] Interview, Nov. 30, 2021.
[84] "Polio in Egypt: The last battle." UNICEF: https://www.unicef.org/egypt/polio-egypt

Conclusion:

This paper aimed at examining the distribution of Covid-19 vaccines in the Arab region and how it shed light on already-existing inequalities whether in terms of the availability of vaccines in each country or the accessibility of vaccines for different segments of society. This was done through looking into the way the distribution of vaccines reflected the different criteria of the right to health: availability, accessibility, and affordability. As previously mentioned, Arab countries can be divided into four categories: oil-rich countries in the Gulf region, medium-income countries such as Egypt, Tunisia, and Morocco, countries going through financial crises such as Lebanon and Iraq, and conflict zones such as Yemen, and Syria. The condition of health services is determined by the category each country falls under.

Discrepancies in the distribution of vaccines was demonstrated between countries as well as within each country. This is mainly attributed to income gaps and the capacity of the health care sector in addition to the minor role played by WHO in ensuring the fair distribution of vaccines and bilateral agreements rich countries signed with vaccine manufacturers to secure the quantities they need.

One of the main causes of inequality in the Arab region and which was manifested during the epidemic is the absence of any framework for regional cooperation. For example, the Arab League did not play any role in designing a mechanism through which vaccines can be distributed and Arab countries can coordinate, which is one of the organization's main roles. This can be linked to the crises through which the Arab League has for a while been going, which is demonstrated in the decline of its role on the regional and international levels in light of increasing disputes between Arab countries about crucial issues such as the Palestinian-Israeli conflict, Syria, Yemen, Libya, and relations with Turkey and Iran[85].

Another relevant issue is what came to be called "vaccine diplomacy." This term emerged with the pandemic to mean the way countries use diplomatic relations to secure vaccines and/or make it available to other countries. For example, China and Russia worked on enhancing their influence in the Arab region through different vaccine agreements. Sinopharm, for example, was the major vaccine used in the UAE and Morocco and it was also a major part of vaccination planes in Egypt, Bahrain, Iraq, and Algeria. The Russian vaccine, Sputnik, was used in the Palestinian Territories, Syria, Iran, the UAE, and Egypt. The UAE will also establish in coordination with Sinopharm a facility for manufacturing vaccines in Abu Dhabi to be a regional center for the distribution of vaccines, as part of the UAE's plan to enhance its influence in the region. In fact, Egypt got its Sinopharm vaccines through the UAE[86].

Strategies adopted by different countries played a major part in determining the extent of equality in the distribution of vaccines. Inequitable access to vaccines is related to different structural challenges facing Arab countries such as internet access and lack of accurate and updated data bases in addition to limited spending on the healthcare sector. Another challenge is related to the WHO for even though its legitimacy is recognized by all member states, its rules are still not binding, hence it does not have the power to oversee international coordination in the distribution of vaccines. Because health is an international political issue that concerns public welfare, comprehensive programs are required to handle the issue on the global level. However, some of these programs might conflict with the economic priorities of some countries. That is why the WHO should be in charge of recommending the solutions that handle such conflicts. The WHO should also be given the authority to coordinate

[85] For more on the crisis of the Arab League see Attia Nabil. "Normalization: What is the point of the Arab League in light of disputes among its members over relations with Israel? [Arabic]" *BBC Arabic*, Oct. 8, 2020: https://www.bbc.com/arabic/middleeast-54465465

[86] Eckart Woertz and Roie Yellinek. "Vaccine diplomacy in the MENA region." Middle East Institute, April 14, 2021: https://www.mei.edu/publications/vaccine-diplomacy-mena-region

between countries in cases of global medical emergencies and should ensure transparency in health-related data through sending independent observers to countries[87].

This led to discussions on the role of the WHO in the post-pandemic era. These discussions focus on developing the duties of the organization to become more oriented towards immediate reaction to emergencies. This requires a comprehensive structural transformation that overcomes political disputes and enables the WHO of questioning national health plans in a constructive manner: "WHO will evolve only if national governments give priority to a global collective approach to global health issues. However, this move is not enough. The new health governance should give appropriate space to emerging economies and to low-income countries. WHO will not recover its full authority if member states do not waive some of their national prerogatives for the benefit of global public health"[88].

The paper did not cover all aspects of inequality in the distribution of Covid-19 vaccines in the region, especially owing to the presence of refugee communities and marginalized groups. The paper attempted to highlight several representative aspects of inequality, and which are in conflict with sustainable development goals for the year 2030. This is directly related to the necessity of designing development strategies that include all marginalized groups and "leaves no one behind"[89]. This strategy cannot materialize if equality is not achieved on all levels, including equitable access to vaccines and generally improving the health conditions of all citizens. It is also important to improve economic conditions in the Arab region since they are at the core of inequality, which was reflected after the outbreak of the pandemic.

[87] Nay, Olivier et al. "The WHO we want." *The Lancet*, Volume 395, Issue 10240, 1818 – 1820: https://doi.org/10.1016/S0140-6736(20)31298-8

[88] Ibid.

[89] "Leaving No One Behind: Inclusion of Marginalized Groups in Some Arab Countries." ESCWA, 2020: https://archive.unescwa.org/sites/www.unescwa.org/files/publications/files/leaving-no-one-behind-integrating-marginalized-groups-english.pdf