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Policy paper:

# Vaccine distribution in Palestine: There will be no justice under colonialism

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## A summary of vaccine distribution under the current global system:

Since the beginning of spread of the epidemic in January 2020, its consequences have been seen in all countries around the world, and with that, a global scientific race to develop a vaccine to stop the spread of this epidemic has begun, and vaccines, being the cheapest strategy for disease prevention in terms of achieving the best results, have been known as the most cost-effective strategy in the field of health. However, with the start of this global race, the world realised that we not only needed a specific vaccine, but we also needed to ensure that it reached every country on the planet. Whereas various estimates indicated that we needed to vaccinate at least 70% of the population to break the chain of the epidemic, the vaccine production process, which was concentrated in some developed countries around the world, made it difficult to increase the number of vaccines, which was dubbed "vaccine famine."[1]

Many factors have contributed to the creation of global vaccine crisis, as many major countries, like China, Russia, India, the United States, and the European Union, have set the securing of vaccine as their goal, because the production and distribution of vaccines would provide these countries with a strategic advantage in global power relations. This is in addition to the fact that the magnitude of the epidemic necessitates a massive supply of vaccines.If all vaccines require 2 doses, the world's population requires 15 billion doses to be immunised, a figure that India considers the most capable country in the world to manufacture medicine, and a goal that is difficult to achieve in less than four years.[2]

According to the United Nations, there is a significant disparity in vaccination rates between developed and developing countries, with statistics indicating that the vaccination rate in most low-income countries does not exceed 2%, compared to nearly 50% in high-income countries. The percentage falls in some third-world countries, particularly in the African continent, such as Mauritania, where the proportion of vaccine recipients reaches 0.5 percent, and Libya and Sudan, where the proportion does not exceed 1 percent and similar is the case of Syria and many other third-world countries, like Mali, Madagascar, Afghanistan, Ethiopia, Niger, and many others.[3]

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[1]Vaccines and intellectual property: Some things we need to know, By Mada Masr August 20, 2021. Translated article, translated by Nasr Abdel Rahman, August 30, 2020, at the link: https://bit.ly/3EDTBTP

[2] COVID-19: the geopolitics of the vaccine, a weapon for global security, Rafael Vilasanjuan, https://bit.ly/3CJpGrD

[3]COVID-19: Low-income countries are still lagging behind in immunizing their citizens, as the adult vaccination rate does not exceed 2%, the official page of the United Nations, https://news.un.org/ar/story/2021/08/1082202

As previously stated, the concentration of production in the United States of America, China, Russia, India, and the European Union makes increasing its quantities difficult. As the World Trade Organization Agreement on Trade Aspects of Intellectual Property Rights, known as "TRIPS," protects medical products, there are many global barriers to the mass production of vaccines. Medical products have multiple ownership rights such as patents, trademarks, and trade secrets, and the manufacturing country must waive these rights so that other countries can manufacture vaccines locally. In connection with this, India and South Africa petitioned the World Trade Organization to remove property rights from the vaccine to increase its global productivity, but this proposal was rejected by the United Kingdom, the European Union, Switzerland, and the majority of manufacturers based in the United States of America, knowing that the American administration would oppose it. The EU Parliament endorsed and approved this proposal.[4]

Although there is what is known as compulsory licensing, which allows countries to exceed the limits of intellectual property, there are several other factors that limit countries' ability to benefit from compulsory licences, such as the issuance of such licences being linked to many procedures that must be carried out at the national level, such as marketing. According to the agreement, the vaccine necessitates obtaining knowledge of the country of origin, which is protected as a trade secret under the agreement. Furthermore, there is a need to demonstrate the safety and efficacy of the manufacturing process, as well as the availability of technology, which is also a trade secret. In the case of vaccines, however, it is necessary to demonstrate that the vaccine product is equivalent to the effectiveness of the original vaccine, which requires high capabilities in countries, especially since clinical trials are required. Universities and medical laboratories that develop basic vaccine technology make it available only to major manufacturers around the world and not to everyone, as was the case with the Pfizer and Moderna vaccines, whose founding technology was established at the University of Pennsylvania and licenced to large pharmaceutical companies.[5]

As a result of the need to manage vaccine approval, especially in light of the crisis, each country must obtain a licence to use and market the vaccine, as well as implement a set of regulatory rules that affect the speed with which products are launched.

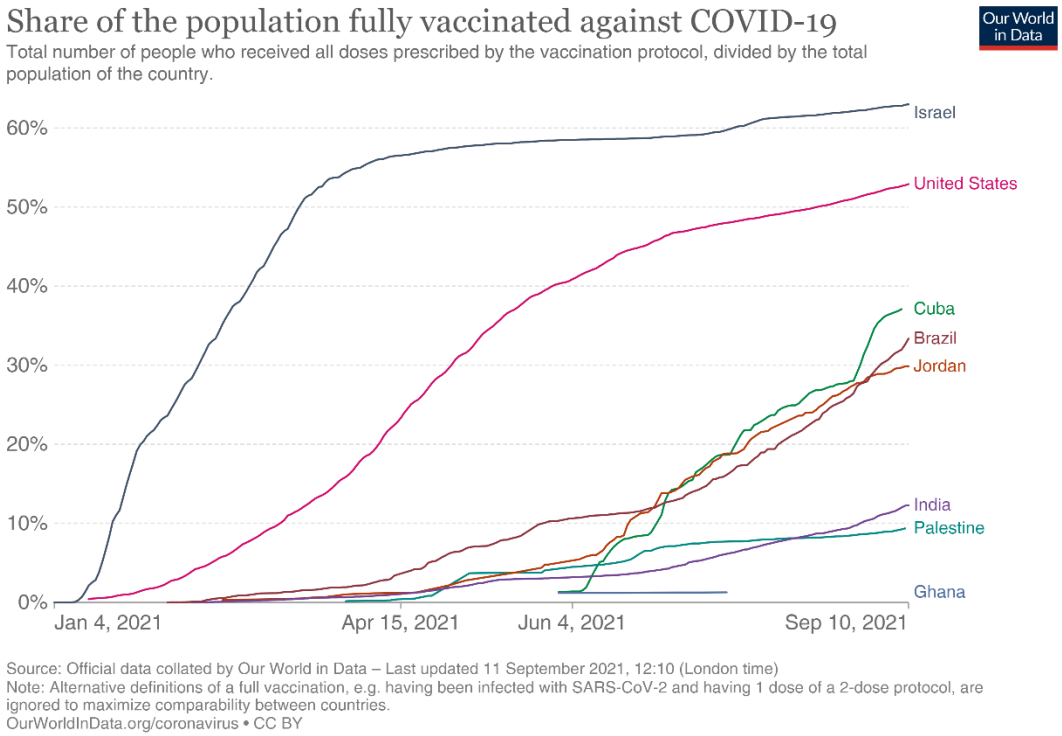
To address these issues, which represented a gap in the fairness of vaccine distribution around the world, the Covax Initiative was launched, to provide two billion doses of vaccine, which would cover approximately 20% of the needs of developing and poor countries. UNICEF, the World Bank, civil society organisations, and private-sector companies are all part of this coalition.[6]

Despite the existence of such an initiative, there are several obstacles imposed by the global system that promotes inequity in vaccine distribution, as rich countries continue to hold direct partnerships, especially since coordination with "Covax" is not mandatory, for example, there are still huge disparities in vaccine distribution around the world.[7]For example, Israel began vaccinating its citizens in December 2020, as part of an agreement between it and Pfizer to exchange information in exchange for vaccines, and behind this is the fact that the Israeli economy can bear the cost of a dose of 62 $, in addition to the well-established Israeli health

[4]Abdel Rahman Nasr, previous reference.
[5]The previous reference.
[6]Gavi Website, COVAX explained, https://www.gavi.org/vaccineswork/covax-explained
[7]A reading of the vaccination policies against “Corona”, Alaa Ghannam, an article,https://bit.ly/3zAnmAU

system, which gave the occupying country an advantage to be one of the first countries to end vaccination of its residents.[8]

That is why the initiative was found to suffer from a severe lack of funding and was hampered by the accumulation of vaccines in high-income countries, as governments worked to enter into bilateral deals through which global supplies of vaccines were consumed, and which was already suffering due to the shortage of production capacity, as statistics show that Covax was able to purchase 1.1 billion doses of the vaccine, compared to 4.6 billion doses purchased by the high income countries.




Palestine, on the other hand, began the vaccination campaign in February 2021 by giving doses intermittently, as shown in the table below, the first of which was in February, at the same time that the percentage of Israelis receiving two doses of the vaccine reached 40%. This was accompanied by a delay in the delivery of batches from the Covax initiative, as Health Minister Mai Al-Kaila stated in February that the first batch of the vaccine was supposed to be received during the second half of the month, but Covax delayed the delivery to May and reduced the number of agreed doses, and the Minister of Health explained that the issue of vaccines was related to a country's national security and the producer countries gave vaccines to their citizens and allies, especially Israel, which was a strategic ally for many countries..[9]

| Source | Vaccine quantity | Date |
|---|---|---|

[8] ANALYSIS - COVID-19 vaccine struggle of Palestinians in West Bank and Gaza, Emre Karaca, Feb 16 2021, https://bit.ly/3CyAXus

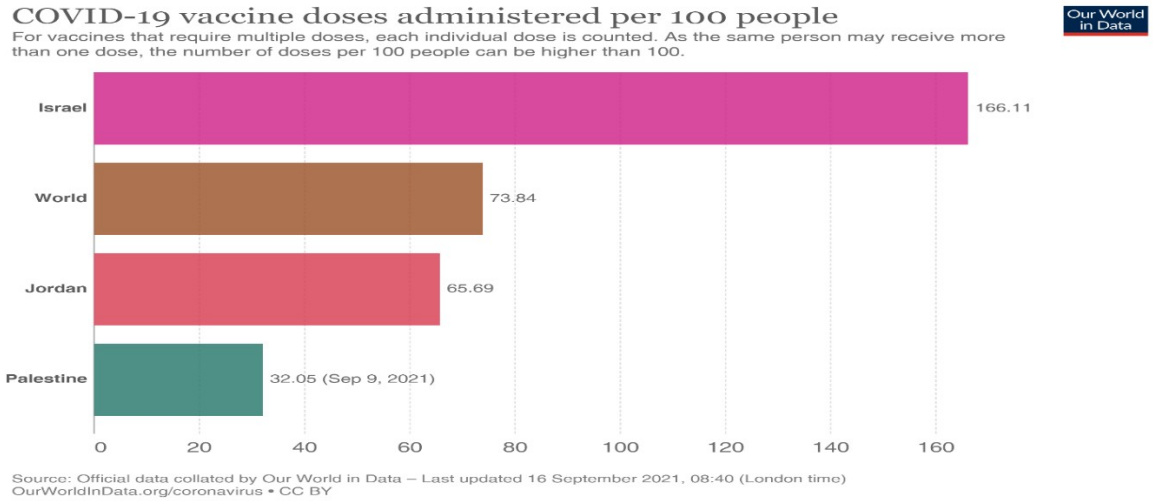
[9]The official page of the Palestinian Ministry of Healthhttps://www.facebook.com/mohps/posts/3619338904858628https://www.facebook.com/mohps/posts/3622065731252612

| | | |
|---|---|---|
| Donate / Moderna | 2000 doses | February 2021 |
| Donate / Sputnik | 10000 doses | February 2021 |
| Donate/ China | 100.000 doses | March 18, 2021 |
| Covax/Pfizer and AstraZeneca | 37.440 dose of Pfizer 24.000 AstraZeneca Dosage | March 17, 2021 |
| Covax | 72.0000 doses | April 20, 2021 |
| Covax/Pfizer | 102.960 doses | May 25, 2021 |
| Covax/Moderna | 500.000 doses | August 24, 2021 |
| Purchase | 1.5 million doses out of 4 million doses | March - August 2021 |

Until now, Palestine has relied primarily on the Covax initiative and donations from other countries to continue the vaccination campaign that began in February of last year, and despite its attempts to begin buying vaccines and concluding direct bilateral agreements with pharmaceutical companies, where it concluded a deal with Pfizer to buy 4 million vaccines, only 1.5 million doses were received from them, as shown in the above table. However, there are numerous shortcomings, which we will discuss in detail in this paper, as well as a lack of clarity in the methods of distributing vaccines and determining vaccine sources.

**Corona in "Israel": How the crisis was politically exploited**

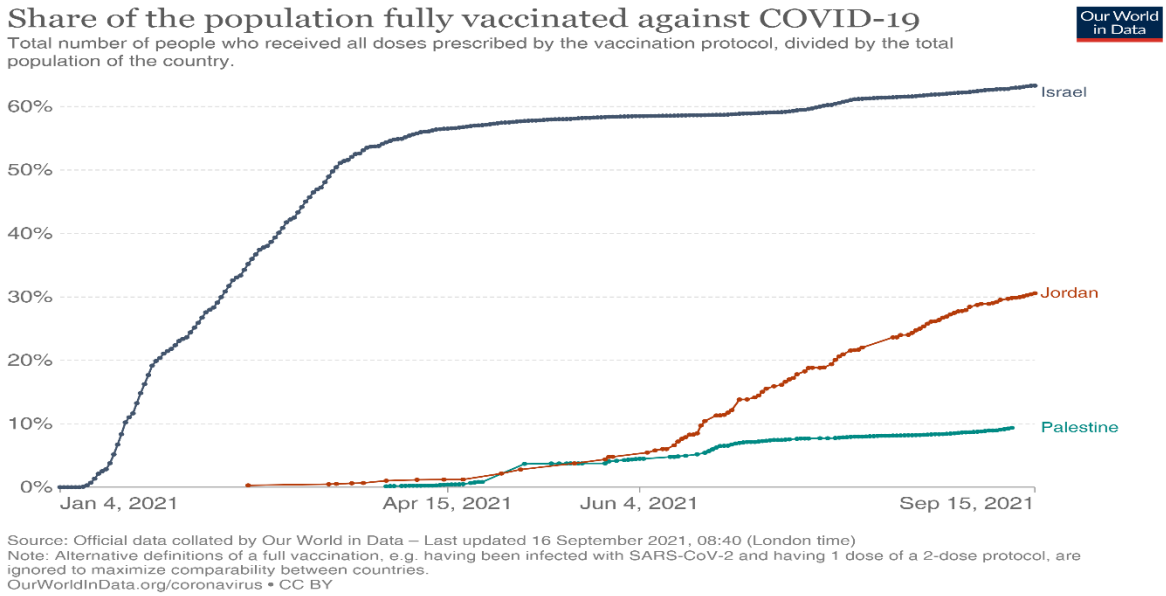
Israel topped the list of countries that were able to secure their share of corona virus vaccines, as the vaccination process there began since December 2020. And in contrast to it The Palestinian Ministry of Health began the vaccination process in February 2021, relying on very limited quantities provided by the Zionist entity as ‘a humanitarian gesture’ in their and Russia’s words. The Israeli occupation consumed approximately 15 million doses of global production, while Palestinian consumption has not yet exceeded 2 million doses. And it will be very clear through studying the global per capita share of vaccinations as the occupying country exceeded the global per capita rate, as shown in the figure below.




It should be noted that "Israel" as the occupying power bears responsibility for securing vaccines for Palestinians in the West Bank and Gaza Strip, as well as all areas that fall within the occupied territories; according to Articles 55 and 56 of the Fourth Geneva Convention,

the entity must provide health care if local resources are insufficient. The Oslo Accords do not absolve Israel of its obligations. Despite this, the Zionist entity's government stated that the health sector's responsibilities fall on the "Palestinian side," and Israeli Minister of Health Yuli Edelstein added that the Oslo Agreement did not impose any obligations on them regarding the health issue.[10]

As shown in the graph below, the percentage of vaccinated recipients in "Israel" at the time of writing this report was 63 percent, compared to about 10 percent in the West Bank and less than 7 percent in the Gaza Strip.




It is worth noting that the occupation used its advantage in obtaining vaccines diplomatically, as Israel used the Corona pandemic in the year 2020 to strengthen its influence on the African continent, for example, by assisting African countries to develop new technology to combat the virus and cooperating with health institutions there to conduct awareness and guidance campaigns, such as Cameroon, Ivory Coast, Nepal, Zambia, Senegal, and Rwanda. Israel has also used the Corona pandemic to strengthen economic and scientific cooperation with European countries.[11]

The policies of dealing with the Corona pandemic in Israel also reflected the military and security dominance, as well as the extent of crisis being used politically by Israeli governments, as professional staff specialised in health matters were marginalised in exchange for the Prime Minister's Office controlling crisis management. The crisis also highlighted the Israeli health system's lack of preparedness in terms of budgets, infrastructure, and manpower, and that health is a sector that has suffered from years of drying up of the budget in favour of other expenses that reflect the neoliberal philosophy which controls this regime.[12]

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[10]The Independent Commission for Human Rights, the readiness of the State of Palestine to implement the right to health during the Corona pandemic from a human rights perspective, 2020.
[11]Madar Strategic Report, Khaled Anabtawi, 2021, the scene of foreign relationshttps://bit.ly/30wAzit
[12]Health policies towards the Palestinian community at home in light of the Corona pandemic and before it: Where are we from health justice?, End of David, Israeli Issues Journal, No. 82, issued by Madar Centre for Israeli Studieshttps://bit.ly/2Z3yyKk

**During the Corona pandemic, how has the Israeli occupation hampered Palestinians?**

In general, the Palestinian situation during the Corona pandemic was dangerous due to the effects of the Israeli occupation and its racist practises, as well as the siege imposed on many sectors and walks of life, particularly the health care sector, which was unable to respond to the pandemic as required due to a variety of factors.

Israel has worked to vaccinate its citizens, including settlers in the West Bank and Palestinians in East Jerusalem, but has excluded 5 million Palestinians living under occupation from this process, and has practised many forms of discrimination against Palestinians living in the occupied Palestinian territories since 1948. A brief overview of some efforts made by civil society organisations concerned with the rights of Palestinians inside the occupied territories, where they face systematic discrimination.[13]

On the level of language, for example, Arabic versus Hebrew, which most East Jerusalem residents do not understand, is absent from health websites aimed at citizens, such as the Magen David Adom website, as well as official documents such as vaccination certificates and others.In 1948, the occupied Palestinian territories requested that the Clalit Health Fund provide vaccinations to the de-recognized villages in the Negev so that the residents' lives would not be jeopardised. Furthermore, the Israeli government did not set up vaccination centres in Palestinian neighbourhoods of Jerusalem, such as Kafr Aqab and Shuafat camp.

Furthermore, due to a lack of funding and neglect, the health sector in Jerusalem is in crisis in terms of the availability of basic medical supplies in its hospitals. In addition to the delay in the opening of centres to conduct a corona examination, and the denial of health services by the Israeli Ministry of Health to more than 40,000 Jerusalemites on the pretext that they live outside the artificial occupation municipal boundaries in Jerusalem.[14]

Discrimination against Palestinians, on the other hand, took a new form in the West Bank and Gaza Strip. According to the electronic platform of the Palestinian Ministry of Health's Covid-19 Monitor, the total number of confirmed cases in the West Bank and Gaza Strip as of September 14, 2021, reached 374,770 cases, with the Gaza Strip accounting for 40% of them, with the number of confirmed cases in the Gaza governorate reaching 149,170, a high number when compared to the number of afflictions in the West Bank governorates.[15]

This is due to a variety of factors. Aside from the high population density and high rates of poverty, the Gaza Strip has been under a tight Israeli siege for thirteen years, which is a major impediment to providing the necessary health care.

The occupation imposes many obstacles on the entry and exit of basic goods and materials on the pretext that they are "dual-use items," particularly medical equipment and spare parts for medical devices, by controlling the process of issuing permits and controlling at the crossings.[16]

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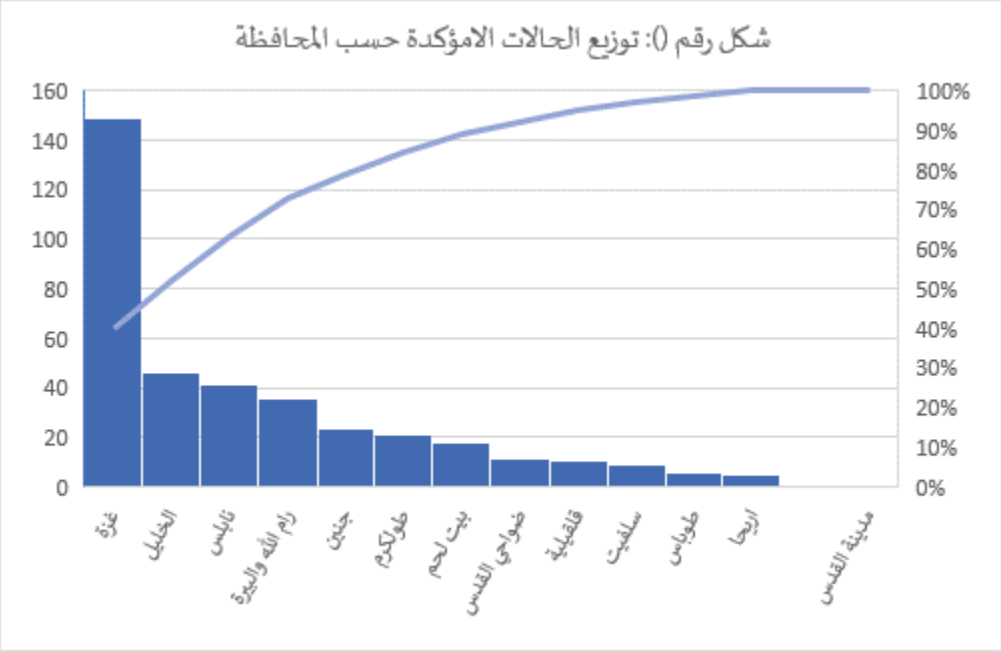
[13]The latest developments on the work of the Adalah Centre to combat the spread of the Corona epidemic, as part of the work for full human rights, especially the right to life:https://www.adalah.org/ar/content/view/9941
[14]The Independent Commission for Human Rights, previous reference.
[15]Corona virus data electronic platform,https://pcbs-coronavirus-response-ar-pcbs.hub.arcgis.com/
[16]Medical Aid Society for Palestinians, Equal Access to COVID-19 Vaccines: Who is Responsible in the Occupied Palestinian Territories?

According to a report released in February 2021 by the Medical Aid Society, health facilities in the Strip are facing a severe shortage of infrastructure, human resources, and the ability to generate oxygen for Corona patients, in addition to a lack of fuel and continuous power outages. According to the report, the sector's stock of half of the essential medicines (45%) and one-third of the medical consumables was depleted.[17]




This is in addition to the fact that the occupation prevented the entry of 2,000 doses of the Russian Sputnik vaccine into the Gaza Strip in May of this year, which had been allocated to medical staff working in quarantine centers and direct contact with Corona patients, before retracting that and allowing their entry. The decision to ban coincided with an internal Israeli debate over whether it is possible to bring vaccines into Gaza in exchange for the release of soldiers held by the Gaza resistance.[18]

The situation in the West Bank differs from that in Gaza, but there are numerous restrictions and forms of deprivation of the right to health in various parts of the West Bank. Security Council, which responded by prohibiting the transfer of clearing funds beginning in May 2020, affecting the authority's ability to transfer or disburse government employees' salaries on time or in full, which worsened the economic conditions during the pandemic.

The Palestinian Authority's financial crisis in the West Bank, as well as the restrictions imposed on it, were reflected in its ability to begin importing vaccines early, as the Authority's resources at the start of the pandemic did not cover the need to expand the infrastructure of storage and cooling centres, distribution centres distributed to regions, and vaccination centres.

In addition to financial constraints, Palestinian workers working inside the occupied territories in 1948 were subjected to mistreatment, particularly those who displayed symptoms of Corona during their work, as there repeatedly occurred the scenes of the

[17]The previous reference
[18]The War Continues, The Siege of Colonialism and Corona in the Gaza Strip, Basil Rizkallah, Israeli Issues Magazine, Madar Centre for Israeli Studies,https://bit.ly/3p9Ktks

expulsion of Palestinian workers and placing them near military checkpoints. And the deprivation of their right to receive health care or even conduction of tests for them resulted in the rise of the ratio of Palestinian workers afflicted with Corona Virus, when compared to other groups, whereas the percentage of Palestinian workers infected with the Coronavirus reached 75%. [19]

The number of workers in the occupied territories in 1948 decreased by 6% by 2020, and during the closures, Palestinian workers were forced to stay at home for long periods of time, and their places of stay lacked basic health and safety provisions. Israel has worked to open the gates for them, but without taking any precautions for their health or safety, or even coordinating with a Palestinian party to inspect them.[20]

**Vaccine deal: pharmaceutical companies' mismanagement or complicity in the occupation**

The Palestinian Authority attempted to provide the necessary amount of vaccines to vaccinate all citizens in the West Bank and Gaza Strip, and given the global discussions about the effectiveness of the AstraZeneca vaccine, the Palestinian Ministry of Health contacted the American company Pfizer in its endeavour to secure vaccines, and these efforts culminated with the signing of a final agreement on May 4, 2021, to purchase 4 million vaccines, provided that the supply is sufficient..[21]

While working on the deal with Pfizer, a technical level employee in the Israeli Ministry of Health suggested exchanging vaccines, and the Palestinian government accepted this offer and justified it by claiming that the exchange would fill a potential gap in Pfizer vaccine supply in June and July. Many countries, particularly the United States of America, supported the idea of the exchange.

The Palestinian Authority's mismanagement of the pandemic became clear through the vaccine deal concluded by the Palestinian Ministry of Health with the Israeli Ministry of Health to exchange vaccines, in which doses expiring in less than two weeks were accepted and this was justified by the urgent need for doses, but this deal was marred by many errors at the health and political levels, as the agreement reflected many inequalities.According to the report of the investigation committee on the deal, the agreement required the Palestinian Ministry of Health to submit reports on the shipment of doses and the date of their storage to the Israeli Ministry of Health, but the latter did not. This is in addition to resorting to Israeli law and the Tel Aviv court in the event of a dispute.

The details of the deal also reveal Pfizer's complicity, as the company procrastinated for a long time before drafting a tripartite agreement. Israel absolves itself of any defect or legal liability related to the supplied doses, and the agreement between the Ministry of Health and Pfizer is not in accordance with the agreement between the two ministries, particularly in terms of transportation and storage. Because of this, Israel was able to commit numerous violations during the transfer and supply operations.

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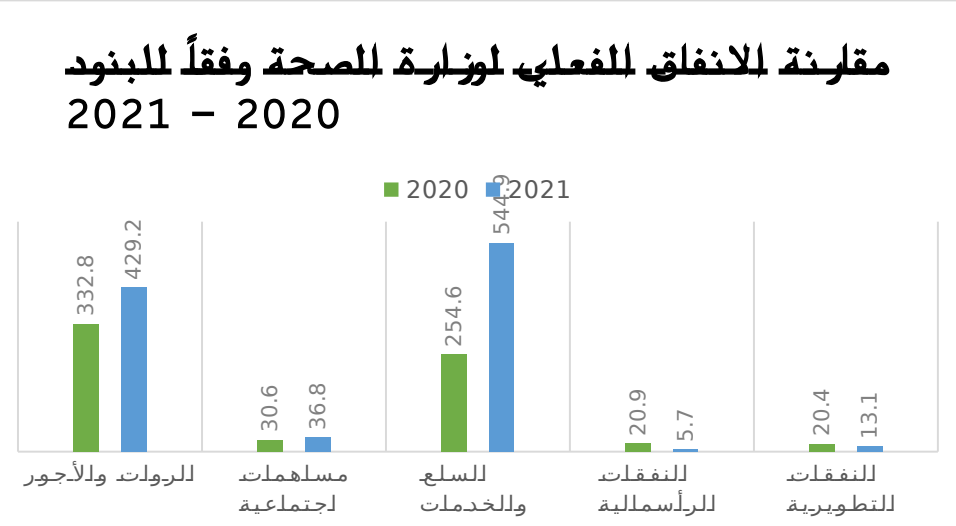
[19]The Independent Commission for Human Rights, previous reference.
[20]Situation of Workers of the Occupied Arab Territories, Report of the Director-General - Supplement, International Labour Conference, 109th Session, 2021,https://bit.ly/3vu1CGD
[21]Report of the investigation committee into the vaccine deal.

**What was the Palestinian Authority's role in the Corona pandemic?**

In addition to the discriminatory measures imposed by the Israeli occupation, the Palestinian Authority implemented some official procedures that hampered the realisation of the right to health and other rights, as the Independent Commission for Human Rights indicated in a study it published on the readiness of the State of Palestine to implement the right to health during the pandemic, to the repeated declaration of a state of emergency in an unjustifiable manner by the Palestinian Authority. This is in addition to the fact that some decisions issued by the Ministry of Health affected the provision of primary care by closing primary care centres, in addition to postponing operations and failing to provide medicines, in addition to a lack of equipment for quarantine facilities, particularly in the Gaza Strip. And also, there was a clear deficit in the Palestinian Authority's and its government agencies' ability to maintain an acceptable standard of living and a good economic situation for citizens.

**Interventions of power in the social sector:**

In addition, the total expenditure of the Palestinian Ministry of Health increased in general between 2020 and 2021, according to monthly reports published on the Palestinian Ministry of Health's website, but this increase was concentrated in the items salaries and wages and goods and services, which included vaccine expenditures, but spending on development and capital expenditures decreased. And let it be known that the epidemic has highlighted the need for the health sector to build its infrastructure, expand its health services, and improve its quality.[22]




Furthermore, although poor families and marginalised groups receive about 95 percent of the Ministry of Social Development's budget, which increased in 2020 due to the pandemic, the Ministry of Development only made three out of four payments to poor families under the cash assistance programme.[23]

[22]Semi-Annual Comparative Actual Expenditure Report 2020/2021 Ministry of Health, Key Foundation
http://www.miftah.org/arabic/PublicationDetails2020.cfm?id=203

[23]The semi-annual comparative actual expenditure report 2020/2021 of the Ministry of Social Development, Key Foundation
http://www.miftah.org/arabic/PublicationDetails2020.cfm?id=202

Although the Palestinian Authority attempted to manage the crisis by closing roads and preventing movement, its subsequent responses revealed significant policy flaws and poor performance, contributing to the fact that its policies from twenty years ago, as well as its reliance on the occupation government, limited its ability to effectively manage these policies. The crisis, on the other hand, worsened the impact on society.

This shortcoming was reflected in poverty and unemployment rates, as more than 66 thousand workers left the labour market in 2020, the total number of workers in the labour market fell from 951,000 in 2019 to 884 thousand in 2020, and the unemployment rate rose from 26.3 percent to 27.8 percent, introducing new categories to the cycle of poverty and extreme poverty. Despite the passing of two years since the outbreak, the pandemic's consequences are still being felt, and this is due to a lack of social protection measures that include health, education, and other aspects of social development.[24]

**Conclusion and suggestions:**

The pandemic, particularly the start of global vaccination campaigns, has demonstrated that the global system in its current form has exacerbated the crisis while failing to provide radical solutions. On the contrary, global disparities were reflected in the ability of developing and poor countries to secure vaccines, as opposed to rich countries that were able, through bilateral agreements, to secure their share of the vaccine. Although there are initiatives such as Covax to assist poor countries in obtaining vaccines, these initiatives have not been able to find solutions to patent issues or the constraints imposed by global trade agreements, which have only resulted in the accumulation of profits for private pharmaceutical companies.

This is in addition to the fact that, despite many statements from the World Health Organization and other international organisations about "Israel's" responsibility as an occupying power in providing vaccines to Palestinians, the global system continued to supply Israel with the necessary quantities of vaccine. Thus Israel was able to be one of the first countries to begin giving their citizens the third dose of the vaccine.

All of this points to the existence of structural discrimination within the framework of this regime, as evidenced by the pandemic's systematic disregard for Palestinians' right to health and dignity.

During the pandemic, the Palestinian Authority attempted to implement the right to health by providing vaccines, equipping quarantine centres, and communicating with the public, but the restrictions imposed on the Authority, combined with its limited capabilities, posed an impediment.In addition, the pandemic exposed shortcomings in the authority's implementation of integrated social protection policies, which has had a significant impact on poverty and unemployment rates and increased the percentage of those affected.

The pandemic also revealed aspects of discrimination and weakness in the Palestinian Authority and Ministry of Health's transparency, particularly in vaccination campaigns and management methods.

[24]The Palestinian Central Bureau of Statistics, Survey of the Impact of the COVID-19 Pandemic (Corona) on the Social and Economic Conditions of Palestinian Families,https://bit.ly/3petnSE

As a result, this paper recommends:

- At the international level, the need for international community institutions and organisations to put pressure on the occupying power to fulfil its obligations under international laws and treaties, particularly the right to health in this context and to reconsider the application of the World Trade Agreement to the exchange of medicines and vaccines.
- The passage of two years since the pandemic has demonstrated the failure of the Covax Initiative to end the global crisis in distributing vaccines and working to distribute them fairly among countries, indicating the need to reconsider the objectives of this initiative, as managing distributions between countries that remain subject to the will of vaccine-manufacturing countries is insufficient. Rather, there is a need for a global discussion about manufacturing, distribution, and major companies' monopolies on vaccine technology, In addition, the vaccine crisis must be viewed as one of a series of global crises caused by the nature of the dominant global system.
- There is a need to focus on the Gaza Strip as a place where the occupation's violations and practices intensify during the pandemic, and as a clear manifestation of the political and health intertwining, and the need to discuss them intersectionally, particularly in the Palestinian cause.

  On the level of national policy:

  - Creating a social protection policy capable of responding to emergencies and crises, as well as focusing on some marginalised groups that have been hit harder than others during the pandemic, such as the elderly, people with special needs, women, and low-income families.
  - Adoption of comprehensive health insurance to provide health services that are appropriate for individuals' economic and social circumstances, as well as to protect them during health crises and epidemics.
- The Palestinian Authority should be more clear and transparent about vaccination campaigns and vaccine distribution mechanisms, as well as justifying the continuation of the state of emergency, which restricts many rights.

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