

Letter to the Editor

Comment on “Vaccine Procurement: The Changes Needed to Close Access Gaps and Achieve Health Equity in Routine and Pandemic Settings”

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Dear Editor,

This is a comment on published research on “Vaccine Procurement: The Changes Needed to Close Access Gaps and Achieve Health Equity in Routine and Pandemic Settings.”¹ The conversation raised critical problems about public-private collaborations in vaccine development, particularly in the context of COVID-19. Although fair vaccination distribution and transparent agreements are crucial, the paper fails to address the challenges of these collaborations in practice. For example, the significance of the public sector in mainstream research is emphasized, but how varied interests among private actors impede the application of fair terms is not adequately investigated. A closer examination of specific case studies would shed light on these dynamics and uncover the hurdles that persist even when intentions align.

Furthermore, while the emphasis on memoranda of agreement and shared legal mechanisms for vaccine procurement makes sense in theory, it raises concerns about implementation. How can trust be built between countries with disparate political and economic interests? Furthermore, the practicality of aligning procurement laws across various regulatory contexts and health systems are significant difficulties that necessitate more than simple policy proposals. It would be useful to critically assess existing frameworks and their shortcomings, as well as consider how to encourage compliance among participating countries.

The appeal for a “revolution of values” is strong, yet somewhat unrealistic in light of worldwide vaccination distribution. While

the connection to Martin Luther King Jr.’s vision is compelling, the argument lacks specific strategies for bridging the gap between beliefs and practice. For example, what specific rules and reforms could encourage private enterprises to prioritize public health over profits? How can global governance systems change to accommodate this shift in priorities? These questions necessitate more in-depth discussion and innovative solutions that take into account both ethical considerations and practical realities.

Finally, while the article acknowledges the possibility of adequate vaccine manufacturing, it fails to address the systemic inequalities that limit access to health technologies. Future research should focus on novel financial mechanisms that can enable equitable vaccine distribution, such as tiered pricing or a global health fund. Furthermore, the role of civil society in fostering accountability and openness in public-private partnerships might be highlighted. Combining these views allows for a more thorough examination of how to develop equitable and effective responses to future health crises.

Reference

1. S.H.E. Harmon, K. Kholina, J.E. Graham, “Vaccine Procurement: The Changes Needed to Close Access Gaps and Achieve Health Equity in Routine and Pandemic Settings,” *Journal of Law, Medicine & Ethics* 52, no. 2, (2024): 467–479, <https://doi.org/10.1017/jme.2024.109>.

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