

Health Equity in the COVID-19 Vaccine Distribution A Legal Perspective under Human Rights Principles and International Solidarity

Arafa Zoubida

Lecturer class B , Laboratory of Law and Development , Tahri Mohamed
University of Bechar (Algeria), zoubida.arafa@univ-bechar.dz

Received: 15/06/2026, Accepted: 29/09/2026, publication: 30/09/2026

Abstract

The COVID-19 pandemic revealed deep disparities in global health equity, as wealthy countries monopolised most of the vaccine supply while poor nations struggled to access vaccines. The principle of international solidarity emerged as a legal and ethical framework for ensuring equality in vaccine distribution; however, its implementation remained limited by national interests. This raises the question of whether international law can transform this principle from a moral obligation into an effective legal commitment that guarantees the right to health for all.

Keywords: Health equity; vaccine distribution; international solidarity; international law; COVID-19 pandemic.

INTRODUCTION

The outbreak of the COVID-19 pandemic led to an unprecedented global health crisis, revealing the fragility of the international health system. This crisis uncovered serious violations of the principles of health equity and international solidarity regarding the fair distribution of vaccines. Despite international calls for vaccines as a global public good requiring equitable allocation, wealthy countries secured billions of vaccine doses for their populations through advance contracts with pharmaceutical companies. This occurred at the expense of poor countries, which faced structural difficulties and delays in obtaining vaccines. Such practices highlighted significant inequalities within the international health solidarity system, which is supposed to follow the principles of the World Health Organisation and international humanitarian law.

In this context, international law plays a central role in establishing legal rules governing global health. International treaties and conventions, particularly the International Covenant on Economic, Social and Cultural Rights and the Constitution of the World Health Organisation, recognise health as a fundamental human right and guide states in developing health policies based on equality and non-discrimination. International solidarity serves as a mechanism for sharing responsibilities among states during times of crisis. Nevertheless, the effectiveness of this role remains limited due to the lack of binding force in international legal norms and weak implementation and monitoring mechanisms. Consequently, the realisation of health equity often depends more on the political will of states than on strict legal obligations.

This discrepancy between the principle of international solidarity, legal code, and real practice raises a profound legal and ethical issue regarding the extent to which international solidarity is binding in ensuring health equity. Therefore, this study aims to analyse the legal framework of health equity in international law and to highlight the limitations of its application in vaccine distribution during global health emergencies.

The issue of health equity in vaccine distribution has attracted the attention of scholars interested in legal and international research. Numerous studies have examined the imbalances characterising the global health system. For instance, **(Fidler , 2021)** analysed the phenomenon of “vaccine nationalism” and its implications for the principles of international health law. The study concluded **(Fidler , 2021, p. 220)** that the monopolisation of vaccines by wealthy states reflects the predominance of national interests over international solidarity. Likewise, reports by Amnesty International (Amnesty International, 2021) emphasised that disparities in vaccine distribution are a new form of global health discrimination, widening inequalities between nations. **(Amnesty International, 2021)**

The Lancet’s study (2022) stressed the need for an international pandemic treaty to ensure equitable access to health resources, arguing that voluntary mechanisms have been insufficient. **(Lancet, 2022, p. 1015)** Despite their importance, these studies approached the issue from political or public health perspectives. In contrast, the present study aims to address this issue from a legal standpoint by analysing the extent to which international solidarity is binding and examining

Health Equity in the COVID-19 Vaccine Distribution A Legal Perspective under Human Rights Principles and International Solidarity

its contribution to achieving health equity, particularly in vaccine distribution during pandemics.

Research Question

The study seeks to answer the following question:

To what extent does international law uphold the principle of health equity in vaccine distribution? Can international solidarity be considered as an effective legal obligation or merely a moral aspiration?

Research Hypothesis

The study hypothesises that the absence of a binding international legal framework enforcing health solidarity has made equitable vaccine distribution dependent on the interests of wealthy states and major pharmaceutical companies at the expense of poorer countries.

1. Health Equity and International Solidarity Based on International Law

Health equity is a relatively recent concept in international law, based on the principle of ensuring the fair global distribution of medical resources during pandemics. However, the latest global crises have revealed a profound disparity between developed and developing countries in terms of access to healthcare resources. This situation highlights the need to establish this concept legally.

1.1 Health Equity as an Extension of the Right to Health

1.1.1. The Conceptual Framework of Health and Vaccine

Health is one of the fundamental concepts in international law. It is not limited to the curative dimension alone; rather, it encompasses a comprehensive state of physical, mental, and social well-being. (World Health Organisation (WHO)) It is defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” (**International Committee of the Red Cross (ICRC), (2021)**) It is a holistic definition that recognises health as a fundamental human right.

A vaccine refers to a biological preparation that stimulates the immune system to prevent infectious diseases and reduce their spread. Vaccines are the most important health tools, particularly in addressing global epidemics. (**Vaccines and Immunisation** , 2019) They play a crucial role during health emergencies to ensure health security. However, their effectiveness remains dependent on their fair distribution among countries.

1.1.2. The International Legal Basis of the Right to Health

Health equity goes beyond mere formal equality in the provision of medical services. It encompasses the guarantee of equal opportunities to the right to health based on equality and human dignity. This involves removing economic, social, and political barriers that hinder individuals' access to adequate healthcare. (Mohamed , 2019, p. 44)

The legal foundation of the right to health is firmly established in international law. The Constitution of the World Health Organisation (1946) states that healthcare is a fundamental right of every human being without distinction. (World Health Organisation, 1946) Thus, health is a universally acknowledged human right that confers an international legal dimension. The International Covenant on Economic, Social and Cultural Rights (1966) obliges States Parties to take measures to fight epidemic diseases and to ensure suitable health conditions. (United Nations, 1966)

This idea strengthens the legal basis of health equity, which requires fair and non-discriminatory access to healthcare services for all. Nevertheless, the practical reality of the COVID-19 pandemic revealed a lack of health equity in vaccine distribution across states. It contrasts with the principles of the Covenant. In this context, international law plays a pivotal role in promoting health equity and solidarity among nations by establishing binding legal standards to ensure the fair distribution of health resources. International agreements have emphasised the responsibility of all States Parties to adopt comprehensive health policies and not to deprive any state of its population's right to health, thereby maintaining a balance between national commitments and international public health standards.

Health Equity in the COVID-19 Vaccine Distribution
A Legal Perspective under Human Rights Principles and
International Solidarity

1.2. The Principle of International Solidarity between the Legal Basis and Practical Challenges

1.2.1. Definition of the World Health Organisation and Its Role

The World Health Organisation (WHO) is one of the most important specialised international organisations. It was established in 1948 and aimed to achieve health for all peoples. It works to coordinate international efforts to combat epidemics and to strengthen cooperation among states. Despite this role, its effectiveness remains limited due to the absence of a binding legal status that obliges states to respect the principles of health equity. This makes its work dependent on the voluntary commitment of states.

1.2.2. The Conceptual Framework of the Principle of International Solidarity

The principle of international solidarity is a modern principle in international law. It was affirmed in the 1986 Declaration on the Right to Development as a condition for achieving social justice and comprehensive development. It was also stated in United Nations General Assembly Resolution 57/213 that international solidarity is the basis of peace and justice among peoples. **(United Nations, 1948)**

However, the COVID-19 pandemic revealed the practical shortcomings of the principle of international solidarity, as wealthy countries monopolised vaccine supplies that exceeded their actual needs, and developing countries faced shortages in securing vaccines, despite United Nations calls for equality. Hence, activating this principle requires an international political will that transforms international solidarity into a legally binding obligation subject to effective international monitoring mechanisms and supported by collective political commitment. It also requires clear provisions in international treaties and agreements, linked to follow-up and evaluation mechanisms that can limit abuses by wealthy states and make the distribution of health resources more just and transparent.

In addition, coordination between countries and international organisations, particularly the World Health Organisation, plays a fundamental role in ensuring the fair distribution of vaccines and other essential health resources, and in guaranteeing their access to vulnerable groups in developing countries, thereby achieving the principle of health equity on the ground.

2. Challenges of Health Equity in Vaccine Distribution between the Principle of International Solidarity and the Interests of Wealthy Countries

Despite the international recognition of the principle of health equity, its implementation has faced numerous obstacles. The COVID-19 crisis demonstrated the failure of the global health justice system through profound imbalances in global health governance, particularly regarding the unequal distribution of vaccines between wealthy and poor countries. Vaccines became a strategic good subject to competition, even though they are a universal human right.

Under the limited effectiveness of the principle of international solidarity, a question arises about the extent to which the international legal system can balance the countries' legitimate national interests with the protection of the collective right to global health.

2.1. The Breakdown of Health Equity during the COVID-19 Pandemic

2.1.1. Definition of a Pandemic and the Nature of COVID-19

A pandemic is defined as the rapid spread of an infectious disease across national geographical borders. In 2020, the World Health Organisation (WHO) officially declared COVID-19 a pandemic due to the rapid transmission of the novel coronavirus. This pandemic exerted unprecedented pressure on healthcare systems worldwide and exposed weaknesses in international coordination in responding to this global health emergency. It also highlighted disparities in countries' capacities to respond effectively, with wealthier nations generally better equipped to manage the crisis than developing and low-income countries.

***Health Equity in the COVID-19 Vaccine Distribution
A Legal Perspective under Human Rights Principles and
International Solidarity***

2.1.2. Inequitable Distribution of Vaccines

Since the launch of the vaccination campaigns against COVID-19, a striking disparity in the geographical distribution of vaccines has been evident. High-income countries secured more than 70% of the vaccine doses produced during the first year of the pandemic, whereas low-income countries received no more than 2% of the total supply. **(World Health Organisation (WHO), 2022)**

This reality reflects a flaw in the global health governance system, due to the absence of a binding authority that obliges developed countries to equitable vaccine distribution. International cooperation remains a political recommendation rather than a legally binding obligation. Consequently, the global health system requires radical reform to guarantee effective equity in the right to health.

Moreover, “vaccine nationalism” led vaccine-producing countries, such as the United Kingdom, the United States, and the European Union, to prioritise domestic access to vaccine supplies and to conclude advance purchase agreements with major pharmaceutical companies to secure doses for their own populations first. **(Fidler , 2021, p. 221)**

Such conduct contradicts the international human rights commitments relating to the principle of equality in the right to health. Although this practice may be justified by a state's duty to protect its citizens, **(United Nations Human Rights Council, 2020)** Amnesty International's 2021 report characterised the unequal vaccine distribution as a new form of health discrimination. **(Amnesty International, 2021, p. 7)** Therefore, the failure to achieve health equity cannot be attributed solely to a shortage of resources; rather, it comes from the lack of fairness in the allocation of resources between developed and developing countries, which contradicts the rules of international humanitarian law.

The shortage and delayed delivery of vaccines in vulnerable countries had serious consequences, including increased infection rates, rising mortality, and the postponement of essential healthcare

programs, which contradicts the principle of international solidarity. Furthermore, poorer countries often bear the full cost of vaccines, while the limited effectiveness of international health institutions in ensuring equitable distribution has widened global health disparities. This highlights the practical shortcomings of the global health system in implementing health equity.

2.2. The Limitations of International Solidarity in Vaccine Distribution

2.2.1. Definition of Vaccine Nationalism

Vaccine nationalism refers to the tendency of states to prioritise their national interests by securing vaccine supplies, even at the expense of other countries. This matter has undermined the principles of global health equity. The phenomenon of vaccine nationalism illustrates the limits of the ethical commitment to international solidarity, as national policies often prevail over voluntary international initiatives.

2.2.2. The COVAX Mechanism and the Limits of Its Effectiveness

In response to these inequalities, the World Health Organisation (WHO) launched the **COVAX** initiative to ensure equitable global access to COVID-19 vaccines. However, reality revealed that wealthy countries concluded bilateral agreements with pharmaceutical companies to secure larger vaccine supplies rather than adequately supporting the initiative. This behaviour weakened the effectiveness of the principle of international solidarity and gave rise to the problem of solidarity as a moral value that lacks legal binding force, making its implementation dependent on the political will of powerful states.

On the other hand, the strict intellectual property system established under the “TRIPS” Agreement limited developing countries from producing vaccines locally. **(World Health Organisation (WHO), 2025)** To implement the principle of international solidarity, it is necessary to transform it from a moral principle into a legal commitment that entails international responsibility for non-compliance. The absence of legal mechanisms hinders global health equity. Moreover, reconsidering intellectual property rules by facilitating technology transfer to developing countries and strengthening regional cooperation in pharmaceutical

Health Equity in the COVID-19 Vaccine Distribution A Legal Perspective under Human Rights Principles and International Solidarity

manufacturing are essential steps toward guaranteeing access to vaccines as a human right.

2.3. Towards a New Legal Approach to Strengthening Health Equity

2.3.1. Reviewing the Legal Framework of Health

Overcoming the crisis of inequity in vaccine distribution requires a review of the international legal framework of global health, by transforming ethical principles into legal commitments. In this regard, many researchers have called for a binding international convention on pandemics, which would set clear rules for the sharing of medical resources and vaccines. **(World Trade Organisation (WTO), 2021, p. 6)**

In 2022, the World Health Organisation has responded to these calls by initiating negotiations on a “Global Pandemic Treaty,” aimed at establishing binding legal rules that ensure the fair distribution of health tools during times of crisis.

Additionally, health equity can be strengthened by enshrining the shared responsibility among states, so that each country bears a fair share of global health burdens, alongside integrating the health dimension into human rights commitments in international agreements, and granting broader powers to international organisations to monitor states’ compliance with their solidarity obligations.

Therefore, it is clear that achieving health equity depends on moving beyond closed sovereignty to “solidary sovereignty,” based on cooperation and shared accountability to the extent that it ensures health security as an integral part of global human security.

2.3.2. Reform of the Global Health Governance System

The COVID-19 pandemic has prompted states and international organisations to reconsider the legal frameworks governing global health approaches, through the development of legal cooperation structures to the extent that they promote solidarity and justice.

Among the recent amendments to the International Health Regulations, which have been in force since 2005, new chapters were introduced to ensure rapid response and to entrench cooperation and fairness in the distribution of medical products during epidemics. These amendments were executed by several member states of the World Health Organisation, reflecting a stronger international commitment to cooperation in addressing cross-border health risks. **(World Health Organisation (WHO), 2026)**

In addition, many countries have launched negotiations that resulted in a legally binding international pandemic agreement under the auspices of the World Health Organisation. This agreement aims to strengthen global preparedness for future crises and to enhance cooperation in prevention and response through mechanisms such as a Pathogen Access and Benefit-Sharing (PABS) system and the expansion of geographically diversified research and manufacturing capacities.

These efforts have also focused on updating international health legal regulations to include commitments to information sharing, strengthening national capacities to monitor epidemics, and fostering integration between states to confront future health threats.

CONCLUSION

The study of fairness in vaccine distribution between the principle of international solidarity and the interests of wealthy states showed that the COVID-19 pandemic represented a real test of the effectiveness of the international legal system in public health. The coronavirus crisis revealed a clear gap between international declarations and real-world practices, where national interests prevailed over the ethical and legal principles that are supposed to govern international relations.

The analysis indicated that health equity is not only a humanitarian demand but also an international legal commitment that requires all states to cooperate effectively to ensure the fair distribution of health resources. However, this commitment remains moral in nature, lacking binding legal force and effective executive mechanisms.

Health Equity in the COVID-19 Vaccine Distribution A Legal Perspective under Human Rights Principles and International Solidarity

The study also showed that the principle of international solidarity still suffers from weak implementation, due to the absence of binding texts and legal accountability in cases of violation. Initiatives such as “COVAX” have demonstrated the limitations of voluntary tools in achieving health equity, especially when they conflict with the interests of major states or pharmaceutical companies.

Results

- The principle of international solidarity still lacks a binding legal form in vaccine distribution.
- The legal mechanisms of the World Health Organisation (WHO) prevent it from enforcing global health equity.
- The absence of an international framework for sharing medical resources deepens inequalities between the Global North and the Global South.

Recommendations

- Incorporate the principle of health equity into states’ commitments under multilateral health treaties.
- Grant the World Health Organisation binding powers during public health emergencies.
- Establish a permanent Global Solidarity Fund to finance vaccine distribution in developing countries.
- Reconsider the intellectual property system for medicines to facilitate technology transfer during crises.
- Enhance transparency in vaccine procurement contracts and strengthen control of pricing practices.
- Promote regional cooperation in vaccine production and distribution, particularly in Africa and the Arab world.
- Expand the legal authority of the World Health Organisation in responding to health emergencies.
- Recognise the right to vaccination as an integral component of the internationally recognised right to health.

- Create binding mechanisms for sharing medical technologies among states.

Bibliography List:

a- Journal article:

- 1- Fidler, David. (2021). Vaccine Nationalism and Global Health Law, Journal of International Law, Vol. 44.
- 2- Mohamed Abdelkader. (2019). The Right to Health between International Law and National Legislation, New University Publishing House, Alexandria.
- 3- The Lancet. (2022). A Pandemic Treaty for the Future, Vol. 398.

b- Seminar article:

- 1- Amnesty International 2021 A Double Dose of Inequality Vaccine Access and Human Rights London.
- 2- World Health Organisation (WHO). (2020). Health as a Fundamental Right, Geneva.
- 3- International Committee of the Red Cross (ICRC). (2021). International Humanitarian Law and Health, Geneva.
- 4- World Health Organisation (WHO). (2019). Vaccines and Immunisation, Geneva.
- 5- World Health Organisation Constitution, Geneva, 1946, Article 1.
- United Nations, International Covenant on Economic, Social and Cultural Rights, 1966, Article 12.
- 6- United Nations, Universal Declaration of Human Rights, 1948, Article 1.
- 7- World Health Organisation (WHO). (2022). COVID-19 Vaccine Distribution Dashboard, Geneva, 2022.
- 8- United Nations Human Rights Council, Resolution 44/2: The Right to Health and the COVID-19 Pandemic, Geneva, 2020.
- 9- World Trade Organisation (WTO). (2021). TRIPS Agreement and the COVID-19 Vaccines Debate, Geneva, p. 6.
- 10- World Health Organisation (WHO). (2025). International Health Regulations (2005), as Amended, Geneva.
- 11- World Health Organisation (WHO). (2026). Pandemic Agreement Negotiations and the Pathogen Access and Benefit-Sharing (PABS) System, Geneva.