

Correspondence

Prioritizing the marginalized in the COVID-19 vaccine rollout

ABSTRACT

A recent correspondence pointed out that indigenous people and other ethnic communities should be included in the rollout of the COVID-19 vaccine. Indigenous communities carry a unique set of cultural beliefs and traditions that need to be preserved. This paper suggests that, aside from indigenous people, other marginalized sectors should also be included in the vaccine rollout by the government.

Keywords COVID-19 vaccine, marginalized sector, out-of-school-youth, single parents

A recent correspondence pointed out that indigenous people and other ethnic communities should be included in the rollout of the COVID-19 vaccine.¹ Indigenous communities carry a unique set of cultural beliefs and traditions that need to be preserved.² However, the marginalized include sectors beyond indigenous peoples. This article claims that other marginalized sectors, such as fisherfolk, farmers and landless rural workers, workers in the informal sector, women and children, persons with disabilities, victims of disasters and calamities, must also be prioritized by the government's COVID-19 vaccination plan.

The United Nations, in promoting Good-Health and Well-Being as one of the Sustainable Development Goals,³ is aware that these sectors have reduced capacities for health provisions due to socio-economic boundaries and represent vulnerable households whose survival depends on the fitness to work of the family's breadwinner. Therefore, it is essential for governments and institutions to improve the access of the marginalized to essential medicines and vaccines.

An approach to essential health provisions that include the marginalized is seen by the World Health Organization as essential in preventing the 'spiral from ill-health to poverty'.⁴ This approach allows persons in vulnerable sectors to increase access to health services and maintain good health, keeping the person's capacity of the provision of essential goods for the survival of their families.

Furthermore, a recent article that discussed the government financial assistance in the Philippine setting⁵ poses

the question of how resources can be allocated fairly. The article considers that the government should identify the least-advantaged during a pandemic due to their being denied society's basic primary goods. In relation, COVID-19 vaccines are now an important resource and are essential for the survival and health of society. The distribution of COVID-19 vaccines should not exclude the vulnerable marginalized sectors. For governments and institutions to fail in this aspect will be contrary to the promotion of justice and fairness, denying the marginalized with requisite capacities⁶ for a normal and complete life.

Also, a recent article discussed solidarity as a companion virtue to compassion in response to the COVID-19 pandemic.⁷ It argued that solidarity, the idea that each person is responsible for all, promotes the awareness of our interdependence on one another, most especially during this time of a pandemic. This remains true most especially in the distribution of the COVID-19 vaccines. These vaccines are not merely a solution to a problem; instead, they uphold the inalienable worth of a person, regardless of the lack of financial and political capacities and that each life is needed to collectively solve the pandemic.

Finally, even before the COVID-19 pandemic, international health developmental efforts,³ supported by local efforts,⁸ have been working toward the increased healthcare opportunities of the marginalized. And as the COVID-19 pandemic continues to bring death and suffering to all, especially to the marginalized sectors, the efforts to

reduce inequalities through health provisions are all the more relevant.

Authors' Contribution

All authors contributed to all aspects of the manuscript.

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