

Status of Covid-19 vaccine distribution

Provided by PSCG on 22 March 2022

In September 2021, the WCO Secretary General asked for an updated PSCG perspective on Covid-19 (hereafter C-19) vaccine production and distribution. We reported at the time that PSCG members and partners were not experiencing or perceiving impediments because of trade policies or customs practices. However, we listed more general challenges where WCO could help:

- due to the involvement of several agencies and the urgent attention given to these shipments, we estimated that the lack of a global Standard Operating Procedure on vaccine handling and processing from a governmental perspective resulted in some delayed clearance and called on WCO to continue its capacity-building efforts, promoting in that context the establishment of coordination groups and strategic communication between stakeholders;
- we provided a detailed report of the situation in Africa, where C-19 vaccine distribution in low-income countries remained well under international average, for a variety of regions detailed in an annex to our September report;
- we explained the challenges resulting from capacity constraints, which in good part resulted from chaotic C-19 testing and vaccination schemes in most places around the world, endangering mobility networks and supply chains for all mode.

In September 2021, 6 billion doses had been administered worldwide, with almost 45% of the world population having received at least one dose of a C-19 vaccine. Now half a year later, 11 billion C-19 vaccine doses have been administered worldwide¹. 63% of the world population has received at least one dose of a C-19 vaccine, however still only 13.6% of people in low-income countries have received at least one dose².

Like in our September 2021 report, we are pleased to confirm that to our knowledge customs administrations have continued to be supportive and are generally following the WCO guidelines. However, the challenges at borders that we pointed out in our previous report have not disappeared.

Capacity constraints in the air mode

According to IATA³, aircraft capacity remains constrained compared to pre-C-19 era, with a capacity for international operations at 9.7% below January 2019 levels.

We already noted in our previous report that when there are less passenger aircrafts flying, there is less available space for cargo – and less people available at airport to speed up the delivery. Despite a recovery that is not as strong as expected, and despite persisting financial challenges, the dramatic shift by many governments around the world to ease or remove COVID-19-related travel restrictions and requirements in several key aviation markets has recently brought some renewed optimism,

¹ 10.9 billion as of 7 March 2022 as per <https://www.statista.com/statistics/1194934/number-of-covid-vaccine-doses-administered-by-county-worldwide/>

² 63.3% as per <https://ourworldindata.org/covid-vaccinations>

³ <https://www.iata.org/en/iata-repository/publications/economic-reports/air-freight-monthly-analysis---january-2022/>

notwithstanding the geopolitical tensions. It is essential that this process of easing or removing COVID-19-related travel restrictions continue and even accelerate, to restore damaged global supply chains more quickly.

Commercial air flights are among the main vectors of medical shipments including C-19 vaccines and related medical instruments. Over the past months, the reduction of these commercial flights has not only limited the available space for carrying all types of cargo including vaccines, but it has also impacted networks as well as the opportunity to position flight crews in the networks, leading to delays.

The WHO January recommendation to nations that they lift travel restrictions, acknowledging that such restrictions have limited impact on stopping C-19 spread, will hopefully lead nations to increasingly follow this advice and reopen their borders. This would lead to a robust rebound in passenger movements, and consequently passenger aircrafts, despite the ongoing Omicron wave. It would also resolve the current issues with crew repositioning.

Inconsistent requirements on movement of transport workers

It was very frustrating to note at the end of last year that governments were “reneging on clear steps issued to world leaders in September to: guarantee the free and safe movement of transport workers; prioritise transport workers to receive WHO-recognised vaccines; to adopt lasting travel and health protocols developed by industry for seafarers, drivers and air crew, as endorsed by WHO, ILO, IMO and ICAO; to create globally harmonised, digital, mutually-recognised vaccination certificates and processes for demonstrating health credentials (including vaccination status and C-19 test results), which are paramount to ensure transport workers can cross international borders; and increase global vaccine supply by all means at our disposal in order to expedite the recovery of our industries”⁴.

The inconsistency of requirements impacting transport workers is still creating issues for supply chain operations. Divergences in the recognition of vaccination exemptions are forcing transport operators to remove crews and create additional routings. Moreover, the immediate and uncoordinated reactions to C-19 developments by local governments and regulatory bodies, once again demonstrated during the appearance of the Omicron variant in November, have led to last minute transport cancellations and unplanned changes in crews and other transport workers’ shifts. Such reactions are adding unnecessary costs and negatively impacting services.

Suspicious counterfeit products

Members of the Pharmaceutical Security Institute (PSI) reported not having encountered problem at borders concerning vaccine distribution. PSI members have worked directly with the Ministry of Health in every country so the chain between the pharmaceutical company and the ministry has been intact. However, PSI members pointed out difficulties to get suspicious counterfeit samples out from a country for analysis. This concern is not limited to C-19 vaccines and is mostly due to national documentation requirements. Currently, customs may stop products on their way to be analysed by the relevant companies due to problems in the documentation. PSI would welcome WCO assistance in standardizing such documentation requirements in order to bring out suspicious counterfeit products to the right holders,

⁴ Quote from a joint IATA/ICS/IRU/ITF statement available for example at <https://www.iru.org/news-resources/newsroom/major-transport-organisations-warn-governments-knee-jerk-reaction-omicron-variant-puts-supply-chains-greater-risk>

who can undertake faster investigation than state laboratories. For this reason, WCO assistance would also be appreciated to make it easier for the private industry to do their own investigations when they can analyse the products - this could cover medicine or another suspicious product that needs to be closely analysed/controlled by the companies.

Best practices

Among the best practices identified since our last report, we can emphasize the practice by Belgian customs that are providing to relevant stakeholders (in that case airports) a useful overview of all C-19 vaccines exported from that country outside of EU. This helps the local taskforce (BRUcure) to gather all possible data to map out all vaccine flows at the airport, mostly based of data from customs or, when possible, directly from the airline, forwarder or ground handling agent. The availability of such data makes it easier for the airport to correctly target which airline is moving the product to which country.

This remains a reactive action (post-flight) for carriers with whom the airport is less frequently engaged. But the airport can then recommend specific Standard Operating Procedures to them, such as the use of the Airside Pharma Transporters on hot or very cold days, help them with operational aspects (e.g. closer aircraft stand to the ground handler if possible), etc.

Open communication and data can be a huge benefit going forward. Customs can play a key role in this by possibly sending pre-alerts. Once again, and as mentioned in our previous report, the establishment of coordination groups and strategic communication between stakeholders remains key for efficient delivery.

Conclusion

We recognize that the above issues are not primarily customs issues. Nevertheless, they are border-related issues. The PSCG has requested governments in the past to coordinate their activities so that global supply chains are not disrupted during this health crisis. This request is not limited to essential items: like with AEO, means of transport are not loaded to 100% with AEO cargo in order to receive AEO treatment. Likewise, means of transport are not exclusively loaded with essential items, be they medical equipment, vaccines, or other critical commodities. Supply chains are disrupted whenever governments impose irrational health measures for crew.

We reiterate our call to WCO to continue reaching out to their counterparts at WHO, ILO, IMO, ICAO etc. but also in discussions with heads of state and government to remind them of the critical task of coordinating border activities. While several countries are aware and supportive, others have either forgotten or continued to ignore the international call for coordinated border management. Such call must be reiterated and WCO can be helpful in this constant endeavour.

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